

**Joint inspection of services to protect children and
young people in the Aberdeenshire Council area**

April 2008

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Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, '*How well are children and young people protected and their needs met?*'.¹

Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

¹ '*How well are children and young people protected and their needs met?*'. Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

1. Background

The inspection of services to protect children² in the Aberdeenshire Council area took place between October and November 2007. It covered the range of services and staff working in the area who had a role in protecting children. These included services provided by health, the police, the local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services that provided help to children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every single child in the area who might need help.

Aberdeenshire is situated in the north east of Scotland. It covers an area of 6,313 square kilometres and is the sixth largest local authority area in Scotland. Major towns include Peterhead and Fraserburgh in the north, Inverurie, Westhill and Ellon in central Aberdeenshire and Stonehaven in the south. It has borders with Angus and Perth and Kinross Council areas in the south and Highland and Moray Council areas in the west. Aberdeenshire Council headquarters are located in Aberdeen City.

Aberdeenshire has a population of 236,260 with 22.28% under the age of 18 years compared to the Scottish average of 20.5%. Sixteen point four percent of the population live in remote rural areas which is higher than almost all comparator authorities and the Scottish average of 6.4%. Unemployment, at around 0.9%, is significantly lower than the Scottish average of 2.8%. Employment levels have increased by 3.4% since 1999. Average earnings in Aberdeenshire are slightly higher than the Scottish average. In 2005/2006 the incidence rate of domestic abuse recorded by the police in Aberdeenshire was lower than in all comparator authorities.

² Throughout this document 'children' refers to persons under the age of 18 years as defined in the *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, Section 7(1).

³ Comparative authorities include Stirling, Perth & Kinross, Highland, Scottish Borders and South Lanarkshire.

2. Key strengths

Inspectors found the following key strengths in how well children were protected and their needs met in Aberdeenshire.

- The range of early intervention services including the Family Resource Centres to help vulnerable families.
- The support provided in schools by police school liaison officers and school nurses to help keep children safe and healthy.
- The partnership working and planning to meet children's needs within the developing community school networks.
- The action taken by staff to protect children and keep them safe when they are identified as being at risk of harm.

3. How effective is the help children get when they need it?

When children were recognised as being at immediate risk staff reacted quickly and effectively to help keep them safe. There was early recognition of the needs of vulnerable children and families. Effective help and support was provided by a broad range of services. Staff across services worked well together to help children keep themselves safe. Most children knew how to keep themselves safe and could identify a trusted adult with whom they would share any concerns. In most cases, children and families were able to express their views to staff. Some children and families had to wait too long for help and support from specialist services.

Being listened to and respected

Overall, communication between staff, children and families was adequate. Children and their parents were able to express their views to staff in schools, social work, health services and the voluntary sector. Police and social workers were effective at establishing a trusting relationship with children during joint investigations. Children in care benefited from supportive relationships with foster carers and key workers in residential units who ensured that their views were heard. Children with mental health problems were helped by staff to express their views. Some staff in health and social work were less effective at building trusting relationships with children and families. Frequent changes of social worker made this more difficult. Social workers did not always have sufficient time to undertake planned one-to-one work with children. They relied too much on observations from support staff. A few children felt that their privacy was not always respected by social work staff.

At children's hearings, panel members worked hard to ensure that children and their families had opportunities to share their views. Some children were helped by their social worker or other staff to write a report or to complete a *Having your say* form. The children's rights officer helped children to express their views. In some cases staff spoke on behalf of children and their families. Children's hearings were held at various locations in order to provide a local service. The surroundings were not always child friendly and access for children and families with disabilities was sometimes difficult. Children who were capable of contributing to child protection case conferences or core group meetings were not always invited to attend. It was not always clear that their views had been properly sought or considered. Some families were suspicious of staff attending child protection case conferences who frequently held discussions on their own before allowing them to join the meeting.

Being helped to keep safe

Strategies to minimise harm were good. Most children and families who needed help benefited from a broad range of services to help keep them safe. *Homestart* provided effective support to vulnerable families with young children. Social workers and health visitors provided effective programmes which helped families improve their parenting skills. Family support workers offered practical help and advice. Barnardo's successfully engaged with families in parenting work who had previously been involved with other services and were continuing to experience difficulties. There had been a significant increase in the number of Family Resource Centres in Aberdeenshire. These were well used by social work staff and health visitors. Family Resource Centre staff provided effective support to vulnerable children and families. Older children received worthwhile help and support from a range of services on their sexual health, substance misuse and domestic abuse. The *Gemini*

programme provided practical help to young people with substance misuse problems. Services had developed a good strategy for the early identification of concerns around problem substance misuse in pregnancy. A more consistent approach to supporting pregnant women with problem alcohol misuse was being developed. Adult workers in substance misuse services had robust monitoring and reporting procedures in place to identify children when there were concerns about parents.

Most children were able to identify a trusted adult whom they would speak to if they were worried or concerned about something. Police school liaison officers and school nurses supported school staff to provide helpful information to children about how to keep themselves safe and healthy. A number of successful local initiatives had been developed to allow children to share their concerns, for example, the *Text-a-Cop* initiative in Ellon and the *Peer Listening Project* in Portlethen Academy. In some areas school nurses operated a confidential drop in service where pupils were able to get regular help and advice. Clear procedures were in place to ensure that children educated at home were monitored by education department staff. The education authority had effective procedures in place to monitor and support most children who were not attending school. However, no alternative provision had been made for a few such children.

Most children had a good understanding of how to keep themselves safe. They knew about ChildLine and how to make contact with the service. Children were also aware of an anti-bullying text service and how they could use that anonymously to get help. Almost all children who responded to school inspection questionnaires felt safe and well looked after in school and that they had been helped to keep safe and healthy. A few children felt that their concerns may not be taken seriously by school staff. Others did not feel safe in their local communities and were concerned about drug misuse in public places.

Some examples of what children said about keeping themselves safe.

“When a friend from another country was being picked on, I told a guidance teacher and it was sorted”.

“I would go to my mum or the head teacher if I was worried”.

“I feel safe in school with the security system”.

“Always go about in a gang or with mum and dad”.

Immediate response to concerns

The immediate response to concerns was good. Staff were alert and responsive to situations where children were at immediate risk of harm. They acted promptly and effectively to keep children safe. When children needed to be removed from home they were usually found an alternative safe place to stay. Police carried out appropriate checks before leaving a child in the care of a relative or friend. Social work staff were sometimes slow in making these arrangements. Sometimes children had to wait in police stations while decisions were made

about where they were to go. Occasionally, brothers and sisters had to be separated to find them foster placements. Out-of-hours, two foster carers were dedicated to taking emergency placements until the next working day when alternative arrangements could be made. This helped to ensure children's safety. When there were concerns about drug misuse during pregnancy, pre-birth case conferences were held. Some hospital staff did not know how to check the child protection register (CPR). Out-of-hours social work staff did not have up to date information about children on the CPR. This could delay their response to concerns. Effective procedures were in place to ensure the safety of children who required to be admitted to hospital with mental health problems.

Meeting needs

Overall, meeting children's needs was adequate. The short term needs of children and families were assessed and met in most cases. A range of services were provided for children and their families which helped to protect children and keep them safe. Some services were provided early to prevent their situation from getting any worse. Additional services were provided for children who were considered to be at greater risk. Longer term help and support for children and families was more variable and in some cases their needs were not met or not met quickly enough.

Children and families benefited from individual and group work to help keep them safe. Family Resource Centre staff, social work staff, health visitors and voluntary organisations delivered parenting programmes which helped families improve their parenting skills. Good support for children affected by domestic abuse was provided by a children's outreach service. Services worked well together to provide most families with the support they needed to care for children at home. In most cases staff focussed on the needs of children when services were directed at parents. When children were unable to remain with their family, effective support was provided by foster carers and staff in residential units. Pressure on foster care placements meant that some children experienced several moves between carers. Help and support for older children leaving care was provided by Barnardo's. Children who moved to live with friends or other family members were not always supported well.

A broad range of services to help children recover from abuse was available. Children's mental health services provided support for children with complex emotional and psychological needs. *The Young Joint Sex Offenders Project* (YJSOP) provided help to children who displayed sexually harmful behaviour. However, places were limited and there were often lengthy delays in children getting the help they needed. Children who had experienced sexual abuse received effective support provided by Children 1st. Some vulnerable children did not always get the help and support they needed, for example, services for young carers did not include a specific service for children affected by parental substance misuse.

4. How well do services promote public awareness of child protection?

Services had taken worthwhile steps to ensure that members of the public knew how to report concerns about children and could do so at any time of the day or night. Publicity material was readily available, but not always prominently displayed in public places. Members of the public used services to report concerns and these were acted upon quickly and appropriately in most cases.

Being aware of protecting children

Overall, the promotion of public awareness of child protection was good. The North East Scotland Child Protection Committee (NESCPC) website provided key child protection information and contacts but, it was not sufficiently user friendly or easily accessible. The Aberdeenshire Council website had good information on making referrals and about services for children and families. The Grampian Police website contained very good information which was easily accessible. The NHS Grampian website had no information on child protection. The national Child Protection Line and ChildLine contact numbers were publicised and well known. Publicity material was available, but not always displayed in key public places. A Resources Fair organised bi-annually for staff and children's panel members ensured that they were kept well informed about the range of services and activities available to support children and families. There was no strategic and consistent approach to managing public information which restricted its usefulness and impact.

Members of the public knew how and where to report concerns about children. Information and concerns about children which were reported to the police and social work service were taken seriously, including those reported anonymously. Police and social work staff logged telephone calls and information received from members of the public. Information and concerns were acted upon promptly and investigated thoroughly. Feedback to members of the public who provided information to the police and social work staff was not always provided. The police and the out-of-hours emergency social work service ensured that staff could be contacted at any time. The contact telephone number for this service was available on the NESCPC website and publicised locally. Information on how frequently the out-of-hours service was used was not available. Social work staff felt that the service was not used well by the public.

5. How good is the delivery of key processes?

There was an inconsistent approach to ensuring that the views of children and families were fully taken into account at decision-making meetings. In most cases information was shared appropriately between services when there were concerns about children. Some staff were unsure of their responsibilities to share information and delays sometimes occurred. Recording practices in most services were weak. There was an inconsistent approach to risk assessment. The quality and timing of assessments were variable. Staff did not have sufficient guidance. Plans to protect children were made but monitoring arrangements were not always sufficiently robust.

Involving children and their families

Overall, the involvement of children and their families in key processes was adequate. Parents were invited to attend child protection case conferences, children's hearings, child care reviews and core group meetings. Staff helped most children and families to be involved and express their views at these meetings. Chairs of meetings helpfully explained proceedings to children and families, encouraged them to give their views and provided clarification if needed. Parents quite often received copies of reports as meetings were about to start without sufficient opportunity to read and discuss them. Pre-meetings by staff attending child protection case conferences did not give all parents and children confidence that information was shared fully with them. A process for parents to appeal decisions of child protection case conferences had recently been introduced. Children did not always feel that they were listened to and involved in decisions about their lives. Some social work staff did not know them well enough to fully represent their views. Younger children were not always helped or encouraged to participate in meetings. There was a low return rate of *Having your say* forms for children's hearings. Good advocacy services were provided for children in care and for children and adults with learning disabilities. There was limited independent advocacy for other children in need of protection.

All services had clear policies and procedures in place for dealing with complaints. These were published on websites and were available in leaflet form on request. Parents and children were not always clear about the level of service they could expect from staff. They did not know how they could express dissatisfaction when services fell short of what was expected and they were wary of making complaints. There was no child friendly complaints information available. Individual services reviewed complaints information informally.

Sharing and recording information

Overall, sharing and recording information was weak. Across services most staff were aware of the need to share information when there were concerns about children's safety. Most staff had access to specific guidance within their own service. Information was usually shared appropriately by telephone or at meetings. However, the effectiveness of information-sharing across services was too heavily reliant on the professional relationships and trust established locally. Some staff in schools and health staff were uncertain about sharing information and this led to some inconsistencies including delays. Inter-agency guidance on information-sharing had been agreed and was being introduced. Overall, there was poor recording of information in most services.

Particular features of information-sharing included the following.

- Good information-sharing between police school liaison officers and school staff and between educational psychologists and school staff.
- Police and social work staff shared information quickly and effectively when concerns about a child were raised, but recording practices were inconsistent.
- Effective information-sharing between housing staff and social work staff when there were concerns about children's safety.
- Police control room staff consistently informed officers if there were children on the CPR living at the address they were going to.
- Feedback was not always provided to staff who made referrals to the police and social work.
- Inconsistent information-sharing with and by some health staff, including GPs and school nurses, particularly when initial concerns were raised.
- Information was not always shared or shared quickly enough by some school staff and social work staff.
- The Out-of-Hours Emergency Service (OOHES) was not always able to share information effectively due to the recording practices within social work.

There were examples of good recording by individual social work staff, but the quality and content of records varied considerably. Not all contacts with children and families were properly recorded. Guidance for staff was limited. Managers had yet to address this long standing issue. Staff regarded the use of the electronic recording system as optional. Education files were disorganised and sometimes incomplete. Sensitive information was not always filed appropriately. There was a lack of information in many of the school nurse and health visitor records. Guidance had recently been provided to staff to address this.

Staff across services often informed children and families that information about them would be shared with other services. This was usually done verbally. Consent from children and families to share information with other services was not routinely recorded in case records. Staff, including those in adult services, were generally clear that clients withholding their consent to share information would not prevent them from doing so if a child was at risk of harm. The recording of information about children who had brothers and sisters was inconsistent. Personal information about one of them was often held in their brother or sister's record.

At formal meetings criminal justice social work staff and police officers shared information about sex offenders effectively. They worked closely with child protection staff in their respective services and undertook joint visits to assess the risk posed by sex offenders. Police staff were encouraged to establish a positive professional relationship with social work staff, but there was no joint agreement in place. Criminal justice social workers were not making effective use of the police and social work electronic information-sharing system. They were reluctant to share some information about treatment programmes undertaken by sex offenders

with police staff. Police staff did not attend review child protection case conferences when information-sharing about offenders was needed.

Recognising and assessing risks and needs

Recognition and assessment of risks and needs was weak. There was an inconsistent approach across services to the assessment of risk and needs. Most staff recognised when children they came into contact with were at risk of harm and reported concerns without delay. The different approaches across social work teams to making initial risk assessments in response to referrals were not sufficiently robust. In some cases, family support workers carried out assessments without adequate supervision. When concerns about child abuse were raised an initial referral discussion (IRD) took place. Police and social work staff shared information and planned any investigation. However, information was not routinely sought from or shared with health professionals at this point unless there was an obvious requirement for a medical examination. Police and social work managers had not established multi-disciplinary assessment of police referrals of all vulnerable children, for example, those affected by domestic abuse. Pre-birth child protection case conferences were held to assess the risk to unborn babies of parental substance misuse. Children and families social work staff did not use the expertise of community care staff to assess the risks and support needs of parents with mental health problems and disabilities.

Child protection case conferences enabled staff to jointly assess risks and needs. The quality of assessment reports submitted by social work staff and health visitors was variable. They did not always identify risks, needs and protective factors in children's lives. Within social work the standard and quality of assessments was variable. Staff lacked confidence in undertaking them. The use of guidance was inconsistent. Assessments were often too descriptive with little analysis and did not clearly link to children's plans. The long term impact on children experiencing neglect was not always well recognised and staff were sometime slow to respond. Comprehensive health assessments were undertaken by the nurse responsible for children in care. Occasionally, there were unrealistic expectations of parents' willingness to change which did not take account of previous patterns of behaviour. This delayed decisions about planning for children. Family Resource Centre and Children 1st staff carried out good assessments of parenting skills. The time taken by social work staff to submit reports to the children's reporter was improving. There were still some delays in completing assessments for decision-making meetings. A new process for an inter-agency assessment of risk was in the early stages of implementation. This may help improve the consistency and content of assessments.

The quality of joint investigations undertaken by police and social work varied. Staff regularly interviewed children without having completed the required training course. Opportunities to plan interviews were limited. The statements noted from children were often not shared with social work staff. There had been recent improvements in the number of trained police and social work staff and further training was planned. Medical examinations took place in a child friendly environment in Aberdeen. Experienced forensic medical examiners and paediatricians were always available and they worked effectively together. However, this provision was not used well by services in Aberdeenshire. Health staff were not routinely involved in the IRD process.

The high risk pregnancy team provided helpful support for mothers where parental substance misuse was a problem. Post-natal support was provided by a multi-disciplinary team. Staff

in the substance misuse team who worked with adults always asked if there were children in the household. Help and support was provided to parents with problem substance misuse. Hospital accident and emergency staff were alert to children who may be at risk of harm, but, they did not always check the CPR. Some staff did not know how to do that.

Planning to meet needs

Planning to meet needs was adequate. Staff met regularly to consider the help and support required to keep children safe. Child protection case conferences were held promptly. Initial case conferences were well attended by relevant staff. Children on the CPR had an allocated social worker. Attendance at review child protection case conferences was variable making planning more difficult. When core group meetings took place regularly they helped to ensure that plans were effectively monitored and reviewed by staff. Many children's plans lacked timescales and responsibilities for specific actions were not always allocated to parents and named staff across services.

The independent chairs of child protection case conferences and review meetings for children in care had helped to provide a consistent approach to planning. Reports were often circulated at meetings giving participants insufficient time to read them properly. There was a shortage of minute takers and minutes were not consistently distributed within set timescales. Staff across services contributed information to planning meetings. However, they did not always understand their responsibilities to take ownership of tasks within children's plans to reduce risk and meet children's needs. There were examples of regular, well attended core group meetings monitoring the implementation and effectiveness of the children's plans. Review case conferences allowed new information to be shared and changing circumstances to be taken into account. However, attendance at review case conferences was inconsistent and reduced over time. Written reports were not always submitted as required. On some occasions social work was the only service represented.

Child protection case conferences and review meetings for children in care, which involved the same child, were held separately. This led to unnecessary duplication of effort and confusion for children and families. Planning to meet children's longer term needs was sometimes delayed by addressing risks and needs at separate meetings. Dedicated social work teams progressed plans to meet the longer term needs of children when it was agreed that they could not return home. This had reduced delays in implementing permanent fostering and adoption plans. However, many children in care continued to experience frequent moves and changes of school.

Within the developing community school networks, police, health, social work and teaching staff planned effectively together to meet children's needs at different stages. There were examples of regular core group meetings monitoring and reviewing the effectiveness of child protection plans. However, sometimes they were not held regularly, were not well attended or did not happen at all. It was unclear who had the authority to address this. Core groups were chaired and minuted by team managers without administrative support. Independent chairs of child protection case conferences did not have sufficient authority to challenge lack of progress in child protection plans.

6. How good is operational management in protecting children and meeting their needs?

Overall, operational management was inconsistent. Policies and procedures were available to help and guide staff. A collective approach to developing children's services had been constrained by a lack of understanding and involvement of some services in the development and implementation of the Integrated Children Services Plan (ICSP). The use of management information for planning service improvements was at an early stage of development. There was no systematic approach to gathering the views of service users to plan or improve services. Effective measures were in place for safe recruitment of staff. Staff in some services were over-stretched. There had been limited opportunities for inter-agency training.

Aspect	Comments
Policies and procedures	Policies and procedures were adequate. Across services staff had a range of policies and procedures in place to help guide them in their work. Some had recently been reviewed but, had not yet made an impact on practice. The NESCP had recently published updated inter-agency child protection guidelines. Other policies and procedures to improve integrated working were being developed and reviewed. Policies and procedures for recording information were unclear or not applied consistently, particularly within health and social work. Some services regularly reviewed and updated their policies. However, across services there was no regular or planned approach to monitoring their impact.
Operational planning	Operational Planning was adequate. The Integrated Children's Services Plan (2005-2008) (ICSP) outlined improvement objectives. Not all services had been involved sufficiently in developing the plan. Measures of progress and monitoring arrangements were unclear. Annual updates of the ICSP had not been agreed and published. The ICSP was not well understood by staff across services and had not sufficiently influenced planning at an operational level. However, the plan was being reviewed in line with the revised strategic planning structure that had been put in place. The availability of management information across services to inform planning was limited. Some services separately gathered and analysed data from a variety of sources, but this was not carried out systematically or shared across services. The NESCP had limited performance information on the effectiveness of the child protection systems and processes. However, within the local authority plans were being made to introduce more effective management information.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	Overall, the participation of children and families in policy development was weak. Aberdeenshire Youth Forum had helped to produce ' <i>Valuing Young People, a strategy to involve young people in decision-making</i> '. This had the potential to involve children more in developing services. Some services consulted children and families on aspects of their work, but this was not done consistently within and across services. Some services had used questionnaires or focus groups to obtain views of service users. However, very little had been done to obtain the views of vulnerable children and their families to inform policy development and service planning.
Recruitment and retention of staff	Overall, recruitment and retention of staff was adequate. In most services and areas sufficient staff were available to provide an effective service. Partnership working with voluntary organisations had helped to provide support for children and families. Social work staff in north Aberdeenshire had high workloads and were not always sufficiently experienced. The local authority had appointed a number of 'fast track' social workers. This had helped to provide additional staff, but their deployment sometimes made it difficult for them to maintain continuity with families. The child mental health, disability and health visiting services faced pressures in meeting levels of demand for help and support. Safe recruitment procedures had been established across services.
Development of staff	Staff development was adequate. In the local authority initiatives to train trainers and deliver training by the voluntary sector had provided additional training opportunities for staff. The number of police and social workers trained in joint investigations was increasing. Child protection training had been delivered to a wide range of council staff. Most health staff had received basic awareness child protection training. Across services there had been limited opportunities for staff to undertake inter-agency training. Health visitors' work was not reviewed with them by managers. The policy on monitoring and reviewing the work of social work staff was not applied consistently by their managers.

7. How good is individual and collective leadership?

A shared vision for protecting children was outlined in the Integrated Children's Services Plan (ICSP), but this had not been effectively communicated to all staff. Good progress had been made in developing the strategic planning process for the North East Scotland Child Protection Committee (NESCPC). Managers and staff responsible for service delivery were not always clear about their role in this. Across services there was a strong emphasis on partnership working. The strategic planning process for developing children's services had been strengthened, but the development and implementation of action plans was variable and the managers responsible required clearer direction. A systematic approach to self-evaluation across services was not yet sufficiently well established.

Vision, values and aims

Overall, the vision, values and aims to protect children was good. Individually and collectively services had established a clear vision, values and aims for child protection. Senior managers and leaders were generally clear about their individual and collective responsibilities. In most services the vision had been communicated effectively to staff.

- Elected members in Aberdeenshire Council held a shared vision for children's services. Vulnerable children, especially those in need of protection, were high on their agenda. The Chief Executive and two corporate directors of education, leisure and learning and housing and social work were leading on this vision. There was increasing awareness among staff that protecting children was everyone's responsibility.
- Senior managers within NHS Grampian had a clear vision for child protection. This was communicated through the Child Protection and Vulnerable Children's Group. Local health managers contributed to a shared vision for child protection. However, it had not been communicated effectively to all health staff.
- Protecting children was given a high priority in Grampian Police. Staff were very clear about the importance that the force and the Chief Constable personally placed on this area of work. This key priority was effectively communicated to staff operating throughout Aberdeenshire who regarded child protection as central to carrying out their day-to-day duties.

The ICSP established a shared vision for children's services in Aberdeenshire. Not all services had been involved in developing it, for example, the police. Staff did not view the ICSP as a working document which was central to their work. Senior managers had not engaged with children, families and communities to gain wider ownership of their vision and values.

Leadership and direction

Overall, collective leadership and direction was adequate. Chief Officers, elected members and senior managers across services were clear about their individual and collective responsibilities for protecting children. Within the police service there was strong leadership from the Chief Constable and within the local authority there was a strong corporate approach to child protection and a commitment to partnership working. The Joint Management Group had been re-structured to provide more effective planning for children's services. However, insufficient direction had been given to the multi-disciplinary strategy groups and progress in developing and implementing their plans had been variable and slow.

The NESCP, chaired by the Chief Constable, had been restructured in 2005. Good progress had been made in developing a process for strategic planning. The current business plan outlined areas for development. The role and remit of Aberdeenshire Child Protection Strategy Group and its relationship with the NESCP sub-groups was not well understood. Meetings of the various groups were not always held regularly and attendance by some managers within the local authority and health was inconsistent. Some of the sub-groups had made good progress, but progress in others, for example in training, had been slow.

Chief Officers were committed to partnership working and sharing resources. They recognised their collective responsibilities and, through the formation of a Chief Officers Group, had provided effective accountability and governance for the child protection committee (CPC). They had also recognised the progress made by the NESCP over the last two years. Some senior managers advocated disaggregation to enable the formation of a separate CPC for Aberdeenshire. However, Chief Officers remained committed to further developing the NESCP. They had recently agreed to jointly fund three key posts of a lead officer, a training coordinator and a research analyst.

Leadership of people and partnerships

Individual and collective leadership of people and partnerships was good. Chief Officers and senior managers across services placed a strong emphasis on joint working and this was actively supported by staff at all levels. Senior managers were committed to developing more integrated services through a new process for inter-agency assessment of risk and needs, but this was still at an early stage of development. With few exceptions, police, social work, education and health staff worked well together. There had not yet been a strategic approach to resolving issues around the assessment of referrals for vulnerable children prior to submitting them to the children's reporter.

The establishment of the Aberdeenshire Community Health Partnership had strengthened partnership working at a local level with health. Senior managers had committed resources to support child protection services, although children's mental health services were not resourced well enough. There was no lead doctor for child protection in Aberdeenshire. Effective joint working between police, social work, education and health staff was developing well in community school areas. This was helping to ensure that services were targeted more effectively, but the approach had not yet been firmly established throughout Aberdeenshire. Plans to co-locate police and social work child protection staff were being made, including provision for school based police officers.

The Joint Management Group had strengthened the joint approach to children's services planning, which was improving. Significant investment had been made by the local authority to establish additional Family Resource Centres. There was effective partnership working with the voluntary sector, for example with Children 1st and Barnardo's. Voluntary sector providers for children were not well represented on the NESCP. There was effective collaboration between NHS24 and social work staff, including the OOHES when dealing with child protection concerns. There was also close cooperation between staff in Aberdeenshire Council and Aberdeen City when there were concerns about children.

Leadership of change and improvement

Leadership of change and improvement was weak. Strategic leaders and managers recognised the importance of taking a more systematic approach to performance monitoring and quality assurance to improve services. Some work had been done to introduce self-evaluation within individual services, but across services this was at a very early stage of development. Key recommendations and areas for improvement, including chronologies of significant events, recording practices and supervision of health visitors, identified in a number of earlier reports and reviews had not always been implemented successfully. Improvement objectives were not sufficiently well monitored to ensure that they were fully implemented and sustained over time.

Within the local authority staff at all levels had been involved in a process to improve services, for example, standardised reports and recording of information in social work. However, there was insufficient monitoring by managers to ensure that agreed changes were consistently implemented and improvements sustained. Social work teams had started to use the self-evaluation tool *How good is our team?* The NESCP had recently completed a number of significant case reviews identifying areas for improvement. However, it was not clear how improvements would be introduced and monitored.

Grampian Police had carried out a thorough review of child protection services in October 2006. This had resulted in an action plan to deliver improvements in structures, systems and processes within agreed timescales, for example, the use of an IRD recording format. Questionnaires completed by all GP practices had identified areas for improvement which were being progressed. Joint quarterly meetings between the Authority Reporter and social work managers monitored progress in meeting nationally prescribed time scales for submission. Children's panel members reviewed reports from social workers and teachers and provided staff feedback.

8. How well are children and young people protected and their needs met?

Summary

Inspectors were confident that when children were identified as being at risk action was taken to protect them and keep them safe. In most cases their short term needs were met, although children did not always get the help they needed quickly enough from some specialist services. The inconsistencies in implementing key processes, including information-sharing, assessment, planning and recording practices to meet children's needs, increased the risk of failure to adequately protect children for whom there were concerns. Many of these issues were already known to services having been identified in earlier reports. Timely and effective action was now needed to address these issues to minimise this risk.

Chief Officers and the NESCPD have appropriate structures in place to strengthen the services to protect children in Aberdeenshire.

In doing so they should take account of the need to:

- improve information-sharing and recording practices;
- improve the processes for assessing risk and ensure consistency of approach;
- improve child protection planning and monitoring arrangements;
- ensure Chief Officers and senior managers work more effectively together and jointly plan services to deliver strategic priorities;
- develop a systematic approach to gathering the views of children and families, including vulnerable children, to inform service planning and development; and
- further develop approaches to self-evaluation and quality assurance to improve services.

9. What happens next?

The Chief Officers have been asked to prepare an action plan indicating how they will address the main recommendations of this report, and to share that plan with key stakeholders. Within two years of the publication of this report HM Inspectors will re-visit the authority to assess and report on progress made in meeting the recommendations.

Kevin Mitchell
Inspector
April 2008

Appendix 1 Quality Indicators

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of services to protect children and meet their needs.

How effective is the help children get when they need it?	
Children are listened to, understood and respected	Adequate
Children benefit from strategies to minimise harm	Good
Children are helped by the actions taken in response to immediate concerns	Good
Children's needs are met	Adequate
How well do services promote public awareness of child protection?	
Public awareness of the safety and protection of children	Good
How good is the delivery of key processes?	
Involving children and their families in key processes	Adequate
Information-sharing and recording	Weak
Recognising and assessing risks and needs	Weak
Effectiveness of planning to meet needs	Adequate
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Adequate
Operational planning	Adequate
Participation of children, families and other relevant people in policy development	Weak
Recruitment and retention of staff	Adequate
Development of staff	Adequate
How good is individual and collective leadership?	
Vision, values and aims	Good
Leadership and direction	Adequate
Leadership of people and partnerships	Good
Leadership of change and improvement	Weak

This report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

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