

Angus Child Protection Committee



ACPC SELF EVALUATION JANUARY 2011

Introduction

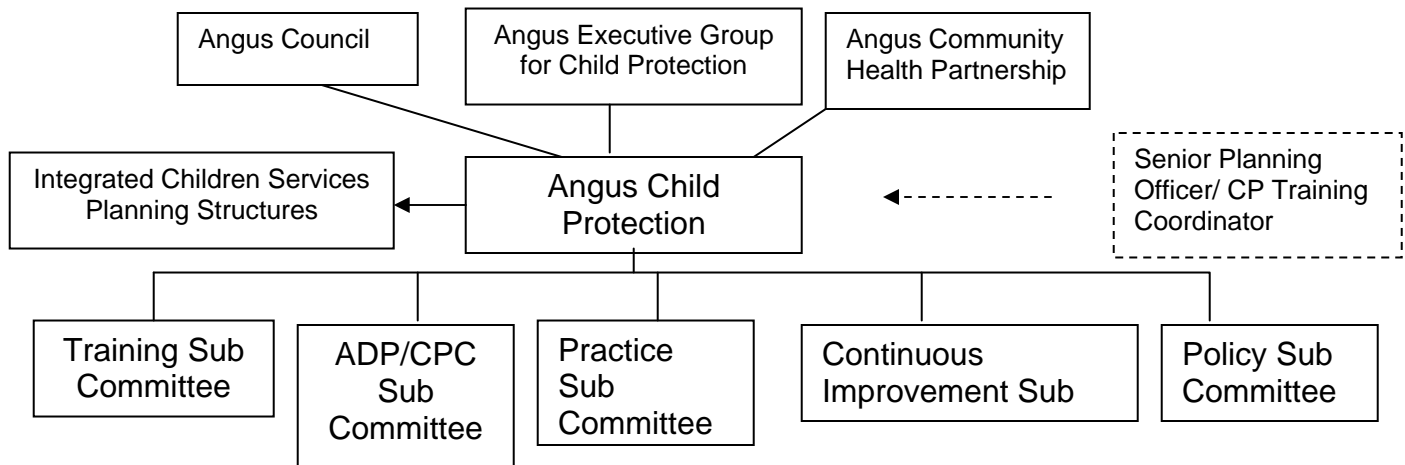
This self evaluation report has been prepared in preparation for the HIME Inspection of Services to Protect Children in Angus to be undertaken in January 2011. The self evaluation is presented in a format that follows the national Quality Indicators and the following background information and contextual information is given to facilitate the understanding of the self evaluation information.

The Angus Child Protection Committee (ACPC) was established at the inception of Angus Council and is the key local body for developing and implementing child protection policy and strategy across and between agencies. The ACPC performs a number of crucial functions in Angus including the co-ordination of training for professional and other staff, the development of policies, procedures and protocols, ensuring the effectiveness and quality of local child protection services and the provision of public information about child protection.

The committee sits within the established Angus Community Planning Structure (Figure 1). The committee reports to the Chief Executives Group for Child Protection and to the Executive Group for Children’s Services. The committee chair attends the Quality Improvement and Performance Management Group. The work of the committee is incorporated into and is an essential part of the Integrated Plan for Children and Young People Services. The work of the committee is integral to achieving the local outcomes as set out in the Angus Single Outcome Agreement.

The committee produces an annual report that describes the work of the committee and sets out agreed priorities and improvement actions for the coming year. The annual report detailing the work of the committee is reported annually to Angus Council and to the Angus Community Health Partnership.

Much of the work of the committee is taken forward by the four established sub committees and a joint sub group of the committee and the Angus Alcohol and Drug Partnership (ADP). A dedicated senior planning officer and a dedicated training co-ordinator support the work of the committee and its sub committees.



- The Practice sub committee is tasked with undertaking and identifying learning from initial case reviews, practice reviews, national inquiries and other inspections.
- The Policy sub committee considers the impact of changes in legislation and guidance and ensures that local policies and procedures are reviewed and kept up to date.

- The Training sub committee co-ordinates the development and provision of multi-agency and single agency child protection training.
- The Continuous Improvement sub committee oversees the self evaluation and improvement activity of the committee and of partner agencies in respect of services to protect children.
- ADP/ACPC oversees and progresses service developments to respond to the issue of children affected by parental substance misuse.

Self Evaluation and Improvement Activity

The ACPC has put in place a range of self evaluation activities to ensure that service developments are based on an understanding of what works well in Angus and where services need to improve. These are complimented by the wide range of self evaluation and improvement activities that individual partner agencies also undertake.

The ACPC has put in place a further rolling programme of self evaluation against the revised quality indicators. This self evaluation activity is supported by a programme of six monthly multi-agency case file audits. On a quarterly basis the committee also considers a range of trend and other information regarding children subject to child protection processes and the contribution of staff to these processes to identify areas for improvement. Key elements of this information are reports from Viewpoint, a software programme for obtaining young people's views about services. The self evaluation process is also informed by the work of all the ACPC sub committees but in particular the work of the Practice sub committee.

Improvement actions from all of the above activity are monitored by way of the ACPC's Improvement Action Plan that is reviewed on a quarterly basis by the committee and agencies are held to account for progress.

Public Information

A key role for the committee is the promotion of public awareness of child protection issues. In this regard the committee has a range of public information available and annually participates in a series of public events across Angus in partnership with the Adult Protection Committee.

Joint Working Arrangements

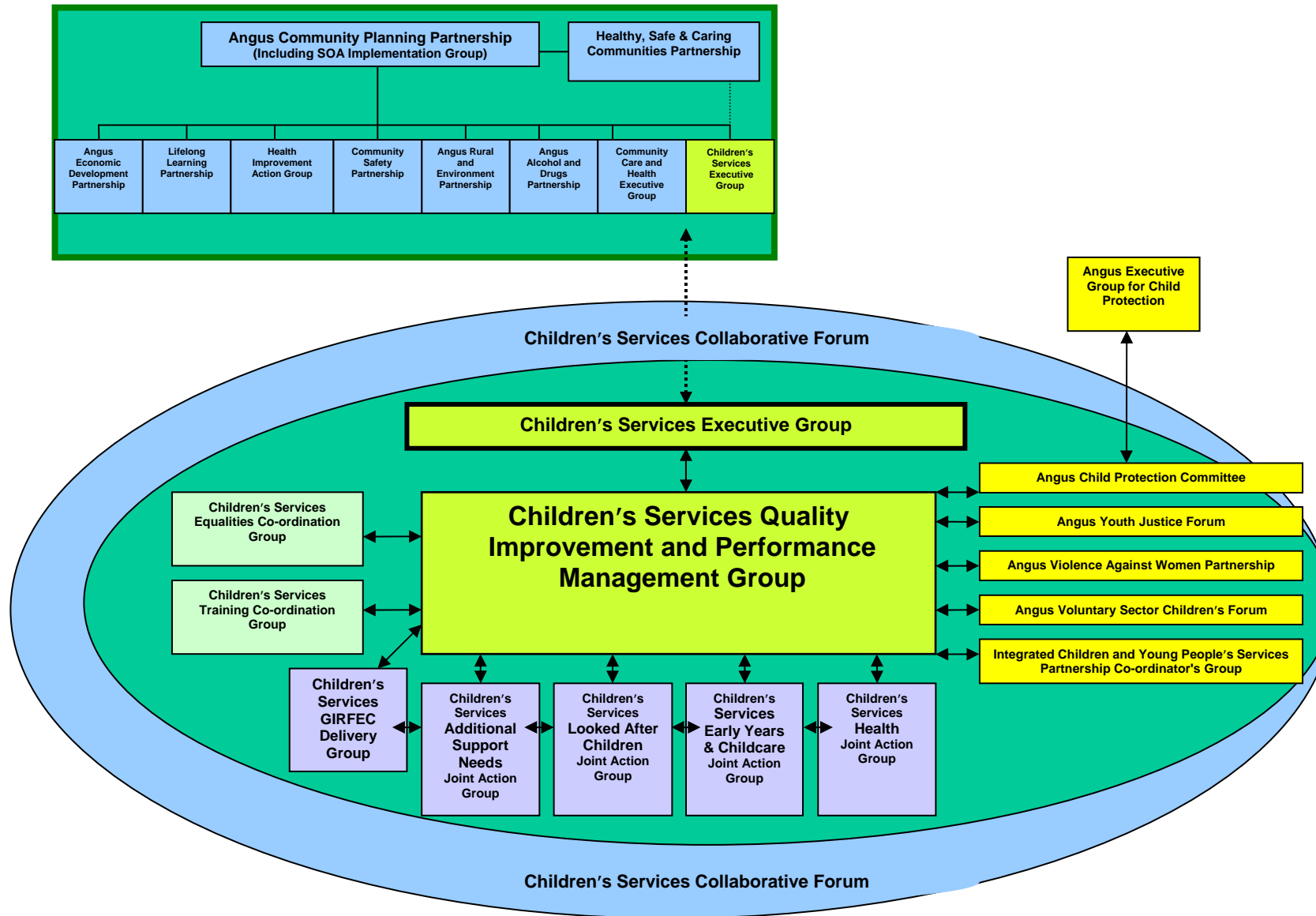
There are a range of single and multi-agency services in place to support and meet the needs of children in need of protection in Angus including a well established joint Police, Health and Social Work Child Protection facility. A range of joint working policies, procedures and protocols have been developed to facilitate joint working arrangements to ensure that staff across all agencies are aware of their roles and responsibilities. There are arrangements in place to ensure that these are regularly reviewed and updated to reflect changes in legislation, policy and practice.

A range of multi agency processes have been developed in order to facilitate the early identification of children in need of protection and the provision of services to such children. Key processes referred to in the self evaluation report include the Early Screening Group (ESG), Pre-birth Resource Allocation Meeting (PRAM), Link-up Initiative, Local Multi Agency Resource Teams (LMART) and the five stage decision making process.

Key Challenges

Key challenges facing the ACPC include the increasing numbers of children in need of protection due parental substance misuse and the difficult financial restraints facing all public services at this time. The committee however recognises that a key strength in meeting these challenges is the ability of partner agencies to work together to consider new and different ways of working and the shared commitment to ensuring the safety and wellbeing of children and young people in Angus.

Figure 1 - Angus Children's Services Planning Structure



WHAT KEY OUTCOMES HAVE WE ACHIEVED?

1. KEY PERFORMANCE OUTCOMES

1.1 Improvements in performance

The Angus Child Protection Committee (ACPC) and individual partner agencies have a range of measures and processes in place to ensure a focus on improvements in performance:

Improvements in performance since the last Inspection

The report of the HMle Follow Through Inspection of Services to Protect Children in the Angus Area, published in February 2009, highlighted that the Angus Executive Group for Child Protection and the ACPC had taken very effective action to implement the main points for action arising from the original inspection in October 2006. This positive report noted that through the strong leadership of the ACPC services had continued to work well together and were active and productive in improving the provision for children in need of protection.

The report identified a number of areas for improvement and since the follow through inspection the following areas have been a focus of improvement activity in Angus:

- Capacity within the Social Work and Health Intake Service has been enhanced to ensure it is able to meet all of the demands made on the service. There is evidence that there have been improvements in following up concerns promptly. All referrals are screened when they are received and of those that require further assessment or intervention initial action is taken within 24 hours of referral. Action has also been taken to ensure that all those reporting concerns to the service are informed that their concerns have been acted on. (Ref 1)
- Plans for children and family groups have been reviewed to ensure care plans focus sufficiently on the specific needs of individual children. Case file audits demonstrate effective improvements in this area with over 90% of children having a care plan in place. The remaining 10% being those where an assessment is still being undertaken. (Ref 2.1 - 2.2)
- Progress in providing training to General Practitioners has improved. An established G.P. Partnership Forum ensures that G.P.'s are routinely informed about NHS training and child protection partnership training opportunities. (Ref 3.1 – 3.4)
- With a view to ensuring the full involvement of health and medical staff in child protection processes health staff are involved and paediatricians are now routinely asked at an early stage in the child protection process to assist in the decision about whether a medical examination or medical treatment is necessary. NHS Tayside with Tayside Police and the University of Dundee are part of a 3 year pilot to provide forensic services to Tayside.
- A protocol was put in place in January 2009 to ensure that all cases that may require a medical examination are discussed with the paediatrician on call as part of the initial referral discussion (IRD) process. This protocol also ensures that joint paediatric forensic medical examinations are always carried out by suitably trained and experienced doctors. There is a steering group to monitor the implementation of this protocol. (Ref. 4.1 – 4.2)
- There is a more cohesive standardised approach to health records following the implementation of a policy for Records and Record Keeping. (Ref 5)
- The development of a new electronic record (MiDIS) has improved the quality of recording in health services. This includes a Family Health Needs Assessment (FHNA). All NHS staff involved have been trained on the new system and a rolling programme for all new starts is in place.
- Care plans arising from FHNA are comprehensive and expected outcomes are clearly recorded. A 3rd cycle records audit evidenced 100% compliance in 21 out of 22 Angus Child Family and Public Health Teams. (Ref 6)
- Health staff continue to receive support and advice on the FHNA model. Public health nurse case holders receive case supervision every three months.

- Staff are clearer about the purpose of IRDs and how these discussions are carried out. The IRD process has been reviewed and the IRD form updated and the changes incorporated into the revised Interagency Guidelines for Professional Staff. The process of IRDs are also incorporated into the twice yearly ACPC “Information Sharing and Communication” inter-agency training programme and are outlined in the annual child protection designated officer (CPDO) events to teaching staff (Ref 7).
- Arrangements for carrying out medical examinations are included in the revised “Interagency Guidelines for Professional Staff”.
- Significant progress has been made towards implementing the Getting it right for every child (GIRFEC) principles in Angus. Key achievements to date include the development of an agreed integrated assessment and child’s plan and the roles of named person and lead professional will be fully implemented in September 2011. The Angus GIRFEC Delivery Group is leading on this initiative. (Ref. 8.1 – 8.11)
- Tayside Police, NHS Tayside and Angus Council have shown their commitment to Child protection service by investing additional resources in service.

Angus Child Protection Committee

The ACPC routinely reviews and analyses a range of performance information regarding the well established child protection processes in Angus. Systems are in place to gather relevant data and to report this information to the ACPC on a quarterly basis. Local trends relating to children in need of protection are considered and compared against national trends. This information is used to identify areas of poor performance and highlight where processes, practice and services can be improved. Individual agencies also take account of ACPC trend analysis data to inform their service delivery and performance. (Ref. 9.1 – 9.4a)

The Integrated Plan for Children and Young People’s Services sets out intended outcomes for children and young people’s services as well as specific actions and performance measures designed to support the achievement of those outcomes. Clear links are made to the local and national outcomes as set out in the Angus Single Outcome Agreement (2009-2012). (Ref. 10)

The ACPC also regularly considers information on the views of children and young people on the Angus Child Protection Register obtained via the electronic Viewpoint system. (Ref. 20)

Data from Viewpoint for November 2010 shows that:

- 100% of children 10+ years report that they feel safe at home;
- 100% of 7-9 year olds feel safe where they live; and
- 100% of 5-7 year olds feel safe where they live.

The ACPC has in place an Integrated Improvement Action Plan to ensure that where improvement activity has been identified that agreed actions are effectively progressed. The ACPC monitors progress against the improvement plan on a quarterly basis holding officers and agencies to account for progress. Findings from multi-agency case audits, practice case reviews and inspections are incorporated into the improvement action plan on an ongoing basis. (Ref. 11)

The work of the ACPC Practice sub committee is concerned with the promotion of good practice. The sub committee undertakes initial case reviews and reviews practice in other situations where there are concerns that the actions of the staff could have left a child or young person at risk with a view to identifying how local policies, procedures or practice can be improved. Improvement actions are incorporated into the ACPC Integrated Improvement Plan. Learning events have been undertaken by Education, Health, Social Work and Health, Neighbourhood Services and Police to share findings from any local initial case reviews. (Ref. 12)

The ACPC is also committed to learning from other areas and routinely analyses external inquiry reports to benchmark against performance in Angus. Lessons learned and areas for improvement are identified and taken forward within the ACPC Integrated Improvement plan.

Key Improvements in Early Screening and Early Intervention Processes

A number of multi-agency early screening and early intervention processes have been established and are evidence of improvements in the early identification of an intervention in the lives of vulnerable children (i.e. Early Screening Group, PRAM, Link-Up, and LMART).

- The multi-agency Early Screening Group (ESG), established in February 2009 receives around 200 Police Child Concern Reports each month. Evaluations undertaken in August 2009 and November 2010 provide evidence of earlier identification of need and provision of support. During 2009, Police referred 21 children were to the Scottish Children's Reporter Administration (SCRA) compared to 73 children in the same reporting period 10.02.08 to 21.08.08, a decrease of 248%. This shows that children and young people are being identified earlier for support and are only being referred to SCRA when there is a need for compulsory measures of care. (Ref. 13)

- The evaluation of the Pre-birth Multi-agency Resource Meeting (PRAM) shows that vulnerable newborn children and their families are being consistently identified and children are safer as a result. (Ref. 14)

- The Link-Up Initiative was established in May 2009 in response to concerns by both the ACPC and the Alcohol and Drug Partnership (ADP) regarding the growing numbers of children affected by parental alcohol misuse to test out different way of working. Currently being piloted in the Montrose and Brechin areas of Angus this initiative has led to an increased awareness of the needs of children and young people affected by substance misuse. (Ref. 15)

There is a wide representation of agencies in each of the above early screening processes including staff from Health, Police, Social Work, Education, Housing and Voluntary agencies as well as staff from specialist services including substance misuse services and adult care services.

As well as improvements in multi-agency responses to children in need individual agencies are also able to demonstrate improvements in service performance.

Scottish Children's Reporter Administration (SCRA)

SCRA's performance information for Angus clearly shows services to vulnerable children and families are improving. Performance figures for 2009/10 reveal trends of regularly meeting or exceeding performance targets.

- 99% of referrals to SCRA are registered in 10 days;
- The average working days from receipt of a referral to a hearing decision is 85 days;
- 83% of decisions on referrals are made within 50 working days;
- 95% notification of Hearing decisions are sent to children and families are within five working days;
- 98% notification of Hearing decisions are sent to children and families within eight working days;
- 81% of hearings are scheduled within 30 days;
- 75% of Initial Hearings are not continued and
- 100% of notifications of referral outcomes are sent to families within five days.

There is a clear structure in place for liaison between Social Work Children's Services Service Managers and the Authority Reporter. These quarterly meetings are invaluable in addressing any areas of concern to improve the services to children and their families. (Ref. 16)

Angus Council Social Work and Health

Following a departmental review of the management structure new management arrangements were implemented within Social Work and Health in September 2009.

Customer facing standards and statutory performance indicators for the service are monitored on a monthly basis by the Social Work Children's Services Management Team and action is taken to address any issues which arise from these statistics. (Ref. 17)

Self evaluation in line with the SWIA Performance Improvement Model (PIM) has been embedded within Social Work Children's Services. Each team/unit has in place an improvement action plan arising out of a self evaluation. These plans are monitored and reviewed on an ongoing basis and formally updated on an annual basis. The outcome of the self evaluation is reflected in an annual Children's Service management report and improvement action plan and ultimately feeds into the Social Work and Health Service Plan and Annual Report. (Ref. 18.1, 22)

A new system of 6-monthly case file audits was introduced in Social Work Children's Services in January 2010 when 4% of open cases were audited by a small independent team. A telephone survey of a third of the parents or carers of children in the sample was also undertaken. A further audit was completed in August 2010 involving 5% of the cases open to children's services. 19 parent/carers participated in telephone interviews as part of this audit. Development seminars looking at issues arising from these audits were held following each of these audits. (Ref. 2)

The Social Work Children's Management Team has an improvement action plan in place that collates actions from a range of sources including the ACPC Business Plan, Initial Case Reviews and the Integrated Children's Services Plan, to ensure that the improvement actions are monitored and progressed. (Ref. 18.2)

The Community Assessment and Review Officers (CAROs) complete monitoring forms following each Looked After Child Review or Child Protection Case Conference. The statistics are presented to the ACPC. In October 2010 this system was further developed to allow information to be collated on the outcomes based on the GIRFEC wellbeing indicators. The first report on these outcomes will be available in January 2010. (Ref. 19)

A system, based on the GIRFEC wellbeing indicators, has been put in place to track outcomes for looked after children and children on the child protection register.

All children and young people aged 5 and above are invited to complete a Viewpoint questionnaire prior to a looked after child review or child protection case conference. This complements the ongoing direct work with children undertaken by social work staff to ensure that their views are considered as part of the care planning process. Reports of the collated findings are presented to the ACPC on a six-monthly basis. A review of the Viewpoint questionnaire is currently being undertaken to link the information gathered to the GIRFEC well-being indicators and to help ensure the questionnaire is better able to capture the views of children and young people of all ages across the range of care settings. This work will be completed and a revised Viewpoint Questionnaire implemented in April 2011. (Ref 20)

At the beginning of 2010 a redesign of Social Work Children's Services was completed. These strategic developments have seen:

- the investment of £500K into the Fostering Service by Angus Council;
- the commissioning of Family Group Conferencing from Barnardo's to ensure that children are only received into accommodation where all family options have been explored; and
- the introduction of four local Support to Families Teams to ensure that children and their families receive early intervention / intensive support in a co-ordinated way as required.

The Social Work and Health fostering service received a positive Care Commission inspection report in 2009 that recognised that the service was focused on improvement and strove to provide a very good quality service. (Ref. 21)

An Initial Scrutiny Level Assessment (ISLA) was undertaken by the Social Work Inspection Agency (SWIA) Best Value 2 Pathfinder Audit undertaken by Audit Scotland between August and November 2009. This resulted in a level one assessment. This grades the Social Work and Health Department as low risk, good performance and good improvement work. (Ref 23)

Angus Council Education

Angus Council Education department gathers, collates and monitors information relating to children missing from education (CME), children educated at home and children excluded from school. This data is used to review and improve service provision to ensure that children in need of protection receive specialist help and support when they need it. Account is taken of the ACPC trend analysis including Viewpoint data and other relevant statistical information is discussed at the Education Child Protection Strategy Group. (Ref. 24)

Audit Scotland noted good performance in the key services of Education and Social Work and Health.

The recent Angus Council Best Value 2 Pathfinder Audit undertaken by Audit Scotland noted positively the approach to self evaluation undertaken within Angus Council by Social Work and Health and Education. It also noted external inspection reports described good performance in the key services of Education and Social Work and Health. (Ref. 23)

Tayside Police

Tayside Police have implemented a number of measures that have had a positive impact on the experiences of children in need of protection and have improved performance of the service. The evaluation findings of the Keeping Children's Safe scheme demonstrate that this initiative has enhanced the existing child protection arrangements in Tayside. As a consequence of the scheme a number of child concern reports have been raised and specific action taken to protect children on a number of occasions. The Police have also received additional intelligence on registered sex offenders and others that may help protect children in the future. (Ref 25)

The recent roll out of the Police Domestic Abuse Risk Assessment tool in Angus has helped ensure a consistent and effective approach to assessing need and risk to the non-abusing parent and their children. (Ref. 26)

Tayside Police have systems in place to identify relevant data to prioritise child protection issues and to inform intervention strategies. These include

- flagging relevant intelligence to the Public Protection Unit (PPU) for example drug misusing parents;
- flagging home addresses on the CAPTOR system of children on the child protection register which ensures officers are alerted to the child's vulnerability when attending any calls;
- similarly flagging home addresses where domestic violence features;
- sharing Intelligence via child concern reports so that information can be assessed by the Early Screening Group.

PPU Line managers regularly undertake case file audits and dip sampling of child protection enquiries to ensure consistency and best practice is being maintained. Each file is screened to ensure information is relevant and correct. Until recently the Detective Sergeant in the PPU has reviewed all CP enquiries prior to filing. A new process has recently been formalised whereby the Detective Inspector will regularly sample child protection enquiries to provide a second tier of inspection to ensure that all enquiries have been carried out diligently. (Ref. 74)

NHS Tayside

The practice of public health nurse case holders receiving case supervision at least every three months is intended to have a positive impact on improving practice and positively impact on the quality of services to children and families. However, it is recognised that is currently no system established for measuring this impact. (Ref. 27)

The Angus CHP Child Protection Forum was established in February 2010 to eliminate any potential gaps for the Angus CHP in implementing actions identified by the ACPC. The child protection forum has close links with local practitioners and managers, allowing for prompt and specific feedback on the implementation of required actions. (Ref. 28)

Tayside Health services are represented on and are active partners in the range of early screening processes. To improve efficiency and performance, they have developed a flowchart detailing actions required following communication from the Early Screening Group.

A key improvement in health services has been the development of systems to ensure that looked after and accommodated children and young people are offered a health assessment within four weeks of becoming accommodated as per requirements of CEL 16. This assessment then generates the young person's health plan.

95% of accommodated children are offered a health assessment within 4 weeks of being accommodated.

A Tayside wide tool is currently being designed for use by school nurses and health visitors to undertake health assessment for children and young people looked after at home. Looked after young people over 14 years are also offered an appointment at the LAAC Teenage Clinic to identify any outstanding health needs and support their transition to adult services. Sixty-nine per cent attended between April 2009 to April 2010, an increase of 10% in the first nine months (June 2008 to April 2009). Tayside LAAC nurses have adopted a mental health assessment tool recommended by Child & Adolescent Mental Health Services and training in the use of these tools has been completed.

Another key improvement in health services is the development of processes to allow non-urgent referrals to NHS Tayside Child and Adolescent Mental Health Services (CAMHS) directly from staff in universal services. There are also plans within CAMHS to develop group supervision for child protection cases.

Strengths

- Since the last positive inspection the following service improvements have been put in place:
 - Capacity within the social work Intake service has been enhanced
 - There has been increased investment in police resources dedicated to the public protection unit
 - Health have invested an additional £150k in public health nurses
 - Tayside Police have invested an additional £170k in the Public Protection Unit.
 - Social work has invested an additional £500k in foster care services to ensure they continue to meet the needs of children in Angus.
 - A family group conference service has been established
 - The establishment of an early screening group to ensure effective multi-agency early intervention and screening processes.
- There are effective interagency and single agency systems in place for monitoring and using performance information to identify areas for improvement.
- A range of trend and other information regarding children subject to child protection processes and the contribution of staff to these processes is considered at the Child Protection Committee on a quarterly basis and is used to identify areas for improvement.
- The ACPC reports on performance in its Annual Report and outlines a business plan for the forthcoming year to improve services to protect children in the Angus area.
- Individual partner agencies monitor their own performance in relation to children in need of protection and take improvement actions where required.
- The work of the practice sub committee in terms of undertaking initial case reviews, practice reviews and identifying learning from national inquiries and other inspections.
- Improvement actions are incorporated into the Angus Child Protection Committee (ACPC) Integrated Improvement action plan. The Committee monitors progress against the improvements within the action plan on a quarterly basis.

Areas for Improvement

- Fully implement the GIRFEC practice model, including the agreed Integrated Assessment and ensure that the current child protection processes are Integrated into this.
- Develop systems for reporting on the GIRFEC wellbeing outcome measures being gathered by Social Work and Health for children involved in the child protection processes.

- Further develop the use of performance information to evaluate the effectiveness and impact of improvement actions on outcomes for children and young people.

1.2 Fulfilment of statutory duties

The ACPC and individual partner agencies have a range of measures and processes in place to ensure adherence to statutory duties and compliance with relevant legislation and guidance:

Angus Child Protection Committee

The ACPC Inter-agency Guidelines for Professional Staff have been reviewed and updated to reflect changes in current working practice, legislation, guidance and learning from our practice case reviews. Staff across all agencies received a copy of this guidance and can also access it on the ACPC website. The ACPC has an ongoing training programme to raise awareness of this guidance and the responsibility of staff in protecting children. (Ref. 29)

The ACPC also provides inter-agency training on Information Sharing, Risk Assessment and Decision Making and Roles and Responsibilities. These events are held twice yearly in June and November and outline professionals' responsibilities to protect children. A total of 140 staff attended these events in 2010. (Ref. 58, 83)

Within Angus there is currently 1 private fostering arrangement in place and whilst the ACPC has made some information available regarding this issue there is a need to further develop public awareness and develop systems to promote the reporting of private fostering arrangements.

Angus Council Education

All education staff annually receive a child protection presentation on the appropriate guidance and codes of practice relating to protecting children (Ref. 30)

Well established and effective procedures are in place for Children Missing from Education and children educated at home. (Ref. 31)

Angus Council Social Work and Health

Angus Council Social Work and Health has well established systems in place to ensure that the needs of children and young people subject to statutory supervision requirements are assessed and met and that statutory care planning and reviewing requirements are undertaken.

- 89% of supervision requirements are implemented within 7 days;
- 71% of supervision requirements are reviewed within 3 months of the order being made; and
- 81% are reviewed every 6 months thereafter.

The submission of reports to the reporter is monitored on a monthly basis. During 2009/10, 48% of reports were submitted on time. From April to September 2010 this rose to 56%. Information from October to November 2010 indicates that performance in this area has risen to 75% of reports being submitted on time. The Scottish average was 46% in 2009/10. (Ref. 2, 17)

Appropriate use is made of legal measures to keep children safe. During 2009/10 there were 32 Child Protection Orders sought by Angus Council Social Work and Health, 100% of which were enacted on the day they were granted. Where concerns indicate that a supervision requirement may be needed a referral to the reporter is tasked at the Child Protection Case Conference.

Angus Council Social Work and Health has detailed Child Protection Operational Instructions in place that were updated and relaunched in May 2010. The new instructions reflect changes in legislation, guidance and learning from practice case reviews.

Scottish Children's Reporter Administration (SCRA)

To ensure that decisions are made timeously a system is in place within SCRA for managing cases where there is a delay. However there are no significant delays in Angus with 83% of referrals to the Reporter having a decision made within 50 days in accordance with the SCRA decision making framework (Ref. 16).

Tayside Police

Tayside Police make full use of appropriate legal measures in their work to protect children and to keep them safe such as:

- requesting specific bail conditions to prevent contact e.g. domestic abuse cases;
- arresting and reporting offenders timeously;
- monitoring sex offenders; and
- regular liaison with Procurators Fiscal and SCRA.

Angus Council Housing

Services provided by Angus Council Housing comply fully with the Homelessness Act (2003). The 2012 target for vulnerable groups and individuals has already been achieved. There is an identified gap in service provision for young people leaving care that is being addressed by plans for the development of supported accommodation and other measures to address youth homelessness.

NHS Tayside

Angus CHP have in place well established child protection guidelines. Child Protection training has been completed by 90% of staff working with children and families and Public Health staff. Since June 2010 all new members of staff access basic awareness and foundation training.

Strengths

- Individual Agencies are able to demonstrate that they perform well in terms of meeting their statutory duties. For example 89% of supervision requirements are implemented within 7 days, 75% of reports are submitted to SCRA within time and 100% of Child Protection Orders are implemented on the day they are granted. .
- The multi-agency case file audit undertaken in Sept 2010 provided evidenced that staff are aware of their statutory roles and responsibilities and adhere to the range of easily accessible policies and procedures, including the Angus Child Protection Committee Inter-agency Guidelines for Professional Staff. These are regularly reviewed and update to reflect changes in legislation, guidance and practice.
- Effective use is made of legislation to protect children where necessary.
- There are well established single and multi-agency arrangements for the training of staff involved in child protection processes. The ACPC has in place a well established rolling programme of inter-agency training relating to legislation, policies and guidelines relevant to protecting children.

Areas for Improvement

- There is need for the Child Protection Committee to take action to enhance public awareness of private fostering and develop systems to promote the reporting of private fostering arrangements.
- There is a need to develop the range of services available to meet the needs of young people leaving care.

HOW WELL DO WE MEET THE NEEDS OF OUR STAKEHOLDERS?

2. IMPACT ON CHILDREN AND FAMILIES IN NEED OF PROTECTION

2.1 Children and young people are listened to, understood and respected

Listening to, understanding and respecting the views of children and young people continues to be of primary importance for the Angus Child Protection Committee (ACPC). The ACPC and individual partner agencies have in place a range of mechanisms for engaging and involving children and young people.

Angus Child Protection Committee

The ACPC is committed to the development and uptake of Viewpoint, a software programme for obtaining young people's views about services they have been in contact with (Ref. 20). Data from Viewpoint is considered by the committee on a quarterly basis and where identified improvement actions are included in the ACPC Integrated Improvement Plan (Ref.11).

During the summer of 2010 a programme of public information events were facilitated by the committee across Angus. As part of these events a Public Awareness Survey was undertaken. (Ref.37)

- 100% of children and young people report they would know who to speak to if they had a worry or concern.
- 99% of adults report that they knew who to report concerns to.
- 100% of children and young people have confidence that action would be taken in response to their concerns.
- 69% of adults have confidence that action would be taken in response to their concerns.

The 2010 ACPC Multi-agency Case File Audit identified strengths in respect of the quality of communication with children and families involved in the child protection processes. (Ref. 41)

Angus Council Social Work and Health

All children receiving support from Social Work and Health have an allocated social worker. Many are also supported by family support officers and staff from other teams. Children in residential care in Angus and those receiving residential respite care also have a key worker. Who Cares? Scotland provides an independent advocacy service for looked after and accommodated children. The Social Work and Health Clients' Rights Officer can also advocate on behalf of children and young people who consider that their rights may have been infringed. An independent advocacy service is also commissioned from Angus Independent Advocacy. (Ref. 34, 42)

All children are seen frequently in line with their needs. Children on the child protection register are seen minimally every 2 weeks (achieved in 94% of cases), other children receiving support from the department are seen at least every 4 weeks (achieved in 96% of cases). This allows for effective monitoring, assessment and intervention in children's lives (Ref. 17).

There is evidence from Viewpoint that children and young people have good relationships with the staff who work with them:

Age Group	Angus
5-7	70% (n=7) know why there are people helping their family
	80% (n=8) talk to social worker about how things are going
	67% (n=6) say social worker talks to them about what they are doing to help them
8-11	77% (n=10) can talk to social worker
	62% (n=8) know who will be at meeting
12-16	81% (n=21) know why their name is on child protection register
	46% (n=11) can talk to social worker
	79% (n=19) know who will be at meeting

Viewpoint information also shows that children report that they have someone to talk to if they have a concern. Specifically they highlight parents, carers, relatives, teachers and social workers as key people they would approach.

In response to a reduction in the number of questionnaires being completed a review of the use of Viewpoint has been initiated. Angus has also made representation to the Viewpoint organisation for the questionnaires to be reviewed in line with the GIRFEC wellbeing indicators and it has been agreed that this will be progressed. The aim is to re-launch Viewpoint in its new format in April 2011. Further work is being undertaken looking at the development of reliable methods for obtaining parents/carers views regarding services. (Ref.20)

The views of children and young people are recorded in their case records as is a record of staff's observations of children where the child is either too young to give a view or does not wish to express their view. The August 2010 social work case file audit highlighted that in 92% of files there was clear evidence that the views of the child and their family had been taken into account. The audit also highlighted a high standard of case recording by social work staff (Ref.2).

Angus Council Social Work and Health's commitment to the involvement of service users and carers in the improvement of services is also evidenced through its customer consultation exercise undertaken every two years. The most recent exercise was undertaken in March 2010. Every service user in contact with the department was sent a questionnaire about the quality of service they received and how services could be improved, 2,834 questionnaires were returned, 36% of those sent out.

Out of the 42 customer consultation questionnaires returned for Social Work and Health children's services:

- 100% of service users considered staff treated them with dignity and respect;
- 100% of service users considered they were listened to;
- 100% of service users thought they were with provided information in a way they could understand;
- 89% of service users believed the service met their needs; and
- 100% of service users were either very satisfied or satisfied with the service they received.

Suggestions were made for improvements to services related to issues in respect of contact arrangements, speeding up adoption processes and increasing email correspondence with service users. (Ref 35)

The 2009 Care Commission Inspection of the Angus Fostering Service highlighted that the views of children and young people who use the service were gathered in a systematic way, collated and used to plan how any issues raised can be addressed. (Ref. 21)

Where children and young people require to be interviewed as part of a child protection investigation this is undertaken jointly by specially trained social work and police by officers.

Scottish Children's Reporter Administration (SCRA)

The SCRA form 'Having Your Say' has been circulated electronically within social work children's services to ensure that staff are familiar with this document and that they support children and young people where appropriate to complete it. Children have the option to provide their views in person, by the form or electronically. The high return rate for this form demonstrates that children's views are represented at hearings. The Children's Reporter ensures that each child is treated as an individual within the family and sibling group. Children are written to and letters amended to reflect their individual circumstances. (Ref. 16)

Angus Council Education

HMIE reports on Angus schools indicate that almost all primary pupils and most secondary pupils feel safe and cared for in school and that they have adults in school who they can speak to if upset or worried about something. The role of the form tutor has been consolidated, providing a clearer point of contact for young people in secondary schools. A training pack for form tutors

has also been developed. All schools in Angus have well established pupil councils and pupils are also represented on school Eco-committees.

A survey was undertaken in March 2010 in relation to children and young people's safety at home, in school and in the community. 49% of primary pupils and 19% of secondary pupils reported that their views influenced the life and work of their school/community. (Ref. 40)

Tayside Police

Community Liaison Officers regularly visit and are visible in primary and secondary schools in Angus. This has strengthened communication and trust between the Police and young people and has promoted personal and community safety within schools.

Where children are interviewed as part of a child protection investigation this interview is conducted by specially trained police and social work staff. The child's needs during the interview process are fully considered and plans for these interviews are made as part of the initial referral discussion process. (Ref. 7)

Children who are reported as missing persons are interviewed by police officers when found. This information is recorded on the missing person report and the subsequent child concern report and the child/young person's circumstances are discussed at the inter-agency early screening group. This has had a significantly positive impact on re-engaging and targeting services to support the child.

Officers attending incidents that generate child concern reports record details of children and young persons and discuss the screening process with families. This includes identifying hobbies and activities the children are involved with, attitudes of both children and their parents and any views with regards to disposal. Tayside Police have also recently appointed a Drug and Alcohol Awareness Officer. This post is based within Community Safety and the officer is involved in a number of initiatives throughout Angus to assist in the education of children in relation to the dangers of alcohol and substance misuse.

NHS Tayside

All families with children under five years of age have a named health visitor and children of school age have a school nurse with whom they can speak about any health issues. Health staff take account of the child's view when assessing their needs. Reports for the ACPC's and Children's Reporter are shared with the child and family where appropriate.

The development of the "Voice of the Child" process within care co-ordination has ensured that the views of children with additional support needs are heard and that children with these particular needs actively contribute to their care plan.

Consent to share information is sought for all open cases in Child and Adolescent Mental Health Service (CAMHS).

NHS Tayside's young people's forum 'Youth Talkin Health' engages with young people to establish their views of health services and how their needs should be met and are currently preparing a report on the results of a Mental Health and Sexual Health Consultation which ran across Tayside during August and September of 2010. The consultation took the form of a 4-page questionnaire that was available on-line and in paper format. It was aimed at young people between the ages of 12 and 22 and explored their views and experiences of mental health and sexual health services in their local areas and canvassed their opinions on a range of related issues. A total of 1001 responses were received - and the young people of Angus made up, by far, the largest local group (Angus 48%, Dundee 25%, Perth & Kinross 26% and others 1%). 'Youth Talkin Health' will present the consultation reports to NHS Tayside's Child Health Strategy Group and to NHS Tayside Board, early in 2011. (Ref. 81)

NHS Tayside have developed a funded 'Cool2talk' interactive website for young people aged 11-18 years where they can have their health-related questions answered. 'Cool2talk' is confidential and offers young people reassurance and encouragement, information and advice and where appropriate signposting to local services.

Listening to Complaints

All the partner agencies have effective complaint procedures in place. Leaflets are available for adults and children and, as well as being made available in public offices, are shared with families by agencies during their contact with them.

Social Work and Health has produced a leaflet specifically for children and young people on how to make a complaint. (Ref. 38)

Additional Communication Needs

Arrangements are in place across all the partner agencies to assist children and young people with additional communication needs where this is required.

Interpretation/translation services are also appropriately used by all agencies where necessary. Reference 36 details a case study that details a creative approach to working with a family who did not speak fluent English. (Ref. 36)

Strengths

- Information from Viewpoint, an interactive tool to obtain views of children and young people subject to child protection and LAC processes, provides evidence that a high proportion of children and young people know when their names are on the child protection register and that they can talk to the professional involved in their care.
- There is evidence from multi-agency and single agency case file audits that the views of children and young people are well recorded in case conference minutes, core group meetings and case records and are that these views are taken into account in the delivery of services.
- A range of information is provided for children and young people, including a specific part on ACPC website, and the involvement of young people in developing and improving this information.
- Child Protection interviews are conducted by police and social work staff specially trained in investigative interviewing techniques.
- Appropriate, and at times innovative, use of interpretation/translation services.
- There is a high return rate of the SCRA "Having Your Say" form.
- Feedback from parents and carers indicates that the services provided are appropriate and meet their needs. 89 % of service users believed that the service met their needs and 100% were either satisfied or very satisfied with the service they received.

Areas for Improvement

- Conclude the review of Viewpoint.
- Further develop the range of processes for engaging with children, young people and parents/carers involved in the child protection process.
- Review and update the ACPC website and the information provided to children and young people.

2.2 Children and young people benefit from strategies to minimise harm

There are currently a wide range of statutory and voluntary services in place within Angus to support vulnerable children and families. These range from early intervention services through to intensive support services. The 2010 ACPC multi-agency case file audit identified that children had a good awareness of keeping themselves safe and benefited from appropriately targeted support (Ref. 41).

A range of support services are commissioned from the third sector for children and families in need. These include services from Barnardo's, Parent to Parent, Angus Special Playscheme, Home Start, Family Mediation including a contact centre, Angus Carers, Angus Advocacy Service, Tayside Council on Alcohol, CAIR Scotland and Who Cares? Scotland. Other community initiatives available to support children and young people in Angus include the Dance Tour, Cafe Project, Friday Night Project, and Youth Bytes Bus. (Ref. 42)

The Angus Single Outcome Agreement and the Integrated Children's Services Plan sets out strategies to improve outcomes for children in Angus and for the development of services to better meet children's needs. (Ref. .10)

The Angus Early Years and Childcare Joint Action Group has prepared an Angus position statement and action plan to take forward the early years agenda. A needs assessment exercise has been undertaken to gather information about the early years and childcare needs of children aged 0-5 years in Angus through consultation with key stakeholders, with the aim of informing the development of early and childcare services. The outcome of this exercise revealed high levels of satisfaction with the early years and childcare services used, as evidenced by ratings of effectiveness and satisfaction and by the positive aspects identified by participants. (Ref 32)

Getting it right for every child (GIRFEC)

A joint approach to implementation of the national *Getting It Right for Every Child* agenda is being taken in Angus. Adopting this approach will help ensure better outcomes for all children and young people by promoting a wider ownership of meeting children needs and ensuring that children to get the help they need when they need it. Key achievements to date include the development of an agreed integrated assessment and child's plan and agreement on the roles of named person and lead professional. These will be fully implemented in September 2011. The Angus GIRFEC delivery group is leading on this initiative (Ref. 8).

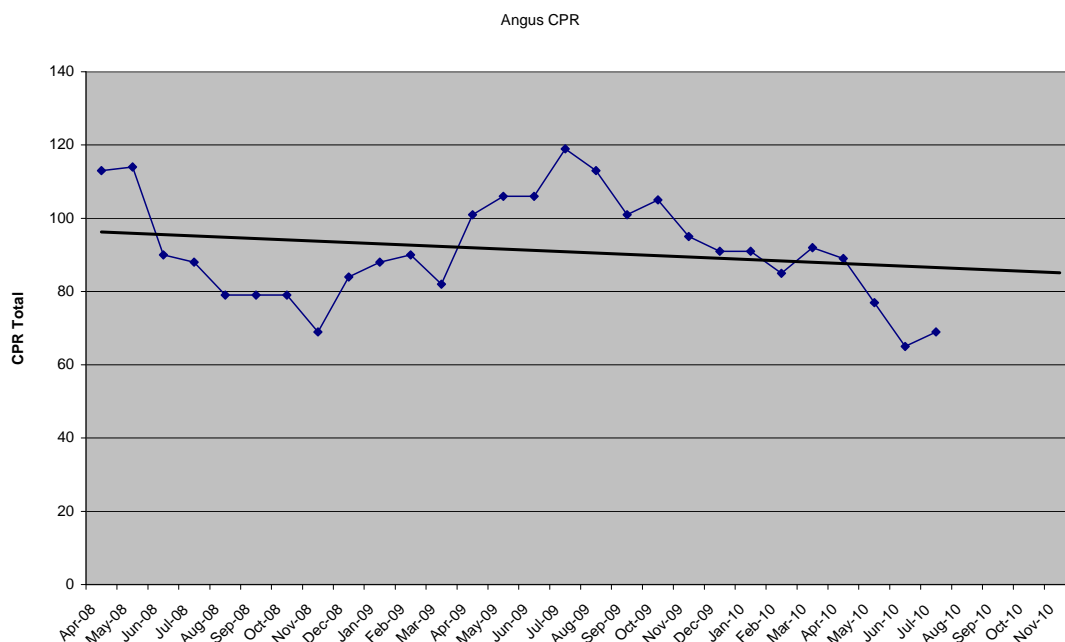
Multi-agency Early Screening Processes

As described in section 1.1, a range of well established interagency early screening processes have been developed to ensure the identification, assessment, and provision of services to children in need and children in need of protection at an early stage. These include the Inter-agency Early Screening Group, Pre-birth Resource Allocation Meeting (PRAM); Local Multi Agency Resource teams (LMARTs) and the Link-Up Initiative. These are well supported by a number of inter-agency protocols available on the ACPC website including:

- ACPC Interagency Guidance for Professional Staff
- ACPC/DAAT Working with Children and Families Affected by Parental Substance Misuse
- Pre-birth Resource Allocation Meeting (PRAM)
- ACPC Child Investigative Interviewing Visual Recording in Angus Protocol
- ACPC protocol for arranging medical examinations and obtaining advice for children suspected of being subject of abuse
- Flowchart to contact forensic medical examiner
- ACPC Advice for professionals who are preparing to go to and take part in a Child Protection Case Conference
- Interagency Early Screening Group
- Families who move frequently
- Missing children, absconders and children otherwise absent from local authority care joint protocol
- Conducting a significant case review in Angus
- Working with hostile and/or uncooperative families
- For young people (14 - 18) who present a risk to others due to concerns of a sexual nature
- Sharing Information in Relation to Children Missing from Education in Pre-School Provision in Angus

- Protocol Governing the Receipt and Disclosure of Patient Information for Child Protection and Child Welfare in Tayside

Since the introduction of the early screening group and the PRAM the numbers of referrals to the child protection team and numbers of children on the child protection register have reduced as follows:



The reasons for the changing numbers on the child protection register have been scrutinised at the ACPC. (Ref. 95)

During 2009 the PRAM considered 75 unborn children. 16 of these children had their needs assessed by staff from the child protection team which resulted in 8 children being considered at a child protection case conference and having their names placed on the child protection register. Two children were removed from their parent’s care at birth. (Ref. 14)

Since its inception in May 2009 the Link-Up initiative has assessed 75 families comprising 119 children, 54 children in 39 families have been offered support. As a GIRFEC ‘learning partner’ for children affected by parental substance misuse the Link-Up initiative is being evaluated by an independent researcher. The final evaluation of the initiative is expected in early 2011 (Ref.15).

Developed through the Youth Justice Strategy the Local Multi Agency Resource Teams (LMARTs) provide a forum where concerns pertaining to young people can be discussed and a means of directly accessing and providing services on a multi agency basis to young people at risk of becoming involved in offending behaviour. The LMARTs act as a conduit between the early intervention services, such as Restorative Justice, and more specialist services such as the youth justice team ensuring that young people are able to access services when it will be most effective in reducing risks.

These processes are integrated into the well established multi agency five stage decision making process that provides a framework for joint working and decision making across the spectrum of need from early intervention through to intensive support. The five stage decision making process is also the framework for the implementation of GIRFEC in Angus (Ref. 8.10).

As well as the range of multiagency process to ensure that services are provided to children in need individual partner agencies have in place a range strategies designed to identify need and risk at an early stage and thus minimise harm to children and young people:

NHS Tayside

Within the public health nursing service all children are allocated a health plan indicator (HPI) following completion of a family health needs assessment. The HPI will be either core, additional or intensive. This follows the recommendations of Health for All Children (Hall 4) that aims to target services appropriately according to assessed need. As part of a universal service all children receive a 'red book' which forms a health record and also contains information regarding such things as home safety and management of minor illness. All public health nurses have received training in family health needs assessment.

NHS Tayside's 'Cool2Talk' website provides a confidential service to allow young people to raise issues of concern to them.

A 'Young Mums to Be' group works on a multi agency basis to support pregnant teenage girls in Arbroath. A second group is currently being developed in Forfar. It is recognised that some evaluation of this group is required in order to inform future development and maximise attendance.

The Young People's Health Worker Team works closely with community learning and development and the voluntary sector to provide drop-in and one to one services for young people, with particular emphasis on sexual and mental health.

Tayside Substance Misuse Service uses the checklist contained within the Multi-agency Protocol for Working with Children Affected by Parental Substance Misuse in order to identify risk early and ensure appropriate intervention. An audit of every parent within Tayside Substance Misuse Service is planned that will measure compliance with the protocol and the child and family plan (Ref. 76.1).

NHS Tayside's Child and Adolescent Mental Health Service (CAMHS) support vulnerable children and young people with emotional and psychological issues. CAMHS has introduced the use of the "Situation, Background, Assessment, Recommendation" (SBAR) recording tool to report child protection concerns.

Following a needs assessment of the mental health and wellbeing of children and young people in Angus a project officer has been appointed to develop and implement a strategic multi-agency framework for mental health and wellbeing of young people. This will ensure that there is a clear pathway for the promotion of mental health, prevention of difficulties and appropriate intervention and treatment when necessary. (Ref. 33)

Angus Council Education

Education proactively continues to seek out innovative and creative social and learning opportunities to highlight personal safety issues to young people. This has included 'Blue Light Discos' in partnership with Tayside Police, the Webster Theatre alcohol arts awareness event and the 'Safe-Drive-Stay-Alive' initiative. (Ref. 50)

A review and redesign of offsite education has also been carried out in partnership with Social Work and Health and Education colleagues. Plans are in place to develop this area of support for vulnerable young people.

A revised Anti-bullying Policy is in place across all Angus schools to support children and young people and children and young people know who they can talk to at school if they need help and advice on issues concerning bullying. (Ref. 46)

There are effective and robust systems for children missing from education and monitoring unexplained absences that ensures that a prompt response is taken to such concerns. A protocol in relation to children missing from education in pre-school provision in Angus has been developed between Education and Health.

Angus Council Social Work and Health

Social Work and Health services for children and families comprise the following:

- Two intake teams covering the coastal and landward areas;
- Four locality based field work teams;
- Four locality based support to families teams;
- A child protection team that is colocated with the Police and Health colleagues;
- A youth justice team;
- A team for children with additional support needs including a residential respite facility;
- A family placement team;
- A permanence Team;
- A through care and after care team; and
- A community assessment and review team responsible for child protection case conferences and LAC reviews.

The social work intake service provides an immediate response to presenting need and assesses the need for ongoing intervention in children's lives. Where longer-term intervention is necessary the case is transferred to the locality based field work teams and support to families teams. The four field work teams hold case responsibility for the majority of children in need of compulsory measures of care and the four support to families teams provide flexible support and intervention services to children in need. Each support to families team is able to develop specific services in response to local need, e.g. in Forfar a group work programme has been developed for children on the child protection register to provide support to improve self-esteem and address behavioural issues. The development of this group helped identify the need for work with the parents and as a consequence plans are underway to address this need. Another example is the development of a young mum's to be group in Arbroath supporting pregnant young women. The work of the Field Work Teams and the Support to Families Teams is supported by the range of specialist support and resource teams as detailed above.

A family group conferencing service has also been commissioned from Barnardo's to ensure that family resources have been fully explored before a child or young person is received in accommodation and to help facilitate return home (Ref. 42).

Corporate Parenting

The needs of looked after children are a priority for Angus Council and partner agencies. The commitment of partners to meet the needs of looked after children is set out in the agreed Corporate Parenting Strategy. (Ref. 44)

The exclusion from school of looked after children is a key area for improvement for children's services partners across Angus. Through increased school awareness and multi-agency training for designated managers ("We can and must do better") most schools in Angus were able to reduce the number of looked after children are excluded from school during 2009/10. The Director of Education wrote to all head teachers in August 2010 advising them of the aim to work towards a zero exclusions in respect of looked after children. Local guidance on exclusions is being developed in light of the new national guidance. (Ref. 45)

Foster carers in Angus receive a carer held health record within four weeks of a child or young person becoming accommodated. A Tayside audit of carer held health records showed 97% satisfaction with the records.

Internet Safety

Children and young people in Angus have a very good awareness of personal safety through well established policies and protocols for the safe use of the Internet and e-mail. There are well established school-based programmes for pupils and parents on Internet safety as well as a policy statement on photographs and the use of video cameras and mobile phones in schools. In 2009 all Angus S1 pupils attended in-school performances of the Baldy Bane Theatre Company's "Cyberspyder" drama that explored a number of pertinent issues surrounding young people's safe

and responsible use of the internet and other communications technology including mobile phones. Following the drama schools facilitated participation of pupils in whole group workshops aimed at exploring further the issues raised. Ninety six per cent of evaluations by young people indicated that the events were effective in communicating the issues.

Domestic Abuse

A short life working group has been established to progress how learning about domestic abuse can be more effectively embedded in the curriculum. This work incorporates the health and wellbeing outcomes within the Curriculum for Excellence. In order to raise awareness and understanding of domestic abuse issues a domestic abuse toolkit for teachers has been developed that promotes good practice and consistency across Angus schools.(Ref. 47)

The Police domestic abuse officers and a Barnardo's worker are co-located and provide effective help and support to vulnerable children and their families in domestic abuse situations. (Ref. 48)

Angus Women's Aid provide a range of effective interventions and outreach programmes to women and their children who have been subject to domestic abuse.

The Fergus Programme run by Social Work and Health Criminal Justice Services helps men, convicted of offences involving domestic abuse, to understand why they have been physically or emotionally violent or abusive to their partner. Since 2009, there have been 15 successful completions and 10 unsuccessful completions. Alongside the Fergus programme the Tayside Family Safety Project Worker provides support to the Angus families of perpetrators taking part in the court mandated domestic abuse programme. The main focus of this project is to enhance the safety of women and children and ensure that any risk to them does not escalate as a result of the perpetrators participation in the programme. Analysis on published domestic incidences as recorded by the Police reveal that nationally 57% of domestic abuse incidents involve known repeat victimisation. In the Tayside Police force area this is 35.2%, the lowest percentage of repeat victimisation nationally. (Ref. 48)

Public Protection

There are well established multi-agency public protection arrangements (MAPPA) in Angus. These arrangements bring together Angus Council, Tayside Police and NHS Tayside, as responsible authorities to assess and manage the risk posed by certain categories of offenders in the Angus area. As well as Social Work Criminal Justice Services, the Police Offender Management Unit, Housing and Health there is frequent involvement from Drug and Alcohol Agencies, Mental Health Services and Learning Disabilities Services in the MAPPA arrangements in Angus (Ref.51).

The MAPPA arrangements are complimented by the work of the Joint Assessment Group (JAG) that operates as a planning forum bringing together local agencies to agree how to manage specific cases where there are public protection concerns. (Ref. 52)

The Keeping Children Safe (Sex Offenders Community Disclosure scheme) was piloted in Angus. Under this scheme any individual who is in a parental relationship with a child can make an enquiry of Tayside Police as to whether an adult who is having contact with their child has been convicted of a sexual offence. There has been a small but manageable increase in child protection activity that has contributed to the safety of children. Following the successful pilot the scheme has been introduced in other areas across Scotland (Ref. 25).

An inter-agency protocol for young people aged 14 – 18 years who present a sexual risk to others is in place. This protocol ensures that the risk a young person presents is effectively managed whilst also ensuring they receive appropriate services to meet their own needs. (Ref. 64)

Child Protection Messaging

Child Protection Messaging has been implemented in Angus for subject and linked children. At the commencement of an investigation, a child's name being added to the Child Protection Register or the completion of a child protection activity a message is automatically sent to NHS and Education staff as this information is entered into the social work system. Work is underway

to identify how the system can be extended to Police. An initial evaluation undertaken following introduction of the system between Angus Council Social Work and Health and NHS Tayside highlighted the benefits of the system. A further evaluation is planned in January 2011 following the introduction of the system to Education staff. (Ref. 53)

Strengths

- There is evidence from single and multi-agency audits of good communication, decision making and co-ordination of services to meet the needs of children and young people and that children and young people in Angus benefit from appropriately targeted support.
- A wide range of services, including services commissioned from the third sector, are available to support vulnerable children and families. These services range from early intervention through to intensive support services and are supported by a number of multi-agency protocols.
- A range of effective and well used multi agency screening groups (ESG, PRAM, LMART, Link Up, GIRFEC) are in place to ensure the early identification of need and the provision of services. Since the introduction of the ESG there has been a significant reduction in the number of referrals to the Authority Reporter.
- Risks presented to children and young people are effectively managed through a range of well established public protection arrangements including MAPPA, JAG and a protocol for young people aged 14 to 18 years who present a sexual risk to others.
- Feedback from staff is that Child Protection Messaging has been effective in highlighting children subject to child protection processes and that this has allowed them to provide appropriate support at an earlier stage.
- There are effective and robust systems in place for children missing from education or health are in place.
- Schools have in place effective protocols to promote personal safety. 100% of children and young people survey in the ACPC public awareness survey reported that they would know who to go to if they had a concern.
- Family Health Needs Assessment is place for all children in Angus ensuring the effective identification of health needs.

Areas for improvement

- Fully implement the GIRFEC practice model, including the agreed Integrated Assessment and ensure that the current child protection processes are integrated into this.
- Continue to evaluate the impact on outcomes for children and young people of the range of strategies to minimise harm.
- Further evaluate the effectiveness of new initiatives such as Family Group Conferencing and Child Protection Messaging.
- The implementation of child protection messaging opens up the opportunity for the further development of the Electronic Multi-agency Store to share information about children.

2.3 Children and young people are helped by the actions taken in immediate response to concerns

The range of partner agencies in Angus have well developed systems to ensure that appropriate action is taken in response to immediate concerns about a child or young persons safety. These are set out in the ACPC Interagency Guidelines for professional staff and are supplemented by the range of multi-agency protocols and individual agencies guidance for staff (Ref 7, 64).

Angus Council Social Work and Health

All referrals to the Social Work and Health are routed through the Children's Services, Intake Service. Referrals are screened and prioritised at the point of receipt and where appropriate initial action taken with 24hrs. Out with office hours access to a social work service is available via the Out of Hours Service.

Clear criteria have been agreed for when concerns about a child should be referred directly to the Child Protection Team (CPT). These are outlined in the ACPC interagency guidelines. Where the exact nature of the concern is not clear a joint visit is undertaken by Intake and the CPT. Where required children referred to the CPT/Public Protection Team are subject to IRDs involving the key agencies namely the Police and Social Work and Health staff. Other agencies are invited to attend where appropriate. Child Protection investigations are also undertaken by workers in many of the other teams within Social Work and Health, namely fieldwork or support to families teams. These often arise as a result of cumulative concerns that are considered at multi agency network meetings where the decision is made to proceed to a Child Protection Case Conference. 67% children in a sample of cases referred to the joint Child Protection Facility in November 2010 were subject to a formal IRD. The remaining 33% came via an existing multi-agency forum such as MAPPA, PRAM and Early Screening Group and had already be the subject of a multi-agency discussion or there were particular reasons relating to the referral that indicated an IRD was not required.

Clear and well understood processes are in place for screening referrals, undertaking initial and comprehensive assessment as well as risk assessments in child protection cases.

Quality service standards within children's services require that child protection referrals must be the subject of immediate assessment and where there are concerns for the child's safety a child protection investigation should be undertaken by the department on the same day and no later than 24 hours after referral.

- 100% of cases open to social work have an assessment of need and where required each child has a care plan to meet their needs.
- In 100% of cases there is evidence that set objectives are being achieved.
- 18 out of 19 parents or carers surveyed rated their involvement in the planning or delivery of support they received as good or excellent

Social Work Casefile Audit (Ref. 2).

Children and young people in Angus report that they feel safe. Information from Viewpoint shows the following in respect of children on the Child Protection Register (CPR).

Age Group	Angus
5-7	90% feel safe at home (n=9)
5-7	56% never bullied at school (n=5)
8-11	77% feel safe at home ('all of the time' or 'very safe) (n=10)
8-11	54% never bullied at school (n=7)
8-11	85% state there is no-one at home you don't feel safe with (n=11)
12-16	79% feel safe at home ('all of the time' or 'very safe') (n=19)
12-16	39% never engage in risky or dangerous behaviour (n=9)
12-16	58% never feel under pressure from anyone (n=14)

Child Protection Messaging identifies children who are the subject of child protection activity to health and education staff on a real time basis. An initial survey of health and social work staff following its launch identified benefits of having this system in place (Ref 53).

Where risk is identified appropriate use is made of the range of statutory interventions available to ensure a child or young person's safety. In 2009/10 32 CPOs were sought and granted. Timescales for case processing are rigorously met by SCRA and appropriate legal processes are implemented effectively; ensuring children and young people are helped by the actions taken in immediate response to concerns. All CPOs were enacted on the day they were granted.

NHS Tayside

NHS 24 provides an emergency service that responds to child protection concerns. There is a 24 hour rota for paediatric/forensic medicals in place.

The pilot of the Tayside Child Health Early Warning Alert system (CHEW) involving certain NHS services including Speech and Language Therapy, Orthoptic Service and Community Dental Services ensures that when a professional has a concern about a child's circumstances and/or wellbeing there is a trigger mechanism to record, collate and co-ordinate the concerns centrally via the Community Child Health Department. This enables a more comprehensive picture of a child's circumstances and wellbeing to be built up. To date the CHEW Alert System has generated 241 CHEW Alert Forms for 193 children (163 different families) which have all been responded to by the Community Child Health Department. There is a recognition that this process needs to be closely aligned to the NHS Tayside DNA protocol that aims to alert referrers to children who fail to attend important health appointments. (Ref. 55)

Tayside Police

There are effective and clear systems within the Police to ensure that every case involving a child concern is reviewed by an experienced Public Protection Unit Supervisor at each stage. This ensures consistency, that appropriate action is taken where necessary and that relevant information is shared with partner agencies timeously. Information from Police Child Concern Reports are shared with Housing, Health, Education and Social Work and Health on the day they are screened. This ensures that an appropriate and efficient response is taken to the concern and that those children about whom there are concerns are identified early and get the appropriate help they need when they need it. The Early Screening Group process demonstrates that these arrangements are working effectively. (Ref.13)

SCRA

SCRA has in place a national case prioritisation scheme to monitor and ensure that the number of children experiencing unacceptable delays in the progress of their case is reduced. This scheme is supported by data provision and national training and guidance to ensure a consistent approach across Scotland. SCRA's performance in Angus against the agreed Time Interval Standards targets has met or exceeded the relevant targets. (Ref. 16)

Angus Council Education

All education staff receive a child protection presentation on an annual basis that emphasises the appropriate and prompt actions to be taken in response to child protection concerns. Child protection designated officers in schools are clear about their role and responsibilities in protecting children and in ensuring that identified concerns are passed on without delay (Ref. 30).

Child Protection Processes

The ACPC multi-agency audit found evidence of prompt and appropriate multi-agency response to immediate concerns/child protection incidents. (Ref. 54)

Child protection case conferences take place within appropriate timescales. These are well attended by staff across all agencies. The ACPC monitors agency attendance and where improvements are required then this is flagged up to respective agencies for attention. Attendance at case conferences has consistently improved over the past three years.

Children and young people involved in the child protection process and are given clear explanations of what is going to happen. Where appropriate they are supported to contribute to and attend meetings about them. Where this is not appropriate staff ensure that the views of the child or young person are fully considered and included in the child protection case conference minute, core group minute and any other reports. The ACPC has produced leaflets that explain the investigation process. These are given to the children, young people and their families to help them understand the reason for any action that is being taken. All ACPC information leaflets are "Crystal marked" for plain English and can be made available in other formats when this is required. (Ref. 56)

Strengths

- There are effective well established systems in place for the multi-agency investigation of child protection concerns within 24 hours.
- There is evidence from multi-agency and single agency case file audits that services provided are appropriate and in keeping with children's needs. 100% of cases have a care plan in places and in 100% of cases there was evidence that objectives were being met. 95% of parents surveyed reported that their involvement in the planning and delivery of support was good or excellent.
- Appropriate use is made of IRDs and other multi-agency meetings.
- Appropriate and timely use is made of statutory interventions where necessary. 100% of child protection orders were implemented on the day they were granted.
- Child Protection Messaging identifies in real time children who are the subject of child protection activity to Social Work, Health and Education staff.
- The CHEW alert system helps identify potential vulnerability of children and young people who come to the attention of health staff.
- Police Child Concern Reports are routinely shared with Housing, Health, Education and Social Work and Health staff.
- The needs of unborn and newborn babies are identified at an early stage and professionals are brought together to identify how these needs can be met via the PRAM process.
- Child protection case conferences are held timeously and are attended by all agency groups.
- A referral to the Authority Reporter is considered at every Child Protection Case conference.

Areas for improvement

- The collocated Police, Health and Social Work Child Protection facility has been in place for a number of years and a review of its functioning has recently been initiated.
- There is a need to ensure that established Child Protection Processes are integrated into the GIRFEC developments in Angus.
- Explore options to extend Child Protection Messaging to Police and other internal partners within council services i.e. housing.
- Review current recording arrangements to ensure that where an IRD has taken place this is readily identifiable in case records.
- Promote Multi-agency training on the use of chronologies to ensure identification of risk and patterns of concerns.
- Review and evaluate local guidance in light of the newly published national guidance.

2.4 Children and young people's needs are met

There is evidence of effective joint working across services that ensure children and families receive the services necessary to meet their assessed needs. The evidence from the ACPC multi-agency audit is that children receive very effective support throughout the child protection investigation process and receive services appropriate to their needs. Children and families in need of services received these supports without delay (Ref. 2, 20, 41, 54)

Angus Council Social Work and Health

All children referred to Social Work and Health have their needs assessed and where required a care plan is formulated. This process is supported through initial referral discussions, network meetings, core group meetings, Child Protection Case Conferences and LAC Reviews. All children on the CPR have an allocated social worker and a multi agency child protection plan is formulated within 10 days in 98% of cases. Reviews of these plans are undertaken as necessary and at least every 3 months.

A multi-agency child protection plan is formulated within 10 days of registration in 98% of cases.

Reference 36 is a good practice example where the short term and longer term effects of abuse and neglect have been reduced as a result of the services the family have received. (Ref. 36)

There is evidence that assessment and care planning for children has improved (Ref 2). All assessment reports and case records are accessible on the CareFirst 6 system electronically, enabling access to these records easily and swiftly to aid the assessment process.

A Family Group Conferencing service has been commissioned from Barnardo's to ensure that family are involved as much as possible to support the child or young person where there is a risk of being received into accommodation or where a child's name has been on the Child Protection Register for a year (Ref 42). The effectiveness of this initiative will be reviewed in March 2011.

The Link-Up Initiative has introduced the "Strengthening Families" programme designed to target families with children aged 10 – 14 years and focuses on separate skills building sessions to address behavioural issues, improve parenting and avoid subsequent alcohol and drug problems. While parents learn essential nurturing skills and receive guidance on effective discipline, parallel sessions help young people to consider a healthy future, improve their ability to deal with stress and peer pressure and increase their sense of respect for others. Three practitioners from Social Work and Health, Education and Barnardo's have been trained to deliver this programme. Of the four families who participated and completed the sessions there have been extremely positive outcomes (Ref. 15).

95% of parents and carers interviewed as part of the August 2010 case file audit considered that their needs had been assessed and that intervention in their lives had been helpful (Ref. 2).

The Social Work and Health support to families teams provide early intervention and intensive community support services to children and young people at risk of being removed from their communities. During the last year over 100 young people and their families benefited directly from individual work programmes. These focussed on areas such as anger management, bereavement, development of social skills, life story work, substance misuse and keeping safe in the local community. The support to families teams have also worked in partnership with the Youth Justice Team and Tayside Council on Alcohol to deliver the "Step Up" programme aimed at meeting the needs of persistent young offenders. (Ref. 57)

NHS Tayside

Children on the child protection register are given an increased service by public health nurses based on the assessment of the child's needs. This follows the recommendations of Hall 4 previously referred to leading to the allocation of a Health Plan Indicator (HPI). This in turn will form part of the child protection plan.

"Team around the child meetings" are integrated into the child protection processes to ensure that the needs of children with additional support needs are met. Since April 2010 children and young people who are looked after and accommodated are offered an emotional assessment using the strengths and difficulties questionnaire to inform their health plan.

Police

Risk assessment for vulnerable children and young people being brought to the attention of the Police has improved with the introduction and development of:

- Early screening of child concern reports
- National Intelligence Model (NIM) Response Plans
- Domestic abuse risk assessment tool (SPECES)
- Adult concern reporting and assessment (i.e. where there may be an impact on a child)
- Missing Person reporting
- Providing background police information and intelligence to partner agencies

Children Affected by Parental Substance Misuse

The inter-agency guidance “Working with children and families affected by substance misuse” has been in place since 2006. This guidance is due for review in light of the national and local CAPSM developments and implementation of GIRFEC in Angus in the near future. (Ref. 8, 15).

Strengths

- There is a wide range of services available to meet the needs of children in Angus.
- There is evidence from multi and single agency case file audits that services are effective in meeting both short term and long term needs and that the welfare and safety of children has improved as a result of the multi-agency intervention (98% of children have a child protection plan in place within 10 days, 95% of parents and carers interviewed as part of the social work case file audit in August indicated that their needs had been assessed and that intervention in their lives had been helpful).
- Flexible use is made of available resources to meet the needs of individual children and young people and new services have been developed to meet identified gaps in service provision, including the Barnardos Family Group Conferencing service.
- Four new Support to Families Teams have been developed provide a range of services on an individual and group work basis in response to individual children’s need.
- The Link-Up Initiative was established to test out new ways of working with children and families affected by parental substance misuse. This initiative has introduced the “Strengthening Families” programme.

Areas for improvement

- Improve the understanding of staff within specialist services of child protection procedures.
- Monitor the impact of the current financial pressures to ensure that the resources available to the partner agencies are used effectively and are targeted on those in greatest need.

3. IMPACT ON STAFF

3.1 Impact on staff

Staff across the range of partner agencies in Angus are highly motivated and clear about their respective roles and responsibilities in protecting children. All agencies have a clear understanding of what is involved in providing high quality joint services and staff are committed to working collaboratively to support children in need of protection. This commitment is demonstrated by the range of effective interagency processes in place such as the Early Screening Group, PRAM, Link-Up Initiative and LMART groups. (Ref. 13, 14, 15)

Staff across Angus regularly access multi-agency child protection training delivered by Angus Child Protection Committee (ACPC), Pan-Tayside Training Consortium and Violence Against Women Partnership including training on domestic abuse and its effects on children and working with hostile and uncooperative families. A child trafficking training event is planned for early 2011. Between April and November 2010 351 staff have accessed child protection training provided by the ACPC. Evaluation of this training is positive. (Ref. 58)

Planning is underway by the ACPC training sub committee to develop a systematic process to evaluate the impact of training on service delivery by systematically seeking the views of staff who have undergone training to evaluate changes and improvements in practice.

Angus Council Social Work and Health

All Social Work and Health staff undertake basic awareness training in child and adult protection as part of a departmental induction programme. In addition there is training on risk assessment for non social work qualified staff. Within children’s services there is an established child protection training strategy and a rolling programme of training to ensure staff are skilled and knowledgeable in this area of work. Staff have access to training on: risk assessment and

interviewing, joint investigative interviewing, and certificates in Child Protection and Supervision and Management in Child Protection. On average 12 members of staff complete the risk assessment and interviewing training and 8 staff complete joint investigative interview training with Tayside Police colleagues each year. Approximately 3 members of staff are supported to complete the graduate Certificate in Child Care and Protection on an annual basis. 88% of eligible Social Work and Health team managers have completed the Supervision and Management certificate in Child Care and Protection. Main grade staff also benefit from the well established Practitioner Forum.

Social work staff are routinely involved and engaged in the planning and development of services. Staff were fully consulted and involved in the redesign of social work children's services and development events have been held to support the implementation of the new support to families teams. As part of the establishment of these teams to ensure that staff were adequately skilled to provide services for children in the age 0-16 age group staff undertook a range of training programmes which included managing children's behaviour and training on attachment and resilience. Training for managing teenage behaviour is planned for February 2011.

Following the case file audits in January and August 2010 development sessions have been held for staff. The first of these in June 2010 focused on assessment and care planning and the second in October 2010 focused on case recording and engaging with children and young people. The focus of these events has been to encourage staff to develop solutions themselves for addressing identified issues and improving services (Ref 2).

Learning from the ACPC initial case reviews has been shared via half day briefing sessions for all service managers and team managers who then disseminated the lessons learned to members of their teams. This learning event was also delivered by Neighbourhood Services, early years staff in Education and childminders, Health and the Police.

Social work also has well developed systems in place to promote the learning and development of staff. In 2009/10, 89% of staff in social work children's services were subject to an appraisal with the aim of identifying learning and development needs and how these will be met. The staff that did not have appraisals were in the main absent from work e.g. due to sickness or maternity leave.

In August 2009, the Council commissioned an employee attitude survey. 26% of the returns were from social work staff. Key findings included that 90% of staff enjoyed their job, 94% understood their job role and responsibilities and 81% reported that they considered that their contribution was recognised by managers. (Ref. 60)

Neighbourhood Services

Neighbourhood Services staff are issued with a policy guide which outlines their responsibilities as part of their wider work to protect children. Joint working between Housing and Social Work has increased. A new procedure has been adopted in relation to the manager of each local community housing team being notified of child protection case conferences. Attendance of housing officers at these meetings has increased significantly ensuring that housing staff have effective input into assisting children and families who are local authority tenants.

NHS Tayside

All health staff have personal development plans that are reviewed annually using the NHS Knowledge and Skills Framework. The associated post outline identifies the knowledge and skills required for the post. General Practice staff have in place protected learning time and participate in inter-agency ACPC training events (Ref. 58, 82, 83). Plans are in place to run a child protection supervision group within the CAMHS service. The new Tayside NHS child protection training strategy has recently been approved and will be implemented immediately.

Tayside Police

Police officers attend daily briefings from supervisors and participate in development and training events with partner agencies. Personal development plans via annual appraisals are in place across the police force. Officers within the PPU routinely attend multi-agency meetings and have their work regularly assessed to maintain quality and consistency.

Angus Council Education

All school staff are formally briefed on child protection awareness and procedures at the beginning of each new school session. This is updated annually to take account of relevant policy and practice developments. Child Protection designated officers (CPDOs) within education attend regular training events and CPDO forums.

SCRA

SCRA has a high take up of training and all staff have a personal development plan. A system of effective supervision and appraisal is in place. The high level of motivation and satisfaction by staff to meet performance targets is clearly demonstrated in the way staff plan and manage the delivery of services. SCRA has a low level of staff turnover and low staff absence rates.

Strengths

- There are well established agency and multi-agency child protection training arrangements in place, including a specific ACPC training strategy. Only trained social work and police staff conduct child protection investigations. XX staff attended CPC training in 2009.10
- Staff are clear about and implement their respective roles and responsibilities in protecting children. This was evidenced in the multi-agency file audit.
- Staff across all agencies are engaged and involved in the planning and development of services.
- There is a commitment from all partner agencies to multi-agency working and developing practice. Learning from initial case reviews is disseminated to staff across the partnership..
- There are well established processes in place across the range of partner agencies to identify and meet the learning and development needs of individual staff, including annual appraisals, personal development plans, supervision and work shadowing within and across agencies.

Areas for improvement

- There is need to develop and implement a systematic process to evaluate the impact of training on service delivery.
- Further develop the systems in place to monitor demand and need for multi-agency training.
- Explore the potential for the development of a multi-agency practitioner forum so that practitioners are able to jointly identify and plan for meeting their own training needs

4. IMPACT ON THE COMMUNITY

4.1 Being aware of protecting children

The Angus Child Protection Committee (ACPC) is proactive in promoting awareness of child protection in Angus. Over the past three year the ACPC has participated in a number of local events promoting public awareness about the protection of children. This year saw the ACPC, Angus Adult Protection Committee (AAPC) and Angus Violence Against Women Partnership (AVAWP) jointly raising awareness to the general public about what to do if they had a concern about a child or vulnerable adult. Promotional information providing the contact number and websites of the Child and Adult Protection Committees and AVAWP were given out in a number of different formats including leaflets, pens, pencils, rulers, pencil cases, key rings, mouse mats and fridge magnets. Staff attended events at the Arbroath Sea Fest, The Angus Show,

Strathmore Highland Games, Monifieth Medieval Fair, Forfar Gala Day, Arbroath Seafront Spectacular, Glamis Extravaganza and Carnoustie Gala Day.

the public awareness survey undertaken in 2010 found that 99% of adults would know who to contact if they had concerns about a child or young person in Angus and 100% of children and young people stated they would know who to contact if they had a concern. Children and young people highlighted parents, carers, relatives, teachers, social workers, and the Police as well as the ChildLine helpline as key people they would speak to if they had a concern. 92% of adult responses and 88% of children and young people reported that nothing would stop them reporting a concern. However only 69% of the public felt confident that, if they made a referral about a child's safety, that their concerns would be acted upon (Ref.37).

The ACPC has a range of information regarding child protection available for the public including leaflets for parents/carers and children and young people involved in the child protection process. The "What to do if you have a concern" leaflet is widely disseminated to all staff and local businesses throughout Angus including police stations, local health services, schools, social work offices, sports and leisure centres, tourist information centres, voluntary organisations and private businesses and services.

During 2009/10, 10,000 child protection leaflets were distributed throughout Angus and in January 2010, 6500 leaflets were distributed to all Angus Council employees in their pay slips.

A specific leaflet has been developed to provide guidance for Tayside Contracts employees who work in schools as to what their responsibilities are if they hear or see something that makes them concerned for the safety of a child. Child protection posters have also been issued to all schools, nurseries and private and voluntary providers in Angus. These were designed for a range of audiences including staff, pupils and parents. The posters identify the contact details of the child protection designated officer in each school to whom any child protection concerns can be taken. During 2009/10 1500 mouse mats were also distributed to all primary, secondary and higher education establishments throughout Angus.

An information leaflet for Polish families about legislation, support and services including information services for children has been widely distributed at public events and during a series of migrant worker road shows to Angus farms.

In March 2009 and November 2009 the ACPC, in conjunction with No 1 for Youth, engaged in a consultation with young people about child friendly information and keeping safe. This found that young people look for information in a number of different ways including posters, mobile phones, and direct presentations within schools and youth groups. In addition the Central and North East Scotland Child Protection Consortium of which the ACPC is a member engaged with young people to evaluate the ACPC website and public information. Following this engagement work is underway with a group of young people to update the information for children and young people on the ACPC website and to produce new material for children and young. (Ref. 61)

Angus Council education services actively promote and raise awareness of keeping children and young people safe and protected and have comprehensive information in relation to bullying and internet safety. Contact details of support agencies and what to do if a child or young person has a concern are in school planners of all primary 7 and secondary school pupils throughout Angus. This planner is provided to pupils at the start of each academic year.

As part of the UK Rock Challenge, all eight secondary schools in Angus delivered a dance/drama presentation looking at issues such as alcohol, drugs, internet safety, domestic abuse etc. Montrose Academy pupils came first in the national event with their drama portrayal of domestic abuse. These events helped to raise awareness of child protection issues with young people and of local services to support them if they have a concern.

Under the auspices of "Angus < 21 Health", in partnership with young people, annual dance and drama tours support S2/S3 pupils to explore health issues including sexuality, eating disorders and family issues and provides young people an opportunity to explore their fears/anxieties about accessing services

The youth work vehicle, Youth Bytes Bus, provides youth projects and services to young people who are currently not accessing these services for a range of reasons including rural isolation. This bus helps young people to access information and support to make informed decisions about their lives. Through evaluation young people have reported that, as a result of the resources available on Youth Bytes, they are much more knowledgeable about keeping themselves safe and accessing local services if they need support. (Ref. 62)

Partner agencies including the Police, Health, and council departments all have information about child protection services on their websites and have links to the ACPC website. The NHS website Cool2talk provides information about local services to children and young people including information on who to contact if they have concerns about their safety and wellbeing.

The Tayside Police pilot - Keeping Children Safe scheme - provides a reporting mechanism for families who have a concern about an individual who may have contact with them or their children. Booklets, local press advertising and radio campaigns raised public awareness and provided information and contact details.

Strengths

- The ACPC has in place a variety of initiatives to raise awareness with the general public, including children and young people, about protecting children.
- The evidence from the ACPC public awareness survey is that members of the public are aware of who to report concerns to and that children and young people in particular are confident that action will be taken in response to their concerns. 100% of children and young people and 99% of adult reported that they knew who to report concerns to.
- The ACPC has developed and made available a range of information for the public including leaflets for parents/carers and children and young people involved in the child protection process.
- Work is ongoing with a group of young people to review and development the information on the Angus Child Protection Committee website and other promotional materials.

Areas for improvement

- In conjunction with young people review and further develop the children and young people's ACPC website and the range of other information available.
- Continue to develop joint working with other partnerships re public awareness.
- Focus on increasing the confidence of the public that their concerns will be acted on.

HOW GOOD IS DELIVERY OF SERVICES FOR CHILDREN AND FAMILIES IN NEED OF PROTECTION?

5. DELIVERY OF SERVICES TO CHILDREN AND FAMILIES IN NEED OF PROTECTION

5.1 Involving children, young people and families in key processes

There are well established systems in place in Angus to ensure that the views of children and young people, parents and carers are taken into account within both the child protection and Looked After Children processes. As part of these process children, young people and their families and carers are asked to complete a review report. These reports form an integral element of the child protection and looked after child review process enhancing the sharing of information and enabling participants to express their views and highlight issues for consideration. Systems are in place to monitor the return rate of these reports. These statistics show that 93% of young people attend their reception into accommodation meeting. Approximately 50% of young people submit reports. However it should be noted that 79% of young people attend their LAC Reviews, preferring to contribute directly rather than submit reports.

Parents are invited to attend LAC Reviews and the attendance rate is good. Parents are also asked to submit a report; however the return rate for this is only 13%. As a consequence a consultation exercise is currently being conducted by the Community Assessment and Review Officers (CAROs) to seek the views of parents and carers about ways in which their participation in the review process can be improved. This exercise will conclude at the end of January 2011.

All parents and carers are invited to initial and review child protection case conferences. In 2009, 94% of parents attended initial case conferences and 79% of parents attend review case conferences. Parents contribute well at child protection case conferences. Their views are valued and are taken into account and recorded in minutes.

Children and young people are not routinely invited to child protection case conferences given the nature of the information that is often being shared at these meetings. However staff work directly with children to ascertain their views and ensure these are represented and taken into account at case conferences. In addition children and young people are invited to complete Viewpoint questionnaire or a written report for the meeting (Ref 20).

There continues to be improvements in the number of children and young people who report that their social worker talks to them about what they are doing to help them. This is evident in the 7-9 and 10+ year's groupings who report to having an understanding of the Child Protection Register and that they are aware they have a CP plan and of what it is trying to achieve to keep them safe. (Ref. .20)

Whilst Viewpoint is used to engage with children and young people about their views of services it is recognised that the completion rate is relatively low and work is ongoing to look at how to increase its usage and improve the quality of the information gathered.

Angus Child Protection Committee (ACPC) has produced leaflets for parents/carers and children and young people explaining the child protection processes they are involved in. Where English is not their first language access to translators and interpreters is available and written information is translated. This ensures that children and families are fully involved in the process and sufficient account is taken to help them express their views.

The ACPC multi-agency case file audit found evidence of the involvement of children and their families in child protection processes including in some cases the use of texting by staff to keep in touch and share information with families. (Ref. 54)

There are systems in place across the range of services available to help children and young people make a complaint where they are dissatisfied with a service. These are detailed in section 2.1 of this evaluation report. Children and families are routinely provided with information about

the Social Work and Health Clients Right Service, the local independent advocacy service “Angus Advocacy Service” and, where they are looked after and accommodated, Who Cares? Scotland.

SCRA has a comprehensive process in place which ensures that families are promptly informed of reasons for referral and of the decisions. The views of the child and family are consistently sought in all cases and where English is not their first language interpreters are used and information translated. Families are informed of their rights in all correspondence and at children’s hearings. Families are also provided with information regarding the Victim Information Scheme.

96% of service users reported being satisfied with the delivery of services. Ref. 35

Evidence from the Social Work and Health customer satisfaction survey in March 2010 revealed that 96% of service users reported being satisfied with the delivery of services. 100% of respondents from social work children’s services said the department provided information that was in a format that they could understand (Ref 35).

Strengths

- There are effective well established system in place for involving children and young people and their parents/carers in both the child protection and looked after systems in Angus. 93% of children and young people attended their reception into accommodation meeting. 94% of parents attend initial case conferences
- The majority of children and young people report that they have an understanding of the child protection processes, that they have a child protection plan and that they know it is trying to keep them safe.
- Service users report that information is provided in an accessible format that they can understand.
- Use of Viewpoint with children and young people.
- The ACPC has produced a range of high quality leaflets and information for parents, carers, children and young people and professionals explaining the child protection process. All the ACPC leaflets are crystal marked by the plain English society. These leaflets are sent to children and young people, parents and carer prior to every case conference.
- The views of children and their families are consistently recorded and taken into account in the delivery of individual care packages.
- Translation and interpretation services are used where required. There is evidence of innovative practice in this area.
- Children and families are supported to access a range of advocacy services, namely; Angus Independent Advocacy Service, Angus Council Social Work and Health Clients’ Rights Officer, Who Cares? Scotland, and Independent Legal Advice.

Areas for improvement

- Complete the review of Viewpoint.
- Conclude the consultation with parents and carers to identify how their participation in CP and LAC reviews could be enhanced.
- Continue to ensure children and young people’s views are being actively sought through a variety of different means.

5.2 Information sharing and recording

The partner agencies in Angus have a range of systems and policies in place to ensure the effective sharing and appropriate use of information. Interagency information sharing is inherent to the range of multi-agency meetings such as the PRAM, LMART, ESG, and the Link up initiative. There is extensive multi-agency representation at these meetings from both the statutory and voluntary sector. These forums allow for timely and appropriate sharing of information. In addition information about adults who present a risk to children is shared at the JAG and MAPPA meetings. (Ref.’s 13,14,15,51,64,65)

The ACPC interagency guidelines for professional staff set out clearly expectations of staff in respect of the sharing of information. Initial referral discussions and other multi-agency meetings are used effectively to share and record information as part of the child protection process. These interagency guidelines are complimented by agency specific guidelines that also detail expectations and arrangements for the effective sharing of information namely; Social Work and Health Child Protection Operational Instructions, Education Child Protection Guidelines, NHS Tayside and Police Child Protection Guidance.

Agency representation and attendance at child protection case conferences is very good. Police attend all initial and review case conferences. An advanced nurse practitioner attends all initial case conferences and ensures that there is appropriate Health representation at every conference. Housing staff are now routinely invited to initial child protection case conferences. The ACPC monitors agency attendance at child protection case conferences (Ref. 9).

The introduction of child protection messaging ensures the real-time sharing of information between social work, health and education regarding children subject to CP processes (Ref. 53).

The ACPC multi-agency case file audit provides evidence of appropriate, proactive sharing of information between agencies as well as evidence of good well maintained, up-to-date recording of significant events and contacts within case files. (Ref. 54)

Social Work and Health

Staff in social work children's services use the department's Carefirst system to record their work with children and their families. These records are available electronically to staff within the department who need access to information about a child. The standard of case recording is high as evidenced in the recent case file audit. All case files contain a chronology of significant events in the child's life. The development seminar in September 2010 focused on listening to children and accuracy in record keeping. (Ref 2)

Within Social Work and Health there is a standard proforma (ISP1) to seek written permission from parents, and where appropriate young people, to share information about them. The recent case file audit highlighted that this proforma is not always completed. This is a continuing area for development that was highlighted at the development seminar to social work staff (Ref 2).

NHS Tayside

Social Work and Health are routinely informed of any child on the CPR who attends A&E or is admitted to a paediatrics ward. Minor Injury Unit (MIU) staff share information when a child has attended and a copy of the child notes are sent to both the child's GP and the school nurse/health visitor. An information leaflet is given to parents of children attending A&E and paediatric departments and posters are displayed across clinical areas within Health to raise awareness and inform parents of information sharing.

A looked after children's identification and tracking process is in place through the LAAC health teams. This is linked to the MiDIS system and agreements are in place with Child Health for inputting data. Public health nurses in Angus record information and child assessments electronically on to MiDIS. This information is accessible to download when required for meetings such as IRDs, Early Screening Group and sharing with other agencies.

The CHEW alert system in Health ensures that when a child does not attend appointments this is recorded and information shared with Child Health and the child's health visitor/school nurse. This process links with the DNA protocol. There is a protocol in place in NHS Tayside for sharing information with GPs, public health nurses and social work following a joint medical examination and the unborn baby protocol is followed when there are concerns in the ante natal period.

Tayside Police

Tayside Police record all child concern reports, adult at risk and domestic abuse concerns on Unifi (IT system). Information sharing policies are in place across all agencies for sharing, storing and securing information about children and families. Police are currently reviewing their Management of Police Information (MOPI) protocol. The Tayside Police Force Referrals Unit is currently being piloted (since November 2010) as a means of increasing the efficiency and consistency of information shared with partner agencies. Public Protection (Child protection) is viewed as a high priority. The Police Tactical and Coordination Meeting, chaired by senior officers within the command team, risk assess, task actions and respond to information and concerns on a daily basis. The PPU detective inspector provides a PPU input to this meeting. In addition a monthly tactical tasking and co-ordinating group meeting is held. This is attended by the PPU detective inspector and the meeting discusses a number of divisional issues including PPU.

Angus Council Neighbourhood Services/Housing

A new procedure between Housing and Social Work and Health has been adopted where each local community housing team are invited to attend child protection case conferences. This has ensured that Housing staff can contribute to the information sharing process and provide improved assistance and support to their tenants (Ref 66).

Arrangements are also in place between Housing and Social Work and Health to share information regarding any potential evictions at an early stage so work to be undertaken to address the issues and minimise the impact on children and families. There are effective processes in place to enhance information sharing between Housing and Education on the housing movements of known vulnerable children. The housing division have established a memorandum of understanding for information sharing with Education in relation to the possible location of registered sex offenders. Consent to share information with Education is clearly outlined and recorded in tenant's housing application form and housing assessment. (Ref. 65)

Angus Council Education

Arrangements are in place to ensure partnership working to prevent and reduce the number of children missing from education and provide information on the child's whereabouts (Ref. 24).

Strengths

- There are a range of systems in place to ensure appropriate sharing and use of information including of a range of multi-agency protocols. Draft leaflets for parents, carers and young people on information sharing have been produced.
- Child Protection Messaging ensures real-time sharing of information between Social Work, Health and Education.
- There is good attendance and participation at child protection case conferences from all professional groups. Housing staff are now routinely invited. Attendance from all agencies is monitored at the Child Protection Committee.
- A standard proforma report is well used across all agencies to record and share information for Child Protection Case Conferences
- The quality of case recording is monitored and evaluated on a 6 monthly basis using case file audits. There is evidence of a high standard of recording.

Areas for Improvement

- Develop in line with GIRFEC, a multi-agency information sharing protocol, which includes the voluntary sector, all children's services and adult services
- Explore the potential to develop the daily tactical and co-ordination meetings currently in place within the Police Public Protection Unit to include Social Work.
- A continued focus on the importance of seeking consent to share information from parents are carers.

5.3 Recognising and assessing risks and needs

Clear arrangements exist within Angus to respond to situations where there are concerns about the welfare of children. These are well supported by the range of interagency protocols and early screening processes such as the Early Screening Group, PRAM, Link-up Initiative, and LMARTs. (Ref.'s 13,14,15,52,64).

Staff across the range of partner agencies know who to contact should they have a concern about a child and there are clear arrangements within Social Work and Health to respond to concerns regarding a child or young person's welfare. The social work Intake service is the first point of contact for all concerns. This team will screens all referrals at the time they are received and where appropriate will undertake initial assessments and short term interventions. Where longer-term intervention is necessary the case is transferred to a fieldwork or support to families' team. Where an initial concern is of a child protection nature and the child or young person is not already known to the department this is followed through by the child protection team. Where a child or young person is already known and a concern is raised regarding their welfare there are systems in place to ensure this information is relayed effectively to the case worker.

There are well established arrangements in place for the multi-agency investigation of child protection concerns

There are well established arrangements in place for the multi-agency investigation of child protection concerns (Ref 7). Such investigations are carried out by trained and experienced staff within Social Work and Health and the Police following an initial referral discussion (IRD) involving Social Work, Police and NHS staff. Information is gathered from all relevant sources to inform the IRD and subsequent initial and comprehensive assessments. The nature of the concern will inform the timescales for contact with other agencies and for the completion of an assessment. When concerns are received about a child where possible someone known to the child sees them, reassures them and establishes the nature of the concern and any immediate risks. All actions and decisions arising out of an IRD are recorded clearly on a separate IRD form.

The ACPC provides inter-agency training on information sharing, risk assessment and decision making and roles and responsibilities. These events held twice yearly and are well attended by staff from across the statutory and voluntary sector. They provided staff with the skills and knowledge to recognise that a child may be at risk of harm and the confidence to take immediate action where necessary. (Ref. 58, 83)

Plans are in place to implement an integrated assessment and child's plan as part of the GIRFEC implementation process in Angus. This will be implemented in September 2011 and will further enhance information sharing and the assessment of risk and need in Angus. The integrated assessment, based upon the GIRFEC practice model, will identify and analyse strengths and pressures against the SHANARRI indicators of wellbeing. By using a standard Angus assessment format all agencies involved will be able to contribute to the integrated assessment.

The established child protection processes in Angus are being reviewed to ensure that they are well integrated into the proposed GIRFEC process (Ref. 8).

Angus Council Social Work and Health

Within Social Work and Health there are clear arrangements regarding the level of assessment that is required and how these assessments should be recorded. All referrals are screened and a CO1 completed in respect of the referral. Where the screening indicates that they may be a need for further support a CO2 Initial Assessment is completed. Where there are child protection concerns this is recorded on a CO8. Comprehensive assessments are completed in respect of all children with more difficult or complex needs including all children in the on the CPR and those subject to supervision requirements. Social Work and Health staff and public health nurses use the *My World Triangle* and the *Resilience Matrix* as a part of the assessment process. During the past year training has been provided to social work staff undertaking assessments on the various assessment models and tools which are available to support this work (Ref. 7).

NHS Tayside

When a child protection investigation is commenced the need for a medical assessment is always considered. There is a clear protocol regarding the arrangement of medical examinations and obtaining advice for children suspected of being the subject of abuse. (Ref 67)

Health staff are recognising and assessing risks and needs in a standardised way through the Family Health Needs Assessment (FHNA). Using the *My World Triangle* the FHNA helps staff to identify and prioritises the needs of the child and family. The FHNA is accessible electronically through MIDIS facilitating a more efficient approach to recording children's health needs and care plans and allowing services within Health to share information and reduce duplication of recording.

Scottish Children's Reporter Administration (SCRA)

The need to make a referral to SCRA is considered as part of the initial referral discussion process. A referral by the social worker to the Authority Reporter arising out of a child protection case conference will be made within 5 working days of the case conference. This standard was met in 89% of cases; an increase of 9% from the previous year figure. (Ref. 68)

Angus Council Education

Within Education a tool has been developed for teachers to use in raising awareness of and assisting in the identification of domestic abuse. (Ref. 47)

Tayside Police

Police officers are proactive in responding to concerns relating to children and young people. In all cases where there has been a domestic incident and in others where the attending officer has a concern a child concern report is generated and submitted to the PPU for screening. This information is thereafter shared with relevant partner agencies and forwarded to the Early Screening Group for information or further action. Between 1 April to 30 November 2010, 1427 police concern reports were generated compared to 1235 reports in the same reporting period in 2009. This demonstrates an increase of 16% of child concern reports made by Police officers.

Operation Dry-Up targets known drinking areas across Angus and immediate action is taken where young people are found under the influence or possession of alcohol to ensure that they are not exposed to continued risk. Alcohol is seized and medical treatment is sought for the young person if required and they are taken home or their parents/guardians alerted. Letters are sent home to parents and the young person is referred to Tayside Council on Alcohol (TCA). Operation Total Dry up is undertaken on a regular basis. This is a multi agency operation whereby partners including Social Work and Health, the Web Project, TCA and NHS are involved in a co-ordinated operation to tackle issues involving children abusing alcohol. Children found by Police under the influence are offered immediate support and treatment packages at the time they are found. This has found to be very successful and the majority of parents have been very supportive.

Strengths

- A range of effective early screening processes is in place that ensures intervention in children's lives at an early stage.
- Systems are in place to ensure concerns regarding a child's welfare are responded to appropriately and promptly.
- Systems are in place to ensure the multi-agency investigation of child protection concerns including the use of IRDs and other multi-agency meetings to review and agree how concerns are responded to.
- We have developed an Integrated Assessment and Child's Plan as part of the GIRFEC agenda which will be implemented in August 2011.
- Staff are well supported by a range of interagency protocols and multi-agency groups
- Health and Social Work staff use the *My World Triangle* and *Resilience Matrix* to inform the assessment and planning process.

- A tool has been developed for teachers for use in raising awareness of and in the identification of domestic abuse.
- A range of training on risk assessment and joint investigative interviewing is provided to those undertaking child protection work.

Areas for improvement

- Fully implement the key GIRFEC concepts – Well-being Indicators, Integrated Assessment, Named Person, Lead Professional, My World Triangle and the Resilience Matrix.

5.4 Effectiveness of planning to meet needs

There are well established interagency arrangements for the care planning for children in need. In addition the care planning arrangements for children who are looked after and accommodated are also well established with reviews being held within set timescales at which clear plans are formulated. Network meetings, rehabilitation reviews, core group meetings are well used to inform assessments and care plans for children and young people.

The ACPC multi-agency audit identified that in all cases there was a clearly identified person with lead responsibility for ensuring the child's plan was implemented and that clear monitoring and review arrangements were in place. There was evidence of contingency planning and where the level of risk changed the care plan was amended and updated to reflect changes (Ref. 54).

Child protection case conferences are held timeously and efficiently. A multi-agency child protection plan is formulated within 10 days for all children on the CPR. These plans are reviewed regularly. Where statutory intervention is required this is tasked at the ACPC if it has not already been considered.

Families are involved and included in planning to meet their child's needs and their views are taken into account and clearly recorded (Ref. 2).

The views of children, young people and families are recorded in clear child protection plans that set out actions to be taken to meet assessed need and to manage identified risks. These plans identify roles, responsibilities, actions and timescales and are reviewed through regular core group meetings (Ref. 7).

Early Screening Processes

The well established interagency screening processes and groups ensure that children and young people get the help they need when they need it by promoting the early identification of need and the multi-agency provision of support to vulnerable children and families, including the needs of vulnerable mothers and their unborn babies. Partner agencies work collaboratively together to meet the needs of vulnerable children and families. This is evidenced by the commitment and regular attendance at the range of multi-agency groups and meetings.

Public Protection Processes

The identification, planning and decision making processes of the MAPPA and JAG meetings play an integral role in protecting children and minimising risk (Ref. 51, 52). These multi-agency groups, chaired consecutively by Police and criminal justice staff, take account of all available assessment information and support networks to carefully consider what actions and decisions are necessary to ensure the protection and safety of individual children and the wider public.

Other Assessment and Planning Processes

Public health nursing staff assess children's needs through completion of the Family Health Needs Assessment (FHNA) and the care for the child or young person is planned accordingly. Account is taken of changing circumstances. When triggered by new or adverse information the FHNA is reviewed and updated accordingly. The *My World Triangle* is included in the family health needs assessment and is incorporated within the electronic MiDIS system.

Following an assessment by CAMHS agreements are reached regarding future interventions and plans reviewed at the beginning of each session. Within NHS secondary care services, where required, discharge planning meetings are co-ordinated by the advanced nurse practitioner (acute) or discharge liaison nurse (neonatal unit) to ensure appropriate care planning for discharge from hospital services to community care.

The Link-Up initiative supports effective decision making regarding the needs of children affected by parental substance misuse. This initiative has improved multi-agency planning and decision making through the development and application of GIRFEC principles across agencies. Although the GIRFEC practice model has yet to be formally implemented in Angus the Link-Up initiative has demonstrated that the effectiveness of planning to meet the needs of children is enhanced through integrated intervention and joint decision making. An outcomes tool has also been developed to record the impact of the services delivered and to chart the progress made by individual children (Ref.15).

Outcomes based thinking incorporating the Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (SHANARRI) well-being indicators is being embedded within assessment documentation i.e. IRD, ESG, Link-Up. This ensures the wider needs of children are being fully considered. A tool has been developed to allow information to be collated on the outcomes based on the GIRFEC well-beings for children on the CPR and LAAC (Ref.19).

Family group conferences are also being used effectively to make decisions in partnership with families in planning to meet the short and longer term needs of the children. (Ref. 42)

Strengths

- There are very effective established systems and processes in place to ensure multi-agency planning for children in need.
- There are a range of well established early screening and public protection processes in place to ensure effective planning and early intervention to meet children's needs and to ensure their safety.
- Children and families are actively involved in the child protection and care planning processes.
- A range of network meetings, rehabilitation reviews, core group meetings and LAC reviews are well used to inform assessments and care plans for children. The evidence from multi-agency and single-agency case file audits is the children and families are actively involved in these processes.
- There are a range of different assessment tools and models that are employed across partner agencies to ensure assessments reflect individual children needs.

Areas for improvement

- Develop the use of the wellbeing indicators and embed the use the SHANARRI across the range of assessment and planning processes.

5.5 Improvement through self-evaluation

The ACPC has a put in place a range of self evaluation activities to ensure that service developments are based on a clear understanding of what works well in Angus and where services need to improve. This is complimented by the wide range of self evaluation and improvement activity that individual partner agencies also undertake.

In October 2009 the ACPC completed a rolling programme of audit against the previous Quality Indicators (QI) as set out in the national framework for self evaluation "How well are children protected and their needs met". A number of key strengths and areas for improvement were

identified from this self-evaluation activity and actions taken forward in the ACPC integrated improvement plan (Ref 69 - QI 4 & 5 Self evaluation and action plan).

In September 2010 the ACPC agreed a further rolling programme of audits against the new revised quality indicators. Self evaluation against the Quality indicators has been prioritised on the basis an initial scoping/self assessment rating exercise. Self assessment against the reference quality indicators is planned on an annual basis. This programme of self evaluation will be reviewed following the outcome of the HMIE inspection (Ref. 9).

A programme of six monthly multi-agency case file audits, undertaken by the ACPC continuous improvement sub committee, supports the self evaluation against the Quality indicators. The first of these six monthly audits took place in September 2010 and has already help inform and develop practice by identifying strengths and good practice. Areas for improvement were also identified and are being taken forward in the ACPC integrated improvement plan (Ref. 54, 11).

The self evaluation process is also informed by the work of the ACPC practice sub committee. Since the last inspection in October 2008 the ACPC practice sub committee has completed two initial case reviews and four practice case reviews. A further initial case review is currently in progress. These cases were rigorously examined and the findings were considered by the full Committee and subsequently the Executive Group for Child Protection. Recommendations from these reviews have been incorporated into the ACPC Integrated Improvement Action Plan. Throughout 2009 learning events were held for managers in Social Work and Health, Neighbourhood Services, Tayside Police, and NHS Tayside and for pre-school providers and childminders to explore the issues for their services arising from two initial case reviews. Managers attending the events took back the learning to their own staff. Feedback from these events was that they were well received by staff (Ref. 70).

As well as reviewing from inspections from other areas the ACPC also considered the independent review report into the circumstances surrounding the death of Brandon Muir and the Hawthorn and Wilson's Significant Case Report's key findings and recommendations and improvement actions developed (Ref. 9, 11).

Consultation with young people identified the need to review the information provided to young people and further work is planned to take this work forward with a group of young people over the course of the year. (Ref.61)

An evaluation of multi-agency ACPC training is currently being undertaken to identify and map training needs pertaining to different roles and responsibilities. This will enable agencies to target staff that require core and/or supplementary training.

A study has been undertaken by the ADP/ACPC into children affected by parental substance misuse. This study took place between 19 October and 11 December 2009 and included all specialist drug and alcohol services plus those working within Social Work Criminal Justice Services, Children and Families Services, Education and Tayside Police Custody Suite. In total, 596 children were identified, of which 331 children were residing at home with a parent or guardian who has a drug or alcohol problem and 265 resided out-with the family home. The findings show that 2.8% of children in Angus have a parent with an alcohol or drug problem who is known to services. These findings are being used to help inform an exercise to map children's alcohol and drugs services currently being conducted by the ADP/ACPC. (Ref.15) An interim report on the evaluation of the Link-Up Initiative has been undertaken and the key findings and recommendations are being taken forward within the ADP/ACPC sub committee (Ref 71).

Angus Council Social Work and Health

Within Social Work and Health self evaluation activity is based on the Performance Inspection Model (PIM). This approach ensures a clear fit with the SWIA inspection process and other complementary inspection frameworks and processes including HMIE led inspections of children's services, child protection services, and education authorities.

Social Work and Health has produced guidance and delivered training to all of its managers to ensure that this approach is embedded in the delivery of frontline services. An event took place in June 2009 to roll out the PIM model across all areas of Social Work and Health. (Ref. 72)

Each team or unit within social work children services has undertaken a self evaluation exercise and developed and improvement action plan. This in turn has informed the development of the service area improvement plan and the department service plan.

SCRA

SCRA staff have undertaken a team self evaluation exercise using the HMIE indicators. These were applied to the whole range of activities undertaken by the service. Key strengths and areas for improvement were identified and actions arising from the self evaluation incorporated into the SCRA 2010/11 team plan (Ref. 16).

Tayside Police

Information from self evaluation activity is used to inform policy development and practice. Police performance in child protection cases is subject to regular self assessment and inspection by senior management (Ref.73).

Angus Council Education

Through the self-evaluation process school staff measure the effectiveness of their arrangements using the framework "How Good is Our School?" All schools and pre-school centres undertake a triennial programme of self evaluation addressing all quality indicators. As a quality assurance measure sampling of pupil progress records (PPR's) in schools is undertaken.

School based documentation and record keeping relating to the protection of children is sampled by Education quality improvement officers (QIOs) during their planned school visits. This is further scrutinised by HMIE during school inspections. Guidance is provided for schools from Education Quality Improvement Guidelines and related support materials. (Ref. 74)

NHS Tayside

NHS Tayside Board have established performance management processes in place, the TayStat process is designed to provide improvement in performance against the Cabinet Secretary's targets and local promises. Both the chief executive's TayStat meeting and chair's scrutiny meeting of NHS Tayside receive reports on a range of measures related to the recommendations within the HMIE reports and significant case reviews.

An initial dashboard of indicators on issues related to child protection are proposed for inclusion in the TayStat process. These will be further developed over coming months.

Within Health regular audit cycles of health visitor case records are undertaken.

The clinical governance group scrutinises reports from the child, family and public health service on a six monthly basis to gather information about the quality of services. Case supervision is rigorous, systematic and transparent and staff are actively encouraged to reflect on their practice.

The Health Joint Action Group (JAG) has in place a current delivery plan for improvement of services in line with the Integrated Children's Services Plan. The Angus CHP child protection forum takes forward actions from the ACPC improvement plan as well as inviting agenda items from forum members in order to improve services. (Ref. 75)

Strengths

- The Angus Child Protection Committee has completed a programme of self evaluation against the previous Quality Indicators and put in place a three year programme of self evaluation against the new National Quality Indicators. Performance against the reference Quality Indicators is evaluated on an annual basis.
- The ACPC is committee to self evaluation and has put in place a six monthly programme of

multi-agency case file audits.

- The Practice Sub Committee undertakes and identifies learning from initial case reviews, practice case reviews, reviews of national enquiries and other inspections. Arrangements for the dissemination of learning from the work of the practice sub committee are well established and are used to inform practice and improvements in performance.
- Information from self evaluation used to inform policy development, practice and the delivery of training.
- The ACPC has an Integrated Improvement Action Plan in place. This is monitored by the committee on a quarterly basis and individual agencies and officers are held accountable for progressing agreed improvements.
- A range of self evaluation activity undertaken by individual partner agencies compliments the self evaluation activity of the ACPC.

Areas for improvement

- Ensure the continued and systematic use of self evaluation to improve services to protect children in Angus.

HOW GOOD IS OUR OPERATIONAL MANAGEMENT?

6. POLICY DEVELOPMENT AND PLANNING

6.1 Policies and procedures

The Angus Child Protection Committee (ACPC) sits within the established Angus Community Planning Structure (Figure 1). The Committee reports to the Executive Group for Children's Services and to the Chief Executives Group for Child Protection. The committee chair attends the Quality Improvement and Performance Management Group. The work of the committee is incorporated into and is an essential part of the Integrated Plan for Children and Young People Services. The work of the committee is integral to achieving the local outcomes as set out in Angus Single Outcome Agreement.

The committee has been instrumental in supporting the development of a range of interagency and multi-agency protocols to support interagency working and promoting early intervention in the lives of children. These protocols reflect the priorities as set out in the Angus Single Outcome Agreement, the Integrated Children Services Plan and the ACPC Report and Business Plan and ensure that staff across all agencies are guided by up-to-date, relevant and effective policies, procedures and processes. The range of inter-agency policies is available electronically through the ACPC website (Ref. 76).

The ACPC interagency child protection guidance for staff has been reviewed and updated to reflect local and national priorities including GIRFEC, child trafficking, internet safety and legislative developments. The Initial Referral Discussion (IRD) procedures and forensic medical policy has also been updated to reflect issues arising from the previous inspection (Ref. 7, 29).

The ACPC has been instrumental in supporting the development of a range of interagency protocols and procedures that are relevant to the identification of CAPSM, children affected by domestic abuse and child trafficking. In particular the PRAM protocol has been particularly important to the CAPSM agenda in that it helps to identify children affected by parental substance misuse before they are born (Ref. 14).

The inter-agency early screening group protocol details arrangements for responding to children about whom there are concerns due to police responding to domestic abuse incidents (Ref. 13).

The ACPC policy sub committee has an overview of policy development and planning and ensures that the range of multi-agency protocols and procedures are reviewed and kept up to date. The policy sub committee also has a key role to play in ensuring all agencies have in place their own up to date policies and procedures that protect children and keep them safe. The policy sub committee overviews all agencies' child protection policies to ensure consistency with the ACPC inter-agency guidelines. The key statutory agencies are all represented on the policy sub committee.

The range of inter-agency policies are available electronically through the ACPC website (Ref. 76).

NHS Tayside has developed a "Did Not Attend" policy to follow up children who fail to attend appointments and are piloting the Child Health Early Warning (CHEW) alert system (Ref. 55).

Child Protection messaging is in place between Angus Social Work and Health, NHS Tayside and Education.

Child Protection messaging is in place between Angus Social Work and Health, NHS Tayside and Education. Police in Angus can view messages via an NHS network. A second survey is planned in early 2011 to evaluate the benefits across these agencies of CP messaging (Ref 53).

A joint protocol has been developed between Housing and Education regarding children missing from education. Social Work and Health and Housing are also formalising protocols for

identifying vulnerable children and adults in situations where a tenancy is given up or abandoned and there are children or a vulnerable adult. Every individual who is offered homeless accommodation gets two hours housing support from social work services allowing an assessment of vulnerabilities to be made and initial support to be offered. These effective practices are already in place (Ref 65, 66).

A protocol is in place between Housing and Social Work and Health aimed at addressing the housing needs of looked after children. This is currently being reviewed and updated to take account of changing circumstances. The development of a homelessness prevention and housing options service for young people and adults is nearing completion and will see the development of a new homelessness prevention service. There is evidence that the joint working with the assessment team and community housing teams with Social Work and Health has contributed to the tenancy sustainment rate of 97%. This has had the effect of ensuring that those children affected by homelessness are receiving appropriate accommodation and that these families are more settled as a result. (Ref. 78)

A joint NHS Tayside and Education protocol in respect of sharing information between pre-school and health staff has been developed that requires health visitors and school nurses to have direct consultation when there are concerns about a child who is due to go to school. Joint working arrangements are also in place between education and health to ensure good communication when children on intensive support programmes fail to attend nursery. In recognition of the importance of maintaining services in times of absence or vacancy Angus CHP has a clear guidance document for the management of vacant caseloads. (Ref. 92) There are systems in place for updating and disseminating policies, and indeed NHS Tayside has a policy covering policy development, review and control.

A joint NHS Tayside, and Angus, Dundee and Perth and Kinross Councils' general protocol for information sharing has been developed in the context of single shared assessment. Whilst this protocol has been prepared for use in the context of single shared assessment for adults it is intended to be used across all age groups. This protocol is currently being reviewed and extended to cover police and the fire service as well. (Ref. 78)

Tayside Police have introduced the Management of Police Information (MOPI) to robustly record and monitor the sharing information between Police and partner agencies. The Information Sharing Policy (ISP) in respect of child protection is currently being reviewed and updated.

Effective policies and procedures are in place for Multi-agency Public Protection (MAPPA) arrangements enabling agencies to identify children and vulnerable adults that may be at risk and put in place preventative measures. (Ref. 51)

The Education anti-bullying policy has been reviewed and updated and includes information leaflets and websites for young people and families. Effective procedures are in place for children missing from education and Internet safety. (Ref. 24)

Angus Council Social Work and Health has recently updated its Child Protection Operational Instructions. These have been distributed to teams following seminars to raise awareness of the changes which were held in May 2010. All Social Work and Health Operational Instructions are also available on the departmental Intranet. Work is underway to update the Children's Services Operational Instructions and the Permanence manual in light of recent legislative changes.

Strengths

- Joint working arrangements are supported by a wide range of inter-agency and multi-agency protocols and procedures, including the well established Child Protection Interagency Guidelines for Professional Staff that reflect the priorities of the partner agencies in Angus. These protocols are regularly reviewed and updated to take account of changes in legislation, guidance and practice.
- A range of agency specific to protocols and procedures complements the range of inter-

agency and multi-agency protocols.

- The Policy sub committee has an overview of policy development and planning ensures that the range of single agency, interagency and multi-agency protocols and procedures are reviewed and kept up to date.

Areas for improvement

- Develop a systematic approach to taking account of the views of children and families in the reviewing and development of policies and guidance.
- Update the inter-agency guidance “*Working with Children and Families Affected by Parental Substance Misuse*” in the light of learning emerging from CAPSM and implementation of GIRFEC.
- Review and update the protocol for young runaways to broaden its scope to cover other key agencies and services.
- Finalise the joint social work and housing protocol for young people leaving care.

6.2 Operational management and planning

The ACPC and its planning partners have in place systems that help managers understand and implement the agreed strategies to improve outcomes for children and young people in Angus.

Staff across the partner agencies are aware of the Angus Single Outcome Agreement (SOA) and the Integrated Children’s Services Plan (ICSP) and how this relates to their work. This plan, jointly prepared by Angus Council, NHS Tayside, voluntary sector and other statutory agencies, outlines a range of partnership improvement actions aimed at improving outcomes for children and young people in Angus.

To support the shared commitment of partners to GIRFEC local outcomes in the Angus Single Outcome Agreement and the Integrated Children’s services Plan, are framed in terms of the 8 well-being indicators (Ref. 10, 80).

The ACPC’s five sub committees have wide representation from senior and operational managers from across the statutory and voluntary sector. The work of the sub committees is informed by the priorities set out in the ACPC business plan and improvement actions identified from national and local developments. (Ref. 9)

Staff from across operational services and agencies are well represented on partnership groups such as the Angus Youth Justice Forum, Violence Against Women Partnership (formerly APODA) and Angus Integrated Children and Young People’s Services Partnerships. These forums inform local operational planning and service delivery. Operational managers and front line staff are actively involved in planning and working together to develop, implement and deliver services to protect children. Operational managers and key staff across agencies participate in the children’s services planning structure through the four multi-agency joint action groups: early years and childcare, looked after children, additional support needs and health. The work of these groups informs local operational plans and service delivery. (Ref.80)

Systems are in place within individual agencies to use management information to plan and develop services to protect children. Child protection trend information is well understood by managers and is used to develop services and analyse trends. Data analysis is used to identify areas where services are insufficient or ineffective and is used to develop improvement plans e.g., work is currently underway to examine the reasons for the reduction in the number of children on the child protection register in Angus and review of Viewpoint to analyse the low uptake and what may be influencing this. (Ref. 20) ACPC management information is disseminated to committee members on a quarterly basis who share this information with their staff and teams across services. There is however a need to systematically review how individual agencies are using such management information with a view to identifying areas of duplication and to sharing good practice.

Relevant actions from the ASOA, the ICSP and the ACPC integrated improvement action plan are incorporated in the social work children's services management team action plan. Each team completes a self-evaluation using the PIM framework and the actions arising from this feed into the departmental plan and the formulation of the Integrated Children's Services Plan. Monthly performance information is available regarding departmental standards and statutory performance indicators. This is circulated to social work managers on a monthly basis and is used to improve services (Ref 17, 18).

Within Health service communication plans are used to inform frontline staff and to assist them to understand the implications of strategic plans for their work.

SCRA have effective systems in place to provide key information to other agencies to inform local planning and service delivery i.e. E-news bulletin to partners.

Information is disseminated through agency newsletters, intranets, team meetings, briefings to inform frontline staff of strategic developments and plans. Team action plans are used by operational managers to communicate effectively the strategic priorities for their service.

Workforce planning is ongoing in NHS Tayside and within Angus CHP there is an updated workforce plan for child, family and public health services.

Strengths

- There are effective well established multi-agency arrangements that promote the involvement of children and young people in the planning and development of children's services.
- The child protection committee and its sub committees are integrated in the Angus Community Planning arrangements.
- There is effective representation on the Angus child protection committee and its sub groups from across the range of partner agencies.
- There are arrangements in place for the use of management information to assist in the planning and development of services including collated information from Viewpoint on the views of children and young people involved the Child Protection and LAC process. .
- The agreed strategic priorities for children's services are reflect in operational and service plans.

Areas for improvement

- Systematically review and analyse how management information is being used within individual partner agencies to manage and develop services.

6.3 Involving children and families in developing policies and services

The ACPC and its planning partners have in place a range of mechanisms to promote the involvement of children and their families in the development of policies and services. Viewpoint provides collated information regarding the views of children on the Child Protection Register and children who are looked after and accommodated. This information is presented to the ACPC and is used to inform service development. (Ref. 20)

Consultations with young people on the ACPC website and leaflets have been undertaken and their feedback used to evaluate how to improve on the information provided to children and young people. Young people are also currently involved in developing the ACPC website, information leaflets and Viewpoint questionnaires. (Ref. 61)

Consultation exercises were undertaken with children in all secondary schools during the formulation of the Integrated Children's Services Plan.

The views of 500 children and young people were collated to inform the content of the Angus Integrated Children's Services Plan.

All agencies have well established complaint processes. Lessons from complaints are reviewed and analysed and are used to inform the development of services.

Within Social Work and Health, the views of service users have been sought through the customer satisfaction survey and through the case file audit process. The findings of this work are used to inform the development of services (Ref. 2 and 35).

There are systems in place to seek the views of parents and carers involved in the child protection and looked after children process. A consultation exercise, due to be completed in January 2011, is currently being conducted by the CARO's to seek the views of parents and carers regarding ways in which their participation in the review process can be improved.

"Youth Talkin' Health" is a group of young people from Angus, Dundee and Perth and Kinross who come together to discuss health issues and services as they relate to children and young people in their area. The group carried out a mental health and sexual health survey supported by NHS Tayside during August and September 2010 (Ref. 81).

CAMHS undertake periodic service user's satisfaction questionnaires to seek the views of children and families about their needs and the effectiveness of their service. Recent questionnaires are currently being collated and evaluated. The young people's health worker team in Angus has also initiated a number of consultations with young people in order to develop appropriate accessible services.

The "Having your say" proforma used by SCRA is an effective tool to gather the views of children and young people on the effectiveness of services. SCRA also undertook a Survey in 2008 to seek the views of service users on service improvement and development (Ref. 16).

Children and Young People in Schools across Angus including a group of Looked After Children and Young people were encouraged and facilitated to contribute to "A Right Blether".

Strengths

- Viewpoint is used to systematically gather the views of children and young people involved in the child protection and LAC processes.
- Children and young people are being engaged in reviewing and updating the Angus Child Protection Committee website and other public information.
- The views of over 500 children and young people were sought and taken into account in the development of the Angus Integrated Children Services Plan

Areas for improvement

- Continue to find different ways of seeking the views of children and families when planning and improving policy and services

7. MANAGEMENT AND SUPPORT OF STAFF

7.1 Staff sufficiency, recruitment and retention

The individual partner agencies across Angus have well established human resource policies and procedures in relation to recruitment and selection processes, health and safety, codes of conduct and disciplinary procedures, and grievance procedures. All agencies also have equal opportunities policies in place and staff receive appropriate support and training to promote equality and anti-discriminatory practice. Staff across the partner agencies are appropriately registered with relevant professional bodies.

Within social work children's services there are no significant vacancies in any of the teams. As vacancies arise they are filled through a well understood recruitment and selection process, including an annual graduate recruitment exercise.

Feedback from the Angus Council employee attitude surveys indicates that with Social Work and Health, staff morale is high and that staff feel valued and supported. Sickness absence within Angus Council is reducing year on year. (Ref. 60)

Succession planning and continual review of the workforce and workload is implemented within Health to effectively and creatively manage staffing levels. However, as the situation is in other Health Board areas, there are ongoing difficulties in recruiting to public health nurse posts and currently Angus CHP has funded 3 members of staff to undertake specialist community public health nurse training. A population needs assessment is underway and will further inform the development of services and further inform the workforce plan. A five year Tayside substance misuse workforce and implementation plan to ensure the workforce can meet the needs of service population and the child protection agenda has been developed.

Staff achievements are highlighted in agencies newsletters and those who achieve awards within Angus Council attend an award ceremony "Angus Achievers" to recognise their achievement. Angus Council also runs an annual Excellence Award that recognised the achievements and the contributions of staff in the provision of quality and innovative services.

7.2 Staff development and team work

There is a commitment from staff across all agencies and services in Angus to working effectively together to deliver services to support children in need of protection. This is clearly demonstrated by the robust and well established strategic and operational partnerships that are in place and the involvement of staff at all levels across all services in these. Agencies are very clear about their respective roles and responsibilities in delivering services to support children in need of protection and there is a willingness to engage and co-operate with partners. The inter-agency Early Screening Group, PRAM, LMARTs and Link-Up Initiative, are examples of effective joint working between agencies at both a strategic and operational level. (Ref.13, 14, 15)

The Angus Child Protection Committee (ACPC) inter-agency guidance and protocols support joint working between agencies and services. A positive climate of professional engagement is evident between services and effective liaison arrangements are in place amongst staff working with individual children through a range of network meetings, core groups and child protection case conferences. The multi-agency case file audit found evidence of appropriate and proactive sharing of information of staff from the range of agencies involved working as a team around the child. (Ref. 54)

Within agencies lines of accountability are clear and well understood and staff are supported by well developed systems for supervision and appraisal that seek to identify and meet their learning and development needs. Systems are also in place that both support and challenge staff in their work with individual children including case supervision, debriefs, team meetings and appraisal. This culture of leaning and development within and across services has helped foster a collaborative approach to the provision of services to support children in need of protection.

7.3 Staff training, development and support

The ACPC and partner agencies have in place well developed arrangements for the development, support and supervision of staff involved in the provision of support to children in need of protection.

The ACPC has an effective inter-agency child protection training programme that all staff across Angus can access through the ACPC website. The programme is also available as a hard copy flyer that can be distributed to all agencies. The ACPC training sub committee is responsible for developing and delivering training to staff and volunteers across the statutory and voluntary sector to develop, update and progress their knowledge and skills in child protection. An inter-training strategy and competency framework is in place. (Ref.83)

The ACPC's interagency child protection training programme offers a range of training to help meet individual and agency-driven requirements and to help staff and volunteers in Angus update and progress their skills and improve outcomes for the children and families that they work with. This takes account of local and national priorities for improving services to protecting children and meeting their needs.

The ACPC training sub committee is undertaking a training needs analysis across agencies to ascertain demand for training in the future and identification of which staff need to undertake the appropriate training required for their post. A training data base enables the ACPC to monitor staff and agency attendance at events. This is available to agencies to audit staff participation and uptake of inter-agency training. Evaluations on the impact of inter-agency training on practice provides the ACPC with essential feedback and ensures that the training provided is meeting the needs of staff in supporting children in need of protection. (Ref. 58)

The ACPC 2009/10 annual report provides comprehensive details of inter-agency and single agency training delivered over the last year.

The Tayside Child Protection Training Consortium continues to be supported by Angus Council, Dundee City Council, Perth and Kinross Council, Tayside Police and NHS Tayside. The consortium provides multi-disciplinary training across the Tayside area, which takes account of local and national priorities and is relevant to all three area ACPCs.

The ACPC also supports training provided by Angus Violence Against Women Partnership (formally APODA) and has collaborated on raising awareness about domestic abuse.

Across services there are effective arrangements in place for staff supervision, appraisal and training and development to ensure staff have the appropriate knowledge, skills and training to support children in need of protection. All agencies have induction processes in place that cover child protection issues.

Social Work and Health has a dedicated training team and staff within children's services undertake child protection training as outlined earlier (see section 3.1).

In addition Social Work and Health has in place arrangements for the development, support and supervision of staff involved in supporting children in need of protection including:

- A learning network
- E-learning
- Access to Care-knowledge
- Arrangements for case files audit and learning from these at development days
- Job shadowing opportunities
- SVQ – child protection training
- Supervision and Management Guidelines

Within health, staff nurses are encouraged to attend a three day module on child development and protection through Dundee University. All staff attend basic awareness and foundation child protection training and annual child protection training, including multi-agency events. Staff supervision for public health nurses, doctors, team leaders, advanced nurse practitioners and caseload supervisors support staff to identify their roles and responsibilities in supporting children in need of protection. Peer review meetings are in place for doctors involved in child protection work. GP protected learning time has incorporated child protection training events.

NHS Tayside has in place a comprehensive child protection training strategy that links to their strategic and operational plans. Training needs are identified and determined according to roles and responsibilities. All mental health staff including in-patient and medical staff have attended the level of training recommended for their role. More in-depth training is available to staff if identified as a need through their personal development plan and supervision. (Ref. 82)

A competency framework is in place for the staff from Tayside Substance Misuse Service (TSMS); ensuring staff are appropriately trained in accordance with their role and responsibility.

Police staff have access to training and guidance packages via their Intranet which provides officers and relevant support staff with the necessary training, awareness, guidance/reference material and support appropriate to their particular role. Additionally, relevant social workers and all specialist police officers currently within the PPU have undergone joint investigative interviewing (JII) training. This has had a positive impact on children who are receiving social work services being interviewed by a consistent adult, who has been trained in JII and with whom they have been able to build up a trusting relationship with.

Strengths

- Individual agencies have a range of well developed and fully implemented recruitment and human resource management policies and procedures.
- Staff are recruited in line with legislative requirements, registered with relevant professional bodies and adhere to their codes of professional conduct.
- There is strong evidence that staff feel valued and supported in the work they do.
- Staff within different agencies work effectively together to deliver services to support children in need of protection and there is evidence of appropriate proactive sharing of information and multi agency working.
- Individual partner agencies have in place a range of systems for the appraisal and development of staff.
- The Angus Child Protection Committee and partner agencies have well established arrangements for multi and single agency training that covers both basic awareness and specialist child protection training.

Areas for improvement

- Develop a systematic process to evaluate the impact of training on service delivery.

8. PARTNERSHIP AND RESOURCES

8.1 Partnership Working

Within Angus there are a range of effective partnerships that support the provision of services to children in need of protection. The Angus Child Protection Committee (ACPC) sits within the established Angus Community Planning Structure reporting to the Executive Group for Children's Services and to the Chief Executives Group for Child Protection. The work of the committee is incorporated into and is an essential part of the Integrated Plan for Children and Young People Services.

The integrated children and young people's services planning structure was revised in 2008. Central to this structure are a number of joint action groups (ASN, LAC, Early Years and Health) that bring operational managers and practitioners from across the statutory and voluntary sector together to jointly plan and develop services for children and young people in Angus and to ensure the delivery of improvement actions set out in the Integrated Children's Services Plan and our Single Outcome Agreement (Figure 1).

The work of the ACPC and the practice, policy, continuous improvement, ADP/ACPC and training sub groups is evidence of the commitment of partner agencies to multi-disciplinary working. Through the work of the ACPC the partner agencies in Angus routinely plan, deliver, monitor and evaluate joint initiatives such as the Early Screening Group and PRAM.

There are effective partnership arrangements in place between the Angus Alcohol and Drugs Partnership (ADP) and the ACPC. The ADP/ACPC partnership has been proactive in bringing together the policy agendas for drugs and alcohol and child protection and creating operational

links between services. The work of the ADP/CPC sub committee, particularly the establishment of the Link Up Initiative (section 1.1) is evidence of the effectiveness of this partnership relationship. Likewise the Angus Violence Against Women Partnership and the ACPC work closely together to address issues in respect of domestic abuse and child protection. These partnerships work very effectively together to identify and address local needs.

Other strategic links include the Youth Justice Forum; Angus Violence Against Women Partnership and Early years and Childcare. Joint working across these partnerships has led to:

- better co-ordination of training delivered by each of the partnerships,
- the commissioning and delivery of the 'Cyberspyder' drama production for all S1 pupils in Angus,
- the commissioning and delivery of the Angus parenting handbooks,
- the development of the ACPC CD-Rom for child protection induction training, and
- joint initiative to incorporate domestic abuse issues into the school curriculum.

The Angus GIRFEC delivery group, which consists of representatives across statutory and voluntary agencies and the Joint Action Groups, has been established to devise and deliver an integrated and shared approach across all services for children in promoting the well-being of children in Angus. In planning and implementing GIRFEC in Angus, all agencies are working together to improve the outcomes for children, young people and their families. The GIRFEC delivery group is currently working on streamlining existing systems to simplify pathways to support children. (Ref. 8).

Further evidence of the effective partnership working in Angus is the range of multi-agency protocols that have been developed to improve the delivery of services and outcomes of children (Ref. 76). There are also a number of multi-agency groups and forums that have been set up to meet the particular needs of children, young people and families such as PRAM, LMART, ESG, Integrated Children's services partnerships, Youth Offending Monitoring Group and Link-Up initiative. The effective partnership working involved in these multi-agency groups ensures that appropriate support to meet the needs of the most needy children and young people is provided at an early intervention stage. Each multi-agency group comprises of representatives from key agencies including council services, Tayside Police, SCRA, Health and a range of voluntary organisations including Barnardo's, CAIR Scotland and Tayside Council on Alcohol (TCA).

Other partnerships of particular note include the Angus Restorative Justice Service, Mediation and Reparation that facilitates mediation and reparation between the victims of crime and young people between the ages of 11-16 years as a diversion from the Children's Hearing System. This is an effective partnership delivered for Angus Council by CAIR Scotland and TCA (Ref. 84).

Partnership involvement in the Youth Offending Monitoring Group has led to a significant reduction in requests being received from the Children's Reporter. This initiative responds to young people who have care issues in addition to offending behaviour. More than 40 young people and families have accessed a service from the community support services by way of the Reporters Administration over the past year (Ref. 85).

The youth justice team also works with partner agencies such as TCA, Tayside Fire and Rescue and Tayside Police to deliver services such as the "Step Up" program, an intensive group work programme for young people involved in persistent offending behaviour (Ref. 57).

The Friday Night project brings together partners from both local authority and voluntary groups with agencies such as Community, Learning and Development (CLD), Tayside Police, NHS Tayside and Tayside Fire and Rescue to provide sports and arts based provision for young people during evening periods. These normally fall on Friday nights and complement existing weekly provision in many areas providing credible and positive activity for young people that is both free and inclusive. Young people have very positively evaluated this initiative. (Ref. 86)

Within Angus a referral group has been developed to discuss all cases in the area where there is a concern regarding a child or young person's sexual behaviour. The group discusses all referrals to agencies and makes decisions about the most appropriate resource to take the work forward. The group is made up of representatives from youth justice, child protection team, throughcare and aftercare and the Barnardo's Bridge Project. Relevant agencies and workers have also received training in the Safer Lives Model. (Ref. 87)

The redesign and development of support to families teams within social work has extended opportunities for staff to actively participate in initiatives and programmes with other agencies. For example the "handling teenage behaviour" group work program for parents and young mums to be group has involved a variety of partners providing effective support including the community adult mental health services, children and families teams, midwifery services and public health nurses (Ref. 88).

The ACPC is also committed to working in partnership at a national as well as a local level and is a member of the recently developed Central and North East Scotland Child Protection Consortium (CNESCPC). The CNESCPC has been an effective initiative and opportunities to meet and share resources have been maximised (Ref. 89).

Strengths

- There is a strong commitment to partnership working by all agencies demonstrated by the range of effective strategic and operational partnerships and service delivery arrangements that are in place.
- There are open, honest and trusting relationships between partners at a strategic and operational level that underpins service delivery and improvement.
- Individual staff demonstrate a high degree of commitment to working in partnership with colleagues from all agencies to meet the particular needs of children, young people and families.

Areas for improvement

- Continue to build on opportunities to plan and deliver joint initiatives within and across partnerships

8.2 Management of Resources

As discussed in section 6.1 of this self evaluation there are well developed partnership arrangements in place for the strategic and operational management of services. The Angus children's services executive group and the Angus executive group for child protection brings together chief officers to agree priorities and management of resources. The Angus children's services group reports to the Angus Community Planning Partnership (Fig 1).

The integrated children and young people's services partnerships maintain a broad strategic overview of children's services provision and agree the allocation of service resources to support both national and local improvements based on agreed outcomes within the Integrated Children Services Plan and the Angus Single Outcome Agreement.

There is a commitment from partner agencies to working together within the community planning arrangements to make transparent evidenced-based decisions on the provision and allocation of resources to support children in need of protection.

The ACPC takes a multi-agency collective approach to the planning, deployment and management of resources to support children in need of protection. These decisions are informed by the agreed priorities for child protection set out in the ACPC business plan and integrated improvement action plan and within the plans of the children's services Joint Action Groups and other partnership groups (Ref 9, 11, 80).

These arrangements support collaborative approaches to monitoring the efficiency and effectiveness of resources to support children in need of protection. A number of multi-agency groups and initiatives including the multi-agency child protection facility, ESG, PRAM, Link-Up, Viewpoint and child protection messaging have been developed as a result of the multi-agency response to the needs of particular vulnerable children and young people.

The agreed 5 stage decision making process ensures joint decision making regarding any additional resources required to meet the needs of individual children and young people. Work is ongoing at a Tayside level to develop a decision support tool to help in the management of resources for children with complex additional support needs.

A joint approach has been taken between Education and Social Work and Health to manage the current financial pressure facing public sector organisations. The National GIRFEC Delivery Group has written up this approach as a good practice example. (Ref. 93)

The above multi-agency arrangements for the management of resources are supported by a range of mechanism and processes including:

- The Social Work and Health Resource Allocation Meeting (RAM) brings together operational and service managers to review and monitor children in Out of Authority placements.
- The Education Strategy Group for Child Protection acts as a conduit for identifying priority actions arising from the ACPC to be taken forward strategically within education. (Ref 90)
- The Child Health Strategy Group and the recently established CHP Child Protection Forum are responsible for monitoring the contribution health makes to supporting children in need of protection. (Ref. 91)
- The Multi-agency Quality Improvement and Performance Management Group (Fig. 1, Ref. 91)

Strengths

- There is a strong commitment to the well established multi-agency strategic and operational management arrangements that ensure a collective approach to the planning, deployment and management of resources.
- An agreed five stage decision making process supports joint working in respect of children and young people and for the management of specialist resources for individual children and young people. Through this process joint arrangement between Social Work, Education and health are in place for some 25 children and young people.
- Effective joint working within the 5 stage process has allowed the financial pressure facing the service in Angus have largely been able to be addressed without cuts to frontline services.
- Individual systems within individual agencies for the management of resources.

Areas for improvement

- Continue to build on the collaborative approaches to monitoring the efficiency and effectiveness of resources.

HOW GOOD IS OUR LEADERSHIP?

9. LEADERSHIP AND DIRECTION

9.1 Vision, Values and Aims

The Vision, values and aims for services to protect children and young people in Angus are set out in detail in the Angus Single Outcome Agreement, the Integrated Children's Services Plan and the Angus Child Protection Committee (ACPC) Annual Report (Ref 9, 10, 11, 80.3). This vision has been developed in full partnership with key stakeholder including children and families.

There are clear links between the ACPC's vision, values and aims and those of partner agencies which ensures that agreed priorities are reflected in service plans, operational plans, team action plans and personal action plans.

When strategic and operational plans are reviewed and updated this is undertaken in consultation with staff and other stakeholders through planned events and activities i.e. network sessions, development events and through practitioners' forums.

In order to support the shared commitment of partners to GIRFEC the local outcomes within the SOA and the Integrated Children's Services Plan are framed with reference to the national indicators of wellbeing.

9.2 Leadership and direction

Elected members, chief and senior officers and the ACPC have a clear understanding of the local and national context pertaining to child protection. Together they provide strong leadership and direction in developing services to protect children. The HMle Follow Through Inspection Report, published in February 2009 highlighted that through the strong leadership of the Angus Executive Group for Child Protection and the ACPC services had continued to work well together and were active and productive in improving the provision for children in need of protection.

Child protection awareness raising training was delivered to elected members and chief officers in January 2010 to raise awareness of their collective responsibilities and accountability in relation to protecting children. This training was developed as a result of the ACPC's consideration of the Haringey report. It is planned to deliver this training on an annual basis. (Ref. 59)

Through the Executive Group for Child Protection effective structures are in place to give authority and direction to the ACPC. The ACPC works closely with senior managers to ensure that highly effective services are delivered to protect children and keep them safe. This commitment to improving joint working and improving services is demonstrated through the strategic deployment of resources to protect children including the establishment of the multi-agency early screening group for children who are at risk, the Link-Up Initiative - in identifying and responding to children affected by parental substance misuse, and in the implementation of child protection messaging in Angus. In addition to these initiatives the ACPC has been instrumental in supporting the development of a range of interagency protocols relevant to children missing from education and domestic abuse.

Across services there is a commitment to identifying and sharing resources and to making transparent and evidence-based decisions on the allocation of resources to protect children. There are well established governance structures within the community planning framework to facilitate this namely the Angus Community Planning Partnership, the Children's Services Executive Group, Quality Improvement and Performance Management Group, Angus Executive Group for Child Protection and the ACPC. The voluntary agencies are well represented within the relevant strategic partnerships.

The ACPC has a strategic overview of services to protect children and is proactive in taking forward action plans to affect service improvement. (Ref. 9, 11)

The ACPC takes a proactive and systematic approach to evaluating current practices and leading improvements at a local level through the work of the practice and continuous improvement sub committees (Ref 70, 41). Through the policy sub committee, the ACPC has reviewed the interagency child protection guidelines and disseminated the revised procedures to staff. (Ref. 7)

Staff from across all partners pro-actively contribute to the strategic planning process through attendance at meetings, committee, provision of data and consultations. Within agencies service development is undertaken in collaboration with staff. For example the social work children's services re-design was undertaken in full consultation and participation of Social Work and Health staff. Within Health the consultant obstetrician lead on the development of maternity services where there were child protection concerns.

An inter-agency audit completed in October 2009 which centred on Quality Indicators 4 and 5 "How effective is operational management?" and "How good is individual and collective strategic leadership?" identified key strengths from this self-evaluation activity. (Ref. 69)

9.3 Developing people and partnerships

Senior managers and staff across all agencies demonstrate a strong commitment to protecting children and keeping them safe. Significant joint working takes place at a strategic level through the Angus Community Planning Partnership and at an operational level through the range of multi-agency groups and network meetings that are in place. Positive working relationships have been developed among partners across Angus Council, NHS Tayside, Tayside Police, SCRA and the voluntary sector to deliver effective services. Across these partnerships there are effective strategic and operational collaboration in place at all levels to identify, screen, assess and plan interventions for children in need of protection. This is reflected in the range of interagency protocols, processes and initiatives being supported to improve child protection within Angus.

This positive ethos and culture of team working at an operational level is recognised and highly valued by chief officers and senior managers. Across partnership forums effective arrangements are in place to formally meet on a regular basis to share information, tackle challenging situations and address difficulties. Across services there is a high level of commitment to partnership working and relationships are based on personal and professional respect.

The partnership arrangements in Angus are characterised by honesty and trust between partners.

9.4 Leadership of improvement and change

Across the ACPC there is a high level of commitment to planning and implementing strategies to continuously improve our services to protect children. Change and improvement has been directed through a range of creativity, initiatives, structural changes and systems review as outlined:

- A range of specific service improvements have been implemented since the last HMIE Inspection.
- Within Social Work and Health a review of children's services management structures has led to closer integration of access services with wider children's services. A comprehensive access service now provides a first point of contact for all social work children's services;
- Four new support to families teams have been developed as a result of the redesign of children's services;
- A strategic review and redesign of offsite education has been carried out by education in partnership with colleagues leading to extended support for pupils who are referred to the offsite provision;

- A domestic abuse educational toolkit developed locally to improve the way that schools and school staff respond to domestic abuse and to the additional support needs of children and young people affected by domestic abuse;
- A multi agency screening group for children who present concern has been established to respond to children about whom there are concerns as a result of police responding to domestic abuse incidents and police child concern reports;
- A model of practice, to address the needs of children affected by parental substance misuse using the GIRFEC principles, has been introduced as a result of the work of the Link Up Initiative;
- The Link-Up Initiative has trained 3 practitioners from Social Work and Health, Education and Barnardo's to deliver Strengthening Families Programme;
- A Corporate Parenting Strategy for Looked After Children in Angus has been adopted to improve outcomes for LAC;
- Child Protection Messaging has been implemented ensuring the real-time sharing of information concerning children subject to child protection processes;
- Family Group Conferences in partnership with Barbados are being used to avoid accommodation;
- The multi-agency case file audits and initial/practice case reviews provide valuable opportunities for staff across services to jointly develop their skills and learn from each other;
- The ACPC has been instrumental in supporting the development of a range of interagency protocols relevant to protecting children and meeting their needs;
- The ACPC Inter-agency guidance has been reviewed and updated to reflected changes in legislation, guidance and practice.

The ACPC regularly monitors and reviews progress against the actions of the integrated improvement action plan on a quarterly basis. These recommendations are driven by our self evaluation activity. Set against specific timescales, the momentum and commitment from across the agencies to achieve these is high. The ACPC business plan is also scrutinised by the committee and the executive group for child protection to ensure identified improvements are continually moving forwards. (Ref. 9, 11)

There is a strong strategic overview of what constitutes best practice in services to protect children and the Committee's practice sub committee has a key role to play in exploring research and best practice in other areas. The ACPC has good links with other ACPC areas and through these relationships regularly shares good working practices. The North East and Central Child Protection Consortium is a positive network for sharing resources, promoting innovative practice and learning from good practice.

Regularly use is made of self-evaluation and other service reviews to consolidate existing practice and promote innovative methods of ensuring integrated delivery of services to protect children.

Multi-agency case file audits and initial/practice case reviews have provided valuable opportunities for staff across services to jointly develop their skills and learn from one another. Good practice and areas for development have been identified and have informed service improvements. Learning points and key messages from these reviews are disseminated to staff across agencies (Ref 9, 11, 41, 71).

The case file audit process within Social Work and Health has improved the quality of services. Development events have been held within the service however it is recognised by the ACPC that the learning from these would also benefit other agencies learning and development (Ref 2).

Best practice is also promoted effectively through inter-agency training development events and conferences. Staff are encouraged to share examples of innovative and creative practice. Working groups have been constructive in enhancing our capacity for improvement. For example a parental screening tool group has been instrumental in supporting the development of a tool for use by adult services to identify and support children's needs with a particular emphasis for staff

working in adult services whose work with parents/carers may make them more aware of children's issues. (Ref. 94)

The Angus Single Outcome Agreement and the Integrated Children Services Plan sets out the vision of what services hope to achieve in relation to protecting children. It is recognised by all the partner agencies that self-evaluation and improvement activity is central to improving outcomes for children and families.

Strengths

- There is shared commitment from partner agencies to ensuring the safety of children and young people demonstrated by the addition resources committee by health, police and the local authority over the past two years.
- A clear vision for the development of child protection services is set out in the Angus Single Outcome Agreement, the Integrated Children's Service Plan and the Angus Child Protection Committee Annual Report, Business Plan and Improvement Action Plan.
- There are clear linkages between the Angus Single Outcome Agreement, the Integrated Children's Services Plan, Individual Service Development Plans, Team Action Plans and Personal Development Plans.
- There is clear leadership and governance from Elected Members, Chief Officers and the Angus Child Protection Committee.
- The ACPC and individual partner agencies are committed to self evaluation and continuous improvement and have put in place effective systems to implement and monitor service improvements.
- The ACPC and individual partner agencies have a demonstrable commitment to the training and development of staff that is informed by the range of self evaluation activities that are in place. .
- There is a proactive and systematic approach to self evaluation and to improvement activity lead by the Child Protection Committee and its sub committees. An outcomes approach to evaluating the impact of service improvements is being developed.

Areas for improvement

- Sustain our progress in setting targets for improvement.
- Continue to develop an outcomes approach to evaluating the impact of service development and improvement activity in Angus.
- Consideration to developing multi-agency practitioner forums at strategic, management and operational level to share and reflect on practice.
- Continue to promote leadership opportunities at all levels within the partnership.

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57	Step Up Programme
58.1	Assessment & Decision Making 15.06.10 Summary of Evaluation
58.2	Assessment & Decision Making 25.11.10 Summary of Evaluation
58.3	Child Sexual Abuse Awareness Raising Training 21.10.10 Summary of Evaluation
58.4	Information Sharing & communication 08.06.10 Summary of Evaluation
58.5	Information Sharing & communication 18.11.10 Summary of Evaluation
58.6	“What about the children” 13.12.10 Summary of evaluation
58.7	Roles and Responsibilities 01.06.10 Summary of evaluation
58.8	Roles and Responsibilities 11.11.10 Summary of evaluation
58.9	Showcase Event 16.03.10 Summary of evaluation
58.10	Showcase Event 14.09.10 Summary of evaluation
58.11	Working with hostile and/or unco-operative families 10.06.10 – Summary of evaluation
58.12	Working with hostile and/or unco-operative families 23.06.10 – Summary of evaluation
59	Angus Child Protection Committee – Presentation to Elected Members, Jan 10

60.1	Angus Council Employee Survey 2009
60.2	Angus Council Employee Survey – Chief Executive's Service
60.3	Angus Council Employee Survey – Corporate Services
60.4	Angus Council Employee Survey – Education
60.5	Angus Council Employee Survey - Infrastructure Services
60.6	Angus Council Employee Survey – Neighbourhood Services
60.7	Angus Council Employee Survey – Social Work and Health
61.1	Feedback from youth consultation
61.2	Central and North East Scotland Child Protection Consortium – Engagement with children and young people, Angus CPC Leaflets
61.3	Central and North East Scotland Child Protection Consortium – Engagement with children and young people, Angus CPC Website
61.4	Angus CPC Website – Feedback Summary
62	Youth Bytes
63	Clients Rights Service – Summary of service activity 2009 – 2010
64	ACPC 14-18 years protocol
65	Housing and Education Joint Working Agreement
66	Protocol between Housing and Throughcare and Aftercare Team
67.1	Arranging Medical Examinations and obtaining advice for children suspected of being subject of abuse
67.2	Protocol to contact forensic medical examiner with regard to examination of children in cases of physical and sexual abuse, flow chart
68	Social Work and Health Annual Report
69.1	ACPC Self Evaluation Quality Indicators 4 and 5
69.2	How well are children and young people protected and their needs met – Action Plan December 2010 – Quality indicators 4 and 5
70.1	Child Z Initial Case Review Report – February 2009
70.2	Child Z Child Action Plan December 2009
70.3	Child E/09 Initial Case Review Report
70.4	Child E/09 Action Plan January 2010
70.5	Child G/09 Practice Case Review Report November 2009
70.6	Child G/09 Action Plan – December 2009
70.7	Child H/09 Initial Case Review Report – February 2010
70.8	Child H/09 Action Plan – February 2010
70.9	Child J/09 Practice Case Review – June 2010
70.10	Child J/09 Action Plan – June 2010
70.11	Child K/10 Practice Case Review – November 2010
70.12	Child K/10 Action Plan -November 2010
71.1	Alcohol & Drugs Partnership & Child Protection Sub Group November 2010
71.2	Joint ADP/CPC Sub Group Meeting Minutes – November 2010
72	Delivering Social Work Services In Angus – Piperdam 2009
73	Tayside Police Eastern Division Public Protection Unit – Policy for Dip Sampling Child Protection Enquiries
74.1	Education Standards and Quality Report
74.2	Quality Improvement Guidelines 08
75.1	Taystat – Chair's Scrutiny Report Child Protection Report
75.2	Single Outcome Agreement – 2009 /2012 Health joint action group – delivery plan full year progress report 2010/2011
75.3	Angus CHP Performance Report 2010 – 2011
75.4	Angus CHP Improvement and Quality (Clinical Governance) Report
76.1	Parental Substance Misuse Protocol
76.2	Angus Child Protection Committee – Prebirth Resource Allocation Meeting (PRAM) Inter agency protocol
76.3	Angus Child Protection Committee – Child Investigative Interviewing, Visual recording in Angus Protocol

76.4	Arranging medical examinations and obtaining advice for children suspected of being subject of abuse.
76.5	Protocol to contact forensic medical examiner with regard to examination of children in cases of physical or sexual abuse. Flow chart
76.6	Angus child protection committee, Interagency Early Screening Group Protocol (children services)
76.7	Angus Child Protection Committee, Interagency protocol regarding families who move frequently.
76.8	Joint Protocol – Tayside Police – Angus Council, Missing children, absconders and children otherwise absent from local authority care.
76.9	Angus Child Protection Committee, Protocol for conducting a significant case review in Angus.
76.10	Angus Child Protection Committee, Protocol for conducting a significant case review in Angus.
76.11	Angus Child Protection Committee, Interagency Guidance working with Hostile and/or uncooperative families.
76.12	Angus Child Protection Committee, Interagency protocol for young people (14-18years) who present a risk to others due to concerns of a sexual nature.
76.13	Angus Child Protection Committee, Sharing information in relation to children missing from education in pre-school provision in Angus.
76.14	Protocol governing the receipt and disclosure of patient information for child protection and child welfare in Tayside
77	Angus Council Housing Statutory Performance Indicators
78	General protocol for sharing information
79	General protocol for sharing information (Duplicate of 78)
80.1	Early years and childcare joint action group – Action Plan August 2009
80.2	The Early Years Framework , Angus position statement December 2009
80.3	For the children and young people of Angus, An integrated plan for children and young people’s services 2009-2012
80.4	Single Outcome for Angus 2009-2012
81	Youth Talkin Newsletter
82	NHS Tayside Child Protection , Training Strategy
83	Angus Child Protection Committee, Training Strategy 2008-2011
84	Angus Restorative Justice Service Mediation and Reparation Annual Report April 2009 – March 2010
85	Youth Offending Monitoring Report
86	Friday Night Project Evaluation
87.1	SHB Referral Group minutes – Meeting May 2009
87.2	SHB Referral Group minutes – Meeting October 2009
87.3	SHB Referral Group minutes – Meeting January 2010
88	Young Mums to Be Group – Hard copy evidence
89.1	Central and North East Scotland Child Protection Committee, Action Register December 2010
89.2	Consortium Outputs
89.3	Central and North East Scotland Child Protection Consortium, Terms of reference and working principles
89.4	Central and North East Scotland Child Protection Consortium Meeting, Minutes September 2009
89.5	Central and North East Scotland Child Protection Consortium, Lead Officers Meeting - Minutes October 2009
89.6	Central and North East Scotland Child Protection Consortium, Lead Officers Meeting - Minutes December 2009
89.7	Central and North East Scotland Child Protection Consortium Meeting, Minutes January 2010
89.8	Central and North East Scotland Child Protection Consortium Meeting, Minutes April

	2010
89.9	Central and North East Scotland Child Protection Consortium meeting, Minutes June 2010
89.10	Central and North East Scotland Child Protection Consortium meeting, Minutes September 2010
90	Angus Council Education Department Child Protection Strategy Group Meeting – Minutes – June 2010
91.1	Angus CHP Child Protection Forum Meeting – Minutes September 2010
91.2	Child Protection Forum – Terms of Reference
91.3	Child Protection Governance Angus CHP
91.4	Tayside NHS Board , Child Health Strategy Group, meeting – Minutes April 2009
91.5	Youth Talkin' Health
91.6	Children's Services Executive Group 2010/11 Mid year progress report, Single outcome agreement implementation group. December 2010
91.7	Angus Children's Services QIPM Meeting, Minutes December 2009
91.8	Angus Children's Services QIPM Meeting, Minutes February 2010
91.9	Angus Children's Services QIPM Meeting Minutes June 2010
91.10	Angus Children's Services QIPM Meeting, Minutes August 2010
92	Management of vacant child health case loads
93	National GIRFEC residential school example
94	Adult Protection Screening Tool
95	Report to ACPC on Number of Children on the Child Protection Register