



care
inspectorate

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

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

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Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm. The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families. Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate the following.

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

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The terms that we use in this report

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

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

Key facts

**Total population:
262,690 people
on 13 July 2021**

This is an increase of 0.7% from 2020. Over the same period, the population of Scotland increased by 0.3%.

NRS Scotland

In 2021 19% of the population were under the age of 16, slightly higher than the national average of 17%.

NRS Scotland

In 2020/21, Aberdeenshire had a rate of 1.5 per 1,000 of the 0 –15yr population for number of children on the child protection register, lower than the Scottish average of 2.3.

The rate of child protection investigations was 8.2 per 1,000 of the 0 –15yr population, this was lower than the Scottish average of 12.8.

SCOTTISH GOVERNMENT

Aberdeenshire had 65 incidents per 10,000 population of domestic violence recorded by Police Scotland in 2020/21. This was lower than the national average of 119.

SCOTTISH GOVERNMENT

2.7% of Aberdeenshire-9 data zones- are in the 20% most deprived in Scotland. It is estimated that over 14.17% children aged 0-16 could be living in poverty in Aberdeenshire in 2020/21, compared to 20.86% nationally.

Local Government
Benchmarking
Framework



Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include **young inspection volunteers**, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

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

How we conducted this inspection

The joint inspection of services for children at risk of harm in the Aberdeenshire community planning partnership area took place between 11 July 2022 and 30 November 2022. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We received survey responses from 119 children and young people at risk of harm and 71 parents and carers.
- We spoke with 27 children and young people and 14 parents and carers to hear their views and experiences. This included face to face meetings and telephone calls.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 698 responses from staff working in a range of services.
- We met virtually with over 100 staff members and senior leaders who work with children, young people and families.

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

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

Key messages

1. Staff were using well-established child protection processes effectively to keep children and young people safe.
2. A wide range of targeted and community-led initiatives provided children, young people and families with support that had made a positive difference to their lives.
3. Staff worked hard to build strong relationships with children, young people and their families. Children, young people, parents and carers felt listened to, heard and supported by staff.
4. Partners were enabling the active involvement of children, young people and families in service planning and improvement.
5. The partnership had the collective drive and ambition to continuously improve the delivery of services for children, young people and their families, supported by well-embedded quality assurance and self-evaluation arrangements.
6. Senior leaders had strategic oversight of services for children and young people at risk of harm, facilitated by clear governance structures. Staff had confidence in leadership arrangements.
7. Partners had further work to do to build on their use of data to demonstrate the effectiveness of service delivery on the lives of children, young people and their families and ensure the consistency of written assessments, plans and chronologies.

Impact of the Covid-19 pandemic

The joint inspection of Aberdeenshire's services for children and young people at risk of harm and their families took place between July and November 2022. The Aberdeenshire partnership and all others across Scotland faced the unprecedented and ongoing challenges of recovery from the Covid-19 pandemic. We appreciated the Aberdeenshire partnership's co-operation and support for the joint inspection of services at this time. We scrutinised the records of children at risk of harm for a two-year period, June 2020 to June 2022. When we consulted staff, children, young people and families, we encouraged them to consider the past two years when sharing their experiences. As all the practice in our inspection period was at least in part affected by the pandemic, all messages should be interpreted as relating to practice during the pandemic.

Overall, our record reading showed that staff continued to work well together to keep children and young people safe during pandemic restrictions. We evaluated the continuity of support as good or very good for almost all the records we read. Throughout our meetings with staff, children, young people and families, we found that children and young people were well supported throughout the pandemic. Senior leaders in key leadership groups quickly adapted their meeting arrangements

and met virtually and more often to oversee practice and lead staff. Staff, including social workers, teachers, health visitors, school nurses, midwives and family nurses, actively supported children, young people and families face to face when it was necessary and beneficial to do so. Children, young people, parents and carers gave examples of the creative support they received.

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

Key messages

- A range of creative, targeted community-led approaches were helping to reduce the impact of poverty for children and their families.
- Staff were working together successfully to identify and assist children, young people and families who needed support.
- Staff were confident in their knowledge, skills and ability to recognise, report and respond to signs of child abuse, neglect and exploitation.
- Children and young people were safer as a result of timely identification and response to safety concerns.
- When inter-agency referral discussions occurred, they were being carried out to a high standard. However, they were not consistently being held to discuss all types of risk.
- Partners had further work to do to improve the consistent recognition and joint response when young people were at risk of harm in communities or were displaying signs of trauma through their behaviours.

Preventative approaches

Aberdeenshire is a comparatively wealthy area for families to live, reflected in the low rates of low-income families throughout the local authority area, when compared to national rates. However, there are areas of high deprivation and pockets of poverty, and some families are also adversely affected by rural poverty. The lasting impact of the Covid-19 pandemic and cost-of-living crisis has also negatively affected families. Partners used carefully-analysed data to help them effectively identify the communities and families that needed the most help to address the impact of poverty.

We found notable strengths in the range of targeted community-led initiatives helping families and communities in the areas that needed it most. These had helped families to meet their own needs. The initiatives had helped reduce the impact of poverty for children, young people and families who received support. Examples of approaches included a mobile pantry that provided access to low-cost food; welfare rights workers in local community groups; provision of equipment and support to help families access the internet and provision of grants to combat fuel poverty. Increasing numbers of families were benefitting from financial support, energy-saving advice and access to support, and opportunities that have improved their skills and secured employment.

Families also benefitted from practical and emotional support provided by local third sector organisations and universal services. Examples included Homestart, local

youth groups and citizen's advice bureaus. Staff in universal services, such as health-visiting services, family nurse partnerships, school nurses and education-based staff, worked hard to build positive relationships with families and provide helpful advice and support when required. The early support provided for children, young people and families to meet their needs helped prevent them from requiring statutory support.

The **Getting it Right for Every Child (GIRFEC)** approach was well-embedded and helped staff work together to identify, assess and plan supports for children and their families. GIRFEC principles were woven throughout the partnership's vision for children and families, and partners understood their joint responsibilities. There had been continued investment in a GIRFEC Aberdeenshire website and this meant that staff working across services had access to clear policies, procedures and guidance. There was also a range of joint training opportunities and local GIRFEC groups. These helped strengthen staff's shared language, understanding and approach to working together with children, young people and their families.

Most staff who completed our survey agreed that the GIRFEC approach was having a positive impact on the lives of children and young people at risk of harm. Self-evaluation had assured partners that GIRFEC arrangements were supporting staff to identify risk to children and prevent risks from escalating. Overall, the collaborative GIRFEC approach had led to staff working well together to identify and work with children, young people and families who needed support. This was reflected in the low rates of children being referred to the **Scottish children's reporter's administration (SCRA)**, in the low rates of children subject to compulsory supervision orders and rates of children subject to child protection registration, when compared to national rates.

Staff confidence

Staff were confident in their ability to recognise, report and respond to safety concerns for children, young people and their families. Notably, all staff who responded to our survey knew the practice standards expected of them. Almost all staff reported that they had the knowledge, skills and confidence to recognise and report signs of child abuse, neglect and exploitation. Almost all staff felt supported to be professionally curious with the aim of keeping children and young people safe.

A range of single and multi-agency training and development was available to staff who told us that training had helped build their knowledge, skills and confidence. This was reflected in our staff survey, with almost all staff who responded agreeing that the training they had attended had benefitted their work with children and young people at risk of harm.

Partners prioritised the need to support staff to better identify and respond to neglect concerns. The **child protection committee** was leading this improvement work and had helpfully aligned it to GIRFEC and approaches to tackling poverty. A neglect toolkit had been developed along with other resources and was accompanied by multi-agency training. Staff reported that the toolkit and training had helped them to better identify neglect concerns and that it helped them to discuss their risk

thresholds. Partners had a plan in place to evaluate the impact of this work on practice.

Child protection processes

In most of the records we read, we evaluated the initial response to concerns as good or better. Staff, including those working out of hours, had suitable access to information and this enabled immediate protective responses to be effective. There was routine communication with staff in universal services, strong sharing of information and clear decisions made about next steps.

While there was strong practice in the recognition and response to concerns in most records we read, we noted a few instances where there could have been an improved response. On these few occasions, staff had noted worries about children but had not initiated child protection referrals early enough. Further work in relation to decision-making and risk thresholds was being carried out and quality assurance processes were in place to improve the consistency of responses across teams.

Inter-agency referral discussions (IRDs) were helping staff to come together, share information and make joint decisions about next steps in child protection processes. In the records we read, we found that police, health and social work staff were almost always involved and education staff were involved when children were of school age. Additionally, the timescales for IRDs were almost always met and clear decisions were made in all IRDs that we reviewed. During IRDs, staff meaningfully explored any additional support needs for children with disabilities or communication needs. There was also consideration of whether the child had access to a known and trusted adult. Robust quality assurance arrangements led by a multi-agency group were in place and all IRDs were routinely reviewed. This helped partners assure themselves of the consistently high quality of IRDs.

When IRDs occurred, they were being carried out to a high standard, however, they were not consistently being held to discuss all types of risk. Examples included when there were signs of accumulating neglect or when referrals were in respect of unborn babies. They were also not always being held when concerns were about young people potentially at risk in the community. However, while the formal process was not always in place, staff continued to share information through multi-agency meetings, looked after child reviews, or pre-birth meetings. There had been recent local developments across Aberdeenshire to improve the consistent use of IRDs and implement the **national guidance for child protection**. While it was too early to tell the impact of development work in this area, it was encouraging to see that improvements were planned.

We evaluated the quality of follow-up to concerns as good or better in most of the records we read. Staff routinely explored the need for medical examinations, legal measures and joint investigative interviews and they ensured children's safety through planning. Initial child protection planning meetings were evaluated highly in the records we reviewed, with most evaluated as good or very good for the overall quality. Strengths included timeliness of meetings, clarity of decision-making, participation from all relevant staff, and children, young people and family members contributing at meetings.

Impact of identification and response to concerns

Children and young people were safer as a result of the effective identification and response to safety concerns. Children, young people, parents and carers told us that they felt children and young people were supported to stay safe or become safer. Almost all children and young people who responded to our survey reported that they felt safe where they currently live all or most of the time. Most parents who responded to our survey reported that their children were safer because of the support they received. Our record reading showed that for most children in our sample, risk of harm had reduced as a result of the help that had been provided. When we spoke with families and with staff, we heard examples of how children and young people's safety had improved.

Work with young people at risk of harm

Improvement was required in the consistent recognition and joint response when young people were at risk of harm in communities or were displaying signs of trauma through their behaviours. This included young people at risk of harming themselves or on very few occasions when there was a risk of harm to others. Partners were less likely to involve older young people in protective processes than younger children. Older young people were much less likely to be subject to child protection registration.

Formal protective processes had not yet been consistently applied when working with young people displaying signs of trauma through their behaviour or those subject to risks in the community. Although there were **care and risk management (CARM)** processes available, these were inconsistently and infrequently applied. While the use of formal protective processes for young people was inconsistent, looked after processes and GIRFEC processes were being used to support staff working with young people to share information and jointly plan responses. Staff were using alternative approaches to work together to recognise and respond to young people at risk of harm.

The partnership had identified the need for improvements in this area through analysing data in the **minimum dataset for child protection committees** and through a self-evaluation of care and risk management approaches. Partners recognised the need to ensure CARM processes were trauma-informed, that safety plans were streamlined, more meaningful and better included the views of young people. They were planning a range of improvement activities to develop their use of CARM processes.

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

Key messages:

- Children and young people at risk of harm and their families were benefitting from trusting and respectful relationships with their key workers.
- Staff were using whole-family and strength-based approaches to support children and young people who had experienced abuse and neglect, enabling them and their families to make and sustain positive changes.
- A range of pilot projects and initiatives were starting to help improve the mental health and wellbeing for children and young people receiving support.
- School staff worked in partnership with other statutory and third sector organisations to raise the attendance, achievement and attainment of pupils who were at risk of harm.
- Assessment, care planning and reviewing for children and young people at risk of harm were well-established and operating effectively. Plans, assessments and chronologies were routinely completed although their quality was variable.

Quality of relationships

Children and young people at risk of harm were benefitting from enduring and trusting relationships with staff members working with them. Children and young people were positive about the opportunities they had to build trusting relationships with key members of staff. Staff believed that children and young people at risk of harm were thriving as a result of nurturing and enduring relationships with the people involved with them. The majority of children and young people reported that their key worker spends time with them and gives them the help they need.

Almost all children and young people who completed our survey reported that they had an adult they trusted and could talk to if they did not feel safe or if they wanted to talk about things that were important to them. Children and young people gave us very good examples of how the staff that worked with them had helped them to improve and some told us that they felt happy and safe. In our survey, almost all children and young people said they received the right help to make and keep loving and supportive relationships with the people they care about. Most parents and carers who responded to our survey agreed that their children received the right support to keep important relationships.

Most parents and carers also had opportunities to develop positive relationships with staff working with them. These trusting relationships had helped parents and carers to be open and honest and had improved communication.

Availability and impact of support

The geographical spread of rural communities provided some challenge in making the same variety of services available as there was in more populous areas. However, staff found creative solutions to help ensure families received the help they needed. This meant that staff members in both universal and targeted services carried out individualised support to families themselves, rather than involving other agencies or organisations. This brought the opportunity for staff to further develop their relationships and work with families to make a positive difference in their lives. Staff were using whole-family and strength-based approaches to support children and young people who had experienced abuse and neglect, enabling them and their families to make and sustain positive changes.

Partners in the child protection committee had used data to identify and scrutinise the most common reasons for child protection registration, which were parental mental ill health, domestic abuse, neglect and emotional abuse. A few children and young people commented in their survey responses that during Covid-19 restrictions, they felt less safe due to increased arguments at home. We heard examples of support provided to address domestic abuse and noted joint work with the **Violence Against Women Partnership (VAWP)** and adult services. Partners worked closely with Grampian Women's Aid, who provided one-to-one support for children and young people as well as parents. Children's services also worked jointly with justice social work services through the **Caledonian system**, which supported children and their parents to address the impact of domestic abuse. We also heard positive examples of joint work with staff in adult services to support families to address parental mental ill health and substance misuse. Overall, we evaluated the effectiveness of work carried out to reduce risks arising from parental circumstances as good or better in most of the records we read. The majority of staff who completed our survey thought that children and young people were being well supported to recover from their experiences and that their wellbeing and life chances were improving.

Most parents and carers who completed our survey reported that staff communicated well and helped them understand what needed to change to keep their children safe. The majority found that the support they received was helpful and had made a positive impact on their lives. Some parents and carers told us the support they got helped their children feel safer, happier or more confident. Parents also gave some examples of the support they got including from drug and alcohol services, support with parenting, and support from third sector organisations such as Homestart. While most parents and carers found support helpful, there were a few parents and carers who reported less positive experiences.

Mental health and wellbeing support

Partners in Aberdeenshire observed a rise in anxiety in children and young people, linked with the pandemic, likely to be similar to the rest of Scotland. Young people

told partners in survey responses of the need for increased mental health and wellbeing support. The partnership had listened and recognised the need to improve services to support the emotional wellbeing and mental health of children and young people.

The **child and adolescent mental health service (CAMHS)** had made improvements in meeting its nationally-set target waiting times. We met some families who remained frustrated with lengthy waits for assessments and intervention, particularly in relation to neurodevelopmental diagnoses. CAMHS and others were working together to signpost children and young people to other services to provide meaningful interventions.

Staff in universal and targeted services were supported and encouraged to provide nurturing and supportive experiences for children and young people. Training programmes, such as low-intensity anxiety management, adverse childhood experiences and trauma informed approaches had built staff capacity, knowledge and skills to support children and young people with their emotional wellbeing. School counselling was available to children in the latter stages of primary school and throughout secondary school across Aberdeenshire. We heard examples of how the school counselling service had positively impacted young people and had led to improved mental health and wellbeing. Care experienced children and young people had specific access to a counsellor who was available to them. In educational settings, the role of school nurses had been redesigned to enable a greater focus on providing wellbeing support to children and young people. There had also been local investment in the provision of online mental health supports for young people. This meant that young people were able to anonymously access advice, signposting and support online.

Partners had developed a range of pilot projects in specific areas, targeted to children, young people and families who required more intensive support. For the children, young people and families who had received support from the pilot projects, there had been improvements in their mental health and wellbeing. There were plans in place to take learning and adapt approaches based on feedback, to enable more children and young people to receive timely support to improve their mental health and wellbeing.

Practice examples

Creative services were making a positive difference to the lives of children, young people and families who needed targeted support to address wellbeing concerns.

Examples included the following.

- The supporting local families project, based in Buchanhaven primary school. This pilot project provided trauma-informed and holistic support to a small number of families who required additional support and had direct experience of, for example, poverty, isolation, poor mental health. Feedback from families indicated that the relationships they had with staff had led to improvements in wellbeing.
- The children's wellbeing team, a joint education and children's services resource, which provided targeted wellbeing support for care experienced children and young people. This was successfully making a significant difference, with children and young people reporting improvements in emotional wellbeing, increased confidence and increased coping skills.
- The newly developed role of nature-nurture practitioners in schools, funded by the national GIRFEC mental health group to provide targeted holistic, therapeutic, outdoor-based intervention. This work aimed to develop positive relationships, emotional resilience, and enhanced self-esteem for children aged 5-13 years.

What these projects had in common was the focus on wellbeing and the recognition for support to be provided through strong relationships with staff who had time to get to know children, young people and families and provide tailored therapeutic support. We consider the targeted and relational aspects of these services an area of good practice.

Partners had carefully analysed the learning from these relational approaches and had plans to redesign family-based supports and expand throughout Aberdeenshire. In particular, the learning from the supporting local families project was being used to develop Aberdeenshire-wide multi-agency, tailored wellbeing hubs. The children's wellbeing team was being expanded to be available to children and young people throughout Aberdeenshire, following evaluation of its work with care experienced children and young people who received support.

Educational support

Staff and leaders in education services showed commitment to supporting children and young people at risk of harm. Data had been used to identify the children, young people and families who needed additional help, including identifying children who had been impacted by poverty and young people who were struggling to attend school. Education services had worked closely with the Education Scotland attainment advisor to target support with the aim of raising attainment. There had been some encouraging progress in reducing the poverty-related attainment gap.

A range of joint approaches had been developed to identify children and young people at risk of harm and provide targeted educational support to help improve their attendance, achievements and attainment. An example of this was the PeterDeen project, which was a partnership with various football clubs and other local organisations that provided pupils with a bespoke curriculum. Another example was the partnership work with motivation, commitment and resilience (MCR) pathways, which provided mentoring for care experienced young people. The young people who were supported in both of these examples had significantly improved attendance at school. While individual projects in particular schools had made a positive impact on some young people, partners were not routinely collating and aggregating data to enable them to demonstrate that educational outcomes for children and young people most in need were improving.

Support for young people

Partners had a joint approach to target key risk areas, such as young people at risk of substance abuse, exploitation and trafficking. The child protection committee and subgroups provided a range of multi-agency training, advice and support to staff from across services. A wide range of programmes helped young people to increase their knowledge and skills about how to keep themselves safe, for example in relation to the use of drugs and alcohol. The Just Say Know Programme, piloted in six schools, was one example of a successful public health approach, increasing awareness about the dangers and impact of drugs and alcohol harm. Targeted campaigns led by a multi-agency group were raising awareness of the dangers of cuckooing, county lines and exploitation. Creative, interactive sessions in schools informed children and young people about staying safe. Staff were well supported with identification of young people involved in county lines, exploitation and trafficking. We heard examples of strong and successful joint responses to reduce risk for young people. This included support for **asylum-seeking young people** and young people from other areas in the UK involved in exploitation.

Young people at risk of harm were helped to stay safe or become safer and to become more resilient through one-to-one work and group work with key staff from statutory services and third sector organisations. There had also been joint work with local children's residential services to support and reduce risk for looked after and accommodated young people. This included partnership work with police, social work and residential staff to respond, for example, when young people were missing from home.

While partners had further work to do in using protective processes to identify and respond to young people at risk, as outlined in statement 1, when young people were receiving support, it had helped to improve their safety. In the records we read, the effectiveness of work carried out to reduce risks of young people at risk of harming themselves or others, was evaluated as good or better in the majority of records we read. Work to reduce community-based risks was also evaluated as good or very good in the majority of records we read.

Assessments, plans and chronologies

Assessments of risk and need were routinely being completed for children and young people at risk of harm. Almost all staff were confident in their ability to assess and analyse risks and needs. In the majority of records we read, we evaluated the quality of assessments as good or better. While we evaluated nearly a third of assessments as very good, we also evaluated nearly a third as adequate, where strengths just outweigh weaknesses. This indicated that partners needed to improve consistency in the quality of assessments.

Partners had invested time in improving the use and quality of chronologies. In most records we reviewed, chronologies were available and contained multi-agency information. However, more work was required to improve the quality and consistency of these. We evaluated the quality of chronologies as good or better in under half of the records we read, which indicated this as an area for improvement. Almost all children had a plan in place to help staff manage risks or address needs. Almost all plans included multi-agency information. While GIRFEC principles were used as the basis for all joint child's plans, the quality of child's plans was inconsistent in the records we reviewed. Almost half of plans we reviewed were evaluated as adequate or weak.

As a result of internal single and multi-agency audits and quality assurance processes, managers were aware that more work was needed to support staff to improve the quality and consistency of assessments, plans and chronologies. Partners recognised that continued focus to improve these areas of practice was required. Consequently, the child protection committee was taking forward work to improve the quality of assessments, chronologies and plans.

Multi-agency planning and reviewing

Staff from across services were working closely together to plan, review and monitor progress of their joint work with children, young people and their families. Independent reviewing managers chaired reviews and provided appropriate levels of challenge and accountability in progressing child's plans. In the records we read, most reviews had been carried out at intervals appropriate to the needs of the child or young person. The quality of reviews was rated good or better in most of the records we read.

Reviewing managers and other key staff supported children and young people well so that they understood what would be discussed at meetings. Reviewing managers routinely met with children, young people, parents and carers in advance to prepare and support them. Reviewing managers and staff ensured that children, young people, parents and carers' views were taken into account. Following feedback from family members, more options and choice on the style and location of meetings and how they wished to participate was being given. Development work was planned to promote trauma-informed work and to help families self-identify risks and set goals in child's plans.

Reviewing managers had a unique oversight of practice from which to play a key role in supporting joint quality assurance. An escalation process was in place for

instances when staff were unable to reach a consensus at planning and reviewing meetings. We found some inconsistency in decisions taken around risk thresholds. Partners had carried out joint audit activity and had identified some inconsistencies concerning the best time for children's names to be removed from the child protection register, particularly when compulsory supervision orders were in place for children. The partnership recognised this as an area for development and was closely monitoring performance data and carrying out routine quality assurance to promote consistency.

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

Key messages:

- Children and young people at risk of harm felt that staff working with them listened to their views and took them seriously.
- Most parents and carers told us that staff listened to them. Parents and carers contributed to meetings, plans and decision-making.
- Partners had made progress in supporting children and young people with lived experience of child protection and looked after processes to influence service planning, delivery and improvement.
- Internet-based advice and support about safety and protection was not readily accessible and understandable for children and young people.

Involvement of children and young people

Children and young people at risk of harm felt that staff working with them listened to their views and took them seriously. Our children and young people's survey showed that most children and young people had someone who could help them to express their views. In the records we reviewed, we evaluated the ways in which children and young people were listened to, heard and involved by staff working with them as good or better in most records. In our staff survey, the majority of staff agreed that children and young people at risk of harm were able to participate meaningfully in decisions that affect their lives and had their views respected.

The partnership had embedded a rights-based approach. Together with children and young people, they had developed a children and young people's charter that was rooted in the principles of the **United Nations Convention of the Rights of the Child (UNCRC)**. Work in schools was ongoing to make children and young people aware of their rights. The children and young people we heard from told us they understood their rights and staff respected them. Children and young people told us that the trusting relationships they had with staff linked to their feelings of being listened to and having their rights respected.

Children and young people who needed extra help to communicate their views and experiences, for example, due to disability, communication needs or if English was not their first language, received support to help them share their views. Partners had recently developed a disability toolkit for child protection and one of the aims of this was to ensure the voices of children and young people with disabilities are heard in child protection processes. It was too early to judge whether this had made a difference to the lives of children and young people.

The partnership had **independent advocacy** available for looked after children and those involved in the children's hearing system. Partners had made encouraging

progress in establishing a new independent advocacy service for children and young people involved in child protection processes, though it was too early to assess the impact of this service. Overall, most children and young people told us they had someone who could help them to express their views.

Involvement of parents and carers

Parents and carers were routinely involved in meetings and plans for their children. We evaluated the ways in which parents and carers were listened to and heard as good or better in almost all the records we reviewed. Most parents and carers who responded to our survey told us that staff listened to them and took their views seriously when decisions were being made. The parents and carers we spoke with gave us examples of how they had been listened to by staff. While a few parents and carers told us they had varied experiences with different members of staff, most felt listened to and supported by the staff.

Publicly available online information

Our young inspection volunteers reviewed Aberdeenshire's publicly available online information on services, from their perspective. They found the information about children's rights and the children and young people's charter helpful and informative. They also noted that the influence and involvement of children and young people was visible. However, they also found that the availability of internet-based advice and support about safety and protection could have been more accessible and understandable for children and young people.

Partnership-wide influence of children, young people and their families

Overall, there was a culture of listening to feedback from children, young people and families. Children and young people had been asked by the partnership for their views through a variety of surveys, with high levels of return rates. Children, young people, parents and carers were open about their views and experiences of services. The views of children and young people helped shape service planning and delivery. Partners had used large-scale surveys of young people to ask for their views. The most recent survey, 'How was it for you (June 2022)?' had responses from almost 2,000 local children and young people. This helped partners identify the key priorities of drugs, mental health and wellbeing, alcohol and bullying. This was being used to shape children's service planning.

Leaders had ensured a relationship-based ethos to help encourage children and young people to influence service delivery. Staff were encouraged to invest their time in building relationships with children, young people and families in order to encourage them to share their views and experiences. There were examples of specific staff being in place to support engagement and participation, including youth workers, a child poverty engagement worker and children's rights officers. During our inspection, we met with two local youth groups and heard about the contribution they had made in raising awareness and responses to poverty. Young people in 14 diverse local youth groups had recently designed and organised a youth summit attended by over 200 people, which focused on poverty and inequalities. The young

people involved reported that they felt empowered, safe and supported to deliver this.

The tackling poverty and inequalities approach also had strong links with influential community groups and local initiatives. A lived experience forum, Local Voices, supported by a child poverty engagement worker, helped parents and carers to suggest improvements and effect change. This led to the development of a range of preventative and early support for families that had made a difference to their lives.

Influence of children and young people with lived experience

Partners had created opportunities for care experienced children and young people to influence service delivery and improvements. Commendably, the partnership had worked collaboratively with Coram Voice and **CELCIS** to carry out comprehensive surveys of looked after children and young people and care leavers as part of the Bright Spots pilot. In 2022, 267 care experienced children and young people aged 4 – 26 completed the surveys. This meant that partners had detailed information about the views and experiences of children and young people's safety, wellbeing, relationships and outcomes. This was being used to influence service planning in children's services.

The young people's organisation and campaigning group (YPOC) offered care experienced young people opportunities to influence policy and practice developments. Partners recognised that care experienced children and young people had lived experience of protective processes. Children and young people with lived experience helped promote cultural change by influencing language, sharing experiences to reduce stigma, and changing meeting arrangements, including child protection meetings. Examples of the influence of this group included development of information leaflets for children and young people involved in meetings, guides for staff and videos to raise awareness distributed widely in local schools. Two local councillors had been appointed as children's champions by the YPOC group through an interview process led by young people. This had helped promote the voice of lived experience with elected members. The contribution of the YPOC group had been recognised by strategic leaders in winning the Community Spirit award at the Inspiring Aberdeenshire award ceremony in 2021.

Development of an independent advocacy service

A good example of how partners had listened to the experiences of children and young people involved in child protection services was the development of independent advocacy for children in child protection processes. The child protection committee responded to feedback from children and young people about the need for this service and asked children's services social work leads to take this forward.

A dedicated children's rights officer worked in partnership with young people with lived experiences of child protection systems to co-design a pilot independent advocacy service. Children and young people identified the need to share information about the service and helped develop a leaflet, a poster that included a QR code linked to the leaflet, a video and an avatar.

The intention is to involve children and young people in future evaluation of the service and this will inform the partnership's approach to providing an independent and bespoke advocacy service for children and young people involved in child protection processes.

Partners had made progress in encouraging the strategic influence of children and young people at risk of harm. This was a priority area in the child protection committee's improvement plan. Continued focus and prioritisation will help the partnership to drive progress in ensuring the participation and influence of children and young people at risk of harm and their families.

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

Key messages

- The vision, values and aims in relation to children and young people at risk of harm were clearly stated, commonly held and understood by leaders and staff.
- Senior leaders had strategic oversight of services for children and young people at risk of harm, facilitated by clear governance structures. Staff had confidence in leadership arrangements.
- The partnership had the collective drive and ambition to continue to improve delivery of services to children, young people and their families. This was supported by a clear commitment to quality assurance and self-evaluation.
- Partners were not yet fully using data to demonstrate the effectiveness of service delivery on the lives of children, young people and their families.
- Leaders listened to, respected and valued staff for their work. Staff were proud of their contribution to improving the wellbeing of children and young people at risk of harm and their families.

Leadership of vision, values and aims

The partnership had an agreed, shared and ambitious vision to make Aberdeenshire the best place in Scotland to grow up by providing children, young people and families with “the right support, in the right place at the right time to help them reach individual potential and goals”. Leaders had placed improving outcomes for children and their families at the heart of their aims. Partners had embedded five key priorities outlined in their **children’s services plan**. These had contributed to a focus on keeping children and young people safe from harm across the area. Their commitment to children and young people outlined in the children’s service plan was clearly aligned to the local outcomes improvement plan and supported by the community planning partnership.

Leaders had communicated the overarching vision, values and aims throughout services. All partners demonstrated a strong commitment to protecting children, young people and their families. Most staff who responded to our survey told us they agreed that leaders had a clear vision for the delivery and improvement of services for children and young people at risk of harm.

Leadership of strategy and direction

In the period since the joint inspection of services for children and young people in 2015 where we evaluated leadership of improvement and change as adequate, leaders had worked hard to improve their joint strategic leadership of services for children, young people and families. As a result, collective accountability and

governance had significantly improved through continued attention and commitment from partners.

The children and families executive board structures ensured that governance and accountability arrangements were clear and connected. Leaders had established a shared common purpose through a well-embedded GIRFEC approach. This had been driven by members of the GIRFEC strategic group, which had helped establish a culture of working together. The 17 local GIRFEC groups, made up of local managers and staff members, helped ensure that staff throughout the spread of rural areas were connected and valued for their contribution. These groups functioned as a conduit to driving forward the overall GIRFEC agenda across local services.

Senior leaders tasked with the responsibility of protecting children and young people worked well together through a well-functioning **executive group for public protection (EGPP)**. This afforded chief officers oversight, scrutiny and accountability in relation to child protection matters. Group members were well connected and had an open, transparent and inclusive approach. Roles and responsibilities were clearly defined, and members were open to improvement and development.

Similarly, the child protection committee had clear, transparent and collaborative arrangements to support its role in protecting children and young people. It had strong links to the EGPP and the GIRFEC strategic group and oversight of a range of subgroups. Members were suitably informed of both local and national priorities, and this was linked with the overall vision for the partnership. Effective chairing had helped the child protection committee to fulfil its functions, including ensuring a learning and development ethos. Chief officers and elected members were kept informed of the committee's business through well-established reporting arrangements. Staff expressed confidence in local child protection arrangements.

Throughout the range of strategic and operational committees and groups tasked with planning and delivering services, leaders and staff from relevant organisations were included and involved. They provided strong collaborative leadership and direction in child protection service developments and this set the tone for staff working together across services.

A wide range of third sector organisations supported children, young people and their families throughout Aberdeenshire. Aberdeenshire Voluntary Action (AVA) acted as a conduit between statutory and third sector organisations. AVA represented third sector services at the relevant strategic groups and boards. The AVA children and families network launched in September 2021 and aimed to bring together the local third sector voice to influence service planning. While progress had been made in engaging and involving third sector representatives, there was further opportunity for statutory partners to strengthen connections with third sector organisations through this network.

Leadership of improvement and change

Leaders were working well together to plan and direct services for children and young people at risk of harm and their families. The partnership benefitted at all

levels from a positive and enabling culture that encouraged learning and continuous improvement. There was a collective drive to improve services for children, young people and families. There was a plan for the implementation of the **national guidance for child protection**, and a commitment to family support approaches and hearing the voice of people with lived experience, aligned with **the promise plan**.

The partnership had a collaborative approach to sharing data, informing joint self-evaluation, and supporting service development and improvement. The child protection committee quality assurance and self-evaluation framework outlined an ambitious approach to quality assurance and self-evaluation. This had helped partners work together to drive improvement. Partners recognised the challenges of ensuring consistency of practice across the widely-spread rural locality areas. Frontline staff and managers were routinely involved in quality assurance activities and this helped to connect strategic goals with daily practice. While more attention was needed in some areas such as the consistency and quality of chronologies, the partnership was well informed of what improvements were required.

The child protection committee and subgroups had embedded use of the expanded minimum data set for child protection committees. Members were using this to identify trends and meaningfully inform their improvement agenda. An example of the meaningful use of data was the committee's recognition of a rise in child protection registrations related to domestic abuse. This led to a joint audit with the Aberdeenshire Violence Against Women Partnership (VAWP) to help the committee better understand the collective approach to recognising harm caused by domestic abuse. In turn, service developments included prioritising the use of **multi-agency risk assessment conferences (MARAC)** and promoting the **Safe and Together** principles to keep women and children safe from harm.

Data had also been used to identify the geographical areas with the greatest need and resources had been targeted accordingly. In particular, various pilots and initiatives were underway in Peterhead and Fraserburgh, which have high levels of deprivation. While partners were gathering and using process-related data, they were not yet routinely gathering and using outcomes-related data. There were examples of individual services, projects and initiatives that had gathered information about outcomes. However, this had not been coordinated, collated and aggregated at a strategic level, meaning that partners did not have a comprehensive picture of the overall impact of service delivery. More work on their use of data would help partners better demonstrate the effectiveness of service delivery on the lives of children, young people and their families.

Recruitment of staff across services throughout Aberdeenshire was a challenge for those leading and directing services, as it has been throughout Scotland. The capacity of services was an area of concern for some staff members. However, leaders had a strong understanding of the main barriers to recruitment in Aberdeenshire and they were developing creative solutions to mitigate these. For example, they worked hard to provide training opportunities to upskill staff and developed relationships with local colleges and universities to recruit newly qualified staff. Leaders were fully committed to making Aberdeenshire an attractive place to live and work for staff members.

Collaborative operational management

Staff, managers and leaders had a collaborative working culture. The partnership benefitted at all levels from a supportive working environment. Staff evidenced clear commitment to their roles, and we heard some very good examples from staff, children and family members of how they jointly helped children and young people to have positive outcomes. The partnership had shared procedures and policies, which were accessible to staff and supported them in their work with children, young people and families.

Training enhanced staff confidence and strengthened collaborative approaches. Oversight and dissemination of learning from multi-agency significant case reviews and learning reviews was co-ordinated. Opportunities were taken to identify and share good practice as well as learning from areas that required improvement. Some staff felt that virtual training sessions did not offer them the same opportunities to network and share experiences with staff from different agencies.

Staff told us that supervision arrangements and discussions with operational managers provided them with reassurance and clarity in their roles. Most staff who completed our survey said they received regular supervision or opportunities to seek support from their manager. Staff across agencies described various ways their views could be heard. Examples included team meetings, supervision, leadership meetings and time-to-talk sessions. Almost all staff felt supported in their work.

Overall, leaders respected and listened to staff and staff felt valued for the work they do. Staff were proud of the contribution they were making to improve the wellbeing of children and young people at risk of harm and their families.

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

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

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

Evaluation of quality indicator 2.1: Very good

We evaluated the impact of services on the lives of children and young people as very good. The work of partners was making a positive difference to the lives of children and young people at risk of harm. We identified a few areas for improvement that partners were already aware of through their self-evaluation.

- Children and young people at risk of harm were being kept safe as a result of effective support.
- Children and young people at risk of harm benefitted from enduring and trusting relationships with staff. Overwhelmingly, children and young people told us that these trusting relationships had helped improve their lives.
- Children and young people felt listened to and told us their views were taken seriously. Children and young people said they felt staff heard them and upheld their rights.
- Children, young people, parents and carers gave a wide range of examples of how the support they received made a positive difference to their lives. Staff found creative solutions to ensure families got the help they needed.
- A range of joint approaches had been undertaken to identify children and young people at risk of harm and provide targeted educational support. While there had been positive progress in reducing the poverty-related attainment gap, partners were not yet routinely collating and aggregating data to evidence that educational outcomes were improving.
- Pilot projects and initiatives were helping to improve the mental health and wellbeing of the children and young people. Partners had plans in place to learn from these initiatives and enable more children and young people to receive timely support to improve their mental health and wellbeing.

See appendix 1 for more information on our evaluation scale.

Conclusion

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

This is based on the following factors.

- The commitment shown by staff and leaders alike to prioritising the needs of children, young people and families.
- The strong emphasis on relational practice, trauma-informed approaches and a joint commitment to providing the right support at the right time for families.
- Partners had a track record of effective quality assurance, self-evaluation and improvement work that made a difference in their work with children, young people and families.
- Through self-evaluation, partners had identified priority areas for improvement that aligned with our inspection findings. When partners identified areas for improvement, they took appropriate action.
- A culture of continuous improvement was shared across agencies throughout the partnership.

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. We will continue to offer support for improvement and monitor progress through our link inspector arrangements.

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

Our inspections used the following scale for evaluations made by inspectors outlined in the quality framework for children and young people in need of care and protection:

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

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

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

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes 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 people's 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 2: Key terms

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

Asylum-seeking young people: a person under 18 years of age or who, in the absence of documentary evidence establishing age, appears to be under that age who is applying for asylum in their own right, and is separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so.

Child and adolescent mental health services (CAMHS): the NHS services that assess and treat children and young people with mental health difficulties. CAMHS includes psychological, psychiatric and specialist social work support, addressing a range of serious mental health issues.

Care and risk management (CARM): processes that are applied when a young person has been involved in or is at risk of being involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm.

Executive group for public protection (EGPP): provides strategic oversight of key partnership functions in the protection of children and young people. The EGPP works to a single public protection strategy and reviews the learning from initial and significant case reviews and learning reviews, self-evaluation and external scrutiny.

Caledonian system: a behaviour programme for men convicted of domestic abuse offences and support services for their partners and children. It is an integrated approach to dealing with men's domestic abuse and to improving the lives of women, children and men.

Centre for excellence for children's care and protection (CELSIS): is based at the University of Strathclyde. Its purpose is to make positive and lasting improvements in the wellbeing of children and young people living in and on the edges of care, and their families. It works in partnership with carers, social workers, teachers, nurses, charities, the police, local authorities and the Scottish Government using a range of methods including consultancy, learning and development and research.

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

Child protection committee: the locally based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

Getting it Right for Every Child (GIRFEC): 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.

Independent advocacy: a service that supports a child or adult to express their own needs and views and to make informed decisions on matters that influence their lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

Inter-agency referral discussion (IRD): the start of the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.

Minimum dataset for child protection committees: a set of agreed measurements, criteria or categories required to create a robust understanding of information about a service. The data populated through these measures provide a baseline and then a progress measurement for the planning and development of services delivered.

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 their children and draw up an action plan to manage that risk.

The National Guidance for Child Protection: describes responsibilities and expectations for all involved in protecting children in Scotland. The Guidance outlines how statutory and non-government agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

Promise plan: a plan arising from the reports of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It describes what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

Safe and Together: a practice model that aims to improve how child welfare systems and practitioners respond to the issue of domestic abuse. It provides a common framework for practitioners to discuss concerns, challenges and solutions for families.

Scottish Children's Reporter Administration (SCRA): an executive non-departmental public body of the Scottish Government with responsibility for protecting children at risk.

United Nations Convention of the Rights of the Child (UNCRC): A widely ratified international statement of children's rights.

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