

Services for children and young people in Aberdeenshire

October 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 Aberdeenshire Council, NHS Grampian, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and 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.

In September 2014 the Care Inspectorate published *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 framework is 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 Aberdeenshire Community Planning Partnership area took place between 27 April 2015 and 12 June 2015. 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 of a representative sample of the most vulnerable children and young people, taking into account different ages, gender, ethnicity, disability, postcode and legal status. In total we read the records of 101 children and young people. We met with 56 children and young people and 52 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 Aberdeenshire 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 Aberdeenshire Council area published by Her Majesty's Inspectorate of Education in 2009, 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

Membership of the Aberdeenshire Community Planning Partnership Board includes Aberdeenshire Council, NHS Grampian, Police Scotland, Scottish Fire and Rescue Service, Scottish Enterprise, Scottish Children's Reporter Administration, Aberdeenshire Alcohol and Drug Partnership, Aberdeenshire Voluntary Action, Skills Development Scotland and North East of Scotland Transport Partnership. The Board serves a population of 260,500 across a predominantly rural area, covering 6,313 square kilometres, representing 8% of Scotland's overall land area. Aberdeenshire remains a relatively wealthy area, with the unemployment rate of 0.7% in June 2014 against a Scottish average of 2.8%. It has been traditionally dependent on agriculture, fishing and forestry and related processing industries. Over the past 40 years, the development of the oil and gas industry and associated service sectors has broadened the economic base of the area. Despite this, there are pockets of deprivation and rural isolation. The 2012 figures from the Scottish Index of Multiple Deprivation show that, within Aberdeenshire, there is a total of five data zones¹ in the 15% most deprived data zones in Scotland. Most of these are located in parts of Fraserburgh and Peterhead.



Population of Aberdeenshire

260,500



Predicted population increase of children under 16:

13.8% by 2037

The child population in Aberdeenshire is above the average for Scotland and growing steadily. In 2014, children and young people aged 0-15 years made up 18.7% of the total population in Aberdeenshire. The child population aged 0-15 years is predicted to rise by a further 13.8% over the 25 years from 2012-2037. Over the 10 years 2003-13, the total population grew by 11.5%, the highest rate of increase of any local authority area, and inward migration accounted for 9.4% of this increase, with large numbers of families moving from Eastern Europe moving to work in the fish and meat processing industries.

The Aberdeenshire Single Outcome Agreement 2013-23 reflects national and local priorities. It sets out seven long-term outcomes to achieve the partnership's vision of working together for the best quality of life for everyone in Aberdeenshire. Lead

¹ Data zones are small geographical areas with populations of around 500 to 1000 residents.

partnerships are responsible for each long-term outcome and report twice a year to the community planning partnership board. There is a clear commitment to investing in preventative services and resources to reduce the inequalities that exist across and within communities. The strategic outcomes aimed at improving the lives of children and young people include: giving children the best start in life; improving youth employment and positive destinations; reducing health inequalities; and making safer and stronger communities by reducing re-offending, improving road safety and reducing harm from alcohol and drugs. The Integrated Children's Service Plan 2015-16 is a one-year plan that focuses on services that target the most vulnerable and disadvantaged children who require multi-agency involvement. The multi-agency Getting it right for every child leadership group reports annually to the community planning partnership board to demonstrate progress towards outcomes and targets identified in the plan.

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

Improving the wellbeing of children and young people

This section considers the improvements in outcomes that 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.

Overall, performance in improving outcomes for children and young people was good. Partners could demonstrate some improving trends from targeted work to improve health and reducing offending through prevention and early intervention. There was strong performance in school attendance. In terms of school exclusions, the authority performed particularly well. The number of school leavers achieving positive and sustained destinations had increased. Participation in sport and recreational activities both in and out of school had increased significantly as had use of leisure facilities. Progress towards some measures was slow or inconsistent. The number of children needing to become looked after continued to be low and where children could no longer remain at home, an increasing number were able to be cared for within Aberdeenshire. However, some outcomes for vulnerable children and young people were not improving. Partners were not making effective use of data to show what improvements they had achieved in the lives of children and young people. Integrated children's services planning was not sufficiently well developed to enable partners to demonstrate how well they were closing outcome gaps for children and young people affected by poverty and rural deprivation.

How well are trends improving through prevention and early intervention?

Health services could demonstrate some improving trends through prevention and early intervention such as early identification of vulnerable, pregnant women leading to improvements in health and well-being of women and their babies. The effective approach taken by partners to developing outcome indicators enabled them to demonstrate reduced offending and diversion from prosecution amongst young people through **the whole system approach**. Overall, there has been a year-on-year improvement in terms of the attainment of the lowest 20% of school age children and young people.

The community planning partnership has identified the need to reduce inequalities in outcomes between communities where levels of deprivation are significantly higher. Rates of teenage pregnancies in the most deprived areas of Aberdeenshire were four times higher than in the least deprived areas. Moreover, pregnant women living in these communities were more than four times likely to smoke in pregnancy. Health services have targeted resources, such as establishing health hubs, sexual health clinics and implementing a smoking in pregnancy care pathway to address these inequalities. However, the suite of indicators agreed within the single outcome agreement was not fully supporting partners to demonstrate improving trends in outcomes, in particular through its approaches to early intervention and prevention. More significantly, local data that would support partners to target interventions and resources at the most vulnerable communities was limited.

Education services had implemented a programme of major investment in an extended early years education programme and the development of 15 resource centres offering early intervention and prevention for children aged 3-5 years and two centres offering early intervention to children aged 0-2 years. Staff were very positive about the impact of these developments. However, at present there were no indicators of success to measure performance or demonstrate the impact of such investments within the single outcome agreement. The Council continued to place homeless families in bed and breakfast and other unsuitable temporary accommodation. In contrast, most other councils in Scotland report no households in this position. Integrated children's services planning was not sufficiently well developed to enable partners to demonstrate how well they were closing outcome gaps for children and young people affected by poverty and rural deprivation.

How well are outcomes improving for children and young people?

Across the whole population, performance compared well at a national level reflecting the relatively low levels of deprivation across most of the partnership area. This included babies being born with a low birth weight, which was 1.5% compared with the Scotland rate at 2.4%, numbers of women smoking in pregnancy in Aberdeenshire as a whole, which was 14.2 % compared with 20.7% for Scotland and a downward trend in numbers of teenage pregnancies. Improving outcomes for children in their early years was part of a set of outcome indicators agreed by community planning partners within the single outcome

agreement. Other indicators outside of the agreement were reported by individual partner agencies. In terms of maternal and child health, positive performance included: early antenatal booking in pregnancy at 95%; exclusive breastfeeding rates at 34.6% in 2013/14, compared with the Scotland rate of 27.1%; and child vaccination levels. There has been a steady increase in dental registrations for 3-5 year olds and the percentage of children starting school with no dental caries was above the rate for Scotland at 72.4% in 2014.

There was strong performance in school attendance. In terms of school exclusions, the authority performed particularly well. For older children, educational attainment including literacy and numeracy at SCQF level 4 and the performance of school leavers continued to improve overall. Numbers of young people who were achieving positive and sustained destinations had increased over time to 93.9% in 2013/14 (Scotland rate 92.6%). Young people achieving youth awards through a number of accredited schemes had increased significantly year on year, exceeding the local target. However, data relating to young people engaged in volunteering presented a mixed picture. Participation in sport and recreational activities both in and out of school had increased by 32% over four years, as had use of leisure facilities. Within this positive context, progress was not consistent for many of these indicators and there were pockets of poorer performance or slow progression towards identified targets. In the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), young people reported reducing trends in smoking, drinking alcohol and using illegal substances.

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

Partners could demonstrate improvements in the life chances of some vulnerable children and young people. Numbers of children and young people referred to the Children's Reporter have fallen by nearly 800 in four years. We referred earlier to the successes in reducing the number of offences committed by young people. Aberdeenshire has had consistently lower numbers of looked after children than the Scottish average, with 0.8% of the population aged 0-18 compared with the rate for Scotland at 1.5%. Successful approaches to developing local wrap-around care for children with disabilities had reduced the numbers of children and young people in placements outside the council area. This is a way of providing flexible supports and services to families with children with disabilities to help them meet the needs of their children in their own communities. Some proxy measures provide an indication of improved outcomes. For instance, there had been improvements over time in the timely provision of reports to the Children's Reporter and the 100% target for implementing supervision requirements within 15 days was being met. There were early positive signs of the work being carried out to reduce the length of time looked after children and young people live with uncertainty about their future care arrangements. Aberdeenshire has struggled to make progress in closing the outcome gap between the educational attainment for its looked after children and the whole child population. Education services were monitoring attainment, attendance,

unexplained absences and exclusions for groups of schools at a local level. on a quarterly basis. Recent local data from education services indicated some gradual improvement across these measures, particularly for those looked after away from home.

Care leavers were doing better in Aberdeenshire than for Scotland as a whole in some respects; greater numbers were still in touch with social services, a greater percentage eligible for aftercare and actually receiving aftercare and more of those eligible for aftercare were in employment, education or training. Despite the commitment to corporate parenting from partners, progress in achieving sustained improvements in positive destinations for looked after young people as care leavers had been variable. The most recently published figures for 2013/14 indicated performance had fallen to 55% compared with the Scotland average of 73%. Children's social work services have been tracking local performance with a combination of some national and local data since 2013/14, developing a set of quarterly performance measures that link with wellbeing indicators to combine qualitative and quantitative information. They acknowledge this is work in progress. Overall, this was a promising start and included positive results from children and young people about their experiences, collated under each wellbeing indicator for all children who were looked after away from home. The new dataset came from a single agency and did not currently include measures from other partners such as housing and the use of bed and breakfast accommodation for care leavers and families that could be used to improve a broader range of life chances for vulnerable children and young people. The Child and Family Protection Committee was not making sufficient use of data to demonstrate improvements in the safety and wellbeing of children and young people in need of protection. Baseline measures and improvement targets for other vulnerable groups of children and young people were not in place.

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 the wellbeing of children and young people growing up in Aberdeenshire was evaluated as very good. They benefitted from a positive, respectful culture amongst staff in their work individually and together. Most vulnerable children and young people were being helped to be safer, healthier and well nurtured through purposeful and timely interventions when they were at risk of immediate harm. There was a positive focus on their emotional wellbeing and their health and physical needs were being promoted effectively. Individually they were encouraged by their teachers and carers and provided with opportunities to

achieve widely. They were involved in decision making about their own lives and able to influence how services were changed and improved. Children and young people who were looked after away from home were routinely consulted about their wellbeing. A few vulnerable children and young people had to wait too long to get help, either because services were not available, or because staff could have acted sooner to address chronic problems in their lives.

Children in Aberdeenshire benefitted from early access to effective health care during pregnancy and skilful advice and guidance provided by health and education staff. Children's emotional health was very well promoted and understood by staff working in and with schools and underpinned the work to help children achieve. Many older young people were encouraged and well informed about how to live healthy active and safe lifestyles. Practice was particularly strong in ensuring children's needs and rights were respected, and many were enjoying opportunities to take part in decision-making and leadership roles. A few older young people could not access supports because they had not been made available in their area or because there were not any suitable for their needs.

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

Children who were at risk of immediate harm, including unborn babies, were kept safe as a result of prompt assessment, planning and action taken by staff. Children who were not able to remain safely in their own homes were provided with alternative placements with foster carers, residential care or relatives, using legal measures if they were needed. Appropriate and very sensitive arrangements were made to protect children through restricted or supervised contact with parents who posed a risk to their wellbeing. Although most staff worked effectively with parents to address neglect, improve children's living conditions and promote a better understanding of their child's needs, a few children could have benefitted from more timely action to address long-standing patterns of neglectful parenting or the effects of domestic violence.

Children were learning very successfully how to keep themselves safe and make safer lifestyle choices. Children in both primary and secondary schools had access to a diverse range of programmes which are delivered jointly by staff from different agencies. Many children, including looked after children, reported feeling safe in their school and their community. A few more vulnerable older children and young people could have benefitted from staff working with them taking a more proactive approach to addressing their risk-taking behaviour. Babies and young children were kept safer as a result of successful car seat safety initiatives and some teenagers were able to attend driving programmes which promoted road safety and taking responsibility for their own actions. Out of school, some young people benefitted from attending The Rock Challenge, a performing arts initiative which delivered anti-drug and crime prevention messages, and The Street Sport, units which provided accessible sports as well as diversionary activities for some young people.

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

Children's health and wellbeing was generally promoted very well by staff. Pregnant women accessed healthcare early in their pregnancies, which helped babies develop and to be born healthy. Mothers were encouraged and supported by experienced staff to breastfeed their babies. Children were learning about healthy lifestyles in early years services, schools and mobile classrooms, which were used to deliver a number of programmes on drug awareness, healthy lifestyles and personal safety. Many children were able to benefit from very sensitive sexual health and relationships programmes within schools, although some missed this opportunity when their schools' head teachers did not support the programme.

Many vulnerable children whose records we read were having their health needs met well. Parents of very young children were helped to meet their children's health needs through purposeful support provided by health visitors, nursery nurses and support workers. Overall children's health needs, particularly emotional health needs, were considered carefully by a range of staff working with them. Some older looked after children could have benefitted more, if a comprehensive assessment of their health needs had been completed. A few children with emotional or mental health problems had to wait for help from child and adolescent mental health services (CAMHS) due to lengthy waiting lists. A few children were not getting early enough access to speech and language therapy. Sometimes school nurses supported children while they waited for an appointment, although this was not always appropriate and some school nurses did not have the capacity to fulfil this role in any case. Although services had arrangements in place to share information about missed appointments, a few children did not get help from health professionals when their parents did not attend appointments and were not offered further appointments as a matter of course.

How well are children and young people helped to achieve?

Most children and young people were supported effectively to achieve, develop skills, confidence and to make good progress in their learning. Looked after children were actively supported by foster carers and teachers to progress and overcome barriers in education and care leavers were supported to move to employment and achieve more widely, for example by passing their driving tests. Most children and young people were progressing to positive destinations through a range of effective measures and initiatives such as The Family Firm. Vulnerable young people were being given targeted support and opportunities to achieve meaningful work within the Council, although this was at an early stage. Effective partnership working with key oil and gas industry employers through **Career Academies** was enabling young people to successfully bridge the gap between school and the world of work.

Young people's achievements both in and out of school were celebrated in school, for example through **Anne Frank awards** and at authority-wide events such as Inspiring

Aberdeenshire. Good use was made of accredited awards in some areas, with courses such as Transitions in Action, which helped vulnerable young people and children with autism develop skills for independence. However, there was no systematic approach to capturing young people's achievement in and out of school. The numbers of young people engaged in volunteering was variable across the authority and low overall. As a result of a reduction in the breadth and choice offered by colleges, the range of positive destinations for young people with disabilities and complex additional support needs had been reduced.

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

Staff firmly recognised the importance of strengthening children's attachment and relationships. Children experienced enhanced opportunities to experience warm and caring relationships, very young children and their parents enjoyed home visits by staff who promoted attachments through communication and play and children experienced nurturing environments through attending family resource centres, playgroups, nurseries, and schools. Staff increasingly helped them to understand their own feelings and those of others. Enhanced nursery provision for very young children and well-supported transitions promoted nurturing amongst groups of children and young people with additional support needs and helped them cope more successfully with changes in their lives.

Greater awareness of the needs of young carers was beginning to improve identification and co-ordination of support with adult services. There were a few vulnerable groups including lesbian, gay, bisexual and transgender young people, children and young people affected by parental alcohol abuse and those from travelling families who merited more widespread attention. Continuity of nurturing relationships for at-risk children and young people was assisted by joint working from pre-birth onwards for particular groups of vulnerable families. For example, in support to parents misusing substances and to parents serving sentences in HMP&YOI Grampian, through a very well supported mother and baby unit and successful learning and play programme for fathers. High quality placements for children and young people looked after away from home enriched their lives through nurturing relationships with carers. Strenuous efforts were made by staff to maintain supportive relationships with family members. Almost all such children and young people whose views were routinely gathered, and those we met said they felt happy and settled. Care leavers benefited from support from highly committed staff and carers.

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

Most children had a wide range of opportunities to be physically active. The Active Schools work encouraged participation in sports and had successfully targeted groups identified as marginalised, such as girls from migrant communities, to become more involved. The Step Up dance group had successfully involved them in physical activity which they enjoyed and which also helped them to integrate into their local communities. Many young people were encouraged and supported to take on a leadership role as part of the Active Schools work and they had the opportunity to participate in events such as Run Balmoral and Run

Garioch. Young children were given opportunities for safe outdoor play in high quality facilities and this was a key strength in many children's day care services, helping them to develop physical coordination skills. Children were positively encouraged to take part in active safe play, sometimes using play at home materials provided by nursery and health visiting staff.

Children in kinship care, foster care and residential care had regular opportunities to be active and enjoyed an outdoor lifestyle. They benefitted from free access to sports and leisure facilities. Some children in rural foster placements and young people at Bachlaw residential school enjoyed spending time with animals on the 30-acre farm and using the Creel boat, which helped to develop their self-esteem alongside challenging physical activity. Opportunities for children with disabilities to be active were more varied. Some children enjoyed attending riding for the disabled and clubs such as DIY Club and Butterflies, however other options during school holidays were more limited.

How well are children and young people respected?

Overall, children and young people's individual needs and aspirations were highly respected by staff across services. Staff knew children well and their views were routinely sought, listened to and recorded carefully. A range of meaningful tools and approaches were used to engage creatively with children, including those with complex needs. Children and young people looked after away from home and those at risk were consulted about how well they felt their wellbeing needs were being met each time their care plan was reviewed. Some young carers felt their voices were not always listened to carefully enough when plans were being made to support the person they cared for.

Many schools were actively taking forward the children's rights agenda ensuring children understood their rights. In secondary schools, many young people in years S1 to S3 were becoming respect ambassadors and raising awareness of equality, diversity and rights across the school communities. At Ellon Academy, pupil voices were heard through the school senate. A positive approach was taken to promoting children's rights at Meldrum Academy where there was an active lesbian, gay bisexual, and transgender group, which delivered presentations throughout the school on the respectful use of language and anti-bullying values and attitudes. Unfortunately, these examples of effective practice were not being implemented across all schools.

A well-established culture of ready access to advocacy services promoted the rights of children and young people looked after away from home in kinship arrangements, foster families and residential care. The children's rights service was used well and valued by children and young people. Young people were involved in developing a user-friendly system of recording young people's views called My Voice. They were involved in all aspects of this work including the development of information technology and the procurement process. Children and young people were positively valued by having access to high quality physical environments and facilities in regulated care services.

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

Children and young people were taking on appropriate levels of responsibility with the aim of supporting them to become responsible citizens. They benefitted from consistent boundaries, guidance and supervision to help them make appropriate decisions about their behaviour. Children accessed an extensive range of opportunities, which encouraged and enabled them to take responsibility and develop their understanding of citizenship and democracy. These included: pupil councils; credit unions; mock elections; peer mentors work with community councils; community learning and development services; and global citizenship programmes. Aberdeenshire Pupil Voice Forum was a recent initiative that offered an opportunity to actively consult young people on learning and teaching and allow them to have a voice in shaping future learning. Young people involved were gaining confidence and reported a strong sense of ownership. Many schools successfully achieved an eco-schools award which helped develop responsibility and improve attitudes and behaviour. Children were actively involved in the running of their pupil council, which increased their sense of responsibility, making a positive contribution to both the school and community. Successful approaches to helping younger children develop respectful behaviour towards others included the Cool School project at Barthol Chapel School and the Can Do Council at Inverbervie Primary.

Young people were generally well represented within community learning programmes. Drawing on their experience young carers were engaged in commissioning of the Young Carers' Service which resulted in a comprehensive, guide to meetings, aimed at making sure the needs of young carers remained central to discussion and decision making in meetings with professionals. Young people who were looked after were encouraged to take on mentoring and befriending roles. Many young people involved in offending behaviour were benefiting from timely and effective interventions and as a result were increasingly taking responsibility for moderating their behaviour. Initiatives such as the Pupil Voice Forum in schools and community-based youth forum structures could work more closely together to maximise the impact of young people's involvement in local consultation and decision-making. Services could usefully identify and address areas where young people are currently not engaged in youth representation activities as well as capturing and evidencing positive examples where children and young people are taking responsibility on an authority-wide basis.

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

An increasing number of children and young people who were looked after away from home said they felt included in the decisions being made about them when they were consulted. Schools actively encouraged an inclusive ethos. For example, children within Inverbervie Primary School actively promoted a common identity with children with additional support needs. Effective transition programmes delivered in partnership

between schools and the community learning service was enabling successful and very sensitive transition from primary to secondary schools. Children looked after away from home reported feeling included and children in foster care felt very much part of their family. The promotion of supported lodgings positively contributed to young people feeling they were included in a family and community.

The Fraserburgh Wrap-Around Care project offered young people with additional support needs a safe and welcoming environment. As a result of participation, young people were better able to socialise, share and work with others and were gaining in confidence. Older children with additional support needs had more limited access to services, for example the DIY Club provided a service for children up to 12 years old only. The rural nature of much of the partnership area and the high cost of transport have the potential to leave some young people unable to engage fully in activities. Partners had a plan in place to address this by 2016.

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 on families was good. Families with young children benefited from a broad range of universal and specialist supports. Advice and guidance for parents of older children was delivered in a variety of ways across communities, and vulnerable families received valuable personalised support. However, there was no underpinning strategy to ensure supports were available and targeted at the families and communities who needed them most. Services were working well together to provide effective family support in response to identified need. Staff formed trusting relationships with families who were using parenting assessments from the pre-birth period onward to help parents to increase their confidence. A robust antenatal booking system was ensuring that vulnerable women were identified at an early stage and appropriate supports made available, with a multi-agency response where required. Good use was made of universally available parenting materials for younger children.

Family resource centres were providing coordinated support for the most vulnerable families. Staff showed persistence in working with families who were reluctant to engage, although for a few families this went on too long without sufficient or sustained improvement in their parenting abilities. Parents were becoming more confident as a result of the flexible delivery of parenting programmes such as Triple P and the emerging successes of the work of the Early Years Collaborative. Families caring for children with a disability were being

positively supported by the promotion of self-directed support and the provision of wrap-around care, a way of providing flexible supports and services to families to help them meet the needs of their children in their own communities. Parents of older children and young people received very helpful one-to-one support from teaching, police, social work and family support staff and school nurses.

Families were benefitting from a programme of extended early years provision that was being implemented in 15 centres providing flexible services according to local need. For example, short-term childcare was available for some families in crisis, as well as longer-term provision to enable parents to enter employment. Parental confidence was being promoted successfully through the flexible provision of parenting programmes, particularly Triple P. The programme has been delivered on a one-to-one basis on occasion, for example for parents who felt unable to work in a group setting. Ongoing multi-agency supports were helping to embed the skills gained by attendance at formal programmes.

Services for migrant families were developing in response to local need. For example, a group for mothers in Peterhead had developed from the English for Speakers of Other Languages class. Also in Peterhead, work had been done to engage migrant families more fully in school life. Similar responsive work had been done in Banff, with the primary school newsletter being available in Polish. However, despite these initiatives, there was no overall strategy for working with migrant families that would enable services to learn from the positive work already being undertaken in local areas and ensure supports were available at the earliest opportunity.

As a result of the work being done through the Early Years Collaborative, families with young children had access to additional supports with a strong focus on play and parent-child interaction. This was enhancing the resilience of family relationships and increasing confidence in parenting. There has been limited progress to date of scaling up these new approaches to widen the impact for more families across different communities.

Many vulnerable families were becoming more confident in their parenting and better able to meet their own needs as a result of the help and support they received. Vulnerable families who found it difficult to accept support benefitted from staff showing persistence in their work with them. In a few cases, though, staff had continued to work with families over a long period without recognising the lack of improvement.

New family resource centres in Inverurie and Fraserburgh provided coordinated support for the most vulnerable children and families who required the involvement of social work services. Staff were taking opportunities for joint working with these families, where accommodation allowed, delivering a range of helpful support services to families with very young children such as mother and baby groups and baby massage.

Families affected by substance misuse were benefitting from purposeful joint work

between staff in adults and children's services. A family support worker, funded by Aberdeenshire Alcohol and Drugs Partnership, provided significant support to pregnant women who were using substances in the North Aberdeenshire area but this service was not available in other localities. Staff working in youth services strived to harness the benefits of shared approaches and joint working. Examples included supporting the integration of migrant families through playing or coaching in sports and activities or informal English language sessions, and reaching out to those serving prison sentences and their families with library services, successfully engaging many in shared learning approaches.

Vulnerable parents were being helped to develop a better understanding of their children's needs through the effective use of comprehensive parenting assessments from the pre-birth period onward. Contact times for parents whose children were looked after away from home were used meaningfully to help parents understand their role and relationship with their child. Universally available parenting materials such as Book Bug and Play@home, were used to facilitate engagement with such families. Multi-agency action planning meetings were viewed positively by families as a mechanism for ensuring that they continued to receive the support that they needed when they needed it. Families with children of all ages greatly valued the involvement of family support workers who developed trusting and productive working relationships.

Families who needed additional support were identified at an early stage through a robust, midwife-led antenatal booking system. Family relationships where children were experiencing developmental delay were being strengthened by nursery nurses based in health visiting teams promoting attachment, stimulation and play. Families with children with a disability were being well supported to use self-directed support in a creative way to ensure that they received the services they needed at the earliest possible stage. The development of flexible care and wrap-around care in two pilot areas had resulted in families being supported earlier and in their own home and community. There was a commitment to the roll-out of wrap-around care across the area but this was not yet in place.

A promising young carers' toolkit had been developed and was soon to be rolled out across the area. This aimed to support education staff to identify young people who have a caring role within families, resulting in support for the family at an early stage from both adult and children's services. The lack of a local young carers' strategy was limiting the cohesiveness of planning to meet the support needs of those young people identified with the use of the toolkit.

The Aberdeenshire parenting strategy was still at the draft stage, and was focused on parents of children in the early years only. There was limited evidence of the availability of services such as parenting programmes for families with older children and teenagers. The capacity of the school nursing service to deliver proactive support, including home

visiting, was increasingly limited by the expanding immunisation programme and the impact of their involvement in responding to child protection concerns. Work currently being undertaken at national level should inform future development of the service across Scotland.

5. 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.

The extent to which services provide early help and support at an early stage was good. As a result of a wide range of awareness raising initiatives, staff were confident in recognising most children, young people and families who were in need of additional support. Staff were strongly supportive of the Getting it right for every child principles. Services had implemented processes that supported staff to share information appropriately and promptly, but some of these processes were not working as well as they could. This meant information sometimes took longer than at other times to be shared and staff had to use their contacts and working relationships as opposed to relying on formal systems, which was not wholly satisfactory. Staff were firmly committed to providing support to prevent difficulties increasing. Most services were available when required and provided in a flexible way that encouraged children, young people and families to make best use of them. However, the absence of a strategic approach to understanding the needs of some groups of children and families was getting in the way of services being proactive and finding opportunities to intervene early.

Services had implemented a broad range of approaches that were helping to raise awareness of the factors that might get in the way of a child's wellbeing. These included the following.

- There had been a four-year programme of awareness on mental health training for all staff.
- School nurses and guidance staff had been trained in Sexual Health and Relationship Education (SHARE) and specialist autism SHARE training.
- Under Operation HOLM in Aberdeenshire, which was initiated as a multi-agency

response to domestic abuse with an emphasis on investigation, protection and training, offenders were targeted and safety plans and measures were provided to victims.

- A young carers' toolkit was developed and training sessions were being rolled out to support staff in education settings to identify those children in both direct and indirect caring roles.

There was positive evidence that partners were working together well to recognise and identify children, young people and families who needed additional support, particularly for anti-social behaviour or offending, domestic abuse and those affected by substance misuse. In 2014/15, 2,243 child concern reports were submitted by frontline police officers expressing concerns about children and young people, 682 of which were related to children affected by domestic abuse. In our sample of vulnerable children's records, we assessed how well staff had recognised that children and young people were in need of additional support. In 24 out of the 29 relevant cases, we evaluated this as good or very good.

Early years partners were helpfully working to an agreed set of priorities and adopting flexible approaches in identifying and responding to need locally, including an out-of-hours service. Midwives and health visitors were effectively identifying and supporting vulnerable pregnant women at an early stage. The health plan indicator system was used to determine levels of support required from 16 weeks and routine enquiry was undertaken antenatally, six to eight weeks after the birth and postnatally, at six months. The developing culture of the nurture approach in schools was underpinning early identification of vulnerable children and providing a focus for joint work between educational psychologists, school nurses, teachers and community learning and development staff.

The absence of a strategic approach to understanding the needs of, and engaging with, some groups of children, young people and families was getting in the way of services being proactive and finding opportunities to intervene early. More work was needed to recognise and identify risks to children and young people from child sexual exploitation. Feedback from migrant workers and families indicated they had difficulties in accessing health services and were slower to seek help from support services. Sexual health initiatives were not being delivered in some communities that would benefit from them and there were no formal arrangements that would support schools looking to develop support groups for young people identifying as lesbian, gay, bisexual or transgender to come together and learn from the successful work at Meldrum Academy.

Where children and young people were known to staff, they were sharing information at an early stage well and making use of it well to decide how best to provide help and support. In 23 out of 29 vulnerable children's records for whom this question was

relevant, we evaluated performance as good or very good. The Getting it right for every child approach had provided greater clarity, ownership and accountability for staff in their support for children young people and families. In our survey of named persons and lead professionals, high numbers of respondents considered it was easier to help children and young people and that the Getting it right for every child approach had improved the way they worked. The implementation of the named person role had resulted in the development of a number of clear processes to support prompt communication between staff. For many children, these were working well - there was a well-established system for police to share concern reports directly with the named person. Health and education and the youth justice management unit shared referrals about offending with named persons. Health visitors and nursery staff met to share relevant information about young children moving into early years services and the multi-agency action planning meetings were improving and enhancing opportunities to share information about children known to staff. These meetings were also making a significant contribution to a shared understanding of needs, risk and thresholds for intervention.

Nonetheless, there were some delays and barriers to sharing information that was reducing the effectiveness of the procedures. Police were working to reduce what, on occasions, had been lengthy delays in assessing concern reports due to staffing shortages. In education services, there were some delays in reports being passed from the single point of contact out to individual schools. School nurses were sometimes unaware of concern reports that were not shared with them by the named person in schools. Some staff reported that the quality of information sharing between adults' and children's services was not consistent across localities. Although midwives and health visitors were careful to pass on information, many had developed informal working practices to achieve this and were unaware of the agreed handover system in place. Whilst managers were working hard to embed Getting it right for every child and find solutions to problems, this was not underpinned by systematic multi-agency quality assurance of these key delivery processes.

For most children, strong working relationships among the staff involved with them underpinned a commitment to communicate and manage information. Health staff met regularly with GPs to share concerns about patients with dependent children. Positive links between community learning and development services and schools enabled staff to target support at pupils who required additional support in either school or community settings and during transition to high school. A few GPs and dentists were reluctant to share information with social work or education staff. Where new or less experienced members of staff had recently joined teams, joint working and communication was less well developed between health visitors and social workers. Joint training and visits to each other's offices had helped to strengthen such relationships between social work and health staff in some areas.

Staff were working hard to intervene promptly and effectively with many children and young people. Early intervention with very young children combined preventative programmes, such as Mellow Bumps and Bookbug, as well as more focused work, based in family centres, which was predominantly led by the social work service. Health visitors were generally confident they could access support for a family such as parent craft and nurture work provided through Home Start and family centres. The educational psychology service was responsive and available, providing advice and guidance to staff in schools. Young people identified through the welfare meetings system in secondary schools received timely help. Support for young people involved in offending behaviour was flexible and well coordinated, for example with the court support worker and services from Barnardo's. An agreement between HMP and YOI Grampian and community-based services was providing valuable multi-agency support to families where a member was incarcerated. The gender-based violence team considered the needs of children and young people as well as their parents as victims and provided either direct support or signposting to other services.

There were some gaps in the availability and delivery of services that was restricting the capacity of services to provide accessible help and support. The lack of a parenting strategy meant that structured programmes were not always well coordinated, making support less accessible or equitable for families. Young carers were positive about the impact of the toolkit in raising awareness of their needs but were not sure what services would be available to meet increased demand. Staff from child and adolescent mental health services felt they were not able to intervene early enough and the different funding arrangements for schools meant resources were not always in the right place. Counselling services for young people aged 16-18 years were limited, often provided by adult services and difficult to access due to the challenges of public transport. There was a lack of supported or suitable accommodation for care leavers.

Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These themes 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.

Assessment of risks and needs was good. There were important strengths in the effectiveness of the initial response to children and young people when there were concerns about their safety or wellbeing. Staff used a broad range of information to help them assess risks and make decisions about keeping children safe. On most occasions, all relevant services were fully involved throughout the early stages. Children who were unable to remain at home were provided with a safe place to stay without delay and, in general, staff used legal measures appropriately

to keep them safe. For a few children who had experienced neglect, or whose family situation had not improved with support, staff were less confident about how to reach a shared threshold for taking alternative action. Staff understood the value and impact of chronologies in their work individually and collectively. The majority of chronologies in lead professionals' files were appropriate and helpful, but the partners acknowledged the need to further improve the consistency of recording and use of chronologies in assessing and managing risk and need.

The use of structured assessment frameworks was helping staff to make informed and comprehensive assessments of the risks and needs to children and their families. The police were providing valuable information about risks and wellbeing needs to meetings. Some staff were seeking more opportunities for training in assessing risk and recognised the benefits of doing this jointly with colleagues. Some children and young people required a more explicit assessment of risks to them to ensure all relevant staff were fully aware of the concerns and how to respond. Staff were committed to improving practice, but arrangements for quality assurance were not sufficiently systematic to achieve this.

There were effective measures in place for considering the circumstances of a child or young person when there were concerns about their safety or wellbeing. Overall, staff worked well together to jointly assess and plan how to deal with child protection referrals and investigations by police, social work and health. Purposeful, well-planned initial referral discussions supported staff to share information, assess risks and make timely decisions about appropriate actions to keep children and young people safe. This well-established, joint process involved relevant staff from an early stage, although practice was not always consistent in seeking the views of the consultant paediatrician before deciding whether a child or young person required a medical examination or health assessment.

Trained police and social workers consistently undertook joint investigative interviews and carried them out timeously and sensitively. There were a few occasions when police had made the decision to progress to a joint investigative interview with social work without having undertaken an initial referral discussion to share information and seek the views of partners from relevant agencies including health. However, these were very much in the minority and in the majority of cases we read, we judged the initial response to immediate risk and needs to be good or better. In a few cases, the quality of recording of the shared record of initial referral discussions in response to child protection concerns was variable. Whilst standard practice for completing the initial referral discussion form was undertaken by police or social work staff initiating the referral, these were not routinely or consistently being copied and sent to partners in health and, where appropriate, education. This left staff who had submitted information about the child without timely feedback about the outcome of the initial referral discussion.

Staff made effective use of multi-agency action planning meetings and pre-birth case conferences to consider the circumstances of children, including vulnerable pregnant woman when there were concerns about their safety or wellbeing. However, these meetings were not always used as well to plan responses to situations where a child or young person was experiencing long-term physical or emotional neglect. In a few cases, multi-agency action planning meetings were not making timely decisions to refer children to the Children's Reporter when lower level concerns escalated and improvements were not being sufficiently made. Helpfully, quarterly liaison meetings between the Children's Reporter, social work managers and the police were beginning to address these issues.

Where necessary, children and young people who were assessed as being in need of protection were placed without delay in suitable alternative accommodation, including kinship placements with extended family and foster care. When there were concerns about the safety or wellbeing of children and young people, appropriate and timely legal measures were used effectively to keep them safe. The social work emergency out-of-hours service, in partnership with police, took prompt and decisive action to concerns about the safety or wellbeing of vulnerable children and young people. They responded quickly to high-risk behaviours and crisis situations including self-harming, young people who were running away and homelessness. Staff engaged well with young runaways once they had been found, to check whether there was any reason to fear they had been the victim of exploitation.

Chronologies had become commonplace in records held by staff across services. Most staff were clear about the value of using chronologies to monitor and record the impact of patterns of behaviour and accumulation of events on the child or young person and used these to good effect to support the assessment of risks and needs. This included staff supporting older young people with disabilities through transitions and staff working in fostering and adoption services who were using them well to inform support plans for placements. Very positively, it was clear that other services were routinely contributing to the lead professional's chronology. Chronologies were fit for purpose in three-quarters of children's records we read. In the rest, many detailed key meetings and lists of contacts, but did not really assist in identifying patterns or trends that may have an adverse impact on a child or young person's wellbeing. As a result, a few children and young people experienced physical neglect for too long when recurring patterns of behaviour or accumulations of concerns were not recognised, properly detailed or well understood. Education and health staff were keen to continue the ongoing work to standardise the content of chronologies across services.

The quality of risk and needs assessment was evaluated as good or very good in the majority of cases. The Getting it right for every child framework supported staff across services very well to assess the risks and wellbeing needs of children and young people. These were usefully structured around the National Practice Model and staff made

effective use of the SHANARRI wellbeing indicators, My World Triangle and Resilience Matrix to reach informed judgements about a child or young person's wellbeing. Using the National Risk Assessment Toolkit was helping staff to inform and strengthen their analysis and management of risk.

These approaches were becoming well embedded by staff across services as an essential component in integrated assessments. For example, pre-birth cases had been strengthened using the National Risk Framework to support the assessment of risk leading to improved pre-birth planning and targeted support for vulnerable expectant women. Staff used the framework in conjunction with Getting Our Priorities Right guidance and it was helpfully supporting them to consider the risks and wellbeing needs of children affected by parental substance misuse, including unborn babies. In a few cases, the risk assessment was of a less than adequate standard. These cases lacked an explicit assessment of risk within the integrated assessment that would support better recognition, analysis and management of risks. Over a quarter of staff who completed our staff survey said they had not yet received sufficient training on how to carry out, or contribute to, an assessment of risk or need.

Information provided by police to case conferences ensured there was a clear focus on the needs of vulnerable children and young people as well as on assessing risks. Robust, effective challenge by chairs of case conferences ensured multi-agency discussions focused on assessment of risks for, and needs of, vulnerable children and young people. Police had adopted the wellbeing indicators in their child concern reporting and initial referral discussion recording processes. The joint initial referral discussion form helpfully contained a checklist of indicators and vulnerabilities to support staff to better identify and articulate risks where potential or actual child exploitation risks were present. This had strengthened the identification of children's wellbeing needs that were of greatest concern.

Multi-agency planning meetings were encouraging staff to consider fully the wider needs of children. These were supported by the Getting it right for every child approach, which was helping to unite staff in a common language, and shared understanding of children's wellbeing needs, risks and thresholds for intervention. School nurses routinely undertook sexual health risk assessments, which were based on the Fraser Guidelines, to ensure appropriate sexual health advice was provided to young people. The work of the multi-agency Panel Liaison Group was improving the timeliness and quality of assessment reports, child's plans and the evidence presented in referrals to the Children's Reporter. Not all looked after children were having their health needs assessed at the earliest opportunity. This was due in part to school nurses not being informed quickly enough when a child had become looked after.

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. Implementation of the Getting it right for every child approach had resulted in more effective joint working to a shared set of principles. The wellbeing indicators were becoming increasingly familiar to staff, children, young people and their families and supported staff well in preparing multi-agency plans that were of a high standard for the majority of vulnerable children and young people. There were notable strengths in planning. Multi-agency action planning meetings mostly worked very well and placed high value on the involvement of children young people and parents as partners. Helpful interventions were not always recorded fully, making progress difficult to evaluate for some children. The strong focus on securing stable and nurturing environments was clearly evident. Recent initiatives to improve timescales for achieving permanence for children were showing promising early results. Quality assurance monitoring was helping to improve the consistency of planning across the area for children and young people looked after away from home and those whose names were on the child protection register. However, these arrangements could be widened to include broader groups, including children looked after at home and those referred back for voluntary support for which the quality of plans and planning was not as robust.

The quality of children and young people's individual plans

Lead professionals demonstrated their knowledge and skills in creating individual plans to direct their work with children and young people and families in reducing risks and meeting needs. The majority of staff who responded to our staff survey agreed that they had the necessary tools and guidance to develop plans. We assessed the quality of child's plans as good or very good in over 70% of cases read. Most plans set out desired outcomes for the child or young person, although only half were yet sufficiently SMART (specific, measurable, achievable, relevant and time bound). Named persons and lead professionals were keen to benefit from further training in preparing a child's plan in order to make them more specific, linking actions to resources and setting out clear timescales for achieving measurable change and improvements in wellbeing in a consistent way. In a few cases, children and young people did not have an up-to-date child's plan. In addition, a few vulnerable children and young people who were part of sibling groups did not have their needs and risks sufficiently well individualised when they were part of a family plan. Managers accepted that the plans and planning arrangements for children and young people looked after at home and those subject to voluntary measures of supervision, could be more robust.

The quality and effectiveness of planning and reviewing

There were notable strengths in planning. For example, widely used agreements supported needs-led contact arrangements for accommodated children and young people with family members. Very effective multi-agency planning through the whole system approach was successfully preventing young people who had been in trouble with the police from reoffending. Making progress for children through joint planning, reviewing and decision-making was evaluated as good or very good in half the cases we read. However, meeting with staff increased our confidence that multi-agency planning for individual children was often more effective than was reflected in the records. Staff got to know children and young people well, but did not always record the positive direct work they were doing with them.

In four out of five cases read, children's circumstances were reviewed at intervals appropriate to their needs. In 85% of cases, there was an appropriate level of collaborative working. For a few children and young people, insufficient progress was achieved within timescales appropriate to the child's developmental needs: for example, in cases where children were experiencing physical and/or emotional neglect.

Multi-agency action planning meetings were also supporting better responses to lower level concerns. These meetings successfully involved parents, children and young people. Lead professional roles were increasingly being taken by staff who were not social workers. However, they were seeking clearer guidance, including standardised paperwork and administrative support. A social work reviewing team helpfully ensured that chairs of child protection case conferences and looked after reviews were independent of operational decision-making. Children, young people and parents in the case file sample were very well involved in planning and decision-making processes, where their views were sought and recorded well. Practice in this area was enhanced by the prominent role of children's rights officers and independent chairs speaking to children, young people and parents before review meetings.

Independent chairing arrangements had been reducing inconsistencies in planning arrangements across localities and had produced quarterly performance reports for social work managers. However, the data gathered in these reports had not been agreed with partners, or shared to strengthen joint improvement of timely planning and decision-making. Helpful liaison meetings between children's reporters, panel members and managers from across services took place regularly, but could be better used to systematically review and improve the effectiveness of planning and decision-making for those involved in the children's hearings system, as well as those referred back to social workers for voluntary measures of supervision.

Securing nurturing and stable environments

The effectiveness of planning to secure a nurturing and stable environment for children and young people was working very well in the majority of cases. Through gathering and analysing data, partners were better informed on how well they were currently performing in terms of permanency planning. Managers found that timescales in some cases were being well managed, while there were significant delays in progressing others. We found examples of effective practice in concurrent planning for newborn babies, whereby they were placed with foster carers who were suitable to adopt them should they be unable to return to the care of their parents. Staff were carrying out small tests of change and measuring their impact on timescales for individual children. The longer-term aim was to address drift and delay in the permanence process, by modifying current systems and processes. They had begun to consider the suitability of extended family members at an earlier stage when accommodated children and young people were unlikely to return home.

Increased efforts by staff to meet children's needs within their own schools and communities had resulted in a significant reduction in children and young people being placed in residential schools. Attention was being focused on reducing the length of time that looked after and accommodated children and young people lived with uncertainty and reducing instability caused by moves of care placement.

Stronger links were being made between planning to ensure care leavers were provided with secure accommodation and their ability to sustain training programmes and employment. However, children and young people affected by disabilities and young carers did not always benefit from co-ordination and oversight of respite arrangements to ensure these delivered the right help at the right time.

Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning. It considers how rigorously improvement in the wellbeing of children and young people is supported. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

Joint planning to improve services was weak. A shared commitment to multi-agency operational planning for vulnerable children and young people was continuing to support positive joint working at local level. This included embedding key elements of Getting it right for every child. A number of other partnerships and planning groups were working to deliver the strategic outcomes for children and young people at a local level, including resources aimed at early intervention and prevention. However, these were not connected well with each other. The integrated children's services plan and planning structure did

not support the development or coordination of integrated services in delivering the community planning partnership's priorities for children. The plan was not underpinned by a strategic assessment of need, necessary to jointly plan and resource integrated services.

Although the Child and Family Protection Committee had identified a range of improvement activities and could demonstrate some positive impact on joint working as a result of this work, the partners had not established a systematic approach to joint quality assurance and self-evaluation. This meant that the focus for improvement relied heavily on addressing and resolving operational practice issues rather than an objective scrutiny of services to protect children. The Child and Family Protection Committee was demonstrating limited leadership and accountability for owning and ensuring implementation of a clear set of priorities. The arrangements for anticipating emerging and potential risks to the safety of children and young people were not well developed. The newly formed Chief Officer Group has identified this as a priority area of work.

Integrated children's services planning

The integrated children's services planning structure had not yet realised its potential and was not yet delivering on the joint strategic planning of services for children. It comprised a Getting it right for every child leadership group, Getting it right for every child management group and strategic multi-agency groups for early years, youth services, mental health and wellbeing, disability and corporate parenting. The leadership group was at an early stage of development, with police only recently joining. They were still considering how to engage with the third sector. Leaders had recognised the need to revise the previous model of local multi-agency operational planning that had been based around the 17 high schools in Aberdeenshire. In 2014, the move to reduce these to six, to align them with community planning arrangements had not been implemented well. The new groups had not been given a sufficiently clear remit to focus on the strategic priorities for children in each area and the changes did not take account of the implications of the links with other locality-based planning groups. As a result, local staff quickly identified that the model was not working. Leaders responded promptly and a further review was undertaken in late 2014. However, they were still to agree the specific remits of a new model and develop a transition plan. Staff were now looking for leaders to resolve this, with groups in some areas relying on the original way of working to take business forward.

Partners had agreed one-year integrated children's services plan to deliver on current priorities and take them through the period of transition while new structures and planning arrangements bedded in. Leaders had agreed the plan would only focus on services for vulnerable children and young people for whom multi-agency provision was required. It outlined a clear statement of purpose, a vision for Aberdeenshire's children and a set of agreed core values. However, partners did not know what improvements in the lives of children and young people that the last plan had achieved. The new planning model

relied heavily on the development of actions drawn from the strategic groups and their existing priorities. A number of actions in the plan did not relate well to the over-arching outcome and measures were limited and without specific targets. Therefore, whilst the thematic groups worked hard to address important areas of service for vulnerable children and young people, it was not based on a thorough assessment of the needs of children across the area. Furthermore, by focusing only on services for vulnerable children, it did not set out the relationship between universal, targeted and specialist services that would support the Getting it right for every child leadership group to make joint decisions about deploying resources and integrating services.

Getting it right for every child principles were very well understood and embedded across the children's services workforce. They were an effective bedrock for joint working at local level. There was a firm commitment to partnership working to deliver positive outcomes identified in the single outcome agreement for children and young people in the existing local community planning groups. There were many examples of creative working to find local solutions amongst frontline staff, first line managers and wider stakeholders, but the planning landscape was cluttered and the integrated children's services plan was not holding the work together with a common thread. The community safety partnership has recognised the need to work more closely with local community planning groups to avoid duplication and ensure its resources were targeted more appropriately and efficiently.

The work being done to update the strategic needs assessment for Aberdeenshire later this year provides an opportunity for partners to use this data to prepare a SMART plan. This becomes the community plan for children and ensures that devolved planning structures are working efficiently to deliver tangible improvements in the lives of children and young people.

Child Protection Committee business planning

The Aberdeenshire Child and Family Protection Committee had been established in April 2013. An operations and practice subgroup was responsible for driving improvement planning. It had commitment from members and good participation across agencies. An example given of improved practice in line with planned priorities had been in the development of more robust processes for initial referral discussions. Significant attention had been given to domestic abuse and a subgroup had been formed. It had developed clear a strategy and action plan to deliver on the prevention, protection, participation and appropriate service provision. However, progress against other planned improvements had been limited. There was insufficient clarity within the committee about a strategic approach to improvement planning that was driven effectively by the committee and based on a thorough examination of performance data and trends as well as a cycle of joint audit and self-evaluation activities.

Aberdeenshire Child and Family Protection Committee members helpfully recognised that they had more work to do to address differences and the diversity of need across

the different communities in the partnership area. The issue of English as a second language and other needs of newer populations had been identified as a priority area for the committee to explore. However, this was at an early stage. Establishing effective and robust chief officer governance arrangements for Aberdeenshire following the separation from the pan-Grampian Child Protection Committee had been slow. A decision was still to be reached about overall public protection governance arrangements.

Partners' progress in relation to work to address child sexual exploitation was limited. They had made a promising start and some early achievements included a programme of staff briefings. These briefings resulted in a reported significant increase in staff confidence in recognising, and responding to, suspicions of child sexual exploitation and adopting a checklist for staff to use, that was based on work by Barnardo's and the West of Scotland consortium. Operationally, systems were in place to aid the identification of risks of child sexual exploitation however, the pace of further planned work had stalled.

The committee had established a group to consider responses to child sexual exploitation, but members acknowledged that the pace and direction of the group had not been good, with a lack of direction and effective challenge. The need to move from responding to specific concerns operationally, to more effectively addressing the additional challenges of extra-familial and organised abuse was understood, but strategies and measures to mitigate the range of risks for young people in respect of child sexual exploitation were still required. A plan to develop a local strategy by spring 2015, linked to the Scotland's National Action Plan to tackle child sexual exploitation had yet not been delivered.

The Alcohol and Drug Partnership linked with children's services primarily through common membership of the Getting it right for every child leadership group and Child and Family Protection Committee, although lead officers had recently started to meet to discuss common agendas. It was successfully building community capacity through the use of a participatory budgeting model in three area forums across Aberdeenshire. These were able to allocate funding to meet needs in relation to alcohol and drugs to meet locally identified need. The Alcohol and Drug Partnership was not capturing the impact of its work on children, young people and families or using this to inform joint strategic planning in children's services.

Managing and mitigating risks

A new Chief Officer Group had just been formed, led by the chief executive of the council to provide local arrangements for senior officer scrutiny and challenge to services to protect children in Aberdeenshire. Leaders recognised the importance of ensuring continuity of safe practice within the context of managing service risk and they acknowledged the need to consider potential service risks as a priority. However, partners had not undertaken effective horizon scanning for emerging and potential risks to the safety and wellbeing of young people. They had not effectively used opportunities to raise potential risks through annual reporting mechanisms.

Participation of children, young people, families and other stakeholders

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

The extent of participation by children, young people, families and other stakeholders was very good. There was a long established culture and practice of participation within council services and a genuine willingness to seek and listen to the views of stakeholders. There were many positive examples where young people were given authority to influence decisions and have regular access to those making decisions. The views of looked after children and young people underpinned the priorities of the corporate parenting strategy and action plan. The young person's campaigning and organising group was an effective vehicle for ensuring ongoing representation and high profile of looked after children. Schools and community learning services had well-developed structures that enabled primary and secondary aged children and young people to engage in consultation and feedback. Services were firmly committed to promoting children's rights. There were some local approaches to engaging with more marginalised children, young people and stakeholders. The development of an overarching strategy would enable services to evaluate the impact of their work together to identify gaps and opportunities for further integrated approaches.

Children and young people had many opportunities to be meaningfully involved in shaping policy and directly contributing to planning and developing the services they needed. As well as engaging routinely with the broader population of children, young people, families and other stakeholders in communities and schools, partners could readily access a range of key individuals and groups when they wanted to get a youth perspective. This included youth commissioners, the Youth Council, the Young People's Organising and Campaigning (YPOC) Group or local youth forums. The voices of children, young people and families were actively listened to and were informing service design at all levels. The community planning partnership board had youth membership with full voting rights. Strong partnership working was embedded in policies to ensure effective involvement of parents and other stakeholders, including further education establishments and the business sector. These strong strategic alliances were resulting in increasing learning opportunities and life chances for children and young people throughout their lives, including the most vulnerable and marginalised groups. Successes were evident in the numbers of young people leaving school who were able to move into positive further learning and employment opportunities, including 387 work placements provided within 'Our Family Firm'.

Services recognised and highly valued the contributions of children, young people and their families. Staff were proactive in ensuring their communications were appropriate and that they paid attention to the needs of minority or seldom heard groups, carefully identifying and addressing any potential barriers to their full participation. Consultation

and feedback from service users and from the observations and evaluations of staff involved in frontline delivery of services were used well to inform and agree priorities for action and improvement.

There was a strong culture of closely involving service users and stakeholders at key points, along a spectrum of consultation, through to service delivery and evaluation of effectiveness. There were many examples of the ways services were achieving this, including investment in technological systems such as My Voice. These were alongside approaches for very young children or those with complex communication needs, where services were creative in using a range of methods to include them, such as Bag of Worries story books, photographs, communication boards and sensory aids. Children with disabilities and their families were engaged in a co-production model to design holiday services. Web page information was evaluated by our young inspection volunteers as being useful and generally easy for children, young people and adults to navigate, although they found the child protection web page lacked up-to-date information. They could see that children and young people were being involved in evaluating what worked best for them growing up in Aberdeenshire.

Services were generally supporting children and young people well to understand and exercise their rights and to comment on services received, including expressing dissatisfaction or making a complaint. Schools across Aberdeenshire were receiving accreditation through the UNICEF Rights Respecting Schools scheme in recognition of their achievements in putting children's rights at the heart of school planning policies, practice and ethos. The long established children's rights service promoted the rights of children and young people involved in child protection processes, those who are looked after away from home and care leavers. The service was highly valued by staff as well as the children and young people using it. Annual reporting on the children's rights service was structured around the Getting it right for every child wellbeing indicators, which provided language familiar to all.

The very effective and positive contribution being made by the Young People's Organising and Campaigning (YPOC) Group was supported by the children's rights officers. Some service improvements and strategy documents had been instigated as a direct result of feedback received from children and young people, to highlight what was not working well for them, for example the Young People's Organising and Campaigning Group's guide to meetings. The leader of the council had requested that young people provide their perspectives on what makes a good corporate parent, resulting in We are the Bairs: Guide to Corporate Parenting by looked after children for their Corporate Parents which contains helpful sections for all those who may have a role in corporate parenting.

Partners recognised that development of an overarching participation and engagement strategy for children, young people and families would provide a valuable collective reference for understanding the nature and extent of consultation taking place. This had been planned since 2012.

6. 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. Leaders and staff shared the values and principles of Getting it right for every child, which was successfully uniting staff in their work and supporting their commitment to improve the experiences of, and outcomes for, children and young people. The aspirations for corporate parenting were clear. However, collaborative leadership of services for children had been slow to develop in Aberdeenshire and was still at an early stage. Leaders had not yet agreed how this overarching vision would translate into a shared strategic vision for integrated services. There were important examples of significant investment in early intervention and prevention services, such as single service developments and initiatives aimed at tackling inequalities within and between communities. However, leaders were not making sufficient use of collective performance data to jointly agree priorities, make decisions about how best to deploy their resources collectively and hold others to account for delivering improvements at an appropriate pace.

There was significant potential within the skilled and motivated workforce that was not yet fully realised. Leaders empowered staff to develop creative ideas and initiatives and some of these were being embedded across the area. This style of improving services was not underpinned by a strategic approach to ensuring services were being developed or delivered to the children, young people and families who most required them. Leaders were committed to developing a shared agenda for improvement based on joint self-evaluation and developing a more mature partnership.

Community planning partners were committed to improving the wellbeing of children and young people and closing outcome gaps. They had agreed to pursue this aim through application of Getting it right for every child principles. Leaders all contributed to a positive culture, which genuinely respected and nurtured children and young people growing up in the area. This supported a very strong commitment amongst operational staff to joint working in the best interests of children, young people and families, in particular those who were vulnerable or at risk of harm. The promotion of equality and inclusion was becoming more embedded in practice and service developments. As corporate parents, partners were confident about taking a rights-based approach in response to the needs and experiences of looked after children and care leavers.

However, leaders did not yet collectively demonstrate the necessary ambition to strive for excellence in the delivery of services for children, young people and families. The shared vision and values did not translate clearly enough into a set of priority objectives. Leaders showed they were unsure how the revised vision in the Integrated Children's Services Plan was adopted and how this related to the single outcome agreement. Stakeholders and staff were not well involved in the development of this vision in order to build widespread ownership. Whilst many staff were able to see connections between their activities and their collective aspirations for children, they had difficulty in understanding how service and locality plans contributed to the fulfilment of plans at a strategic level.

Whilst individual services were well-led, joint strategic leadership of children's services involving all relevant partners has been slow to develop in Aberdeenshire. It had gathered momentum since 2014, but collective accountability and governance for leading integrated services for children and young people was at an early stage of development. Police Scotland had only recently become involved as key partners. Strengths within local community planning teams were not being effectively harnessed by children's services. Groups leading on corporate parenting, children affected by disability and youth services had risen well to the challenge, taken responsibility, set their own agenda and got on with the task. However, others had not progressed at an acceptable pace and lacked accountability. There was a strong emphasis on devolved leadership, which was effective in building relationships quickly across services and empowering staff. However, without overall strategic direction, too much responsibility was placed on different planning forums to find and deliver solutions.

Senior leaders had recognised the importance of taking a more strategic approach to addressing the needs of particular groups. For example, using the **Total Place** initiative to test a wider focus on inequalities around the Fraserburgh community and applying the national child sexual exploitation strategy as a basis for seeking out potential risks at a local level. However, the pace of progress in leading and directing these developments was slow. Leaders recognised that further work was required in priority setting, data collection and performance management, including self-evaluation and benchmarking and overall governance and accountability if they were to demonstrate sustained improvements in performance and deliver the outcomes aspired to in the single outcome agreement.

There was evidence that services were planning an early intervention prevention approach with associated investment. Examples included a £3million investment in the Extended Early Years Education Programme and the alcohol and drug strategy, which included a priority of prevention and investment in a participatory budgeting programme that included services for children. Examples also included the Getting it right for every child thematic groups, where there were examples of how services had worked together to re-focus on early intervention and prevention that involved additional resources, including staffing. However, these were examples of investment and prevention in terms

of single agency service developments, rather than as a result of shared resourcing. Partners acknowledged they were at a very early stage of moving towards aligning budgets and developing a plan for joint strategic commissioning. This will be necessary in order for partners to maximise opportunities to share resources efficiently.

We found staff to be highly motivated and positive about their work. This was supported by professional support and supervision. They were benefitting from an empowering style of leadership and leaders and managers were effectively promoting teamwork. Staff across agencies had a common understanding of the aspirations of services and spoke a common language. The Getting it right for every child approach had had a positive impact on multi-agency team working with consequent improved outcomes for children and young people. Good team and collaborative working meant that staff were confident in their ability to constructively challenge others. Staff were seeking clearer direction from leaders in relation to local area Getting it right for every child planning groups.

Leaders were making progress in establishing a collective agenda for change and improvement within the context of changes to structure and leadership over the past 12 months. Use of recognised review methodologies such as Kaizen had supported staff and managers to adjust and improve systems and processes, with successes in individual services and key areas of practice including multi-agency responses to children at risk of harm. However, they had yet to agree a common framework and implement a systematic approach to joint self-evaluation that is necessary to inform a cycle of improvement.

Partners had implemented positive service developments and were investing in approaches to early intervention and prevention. The whole system approach adopted by Aberdeenshire offered a successful and comprehensive model for integrating services and one that could demonstrate improved outcomes for young people with offending behaviour. However, leaders are not at the stage of collectively using data and intelligence to jointly commission or de-commission services, to ensure resources are consistently delivering improvements to those who need them most.

Leaders encouraged creative approaches and there were many examples of strong local engagement delivering innovative solutions. However, the arrangements to ensure these successes were captured, adapted and implemented to bring benefits across communities were not sufficiently systematic or robust, resulting in a slow pace of change. Leaders now need to harness and lead the potential of the motivated and committed workforce to move beyond positive joint working and transform services to achieve and sustain the best possible outcomes for children young people and families.

7. Conclusion, particular strengths and areas for improvement

We were confident that as the result of skilful interventions by staff and strong joint working, services were having a very positive impact on the wellbeing of individual children and young people and families in Aberdeenshire. Partners could demonstrate that the performance of services they deliver was leading to tangible improvements in the lives of many children and young people. For some vulnerable children and young people, including those who are looked after or care leavers, this was more variable and the positive individual work was not always leading to sustained improvements in their life chances. Collective ownership of the values and principles of Getting it right for every child was underpinning significant progress in intervening early in the lives of most children, young people and families to prevent problems getting worse. Children and young people in need of protection were being helped to keep safe and the response to concerns about their safety was prompt and effective for all but a few. A commitment to promote nurturing care and support was improving the effectiveness of interventions for looked after children and partners were clear about their responsibilities as corporate parents. The arrangements for joint planning and improving services could demonstrate some success but were not currently providing a sufficiently coordinated approach to improving outcomes and providing assurance. The strategic direction of integrated children's services was still developing and needed stronger collective leadership to deliver continuous improvements.

In the course of the inspection, we identified these particular strengths, which were making a very positive difference for children and young people.

- Early engagement and support for pregnant women, including those who were vulnerable and ensuring that newborn and young babies get the best possible start in life.
- A strong culture of nurturing that is enhancing emotional security of children in their schools and with their families.
- Skilful individual and joint working with individual children, young people and their families that is having a significantly positive impact on their wellbeing.
- Meaningful involvement of children and young people in decisions about their own care, respect for their rights and support for them to become responsible citizens.

Over the course of this inspection, there were significant changes to the senior leadership of Aberdeenshire Council, NHS Grampian and Police Scotland divisional command. The chief executive and his new chief officer colleagues took the opportunity to engage with the inspection team and were open to discussing and learning from our findings. Within this context, we are confident that partners in Aberdeenshire will be able to build on their

strengths and make the necessary improvements in light of the inspection findings. In doing so Aberdeenshire Community Planning Partnership Board should now:

- implement a collective vision and direct the development of integrated children's services based on a strategic needs assessment of children across the partnership
- ensure the arrangements for joint strategic planning of children's services harness and maximise all available resources and are underpinned by robust performance management and use of data to drive improvements
- strengthen the governance and accountability of the Child and Family Protection Committee
- provide assurance to chief officers about measureable improvements in the quality of services to protect children and young people and identify emerging and potential risks
- demonstrate the commitment to continuous improvement by implementing a cycle of joint self-evaluation.

8. What happens next?

We will ask for a joint action plan, which clearly details how Aberdeenshire Community Planning Partnership will make improvements in the key areas identified by us. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. The link inspector will monitor the Partnership's progress in taking forward its action plan, with an expectation that the Partnership will be able to demonstrate significant progress towards addressing these areas for improvement over the coming 12 months.

Appendix 1: Examples of good practice

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.

Young People's Organising and Campaigning Group

The Young People's Organising and Campaigning Group is a group of young people aged 14+ who are currently living in foster care, residential care or who have moved on from care. The group meets every four weeks with support and facilitation made available from the children's rights officers. The group's purpose is to consult and endeavour to represent the views of care experienced young people from across Aberdeenshire. The young people involved are able to provide insights from their own and others' perspectives about the issues that are important to them. This has led to the group being recognised as a valuable reference group by elected members and other chief officers, managers and staff as well as by the children, young people, families and other stakeholders who have been able to benefit from improved services as a result of the group's achievements.

One example of the group's work is its **Guide to Meetings** produced in recognition that meetings could be difficult for children and young people. The need for this was identified as a result of discussions at a 'Tell it like it is' conference for looked after children and young people. The guide is intended for use by all parties who might go to meetings and aims to improve meetings by raising awareness about what children and young people have said is most suited to their needs.

The group has also written **We are the bairns: A Guide to Corporate Parenting** and made a DVD following a request from the leader of the council to put together a guide to corporate parenting from the perspective of looked after young people. This guide is for all potential corporate parents, with helpful sections written specifically for councillors, chief executive and senior managers in the council, teaching staff, social workers, housing staff, health staff, foster carers, residential care staff and chairs of meetings about children and young people.

Young people from the group are involved in appointing two champions for looked after children from amongst Aberdeenshire's councillors and in the recruitment of a new children's rights officer. Members of the group have received very positive feedback from service users and staff about the value of these guidance documents in helping improve the experiences of children and young people.

Approach used to develop My Voice consultation/survey tool

Following recognition that the systems and materials already in place to gain the views of children and young people were not always experienced by them as being the most helpful or user-friendly, it was decided by children's services to explore alternative approaches. In seeking to find out what other consultation tools were available and to consider their suitability, young people have been actively involved in the procurement and design processes. In addition to this, one of the project team employed full-time in the ICT Team at Aberdeenshire Council to work on getting the right system in place is a young person who was previously looked after.

Young people were invited to participate in a scoping exercise of the available systems on the market and to explore the technology available to enhance the quality of partners' engagement with them. They were supported to do this by social workers, residential staff, the Children's Rights Service, members of the council's ICT team and the business systems officer for Children's Services.

As a result of the feedback provided by the children and young people involved, it was concluded that a new system would be commissioned, involving young people in its selection and design. Young people had a pivotal role in selecting the business that has been developing the Together Aberdeenshire platform, of which My Voice is an important component. They contributed to the design of My Voice as a tool that can be used offline on dedicated tablets available in each office, or used online by young people wishing to use it more independently. Young people designed the product to have customisable profile pages, animation and age-appropriate graphics such as the use of emoticons, and two sets of core questions. These question sets were streamlined to cut out some of the repetition that children and young people had said they found tiresome in previous systems.

The resulting product is considered by users to be enticing, flexible and adaptable for future continuous improvement initiatives. In addition to the feedback they have received about the system, the young people involved in the development of My Voice were able to benefit from being very positively involved in a range of business processes. They were able to experience shared responsibility for a continuum of service development within which their own contributions were highly valued and integrated. They could see their ideas being translated into the reality of a business product. They gained confidence and self-esteem through being partners in the design team and seeing the success of the choices and design changes made directly by them. The roll-out of My Voice is ongoing across Aberdeenshire.

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 framework of quality indicators that was published by the Care Inspectorate in September 2014 '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	Good
Impact on children and young people	Very 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	Weak
Participation of children, young people, families and other stakeholders	Very 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

Aberdeenshire Community Planning Partnership is the local community planning partnership for the Aberdeenshire Council area. It comprises representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Aberdeenshire.

A **single outcome agreement** is an agreement between the Scottish Government and a community planning partnership, which sets out how it will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

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

The **Child Protection Committee** brings together all the organisations involved in protecting children in the area. Its purpose is to make sure local services work together to protect children from abuse and keep them safe.

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. There are eight wellbeing indicators which are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. These provide an agreed way of measuring what a child needs to reach their potential. 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 and focusing on the national outcome 'Our children have the best start in life and are ready to succeed'.

Wrap-Around Care is a way of providing flexible and supports and services to families with children with disabilities to help them meet the needs of their children in their own communities.

Whole System Approach is a way of services working together to prevent and reduce offending by children and young people.

Career Academies are a business and personal development opportunity for older school pupils.

Anne Frank Awards are a way of encouraging primary and secondary pupils to contribute to diversity awareness and equality.

Fraser Guidelines help health professionals assess whether a child or young person under 16 years has the maturity to make decisions about contraception and treatment.

My Voice is a consultation tool aimed at gathering the views of children and young people.

Total Place looks at how a 'whole area' approach to public services can reduce costs and avoid the duplication between organisations in improving outcomes for people in a community.

Appendix 4: The quality indicators framework

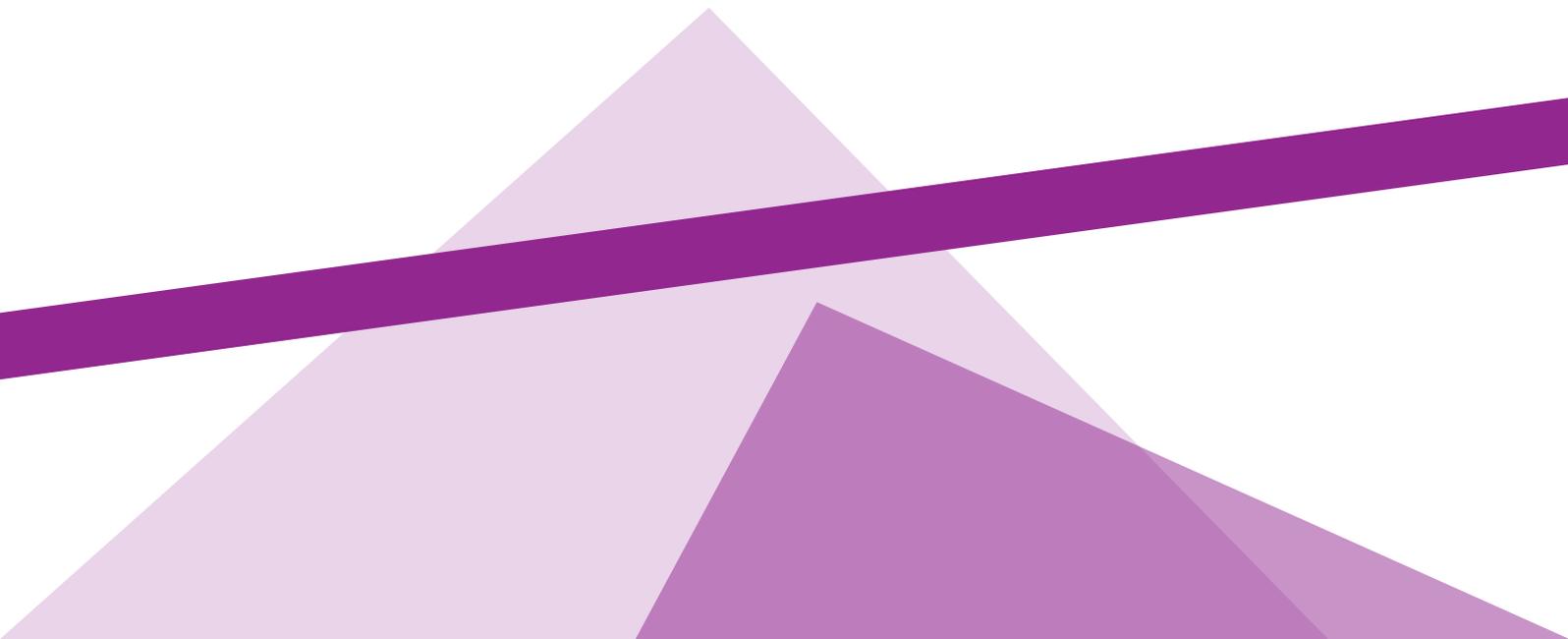
What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and 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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