



Community Planning
Aberdeen



Aberdeen City's **Children's Services Strategic Plan**

2023-2026 Summary

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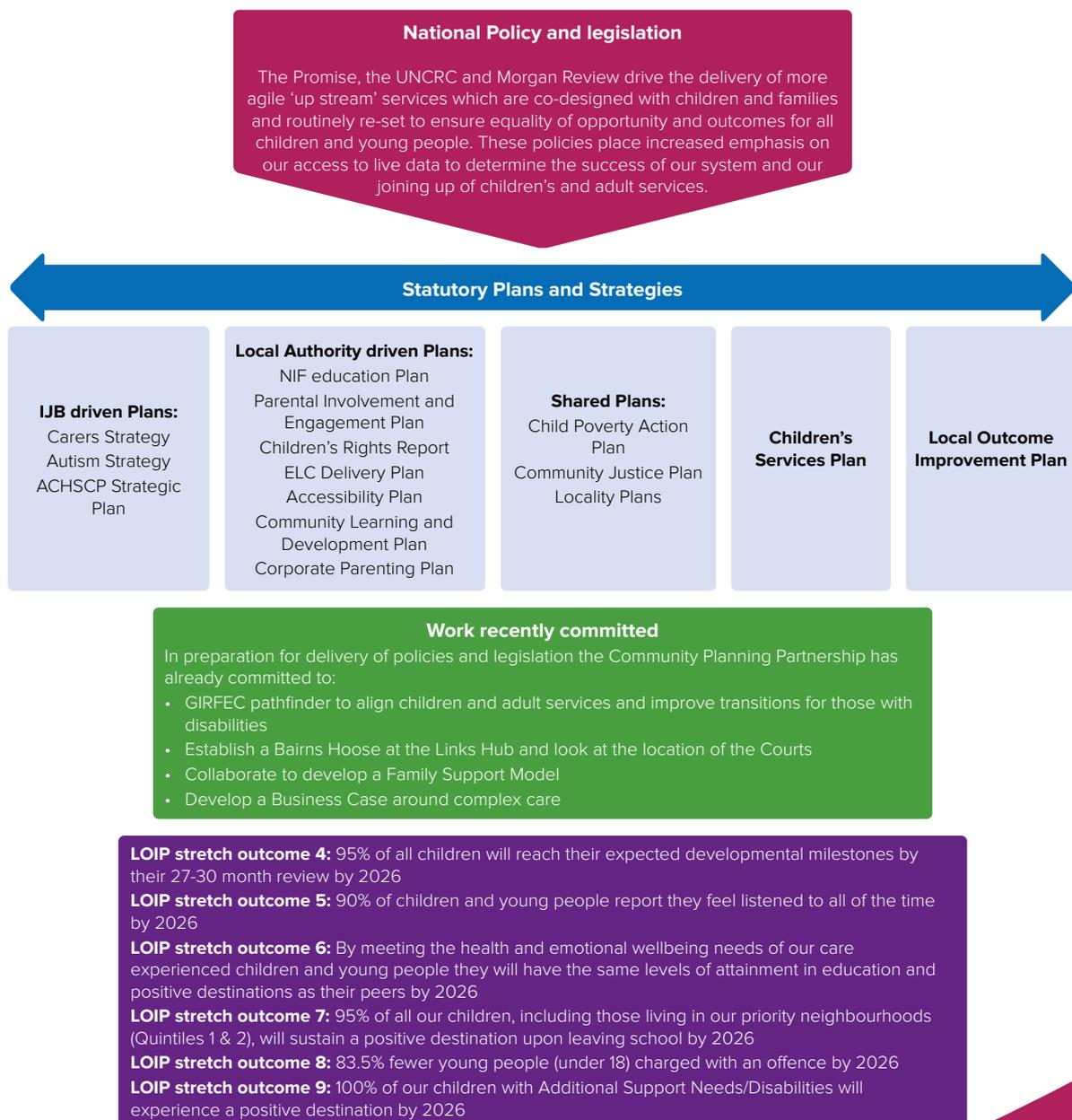
Introduction

We are delighted to present our Integrated Children’s Services Strategic Plan for 2023-26 which comes with a detailed Improvement Plan within Appendix A. The Plan detailed the outcomes we hope to realise for children, young people and families by working together. Our vision remains to make Aberdeen a place where all children and young people can grow up loved, safe and respected so that they can realise their full potential. Our key focus continues to be progressing the delivery of more integrated services wherever possible and working together to support children and their families in Aberdeen.

We have looked at a range quantitative and qualitative data in developing this Plan and engaged with around 500 stakeholders and have listened to what children and their families told us about our work to check that we were identifying the key themes for improvement.

Delivery of this Plan will be overseen by the Children’s Services Board. We plan to formally review progress on a yearly basis to ensure that we continue to respond to the changing needs of our children and families.

Our Children’s Services Plan is one of a suite of Statutory Plans which support delivery of the Local Outcome Improvement Plan. There are many strategic plans for children and we have worked to integrate the full range of statutory Plans into this Children’s Services Plan and clearly linked the Plan to work being coordinated through the local Autism and Carers’ Strategies as shown in the image below:



Who are the Children's Services Board?

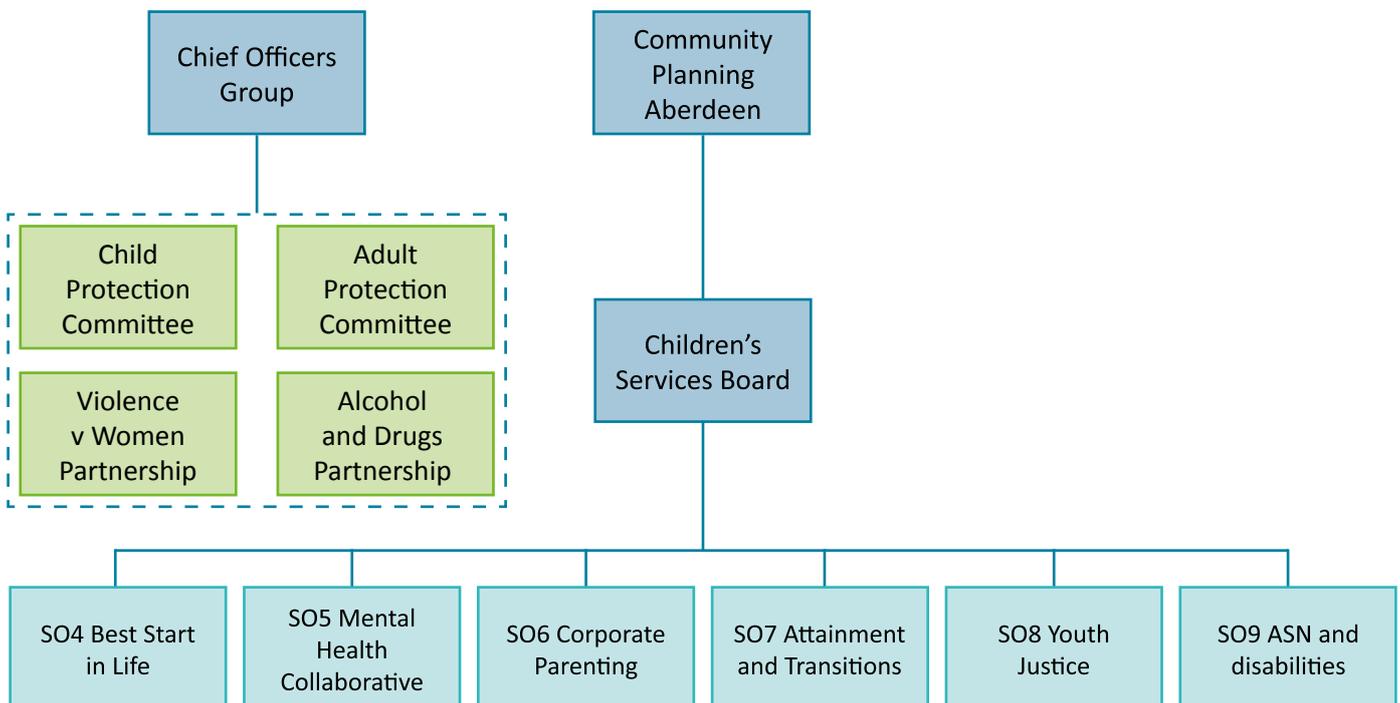
The Children's Services Board comprise statutory and non-statutory partners who support children and families across the city. Membership includes Aberdeen City Council, NHS Grampian, Aberdeen Health and Social Care Partnership, Police Scotland, Scottish Fire and Rescue and the Scottish Children's Reporter Administration, ACVO, Active Aberdeen Partnership, Civic Forum, North East Scotland College, Skills Development Scotland, Robert Gordon University and University of Aberdeen.

The Board is governed by and accountable to the Community Planning Management Group, which in turn is accountable to the Community Planning Aberdeen Board.

The Board holds the responsibility to:

- ensure that the requirements of the Children & Young People (Scotland) Act 2014 (CYP Act) are met throughout the Local Authority area of Aberdeen City and that current legislation is adhered to
- deliver on the Children's Services Plan and associated Stretch Outcomes 4-9 of the Local Outcome Improvement Plan
- working together as a Community Planning Partnership to improve outcomes for children and young people within Aberdeen City
- leading the implementation of national policy and legislation pertaining to children and young people
- leading further integration across the Community Planning Partnership

The improvements outlined in the statutory Children's Services Plan are delivered by 6 sub-groups chaired by members of the Children's Services Board.



Key learning we take forward into our Children's Services Plan 2023-26

In Aberdeen we are committed to keeping The Promise from the Independent Care Review and have shaped our Children's Services Plan to ensure our work is built on the 5 foundations of The Promise; Voice, Family, Care, People and Scaffolding. The following areas are embedded throughout the Plan:

- Whole Family Support: supporting families (of all shapes and sizes) with a focus on what support works to keep families together and support wider families to care, ensuring that support feels coherent, holistic and relational
- Trauma: delivery of early and preventative trauma informed support across all services
- Children's Rights: embedding a rights-respecting approach into all services and ensuring that rights of the child, their own needs and their voice is at the centre of decisions about what is best for them
- Poverty: ensuring that our local services know and understand the impact of poverty and work to reduce the number of children growing up in poverty and the negative outcomes associated with that
- Participation: involve the care community and lived experience in our plans to #KeepthePromise by working with families to redesign the services available to them to make them work better for those that use them

All of those who work with children and young people continue to support children and families in keeping with Getting it Right for Every Child which tells us that every child or young person has the right to be safe, healthy, active, nurtured, achieving, respected and responsible. Our processes generally work well for families but parents, carers and our children and young people want to be able to access information for themselves they tell us that they don't always know where to look. We need to address that.

There are a range of partnership programmes available to support parents and carers. At the moment these are evaluated independently and not as joined up as they could be. We need to further develop our integrated datasets and approaches to evaluation to help us to make more holistic evaluations on the strength of services for children and families as we work together to develop an effective model of Family Support in keeping with The Promise.

There is considerable evidence that co-located and co-delivered services make a real difference to Families. Our integrated Fit Like Family Wellbeing Hubs and Links Early Learning and Childcare provision are good examples locally of what happens when we all work together to support children and their families, and we want to do more of this.

Responding to the COVID-19 pandemic provided an opportunity to join up our data in order to proactively respond to the emerging needs of families. It is important that we continue to integrate data as it provides us with a far fuller picture of need and vulnerability.

We have worked well to progress the child poverty agenda and implement The Promise but now need to look at all of the policies and strategies for children and families and integrate them into this single Plan. Integrating all policies, strategies and plans will help us deliver against them more efficiently and effectively.



Our progress against some of the core indicators

| Core Indicators | Our performance | RAG rating |
|--|--|------------|
| % school leaves in a positive destination at 9 month follow up | Locally, the Annual Participation Measure sits at 91.22% compared to 92.35% nationally. | Yellow |
| % of households with children where all adults (16-64) are in employment | In 2021, there were 27,977 children defined as living in Working Households. This represents 67.6% of children, marginally increased from 2020, is ranked second by Urban geography and ahead of the National Figure of 60.9%. | Green |
| % children who report often or always going to bed hungry | 3.72% (230) of learners who completed the survey, reported that they often or always went to bed hungry because there was not enough food at home. | Yellow |
| % P5-S4 children who agree that their friends treat them well | 3796 (63.1%) of respondents stated that when speaking with friends or someone they were in a relationship with, they always felt safe and respected with 80 (1.29%) reporting this to never be true. | Yellow |
| % P5-S6 children who say they feel safe when in their local community always or most of the time | 5341 (86.2%) stated that they felt safe in their community always or most of the time. Across associated school groups the number of respondents who felt safe in their community sometimes, rarely or never varied from 3.3% to 19.3%. Those living in more deprived areas felt more unsafe. | Yellow |
| % P5-S6 children who feel confident in themselves | 52% (1827) of P6 and P7 pupils stated that they always or often felt confident. This is significantly lower than the proportion of pupils reporting this within the HSBC report of 2017/2018 and could be associated with the last few years. Girls again showed a significant reduction in confidence compared to boys with 21% (738) of learners across both age and gender brackets stating that they never or hardly ever feel confident. | Red |
| % P5-S6 children who report positive wellbeing | From Primary to Secondary there is a decrease in the reported general wellbeing of learners with an increase in those who report their general health to be fair or poor from 20% (703) of Primary learners to 30% (1774) of Secondary learners. This shows an increase for S6 girls in particular, with 43% of S6 girls reporting their general health is poor or fair. | Red |
| % P5-S6 children that had at least 1 hour of exercise the day before the survey | 41.95% (2597) of learners who responded to a survey do not meet the national health standards set. | Red |
| % children and young people who report they are in good health | Pupils were asked about their own general health. Around 80% (2811) of learners in primary 6 and 7 who responded reported that their health was excellent or good compared with the HBSC Scotland National average. Although this seems like a positive picture, when looking at the number of pupils specifically, this also means that 18% (633) of learners reported that their general health was fair and 2% (70) stated their general health was poor. | Yellow |
| No. of children subject to Interagency Referral Discussions | Numbers of Interagency Referral Discussions have been relatively stable with a total of 298 IIRs were conducted in 2021/22 compared to 387 in 2020/21. | Green |

| | | |
|---|---|--|
| No. of children in temp accommodation at 31st March | There has been decrease in the use of temporary accommodation arrangements. As of 31st March 2022 there were 51 households in temporary accommodation with dependent children, a total of 83 children. | |
| % of P1, P4 and P7 children achieving expected CFE levels in numeracy | At 77%, the 2021/22 outcome is 5 percentage points above the previous year outcome. This is in line with both the National figure and the large city average of 78%. | |
| % of P1, P4 and P7 children achieving expected CFE literacy levels | Literacy outcomes rose by 6 percentage points in 2021/22 to 69%. This is marginally below the National figure and large city average of 71%. | |
| % of P5-S6 children who agree that adults are taking what they say into account | 70% of the 755 children who responded to a recent survey feel that their views are taken into account, this is higher than the national average. | |
| % of children with a concern at their 27-30 month review | Only 5% of children reviewed in Aberdeen had a concern highlighted, however, only 83% of children were reviewed. | |
| % P5-S5 children who say they always have a trusted adult to speak to about problems | Learners were asked if they had an adult in their lives that listens to them about how they are feeling. 64% (3964) positively shared that they always did, 31% (1898) agreed that this was true sometimes, however, 5% (221) also stated no, they did not have an adult in their life that listens to them about how they are feeling. | |
| Relative child poverty rate (after housing costs) | The number of children identified as experiencing child poverty in Aberdeen was estimated to be 21.8% in 2021, or around 5500 children. | |
| % of funded ELC settings achieving good or better across all 4 quality themes during inspection | Only 83.7% of local funded Early Learning and Childcare provisions achieving Care Inspectorate grades of good or better across all four quality themes. This is lower than the national rate of 89.4%. | |



Key themes emerging from the data

Mothers and babies

We offer a range of effective support to new mothers and babies. Despite low fertility rates, the birth rate is increasing but poverty is a significant factor in the health of mothers and babies. There is a need to work to improve the health outcomes of expectant and new mothers living in areas of deprivation and maximise uptake of the benefits they are entitled to.

There is also a need to better prepare those for whom we have Corporate Parenting Responsibilities for life beyond care, including preparing them for parenthood.

The under 5s

Health teams have been redesigned to meet need now that more children are accessing services than before. The pandemic has impacted on children achieving developmental milestones and the development of early speech and language skills continues to be a concern and should be addressed. The impact of the adoption of the CIRCLE framework will be monitored to ascertain if further work on early speech and language is required.

The uptake of immunisations is lower than it should be and we will work to improve uptake. The expansion of Early Learning and Childcare has increased the number of children accessing childcare but there are some issues with quality that require to be addressed by education to ensure the provision of consistently high quality services. Parents report that increased access to childcare is positively impacting them

Closer collaboration and integration by the universal services is helping to improve outcomes and we need to understand how further integration and alignment could help prevent the rise in child protection registrations seen at this life stage.

Children in primary and the early stages of secondary school

Satisfaction with local schools is improving but remains low and this needs to be better understood. There is a body of evidence showing that children are increasingly aware of their rights and this needs to be maintained and built upon. Our school roll is rising dramatically and becoming more multi-cultural. The nature of reported bullying incidents has changed with most reports now related to body image and reported by female students, we need to update our policies to reflect the changes.

The historical shortage of dentists has impacted on levels of dental health at P1 and this will require attention.

More children are now identified as having an additional support need and there has been a rise in the number of children identified with a disability. Children with Autism Spectrum Condition found the move back to 'in school' learning most challenging and there is a need to look at how best to meet their needs through the development of a neurodevelopmental developmental pathway. Young Carers, those living in poverty and those who experience the care system continue to need our support to thrive.

Although attainment is improving, it is still heavily influenced by poverty and access to the care system. We need to improve educational outcomes through a continued focus on excellence and equity.

There are a number of breakfast clubs/wrap around supports for families. Holiday programmes targeting the 6 groups most likely to be impacted by poverty have been well received by families.

Young people in the upper secondary stages

Some of our children report feeling unsafe in their communities and children are more likely to feel unsafe in areas of deprivation, we need to address this. It is important that we ensure that supports for groups, such as those for young people in the LGBTQ community, are available across the city to ensure all have appropriate support systems.

We want to support more children and young people to stay within their families, or with grandparents, friends, aunties, and uncles, etc. where it is safe for them to do so.

There are still barriers to school attendance for some groups of children and this requires our continued focus. Considerable progress has been made in reducing the number of children excluded from schools and we want to keep getting better at supporting children to remain in school. This will be a continued focus.

Attainment is improving, but we now need to ensure that attainment and sustained destinations levels are in line with, or exceed our virtual comparator.

Positive destinations data is improving, but we need to continue to transform our senior phase through ABZ Campus to ensure a wider range of courses aligned to growth and volume sectors. We also need to give careful consideration to the future jobs market, our work to develop Aberdeen Computing Collaborative will help ensure that our young people leave skills with the computer science skills they need to thrive.

Attainment is still heavily influenced by poverty. We need to improve educational outcomes through a continued focus on excellence and equity and ensure that our most vulnerable are able to claim their rights. We continue to focus on the removal of the costs of the school day.

We need to ensure that we continue to reduce levels of young people in conflict with the law.

Cross cutting themes across life stages

The mental health and wellbeing of children and young people continues to be a priority for us and we want to learn more about how to support children and their families when someone close to them has died. We also want to recognise the links between mental health and being active so that we can help our children and young people have opportunities for this.

We work well together to offer care and protection and the number of children we look after away from their families is reducing. We want to do more to support families to stay together and where that's not possible or safe to do we want to keep children and young people in their family networks or with carers closer to home to maintain connections with the people and things that matter to them.

Nearly 13% of our children and young people live in the most deprived data zones and around 22% of children are experiencing child poverty. 50% of households experiencing poverty have dependent children. The groups most likely to be impacted by poverty face different challenges and it is important that we engage directly with representatives from each group to understand the challenges fully.

Redundancy notifications are high in the city and there is considerable evidence of redundancy in families directly impacting on children and young people.

Positive trends in housing are emerging with less children in temporary accommodation. Children generally have access to good provision of IT and community connectivity. We continue to work on maximising the uptake of benefits and the uptake of free bus passes for children and young people is high in the city.

Access to financial inclusion services is helping maximise benefits uptake. Free school meal registrations have increased but uptake is too low. Access to free sanitary products has improved. Food insecurity remains. We must continue to focus on the child poverty agenda.

There is now a need to

The priorities identified for development and improvement take full account of our population needs assessment, the direction of travel outlined in The Promise, the cultural transformation required to deliver against the UNCRC and anticipated legislation such as the anticipated Care and Justice Bill and education reform agenda.

As an Integrated Children's Board we will work together to ensure that:

- 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026
- 90% of children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026
- As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026.
- 95% of all our children, including those living in our priority neighbourhoods, will sustain a positive destination upon leaving school by 2026
- 30% fewer young people (under 18) will be charged with an offence by 2026
- 95% of our children with additional support needs/disabilities will experience a positive transition to adult services by 2026

This work will be enabled through:

- Simplifying access to services
- Increasing integration
- Reducing risks by understanding what actually makes a difference and decommissioning where appropriate
- Improving the alignment of our commissioning
- Improving the alignment of our data
- Building the capacity and capability of our workforce

The delivery of this Plan will be supported through a partnership with Health Determinates Research Collaborative.



Strategic Plan on a page

| Strategic Stretch Outcomes | | | | | |
|---|--|--|---|---|---|
| Increase the number of 0-5s who meet developmental milestones by 2026 | Improve the mental health and wellbeing of children and families by 2026 | Improve the attainment, health and wellbeing and positive destinations of our care experienced by 2026 | Improve the attainment and positive destinations of our children and young people by 2026 | Reduce the number of young people charged with an offence by 2026 | Increase the number of children with ASN or disability who secure a positive destination by 2026 |
| Strategic Priorities | | | | | |
| <ul style="list-style-type: none"> • Improve the health outcomes of expectant and new mothers • Improve uptake of benefits • Improve access to emergency formula and food for infants • Address early speech and language needs • Increase the uptake of immunisations • Improve the quality of ELC provision and maintain uptake | <ul style="list-style-type: none"> • Focus on prevention and early intervention • Provide access to joined up services and bereavement support • Respond quickly in a stigma free, needs and rights led way • Increase levels of physical activity • Increase the provision of child friendly environments within local communities | <ul style="list-style-type: none"> • Deliver a Bairsn Hoose • Delivery The Promise • Increase the provision of health assessments for the care experienced • Continue to close the gap between those who have care experience and their peers • Increase the no. of foster carers available locally • Keep brothers and sisters together • Ensure adequate provision of legal advice and advocacy | <ul style="list-style-type: none"> • Implement refreshed guidance on the use of restraint • Better track those who are in or on the edge of the care system Improve learning transitions from P7 to S1 • Deliver ABZ Campus to widen the range of courses • Deliver Aberdeen Computing Collaborative to ensure long term employability • Delivery of Tier 2 services to close the gap through SAC funding • Continue to address the cost of the school day and child poverty in schools | <ul style="list-style-type: none"> • Reduce levels of anti-social behaviour • Deliver Mentors in Violence Prevention across all secondary schools | <ul style="list-style-type: none"> • Delivery of neurodevelopmental pathway • Establish better assurance systems • Increase the number of Young Carers receiving support • Improve transition planning from child to adult services • Ensure that the voices of children (including those who use alternative communication systems) are central to processes and Plans • Decrease the number of children not accessing full time education |
| Enabling Priorities | | | | | |
| Simplify access to services | Increase integration | Reduce risks | Commissioning | Data | Workforce |
| <ul style="list-style-type: none"> • Implement a single Request for Assistance process • Reduce the number of access points to information and services | <ul style="list-style-type: none"> • Build on the integration models including that at ELC Links • Establish an assurance system to test the strength of the system • Improve alignment between children and adult services • Develop a Target Operating Model for children | <ul style="list-style-type: none"> • Better understand why children are placed OOA • Understand the long term impact of ELC on outcomes for families | <ul style="list-style-type: none"> • Aligned to the 10 principles of family support • Jointly respond to the needs of those displaced | <ul style="list-style-type: none"> • Improve knowledge of the 6 groups by co-designing with service users and children • Improve data matching | <ul style="list-style-type: none"> • Increase knowledge poverty agenda and of benefits • Increase knowledge of trauma and risk |

Our Improvement Plan

Our data indicates 6 key priorities, known as our Stretch Outcomes, that require our focus over the next three years. For each Stretch Outcome, we have an improvement plan which lists the improvements and actions we plan to take over the three years to deliver on our priorities. The Plans provide detail on the single agency programmes of work, as well as the multi agency improvement projects to be undertaken in relation to each Stretch Outcome. It also details who will be responsible for delivery, the timescale within which it will be delivered and the measure which will tell us if we have made an improvement. These measures are a mixture of local and national indicators, qualitative and quantitative data. The Stretch Outcomes and multi-agency improvement projects aims will be the Children and Young People's section of the Local Outcome Improvement Plan 2016-26.

The Improvement Plan is based on what we know now. It will be reviewed annually with any additional actions which are subsequently deemed to be essential to the delivery of the Plan added in years two and three following agreement from the Community Planning Aberdeen Board. Progress on the Plan will be monitored on an ongoing basis using our existing programme management and governance arrangements through Community Planning. A Sub Group of the Children's Services Board is responsible for a key priority (Stretch Outcome) and the Chair of that Sub Group is responsible for reporting to every meeting of the Children's Services Board. Additional quarterly reporting will be undertaken via the CPA Management Group and CPA Board. Our annual report will be approved and published by the CPA Board

[The full Improvement Plan can be viewed here and a summary is below:](#)



Summary Improvement Plan

LOIP STRETCH OUTCOME 4 - 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026

| | DATA SHOWING AREAS TO BE IMPROVED/FOCUSED ON | WHAT WE AIM TO DO |
|---|--|---|
|  | Nearly 13% of our children, young people live in the most deprived data zones and around 22% of children are experiencing child poverty. | <ul style="list-style-type: none"> All families with children under the age of 5 will have access to nutritional support by 2023. Develop poverty awareness training for staff to ensure they can support families to make routine financial enquiries. |
| | 50% of households experiencing poverty have dependent children. The health outcomes of expectant and new mothers living in areas of deprivation and support to maximise uptake of the benefits they are entitled to. | <ul style="list-style-type: none"> Increase the no. of new parents and parents of pre-school children who complete a full benefits check by 2024. Establish a single digital source of information for parents and carers of children under 5. Improve breastfeeding initiation by 10% in targeted communities (Sheddocksley, Summerhill and Mastrick) and decrease drop off at 6-8 weeks. |
| | There is a significant rise in the number of children on the Child Protection Register who are aged 0- 4 compared to those registered pre-natal. | <ul style="list-style-type: none"> Improve the design and delivery of preventative, early and sustained support for those with children under 5 to reduce the likelihood of children being placed on the Child Protection Register by 2026. |
| | The uptake update of the measles, mumps and rubella (MMR) vaccine locally (91.61%) is considerably lower than the national average of 94.45% | <ul style="list-style-type: none"> By the age of 5 years, 95% of children will have received both doses of MMR as per schedule by 2026. |
| | 83.05% of children received their 27-30 month review assessed and levels of assessment are thought to be lower in areas of deprivation. | <ul style="list-style-type: none"> Increase the % of children assessed at 27 months from 83% to 95% by 2024. |
| | Only 35% of eligible 2 year olds take up their statutory Early Learning and Childcare (ELC) entitlement. | <ul style="list-style-type: none"> Increase the uptake of ELC in 2, 3 and 4 year olds. |
| | 2.2% of children in ELC are thought to have a speech delay/disorder and this rises across the primary stages. | <ul style="list-style-type: none"> Continue to roll out the CIRCLE framework Talk Boost and Early Talk to help improve the development of literacy and communication skills. |
| | Dental health at Primary 1 is slightly poorer than the national average and varies across our schools. | <ul style="list-style-type: none"> Improve dental health at Primary 1 to the national average by improving the levels of dental health in areas of deprivation to 50% by 2025. |

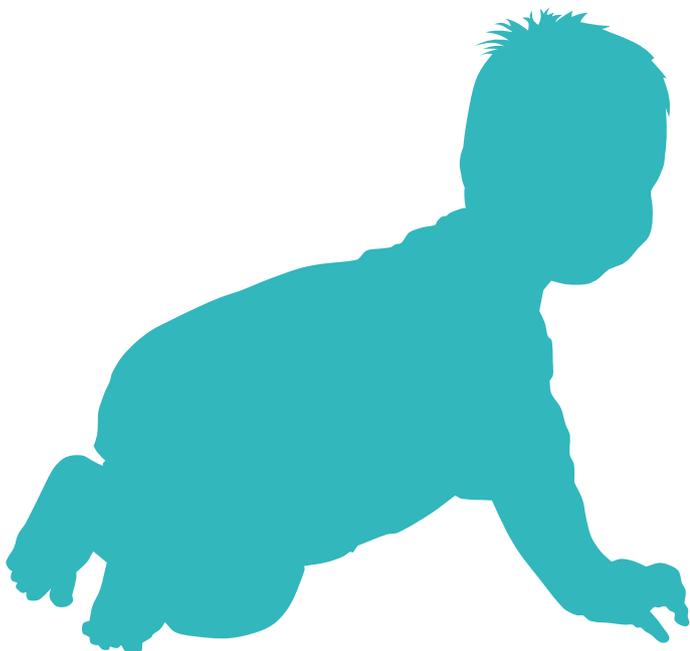
LOIP STRETCH OUTCOME 5 -

90% of children and young people report they feel listened to all of the time by 2026

| | DATA SHOWING AREAS TO BE IMPROVED/FOCUSED ON | WHAT WE AIM TO DO |
|---|--|---|
|  | <p>The main categories of concern for children placed on the Child Protection Register (CPR) in the period from August 2021 – July remain domestic abuse, emotional abuse, neglect, parental drug misuse and parental mental health.</p> | <ul style="list-style-type: none"> • Reduce the top preventable risk factors for parental mental and physical health including: obesity, smoking, and use of problematic alcohol and drugs. |
| | <p>Children tell us they want to be shown how to believe in themselves and provided opportunities to do this not just told to do it and young people would welcome an increased focus on areas such as self-confidence and body image.</p> | <ul style="list-style-type: none"> • Increase by 5% the number of S1-S6 pupils who report that they feel confident. |
| | <p>43.9% of requests for assistance pertain to children/young people recorded as having a Social, Emotional, Mental Health Need (“SEMHN”).</p> | <ul style="list-style-type: none"> • Reduce demand on Tier 3 services by 5% by 2026. |
| | <p>22% of children and young people in our schools participate in the free after school programmes available in our schools. 61% of participants are male.</p> | <ul style="list-style-type: none"> • Increase the % of young people participating in physical activity out with the curriculum from 22% in 2022 to 35% in 2026. • Increase the range of accessible options for children and young people with sensory and physical impairments. |
| | <p>86.2% young people stated that they felt safe in their community always or most of the time. Across associated school groups the number of respondents who felt safe in their community sometimes, rarely or never varied from 3.3% to 19.3%. Those living in more deprived areas felt more unsafe.</p> | <ul style="list-style-type: none"> • Increase by 10% the no. of children living in areas of deprivation who feel safe in their communities by 2025. |
| | <p>Referrals to CAMHS remains high with 1477 referrals in the last year with 1018 referrals accepted and 459 redirected referrals. The current wait time for a routine Choice appointment is 6 weeks with a further 20 week wait for a follow up appointment.</p> | <ul style="list-style-type: none"> • Reduce waiting time for interventions starting, by each tier 2/3 service by 5% by 2026. |

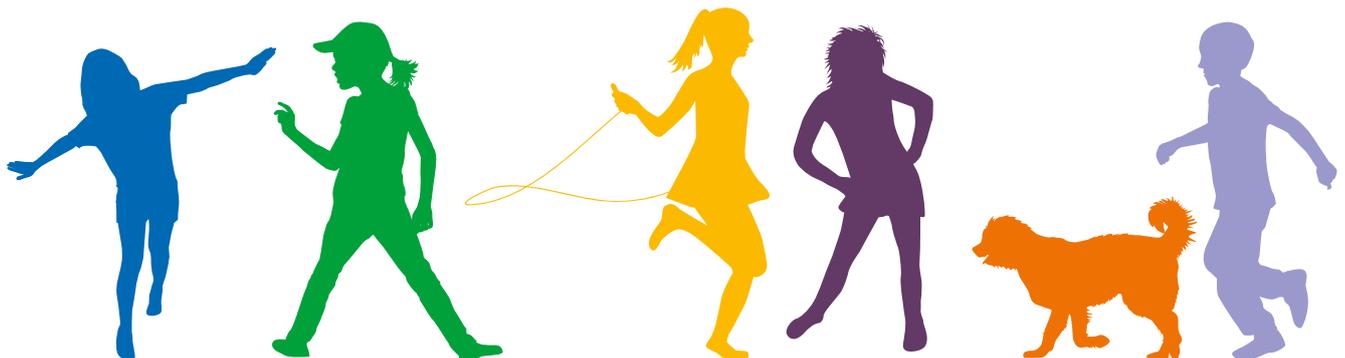
LOIP STRETCH OUTCOME 6 - By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026

| | DATA SHOWING AREAS TO BE IMPROVED/FOCUSED ON | WHAT WE AIM TO DO |
|---|--|---|
|  | <p>Our care experienced young people tell us that that they don't always feel listened to and can't access the support they need to be successful in school.</p> | <ul style="list-style-type: none"> • Listen to and learn from the feedback of care experienced children, young people and their families to ensure the design and improvement of services takes account of their views. • Increase the % of Child Plans at Child Protection Planning Meetings and Looked After Children Reviews which reflect the voice of the child and their family and identify how relationships will be maintained. |
| | <p>Some of our looked after young people experience significant disruption to their care and education as well as access to health provision.</p> | <ul style="list-style-type: none"> • 100% children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024. |
| | <p>Attendance at school for care experienced young people is 88.72% in primary and 84% at secondary, both lower than the city average.</p> | <ul style="list-style-type: none"> • Evaluate the impact of the intensive Edge of Care Pilots at Lochside and Northfield Academies to inform next steps for school session 23/24 and beyond. |
| | <p>76.5% of looked after children in Aberdeen City had a positive destination, lower than the rate for all children in Aberdeen of 92.1%.</p> | <ul style="list-style-type: none"> • Evaluate the impact of Pathways Associates on care experienced young people's attainment, achievement and positive destinations by 2024 to inform next steps. |
| | <p>66% of children in foster care are placed with an Independent Fostering Agencies (IFA's) outwith the city.</p> | <ul style="list-style-type: none"> • By 2025 reduce by 15% the percentage of children placed with Independent Fostering Agencies. • Implementation of a Bairns Hoose to take account of the lived experiences of children, young people and families. • Through a Family Support Model offer earlier and preventative support and intervention with a particular focus on kinship carers and preventing children and young people from entering care. • Increase the multi-agency support offer to kinship carers to take account of the complexity of caring for children within these arrangements and the support needs of kinship carers. • Increase by 100% the number of partners supporting kinship carers by 2023. |



LOIP STRETCH OUTCOME 7 - 95% of all our children, including those living in our priority neighbourhoods (Quintiles 1&2), will sustain a positive destination upon leaving school by 2026

| | DATA SHOWING AREAS TO BE IMPROVED/FOCUSED ON | WHAT WE AIM TO DO |
|--|---|--|
| | <p>12.89% of children and young people across the city live in the most deprived data zones. Attainment for those in the most deprived quintile is 14% lower than those in the least deprived quintile..</p> | <ul style="list-style-type: none"> • Increase the % of learners entering a positive and sustained destination to exceed, or be in line with the Virtual Comparator by 2025. • Improve attainment through the provision of a broader number of pathways into growth and volume sectors for young people in the senior phase. • Delivery of Phase 1 of ABZ Campus to increase the number of available courses from June 2023 & Phase 2 of ABZ Campus by June 2024. • Increase the rate of completion of National Progression Award/Foundation Apprenticeships/Higher National Certificate courses available to young people across the city by 10% by June 2024. |
|  | <p>Bullying trends have changed. For example, there has been a significant increase in the number of bullying incidents which refer to body image/ physical appearance.</p> | <ul style="list-style-type: none"> • Increase to 75% the % of staff reporting confidence in identifying and taking action on harm by 2026. • Increase to 3 the delivery of co-located and delivered services by health and education by 2024. • Review the school Anti-bullying policy by June 2023. |
| | <p>Some of our children report feeling unsafe.</p> | <ul style="list-style-type: none"> • We will include our senior stage primary pupils as part of the mentors in violence prevention transition programme. • Look to develop more consistent approaches around supporting young people who identify as LGBTQ and seek LGBT Charter accreditation. |
| | <p>The number of children identified as experiencing child poverty in Aberdeen was estimated to be 21.8% in 2021, or around 5500 children. Free school meal registrations have increased but uptake is low.</p> | <ul style="list-style-type: none"> • Improve access to information on sources of support to aid families experiencing food insecurity. • Increase uptake of school clothing grants by eligible families. • Continue to expand the provision of free sanitary products. • Schools and Further and Higher Education providers to consider poverty proofing within their own unique context. |
| | <p>There are currently 2,800 families without any form of employment and 19.4% of those over age 16 in Aberdeen City are 'economically inactive'.</p> | <ul style="list-style-type: none"> • ABZ Works to continue to deliver various Parental Employability schemes to ensure eligible parents have access to a variety of support to increase no.s gaining and sustaining employment/education. • ABZ Works to pilot new employability programmes such as paid work experience for young people and parents, with guaranteed interview and funding to support parents experiencing poverty to start their own business. |



LOIP STRETCH OUTCOME 8 - 83.5% fewer young people (under 18) charged with an offence by 2026

| | DATA SHOWING AREAS TO BE IMPROVED/FOCUSED ON | WHAT WE AIM TO DO |
|---|---|--|
|  | <p>A slight but steady upward trend in the number of children referred on offence grounds over the 12 months from August 2021 to July 2022.</p> | <ul style="list-style-type: none"> • Reduce by 20% the number of CEYP charged with an offence by 2025. • 90% of 16/17 year olds appearing at Sherriff Court in relation to Lord Advocate’s guidance will have had an assessment of their community support needs by 2025. • Seek to develop a wider range of diversion options and bail support development with a 5% increase in the no. of 16/17 year olds who are diverted from prosecution by 2025. • By 2025 commissioned Family Support Services will reflect the 10 principles of family support and offer 20% of their provision to diversion from prosecution and 100% of Intensive Family Support will offer alternatives to remand. |
| | <p>Overall youth ASB incidents have reduced by 3% in 2022 (2936 incidents).</p> | <ul style="list-style-type: none"> • Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025. • Mentors in violence prevention being delivered in all schools from August 2023. |
| | <p>Levels of vandalism are higher than we would like.</p> | <ul style="list-style-type: none"> • Build the capacity of communities in priority areas to start up and run their own youth groups by offering training and support. • Engage with the young people who are participating in the programme of diversionary activities in the Mastrick area; build on existing provision to increase the range of what’s available. |



LOIP STRETCH OUTCOME 9 - 100% of our children with Additional Support Needs/Disabilities will experience a positive destination by 2026

| | DATA SHOWING AREAS TO BE IMPROVED/FOCUSED ON | WHAT WE AIM TO DO |
|--|---|---|
| | Increase in the no. of children assessed or declared disabled from 266 in 2019 to 406 in 2021 (165 in Primary and 241 in Secondary). | <ul style="list-style-type: none"> • Develop and establish an assurance mechanism to review the impact of our systems on those with a range of additional support needs to better understand how effective the system is currently. |
| | In 2021, the attendance rate of pupils with recorded additional support needs was 90.8%, in comparison with a whole cohort figure of 93.0% with differentials in primary and secondary phase of just over 2%. | <ul style="list-style-type: none"> • Increase the % of young people with additional support needs/ disability entering a positive and sustained destination by 2025. • Further develop joint planning between Children Social Work and Adult Social Work (ASW) for children aged 15+ years, with a welfare assessment completed where appropriate by ASW 6 months prior to their school leaving date. |
| | Nearly 16% of our children and young people who responded to a recent survey told us that they don't think that those declared disabled are treated with respect and provided with the same opportunities as their peers. | <ul style="list-style-type: none"> • Increase the number of children and young people with Additional Support Needs and/or a disability accessing full time education from by 2026. • Increase by 10% the number of children experiencing child protection processes who have access to a professional utilising their alternative communication system by 2026. |
| | There are estimated to be around 2000 Young Carers in the city but only 135 of them are currently being supported through the Young Carers Service. | <ul style="list-style-type: none"> • Increase by 20% the number of children accessing support from the Young Carers service by 2026. • By 2025, 90% of families with children with an additional support need or disability will indicate that they have access to peer and community support that meets their needs. |
| | Evidence from Learning Reviews continues to highlight that as a partnership the impact of disability is not as recognised as we would want when considering neglect and harm to children. | <ul style="list-style-type: none"> • 90% of staff working with children and young people with disabilities will report confidence in identifying and taking action on how harm presents in children with additional support needs/disabilities by 2026. |
| | Not all families are claiming all of the benefits they are entitled to. | <ul style="list-style-type: none"> • Increase the no. of parents and carers with a child who has a medical diagnosis signposted or completed to a full benefits check to 100% by 2024. |
| | 3.44% of Aberdeen City's learners are recorded as having an Autistic Spectrum Condition. 26.8% of requests for Outreach Support were submitted to the Autism Outreach Service. | <ul style="list-style-type: none"> • Continued implementation of neurodevelopmental pathway. • Increase by 20% the number of families accessing support prior to diagnosis and reduce the interval between referral and diagnosis by 2024. |



Acronyms

ACHSCP: Aberdeen City Health and Social Care Partnership

ACEs: Adverse Childhood Experience(s)

ACR: Age of criminal responsibility

ADPs: Alcohol and Drug Partnership(s)

ASN: Additional Support Needs

BSIL: Best Start in Life Group

CAMHS: Child and Adolescent Mental Health Service

CCE: Child criminal exploitation

CEYP: Care Experienced Young People

CHS: Children's Hearings Scotland

COG: Chief Officers Group

CPA: Community Planning Aberdeen

CPG: Corporate Parenting Group

CPPM: Child Protection Planning Meetings

CPO: Child protection order

CPC: Child Protection Committee

CPR: Child Protection Register

COPFS: Crown Office and Procurator Fiscal Service

CSB: Children's Services Board

CSO: Compulsory Supervision Order

CSW: Children's Social Work

CYP: Children and young people

ELC: Early Learning and Childcare

GIRFEC: Getting It Right For Every Child

HDRC: Health Research Determinants Collaborative

ICR: Independent Care Review

IFA: Independent Fostering Agencies

PEPAS: Physical Education, Physical Activity and Sport

PRR: Parental responsibilities and rights

LAC: Looked after child

LAAC: Looked after and accommodated child

MAPPA: Multi-Agency Public Protection Arrangements

MHC: Mental Health and Wellbeing Collaborative

MMR: Measles, mumps and rubella

OOA: Out of Authority

SCRA: Scottish Children's Reporter Administration

SEMHN: Social, Emotional, Mental Health Need

SHANARRI: Getting it right for every child wellbeing indicators – safe, healthy, active, nurtured, achieving, respected, responsible, included.

SIMD: Scottish Index of Multiple Deprivation

UNCRC: United Nations Convention on the Rights of the Child

WFA: Whole Family Approach

YJG: Youth Justice Group



