

Services for children and young people in Aberdeen City

4 March 2015

Report of a joint inspection

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1. Introduction

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

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

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

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

A draft framework of quality indicators was published by the Care Inspectorate in October 2012. The indicators in 'How well are we improving the lives of children, young people and families?' A guide to evaluating services for children and young people using quality indicators are used by inspection teams to reach an independent evaluation of the

quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we inspected

The joint inspection of services for children and young people in the Aberdeen City Community Planning Partnership area took place between August and October 2014. It covered the range of partners in the area that have a role in providing services for children, young people and families.

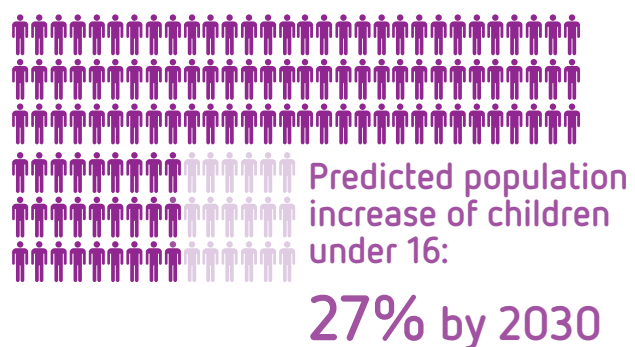
We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 106 of the most vulnerable children and young people. We met with children and young people and parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Aberdeen City Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Aberdeen City Council area published by Her Majesty's Inspectorate of Education in December 2010, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at **www.educationscotland.gov.uk**

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

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

Aberdeen City has a population of 227,130 people and is situated in the north east of Scotland. It is the seventh largest council in the country in population terms. Aberdeen City is a city of cultural and ethnic diversity with an ever changing workforce associated with the oil industry. The 2011 national census reports those from a minority ethnic background made up 11% of Aberdeen City's population which is significantly greater than the Scotland figure of 4%. Currently 72,472 of the population are aged 0-25, equivalent to 32% of the total population. This is a slightly higher proportion than the Scottish average of 30%. Within this 33,169 or 15% of the total population are aged 15 and under and the remaining 39,303 young people are aged from 16 to 25 years representing 17% of the total population. The equivalent proportions of the Scottish population in these age groups are 17% and 13% respectively. However, the expectation of child population change decreasing and then increasing brings particular challenges for planning services to meet the needs of children and promote positive outcomes. The child population under the age of 16 is expected to decrease by 21% by 2020 but increase by 27% by 2030. Over the same period, the child population for Scotland as a whole is expected to increase by 5% and a further 5% by 2030.



The city has a strong energy industry and a buoyant modern economy, reflected in low unemployment rates. There are, however, wide variations in standards of living across the city, with areas of affluence sitting alongside areas of significant disadvantage. The 2012 Scottish Index of Multiple Deprivation shows that 22 areas in Aberdeen City are in the most deprived 15% of areas in Scotland. Aberdeen City Community Planning Partners face some significant challenges with high levels of drug and alcohol abuse and relatively high crime levels. The most deprived neighbourhoods are found in, Middlefield, Northfield, Woodside, Tillydrone, Seaton, Cummings Park and Torry.

Community planning in Aberdeen City takes place through Community Planning Aberdeen (CPA) and the second Single Outcome Agreement (SOA) for the city was published in September 2013. This states the 2022 Vision for Aberdeen City and sets out

thematic priorities for the short and long term timeframe of the agreement. Children and young people are identified as one of the themes and the agreement has as one of its' priorities 'Every child and young person in Aberdeen City enjoys being young and at the same time feels safe, nurtured, healthy, active, included, respected and responsible'.

4. Summary of our findings

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

Improving the wellbeing of children and young people

The improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was **adequate**. There were some improving trends in important outcomes for children and young people through prevention and early intervention, particularly helping to keep children and young people safe from abuse and safe in their community. Some health trends were improving overall but there were still some inequalities in less affluent areas. The performance of schools was below national indicators in almost all key measures. Improvements had been made in ensuring positive post school destinations for young people. Overall, performance had improved in keeping the most vulnerable young people away from out of authority residential placements and maintaining them in Aberdeen City. However, partners needed to demonstrate more fully progress in tackling inequalities and closing outcome gaps for children and young people through better analysis of information they held and better use of information on trends over time.

Impact on children and young people

How well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included

The impact of services on children and young people's wellbeing in Aberdeen City across the national indicators of wellbeing was **good**. Most children and young people we spoke to felt safe and inspectors were confident that children at risk of harm were being kept safe from abuse. There had been some improvements in health outcomes although there was still a need to take greater account of and address the emotional and mental health

needs of some children and young people. While many children and young people were well supported to achieve, educational attainment across the board needs to improve to ensure that all children and young people are reaching their potential. Some children and young people who were looked after would have benefitted from more focus on supporting their achievements. Many children and young people were thriving though a few waited too long in less settled environments, living with poor levels of care. Most children and young people had opportunities to be active promoting healthy growth and development. Partners were now coordinating more effectively the range of initiatives that support and promote activity across the city. Overall, children and young people were respected and able to express their views. Effective joint work was helping young people, particularly those involved in offending, to be more responsible citizens. Some care leavers and children and young people with caring responsibilities could have been helped more effectively to overcome inequalities that they experienced.

Impact on families

How much family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. Parental confidence and the extent to which earlier help and support has a positive effect on family life.

The impact of services on family well-being was **good**. Overall, parents we spoke to had valued the help and support they received and in over three quarters of the case files read by inspectors, families had increased their resilience, improved their confidence and had benefitted from effective support. For those where this was not the case there were a few common features. These included a lack of staff persistence and challenge, a need to improve co-ordination of services and failing to look for different solutions when work over a lengthy period was not effective in facilitating necessary change.

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

Providing help and support at an early stage

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

Providing children and families with help and support at an early stage was **good** overall. The majority of staff recognised when children and their families needed extra support and worked well with families to build resilience and offer advice and guidance at an early stage to prevent circumstances escalating. A review of case records showed the timeliness and effectiveness of the early help and support as good or better in 65% of cases. We found

significant improvement in systems to support earlier identification of, and response to vulnerable children since previous inspections. This was particularly strong for the families of vulnerable unborn and newly born babies. Staff were using the shared language of GIRFEC more confidently and had improved the way they worked together to provide appropriate, proportionate and timely support for children and families. Despite these significant improvements, in a few cases, staff were still not recognising children's difficulties quickly enough. In one in five cases, the effectiveness of early support was weak. A few children had to wait until their situation deteriorated before they got the help they needed.

Assessing and responding to risks and needs

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

Assessing and responding to risks and needs was **good**. Urgent concerns about a child's safety were now much better recognised and dealt with effectively and promptly across services. Staff shared and reviewed information together and took swift action to ensure children and young people were protected. However, some children experiencing neglect waited too long before staff recognised the impact of longstanding poor parenting. The quality of single agency chronologies of significant events needed to improve and they were not yet integrated to include information from across services. However, the quality of information and analysis contained in assessments of risks and needs was positive overall and continuing to improve.

Planning for individual children and young people

The quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was **good**. Almost all children and young people who needed one had a plan in place. However, two-thirds were not sufficiently specific with clear timescales and more developed contingency planning was required in some cases. Children and young people benefitted from staff working and planning together effectively in the majority of cases and very effective multi-agency pre-birth planning was ensuring that babies were being kept safe and well cared for. Children and young people looked after away from home were having their plans reviewed at appropriate intervals and in the majority the quality of reviewing was good. Although for some children and young people looked after at home reviewing was insufficiently robust.

Planning and improving services

The rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. How well partners identify and manage risks to vulnerable groups of children and young people.

We found joint planning and improving of services to be adequate. An Integrated Children's Services Plan had been in place since 2011 and is reviewed annually. A comprehensive review of these planning arrangements was undertaken which identified a number of positive features but also areas for improvement to promote more effective strategic planning. Partners had taken appropriate action by revising governance and planning structures to refresh strategic planning and to improve areas identified in the review. Importantly a Chief Officers' Group had been established to provide stronger strategic direction. These promising changes in governance arrangements, lines of accountability and clearer objectives suggest progress will be more easily measured in the future. Aberdeen City CPC in its first year from the disaggregation from the North East Scotland Child Protection Committee had secured its identity, membership, structure and documentation. Phase 1 of an action plan had been successfully completed and phase 2 was in place. A newly formed 'Performance and Improvement' group of the Integrated Children's Services Board had been established to progress this. A wealth of information and high quality data was available but effective analysis of it to inform planning and service development was still inconsistent. The use of information drawn from comprehensive and effective self-evaluation was at an early stage. Partners recognised these areas required increased focus.

Participation of children, young people, families and other stakeholders

The extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

We considered the participation of children, young people, families and other stakeholders to be good. There were important strengths in how Aberdeen City involved children and young people in policy, planning and service development. The Participation Strategy set out clearly how partners intended to actively involve children, young people and families in planning processes and in the decisions that affect them. We found many examples where the views of children, young people and families had been used to reshape or plan services. More needed to be done to ensure that the views of the most vulnerable children were sought and acted on. Although there was a wide range of activities engaging children, young people and families creatively in service development, there was little coordination of this and no evaluation of its overall success.

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

How well collaborative leadership is improving outcomes for children, young people and families. The effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. How well leaders are driving forward improvement and change.

Leadership of improvement and change was **adequate**. Partners were committed to working together to improve the lives of children and young people living in Aberdeen City. Chief Officers demonstrated a shared vision to reduce inequalities within specific communities, through the delivery of the Single Outcome Agreement and Integrated Children's Services Plan. There was strong drive and commitment to improve performance and secure positive outcomes for children and young people through the implementation of GIRFEC and the Early Years Collaborative. Leaders had introduced improved planning structures which ensured more direct accountability to Chief Officers. These changes were too recent to be able to gauge their effectiveness. In order to better understand current performance and promote further improvements leaders should make better use of the information and intelligence they have including benchmarking against other areas and national trends. They could also further build capacity for continuous improvement through the development of systematic joint self-evaluation across their services.

Conclusion, particular strengths and areas for improvement

Inspectors are confident that the lives of many children and young people growing up in Aberdeen City are improving as a result of the services delivered to them by Community Planning Aberdeen. For some vulnerable young people, we found improvements in their life chances to be more variable with some experiencing more positive outcomes than others. Many families, including very vulnerable families, were benefitting from early support and were able to move easily from specialised and targeted support back through to mainstream and community support. Some had to wait until the support they needed became available. Children and young people in need of protection were helped to keep safe and response to immediate concerns about their safety was now prompt and effective. Inspectors were less confident about the identification and management of risks for the small number of young people who present a very high risk to themselves or others. Care and support for looked after and accommodated children and young people were improving and the redesign of residential services, when concluded, will continue to enhance this. Significant progress had been achieved in the implementation of a GIRFEC approach by developing a positive culture, better systems, clearer processes and an improved focus on outcomes.

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

Key performance outcomes

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

Performance in improving outcomes for children and young people was adequate. There were some improving trends in important outcomes for children and young people through prevention and early intervention, particularly helping to keep children and young people safe from abuse and safe in their community. Some health trends were improving overall but there were still some inequalities in less affluent areas. The performance of schools was below national indicators in almost all key measures. Improvements had been made in ensuring positive post school destinations for young people. Overall, performance had improved in keeping the most vulnerable young people away from out of authority residential placements and maintaining them in Aberdeen City. However, partners needed to demonstrate more fully progress in tackling inequalities and closing outcome gaps for children and young people through better analysis of information they held and better use of information on trends over time.

How well are trends improving through prevention and early intervention?

Community planning partners had experienced notable success in reducing the risk of harm to children and young people by strengthened and secured improvements in community safety, including reductions in the number of house fires and road traffic accidents affecting children. The work of the multi-agency Community Safety Hub has contributed well to this success. Diversionary work with young people including **Project Fit**, a multi-agency partnership operating under the Northfield Youth Action Group, had helped to prevent offending, reduce incidences of repeat offences and had increased opportunities for children and young people to participate in sport and other activities. Fire and Rescue performance improvements included a reduction in the number of house fires, increased home fire safety visits made and a reduced number of fire casualties.

Important work on attachment had improved staff confidence in targeted early intervention across all services. For example, midwives were able to report improved bonding between mothers and new born babies as a result. Partners had approached the Early Years Collaborative with strong commitment and energy. They applied a 'test of change' methodology to improve their capacity to track trends and evaluate the impact

and outcomes of their work. This was beginning to improve partners' capacity to focus on the outcomes being achieved for children and young people.

There were areas of success in health interventions including improvements in children's dental health and in smoking cessation programmes. Ninety per cent of three to five year old children in Aberdeen City were registered with a dentist and tooth brushing programmes were delivered across all nursery settings. The city was effectively implementing the "Childsmile" national programme to improve the health of children's teeth. The trend was improving year on year for primary one pupils showing no evidence of dental disease. NHS Grampian had exceeded its trajectory of successful smoking cessation quits at four weeks for the three year period March 2014. The smoking cessation pathway in maternity services had also been progressively implemented. The percentage of children with low birth weight had improved slightly from 2.8% in 2004/06 to 2.0% in 2010/12 and this compares well to the national figures for the same periods of 7.6% and 6.6%.

The impact of work to address negative trends in some important areas had been more limited. Partners recognised continued high levels of drug use in pregnancy and high levels of teenage pregnancy as continuing concerns. Levels of domestic violence incidents had increased and this rise was particularly pronounced in areas of deprivation. Partners were analysing figures to understand if this represented an increase in reporting or an actual increase in domestic violence. While integrated children's services partners were well informed on demographic and service provision through a comprehensive annual audit, there was variation across services in partners' capacity to gather and analyse effectively information on improving trends over time through prevention and early intervention.

How well are outcomes improving for children and young people?

Partners were committed to improving outcomes for children and young people in Aberdeen City and a wide range of initiatives had been developed to improve services and better meet the needs of children and families. Helpfully, an Improvement and Performance Group of the Integrated Children's Services Board had been established to improve partners' ability to collectively analyse, monitor and report on their performance. A strong drive had been taken through training and staff development to implement **Getting it right for every child (GIRFEC)**. Partners had begun to improve the connection and coherence between priorities and targets in the Integrated Children's Services Plan (ICSP) and those in the Single Outcome Agreement (SOA). However, effective analysis of the impact of services on outcomes for children and of trends in performance over time was inconsistent across services. Partners recognised the need to have a succinct overview of performance against intended outcomes and targets and also have a stronger overview of their strengths and areas for development. Overall, they were not sufficiently clear on the impact and outcomes of integrated children's services planning for children and young people.

In education, effective analysis of performance was made against comparator authorities and national averages. Performance of schools was below that of comparator authorities and the national average in almost all key measures. By 2013, the council was in the lowest performing 20% of councils for the proportion of young people achieving five or more Scottish Credit and Qualifications Framework (SCQF) level 3 and 4 awards. It was also in the lowest performing 10% for young people achieving five or more + level five awards and one or more level six awards by the time they leave school. Exclusion levels are well above national and comparator averages. Exclusions in both primary and secondary schools up to 2011 remain well above both comparator authorities and the national average. Overall, the council remains in the lowest 10% nationally. Although attainment has improved, the pace of improvement has not matched comparator or national averages and relative performance has declined overall. Partners had achieved improvement in the percentage of young people achieving a positive post school destination. The schools working with partners in regeneration areas had achieved an increase of ten percentage points over the past five years and lie now slightly above the national average. The Aberdeen Guarantees initiative had been introduced to develop and build on this good progress. This initiative is a new partnership commitment to provide learning, training and work opportunities to all 14-25 year old young people in the city.

Some health data showed trends moving in the wrong direction such as relatively high rates of teenage pregnancy at 9.9 per 1000 for under 16 year olds in Aberdeen City compared with 6.6 nationally. Pregnancies in the under 18 age group were reducing but at 39.4 per 1000 were still above the national average of 34.7. There remain high levels of children affected by drug use. There was limited evidence overall of success in partners' aspirations to close the gap by improving outcomes for children, young people and families living in the city's regeneration areas. Major differences still existed between neighbourhoods. For example, success in improving breastfeeding rates in Aberdeen City were much higher than the national average with 33.2% exclusively breastfed in Aberdeen City at the six to eight week review compared with 26.2 nationally. However, in the Cummings Park regeneration area the figure fell to 17.15%.

Partners were improving their ability to evaluate broader opportunities for children and young people to participate in award programmes through sport and other activities. Numbers of young people gaining achievement awards such as the Duke of Edinburgh Awards had increased from 46 in 2011 to 242 in 2013 and in the same period Saltire Awards rose from 120 to 521 and John Muir Awards from 246 to 441.

Leaders and service managers were committed to securing improvement through a more targeted and focused approach. These included a revised school improvement programme with a targeted approach to supporting schools where improvement was most required. In social work services a "Reclaiming Social Work model" was being incrementally introduced, intended to improve service delivery and build professional staff capacity. Partners recognised the need to improve their focus on outcomes. Recent improvements

to planning and reporting had the potential to improve partners' ability to collectively assess performance against targets set in the Single Outcome Agreement.

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

Partners had made significant progress in reducing the numbers of children and young people placed in residential schools by developing community based intensive support services as alternatives to specialist placements. This had allowed more young people to remain within their own homes and communities. Whilst staff providing this intensive support service were evaluating their work, too little of this information was formally reported to the partnership to help partners evaluate actual outcomes for the children and young people involved. Of the 18 inspections of children's homes within the last three years, only 11 rated both the quality of the environment and the quality of the care and support as good or very good. In the same period all six of the inspections of adoption, fostering and supported lodging services rated the quality of the care support as at least good. The number of foster care households approved by Aberdeen City Council had increased by 12% between 2010 and 2013, increasing the number of children and young people living in caring family environments.

In the last recorded three year period the proportion of babies born with neo-natal abstinence syndrome in Aberdeen City was 12.5 per 1000 live births. This has been on a downward trajectory having been 20.8 in 2006/09, 19.1 in 2007/10, and 15.2 in 2008/11 but remains more than double the rate for Scotland as a whole. This has a long term impact on a child's physical, cognitive, social and emotional wellbeing and potential. There was concerted effort by community safety partners and partners across Integrated Children's Services to work together to reduce the incidence of domestic abuse and raise awareness through a range of initiatives. In 2013/14 the number of reported incidents had increased by 18% compared with figures in 2012/13.

The overall exclusion rate per thousand pupils for children and young people looked after by Aberdeen City Council was 574 in 2010/2011 compared to national rate of 326. The city is ranked last out of comparable authorities with the highest number of exclusions per 1000 pupils for looked after children. Attainment and achievement of looked after children and young people were well below that of comparator authorities and the national average. As part of the implementation of a review of Inclusion, plans to establish a virtual school with dedicated staff for all looked after children in Aberdeen City were progressing well. All looked after children will be registered on their own home school register and additionally on the virtual school register. Their education will be supported collectively and individually with the aim of improving overall attainment.

Overall, partners were well informed on needs and had good baseline information on children through a comprehensive annual audit which provided a range of demographic data, information on services provided and data on performance. This included services for vulnerable children and young people. High quality and rich information effectively

demonstrated the stark inequalities between the affluent areas of Aberdeen City and the areas of deprivation. We found partners to be appropriately alert to negative trends. Partners were also better able to identify areas of focus for prevention, early intervention and targeted service. This, together with regular dialogue amongst partners, was improving partners' ability to target resources on issues where analysis of trends causes concern, for example the incidence of domestic violence, teenage pregnancy and levels of drug misuse in pregnancy. Their ability to report on outcomes achieved was less well developed.

Impact on children and young people

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

The impact of services on children and young people's wellbeing in Aberdeen City across the national indicators of wellbeing was good. Most children and young people we spoke to felt safe and inspectors were confident that children at risk of harm were being kept safe from abuse. There had been some improvements in health outcomes although there was still a need to take greater account of and address the emotional and mental health needs of some children and young people. While many children and young people were well supported to achieve, educational attainment across the board needs to improve to ensure that all children and young people are reaching their potential. Some children and young people who were looked after would have benefitted from more focus on supporting their achievements. Many children and young people were thriving though a few waited too long in less settled environments, living with poor levels of care. Most children and young people had opportunities to be active promoting healthy growth and development. Partners were now coordinating more effectively the range of initiatives that support and promote activity across the city. Overall, children and young people were respected and able to express their views. Effective joint work was helping young people, particularly those involved in offending, to be more responsible citizens. Some care leavers and children and young people with caring responsibilities could have been helped more effectively to overcome inequalities that they experienced.

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

Children and young people described feeling safe at home, in their school and in the community. There was a strong culture and ethos of ensuring all children living in Aberdeen City were able to access and make best use of a wide variety of suitable, safe play areas. For very young children and those up to the age of 12 years who would not normally be able to benefit from playing safely outdoors, the successful **Outdoor Explorers Group** was providing a positive experience of safe and innovative play.

Although many children and young people benefitted from programmes aimed to keep them safe when using technology, some were not equipped well with the knowledge and skills they needed to keep themselves safe when using communication technology, including the internet and mobile phones. In particular, a few vulnerable young people who were already being supported by services could have benefitted from more targeted advice and guidance. Some children and young people told us that they would like the curriculum within their Personal and Social Education classes to be broadened further to include wider areas of personal safety in addition to the focus on drugs and alcohol abuse and its consequences.

Children and their families were benefitting from living in safer home and community environments as a result of the positive actions taken by staff, the supports they received and interventions put in place to reduce anti-social behaviour. Young Police Volunteers had developed their skills, knowledge and experience to help others keep themselves and other safe. Their involvement in the national programme 'No knives, better lives' and their crime prevention messages were being shared well with other young people in schools and the community. Young people told us that the presence and level of interaction with their Community Wardens and school based police officers made them feel safe living in their community.

We had a high level of confidence that children and young people at risk of harm and abuse, including vulnerable babies, were being kept safe as a result of partner agencies jointly providing timely help and targeted support. This was a major improvement from the position noted in the Joint Inspection of Services to Protect Children. Staff made appropriate use of legal measures to protect children and young people who were no longer able to live at home. However, for a few very young vulnerable children who were looked after at home and already subject to child protection measures, there was no significant improvement in their overall wellbeing.

Some vulnerable children and young people were being kept safer because of their parent's engagement with domestic violence programmes. Most children and young people living with and experiencing the effects of parental drug or substance misuse were well protected and kept safe from harm. Staff across services provided timely help and targeted support effectively to reduce the risks presented. Nevertheless, a few children were still living too long with the effects of longstanding problems of abuse and neglect because necessary action should have been taken earlier. A more in-depth understanding of the risks and long term impact associated with this would help staff develop more robust risk management and planning and thus increase children and young people's overall safety.

Most children and young people who were unable to live at home experienced positive outcomes through stable and secure care provided by high quality kinship care, foster care and residential care. Young people who posed a risk to themselves or others were, on most occasions, well managed and provided with the intensive and targeted supports

and interventions which best met their needs and that of the community. However, for a very small number of young people who posed very high risks to themselves and others, their safety and the safety of others had been compromised when they had been in residential units experiencing difficulties and did not have access to alternative or more suitable placements.

Most care leavers benefitted from readily available, high quality support from services to help them develop and learn safe self-care and independent living skills. Partners had recognised as an area for priority action, the need to effectively ensure no young adults had to reside in inappropriate bed and breakfast accommodation.

As a result most were being provided with a good range of safe and appropriate accommodation and housing options.

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

Services worked well together to ensure children and young people had the highest attainable standards of physical health. Many parents were well supported to understand the issues which had an impact on the health needs of their children. They were able then to put that knowledge into practice and as a result children and young people were being encouraged to eat a more healthy diet, attend routine health checks and reach their developmental milestones. Much had been done to achieve and improve health outcomes for children and young people, as recognised by UNICEF's Baby Friendly Award for exclusive breastfeeding rates at six to eight weeks of infancy. Further work is needed in some areas of deprivation in the city to ensure that babies there benefit from being breast fed. Attention has been effectively given in school based healthy weight interventions and this is reaching more children and young people than was targeted for but even more is needed to reduce child obesity, particularly in the most deprived neighbourhoods of the city to ensure that the most vulnerable children get the best start in life.

Staff could pay greater attention to ensuring the emotional needs of children and young people are appropriately identified within assessments and plans to ensure these important health needs are met. Although a number of health supports had been identified to meet the needs of children and young people, these were not always put in place because appointments were not made or they were not kept. This applied for example to referrals to Speech and Language Therapy (SALT) and Children and Adolescent Mental Health Services (CAMHS). Services had recognised that more was needed to ensure that young people's mental health was optimised. The Mental Health Framework for children and young people in Aberdeen City should helpfully support and address this identified area for improvement. Some children and young people, particularly those looked after at home and referred for voluntary support from the Children's Reporter, or who have been exposed to the long term impact of living with

parental substance misuse, domestic abuse and neglect required a greater level of support to help improve their emotional health and wellbeing.

The physical health needs of most young people who were either looked after and accommodated, or who were in transition into independence were very well supported. Children and young people including those with complex health needs were thriving and meeting their developmental milestones as a result of the care they were receiving from their foster carers. Carers effectively promoted their health through ensuring attendance at scheduled appointments and looked after health assessments. A few care leavers with high risk, complex needs were not well supported to access the right specialist services to improve their emotional stability and mental health.

How well are children and young people helped to achieve?

The majority of children living in Aberdeen City were being supported well through a wide range of services, initiatives and interventions to equip them with the skills, confidence and self-esteem to progress successfully in their learning.

Very young children were benefitting from attending nursery and playgroups to increase their confidence and develop appropriate skills as they grew and developed. The valuable contribution made in play sessions and nurture groups for vulnerable young children was helping them in their early years to prepare for the transition into school. Services provided through the Early Years Change Fund had extended work with parents and encouraged children's learning through play.

Play initiatives focussing on the Gypsy/Traveller Community had had a positive impact on children's learning and development. For school aged children who received specialist services such as Speech and Language Therapy (SALT), educational psychology and additional learning support, there was a positive impact on their learning and development.

Children and young people who were looked after and accommodated were generally supported well in school to improve their educational standards and achieve qualifications. Although the educational needs of most looked after children were closely monitored by the LAC Teacher, the educational progress for some children and young people who were looked after away from home were not being addressed sufficiently. For those looked after young people excluded from school, progress to re-engage them in education and help support their learning was too slow. Foster carers made effective use of the range of programmes which were available to them to support the successful learning of children in their care; they encouraged participation in extra curriculum activities and young people were effectively supported with transitions including into further education and/or employment.

Children and young people whose first language was not English were well supported to develop their language skills and integrate into their school environments. Children with a recognised learning difficulty were helped to engage meaningfully in school activities to develop their preferred learning style and engage with their peers. Young carers who had identified themselves were well supported if they attended the young carers support group. However, they did not benefit from additional support outwith the group and described limited opportunities for study and homework.

Although there remained some gaps, generally opportunities for young people approaching adulthood were vastly improved. Organisations were working closely together to create greater chances for young people to gain important experiences and skills which helped them move into employment. Young people who had experienced difficulties in education were supported in activity agreements and 'Opportunities for All' programmes which had successfully resulted in a small number of young people being supported to achieve apprenticeships. A small number of looked after young people had benefitted from support provided by the Family Firm approach to achieve internship and apprenticeship opportunities.

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

Staff from across all services were increasingly aware of the significant benefits for children and young people growing up in thriving and nurturing relationships where strong bonds of attachments have been made. For example, the Roots of Empathy is an evidence-based classroom programme that has shown significant effect in reducing levels of aggression among school children by raising social or emotional competence and increasing empathy. This programme was being delivered very effectively in targeted schools. Mothers and their babies were participating in the programme and gaining knowledge and skills to increase their child's experience of receiving nurturing care, attachment and bonding.

Many children and young people were thriving in nurturing relationships and stable environments as a result of the support they and their families had received. In particular, the help and support from a range of staff, including the midwife and health visitor had helped develop nurturing relationships between parents, carers and their children in a meaningful and helpful way. Many children and young people who had experienced bereavement or separation from family were well supported to discuss their feelings in a safe and secure way with skilled staff. Those young children who were identified as needing additional help to develop appropriate boundaries in school and manage their behaviour were benefitting from taking part in planned activities which provided them with new experiences from which they could learn and build their individual skills and abilities.

However, for a number of vulnerable children and young people, the quality of nurturing experience was not positive. Some had remained within a home environment that was not conducive to their wellbeing such as living with parental substance misuse or experiencing chronic neglect. The impact of this could be seen, for example in their challenging behaviour, inability to form good attachment relationships or not reaching their educational or emotional potential.

Children and young people who were no longer able to live in the care of their parents were placed appropriately in placements together with their siblings unless there were exceptional reasons to separate them. Careful consideration was given to ensure that children who were estranged from their parents were provided with safe and appropriate contact opportunities which were best suited to their individual needs. Children and young people of all ages living with foster carers were growing up in loving, stable and nurturing environments. They were learning to form attachments and enjoy a firm place within carers' families. They had consistent routines and carers were well attuned to children and young people's needs. Children and young people frequently made significant emotional progress as a result of the dependable care provided by foster families. A few children and young people unable to return to the care of their parents had experienced delays in being placed in long-term secure and nurturing placements. However, more developed quality assurance and streamlined processes now in place should helpfully ensure such delays are significantly reduced.

Most young people who had moved on from children's units were encouraged to return and keep in touch with staff to seek support if needed. This was helping care leavers gain a sense of belonging and connectedness as they moved onto independent adulthood. However, for some young people these on-going supportive relationships could be limited because staff did not always have the time to give them.

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

Most children and young people had a wide range of opportunities to become involved in a variety of activities and events which ensured that they were physically active and experienced healthy growth and development. Almost all children attending both primary and secondary schools participated in two hours of physical education per week in line with national requirements. The Family Information Service provided a helpful single point of contact for both services and families. This ensured families were able to easily access information about the range of activities and events available to children and young people in Aberdeen City including during the school holidays.

Children and young people in the most deprived areas of the city were benefitting from a range of initiatives such as **Street Soccer**, **Street Work** and **Extreme Sports**. As a result, they were then less likely to become involved in incidents of youth annoyance and became more meaningfully involved in sports participation. Many vulnerable children were

experiencing great benefits from being encouraged to take part in activities. There were many examples of highly effective practice from staff in encouraging and supporting children and young people to engage in activities. This had led to improved health outcomes being noted, young people experiencing the first achievements in their life through excelling in sport and children and young people's self-esteem rising as a result of interaction with peers during activities. However, on occasion, services were less cited on the many benefits associated with this area of wellbeing and did always not fully establish if the child or young person had an unmet need in this area. Consequently, the needs of the child or young person could sometimes be overlooked. Stronger planning in this area should be considered, in particular for children who have limited attendance at school and older children and young people who are not accessing or engaged in activities.

Although the wide range of services which are available to help children remain active and get involved in healthy pursuits, the work of Active Schools, Sports Development and Adventure Aberdeen is not as well coordinated across the city as it could be. However, the impact of Aberdeen City as a City of Play had proved very positive for large numbers of children. It promoted activity, focussed on the health benefits and raised confidence in some children and helped with inclusion for others.

How well are children and young people respected?

Overall, children were respected by staff across services and were able to express their views about their circumstances and felt they were being listened to. Most had meaningful involvement in the key processes affecting their lives and gave their opinions; these were recorded well and taken into consideration by others. Most children who needed independent support were helped to access this. The Children's Right's Officer (CRO) had helped young people to express their views and be involved meaningfully in decisions which affected them. Nevertheless, a small number of children who were in receipt of services had not had the same high quality experience as others when attending key meetings and asked to present their views. This had been as a result of either poor preparation, in particular for Children's Hearing meetings, or where there had been changes in key personnel and they had not been able to develop sufficiently strong, trusting relationships with staff supporting them.

Most schools had developed highly positive and effective Pupil Councils. However, the level of involvement and participation by pupils across the city to share views and thus influence decision-making varied. The underlying reason for this disparity had yet to be looked at. Young people who were provided with the opportunity to be Youth Ambassadors were highly positive and found their experience had been rewarding. Police volunteers and young volunteers from the Foyer who were actively involved and deployed as Marshals at the Commonwealth Games felt positively valued and respected by the organisers and the public.

Lesbian, gay, bisexual and transgender (LGBT) young people had a support group which they could attend and where they could seek advice, information and be appropriately signposted to other services. However, the young people themselves believed much more could be done within school Personal Social Education (PSE) programmes to raise awareness, break down barriers and address stereotypical views.

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

Overall, children and young people living in Aberdeen City had ample opportunity to take on appropriate levels of responsibility and benefit from appropriate guidance and supervision to help them grow into responsible citizens. Youth Ambassadors, Police Volunteers, Youth Council and Pupil Council members had developed a strong sense of 'self' and ownership for improving not only outcomes for themselves, but their peers and members of the community.

Very effective joint working was resulting in measurable improvements to the wellbeing of children and young people, particularly in relation to anti-social behaviour with a reduction of over a quarter of incidents in youth crime in the past year. Children, young people and families who were supported through the **Total Place** that was being piloted in the Northfield area, were benefitting from the multi-agency approach to improve outcomes, attachment, aspirations and achievement. **Total Place** takes a whole area approach to the delivery of service provision with services avoiding overlaps and taking opportunities to share and pool resources.

The Intensive Support Service (ISS) comprises a range of services that work with children and young people presenting high levels of need and are at risk of residential, secure placements or custody. These services included SACRO, a Court Support Worker, the Barnardo's Connect Service, the Foyer and Apex. Young people were benefitting from these diversionary services which were having a positive impact on reducing offending and risk taking behaviour. However, a small number of young people made limited progress in managing their behaviour and this was related to factors including insufficient challenge from staff working with them, insufficient support to their families or insufficient direct work to help link actions with consequences.

Some young people involved in Pupil Voice had developed a particular sense of responsibility when they were undertaking projects on renewable energy. The opportunity to have valuable and meaningful discussions with other pupils from European schools had helped to support their understanding of different technologies and cultures.

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

The majority of children living in Aberdeen City had developed a strong sense of belonging within their local communities. Some children and young people who felt

marginalised by their personal uniqueness; either due to their sexual identity, personal living arrangements or disabilities, acknowledged that when they received support, information, guidance and advice their confidence and self-esteem was significantly enhanced. However, this positive assessment did not fully extend to all care leavers or young people with caring responsibilities. Although individual services and supports had been developed to meet the needs of these young people, they were still experiencing isolation from peers, within their communities or within schools. For a small number of children their cultural, community or religious needs had not been sufficiently well addressed and this resulted in further marginalisation.

Children and young people who were living with kinship, foster or in residential care generally had access to a range of opportunities or experiences which reinforced that they were part of their local community. Contact was made consistently and well with those children and young people who had been placed outwith the local authority and this further fostered their positive feelings of being valued and respected. The Foyer social enterprise organisation worked very well in supporting young people to help support and improve outcomes for them. The support provided to re-integrate children or young people who had been excluded from school was helping them make more informed choices and better decisions resulting in an earlier return to their school environment.

Impact on families

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

The impact of services on family well-being was good. Overall, parents we spoke to had valued the help and support they received and in over three quarters of the case files read by inspectors, families had increased their resilience, improved their confidence and had benefitted from effective support. For those where this was not the case there were a few common features. These included a lack of staff persistence and challenge, a need to improve co-ordination of services and failing to look for different solutions when work over a lengthy period was not effective in facilitating necessary change.

Families in Aberdeen City had access to an extremely wide range of services from both statutory and voluntary providers. There was a clear tiered approach to using services ranging from local community and mainstream support available for all families to highly targeted and intensive support for the most vulnerable families. Considerable attention, focus and investment have been given to working with parents on attachment. Although it was early days there were encouraging indications that families were benefitting from this work.

Over 1000 enquiries were received each year by the Family Information Service. The vast majority were from parents who received advice and/or helpful materials or were signposted to appropriate services. Parents benefitted from community resources such as toddler groups or help with childcare, such as, after school services and community childminders. Health visitors, social care and wellbeing staff, pre-school and school staff were all helping to increase family resilience and parenting confidence which was improving family life. The level and intensity of this support was matched to family vulnerability.

Vulnerable pregnant women and their families were being helped by staff working closely together providing very effective support. The pre-birth team responded quickly to referrals from health visitors and community midwives which resulted in parents benefitting from both practical and emotional support from an early stage in their pregnancy. Pregnant women who were misusing substances were monitored and supported well throughout their pregnancy.

The approach adopted by staff as part of the parenting strategy 'Parenting in Aberdeen 2012' was clearly helping families. They responded well to the style of recognising the skills and expertise families already have and working with those strengths. Many families were very positive about attending Parents as Early Education Partners (PEEP) programmes. Some families benefitted greatly from the range and diversity of service on offer. Similarly, the third sector providers, Aberlour Child Care Trust and Voluntary Services Aberdeen (VSA) offered comprehensive assessment and flexible support. Parents who were supported by staff at Primrosehill Family Centre and Richmondhill House Residential and Outreach Child and Family Assessment Service had a better understanding of child development and had become more confident parents. The Aberdeen Families Project was helping to increase parenting confidence which resulted in reducing or in some cases stopping incidents of offending behaviour.

Overall, parents and carers of children affected by disabilities were offered comprehensive packages of care and support which helped them cope better with the demands of looking after their children. There were a few good examples of parents of children with autism maintaining their parenting role through shared care.

Although there was a wide range of services available for families, there was an imbalance between the availability for young children and that on offer for older children and young people. Access to services was compromised at times due to availability and capacity resulting in families having to wait for the assessed service. Although alternatives were often identified and families were not usually left without any support at all, it did mean that some did not get the right help they needed at the right time. When some families received support from a number of services this was not always well co-ordinated.

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

Providing help and support at an early stage

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

Providing children and families with help and support at an early stage was good overall. The majority of staff recognised when children and their families needed extra support and worked well with families to build resilience and offer advice and guidance at an early stage to prevent circumstances escalating. A review of case records showed the timeliness and effectiveness of the early help and support as good or better in 65% of cases. We found significant improvement in systems to support earlier identification of, and response to vulnerable children since previous inspections. This was particularly strong for the families of vulnerable unborn and newly born babies. Staff were using the shared language of GIRFEC more confidently and had improved the way they worked together to provide appropriate, proportionate and timely support for children and families. Despite these significant improvements, in a few cases, staff were still not recognising children's difficulties quickly enough. In one in five cases, the effectiveness of early support was weak. A few children had to wait until their situation deteriorated before they got the help they needed.

Across services, staff worked hard to build trusting relationships with children and families. Some particularly persisted to engage with families who do not wish to take up offers of support. From the staff who responded to our staff survey, 82% agreed that their service did everything possible to ensure that children and young people received timely help and support to give them the best start in life.

Partners had worked hard to develop systems for identifying children and families who needed help at an early stage and ensuring they got appropriate services without undue delay. Regular meetings between midwives, health visitors and school nurses brought the services closer together which improved communication and planning processes. More regular meetings with GPs were improving communication and information sharing.

Police were completing, submitting and sharing child concern reports with partners in education, health and social work. A Multi-Agency Oversight group had been established to review this process and they were confident that every report was now shared with either the named person or lead professional or in some occasions with both. 'Test of change' sites have been identified to ensure education staff responded appropriately on receipt of these reports. Health managers checked responses were clearly recorded

in health visitor records. Despite this, staff reported a number of examples of delays of several weeks before receiving this information.

An area of particular strength was the early identification of vulnerable pregnant women and effective multi-agency support put in place prior to the birth. The pre-birth multi-disciplinary team and social workers based at Aberdeen City Maternity Hospital supported high risk vulnerable pregnant women very well which helped prevent difficulties escalating. The more recently established pre-birth support team focused on lower levels of concern such as social isolation or anxiety and intensive practical and emotional support was offered for as long as they needed it. They had a strong focus on trying to engage more with fathers. Richmondhill House provided very effective, intensive residential or out-reach support during pregnancy and immediately afterwards which helped increase parenting skills and confidence in both mothers and fathers.

The Family Information Service was used very well by both the public and staff, providing easy access to very helpful information and advice on services available within local areas. A variety of supports were offered to increase parenting skills and confidence. Services investment in promoting early attachment and brain development was proving to be very successful. The Family Community Support service was providing more flexible and effective supports for families at point of need and at point of crisis. This included support out of hours and at weekends.

Families were provided with a range of resources from Bookbug, Play@home and Child's Smile to help promote their child's wellbeing. PEEP groups were promoting positive parenting messages across the city. Duthie Park Rangers ran very popular six week PEEP little rangers programmes offering themed sessions on outdoor play and nature. PEEP referrals were being processed much quicker which included both one-to-one work and PEEP's low mood group. Other groups like 'I'm a parent get me out of here' could be accessed through the Family Learning Service.

Nonetheless, waiting lists for some services impacted adversely on the support children received. These services included the highly successful Nature Nurture group run by the Family Community Support Service, Bumps R Us group, Building Blocks, HomeStart, Childminding and Family Learning Service. CAMHS services were responsive to children deemed as high priority but some children who needed emotional support waited too long for a service.

Every child had a Named Person and staff were confident about sharing information, assisted by helpful information sharing guidance. The introduction of a secure email exchange had helped health staff share information more effectively with colleagues. Staff were becoming more confident in their role as Named Person and a GIRFEC culture was established across all services. Staff used the **My World Triangle** and **Wellbeing Wheel** with children and families and found these to be helpful tools. There were, however, some difficulties in resourcing the tasks associated with the role, such as

arranging meetings and recording minutes. Staff, across services, worked together to discuss thresholds for referral to another service and this has resulted in more appropriate referrals to social work services and the Children's Reporter. However, more needed to be done to ensure a better understanding of each other's roles such as when social workers should attend GIRFEC meetings. GIRFEC paperwork was described by staff as cumbersome to use with some staff reporting additional difficulty of having no access to safe electronic sharing of assessments across the agencies. A child's plan was usually completed before making a referral to the Social Care and Wellbeing reception team. Some staff perceived this as a barrier to gaining a service and there still needed to be a better shared understanding of the content and purpose of this early child's plan.

Early and Effective Intervention (EEI) processes were identifying and responding to offending behaviour by young people. Close partnership working was helping to identify and support children at risk of offending at an early stage. Young people who continued to be involved in offending continued to receive the support they needed. The Intensive Support Service (ISS) worked with children at risk of requiring residential or secure placements or custody. The remit of these services had been extended to include young people who were at an earlier stage of difficulty as a means of preventing a crisis.

Assessing and responding to risks and needs

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

Assessing and responding to risks and needs was good. Urgent concerns about a child's safety were now much better recognised and dealt with effectively and promptly across services. Staff shared and reviewed information together and took swift action to ensure children and young people were protected. However, some children experiencing neglect waited too long before staff recognised the impact of longstanding poor parenting. The quality of single agency chronologies of significant events needed to improve and they were not yet integrated to include information from across services. However, the quality of information and analysis contained in assessments of risks and needs was positive overall and continuing to improve.

Initial response to concerns

The arrangements for considering and responding to immediate concerns about a child's safety had improved significantly since previous inspections and were now working very well across services. Staff recognised urgent risks and were firmly committed to taking

prompt action. They worked well collectively, often carrying out joint visits to gather and share information to inform an early assessment. Staff made good use of their professional knowledge across children's and adult services. Initial referral discussions were convened promptly in almost all cases, and health staff were fully involved in assessment and decision-making, and there were effective arrangements for out of hours referrals. Risks to new born babies were identified at an early enough stage for staff to implement targeted support plans to reduce risks. Managers made decisions about further action promptly.

When children and young people were unable to remain at home, staff found appropriate alternative accommodation to keep them safe. Where there were risks to children's wellbeing, such as neglect, some children and young people had waited too long for staff to recognise the impact of poor parenting and take action. Operational managers and staff across services valued the contribution that police concern reports were making to the identification of risks and pattern of risks to children's safety and wellbeing. Managers across services reviewed reports and shared information with relevant staff. Frontline health staff correctly considered that these had greatly enhanced the identification of children's unmet health needs and risks to pregnant women.

Developing and using chronologies

The compilation and use of chronologies as an aide to assessing risks and needs was an area which required significant improvement. Staff in education, health and social work services were compiling chronologies of significant events on a single-agency basis. However, the quality of these was not yet good enough consistently to be an effective tool to support assessment or identify patterns of risk or neglect. Too many chronologies failed to identify the meaning and impact of events for the child as staff were not clear enough about what constituted a significant event. Furthermore, partners had not developed arrangements to integrate chronologies in order to bring together information to identify patterns of risk effectively.

Assessments of risks and needs

The assessment of needs and risks to children and young people had improved significantly across services. Partners had demonstrated a clear commitment to supporting staff to become more confident in assessment through a comprehensive training programme to improve practice through a better understanding of attachment. Social work staff and those working across early years services had used the learning well to improve their observations of children and parental relationships and used these to better inform their assessments. Managers had noticed a greater depth of reflection and analysis and panel members and the Children's Reporter confirmed significant improvements in the quality of information presented to hearings.

Arrangements for the assessment of vulnerable pregnant women were well embedded in the maternity hospital team. A high number of written risk assessments were of a very good standard. These were characterised by staff making full use of family histories and linking these with up-to-date research and theory. Good use was made of the resilience matrix to support a well-balanced and proportionate approach to assessing risks and ensuring family strengths were identified. The views of parents were well integrated into the consideration and evaluation of risks. Some assessments were too brief and lacked analysis. Some older young people who required a risk assessment did not have one. Comprehensive parenting assessments were generally available to support early planning and decision making. Managers were confident that the Intensive Support Service and crisis teams were helping to ensure a more coordinated response to older young people. Most children and young people were assessed for services without delay.

The implementation of GIRFEC had improved the quality of assessments that take greater account of the needs of young people across all areas of wellbeing. The level of collaboration in assessing the needs and risks of children had improved significantly as staff had become increasingly comfortable in applying the GIRFEC framework. The majority of staff felt confident and prepared in considering children's needs more holistically. Although at an early stage, partners had taken action to improve the shared understanding of thresholds for responding to concerns about potential risks to children that had been causing some frustration and on occasion, previously had resulted in delays in agreeing the best way to proceed.

The quality of written assessments of children's needs were positive, with just under half evaluated as of 'very good' standard. The best of these provided an accurate summary of the child's profile that helped to ensure a child centred assessment and distinguished the individual needs from those of siblings. They presented a well-balanced review of the child's current and anticipated future needs taking historical events into account; and where the views and contributions of other agencies were very evident and options for the way forward were set out and evaluated.

Children and young people with disabilities had their needs assessed and within these we found particular examples of very high quality comprehensive assessments. The quality of reports written for the Children's Reporter had improved, with fewer being submitted late. Assessments of mental health and substance misuse needs for older young people and those in transition were less readily accessible. Despite the guided format, some assessments were overly detailed and many were undated. We found examples of high quality written assessments of risks and needs across all groups of children and young people whose records we read but approximately a fifth of staff who completed our survey said they had not yet received sufficient training to help them complete or contribute to assessments. Priority should now be given to ensuring staff are appropriately trained and the better assessments should be used to provide an important benchmark for services to have consistently high standards of practice.

Planning for individual children and young people

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

Planning for individual children and young people was good. Almost all children and young people who needed one had a plan in place. However, two-thirds were not sufficiently specific with clear timescales and more developed contingency planning was required in some cases. Children and young people benefitted from staff working and planning together effectively in the majority of cases and very effective multi-agency pre-birth planning was ensuring that babies were being kept safe and well cared for. Children and young people looked after away from home were having their plans reviewed at appropriate intervals and in the majority the quality of reviewing was good. Although for some children and young people looked after at home reviewing was insufficiently robust.

The quality of children and young people's individual plans

Almost all children who required one had a plan in place that provided some level of direction to staff in addressing the child's needs. There were some very good examples of children's plans that were detailed, well-structured and linked to wellbeing indicators. These were clear about who was responsible for the range of specifically recorded actions. However, two-thirds of plans were not SMART (specific, measurable, achievable, relevant and time-bound). These required a greater level of detail, clearer timescales and more specific actions.

Overall, we could see that the quality of children's plans was improving with the report structure having helped lead professionals set out the required actions more clearly. However, over a third of plans did not set out the agreed outcomes for the child in sufficient detail. However, when we spoke with staff they were often able to articulate clearly the outcomes for children and young people that they were working towards achieving in partnership. Although a helpful guide had been produced to support the introduction of the Aberdeen 21 Outcome Framework, not all staff who should be were aware of it nor actively making use of it in sharpening up the outcome focus of their plans. The majority of staff agreed that they had received training on child's plans and had the necessary tools and guidance to develop plans.

We found that developing multi-agency single children's plans was often the responsibility of social workers and while other professionals provided valuable input, a more collaborative approach required to be embedded. Staff from all relevant services needed to be encouraged and supported to think more broadly about their particular contribution to improving outcomes for the child and to articulate this in the child's plan.

Children and young people affected by disability had benefitted from collaborative 'Essential Lifestyle' planning. Planning for their transition into adulthood was usually taking place in good time to consider carefully the best care and support options for the future.

A few children were experiencing drift when staff were not progressing their plans promptly and as a result their circumstances were not improving. The inclusion of clearer timescales and more developed contingency planning being recorded would help to address this. Such measures would also be valuable in setting out clearly what action should be taken when families continued to be uncooperative, failed to engage or where positive changes were not being achieved or sustained. In some cases children in sibling groups still shared a common plan. They needed individual plans that addressed their discrete needs more clearly.

The quality and effectiveness of planning and reviewing

Children and young people benefitted from staff working and planning together effectively in the majority of cases. Generally, there was good communication and interagency discussion between staff involved with children, young people and their families. Information and updates were shared promptly and acted upon. Planning would be further improved for some children and young people if there was greater clarity about staff roles and responsibilities in the process. Developing multi-agency children's plans was generally the responsibility of social workers. While other professionals provided valuable input, a more collaborative approach, in some cases, with team around the child members thinking more broadly about their roles and contributions in developing plans would be a further improvement. Some children's plans would benefit from being amended and updated more quickly as their circumstances change.

Staff working in third sector organisations had good links with colleagues in children's services and joint working to implement children's plans was generally good. Staff across the partnership worked well together to plan for significant events such as transition between schools or care settings including going to or returning from out of authority residential placements. This helped to minimise any negative impact for children and young people. Children usually benefitted from a level of contact with professionals that was in line with their needs. In a small number of cases there was less attention given to planning for children to ensure that the positive changes were maintained after they ceased to be on the Child Protection Register (CPR) or looked after. Senior managers should review this as a matter of priority.

Plans for children were reviewed at appropriate intervals and for the majority, the quality of reviewing was good or better. Reviews for looked after and accommodated children were planned well in advance and were effective in monitoring progress and ensuring

that all partners plans were up to date about a child's situation. Efforts were made to have a consistent review chairperson whenever possible and children, young people and family members were encouraged and supported to attend when appropriate. The quality of reviews for children who were on the Child Protection Register or who were looked after and accommodated was usually good.

A system was in place to support regular reviews of the circumstances of children looked after at home. At times this was not effective resulting in reviews that were insufficiently robust. This was sometimes as a result of a lack of challenge from an independent review chairperson. Some staff would benefit from support, training or administrative support to enhance their confidence as chairperson and improve consistency across the area. In a few cases, a stronger recognition of the parents and or carers being equal stakeholders in planning was necessary. This would ensure they are equally clear about what is being planned next and why.

Staff gave active consideration of the need to work directly with children and young people to address the effects of childhood trauma and help children and young people understand and make sense of their past experiences. The timing of therapeutic work was mostly planned in line with children's needs. Training in attachment and the greater awareness this had brought to staff across all agencies had helped to promote this. Overall, when implementing plans staff worked hard to encourage the engagement of some families that were more difficult to involve or who were uncooperative. However, more coordinated and innovative strategies could have been tried in some instances.

Very effective multi-agency pre-birth planning was ensuring that babies were being kept safe and well cared for from birth, either through the provision of appropriate parental supports or swift arrangements being made for alternative caring arrangements.

Looked after and accommodated children generally benefitted from a focus on their long term security in a settled environment that was achieved through appropriate legal means. There were examples of timely and effective parallel planning with a view to securing permanent substitute family care arrangements for children as soon as possible and with minimal delay. However, for a few children long term stable and nurturing environments could have been achieved more quickly if decisions had been taken more timeously. Clearer timescales in some plans and more developed contingency planning would have improved the quality of plans and reduced the potential for delays.

Planning and improving services

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

We found joint planning and improving of services to be adequate. An Integrated Children's Services Plan had been in place since 2011 and is reviewed annually. A comprehensive review of these planning arrangements was undertaken which identified a number of positive features but also areas for improvement to promote more effective strategic planning. Partners had taken appropriate action by revising governance and planning structures to refresh strategic planning and to improve areas identified in the review. Importantly a Chief Officers' Group had been established to provide stronger strategic direction. These promising changes in governance arrangements, lines of accountability and clearer objectives suggest progress will be more easily measured in the future. Aberdeen City CPC in its first year from the disaggregation from the North East Scotland Child Protection Committee had secured its identity, membership, structure and documentation. Phase 1 of an action plan had been successfully completed and phase 2 was in place. A newly formed 'Performance and Improvement' group of the Integrated Children's Services Board had been established to progress this. A wealth of information and high quality data was available but effective analysis of it to inform planning and service development was still inconsistent. The use of information drawn from comprehensive and effective self-evaluation was at an early stage. Partners recognised these areas required increased focus.

Community planning partners were committed through the Aberdeen City single outcome agreement (SOA) to achieving improved outcomes for children and young people through prevention and early intervention. To progress this the SOA had helpfully identified relevant priority groups of children and young people and these were in turn reflected well in the current Integrated Children's Services Plan (ICSP) 'For Aberdeen's Children 2011-15'. The ICSP had been in place since 2011 and had been carefully reviewed on an annual basis to consider progress against the vision and amend objectives or interventions. The ICSP outlined clearly the priorities for delivering the relevant short and medium term outcomes of the SOA. The work of the Early Years Collaborative had also been helpfully incorporated into the plan as a result of the annual reviews.

Responsibility for multi-agency planning for children and young people had been delegated initially to the Integrated Children's Services Partnership and to the Integrated Children's Services Management Team for implementation of the plan. A comprehensive review of these planning arrangements was usefully undertaken towards the end of 2013. The review identified a number of positive features but also areas for improvement to promote more effective strategic planning for integrated children's services. There had been a number of changes across the partners and services, some partners had been too passive in the planning process and for others there had been duplication in membership of groups. A specific gap had been the lack of a multi-agency planning group for health.

Over the past year partners have taken appropriate action to refresh strategic planning and to improve the deficits identified in the review. The strategic Integrated Children's Services Partnership and the operational Integrated Children's Services Management Team were amalgamated to become the Integrated Children's Services Board. An Integrated Chief Officers' Group had been established to oversee the integrated children's services planning process and was beginning to provide stronger strategic direction, improved decision making and better hold lead officers to account. All appropriate services and agencies were now actively represented on the Integrated Children's Services Board (ICSB). Children, young people, parents, carers and workers were seen as key partners in achieving the vision. Partners considered GIRFEC to be central to the success of the Integrated Children's Services Plan with its full implementation the key to improved outcomes for children and young people.

Six Outcome Groups, designed very helpfully around the national wellbeing indicators and chaired by Chief Officers from across the partnership, were now leading on the operational planning and delivery of priority work programmes, including cross cutting priorities such as prevention, early intervention and tackling inequalities. However, not all groups had yet developed specific indicators, targets for children or completed their action plans. Overall, these changes had started to show a revitalised focus and increased momentum to deliver on the Integrated Children's Services Plan and Single Outcome Agreement. Whilst the new governance arrangements were at too early a stage to determine positive impact, clearer objectives and lines of accountability made steady progress on the plan more likely.

The Child Protection Committee operated as the 'Safe' outcome group for the ICSP. This ensured a solid link between the CPC and the ICSP. Aberdeen City Child Protection Committee (CPC) had been in place for 18 months, having disaggregated from the North East of Scotland Child Protection Committee (NESPCPC). There were still some very relevant shared areas of activity and reporting responsibility to the Grampian Chief Officers Group (Public Protection). Aberdeen City CPC in its first year had secured its identity, membership, structure and documentation. There was a multi-agency action plan for services protecting children and young people in Aberdeen City for the period 2011-15. This plan commenced and then progressed through the Aberdeen City Child Protection sub-committee of the NESPCPC. The first phase of this plan was helpfully concluded by

the newly formed Aberdeen City CPC and its second phase was now in place. Phase 1 of the plan sought to improve services for children by identifying key processes fundamental to the experiences of children and families and work to improve them. This SMART plan also clearly and appropriately addressed the findings of the child protection inspection in 2011 and progress on actions was satisfactory. Most of the actions on this plan had been completed with a few carried over into its second phase. The second phase child protection programme was organised helpfully around the quality indicators in 'How well are we improving the lives of children and young people?'

The CPC had identified training as a priority to make sure that staff had the skills, knowledge and capacity to deliver high quality protection services. Training on attachment had been delivered to staff working in children's services in recognition of the importance of attachment in promoting positive parent/child relationships in the welfare and protection of children. The CPC was aware of the children and young people who were most at risk and had responded appropriately to the issues identified. Links between the CPC and the Community Safety Hub were developing and influencing positively interventions around domestic abuse and sexual exploitation.

The CPC was also responsible for raising the awareness of staff across all services on Child Sexual Exploitation (CSE). It had commissioned the Community Safety Hub to carry out a mapping exercise to establish what support, data collection and training was currently available. Sexual exploitation was a category on the social work core record facilitating better awareness and identification and collated information able to be used in service planning. The CPC had also launched the innovative mocked-up teenager's bedroom 'Abby's Room' as a training resource to promote social media safety.

The review and redesign of children's residential services which started in 2012 was only now being concluded. Difficulties in recruiting and retaining experienced residential care staff had prevented the wholesale redesign of residential services to meet the emerging needs of children and young people and keep them more appropriately in their own community. An example of the impact of this delay was that currently young people could not always receive close support in any of Aberdeen City's own residential units if they required this. Having the right services at the right time for young people would improve risk management and make it more likely that young people could be kept in Aberdeen City rather than being placed outwith the authority. The conclusion and implementation of this review had been rightly given a high degree of priority.

Aberdeen City Council's Family Information Service (FIS) sat at the heart of Integrated Children's Services. The role of the service was to provide information and advice on all services for children, young people and families not only for parents and carers but also for professionals. The service provided a monitoring and intelligence service, reporting gaps in service provision and trends in the demand for services. This helped inform integrated children's services planning, particularly through the Nurtured Outcome Group. The service's work in coordinating a multi-agency training programme for any

professionals involved in early years and child care was informed by their efforts to undertake a training needs census across the workforce.

Partners in Aberdeen City were aware of the need to base strategic planning decisions on an analysis of sound information. The newly formed 'Performance and Improvement' group reporting to the ICSB had been established to progress this. An annual Children and Young People's Audit currently provided partners with valuable data on the position of children and young people across the eight wellbeing indicators. There was inconsistent use made of this rich material and analysis of this important data would be more helpful if it was benchmarked with other authorities or national data. Additionally the CPC had reviewed and refreshed its performance management and recognised the need to bring additional rigour to their analysis of the data available to them to assist them in planning appropriate responses. Moreover the 'Performance and Improvement' group provides a promising opportunity to bring an enhanced and systematic approach to self-evaluation across the partnership and an improved and coordinated focus on data quality as well as strengthened performance management arrangements. Partners recognised this area required increased focus. Better use could be made of the rich data gathered and presented in the annual children and young people's audits to inform a thorough and ongoing assessment of need.

Participation of children, young people, families and other stakeholders

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

We considered the participation of children, young people, families and other stakeholders to be good. There were important strengths in how Aberdeen City involved children and young people in policy, planning and service development. The Participation Strategy set out clearly how partners intended to actively involve children, young people and families in planning processes and in the decisions that affect them. We found many examples where the views of children, young people and families had been used to reshape or plan services. More needed to be done to ensure that the views of the most vulnerable children were sought and acted on. Although there was a wide range of activities engaging children, young people and families creatively in service development, there was little coordination of this and no evaluation of its overall success.

Children and young people were having a say in their education through Aberdeen Pupil Voice and the roll out of Rights Respecting Schools (RRS). Aberdeen Pupil Voice, started in 2012, represents all secondary schools. They regularly present their collective findings to the elected members on key educational matters. A review of the first year of the group was helpfully undertaken and identified priorities for year two of the programme. This

work would be greatly strengthened by a fuller evaluation of the impact, helping young people to understand the difference they have made. The variability of the success of Pupil Voice in different schools could also usefully be explored. Greater attention is needed to ensure harder to reach young people, young people with additional support needs and young people with disabilities are included fully in Pupil Voice.

The well-established Youth Council ensures the voice of young people is heard by key decision makers locally and nationally. For example, they worked well to promote full participation in the referendum and have also skilfully driven improvements in sexual health and drugs education.

Consultation with young people had helped to shape the child health strategy and led to important improvements in the quality of health information for school pupils. For example, a pilot youth forum worked with the NHS to hold an event for young people which successfully communicated credible, reliable health information through a range of innovative methods.

Aberdeen City was one of five areas in Scotland to launch the Police Scotland Youth Volunteers project. Police Scotland, Young Scot and YouthLink Scotland worked in partnership to deliver this project which gave young people a chance to be heard. As well as developing a practical understanding of policing, the Youth Volunteers took on leadership roles and participated positively in their own community. As a result they had been directly involved in improving community safety and crime prevention.

Looked after children and young people were supported by the Council's Children's Rights Officer to identify and present areas for service development, review and redesign to the Corporate Parenting Champions' Board. The Young People's Participation Group (YPPG) had been established specifically to provide a forum where young people could discuss and identify issues for development. The full participation of looked after children and young people had been a significant challenge. Leaders acknowledged a lot more needed to be done to achieve full participation. They hoped to break down barriers and encourage more meaningful involvement by encouraging older care leavers to mentor looked after children and young people.

Parents played an important role in developing services. Parents who themselves benefitted from attending Parents Early Education Partnership (PEEP) training were delivering the training to other parents. Feedback from children and families using the Royal Aberdeen Children's Hospital and the neonatal unit had prompted important changes. For example, play staff hours have changed to cover weekends and evenings.

While there are opportunities for children, young people and their families to take part in a range of activities to influence policy and service development, this aspect would be improved with better co-ordination and overview of activities. Evaluation of the impact of this work would inform and direct future activities.

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

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

Leadership of improvement and change was adequate. Partners were committed to working together to improve the lives of children and young people living in Aberdeen City. Chief Officers demonstrated a shared vision to reduce inequalities within specific communities, through the delivery of the Single Outcome Agreement and Integrated Children's Services Plan. There was strong drive and commitment to improve performance and secure positive outcomes for children and young people through the implementation of GIRFEC and the Early Years Collaborative. Leaders had introduced improved planning structures which ensured more direct accountability to Chief Officers. These changes were too recent to be able to gauge their effectiveness. In order to better understand current performance and promote further improvements leaders should make better use of the information and intelligence they have including benchmarking against other areas and national trends. They could also further build capacity for continuous improvement through the development of systematic joint self-evaluation across their services.

Aberdeen City Community Planning Partnership area has had frequent and significant changes to planning structures, organisational structures and key personnel within the partnership itself and in all component agencies over the past several years. Political changes had also taken place, firstly with a change in the political complexion of the council and secondly with internal change at senior level of the current administration. Change to the structure of community planning had been introduced resulting in Community Planning Aberdeen. Within the council there have been reductions in director and heads of service posts and amalgamation of departments. The council was undergoing a further restructure at the time of the inspection and anticipated further change was due with the implementation of health and social care integration. In terms of key leaders there have been changes at Chief Executive, Director of Education and Director of Social Care and Wellbeing posts. All of these key leaders had been in post for less than 18 months. During the inspection changes at the highest level in NHS Grampian was announced.

Within this changing environment, the Community Planning Partnership had continued to oversee the delivery of joined-up services and innovative working practices that were making a difference to groups of children, young people and families in Aberdeen

City. Staff from all agencies clearly expressed that they used the principles of GIRFEC as their principal approach to their work and model of practice. Leaders demonstrated a focus on aspiring to achieve positive outcomes for all children and young people and expected equality and inclusion to be promoted across all service provision. However, although they recognised and were committed to their leaders' aspirations for children, staff were not confident that services were successfully tackling the consequences of child poverty or closing outcome gaps and inequalities across different neighbourhoods. The Corporate Parenting Champions Board had recently been set up to ensure strategic oversight and leadership of corporate parenting and the key strategic leaders were firmly committed to improving outcomes for looked after children and young people in Aberdeen City.

Clearer structures for governance and collective accountability for leading integrated services for children and young people were in place through Community Planning Aberdeen and the Integrated Children's Services Partnership. An Integrated Children's Services Board had been established and planning groups around the indicators of wellbeing had been formed. Importantly a Chief Officers Group overseeing strategic planning for children's services had increased involvement at the most senior level and promoted greater accountability. These governance arrangements were relatively new and it was too early to assess their impact and effectiveness. Aberdeen Council of Voluntary Organisations had successfully used community groups to reach and engage meaningfully with hard to engage and excluded people. They were represented on all planning outcome groups and were responsible for chairing the Respected and Included group, which influenced and advised the Integrated Children Services Board.

Partners demonstrated a strong focus on early intervention and preventative practices through initiatives developed as part of the Early Years Collaborative, the Whole Systems Approach and diversionary programmes. A strong, clear commitment by leaders towards implementing the GIRFEC approach on a partnership wide basis was contributing to enhanced integrated working and a common shared approach. Leaders recognised they needed to improve how they collectively manage information and performance, and use this effectively to inform and determine joint planning priorities. The arrangements for partners to make efficient use of collective resources were underdeveloped as yet. Partners needed to develop a better understanding of their total resources in order to target investment on reducing significant inequalities and closing outcome gaps in their most deprived communities. This will be essential in order to underpin the approach to joint strategic commissioning of children's services.

There was a strong ethos of collaborative working where partners valued each other's contributions. Although applying to a very small number of young people, a stronger joint leadership approach was required to help ensure all services work more effectively together to ensure high risk vulnerable young people who are offending and, pose risks to others, are sufficiently supported and protected in advance of circumstances requiring crisis intervention.

Leaders were motivated and committed to developing and building leadership capacity across services. They actively encouraged and promoted creative approaches and listen to their staff. Staff had opportunities to be involved in developments and initiatives and were highly motivated to drive forward improvements. Most staff were of the view that GIRFEC was beginning to be embedded within services and they were familiar with the concepts of lead professional and named person.

Changes in personnel at Chief Officer level within the Community Planning Partnership had brought a renewed impetus to drive up capacity for improvement. Leaders now need to ensure they are systematically progressing on important and challenging areas for improvement. Whilst leaders were supporting staff to take responsibility and adopt the named person and lead professional roles, they needed to take steps to alleviate concerns in services where staffing pressures were contributing to workload management issues as a result of recruitment difficulties.

There was drive and ambition across the recently established leadership team to raise performance and improve standards across children's services. A strong commitment from leaders to develop and support creative approaches to improve outcomes including 'tests of change' sites through the Early Years Collaborative was beginning to demonstrate early signs of positive impact. Leaders recognised and celebrated good and innovative practice.

Partners demonstrated a strong commitment to be a learning organisation encouraging a culture of learning, support and challenge. Good practice and service developments were shared regularly through practice development and improvement sessions held throughout the year. The increased focus on early intervention and prevention was seen as having real potential to deliver more positive outcomes in the medium to long term. The establishment of the pre-birth team was an example of positive change based on identified need for improvement. Senior managers within social work were keen to embrace and identify new ways of working with a clear commitment to implementing 'Reclaiming Social Work' as a new approach within children's social work services. There were mixed views across the social work workforce about how positive the future is. Managers needed to be careful to sustain sufficient resilience in staff and to move forward with changes with appropriate support.

Partners now need to strengthen and further build capacity for continuous improvement through the development of systematic joint self-evaluation across integrated children's services. The newly developed Community Planning Partnership's Integrated Children's Services Improvement and Performance Group could play a lead role in driving forward an enhanced and systematic approach to self-evaluation across the partnership.

8. Conclusion, particular strengths and areas for improvement

Inspectors are confident that the lives of many children and young people growing up in Aberdeen City are improving as a result of the services delivered to them by Community Planning Aberdeen. For some vulnerable young people, we found improvements in their life chances to be more variable with some experiencing more positive outcomes than others. Many families, including very vulnerable families, were benefitting from early support and were able to move easily from specialised and targeted support back through to mainstream and community support. Some had to wait until the support they needed became available. Children and young people in need of protection were helped to keep safe and response to immediate concerns about their safety was now prompt and effective. Inspectors were less confident about the identification and management of risks for the small number of young people who present a very high risk to themselves or others. Care and support for looked after and accommodated children and young people were improving and the redesign of residential services, when concluded, will continue to enhance this. Significant progress had been achieved in the implementation of a GIRFEC approach by developing a positive culture, better systems, clearer processes and an improved focus on outcomes.

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

- Supporting pregnant women, including those who were vulnerable, and ensuring that new born and young babies get the best possible start in life.
- Empowering children and their families to understand what services were available and would best meet their needs through the provision of easily accessible, up to date, high quality information.
- Recognising and responding promptly and effectively to immediate concerns that a child or young person may be at risk of harm or abuse.
- Ensuring there are sufficient opportunities for children and young people to express their views about service developments and important issues in their lives.

We are confident that partners in Aberdeen City will be able to make the necessary improvements in light of the inspection findings. In doing so Community Planning Aberdeen and the Integrated Children's Services Board should now:

- Focus their collective efforts and set ambitious and challenging targets to improve their performance in realising their vision "For Aberdeen's Children" and reduce inequalities.

-
- Ensure processes for joint strategic planning of integrated children's services are systematic, robust and include methodologies to measure impact and outcomes for children and young people.
 - Continue to develop priorities for improvement through joint self-evaluation.
 - Improve planning for individual children including making better use of chronologies of significant events in children's lives to inform assessment and planning.

9. What happens next?

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

March 2015

Appendix 1: Good practice examples

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

We commend the following examples:

Innovative approach to the implementation of GIRFEC

Hanover Street Primary School was a very good example of “GIRFEC in action”. The school was taking a whole school approach to help identify children’s concerns or worries. They used questionnaires, tailored to each age group, to explore well-being indicators with all children. Information was discussed and plotted on a Wellbeing Wheel for individual children, transferred on to a one page, colour coded, summary for the class and then collated for the entire school. The results informed the school development plan and in turn children were part of child led working groups addressing issues they had identified.

City of play

The City of Play project was working effectively to ensure that children in Aberdeen City were empowered to play, were encouraged to direct and define their own play spaces and have access to high quality play opportunities and resources. The foundation for this was the implementation of the Aberdeen Play Forum comprehensive play policy launched in 2013 and based around Article 31 of the UN Convention on the Rights of the Child. Article 32 recognises that every child has the right to rest and play and to have the chance to join in a wide range of activities. Considerable investment had been made to improve play areas around the city. Innovative approaches to play had been adopted and there was evidence that a joined-up approach from staff, effective community engagement and an understanding of the importance of play was benefitting children. Take up of service had increased significantly.

Attachment in Aberdeen City

The Integrated Children’s Services Board had invested time and resources to promote and roll out the practice model based on attachment theory across the partnership. The premise adopted was that by improving attachment practice across the authority area and embedding the knowledge and understanding of the theory across services working with children, the quality of work with families would improve, partnership working would improve and as a result the life circumstances of vulnerable children would also subsequently be improved. A significant and comprehensive training programme had been delivered and positively evaluated. Staff were very positive about the changes made to their practice and indications that this approach was beginning to improve outcomes for children and young people were very encouraging.

Appendix 2: Indicators of quality

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

Here are the evaluations for nine of the quality indicators.

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

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

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

Appendix 3: Glossary of terms

Community Planning Aberdeen (CPA) is the local Community Planning Partnership (CPP) for the Aberdeen City Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Aberdeen City.

Community planning is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives.

A **Single Outcome Agreement** is an agreement between the Scottish Government and Community Planning Partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

The use of the term **Third Sector**, also known as the voluntary or community sector, is to differentiate it from the public or private sector. Services here are non-governmental and non-profit-making organisations or associations, including charities, voluntary and community groups.

Getting it right for every child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. For more information, search www.scotland.gov.uk/gettingitright

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

An **Integrated Children' 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.

The local authority has a duty to carry out a needs assessment for each young person who ceases to be looked after beyond school age, with a view to determining what advice, assistance and support the authority should provide. This is known as a pathway assessment and the pathway plan lays out exactly what support will be provided, and in what way, to meet the young person needs.

Appendix 4: The quality indicators framework

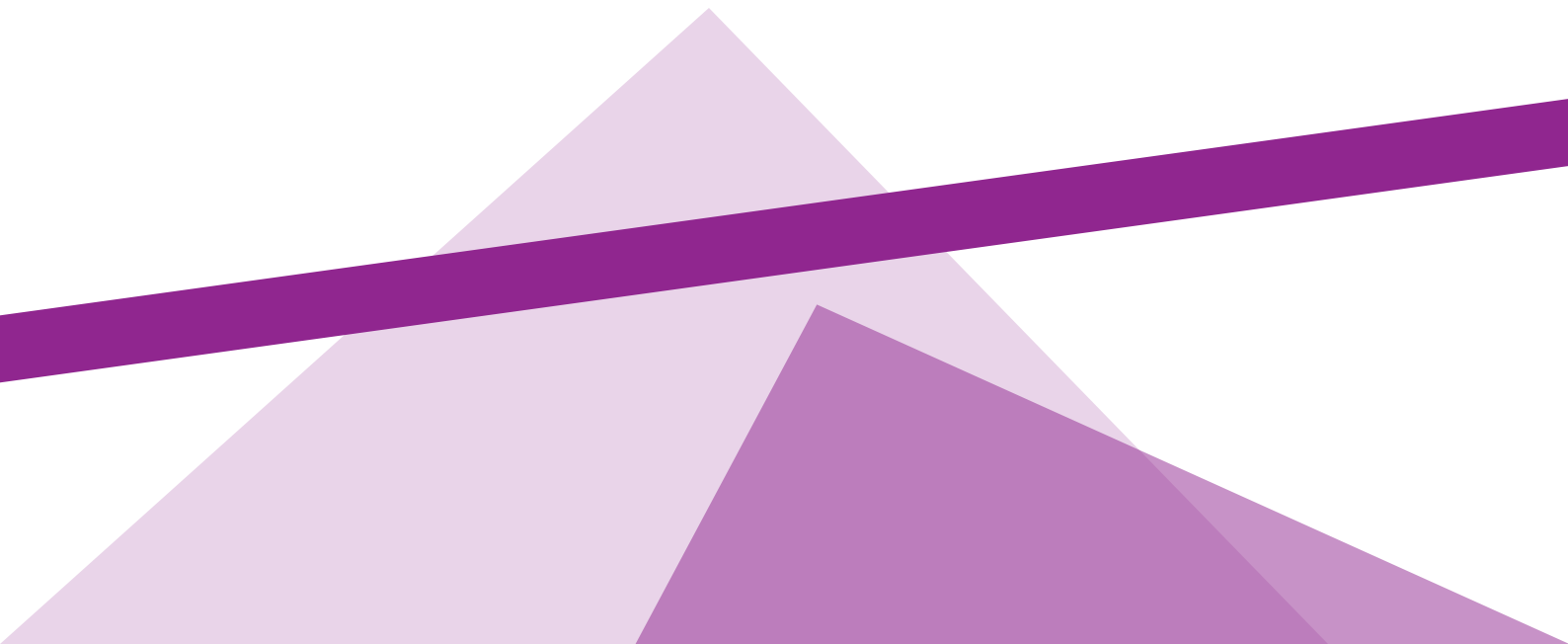
What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and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

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If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330, fax 0800 377 7331 or e-mail: **ask@spso.org.uk** More information about the Ombudsman's office can be obtained from the website at **www.spso.org.uk**

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