Progress Report	Project Report 5.1 Reduce by 5% the number of children entering the care system by 2024.
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Date of Report	17/02/2025
Governance Group	Community Planning Management Group – 26 February 2025

Purpose of the Report

This report presents the results of the LOIP Improvement Project 5.1 which sought to reduce by 5% the number of children entering the care system by 2024.

Summary of Key Information

1 BACKGROUND

1.1 There are a multiplicity of reasons why children are accommodated out with parental care. This includes: structural inequality, poverty, poor social housing, homelessness; parental experience of childhood trauma and difficulty accessing universal services.

1.2 Data evidences that the vast majority of the children and young people (circa 90%) who require care and protection have been exposed to risks associated with their parents/ care givers life and circumstances. These risk factors predominantly relate to enhanced parental vulnerability (addiction, variable parental mental health and domestic violence). The Promise (2021) recognised the structural impact of poverty on families. Like other authorities Aberdeen City's looked after children primarily originate from the Scottish Index Multiple Deprivation 1 and 2 neighbourhoods of the city.

1.3 The Promise (2021) highlights the need for multi-agency partners to mitigate the impact of poverty in a manner that is empowering and non-stigmatising. It stresses the need for effective multi-agency intensive family support to ensure children/young people remain in the care of their family where it is safe for them to be so. The number of looked after children in Aberdeen City has been incrementally reducing. Over the past three years there has been circa a 15% reduction in the number of looked after. As of end of November 2024, there were 443 children looked after compared to 570 at 1st April 2020. Data shows a decrease across all care types and mirrors a national trend.

1.4 The % of looked after children in Aberdeen City aligns to the national figure and that of our comparator authorities. However, Aberdeen City's 'balance of care' is out of step with that of the national and comparator authorities. In particular data indicates that the % of children placed with foster carers is notably above the national position.

1.5 The Corporate Parenting Plan and Children's Services Plan (2023 – 2026) has been shaped by the Promise and recognises the need for all agencies to do more to support children remain within their families, where it is safe for them to be so.

2 IMPROVEMENT PROJECT AIM

2.1 The CPA Board in September 2023 approved the project charter for the initiation of an improvement project that aimed to reduce by 5% the number of children entering the care system by 2024.

3 WHAT CHANGES DID WE MAKE?

3.1 The multi-agency partnership focused initially on the further development of existing services to better support children and young people with an escalating risk profile in line with The Promise (2021) with the aim of reducing the number of children with risk factors entering care. This has included:

- Continuing development of **Fit Like Hubs** in three localities – providing holistic and preventative whole family support. Utilising a rights based and family first approach the Fit Like Service works intensively with families on challenges they have identified to mitigate risk and vulnerability. The change has particularly focused on building the capacity of kinship carers to enable them to feel better supported and have their own needs recognised more effectively as detailed in section 4.
- The **Northfield and Lochside Pilot Projects** - these pilots work predominantly with young people aged 12+ who have been identified by school and social work staff with an escalating risk and vulnerability profile. Working on a cross cluster basis (Education, Children's Social Work; Community Learning, Youth Work and key ALEO partners) the pilot provides intensive support to young people and their parents/carers to mitigate risk/vulnerability.
- Children's Social Work **Family Support service** – provides support to children/young people and their parents/carers (including kinship and foster carers) who have been assessed as on the edge of care. Referral and allocation processes have been streamlined and the services delivered by Craigielea and Includem are now co-located to to maximise shared learning and use of resources. Craigielea and Includem primarily provide young people with intensive wraparound support in the community and within their Centre. This Intensive Family Intervention Team (IFIT) and Family Network Team (FNT) practice model recognises that children are at their most vulnerable when their parent/carer is experiencing difficulties staying attuned to their needs due to their own vulnerabilities. Interventions are used to support the parent/carer to understand their child's behaviours as a communication of unmet need; to become more attuned to their child's needs; and to meet these and reduce risk for them.

3.2 In addition, the following changes were identified for testing by the project team:

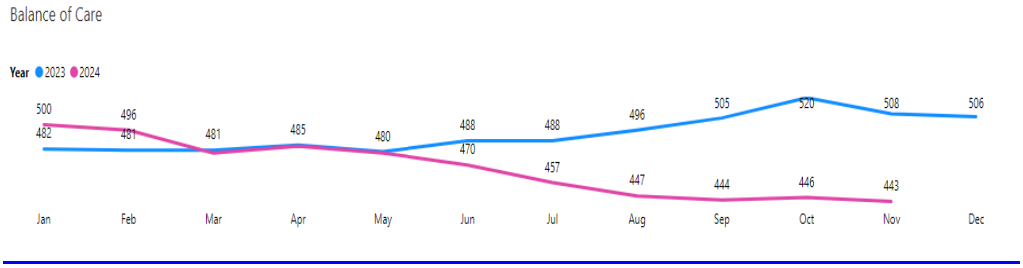
- All agencies coming together to agree a multi-agency plan within 5 days where there is evidence that a child's kinship placement is likely not to be able to meet their needs and is at risk of ending
- Pilot a pathway where a Child Protection Planning Meeting (CPPM) makes a decision to refer to Scottish Children's Reporter Authority (SCRA), within 10 weeks we will have identified each adult within the child's family network who has the potential to provide alternative care should it be required.
- Test how best to deliver holistic family support to parents with addiction needs in order to increase their capacity to meet the needs of their children in a manner that protects their wellbeing.

3.3 This improvement activity builds on previous improvement activity which focused on enhancing the support to kinship carers Kinship Care Support - Project End Report.pdf .

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, the aim has been achieved.

4.2 The charter was approved in September 2023 at which point there were 505 looked after children. As of November 2024 this had reduced to 443, (circa 12%). In 2023 the service recognised that our data included 38 young people in a continuing care placement. Young people in continuing care are not looked after. This means there was actually 467 children when the charter commenced and the reduction to 443 represents a 5.1% decrease.



4.3 Data from the Lochside and Northfield Pilots has indicated that of the young people who have engaged with the Pilot, no young person has been accommodated out with their family network. The whole family support provided saw for a number young people a de-escalation of risk/vulnerability to enable them to again be supported at a Universal level. Those supported through the pilots have engaged more positively with services they may previously have struggled to connect with. Powerfully, there is feedback from children and families saying that they have wanted to engage with the family centric supports available. The full data and impact can be read in Edge of Care Pilots Final.pdf report.

4.4 Data from the Fit Like Hubs continues to evidence that over 90% of young people and their families engaging with the Hubs are being effectively supported at Tier 2 avoiding the need of escalation into Tier 3 and the requirement of statutory measures. In 2023 there were 109 closures and 6 (5%) transferred to Children In Need (CIN) team, whilst in 2024, there were 124 closures and 8 (6%) transferred to CIN team. All children and young people transferred to the CIS Team has qualified social worker, coordinating a multi agency plan.

4.5 The project with the Fit Like Hub has focused on building the capacity of kinship carers to enable them to feel better supported and have their own needs recognised more effectively. A range of engagement activity has been undertaken with kinship carers. This highlighted strengths and areas where improvement have been made. Support to kinship carers is now offered from a variety of multi agencies and this is facilitated, in part by the funding of a CDO spanning Kinship/Family Learning/Fit like Hubs via WFWF. New support groups have been established including a Kinship/ASN group. Two Information Events have taken place, linking kinship families with relevant organisations and a Support Guide has been given to all carers.

4.6 In regard to the pilot process for ensuring a multi-agency plan is in place within 5 days Child's kinship placement is likely not to be able to meet their needs and is at risk of ending the model has now been embedded and where a kinship placements are showing signs of vulnerability, 100 per cent of multi-agency plans are reviewed and additional support is accessed for the child and carer.

4.7 Learning from these services is being actively utilised to inform the development of our emerging Family Support Model.

4.8 In taking forward the changes above, the Project Team evaluated existing processes and guidance (GIRFEC) in relation to the provision of multi-agency support for kinship placements that are showing signs of vulnerability. Positive practice was noted. Including:

- The partnership identifies signs of vulnerability and acts on these timeously.
- Child planning meetings have multi agency representation and the voice of the child and the support needs of their carer(s) are at the centre of planning.

- There are multi-agency escalation pathways when a child or carer is experiencing a barrier to service provision and a timely response is needed.
- Learning and development places kinship at the centre of planning and support and this is reflected in the practice model.

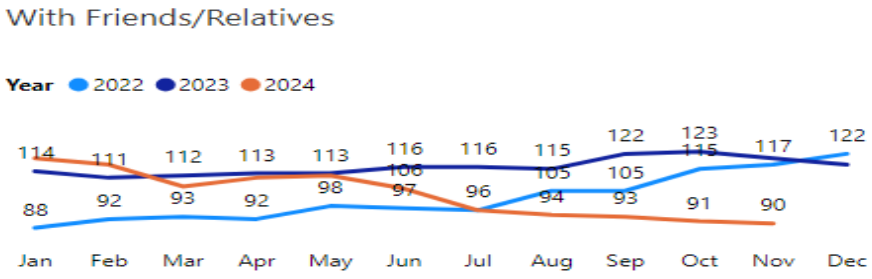
4.9 The Project Team established qualitative data (feedback from carers, children and practitioners in relation to their experience of being supported by the partnership at points of crisis). This has been used to:

- identify gaps in supports
- establish connections with other services
- further develop kinship carers support groups/activities

4.10 It has however been difficult to track, monitor and report on the numbers of meetings held in respect of children in a kinship placement which has been recognised as vulnerable, which agencies where part of these, desired outcomes for the child and carer and review mechanisms. To address the vulnerability around data the Project Team are:

- Exploring who provides support to kinship placements to understand existing recording mechanisms.
- Develop a minimum data set for kinship support with partners.
- Building analysis capacity (i.e. making sense of what is happening)
- Data collection and analysis and learning shared across partnership.

4.11 Whilst the data shows a positive downward trend it is worth noting there has been a decrease in the number of children looked after at home and with family/friends.



4.12 The Project Team has reviewed the downward trend and the initial observations are that this trend reflects the fact kinship carers are securing legal permanence (Kinship Care Order) through Court. This results in the child no longer being deemed looked after, however the kinship team and multi-agency partners continue to support the child and carer.

4.13 Recognising that the data trends in relation to kinship care placements continues to be out of step with the national position, the following changes are underway to build on learning and will be reported through Stretch Outcome 5 Sub Group and the Children's Services Board. Specifically:

4.14 Test A - Pilot a pathway where a Child Protection Planning Meeting (CPPM) makes a decision to refer to Scottish Children's Reporter Authority (SCRA), within 10 weeks we will have identified each adult within the child's family network who has the potential to provide alternative care should it be required.

4.15 The Project Team aligned with the values and model of Family Group Decision Making (FGDM) and agreed this approach could drive further improvement activity. Accordingly the following steps have been taken:

- Met with Edinburgh and Glasgow Council's FGDM teams to gain further insight of their service and how they implemented and embedded this model.

- Benchmarking - specifically services available to kinship placements when there is an enhanced level of vulnerability.
- Research from the Registrar's Office - what information is held and the safeguards in place to ensure this information is used proportionately.
- A process flow map/procedure to support the identification of adults within the child's network that may be part of planning and assessment.
- A practice note was established to offer guidance and a tool kit to support practitioners undertaking the identification of adults and engaging with them.

4.16 To address the skills and capacity challenges:
- A coordinator role has been allocated to the Project Team.
- The coordinator will monitor and support trials across the City.
- The coordinator will collate and analyse data from the trials and any learning.
- To address the skills and knowledge gap, selected practitioners participated in trauma informed training and FGDM training and have reported increased practice confidence.
- The selected practitioners have been allocated a mentor to offer support and a reflective space. Tests trails commenced in February 2025.

4.17 Test B - Pilot a test of change to deliver holistic family support to parents with addiction needs to increase their capacity to meet the needs of their children in a manner that protects their wellbeing.

4.18 Feedback from parents identified there may be a gap in the provision of whole family support or barriers to accessing this. The Alcohol and Drugs Partnership identified capacity to support this area of vulnerability for parents with children via the Penumbra Intensive Housing Support contract. The Integrated Drug Service; Penumbra and Children's Social Work agreed a shared approach to delivering whole family support.

4.19 To support the development of this test the following steps were taken:
- Meetings with key stakeholders from Adults and Children's Social Work and Third Sector Partners to share information about the identified need built the case for change and establish multi -agency support.
- As part of the stakeholder engagement, they mapped current support pathways for parents with addiction issues to avoid service duplication and agreed shared pick up points across Tier 1,2 and 3 as well as escalation pathways.
- To avoid creating unnecessary barriers the Penumbra workforce are embedded within the IDS. The IDS will continue to assess and support parents and Penumbra will work alongside them to provide practical parenting outreach support.
- There will be a shared approach to identifying families.
- To minimises parents having to retell their stories, work has been undertaken to ensure IDS, Children's Social Work and Penumbra are using a shared risk assessment and family plan.

  Penumbra began supporting families in January 2025.

5. HOW HAVE OUR COMMUNITIES/PROTECTED GROUPS PARTICIPATED IN THE PROJECT AND THE IMPACT OF THIS PROJECT

5.1 The views and voice of children and young people is at the centre of our local GIRFEC practice model. The design and delivery of the Fit Like Service; the Northfield and Lochside Pilots have and continue to be informed by the voice of children, young people and their families. Additionally their voices have been at the centre of this project and its design. They will be involved in the continuing improvement activity.

Edge of Care Pilots:

5.2 The case studies in Appendix A articulate significant and often consistent change for young people and their families. These "successes" will inform our Family Support model as well as how the Edge of Care pilot will feature within this.

5.3 No child, young person or family has refused the support. Children/young people happily engaged and shared concerns about what they would like to achieve. Transferable skills are being developed to help them to better access learning. The value of work taster sessions has been highlighted.

5.4 Creating a welcoming environment so young people feel safe, listened to and feel things will be done is important. Wellbeing is improving and supporting young people's readiness to learn. Food is important.

5.5 There are signs of positive improvements in family relationships due to increased engagement of children / young people with activities / curriculum, reduced financial strain and opportunities opening up to access community interaction making them feel less isolated.

5.6 Parents/carers are happy to have the additional support in place as they feel that they and their children benefit. Time has been invested in supporting team members to consider how contact is made with families, how they introduce the support and how they continue to engage helps. Interventions need to be tailored to individual needs. Families have been supported to access weekly community connection sessions, financial support, support to access health and joint working with their child. These connections have been helpful and built a sense of community.

5.7 Participation and engagement activities are increasingly being embedded to support service development and improvement. This includes:

- Through our Rights Service the views of care experienced young people are at the centre of our strategic planning and service improvement.
- The Mind of My Own App ensures that young people can express their views to influence their own planning and service improvements.
- The Brights Spots survey (Bright Spots Programme (sharepoint.com) sought the views of children and young people experiences of care and leaving care. The remarkable uptake has provided an invaluable insight as to how multi-agency partners can better support our care experienced children and young people. The Corporate Parenting Group is developing an improvement plan in response to what our young people have told us.
- The Kinship Team use a range of approaches to seek views/feedback about the quality of service provided. The most recent survey (March 2024) identified training needs as well as more specific emotional support.

6. HOW WILL WE SUSTAIN AND MONITOR THESE IMPROVEMENTS?

6.1 Learning from the tests of change will be utilised to inform the development of the Family Support Model.

6.2 The current monitoring and reporting arrangements at a local and national level will remain in place (Dashboards) and will be overseen by the Children's Services Board and reported through the annual report.

6.3 Quantitative data (number of assessments and meetings held etc) and qualitative (stories around the children and families) will be monitored by the project coordinator on a monthly basis and the Dashboard up-dated.

6.4 Practitioners undertaking assessments will be encouraged to share learning with the coordinator and record feedback from children and families.

6.5 The project will use Dynamics 365 to analyse trends and patterns in the balance of care, specifically in relation to children moving from their parents to kinship.

7. OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 Learning from the above activities will continue inform specific activity to support children and young people to remain within their family network. Scoping activity has commenced to map out the expansion of the Pilot Project to incorporate the St Machar ASG. This will ensure the three ASG's serving the communities of our city with the greatest levels of deprivation can deliver proactive and preventative support to mitigate the escalation of risk and vulnerability of young people identified by Education and Social work colleagues. The intention is for this to go live in the Spring/Summer term of 2025.

7.2 Learning from the Fit Like Service will actively contribute to the developing Family Support Model.

7.3 The further changes ideas being tested as detailed above will be overseen by Children's Services and if impactful, opportunities for scale up and spread considered.

Recommendations for Action

It remains a partnership priority to ensure, where it is safe and where children are loved they remain within their family network. Additionally we are motivated to minimise the number of placements children experience given the emotional and psychological impact from frequent moves. Building on the learning to date we want to continue to understand how, on a multi-agency basis, we are supporting children to be placed and remain in their family network. It is therefore recommended the CPA Management Group:

i) Acknowledges that the aim has been achieved with a 5.1% reduction in the number of looked after children since September 2023 and that the changes have been impactful and agrees to recommend to the CPA Board testing is concluded on basis that learning is being used to inform the development of the Family Support Model;
ii) Notes multi-agency data in relation to kinship care placements (formal and informal) will continue to be gathered, monitored and reported on to support the identification of areas where further improvement would be helpful; and
iii) Notes that the testing of the change ideas Test A & Test B are still in their infancy. Over the coming months analysis of their impact will be reported to the Children's Services Board and inform future improvement activity and the refresh of our statutory Children's Services Plan and LOIP 2026-36.

Opportunities and Risks

Opportunities:

- FGDM provides an evaluated model to identify strengths and encourage parent, carer and wider family participation in decision making when a child is at risk of becoming looked after. This approach could informing our commissioning strategy to further support early and preventative interventions.
- When trying to identify family members that can be part of safety plans for children barriers are encountered when seeking access to information. These enquiries usually take place in moments of crisis. Sometimes agencies use process and policy to avoid information sharing. There is an opportunity here to unlock the potential of information sharing between agencies for the purposes of improved decision making.
- It is not always clear whether information sharing difficulties are the result of a legal, technical or culture barriers, however what has been established is that we are not always able to access information in a timely manner.

Risks:

- Funding for the Pilot Project and the Fit Like Service is subject to continuing SG grant funding.
- One of the barriers to progressing this project has been the availability of resource to coordinate and lead the test trials. While this has for now been addressed unexpected operational demands can result in statutory tasks being prioritised.

CONSULTATION

- Project Team
- Corporate Parenting Group
- Children's Services Board

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