

# Report of a joint inspection of services for children and young people in need of care and protection in Aberdeen City

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and HMICS

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**The cover image for this report is the competition winning photo by a young person in Aberdeen City.**

# Aberdeen City

## Key facts: children and young people in need of protection



## Key facts: children and young people who are looked after



# Introduction

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

These inspections look at the differences community planning partnerships are making to:

- the lives of children and young people in need of care and protection
- the lives of the children and young people for whom community planning partnerships have corporate parenting responsibilities

The inspections take account of the full range of work with children, young people in need of care and protection and their families within a community planning partnership area.

When we say 'partners' in this report, we mean leaders of services who contribute to community planning, including representatives from Aberdeen City council, NHS Grampian, Police Scotland and the Scottish Fire and Rescue Service.

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

## Our five inspection questions

These inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

## Our quality improvement framework

In August 2018, the Care Inspectorate published a quality framework for children and young people in need of care and protection. This framework is used by inspection teams to reach evaluations of the quality and effectiveness of services. Inspectors collect and review evidence against all of the

indicators in the framework and use this to answer the five inspection questions. The evaluative answers to each question take account of evidence against up to 17 quality indicators from across the framework. In addition to answering the inspection questions we use the six-point scale below to evaluate three quality indicators and the domain of leadership:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- 2.1 - Impact on children and young people.
- 2.2 - Impact on families.
- 9.1 – 9.4 – Leadership.

## **Our inspection teams**

Our inspection teams are made up of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland. Teams include young inspection volunteers, who are young people with direct experience of care or child protection services. They receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Local file readers are also involved. These are individuals from the community planning partnership area which we are inspecting who support us in reviewing practice through reading case records. Not only does this support the inspection, but it also supports the partnership area in joint self-evaluation following inspection.

## **How we conducted this inspection**

The joint inspection of services for children and young people in the Aberdeen community planning partnership area took place between January and May 2019. It covered the range of partners in the area that have a role in providing services for children, young people and families.

- We met with 70 children and young people and 36 parents and carers in order to hear from them about their experiences of services.
- We offered children, young people, parents and carers the opportunity to complete a survey about their views of services and received 75 responses from children and young people and 47 responses from parents and carers.
- We reviewed a wide range of documents and joint self-evaluation materials provided by the partnership.
- We spoke to staff with leadership and management responsibilities.
- We carried out a staff survey and received 746 responses.
- We talked to large numbers of staff who work directly with children, young people and families.
- We observed a range of different types of meetings.
- We reviewed practice by reading a sample of records held by services for 105 of the most vulnerable children and young people.

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

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in Aberdeen in need of care and protection.

# Summary – strengths and priority areas for improvement

## Key strengths

1. Staff were having a positive impact on the quality and stability of care and support experienced by children and young people and their families by emphasising and building on strengths in families.
2. Multi-agency pre-birth assessment and planning processes were robust. These enabled vulnerable women and their unborn babies to receive the help they needed at an early stage.
3. Staff were confident at recognising the signs of risk, which was supported by good information sharing processes and early discussions. Responses to immediate risk of significant harm were effective.
4. There was a wide range of universal and targeted support services available that helped children, young people and their families to recover from their experiences of abuse and neglect.
5. Joint working was effectively promoted by leaders who collaborated and shared a clear vision, values and aims.

## Priority areas for improvement

1. Strategic oversight of corporate parenting was not as robust as that for child protection.
2. There were limitations in outcomes data with which the partners were able to demonstrate improving trends for children and young people who were looked after and, in particular, those looked after at home and care leavers.
3. Children and young people in need of care and protection were not benefitting from a timely assessment of their health needs and there were gaps in some services to address their emotional health and wellbeing.

# Aberdeen City in context

## Geography and demography

Aberdeen, on the north east coast, is Scotland's third most populous city. Aberdeen has two universities and remains a competitive city with gross value added (GVA) per head of population the highest in Scotland. It retains a strong oil and gas industry presence, despite the recent industry downturn.

Aberdeen council area is one of the most densely populated local authority areas in Scotland and extends over 186 square kilometres, with a population of 228 000.

Aberdeen's population has increased by 9% since 2008 while Scotland's population has increased by 5%. From 2016 projections, Aberdeen's population will increase by 3% by 2026 and by 6% by 2041. The equivalent figures for Scotland are a 3% increase by 2026 and a 5% increase by 2041.

In 2017, Aberdeen had an estimated 68,321 young people aged 0-25 years. Approximately 34,495 were 0-15 year olds. Almost 15% of Aberdeen's population are under 16 years old, compared with Scotland's under 16 population of 17%. Aberdeen's under-16 population is projected to increase by 7% by 2026 and by 1% by 2041. The equivalent Scotland figures are an increase of 2% by 2026 and a decrease of 2% by 2041, demonstrating a challenge for Aberdeen in its significantly higher projected figures for 0-15 year olds.

## Social and economic

Aberdeen is divided into 283 data zones, nine (3%) of which fall within the 15% most deprived data zones in Scotland, a decrease from 13% in 2012. No data zones fall within the 5% most deprived data zones in Scotland, compared with three (1%) in 2012. Eight per cent of Aberdeen's population are income deprived, while 6% are employment deprived, both lower than the national average.

## The partnership

Community Planning Aberdeen (CPA) has responsibility for improving outcomes for the people and communities of Aberdeen. The CPA board provides strategic leadership, supported by the CPA management group and seven themed outcome improvement groups.

The local outcomes improvement plan (LOIP) 2016 – 2026 was refreshed in 2018 and its aim is for Aberdeen to be 'a place where all people can prosper' and to become Scotland's first UNICEF child-friendly city. CPA has responsibility for scrutinising overall delivery of progress against the LOIP.

Related strategic plans for which the partnership has responsibility include the integrated children's services plan 2017 – 2020; the youth justice strategy; the community justice outcome improvement plan and the current child protection committee improvement programme 2019-2022.

The integrated children’s services partnership (ICSP), which reports to the integrated children’s services board, oversees progress towards meeting outcomes within the integrated children’s services plan. Locally, delivery plans are taken forward by locality partnership boards.

The public protection chief officers group has responsibility for public protection. The child protection committee and other relevant strategic groups report to the public protection chief officers group. The Aberdeen public protection chief officers group is also aligned to the North East of Scotland Leaders Group for Public Protection.

## The political context

In recent years, the policy and practice landscapes have undergone significant changes. Local authorities and health boards are operating in increasingly complex legislative and policy environments. The pace of public service reform has accelerated as the Scottish Government continues to implement legislation converging around the policy drivers of early intervention, preventative spending and greater integration of services. Partners have been required to adjust to a range of new and challenging requirements and expectations. These changes, while welcomed in strengthening the commitment to deliver excellent services to children, young people and families, have impacted on practice and practitioners. Leaders have had to direct a shift in the balance of resources in response to evolving and dynamic environments while also supporting staff to remain competent and confident to support vulnerable children and young people. It is within this evolving context that this joint inspection of services for children and young people in need of care and protection took place.

**Table 1: Children in need of care and protection: key strategic groups and plans in Aberdeen.**

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Groups	Strategic plans/programmes
<ul style="list-style-type: none"> <li>• Public protection chief officers group</li> <li>• Integrated children’s services board</li> <li>• Child protection committee</li> <li>• Corporate parenting improvement group</li> <li>• Champions board</li> </ul>	<ul style="list-style-type: none"> <li>• Local outcomes improvement Plan 2016-2026</li> <li>• Integrated children’s services plan 2017-2020</li> <li>• Corporate parenting and champions board action plan 2016-2019</li> <li>• Child protection improvement programme 2016-2019</li> </ul>

# The five inspection questions

## 1. How good is the partnership at recognising and responding when children and young people need protection?

### Key messages

1. Recognition of, and responses to, children and young people at immediate risk of harm were very effective and staff were confident in their role, leading to a positive impact on children's and young people's safety.
2. Improvements had been made in **interagency referral discussions** (IRDs) which were impacting positively on the safety of children and young people.
3. Vulnerable mothers and their unborn babies were supported by robust and effective multi agency pre-birth assessment, information sharing and decision making.
4. Legal measures were appropriately considered and used where necessary to secure the immediate safety of the child.
5. Initial assessment, management and planning to address risk and need were effective in most cases.

### Recognition and response

Children and young people at risk of immediate harm were being kept safe as a result of effective recognition and response and increased staff confidence. In our review of children's records, we evaluated the quality of response to immediate risk as good or above for most records. In a few cases, immediate response to concerns was evaluated as excellent. There was an assessment of risk in almost all records. The majority of these were evaluated as good or very good.

Pre-birth assessment and planning to support vulnerable mothers and their unborn babies were robust. The percentage of births affected by maternal drug use during pregnancy in Aberdeen has remained consistently higher than the Scottish average for the last six years, while the rest of Scotland has seen a decrease. The partnership had responded by implementing additional support measures through the pre-birth pathway and other initiatives. One initiative was the child protection clinic that monitored and reviewed the health needs of children with neonatal abstinence syndrome, foetal alcohol syndrome, historical abuse or neglect. Robust multi-agency planning arrangements helped to ensure that risks to the unborn baby, particularly where parental substance misuse was a factor, were regularly reviewed. Groups of multi-agency staff working across children's and adults' services were effectively co-ordinating support to families prior to, and in some cases up to two years after, the baby's birth.

This pre-birth pathway helpfully identified additional support from a range of services, including family support. Vulnerable pregnant women were supported from 25 weeks pregnant or earlier, if additional support was required. There was positive multi-agency collaboration between health, social work and family support services based at Aberdeen Maternity Hospital. These services provided timely and effective help. Specialist midwives also attended pre-birth case conferences. The role of the multi-agency team had expanded to offer contraception and other advice to vulnerable women before they were discharged from hospital.

The Aberdeen Intake Service, comprising the joint child protection team, Aberdeen Maternity Hospital units and the children's social work reception team had received an increasing number of child protection referrals over the last five years. The partnership believed this increase was due to greater awareness by staff of risks to children and young people and greater confidence in addressing these risks. We also found this to be the case. Additionally, there had been a change in data collection methods and Police Scotland vulnerable persons database records had been included in referrals, where these had previously been collated separately. The most frequently recorded concern was domestic abuse, followed by alcohol and drug misuse.

There had been 40 child protection referrals in relation to child sexual exploitation (CSE) in 2014. This had since almost halved and remained stable in subsequent years (24 on average). The higher number in 2014 was attributed by the partnership to greater awareness of child sexual exploitation following the publication of the Independent Inquiry into Child Sexual Exploitation in Rotherham (2014) and retrospective work undertaken on historic child protection referrals. The partnership had helpfully produced guidance for staff on CSE and supported staff through multi-agency training events. We could see the impact of this investment in multi-agency training and clear procedures on the increased identification of CSE in referrals.

The response to children at risk from domestic abuse was managed appropriately within the police concern hub process and through **multi-agency risk assessment conferences (MARAC)**. Domestic abuse remained a consistently high category for registration on the child protection register. The partnership had supported staff by developing training in this area. There was also a young women's service for those at risk of, or who had experienced, CSE. The child protection committee and Aberdeen Violence Against Women partnership were working collaboratively on multi-agency guidance on child protection and domestic abuse.

## **Risk management**

Staff were confident in recognising the signs of potential risk of harm and used a variety of tools to support their assessments. The **Getting it right for every child (GIRFEC)** approach was well embedded across agencies and supported staff to share information, identify and analyse risk. Clear child protection processes and procedures were in place to support initial identification of risk.

The interagency referral discussion (IRD) process had been reviewed and was more collaborative. Quality assurance of the IRD process had been in place since 2018. This was beginning to address some of the challenges such as variability in attendance of health and education, delays in circulating decisions and improvements required in multi-agency risk assessments.

Support for children and young people who needed it at an early stage and through formal child protection systems was appropriately targeted. There had been an increase in the number of IRDs, a reducing trend in the number of child protection investigations and joint investigative interviews between 2014/15 and 2016/17. There had been a corresponding reduction in the numbers of records of investigation – the template used to record the child protection investigation. The conversion rate from the record of investigation to the decision to proceed to a pre-birth or an initial child protection case conference was aligned well. There had also been a reducing trend in the numbers of children and young people being placed on the child protection register. Partners attributed this to better and earlier intervention to offer early support to families where it was needed. We saw effective examples of this support. There had been a reduction in the number of **child protection orders** being sought between 2016/17 and 2017/18. The **child protection committee** monitored applications for child protection orders and reviewed cases to ensure that applications were appropriate and proportionate.

In almost all cases where legal measures were used, they were used appropriately and effectively to secure the immediate safety of the child.

### **Involvement of children, young people and parents/carers**

In our review of case records, staff effectiveness at involving parents/carers and families in key processes was evaluated as good or better in most cases. In just over half of children's records, the quality of support given to the child or young person to understand and exercise their rights, comment on services or complain was evaluated as good or very good.

While independent advocacy support was made available for some families, it had not been offered or available to any child whose name was on the child protection register in the last 12 months. Similarly, in that time, only one child whose name was removed from the register was offered it. Some families told us that, although they understood the reasons why services were involved to keep children safe, they felt overwhelmed at the volume and pace of service involvement as an initial response to harm. These families may have benefitted from an offer of independent advocacy or other independent means of helping them to understand what was happening at this point.

### **Staff confidence and competence in protecting children**

In most cases, the lead professional or named person had regular opportunities to discuss their work with a supervisor or manager.

Updated child protection guidance in 2018 and a programme of multi-agency training events had helped staff to feel more confident at recognising and responding to cumulative harm and neglect. Almost all staff responding to our survey said they had an up-to-date knowledge of child protection policies and were confident at recognising the signs of risk of harm. Much investment had been made in multi-agency training, led by the child protection committee, to ensure staff could better recognise and respond to signs of cumulative harm and neglect. Multi-agency training had made a positive difference to agencies gaining a common understanding of the thresholds of risk of harm. Staff across agencies had trust and confidence in each other to discuss concerns and come to an understanding

about thresholds of risk and how best to protect children. Staff were better supported to recognise risk to children and young people from domestic abuse, child sexual exploitation and child trafficking.

## 2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?

### Key messages

1. There was an effective culture of collaborative working across all disciplines, which was having a positive impact on work with families.
2. Strengths-based approaches and relationship-based practice models were having a positive impact on helping to build trusting and respectful relationships between staff and families.
3. There was a wide range of universal and targeted support provided by statutory and third sector partners to help parents and support children and young people in their recovery from abuse and neglect.
4. The child protection committee was using data effectively to inform improvements in child protection practice and monitor these improvements to ensure they were sustained.
5. The mental health and emotional wellbeing concerns of children and young people were not being addressed well enough.
6. Approaches to seeking and recording the views of children and young people who had been involved in child protection processes were limited.

### Collaborative working

Staff told us of a significant shift in culture and practice towards greater joint working. This was evident throughout the inspection. Collaborative working was underpinned by GIRFEC principles, joint training, a greater appreciation of others' roles and responsibilities, and improved use of joint guidance and shared tools. There was a helpful staff culture of resolution through appropriate discussion and challenge. The co-location of some groups of staff, for example those working with vulnerable unborn babies, supported joint working. Effective partnership working was also evident from our reading of children's records: in most cases in which children had been at risk of significant harm, staff demonstrated effective collaborative working.

## **Developing relationships and engagement in key child protection processes**

There was a strong culture and ethos of relationship-based practice. This meant that staff sought to develop positive relationships with families as a basis for engagement and supporting them to keep children and young people safe. Many young people and their families had been helped to build trusting relationships with key staff through regular and meaningful contact. They were being helped to focus on important strengths in their circumstances and to make positive changes in their lives. For a small number of children and families, frequent staff changes had disrupted these relationships.

Staff worked hard to ensure that the views of children, young people, and parents were being heard and reflected in their assessments, reports and at many important decision-making meetings. Our review of records of children who had been at immediate risk of significant harm in the last two years found that most parents had been involved well in planning to keep their child safe. New approaches were being tested to further strengthen parents' participation in child protection case conferences and improve their experiences of these. While small in scale, early indications, including feedback from parents, were positive.

Most children and young people felt that they had some involvement in agreeing their plan. Our review of records showed more variability in how well staff were involving children and young people who had been at risk of significant harm in child protection processes. We evaluated just over half as good or better, with a further third evaluated as adequate. Independent advocacy was not routinely considered for children and young people whose names were on the child protection register.

Partners recognised that more needed to be done to record children's views in their plan. The online tool Mind of My Own had been very recently introduced to help capture the views of looked after children however, this had yet to be extended to include those on the child protection register. Success in capturing feedback from parents and carers about their experiences of the child protection system was limited, despite the range of approaches tested. This was an area for improvement by the child protection committee.

## **Children, young people and families are enabled to make change and supported to sustain improvements**

From our review of children's records, most children and young people experienced at least some improvement in their wellbeing as a result of the help they received. Outcomes for children whose names were removed from the child protection register within the last 12 months had improved to some extent in most cases, with considerable improvement for one in four children. Over three-quarters of parents who responded to our survey felt that the help they received had made their and their children's lives better.

Most children and young people who had experienced abuse or neglect received the support they needed to help them recover from their experiences. Practical help and therapeutic support, through both universal and targeted provision, were helping to improve the safety and wellbeing of children and young people. For instance, the Intensive Family Intervention Team (IFIT) provided short-term, intensive practical and emotional support to families and children and young people who needed it.

Clear referral pathways ensured that children and their families received the help they needed quickly.

A range of effective, universally available community-based supports were in place. There had been a decrease in the use of structured, evidence-based parenting programmes. A few staff we met identified this as a gap in provision. Notwithstanding this, tailored support packages, using strengths-based approaches and trauma-informed practice, were helping parents to better understand their children's needs and make the changes needed to improve their circumstances. Strengths-based approaches meant that staff started their relationships with families by examining the strengths within the family. Trauma-informed practice meant that staff were trained to recognise the impact of trauma on the lives of children and young people and took account of this in their work.

Nurturing approaches in nurseries and schools facilitated a supportive, caring environment in which vulnerable children were helped to learn and develop. Creative use of **pupil equity funding** was enabling some schools to provide practical help and support to children and families and to bridge the gap between school and home. **RAFT (Reaching Aberdeen Families Together)**, a consortium of five third-sector services working together as a single service, was providing a whole-family approach to help build resilience for families with a range of support needs. This included families affected by substance misuse, mental health difficulties and domestic abuse. RAFT helpfully provided support at times when families often needed this most, such as evenings and weekends.

Families affected by domestic abuse were supported through structured, evidence-based programmes such as the **Caledonian programme** and therapeutic support provided by Women's Aid. **Multi-agency tasking and co-ordinating (MATAC)** and MARAC meetings, attended by staff from children's, adult and justice services, were increasingly used to review risks and coordinate safety plans. Targeted support provided by Barnardo's RISE (Reducing the Impact of Sexual Exploitation) and the Green Light project both provided help and advice to vulnerable young people at risk of sexual exploitation to make sense of their experiences.

Health managers and the wider partnership through the local outcome improvement plan were working hard to improve mental health support for children and young people who needed this. While some services were in place to help improve wellbeing and build resilience, staff expressed concern about the insufficient number of services to support those with lower-level emotional wellbeing or mental health concerns. A redesign of the Grampian-wide child and adolescent mental health service (CAMHS) had led to renewed referral criteria and the implementation of a choice and partnership approach (CAPA) to support capacity. The partnership reported that children were seen more quickly and signposted to other services where appropriate, although the service still held a waiting list. This new approach, however, was not well understood by some staff and young people. The CAMHS improvement plan also noted the need to develop a minimum data set to improve outcomes measurement.

### **Assessments and plans to reduce risk and meet needs**

The child protection committee maintained a helpful overview of child protection practice across Aberdeen. A revised data framework with key proxy measures that indirectly demonstrated outcomes was helping the committee monitor the effectiveness of child protection practice and implement

change where necessary. This had led to improvements such as a significant reduction in the number of children whose names were on the child protection register for longer than 12 months and a reduction in numbers of children being re-registered.

In the main, assessment and planning was making a positive difference in supporting the recovery of children and young people who had experienced abuse and neglect. We reviewed the records of 57 children and young people who had been at immediate risk of significant harm in the last two years. In most cases, the quality of risk assessments was evaluated as good or very good. Children's plans to address risks showed more variability. We evaluated almost one-quarter as adequate and a few as weak. In almost three-quarters of cases, assessments and plans to address need were evaluated as good or very good. A few plans were not sufficiently SMART (specific, measurable, achievable, realistic, timebound) and lacked contingency measures to be applied when progress was not in line with expectations. This included cases in which long-standing issues such as parental substance misuse or domestic abuse were a risk factor to the child.

In just over half of children's records that we read, children's assessments benefitted from the use of chronologies of significant events to help inform decision making. While most staff understood how to use chronologies as an analytical tool to support assessment and risk management, almost one-quarter of respondents to our staff survey said they had not received training on this. Staff identified the lack of cohesion across ICT systems as a barrier to the development of integrated chronologies.

Staff were using a range of tools to support risk assessments. The social work service had recently commissioned Insight, a specialist service, to undertake parenting capacity assessments for children identified as being on the edge of care due to compromised parental capacity. This was a two-year pilot project co-delivered by two voluntary sector partners – Aberlour Childcare Trust and VSA. It was too soon to see the impact of these assessments, although this was an encouraging development.

Individual children's plans were being reviewed at intervals appropriate to the child's circumstances. We evaluated the quality of reviewing as good or very good in most cases that we read. While staff prioritised attendance at child protection meetings, capacity issues and staff vacancies meant that attendance was not always possible. Arrangements to involve education services in child protection meetings during holiday periods had been strengthened. Appropriate consideration was given to the need for statutory measures at child protection case conferences. Staff also offered additional support for parents whose child was being adopted. Parents were encouraged to be involved in life-story work to support the child's future placement.

The child protection committee had worked hard to improve the quality of assessments of risks and children's plans. Annual audits demonstrated a picture of improving performance. There remained scope for reviewing officers, independent of line management responsibility, to build on this work as part of their quality assurance role to develop greater oversight of practice standards.

## Staff supervision

Staff across all agencies experienced routine opportunities to discuss their work with a manager through some form of supervision or professional discussion. Most staff benefitted from regular, high quality support from their manager that helped them to develop through constructive challenge and regular feedback. The **Reclaiming social work unit model** within the children's social work service supported shared caseloads and greater opportunities for reflective group discussions. Staff felt this helped them to focus more on managing risk. This model had been independently and positively evaluated and was welcomed by parents involved.

### Good practice example: strengths-based and relationship-based practice

Strengths-based and relationship-based practices were embedded throughout interactions between professionals from all agencies and children, young people and their families. Relationships were characterised by trust, warmth and compassion and staff demonstrated a genuine desire to support families to the best of their abilities. The values of strengths and relationship-based practice were evident from all staff we spoke to and reflected by almost all children, young people, their parents and carers.

## 3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?

### Key messages

1. Staff across the partnership had developed strong and meaningful relationships that were having a positive impact on the experience and wellbeing of looked after children and young people.
2. Services for children and young people at risk of becoming looked after or experiencing difficulties in their placements were well-planned and effectively delivered.
3. The impact of strategies to shift the balance of care and reduce the high number of out-of-area placements for looked after children and young people was yet to be seen, but the partnership was closely monitoring this.
4. Children and young people who were looked after at home were experiencing poorer wellbeing and educational outcomes than those looked after in other care settings.
5. The health needs of children and young people who were looked after were not being fully met and comprehensive assessments were not being undertaken timeously.
6. The recently established corporate parenting improvement group had significant work to do to ensure that the partnership's ambition for looked after children was matched by real change.

## **Children and young people experience caring, consistent and trusting relationships**

Looked after children and young people were benefitting from caring and nurturing relationships with staff. Almost all children and young people that we spoke with told us that staff listened to them and that they trusted staff. In most cases, children and young people had experienced consistent support from at least one key person over the previous two years. However, some children and young people had experienced frequent changes of social worker that had impacted on building trusting relationships. The impact of the relatively recently established role of the external residential childcare manager had been very positive in supporting staff engagement with children and young people. The capacity of social workers to better develop their relationships with children and young people had improved through the embedding of strengths-based and relationship-based practices. Children's panel members told us they had seen improvements in relationships between staff and young people and that young people were now more involved in hearings.

The partnership was committed to ensuring staff had a range of skills to develop relationships with children and work in a way that was trauma informed. There was a wide range of high-quality multi-agency training available to both staff and carers. The ethos of care had made a significant impact on reducing the numbers of young people reported missing and being charged with offences. This had been achieved through more effective joint working between police, social work and staff in children's houses. Although small in number, young people who had been trafficked into Scotland were being sensitively supported and their needs met well in Aberdeen.

### **Plans to maximise wellbeing**

The plans for most looked after children were reviewed regularly and well by the independent reviewing service. Children's panel members had confidence in the assessments provided by all agencies and this was helping them to make informed decisions. There was trust and collaboration across the partnership at all levels in planning for children. Decisions were made about permanence in a timely way and three-quarters of permanence plans were progressing well.

There was some variability in the delivery of assessment and planning between children and young people in different types of care placements. Young people in residential care experienced a high standard of practice in assessment, planning and review. In the files of children looked after at home, practice was not as good across these processes. The practice of involving children in care planning was inconsistent. The partnership was aware of the need to improve this and had invested in the Mind of My Own app to improve the gathering of young people's views.

The majority of looked after children and young people were supported to maintain or re-establish contact with brothers and sisters. Assessments of contact were valued and used by decision makers. A few children and young people said they would like to have more support to maintain connections with family.

## Improvements in wellbeing

Looked after children and young people benefitted from a wide range of high-quality services that were put in place at the right time for them. Most of the children and young people who completed our survey told us they felt safe and felt they were in the right place to get the help they needed. Almost all said that things had improved for them as a result of the help they received. Most parents or carers agreed with this and said that the help their child received had made their life better.

As a result of the help they received, most children and young people experienced at least some improvement in their wellbeing or circumstances. However, for children looked after at home, the degree of improvement was much less than for those in other community-based placements, such as kinship or foster care.

Looked after children and young people, those at risk of becoming looked after and those who were experiencing difficulties in their placements benefitted from a wide range of effective intensive support services. Through the proactive, creative and collaborative help from these services, children and young people were getting the assistance they needed when they needed it. When intensive support was no longer required, services ensured children, young people and their families maintained the right level of targeted help from family support teams or the youth team. Looked after children and young people were also successfully encouraged to take part in sport or volunteering opportunities with the support of Sport Aberdeen.

As of March 2018, the partnership had responsibility for approximately 550 looked after children and young people, with approximately half of these placed out with Aberdeen. This was a decrease of approximately 40 looked after young people from the previous year. In contrast to the overall Scottish picture, there had been an increase in numbers of children in residential and foster placements and a decrease in numbers with kinship carers and those looked after at home.

Where a child had been identified as needing permanent substitute family care, this had progressed well in almost three-quarters of cases. Foster carers were helped to understand and respond to the needs of looked after children and young people through the high-quality training they received from the alternative family care team. Kinship carers told us they had not received good or consistent support in the past. However, a team had recently been put in place to provide support to kinship carers and this was already improving their confidence.

The numbers of looked after children and young people reported missing had decreased. The partnership had adopted new policies and procedures that emphasised the importance of listening to children and young people who had been missing. A dedicated police officer, child sexual exploitation advisor and other staff worked well together to coordinate good practice in return home interviews and tailored interventions.

Through the **Virtual School**, Aberdeen had a designated headteacher whose role was to support improvement in the educational progress, attainment and achievement of all children and young people looked after by the local authority, including those that were educated in other local authorities. The initiative had improved the tracking and monitoring of progress of looked after

children and young people in schools and had ensured school procedures took account of their needs. Better joint working with the two universities in the city and North East Scotland College was also supporting the needs of looked after young people in further education. Initiatives such as the emerging literacy programme and a mentoring programme delivered in collaboration with Wood Group, a local energy company, were beginning to show a positive impact.

There was a slight increase in the school attendance of looked after children over 2017-18 from the previous year however, their attendance rate remained lower than their non-looked after peers. Those looked after at home had the lowest rate of attendance.

There had been a small reduction in exclusions for looked after children and young people in the last year. There was no real difference in exclusions between those looked after in a community placement and those looked after in a residential setting. Of those who were excluded from secondary schools, almost half were accommodated in children's homes. In terms of literacy, there was a decrease in the gap between looked after children and their peers. In relation to numeracy, this gap had increased. Overall, there remained a gap in attainment between looked after children and young people and their non-looked after peers. Children and young people who were looked after at home experienced the poorest attainment levels. For looked after school leavers, attainment was below the national average but had increased slightly in 2017-18.

The partnership had established ASPIRE, a new service to work on a multiagency basis to improve educational outcomes for children not in school full time. A quality assurance framework that would support better impact analysis of all programmes of work was also in development.

There were challenges in evidencing that the health needs of children and young people becoming looked after in Aberdeen were being met consistently and comprehensive health assessments were not being completed within the nationally recommended four-week timescale. Partners were working on some specific improvement actions. The dedicated nurse for looked after children was regularly tracking the progress of health assessments and was proactive in following up on the health needs of children who had been assessed, including those placed out of Aberdeen. This nurse was gathering data regarding the reasons for lack of completion of health assessments to better understand the challenges. Health visitors and school nurses also assessed the emotional health of looked after children and young people using recognised tools. Foster carers and residential care staff valued being able to access specialist consultation from CAMHS for young people in their care. This service, however, was underused by those supporting children and young people looked after at home or in kinship care and some staff supporting these groups of children and young people were unaware this could be accessed by them. Better access to a wider range of emotional health and wellbeing services would support work being done to improve outcomes for looked after children and young people.

## **Corporate parenting responsibilities**

ACE (**Aberdeen Care Experienced**) provided opportunities for care experienced children and young people to express their views about services and set the agenda of the **champions board**. Following some initial successes in influencing policy and services, the champions board needed to improve its effectiveness by refocusing on its refreshed action plan. A lack of clear strategic oversight of

corporate parenting had limited the impact of the champions board. Some children and young people were not aware of ACE or the champions board. The appointment of a new Who Cares? Scotland development worker had given renewed impetus to this work and a wider group of care experienced young people was now engaged. The recent establishment of the corporate parenting improvement group meant there were better opportunities for strategic oversight to align the partnership's vision for corporate parenting with its delivery.

The children's specialist services forum monitored plans to place children and young people outwith and within Aberdeen however, the balance of care had not changed significantly. The use of purchased foster placements had increased. There was no overall evaluation of the impact services had in successfully keeping children and young people in Aberdeen or the impact of strategic efforts to shift the balance of care.

Children and young people in residential care had consistent access to independent advocacy through the children's rights service. In contrast, only a few looked after children and young people living in the community benefitted from using this service. The partnership was committed to addressing this and was undertaking a comprehensive review of children's rights in Aberdeen with the involvement of care experienced young people.

## 4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?

### Key messages

1. Many care experienced young people were benefitting from strong and supportive relationships with staff.
2. Care experienced young people were supported to remain in care placements for longer and move towards independence at a pace that was right for them.
3. The partnership needs to do more to maintain contact with young people after they leave care in order to better understand the needs of all care leavers and improve their outcomes.
4. Young people with a disability were not experiencing consistently positive transitions between children's and adults' services.
5. There was much variance in the experiences and outcomes for care leavers.
6. Care experienced young people had been enabled to influence some service developments.

## **Young people enjoy sustained positive relationships with staff and carers**

Most care leavers told us that they felt valued and respected and had experienced supportive relationships with staff and carers. Many care leavers were being supported by and had positive relationships with, staff in the youth team, which was a single-agency social work team. The youth team was successfully providing a dedicated service to care leavers with higher needs or risks to manage and recover from their adverse childhood experiences using trauma informed approaches. Some staff in other teams, including residential workers, had also remained involved with some care leavers, providing continuity in key relationships. However, there was a small number of care leavers who were not experiencing positive relationships with staff and felt isolated and unsupported.

The partnership had invested in training to support staff working in a trauma-informed way, for instance through **dyadic developmental psychotherapy**. This was having a positive impact on the relationship between staff and care leavers and the transition of young people into adulthood, as well as the confidence of staff.

## **Moves between children's and adults' services**

Children and young people with disabilities who are in receipt of regular short breaks are entitled to the assessment, planning and review arrangements provided in law for looked after children and young people. This includes entitlements as care leavers. Aberdeen City does not include children and young people with disabilities in receipt of regular short breaks among their looked after children and young people population.

These children and young people were benefitting from regular reviewing arrangements. For children and young people with disabilities, supporting a successful transition from children's to adults' services was a challenge for the partnership. During this stage, there were mixed experiences and outcomes for this group of young people.

Parents of children and young people with disabilities described the wraparound care and support they received for their child while involved in children's services as excellent. A few parents told us, that the transition of their child to adult services had been a very stressful experience characterised by a lack of information and lack of clarity about the different processes and eligibility criteria involved. This message was reiterated in discussions with groups of staff. As the partnership was not routinely carrying out looked after reviews or pathways planning for young people with disabilities in receipt of short breaks, planning for transitioning to adult services was not taking place in a timely manner. There was an issue with connecting processes and communication between children's services and adult's services, which the partnership recognised as needing improvement. Some parents we spoke with were unaware of their entitlements to continue self-directed support as their child moved into adult services. A group had been recently established to identify and address issues in relation to this, but it was too early to see any impact from this work.

## Continuing care

The partnership was actively promoting young people staying in their care placements for longer and considering moving on at a pace that was right for them. While remaining committed to supporting this Staying Put agenda, the partnership recognised the challenge this brought in relation to bringing young people back to Aberdeen from placements outside the local authority area. The impact of strategies to address these challenges was not yet being seen.

Positively, there had been an increase in the numbers of young people over the age of 16 remaining in residential placements. There had also been an increase in the numbers of young people remaining looked after until the age of 18 and a small but rising number of young people in continuing care placements. However, some looked after young people had limited knowledge of their continuing care entitlements. Almost all care experienced young people we spoke to felt settled and safe where they currently lived.

## Supporting young people to live independently

While some care leavers had made good progress in their transition to adulthood, there were gaps in key areas of support for others, such as access to specialist health services or addressing homelessness.

The partnership was confident that it was doing everything possible to support looked after young people into adulthood, however, their housing, health outcomes and employment opportunities were variable. Wellbeing had improved for the majority of care leavers but for a significant number there was little or no improvement demonstrated. Care leavers generally found the nature of the support they received as beneficial to them, however, questions concerning the impact of support resulted in more mixed responses when we spoke to care leavers. Gaps in specialist health support for care leavers meant that some found it difficult to access or use support for particular services, including emotional wellbeing and mental health, sexual health support or addictions services.

A few young people told us about difficulties they had experienced returning to Aberdeen from being in care placements outwith the area and the negative impact these difficulties had had on their family relationships, social supports and overall emotional wellbeing.

The partnership had made specific policy arrangements for looked after young people to ensure they did not become homeless after leaving care. As a result, there had been an increase in care leavers sustaining their own tenancies over the past two years.

We heard from a few care leavers and staff that some care experienced young people had continued to experience homelessness over the past few years. The housing system relied on care experienced young people self-identifying or being directly asked if they were care experienced in order to receive support as a care leaver. Some felt unable to discuss their care status and so did not benefit from the policy arrangements in place to support them. Staff agreed that improved monitoring arrangements for care leavers would support better tailored support to meet all their needs, including housing.

The youth team remained the lead service if care leavers became involved in offending and staff provided tailored support when considering supervision of community-based orders. Staff stated that more could be done to increase the use of diversion and structured deferred sentencing to try to stop further progression through the criminal justice system for young people.

The partnership had employed five care experienced young people as children's rights development assistants on a part-time basis using Life Changes Trust funding. This gave these care experienced young people tangible employment opportunities, enhanced their own skills to reach their potential and supported other looked after children and young people to express their views and shape services.

### **Corporate parenting responsibilities**

Staff were involving care leavers in planning in the majority of cases and almost all young people told us they had been involved in agreeing their plan. However, the quality of pathways assessments, plans and reviews for care leavers was variable. Less than half of plans to meet the needs for this group of young people that we read were evaluated as good or above and the reviewing of these plans was evaluated as weak in a small but significant number of young people's records. The partnership was performing well below the national average in relation to the completion of pathways plans and having a nominated pathways co-ordinator.

### **Positive destinations**

The partnership had made improvements in supporting care experienced young people leaving school and entering further or higher education, training or employment. Accessing grants for further and higher education had contributed to this improvement. Skills Development Scotland and Opportunities for All were offering additional support to some young people in preparation for leaving school. The partnership also had some well-established links with local colleges to support care leavers into further and higher education. The number of looked after young people entering positive destinations had increased, remaining higher than the national average.

The percentage of looked after young people with one or more qualifications at SCQF level four had also increased. The percentage of care leavers with known economic activity in Aberdeen had increased in the last year. The partnership was supporting the development of a multi-agency hub at the Westburn Centre to provide co-ordinated support and greater accessibility to a range of specific services for young people, including care leavers.

### **Participation and involvement**

The partnership was committed to hearing the voices of care leavers and involving them in decision making about service delivery. The recent employment of a development worker from Who Cares? Scotland and the establishment of a corporate parenting improvement group meant that the partnership was in a stronger position to support the participation and involvement of care experienced young people.

## Good practice example: children's rights development assistants

Five children's rights development assistants had been employed by the partnership through Life Changes Trust funding on a part-time basis to support the children's rights service. Not only did this provide these young people with employment opportunities but it also enabled them to support looked after children and young people to become more involved in the development of services and planning.

The children's rights development assistants told us that the experience of carrying out paid work helped to give them confidence and develop new skills. They were involved in chairing the champions board, carrying out training and awareness raising, co-ordinating social media for care experienced young people and assisting children's rights officers in involving other looked after or care experienced young people.

## 5. How good is collaborative leadership?

### Key messages

1. The partnership demonstrated a clear, shared vision and was aspirational in its aims to support the improvement of outcomes for children and young people in need of care and protection.
2. There were clear governance, reporting and accountability arrangements in place for senior leaders to assure themselves they were meeting their obligations in relation to children and young people in need of protection.
3. Leaders were successfully developing a joint approach to the transformation of services in order to manage an environment of increasing demands and decreasing resources.
4. There was less evidence of effective challenge by leaders to the variance in health, wellbeing and educational outcomes for particular groups of looked after children and young people, including those looked after at home.
5. Strategic and routine data analysis was more sophisticated for children in need of protection than children and young people for whom partners shared corporate parenting responsibilities.

### Vision, values and aims

Leaders at all levels demonstrated a common purpose and a determination to drive improvements for children and young people in need of care and protection.

The partnership had a strong, shared vision of an Aberdeen 'where all people can prosper', which was threaded throughout all strategic plans and realised through its four priority areas and ambitious stretch aims. The local outcomes improvement plan (LOIP) was overseen by Community Planning Aberdeen and drove all multi-agency services. Staff very clearly identified with the LOIP and demonstrated a good understanding of its aims.

The partnership had taken the opportunity to constructively refocus on looked after and care experienced children and young people in a refresh of the LOIP stretch aims following a series of the multi-agency Taking Stock events in 2018.

The partnership's vision was delivered through a commitment to strengths-based practice based on demonstrable compassion and care from leaders who promoted a positive, values-based culture. This strengths-based approach was evident across agencies and created an empowering culture for staff. Almost 80% of staff agreed that their organisations' vision, values and aims were ambitious and challenging.

### **Leadership of strategy and direction: child protection**

Leaders had a strong commitment to their responsibilities in relation to public protection and governance and reporting arrangements were in place to provide leaders with the relevant assurance that children and young people remained safe. Members of the chief officers group had long-standing professional relationships that had enabled them to develop professional trust and operate as a connected unit.

The group had clear monitoring and governance arrangements for the child protection committee, which shared the vision of chief officers and routinely sought assurance through robust reporting and audit mechanisms. Chief officers demonstrated appropriate challenge and influence over the work of the child protection committee and were confident about the ways in which they sought assurance about the safety of children and young people. They demonstrated a good understanding of the issues facing young people in need of protection. Chief officers made use of learning from Grampian-wide and national strategic groups, including the North East Leaders Group for Public Protection – a collaborative strategic group for public protection with partners from Aberdeenshire and Moray. Just over half of staff were confident that the chief officers group and the child protection committee provided strong leadership and direction to improve the quality of child protection services.

### **Leadership of strategy and direction: corporate parenting**

Leaders demonstrated strong motivation to deliver their corporate parenting responsibilities. They showed care and compassion and talked about the importance of love in supporting children and young people in need of care and protection. There was less evidence of effective challenge by leaders as a collaborative group to the variance in health, wellbeing and educational outcomes of particular groups of looked after children and young people, including those looked after at home and care leavers. While there was explicit commitment to corporate parenting throughout strategic plans, leaders were less able to demonstrate assurances around these responsibilities in comparison to those

of child protection. In our staff survey, less than half of respondents felt that corporate parenting was progressing well due to strong leadership and direction.

Leaders faced challenges in aspects of corporate parenting such as the drive of the champions board, no tangible reduction in the high number of care placements outwith the local area, and variability in attendance, attainment and outcomes across and between different groups of looked after children and young people. Although a corporate parenting improvement group had been recently established to deliver more strategic oversight, it was too early to see the impact of its work.

### **Leadership of people and partnerships**

There was strong commitment to collaborative working at a strategic leadership level. Strategic groups had good multi-agency representation from the right people with the right level of knowledge and authority to make relevant decisions. Staff told us about strong collaborative approaches to multi-agency working, positive professional relationships and effective challenge at a practitioner level. This joint working was further supported by co-location among many professionals. Most staff stated in our survey that they felt supported to be professionally curious and take bold decisions.

Just over half of staff surveyed felt that leaders were visible enough. Leaders tried to remain visible to staff and acknowledged that they needed to continue to prioritise and develop the ways in which they communicated with staff, particularly at a time when transformational change was happening at a quick pace. A communication strategy was being developed.

There was a positive learning culture led by chief officers. Most staff were enthusiastic about the impact of the variety of multi-agency training they had received. Leaders encouraged delegated leadership by promoting shared responsibility and supporting staff to work creatively to improve outcomes.

### **Leadership of improvement and change**

Leaders had begun the difficult process of leading transformational change across services in order to address an environment of increasing demand and decreasing resources. The investment in alternatives to care and intensive family support services was effective in targeting support and early intervention for those children and young people at risk of becoming looked after.

There were workforce challenges in some areas, resulting in some high vacancy levels and use of agency staff. Leaders encouraged approaches to address these challenges and mitigate their impact on children and young people in need of care and protection. The impact of this could be seen in the 'grow your own' approach to developing staff internally, recruitment campaigns to attract new candidates and in work to support social work students to consider a career with their host placement.

The partnership demonstrated a collaborative multi agency approach to improvement and change from locality management groups up through governance routes to Community Planning Aberdeen. The joint self-evaluation showed that the partnership had a realistic understanding of its strengths

and areas for improvement. A quality assurance framework for children's services had been agreed however, this was not in place at the time of inspection.

The regular auditing activity undertaken by the child protection committee influenced service delivery and had resulted in tangible improvements in practice. Chief officers had led learning from reviews of cases.

The partnership had undertaken a population needs assessment that resulted in a comprehensive data summary report, enabling better identification of priority areas and shaping of strategic planning.

The Business Intelligence Unit, although less than a year in implementation, had the potential to support leaders to make data-informed decisions. Other than at the child protection committee, less attention had been given to qualitative or outcomes-based data. Information was focused on processes and organisational activity rather than reporting the difference interventions had made to the lives of children and young people. Although feedback from children, young people and families was collected at an individual service level, further work was required to ensure the wider involvement of children and young people in need of care and protection, and their families, in influencing service development.

Already, data had been used effectively to secure improvements in progress against targets in the local outcomes improvement plan. There had been reductions in the numbers of looked after children and young people reported as missing and reductions in the numbers of young people referred to the youth justice management unit or the children's reporter on offending grounds.

Leaders were committed to continuing to implement the reclaiming social work model in order to embed systemic practice. Evaluations of the model's implementation and impact were largely positive.

Leaders demonstrated a commitment to transformational change by pooling resources in order to address some of the challenges they faced as a partnership: they had established a 'managing demand' group led by the chief executive of the council. Leaders were clear that the services for which they were individually and collectively responsible must adapt to meet a changing need. The impact of some of these changes was yet to be felt, although early indications were positive in relation to the development of services to meet need.

### **Good practice example: effective use of data**

The Business Intelligence Unit, although a relatively recent development, has the potential to support leaders make better data-driven and data-informed decisions. Already the unit was helping to embed the analysis of data in service planning through its production of the data summary report, which included disaggregated data on different care groups of children and young people. It will build on the established work of the child protection committee in reviewing performance measures. The children's forum of the unit works with service areas to identify business priorities and translate that into the data needed to support this function. The partnership has a clear vision about the purposeful use of data to drive service planning and improvement and the Business Intelligence Unit will provide the strategic and technical expertise in realising this ambition.

# Conclusion

The Care Inspectorate and its partners are confident that Aberdeen community planning partnership can continue to improve and to address the points for action highlighted in this report.

This is based on:

- the robust frameworks in place to ensure that Aberdeen's children and young people at immediate risk of harm are, and remain, safe
- improvements in the collection and analysis of performance data linked to the strategic aims outlined in the local outcomes improvement plan
- the potential for the effective analysis of data and the work of the Business Intelligence Unit to support leaders make better data-informed decisions to target resources at the areas of greatest need
- the range of improvements already demonstrated in the wellbeing and life chances of many children and young people in need of care and protection
- the community planning partnership's own joint self-evaluation which identified strengths and areas for development reflected in this inspection report.

Careful attention to the governance and oversight of child protection has paid dividends in supporting improvements. Partners will now need to ensure they pay equal attention to governance arrangements for looked after children and young people and those who are care experienced in order to achieve similar results.

## What happens next?

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

# Appendix 1: Summary of evaluations

## How good is our leadership?

### Good

#### 9. Leadership and direction

- Vision, values and aims
- Leadership of strategy and direction
- Leadership of people and partnerships
- Leadership of improvement and change

### Rationale for the evaluation

Collaborative leadership and strategic direction demonstrated important strengths, particularly in relation to child protection. This was let down by less well-developed processes in the strategic oversight of corporate parenting.

The robust governance, which allowed partners to assure themselves about the safety and protection of children and young people was not as effective in relation to all care experienced young people, in particular, those looked after at home and care leavers.

The vision, values and aims of the partnership were coherent, shared and embedded throughout strategic plans, and supported improved outcomes for most children and young people in need of care and protection. Chief officers were committed to their wider public protection remit and leaders provided clear direction to, and oversight of, the child protection committee which resulted in very effective monitoring of child protection practice. Chief officers made use of learning from Grampian-wide and other national strategic groups, including the North East Leaders Group for Public Protection.

While leaders demonstrated commitment, care and compassion for corporate parenting responsibilities, greater attention and strategic oversight was necessary to reduce inequalities in attainment, attendance and wellbeing across this group of young people, despite some improvements. A corporate parenting improvement group had been established recently that had the potential to provide key strategic oversight and support better outcomes for those who were looked after and care leavers however, its impact had yet to be seen.

Leaders at all levels demonstrated professional trust, accountability and constructive challenge. They led a learning culture that built capacity, supported staff to be professionally curious and enabled them to work collaboratively and feel empowered. Despite the investment in training, there remained areas of practice that were evaluated less well or in which there was more variability in quality, requiring further strategic oversight. A quality assurance framework had been agreed but was not yet implemented.

Leaders demonstrated a shared commitment to pooling resources and funding to support transformational change and service redesign. While early days, the partnership had reviewed and refined priorities, outcomes and outcome measures to ensure the needs of children and young people were met.

## How well do we meet the needs of stakeholders?

**Good**

### 2.2 Impact on families

#### **Rationale for the evaluation**

Parents and carers were benefitting from the help they received from services, which were making their lives better however, not all parents were experiencing the same consistent degree of support.

Almost all parents and carers understood why services were involved with them and the majority felt staff were trying to improve things for them. Relationship-based practice was contributing to this and parents' experiences reflected trusting relationships with staff that built confidence. They benefitted from timely and early intervention. Targeted and intensive services and the robust multi-agency work with vulnerable pregnant women were having a positive impact. Alternatives to care and intensive family support services targeted at families with children and young people at risk of becoming looked after were effective in their support.

However, a few parents and carers felt judged and were not able to build relationships, particularly when there were child protection concerns. Some were also overwhelmed at the point at which services became involved. A high turnover of staff, particularly social workers, had impacted negatively on some parents' ability to develop trusting relationships.

Tailored parenting support was meeting parents' individual needs. Where parents were initially wary of services, this approach helped to build their capacity to change. Parents benefitted from a wide range of community-based resources. In some localities, parents were actively involved in planning at community level and the partners were putting in place resources that were increasing parental confidence and resilience.

In most cases, staff were effective at involving the child's parents and carers and seeking their views. A few parents and carers, however, felt they were not listened to or did not have their views taken seriously. Independent advocacy was not routinely offered to parents.

Some kinship carers told us they had historically found it difficult to get support and advice. Kinship carers who had been supported by the new kinship care team had valued better communication and felt more confident as carers.

In most cases where a child had been separated from family members, the support given to maintain appropriate parental relationships was mostly effective. For some, the support continued after their children had returned home.

Self-directed support arrangements were having a positive impact for some families. Its effectiveness was compromised in some instances by delays in putting it in place and difficulties for some families in recruiting personal assistants. A few parents and carers wanted greater access to respite and had experienced a lack of clarity about the ways in which this could be accessed.

## How well do we meet the needs of stakeholders?

**Good**

### 2.1 Impact on children and young people

#### Rationale for the evaluation

Many children and young people were experiencing positive outcomes from the intervention of services however, this was not the case consistently across the lives of all children and young people in need of care and protection.

Children and young people in need of protection were being kept safe as a result of timely intervention. Strong pre-birth planning processes and focused multi-agency working were contributing to the safety of unborn and vulnerable babies. Improvements in the interagency referral discussion process had led to timely decision making and effective risk assessment for most children and young people.

The outcomes of looked after children and young people were more variable. Despite positive improvements in attendance and attainment and a reduction in exclusion rates for this group, those who were looked after at home experienced poorer outcomes than their looked after peers. Health outcomes for looked after children and young people remained variable. Out-of-authority placements remained high, while kinship care placements and the numbers of children and young people looked after at home remained low. The impact of approaches to address the balance of care had not yet been seen.

Where the child or young person had been identified as needing permanent substitute family care, this had mostly been progressing well. Where children and young people had been separated from their families, they were encouraged to maintain appropriate contact with their parents and carers in over 80% of cases and with their brothers and sisters in just over half of cases.

Children and young people with disabilities and in receipt of regular short breaks were not included within the looked after children and young people population and their entitlement as care leavers was not apparent. They were benefitting from regular reviewing arrangements. In the transition stage, there were mixed experiences and outcomes for this group of children and young people.

The life chances of some care leavers were enhanced by an increased uptake of college placements and increased numbers of care leavers sustaining their own tenancies. A few care experienced young people had experienced homelessness despite the partnership's approach to address their housing needs. The partnership needs to do more to maintain contact with young people after they leave care.

Young people were encouraged and supported to remain in their placements until they were ready for independence, at a pace that was right for them. Very good support to foster carers and a new focus on supporting kinship carers were helping to improve the stability of existing placements. A small number of young people returning to Aberdeen from out-of-authority placements faced challenges in accessing services.

Children and young people were benefitting from consistent, strong, supportive and trusting relationships with staff however, not all children and young people experienced the same degree of support. The use of perceptual data about children's, young people's and their parents' experiences of the child protection system was limited. The partnership had identified this as an area for improvement.

While we saw evidence of staff advocating for children and young people in two-thirds of case records, extending this would provide even greater support for those in need of care and protection and ensure the inclusion of their views in all decision-making processes.

## What outcomes have we achieved?

### Good

#### 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people

### Rationale for the evaluation

The partnership demonstrated encouraging progress in processes, improvements and outcomes for children and young people in need of protection, more so than for those who were looked after or care experienced.

Effective recognition and response to immediate risk of harm and increased staff confidence was keeping children and young people safe. The child protection committee had appropriately reviewed and refined the amount of data they gathered. Through their data framework and renamed performance and quality subgroup, the committee had formed relevant proxy measures to help them answer 13 key questions. This enabled them to review trends over time and make regional and national comparisons.

Good use of reliable data measures was seen through the work of the child protection committee. Partners were beginning to link proxy measures to demonstrate outcomes for children and young people in need of protection. Reducing trends in the length of time children were on the child protection register and re-registration rates were attributed to improvements in the quality of children's assessments and more effective plans. Partners had successfully reduced the number of young people going missing from their care placements, attributed to better collaborative working and stronger relationships between young people and staff. The use of emergency measures to keep children, including newborn babies, safe had fallen. Improved multi agency arrangements for pre-birth planning for vulnerable women and their unborn babies had contributed to this. There had been a reducing trend, in line with the national trend, of young people committing offences. The partnership had also met its **Permanence and Care Excellence (PACE)** targets.

The virtual school was monitoring and tracking the educational progress of all looked after children and young people. Partners were beginning to see improvements in areas such as school attendance and exclusions and the percentage of children attaining SCQF level four literacy and numeracy was increasing. The improved analysis of data meant that the partnership had good disaggregated information across different care categories.

Despite these improvements, there remained areas of challenge in relation to some children and young people who were looked after and care leavers. Outcomes for those looked after at home were poorer than for those accommodated. Limited health and wellbeing outcomes data meant that the partnership did not have a comprehensive oversight of the holistic needs of all children and young people in need of care and protection. We saw much variance in the experiences and outcomes for care leavers.

These issues notwithstanding, the partnership had made encouraging progress in demonstrating improvements for many children and young people in need of care and protection.

# Appendix 2: The quality indicator framework and the six-point evaluation scale

## The six-point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

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

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

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

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

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

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

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

## Appendix 3: The terms we use in this report

### **Aberdeen Care Experienced (ACE)**

A website and group offering information to looked after and care experienced young people in Aberdeen and supporting them to influence the agenda of the champions board.

### **Caledonian programme**

An integrated approach to addressing domestic abuse. It combines a court-ordered programme for men aimed at changing their behaviour, with support services for women and children.

### **Champions board**

A forum intended to create a unique space for care experienced young people to meet with key decision-makers, service leads and elected members to influence the design and delivery of services that directly affect them and to hold corporate parents to account.

### **Child protection committee**

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

### **Child protection order**

An order issued by a sheriff in an emergency which removes the child to, or keeps them in, a place of safety.

### **Community planning partnership**

The multi-agency arrangement in which public agencies work in partnership locally with communities, the private and third sectors to plan and deliver better services.

### **Dyadic developmental psychotherapy**

An approach to support families and professionals work together to support children and young people who have experienced trauma and adverse childhood experiences.

### **Getting it right for every child (GIRFEC)**

Getting it right for every child is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports them and their parents to work in partnership with the services that can help them.

### **Inter-agency referral discussion (IRD)**

The inter-agency referral discussion is the process of joint information sharing, assessment and decision-making about child protection concerns. The IRD is not a single event but takes the form of a process or a series of discussions.

### **Lead professional**

A professional who co-ordinates assessment and planning to meet the needs of a child or young person when two or more agencies work together.

### **Multi-agency risk assessment conference (MARAC)**

A meeting in which agencies identify and talk about the risk of future harm to people experiencing domestic abuse and, if necessary, their children, and draw up an action plan to help manage that risk.

### **Multi-agency tasking and co-ordinating (MATAC)**

A multi-agency process to tackle domestic abuse. The process involves the perpetrator and the victim, to address behaviours and make changes to protect victims, including children.

### **Permanence and Care Excellence (PACE)**

A programme delivered by the Centre for Excellence for Looked After Children in Scotland (CELCIS). It is a whole-systems approach to improving permanence for looked after children, working with all agencies involved in their welfare.

### **Pupil Equity Funding:**

Scottish Government funding for schools to support them to close the poverty-related attainment gap.

### **RAFT (Reaching Aberdeen Families Together)**

A service which brings together five local and national charities (Barnardo's, ADA, Foyer, Apex and Homestart) in a single service in Aberdeen. The service is funded by Aberdeen City council to provide short-term, early help to children, young people and families considered vulnerable and in need of support services in Aberdeen.

### **Reclaiming social work unit model**

A redesign of social work services into small units with key staff working with children and families. The aim is to reduce the number of children in care and deliver more positive outcomes for children and families.

### **Staying Put**

The Staying Put Scotland guidance was published by Scottish Government in October 2013, the result of work undertaken on behalf of its looked after children strategic implementation group. The guidance is intended to improve care planning and achieve positive outcomes for care experienced young people.

### **Virtual School**

An Aberdeen resource designed to support improvements in the educational progress, attainment and achievement of all children and young people looked after by the local authority, including those that are educated in other local authorities. The Virtual School is led by the virtual school head teacher with support from colleagues in social work, the educational psychology service, the third sector, the central education team and a looked after children nurse.



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