



Children and Young People's Services Committee

Wednesday, 04 March 2020

SUPPLEMENTARY AGENDA

The undernoted reports have been added to the Agenda for the meeting of the **Children and Young People's Services Committee** to be held at **Council Chambers, Council Office, High Street, Elgin, IV30 1BX** on **Wednesday, 04 March 2020** at **09:30**.

BUSINESS

17a* Childrens Services Plan 2020-23

3 - 108

Report by the Chief Officer, Moray Health and Social Care Partnership



**REPORT TO: CHILDREN AND YOUNG PEOPLE'S SERVICES COMMITTEE ON
4 MARCH 2020**

SUBJECT: CHILDREN'S SERVICES PLAN 2020-23

BY: CHIEF OFFICER, MORAY INTEGRATION JOINT BOARD

1. REASON FOR REPORT

- 1.1 To inform the Committee of the development of the Children's Services Plan (CSP) 2020-23.
- 1.2 This report is submitted to Committee in terms of Section III (D) (2 and 12) of the Council's Scheme of Administration relating to the functions of the Council under the Children and Young Persons (Scotland) Act.

2. RECOMMENDATION

- 2.1 **It is recommended that the Committee scrutinises and notes the content of this report.**

3. BACKGROUND

- 3.1 Section 8(1) of the Children and Young People (Scotland) Act 2014 requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. The second three year plan (2020-23) is required to be in place by 1 April 2020.
- 3.2 The GIRFEC Leadership Group (GLG) established a CSP Development Group in July 2019, comprising of representatives from across the Children's Services Partnership. A project plan was approved by GLG in July 2019.
- 3.3 In January 2020 the Scottish Government published revised Statutory Guidance on Part 3 of the Children and Young People (Scotland Act) 2014 (Children's Services Planning), which required the project to be adapted. Risks and mitigating actions were approved by GLG.
- 3.4 The revised guidance outlines key steps to successful CSP. They have been developed by the Care Inspectorate with the aim of supporting the work of the Community Planning Partnership.

- 3.5 CELCIS reviewed the CSPs compiled in each of the 32 local authority areas, covering the period 2017-20. This feedback provided has informed our development of the 2020-23 CSP.
- 3.6 In response to the Care Inspectorates Joint Inspection of Children and Young People's Services, Moray Children's Services embarked on an ambitious 5 year improvement journey. As part of the journey, a successful application was made to the Scottish Government to be part of the Realigning Children's Services (RCS) programme. The outputs of the RCS programme have helped shape the 2020-23 CSP.
- 3.7 Sara Hampson, RCS Programme Manager, Scottish Government has supported the implementation of RCS in Moray. She is also the author of the revised Children's Services Planning Guidance. She has acted as both a facilitator and critical friend throughout the development of Moray's Children's Services Plan (2020-23).
- 3.8 Progress in relation to the development of the plan is summarised under the Care Inspectorate key steps to successful Children's Services Planning.

3.8.1 **An ambitious and compelling vision**

All key stakeholders; children and young people, parents/carers, front line practitioners and members of the GLG shaped the vision.

Moray Youth Matters, a group made of 20 young people from across Moray and including representation from a number of equalities groups finalised the vision in their own words:-

"It's my right to live in a community where my voice is heard and builds me up to be all I can be."

3.8.2 **Joint Strategic Needs Assessment (JSNA)**

The JSNA has been undertaken with input from all key stakeholders, including children and families. It is a 'live' document which will be reviewed and updated on an annual basis and more frequently, as required. (**Appendix 1**)

The analysis was undertaken based on; current and relevant data which was compared where possible with comparator authorities and Scottish averages and extensive consultation and engagement with children, families, frontline practitioners and management within Children's Services.

Consultation and engagement activities are detailed below.

- RCS survey work undertaken with young people within schools (P5-S4). 81% of primary school pupils and 75% of secondary school pupils responded to the survey (5247 pupils in total)
- Face to face surveys with 194 younger children and 104 of their parents This was undertaken by nursery staff using age appropriate techniques
- An online survey completed by 959 parents/Cares throughout Moray

- Two workshops attended by 57 frontline practitioners. Their views were sought on the needs of children and families they work with and which priorities they feel need to be addressed with and for children, young people and families.
- Face to face engagement with parents. Engagement sessions were delivered in partnership with 2 local employers; Baxters and Moray Council.

Based on the JSNA, 4 key priorities were agreed:-

- Improved Wellbeing (The World Health Organisation's definition of wellbeing was adopted. It has 3 core components; mental, physical and social wellbeing)
- Mitigation of the impact of poverty
- Improved outcomes for looked after and care experienced children and young people
- Children and young people are safe from harm

3.8.3 Strategic mapping of services and identification of the totality of the resource

This is a core component of the RCS Programme. Services for children and families in Moray, delivered across the partnership have been identified and their associated costings have been collated and categorised.

This has proved to be a complex task and will be completed by 28 February 2020.

The identification of need and mapping of existing services and their associated costs will help the partnership to make informed strategic decisions about how to focus their collective resource to improve outcomes for children and families

3.8.3 Development of a SMART delivery plan

SMART delivery plans for each priority have been drafted by the CSP Development Group, based on the JSNA. They include range of outcome focused performance measures.

3.8.4 Governance and accountability

Responsibility for the implementation and ongoing review of the Children's Services Plan sits with the GLG.

Their associated subgroups will be responsible for the implementation of the each of the priorities.

3.8.5 Annual performance reporting

In accordance with the statutory guidance, annual reports will be submitted to the Scottish Government.

A programme of ongoing review of progress with all key stakeholders will be established. This will include the communication of key achievements.

3.9 The draft plan (**Appendix 2**) will be finalised by 28 February 2020, in accordance with the planning scheduled approved by GLG. Throughout March consultations are scheduled with all key stakeholders.

3.10 The final plan will be approved and signed off by the Local Authority and Health Board by 1 April 2020.

4 **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP))**

The finalised Children's Services Plan will be a core component of the revised Local Outcome Improvement Plan. It will support the Building a better future for our children and young people in Moray priority.

(b) **Policy and Legal**

Section 8(1) of the Children and Young People (Scotland) Act 2014 requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period.

A progress report must be submitted to the Scottish Government on an annual basis.

(c) **Financial implications**

There are no financial implications arising directly from this report.

(d) **Risk Implications**

There are no risk implications arising directly from this report.

(e) **Staffing Implications**

There are no staffing implications arising directly from this report.

(f) **Property**

There are no property implications arising directly from this report.

(g) **Equalities/Socio Economic Impact**

An Equalities/Socio Economic Impact Assessment is not required as this report is to inform Committee of the development of the Children's Services Plan (2020-23).

(h) **Consultations**

Chief Officer, Health and Social Care Moray, Head of Service, Sean Coady, Head of Service Operations (Adult and Children's Services) ,

Head of Education, Head of Integrated Children's Services, Head of Education Resources and Communities, Chief Social Work Officer, Senior Human Resource Adviser, Morag Smith, Senior Solicitor and Paul Connor, Principal Accountant have been consulted and are in agreement with the contents of this report as regards their respective responsibilities.

5. CONCLUSION

5.1 That the committee reviews the progress of the development of the Children's Services Plan (2020-23).

Author of Report: Susan Leonard, Quality Assurance & Locality Manager

Background Papers:

Ref:

2020



Joint Strategic Needs Assessment

MORAY CHILDREN AND FAMILIES



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1. INTRODUCTION

This Joint Strategic Needs Assessment (JSNA) has been produced to inform the development of the Children's Services Plan 2020-23.

All key stakeholders, including children and families have contributed to its production.

It is a 'live' document which will be reviewed and updated on an annual basis and more frequently, as required.

The analysis was undertaken based on current data and extensive consultation and engagement with children, families, frontline practitioners and management within the Children's Services Partnership.

2. PROCESS

The process consisted of the following steps:

Step 1 – Identification of relevant and available statistical data relating to children and families in Moray. It was broken down into vulnerability factors relating to

1. Children
2. Parents
3. Communities

In addition, data which relates to our children in need of targeted/more specialist support was collated and analysed.

To gain a clear picture of our performance locally, this data was compared with the same data from other local authorities and Scottish averages.

Step 2 - Survey work undertaken with young people within schools (P5-S4). This was part of a national program called Realigning Children's Services which the Moray Children's Services partnership are participating in.

5247 (81% of primary school pupils and 75% of secondary school pupils) young people completed an online survey in school. It sought their views on their own health and wellbeing.

Step 3 - Face to face surveys with 194 young children and 104 of their parents. This was undertaken by nursery staff using a range of age appropriate techniques.

Step 4 - An online survey completed by 959 parents throughout Moray. This survey sought their views on their needs as parents and the support they both need and currently access.

Step 5 - Engagement with frontline staff working with children and families. Through workshops in both east and west Moray, their views were sought on the needs of the children and families they work with and priorities which they feel need to be addressed with and for children, young people and families.

Step 6 - Face to face engagement with Moray Youth Matters a group made up of 20 young people from across Moray. It is a diverse group of young people from different communities and representing a wide range of equalities groups e.g. Young Carers, Looked after Children, LGBTQ+. They were asked to identify and prioritise their needs, considering the survey feedback (STEP 2).

Step 7 - Face to face engagement with parents in partnership with two local employers – Moray Council and Baxters. The purpose of these sessions was to review survey feedback to identify and prioritise needs.

Numbers at these sessions were low. Other ways to engage parents needs to be trialled in future.

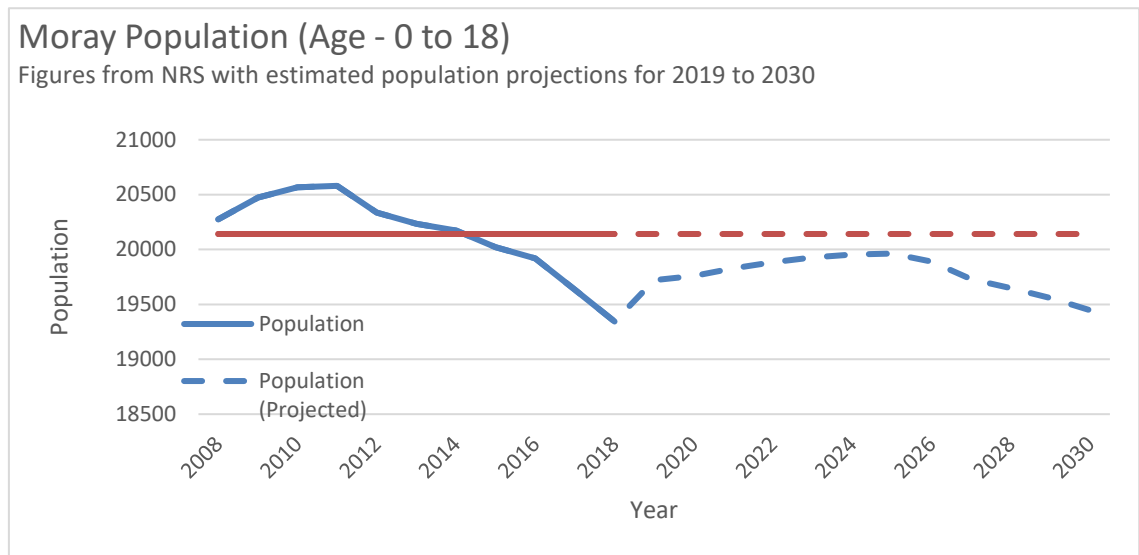
Step 8 - A group made up of representatives from across the partnership considered all the feedback and identified 4 key priorities. They are:-

- Improve wellbeing
- Reduce the impact of poverty
- Children and young people are safe and free from harm
- Improve the outcomes and life chances of looked-after children

3. LOCAL CONTEXT

3.1 Population

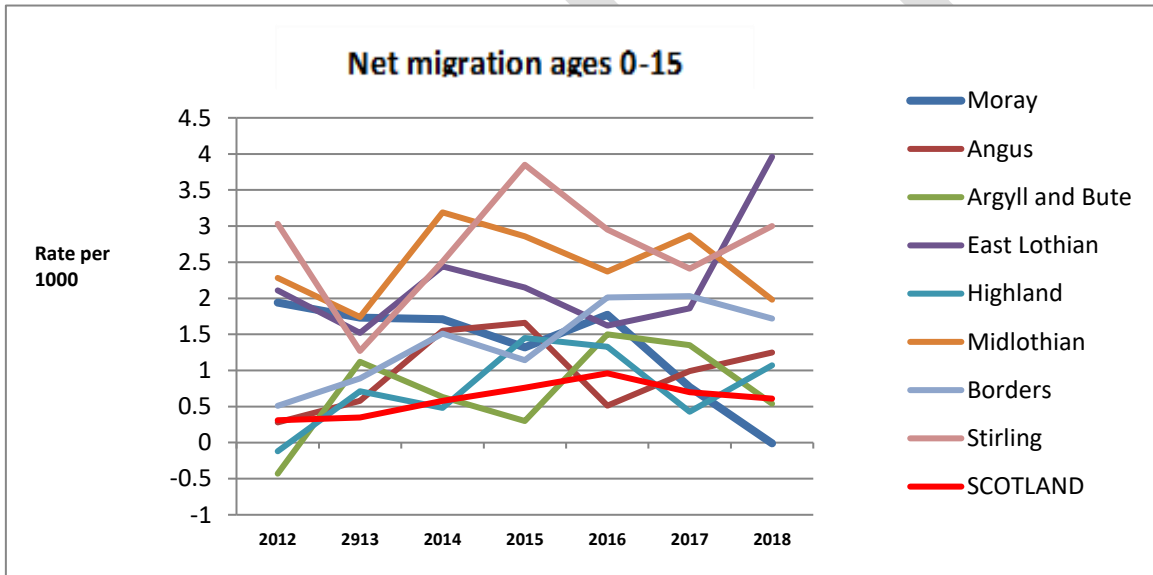
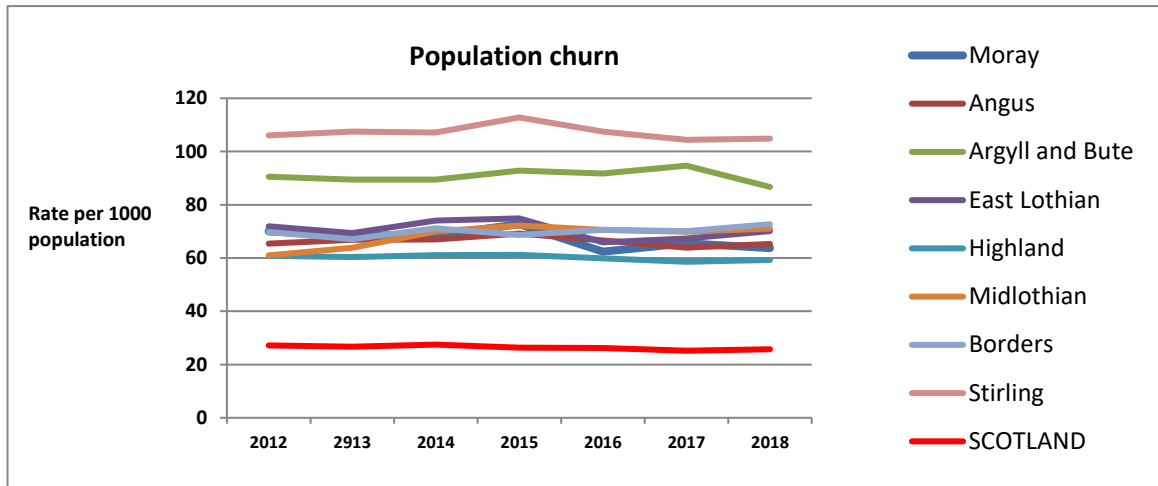
The population of children and young people in Moray has fallen from a high of 20,600 in 2011 to 19,300 in 2018, although National Records of Scotland predict that there will be a slight increase in numbers by 2030.



Population churn is a measure of how quickly the population in an area is changing in its composition. It combines outward migration and inward migration. It can therefore be regarded as a measure of population stability. High levels of 'churn' are thought to have potential adverse effects on children living with a level of instability.

Population churn in Moray is considerably higher than the Scottish average, but about the same as in most of our comparator authorities except for Argyll and Bute and Stirling, which are significant outliers.

It is recognised that Ministry of Defence decisions regarding the deployment of staff to the two military bases in Moray (Kinloss Barracks and Royal Airforce Lossiemouth) impacts on total number of children and population churn.



In distinction to population churn, net migration measures the difference between inward migration and outward migration. For Moray the figure has been dropping steadily and is now just in to the negative zone, where slightly more children and young people are leaving than arriving.

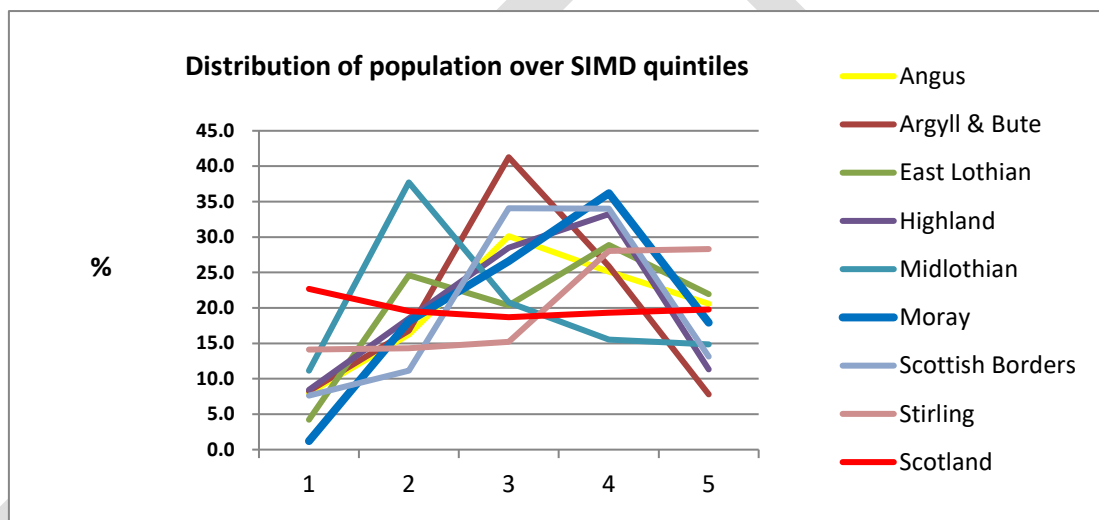
HEADLINES

- Overall Moray has an ageing population.
- Expected minor rise in the number of children and young people in Moray over the next decade however, more children and young people are leaving than arriving in Moray.

3.2 Prosperity

Taking account of the Scottish Index of Multiple Deprivation (SIMD) it might be argued that Moray is relatively “prosperous”. Only 1.2% of the population live in data zones that are amongst the 20% most deprived in Scotland (the lowest of our comparator authorities), whilst 53.6% live in the least deprived two data zones (the second highest of our comparator authorities).

Research shows that for many people, Moray is a great place to live with relatively low unemployment, an enviable natural environment, low levels of crime and good public services. However, Moray has pockets of inequality, deprivation and poverty which are experienced on both an individual level and collectively in some small geographical areas. There is a variation in outcomes for smaller communities in Moray this is presented within aspects of rural poverty as well as subsequent access issues such as delivery of and access to services, and social isolation.

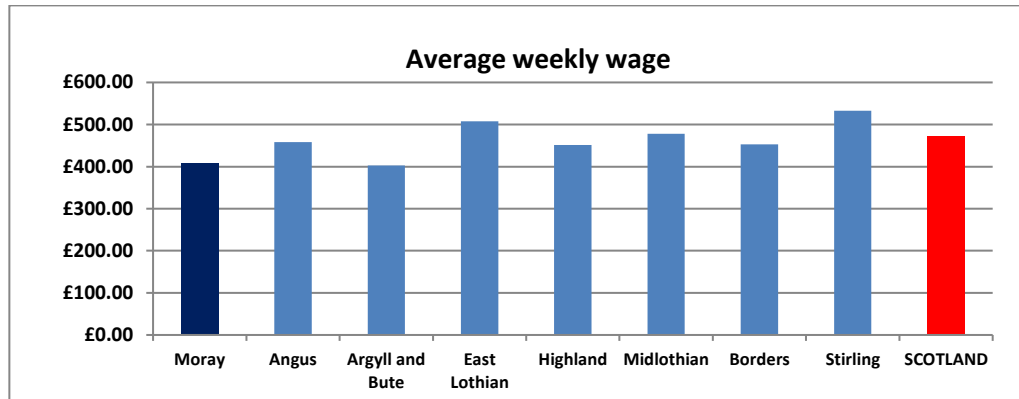


Examining the distribution of people who might be living in deprived circumstances reveals the following.

	% of all income deprived people who live in these areas	% of all employment deprived people who live in these areas
SIMD 5 (least deprived)	12.9	13.5
SIMD4	19.5	20.2
SIMD3	23.9	24.3
SIMD2	26.8	26.8
SIMD1 (most deprived)	15.1	15.2

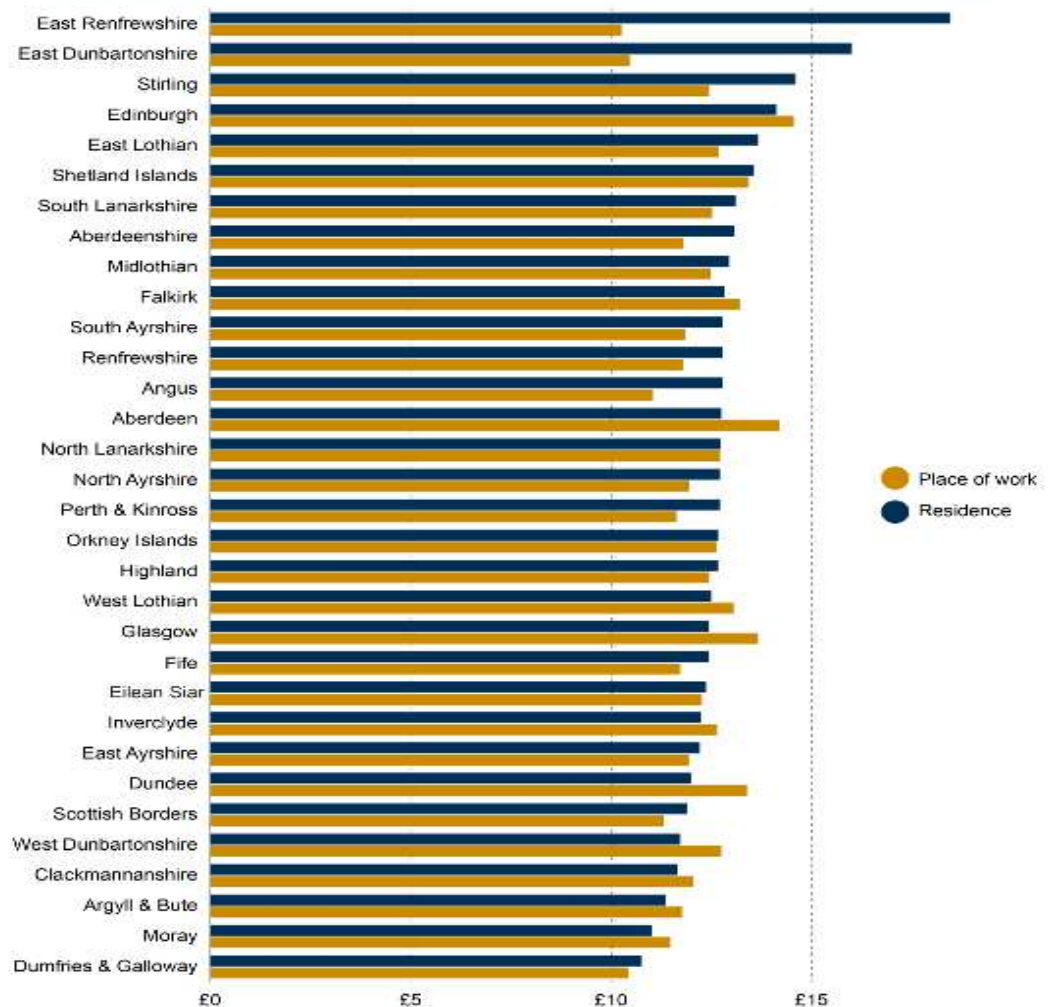
Only approximately 15% of our most deprived people live in our recognised deprived areas, whilst nearly a third live in our two least deprived areas. These facts have a significant bearing on strategy and policy, particularly in terms of targeting resources. Resources need to be targeted on vulnerable people and families and not particularly on our ‘deprived’ areas.

Despite the apparent prosperity implied by the SIMD data, Moray has a low wage economy, with only Argyll and Bute amongst our comparator authorities having a lower average weekly wage.



A better comparator than the average wage is the median wage. Half of the population earn less than this and half earn more. Looked at like this, Moray has the second lowest wage of all Scottish local authorities.

Median hourly pay excluding overtime by local authority - 2018



Source: Annual Survey of Hours and Earnings 2018

The probable explanation of the conflicting view of “prosperity” presented by the SIMD data and the data on wages is that Moray may have few very high earners who would bring up the average wage whilst at the same time having relatively few very low wage earners.

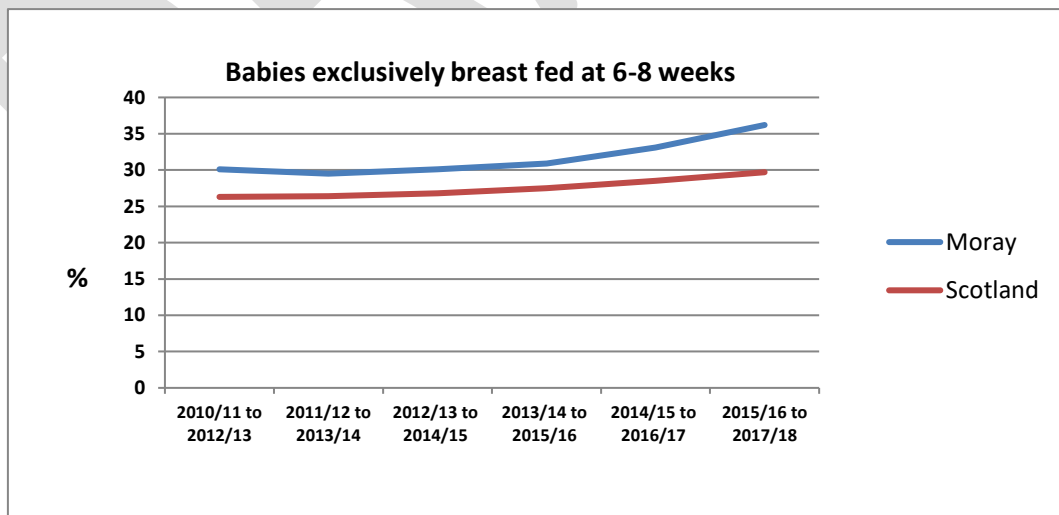
HEADLINES

- Overall, Moray has low levels of deprivation.
- The majority of our most deprived people do not live in our most deprived geographic communities.
- Low wage economy.

4. VULNERABILITY FACTORS – CHILDREN

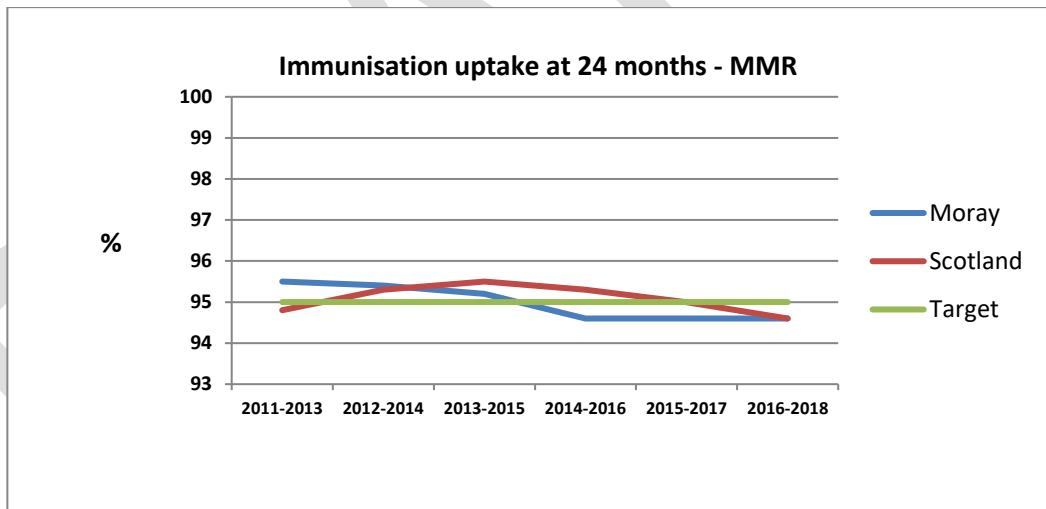
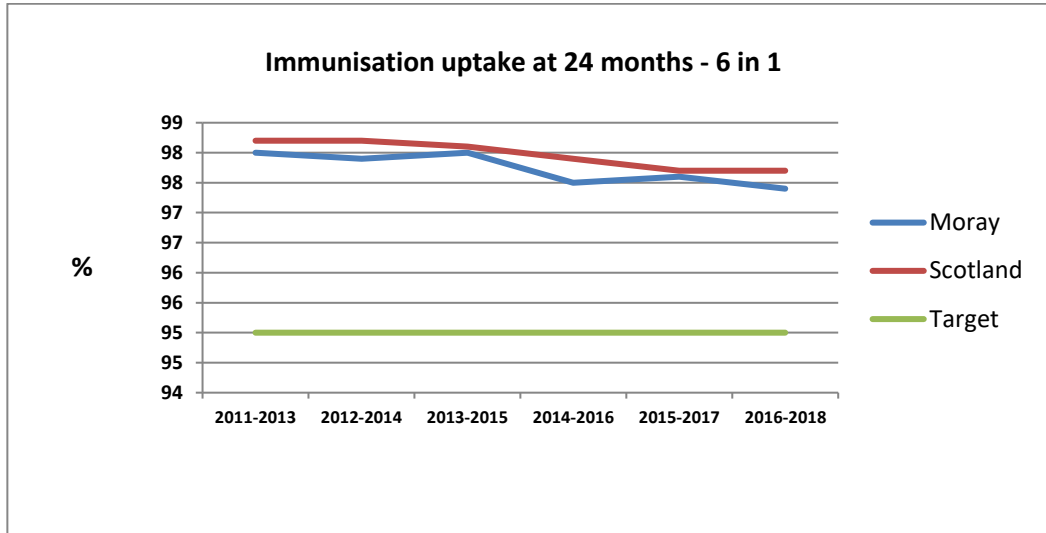
4.1 HEALTH

Breast Feeding rates - Breast feeding is known to be associated with physical advantages to both mother and baby, with reduced risk of breast cancer in the mother and reductions in respiratory and gastro-intestinal infections in the baby. It is almost certainly associated with lower rates of obesity and type II diabetes. However, there are also emotional and psychological benefits to both mother and baby, particularly in relation to attachment.



Breast feeding rates in Moray are higher than the Scottish average, and improving at a slightly faster rate, but the drive for yet further improvement needs to be maintained.

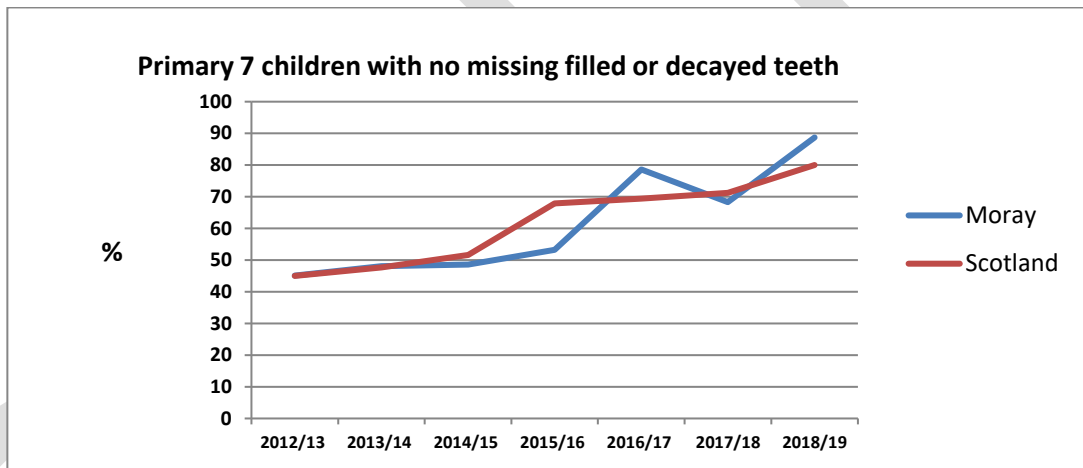
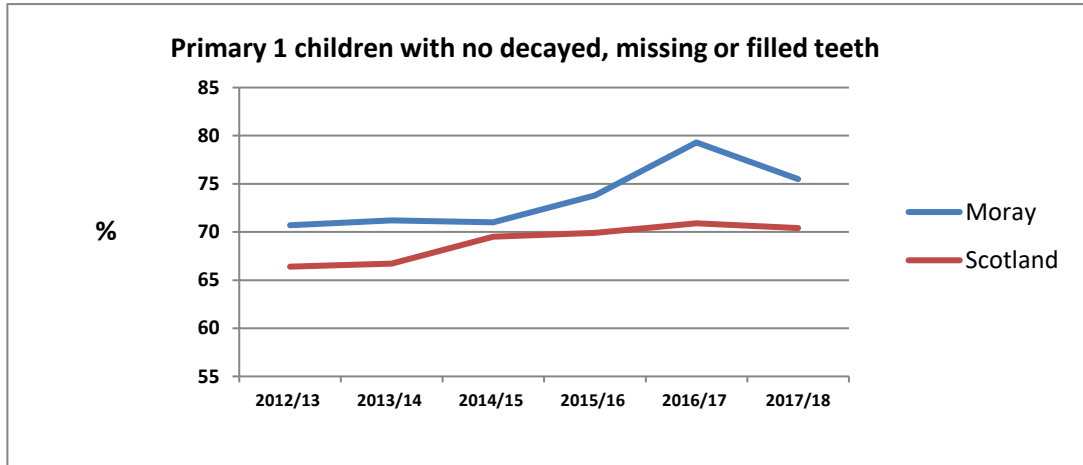
Immunisations - Childhood immunisation is one of the most important preventative measures that can be undertaken to protect children from serious, life-threatening diseases. However, the rate of uptake of these immunisations might also act as a proxy for appropriate parental concern for their child's best interests, notwithstanding the fact that some parents choose not to have children vaccinated.



Rates of immunisation for the cluster of infections contained in the 6 in 1 vaccine are above the target level of 95%, but are falling, and remain slightly below the Scottish average. More significantly, the uptake of the MMR (Measles, Mumps, Rubella) vaccine is below the target level for providing 'herd immunity', having fallen below this level in the 2014-16 period, increasing the chances of a serious outbreak of measles occurring.

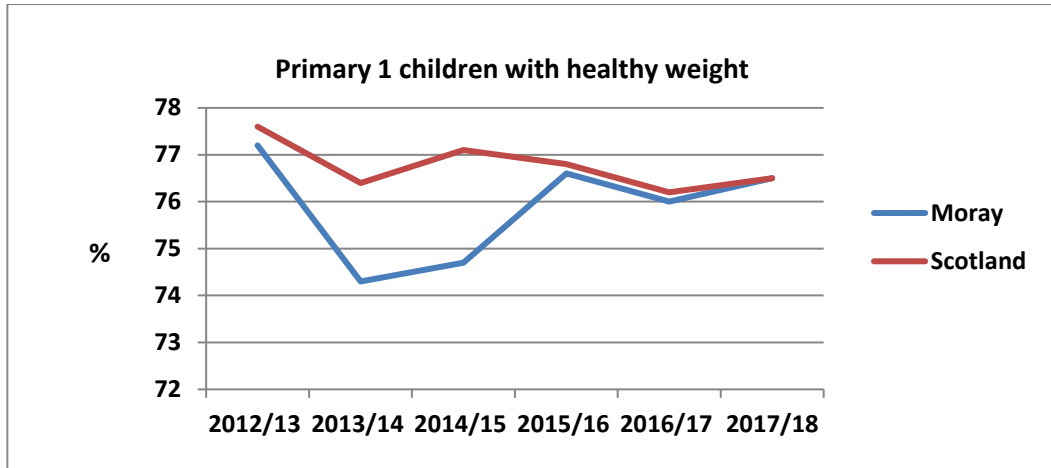
Strategies need to be developed to combat the inaccurate adverse publicity about this vaccine promulgated largely through 'social media'.

Oral health - Good oral health is important for general wellbeing and the ability to eat well, speak well and to socialise properly. Poor oral health can be associated with pain, disfigurement, infection, school absences and poor nutrition and weight.

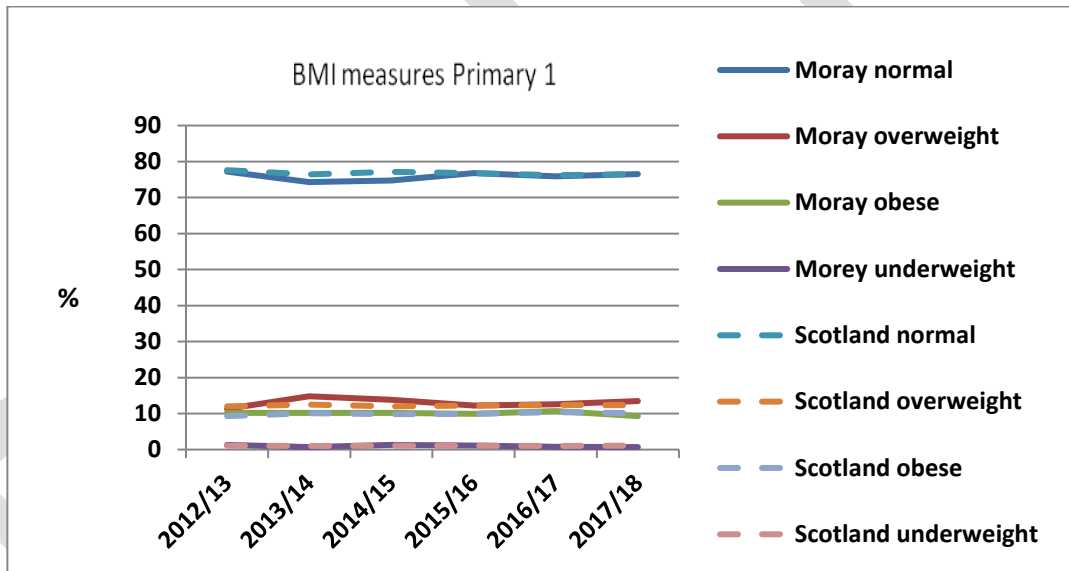


Oral health in primary 1 children in Moray has been relatively good, although there was an apparent decline in 2017/18. The position with the older primary 7 children has recovered from a result just on the Scottish average to a very satisfactory position in 2018/19. (The dip in both primary 1 and 7 results in 2017/18 may have been due to a different dental inspector) This really good effort should be maintained.

Childhood weight - Obesity and being overweight in childhood can predict significant physical problems in adulthood. Overweight children are twice as likely to become overweight adults as children of a normal weight. There are serious consequences of this relating to type II diabetes, heart disease and some types of cancer, as well as several other less serious consequences. However, for children who are overweight or obese there may be immediate consequences in terms of their sense of wellbeing in its broadest sense.

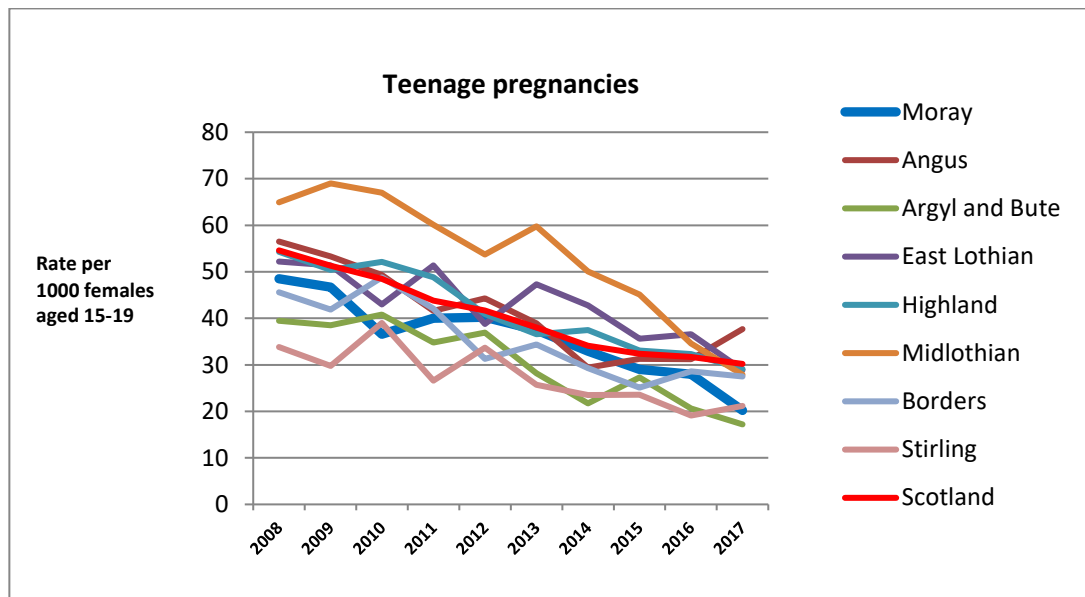


The percentage of children starting school with a healthy weight has in the past been below the Scottish average, but the most recent figures show the percentage coinciding with the rest of the country, although the situation in Scotland as a whole is declining.



In general terms in Moray the distribution of normal/overweight/obese/underweight children is not significantly different to the rest of Scotland, however Scotland does not compare favourably to most other developed countries, and so the drive towards increasing the proportion of children who have a normal weight needs to be increased.

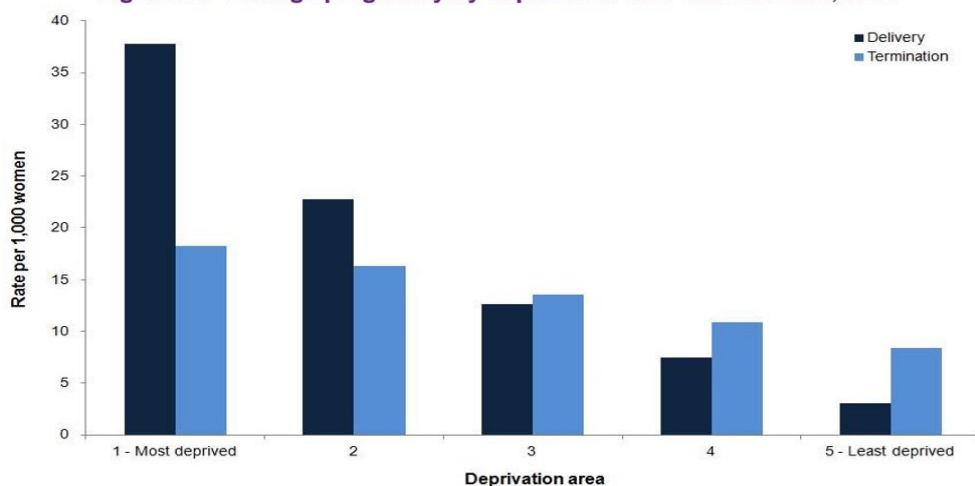
Teenage pregnancy - Becoming pregnant at a young age is seldom a deliberate and planned act, and it can have profound effects on the young women concerned. Where the pregnancy is terminated there are some recognised physical and psychological effects to go along with this in some cases. Where the pregnancy is allowed to continue the adverse outcomes can be poor educational attainment (with all of the consequent disadvantages of this), impaired job prospects, and reduced opportunities for further/higher education and financial hardship.



As with the rest of Scotland the teenage pregnancy rate in Moray is on a steady downward trend and is now amongst the lowest compared to our comparator authorities. The efforts that have achieved this result need to be maintained.

In Scotland as a whole there is a clear difference in teenage pregnancy outcomes across the deprivation quintiles.

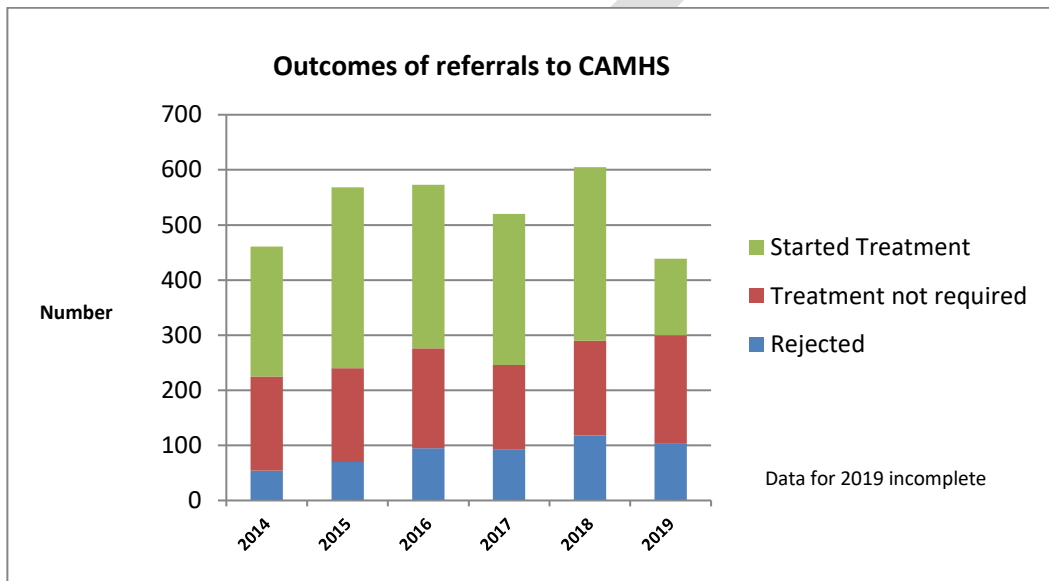
Figure 7a: Teenage pregnancy by deprivation area and outcome, 2017



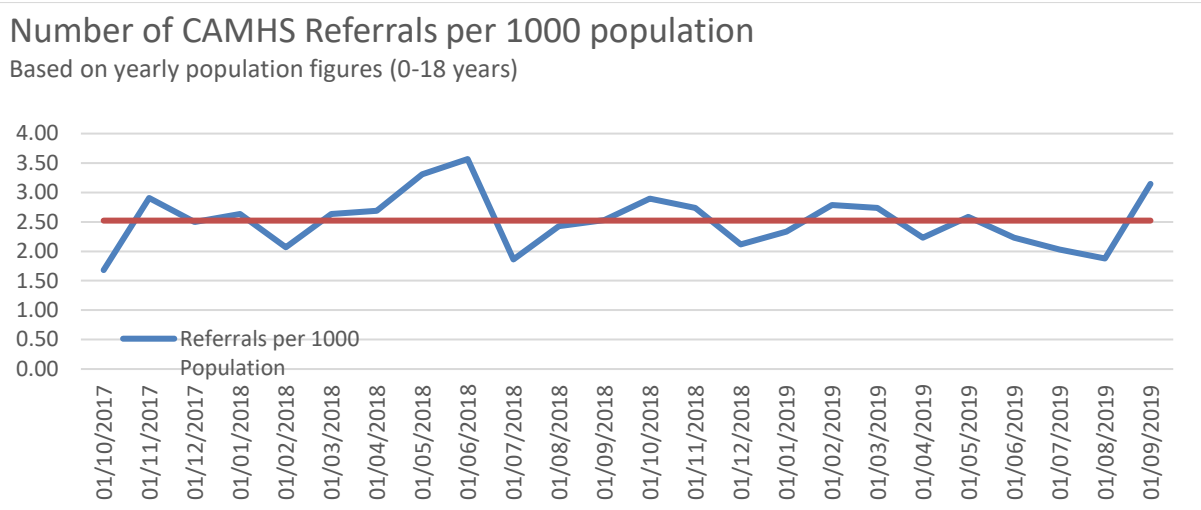
Includes all pregnancies in women aged <20.

If this pattern is replicated in Moray, and given the reservations about the use of SIMD geographical areas outlined in the section on 'context', it is likely that the majority of teenaged parents are to be found amongst the most socio-economically disadvantaged **individuals** (as distinct from the majority of teen parents being from the most deprived **areas**) thus compounding the difficulties for these young women.

Mental health - This is a topic about which it is difficult to gather quantitative data. Referrals to Child and Adolescent Mental Health services (CAMHS) represent the tip of a much larger iceberg of the true extent of the problems.



Around 500 children are referred to CAMHS each year, however somewhere around 20% of these referrals are judged by the service to be inappropriate on the basis of the referral information. These children are not seen. Around a further 30% are seen once, and judged to be unsuitable for treatment in the CAMHS, and so only around half of the children referred are actually treated within the service.

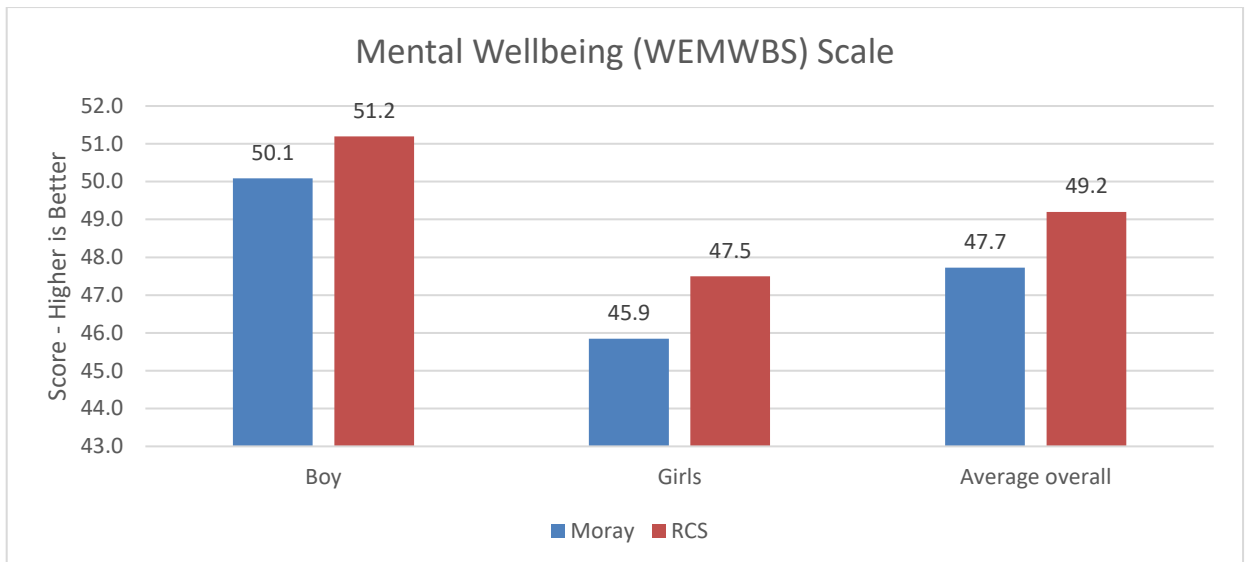


Demand estimate data for Moray CAMHS indicates that there is a monthly referral rate of 2.5 referrals per 1,000 population (approximately 50 young people). Population projections to 2025 predict an increase in the 0-18 population, which may increase the referral rate to 4.0 per 1,000 population (approximately 80 young people) further reinforcing potential unmet need.

Out of 2275 primary school children with Additional Support Needs (ASN), 16 are recorded as having these needs because of a mental health problem. Out of 1672 secondary school young people with ASN, 70 are recorded as having these needs because of a mental health problem. It is clear that this data also underestimates the extent of the problem.

Looking at the Re-aligning Children’s Services qualitative data, 22% of S3/4 girls report themselves to be negative to the question “How happy are you with life as a whole?” On the combined life satisfaction summary score 50% of S3/4 girls reported medium or low scores. These figures are more likely to reflect the true state of young people’s mental wellbeing levels in the region and represent a considerable challenge in developing innovative and affordable responses to the issue.

Similarly to Moray, in the whole RCS combined, boys have better wellbeing than girls.



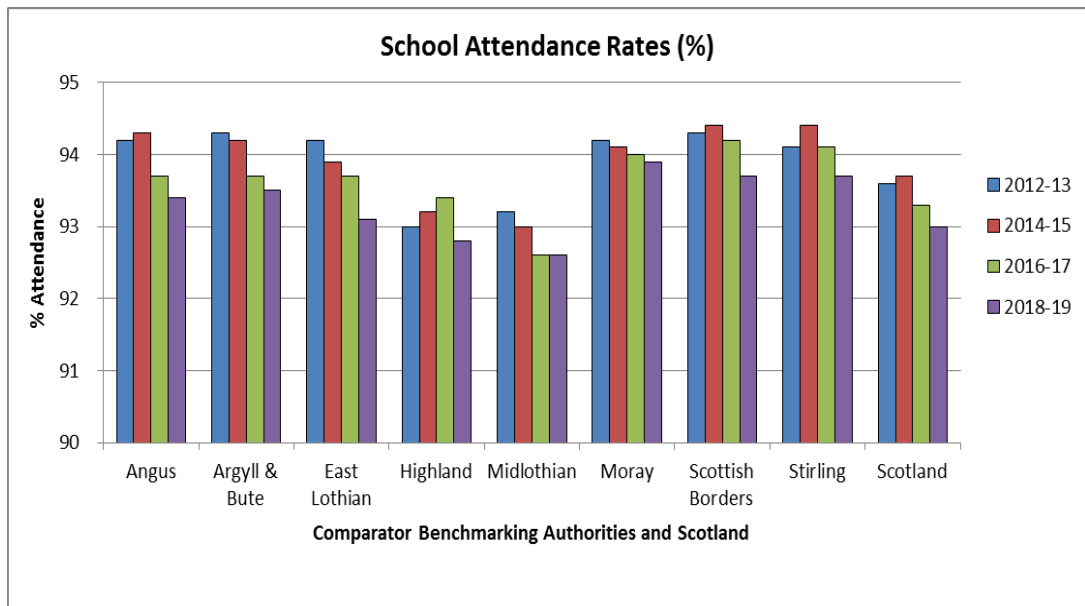
Combined averages across all 8 CPPs in the RCS project (unweighted)

HEADLINES

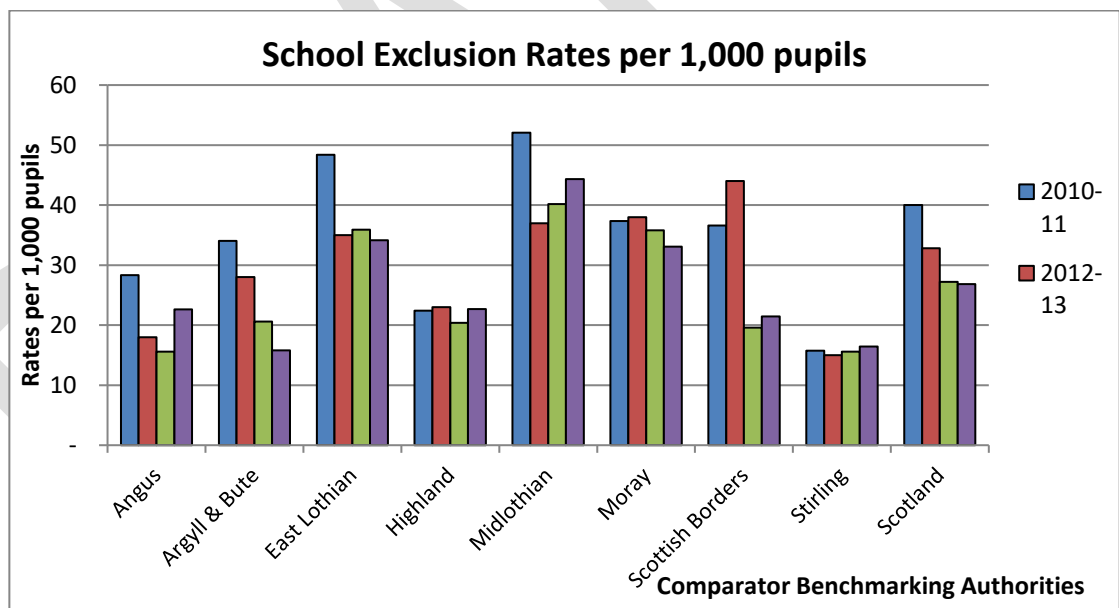
- Children in Moray make a good start in life.
- Breast feeding rates, MMR immunisation and healthy weight are all in line with Scottish averages. A drive for improvement is still required, as Scottish rates are low
- There is a significant unmet need in children's mental health.

4.2 EDUCATION AND EMPLOYMENT

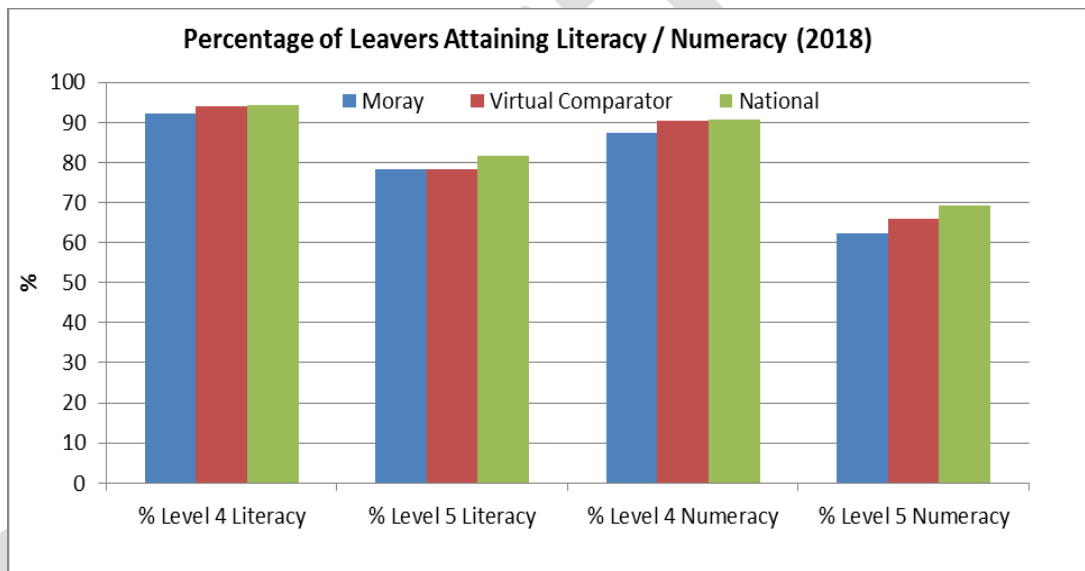
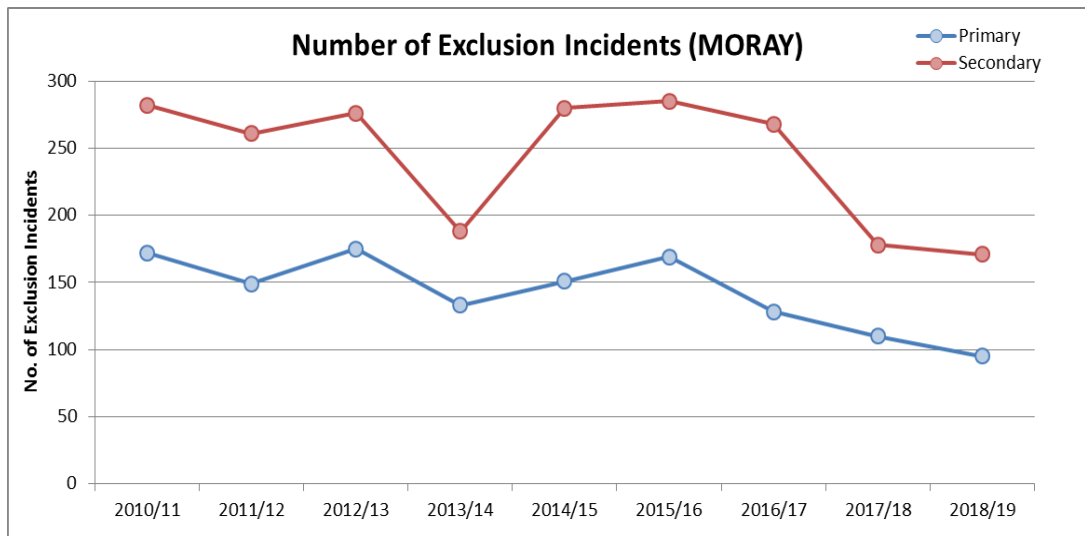
Good educational outcomes are an important driver for large numbers of desirable features of adulthood including, but not limited to, good health and wellbeing, reduced inequalities of all types, better income, more satisfying jobs and more social mobility. It should be emphasised that educational outcomes are determined by many factors in a child's early years including parenting factors as well as the child's socio-economic environment. Education itself is only one of these numerous factors.



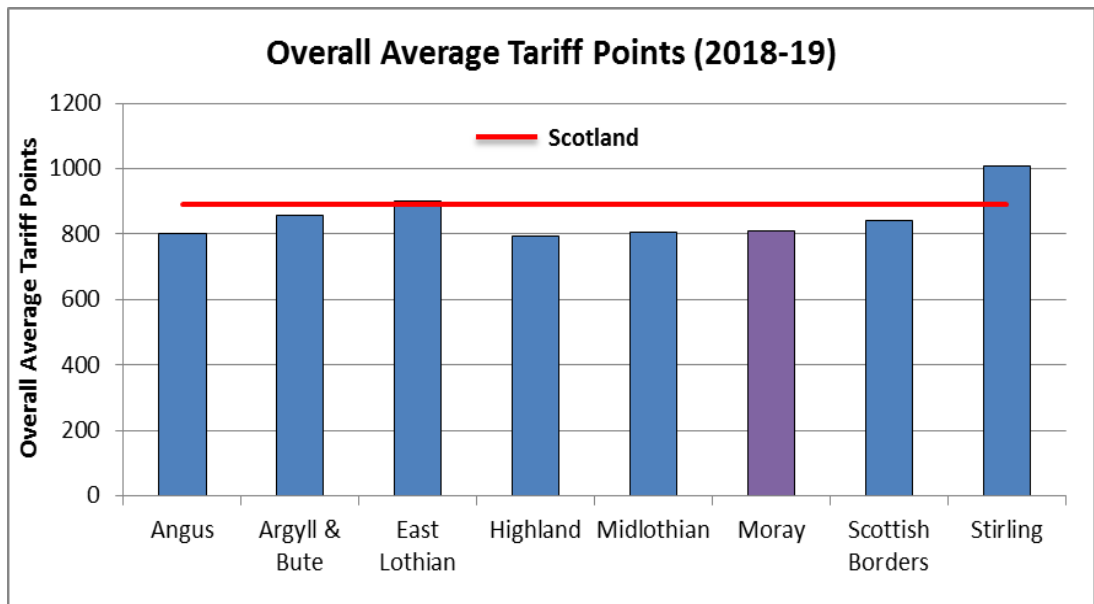
School attendance varies across the four year period but remains around 94%. This compares well with our comparator authorities and the national average. This remains a priority for schools as they monitor and respond to changes within individual schools.



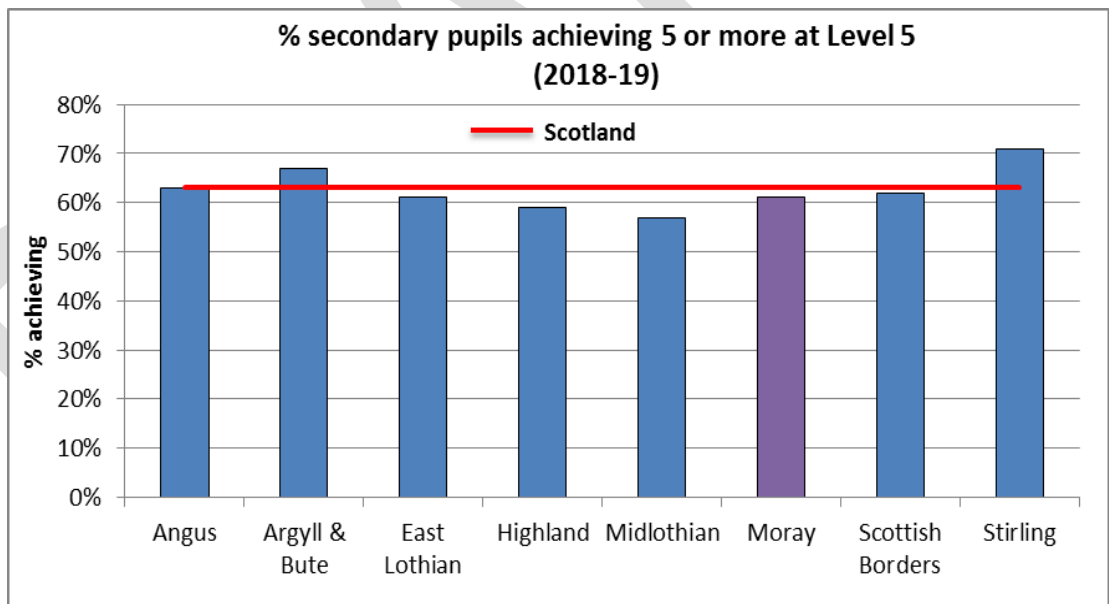
School exclusion rates are significantly higher than in several comparator authorities and in Scotland as a whole up to 2016/17. Our local data shows that we have reduced in this area to be more in line with comparator authorities but do not yet have the data available beyond 2016/17 to confirm this. Local data does show that the number of exclusion incidents have reduced over the last 3 years at both primary and secondary school levels.



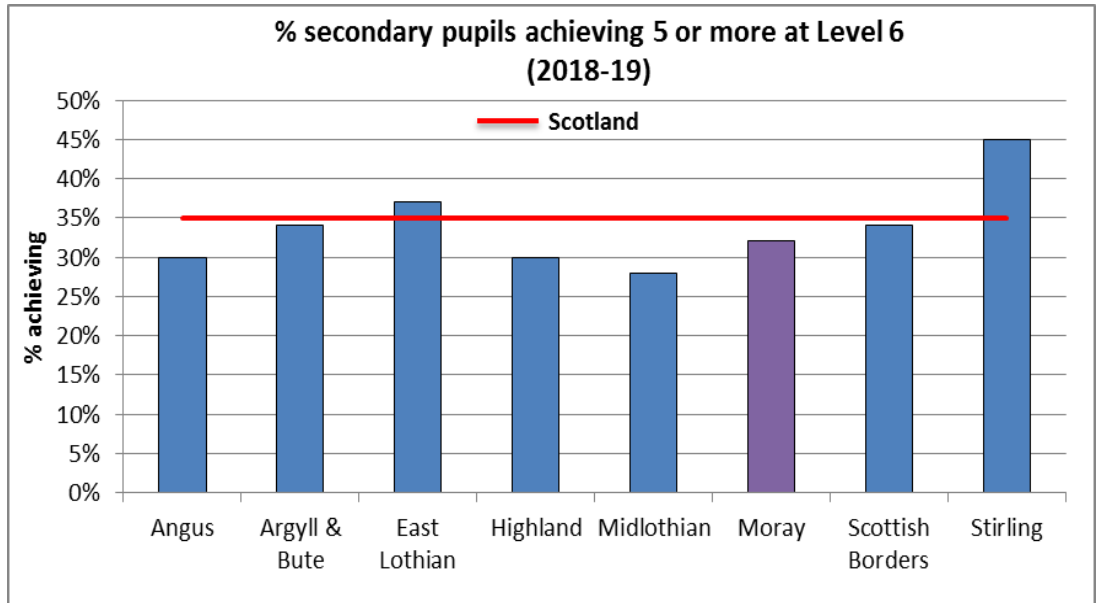
Although the differences are small, there appears to be a consistently lower level of attainment in literacy and numeracy in comparison to the comparator authorities and Scotland. However, trend data would demonstrate an improving picture across the four measures as a Moray average.



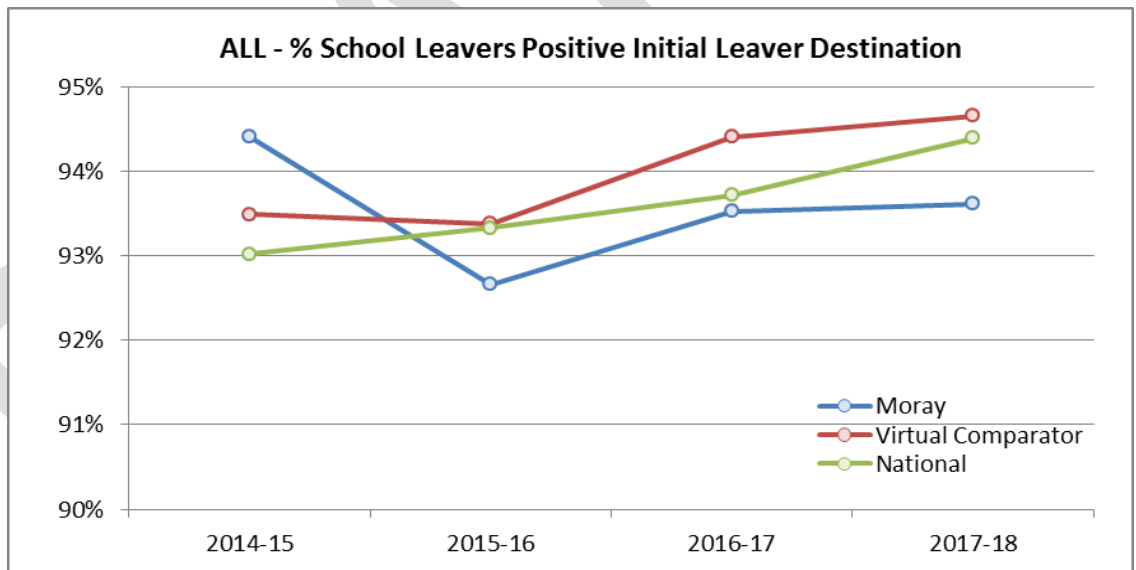
The average total tariff points achieved by school leavers in Moray are below the national average and there is a focused improvement priority within this area. The total tariff points varies across our schools and is monitored and reviewed on a regular basis by the Council's Children and Young People's Service Committee.

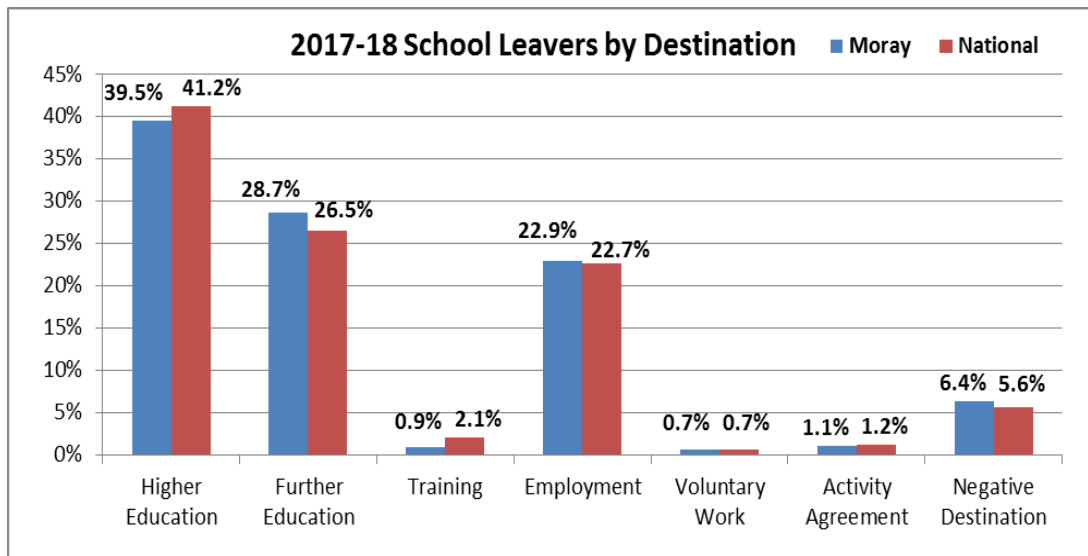


Within this measure, Moray lies slightly below the national average and local authority comparators. As above, this continues to be a focus area within Education and our secondary schools.



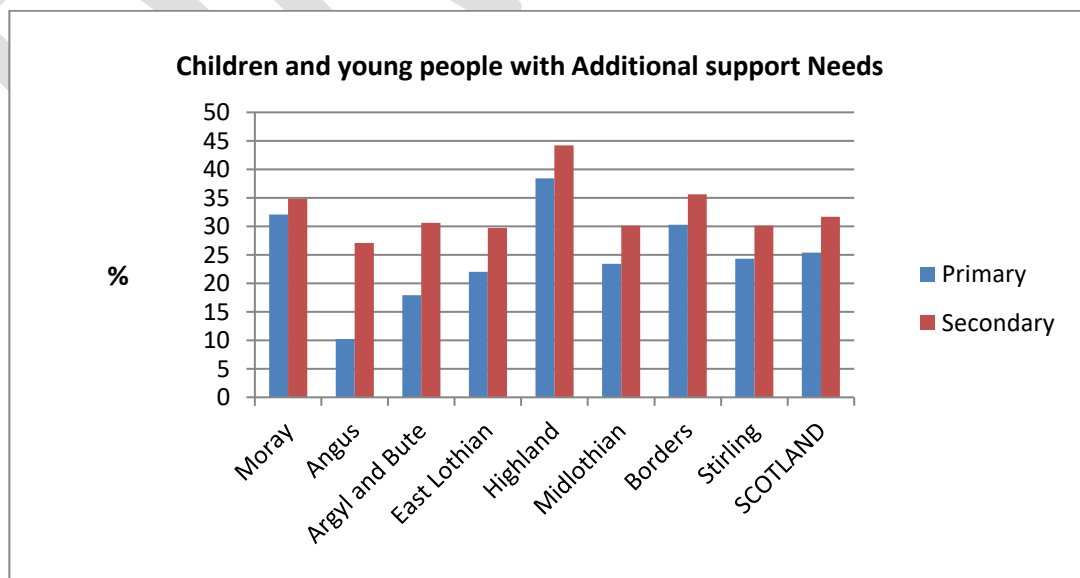
Within this measure, Moray again lies below the national average and local authority comparators. Trend data would show that there has been improvement in this area, but is ongoing as a priority. As above, this continues to be a focus area within Education and our secondary schools.





Whilst positive destinations for school leavers has shown some improvement since 2015/16, the position is less positive than it was in 2014/15, and does not contrast strongly against comparator authorities and national data.

Additional Support Needs - It is not clear why there might be significant differences in these figures across the comparator authorities. The most likely explanation is different thresholds being used in different authorities. Nevertheless having classes with a third of pupils having additional support needs clearly provides a challenge for teaching staff.



HEADLINES

- Above average school attendance rates.
- Although improving, below average levels of literacy and numeracy.
- Maintain focus on improving secondary attainment.
- Below average initial school leaver destinations.
- Supporting approximately a third of primary / secondary pupils identified as having Additional Support Needs.

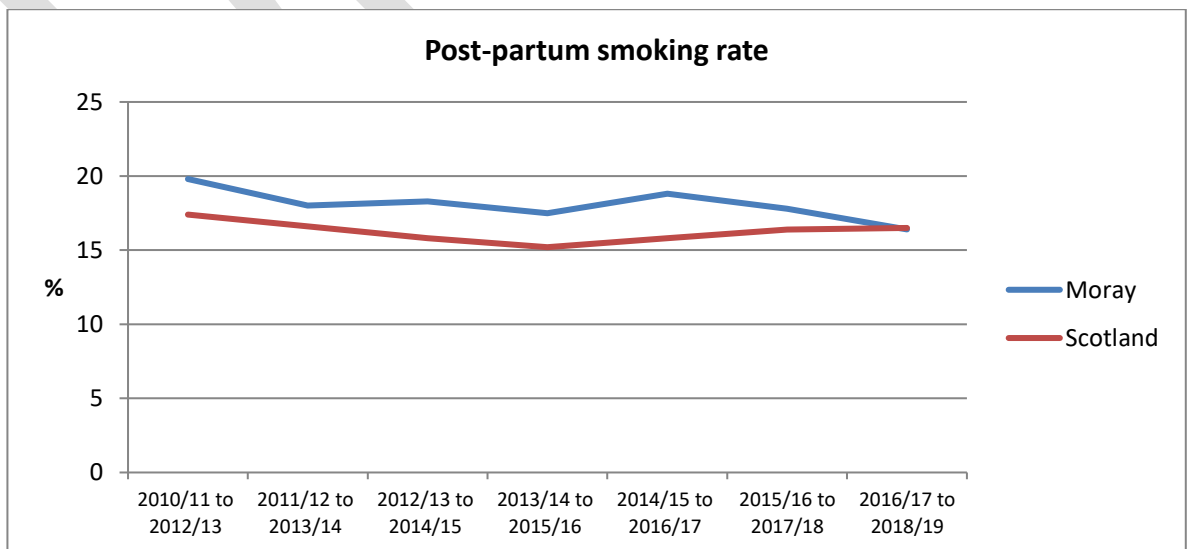
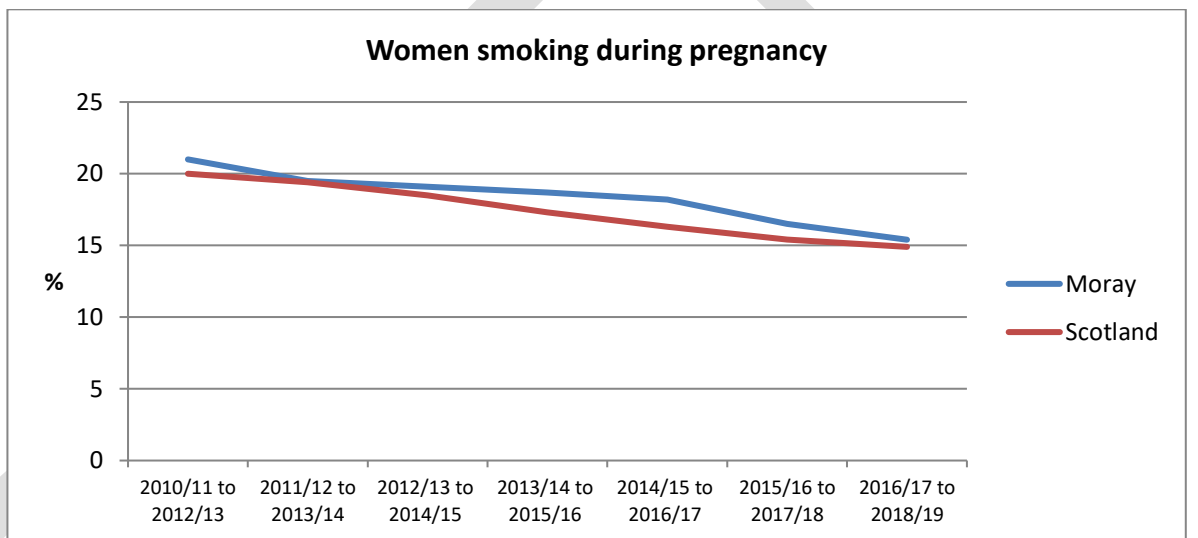
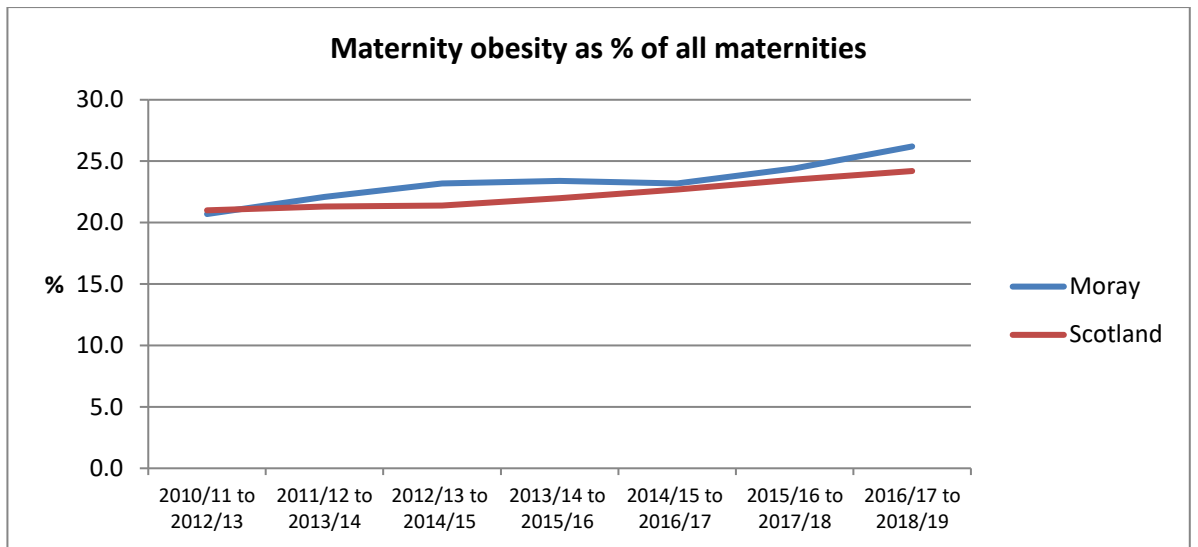
RCS SURVEY DATA

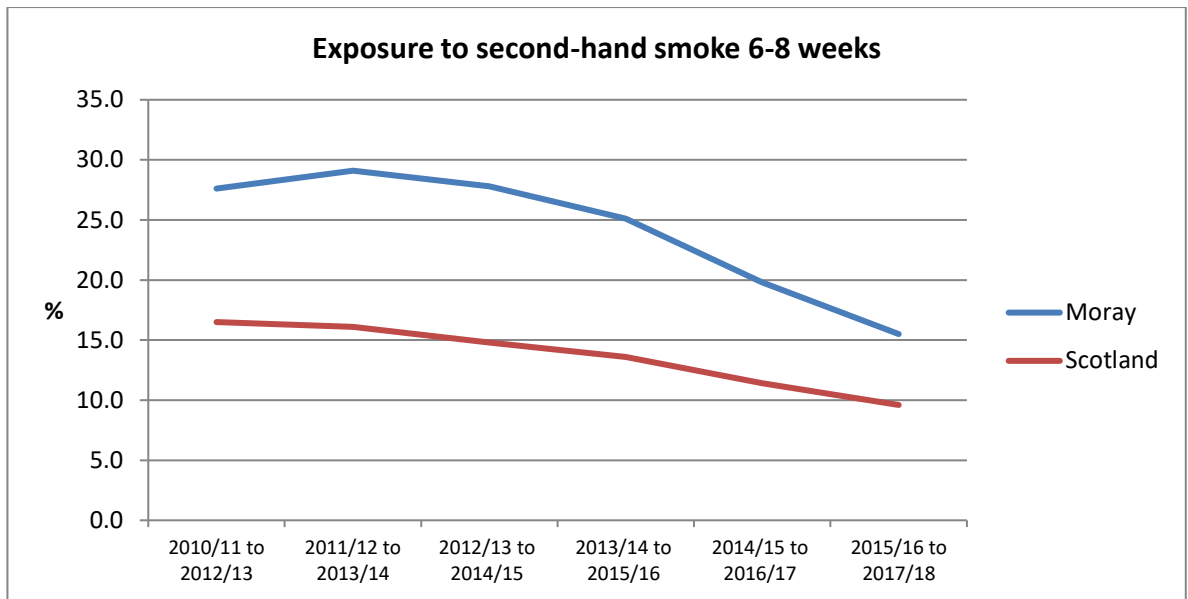
- 29% of primary and 15% of secondary pupils liked school a lot, 8% of primary and 17% of secondary pupils did not like school at all.
- A quarter of secondary school pupils agreed strongly that their teachers cared about them as a person. 86% of primary pupils always or often got along with their teachers.

4.3 SAFETY

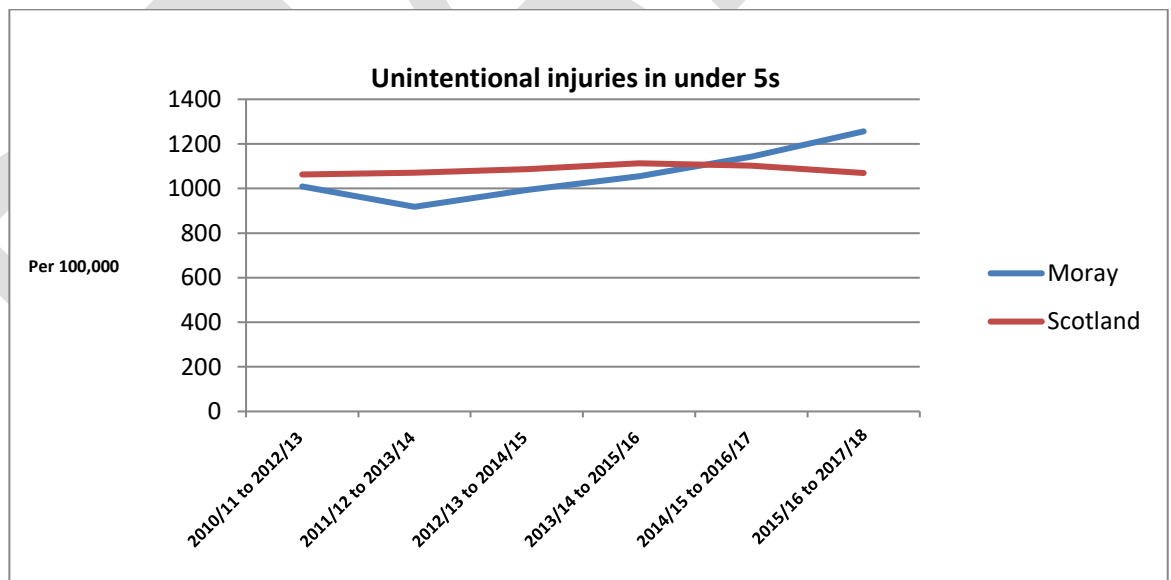
Maternal Health – Based on a 3 year rolling average, the percentage of pregnant women recorded as obese (BMI of 30 and over) at antenatal booking of all maternities shows that the result in Moray is on an increasing trend and has consistently been above the Scottish average.

The percentage of women recorded as a 'current smoker' at 1st antenatal booking against all women with a smoking status shows a decreasing trend just above the national result. The percentage of women recorded as a 'current smoker' at the first visit review by health visitor (post-partum) is slightly above the percentage at antenatal booking but on a decreasing trend. Exposure of babies to second-hand smoke is reported by parents and assessed at the 6-8 week review, the level remains significantly above average.





Unintentional Injuries - the rate of these injuries in Moray is above the Scottish average, and is rising. To add context, in the six 3-year aggregated periods graphed, emergency admissions range between 47 and 60, around 1% of the 0-4 population. The most common cause of injury include falls and poisoning. This will continue to be monitored and appropriate action taken if required.

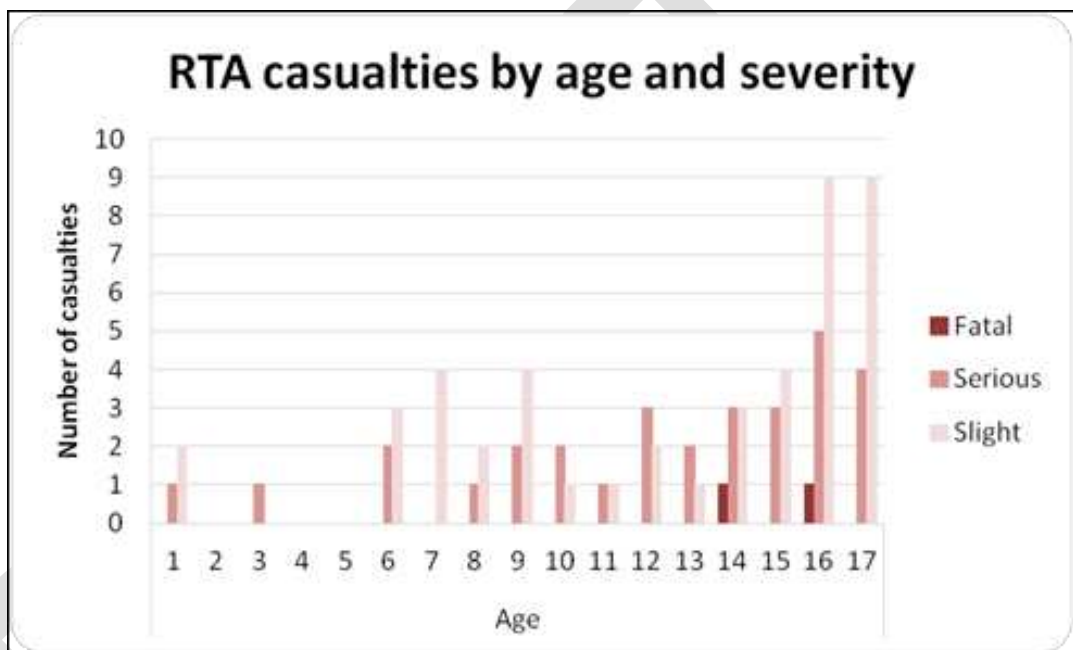


Road traffic accidents – data shows a decreasing trend in the number of road traffic accident casualties that were children / young people. Decreases may coincide with significant road safety campaigns. Age profile data to 2016 shows just over one third of casualties were aged 16 or 17 years. To add context, on average per year, a rate of 0.8 children and

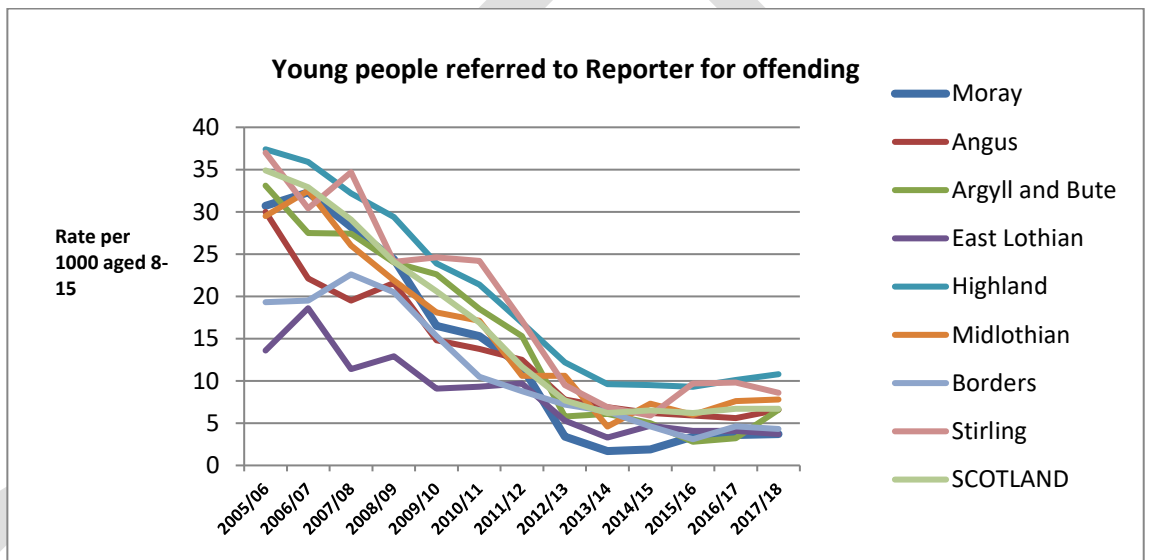
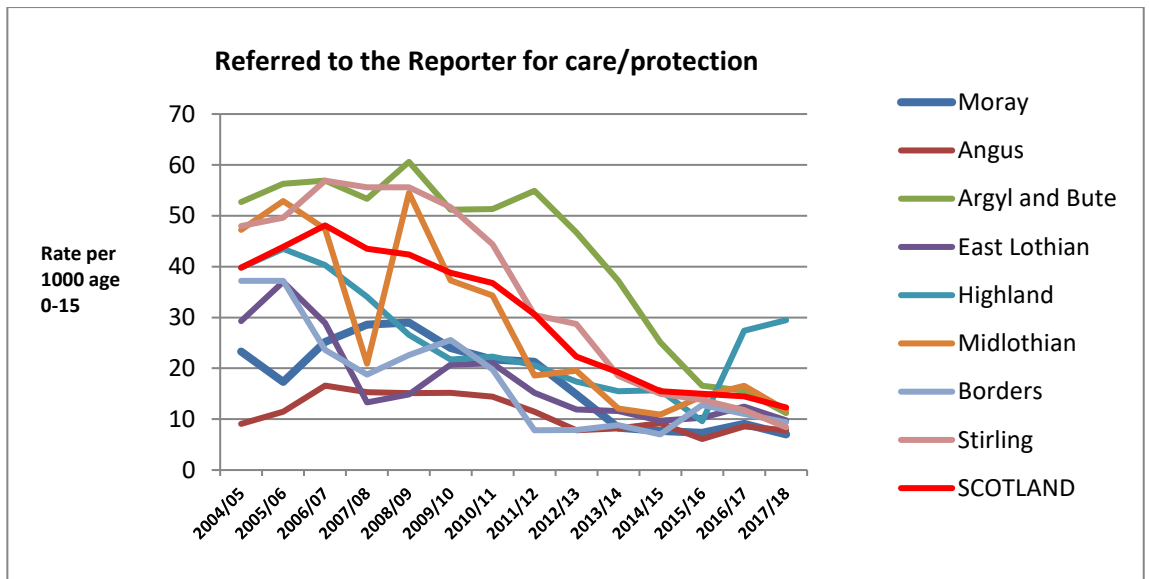
young people per 1,000 population (aged 0-17) are involved in road traffic accidents.

Road traffic accidents involving children and young people by severity of outcome

Severity	2012	2013	2014	2015	2016	2017	2018	2019
Fatal	-	-	-	-	2	2	1	-
Serious	7	6	7	4	6	-	-	5
Slight	16	13	8	3	5	2	5	-
Total	23	19	15	7	13	4	6	5



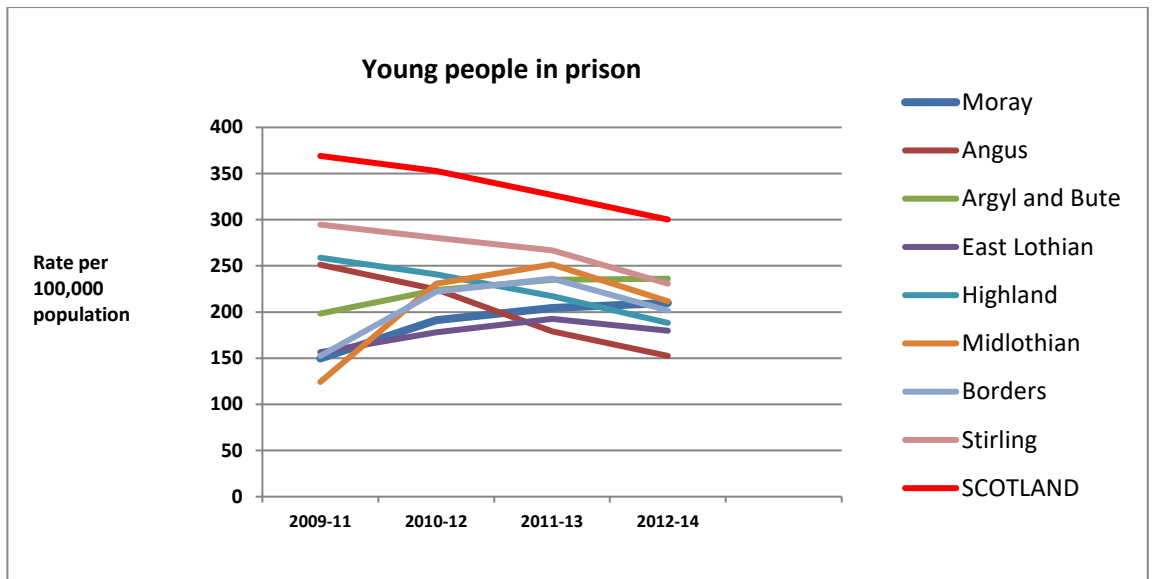
Referrals to the Children’s Reporter - The reasons for the steady decline in referrals to the reporter are complex and are a combination of changes in legislation, changes in government guidance, the implementation of GIRFEC and changes in professional practice. In the case of referrals for offending there has been a significant reduction across Scotland of offending, especially young male offending.



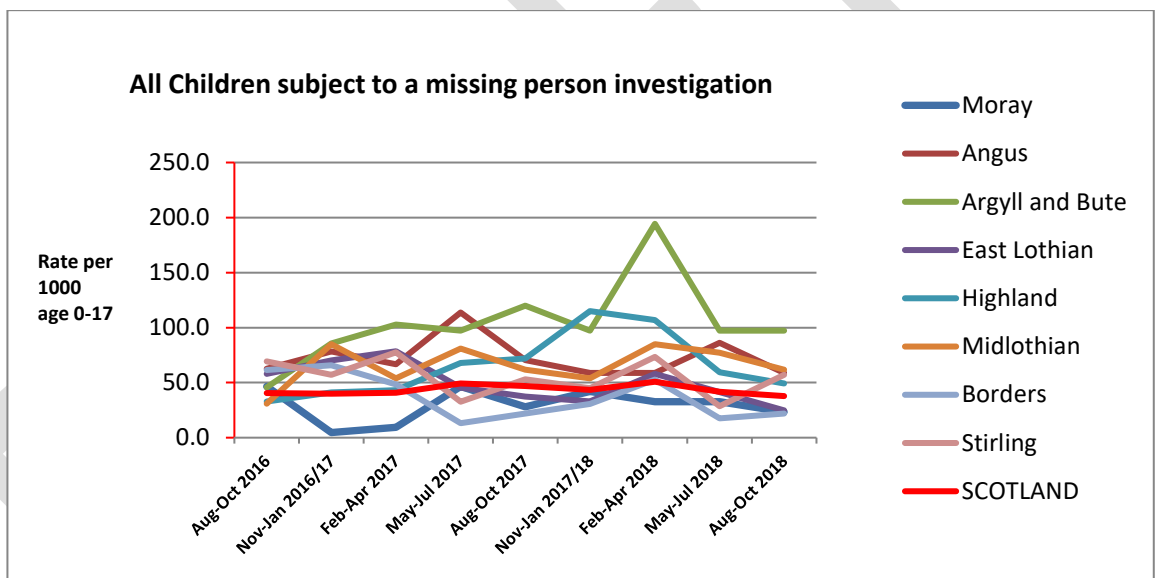
Young people in prison - These rates are age/sex adjusted and so, because of the preponderance of males in the prison system, it is difficult to interpret the rates. The actual numbers of Moray residents in prison in each of these three year periods (averaged out) are -

2009-11	17
2010-12	21
2011-13	23
2012-14	23

These figures are well below the Scottish figures, but are on a rising trend, unlike Scotland and most of our comparator authorities.



Children missing from home - The numbers are small, stable and at the lower end of the scale comparatively.



HEADLINES

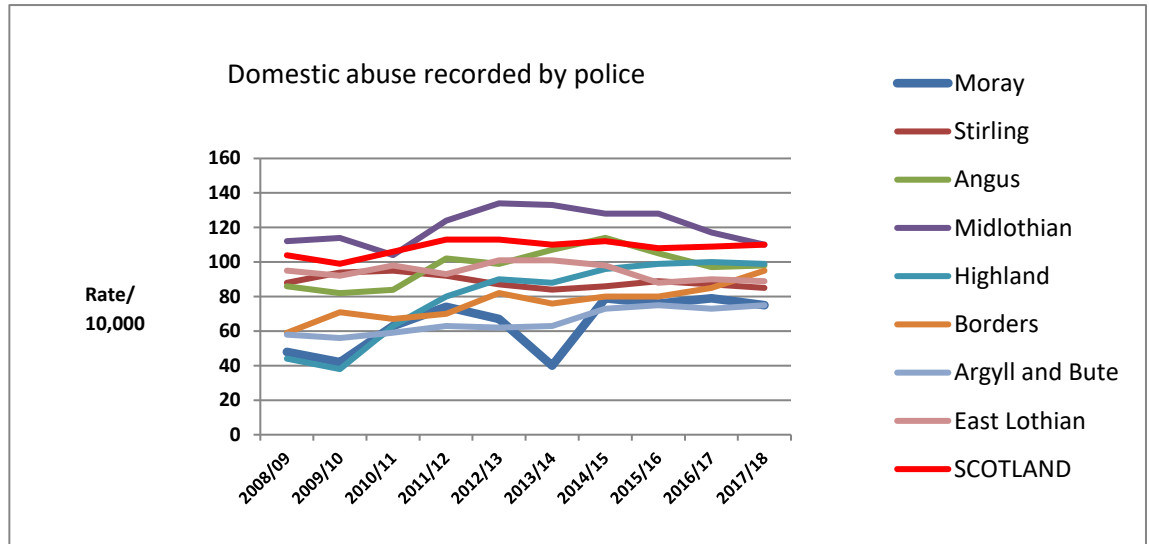
- Maternal Obesity rates are increasing and consistently above Scottish average.
- Maternal Smoking rates have declined and are now in line with Scottish average.
- Babies exposure to second hand smoke is significantly above the Scottish average.
- Number of unintentional injury (0-5 years) is very low however there is a rising trend which needs to be monitored.

DRAFT

5. VULNERABILITY FACTORS – PARENTS

5.1 Domestic abuse

Child witnessed domestic abuse is one of the Adverse Childhood Experiences that are known to affect adversely many childhood outcomes, including mental health problems, ability to concentrate and to socialise, and educational outcomes that are below the child's potential



This data are only concerned with incidents that have been reported to Police Scotland and so are likely to be a considerable under-estimate of the true extent of this problem.

5.2 Substance use

Parental substance use is one of the Adverse Childhood Experiences that are associated with poor long term consequences for children and young people.

As at 26/09/2019 there were 260 adults receiving help for problem drug and/or alcohol use who self-reported that they had dependent children at home.

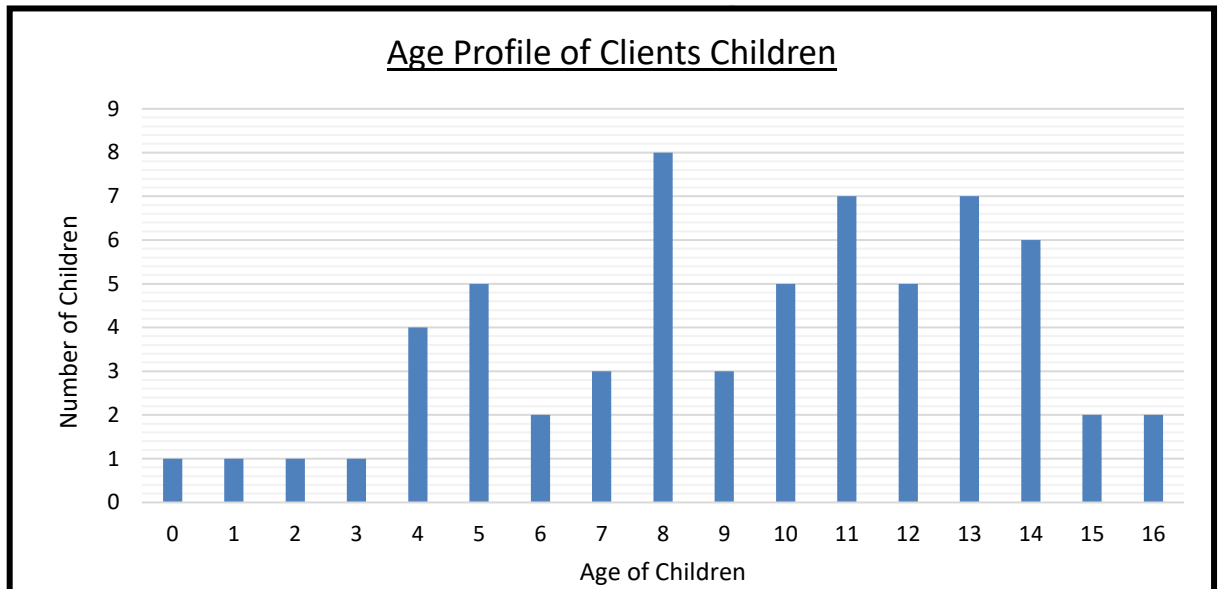
141	Drugs only
91	Alcohol only
28	Both drugs and alcohol

The impact of having a parent or family member with an alcohol or drug issue is felt throughout life. Children who have lost a parent as a result of substance use often have particular needs in coping with the bereavement and the stigma associated with substance use.

Analysis was undertaken of single shared assessment data from a sample of 136 clients that may provide an insight to the proportion of children

potentially at risk of adverse childhood experiences as a result of a parent having needs linked to alcohol or drug use;

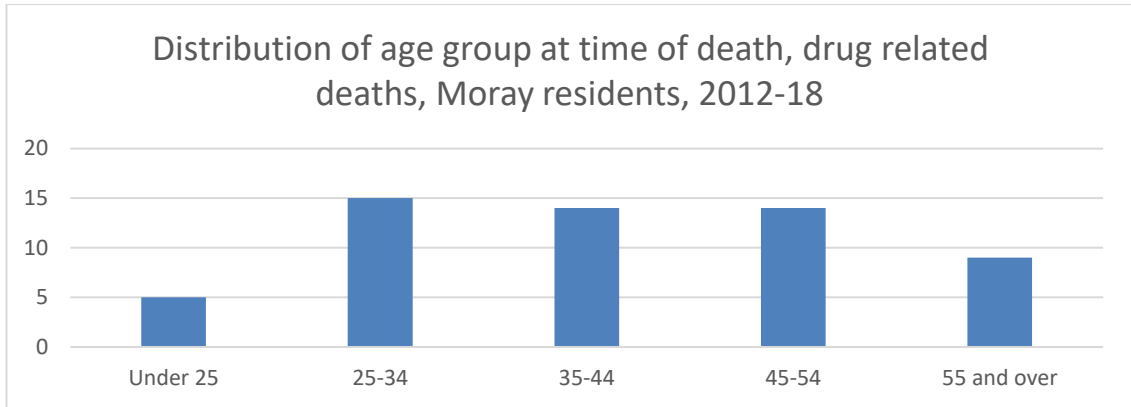
- 35 (26%) clients had children.
- 23 (66%) clients with children were male, 12 (34%) were female
- 20 (57%) clients had issues relating to alcohol, 9 (26%) relating to drugs and 7 (20%) relating to both alcohol and drugs



- 66 children had a parent identified as having issues with alcohol / drugs
- 22 (33%) children lived with a parent with alcohol / drug related issues, 28 (42%) did not, 16 (24%) were kinship care or looked after
- 42 (64%) children have contact a parent with alcohol / drug related issue, 24 (36%) have not

In the period 1st January 2012 to 31st December 2018, 57 people died as a result of a drug related death in Moray. 18 (32%) of these people were women and 39 (68%) were men.

A graph of the age distribution at time of death is shown below.



The median age of the women who died was 36; the most frequently recorded age group was 55 and over.

The median age of men who died was 40, the most frequently recorded age groups 25-34 and 45-54.

No deaths were recorded in children (aged under 16).

13 (23%) of people who died had a record of experiencing abuse or neglect as a child.

Of all the people who died, 26 (46%) were the parent at least one child who was aged under 16 at the time of their death. 7 of the parents who died were women, 19 were men.

There was no significant difference in the proportion of men and women who were parents to a child under the age of 16.

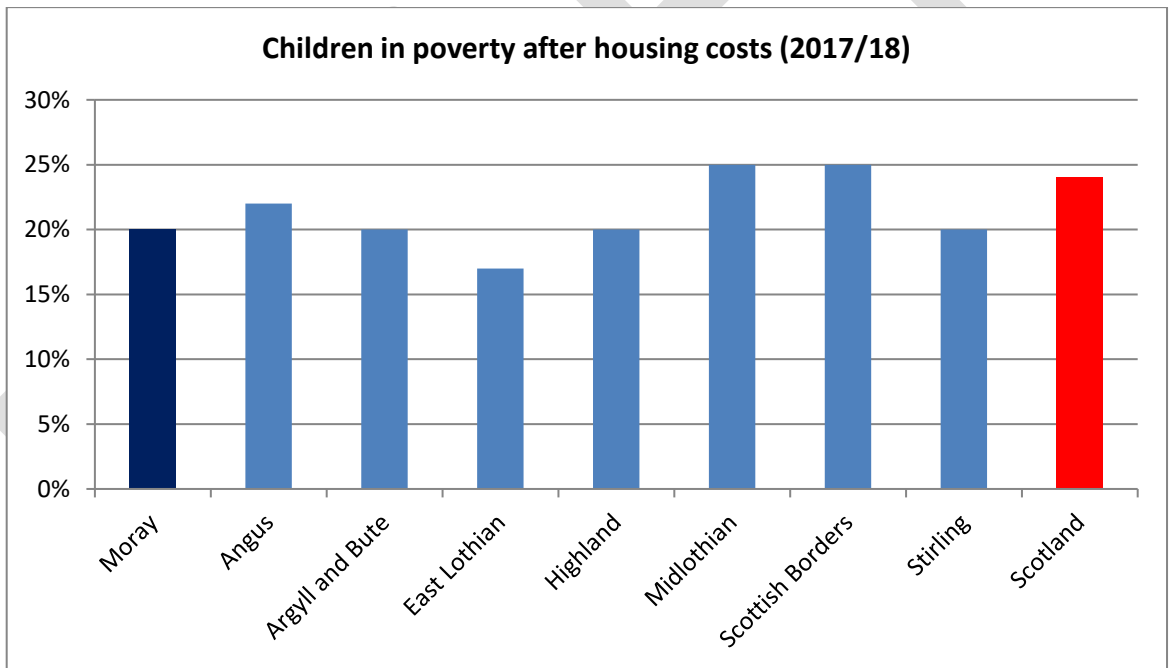
In total 44 children aged under 16 are thought to have lost a parent due to drug use. No data is available on the ages of the children.

5 (11%) children were resident in the same household as their deceased parent at the time of their death.

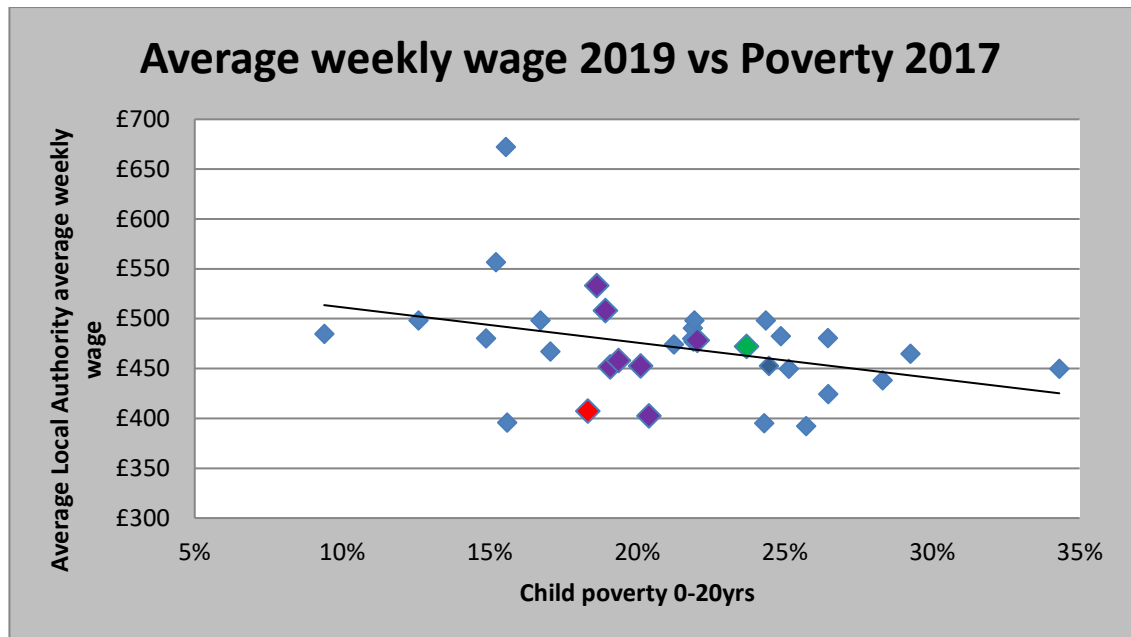
HEADLINES

- Parental substance use is one of the Adverse Childhood Experiences that are associated with poor long term consequences for children and young people.
- Almost half (26 / 46%) of the adults that died were parents; the majority (19 / 75%) being males
- Children who have lost a parent as a result of substance use often have particular needs in coping with the bereavement and the stigma associated with substance use.

6. ECONOMIC AND ENVIRONMENTAL VULNERABILITY



Despite the low average wage in Moray there are a slightly lower percentage of children living in poverty than some of the comparator authorities and in Scotland as a whole. 2017/18 estimates identified 4,217 children living in relative poverty in Moray, this represents one child in five (20%), above both the interim target (2023) of 18% and the ultimate target (2030) of 10%.



Red Moray
Green Scotland
Purple Comparator authorities

Whilst there is a statistically positive association between low average weekly wage and child poverty it is clear that it is possible (as in Moray) to have a low average wage and a relatively low rate of child poverty. The explanation probably lies in levels of wage inequality. Authorities with significant numbers of very high earners will have the average wage raised despite still having significant levels of poverty in their population.

Fairer Moray Forum in their development of the Moray (Child) Poverty Strategy identified the challenges of in-work poverty that exist in Moray:

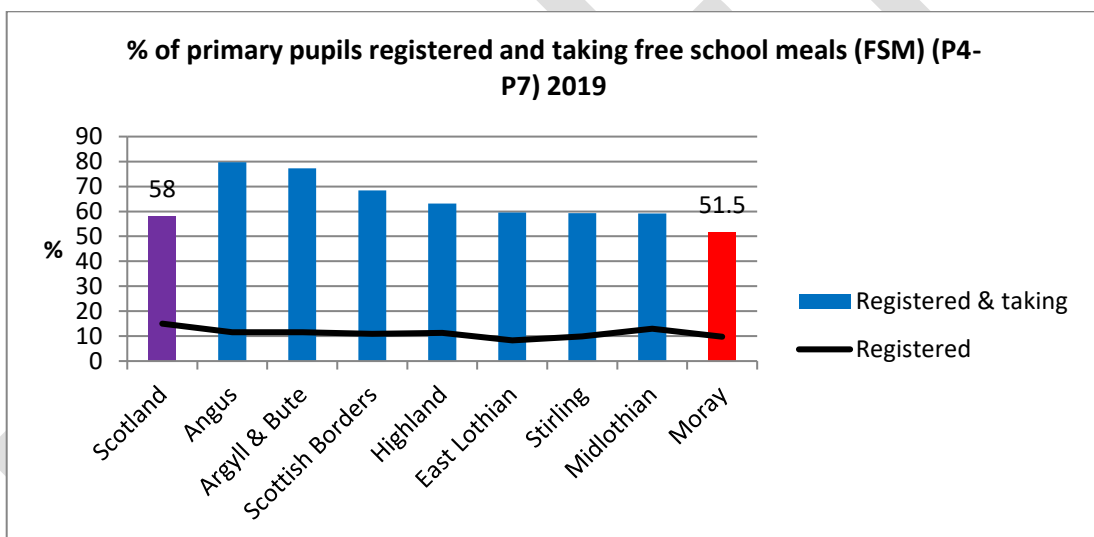
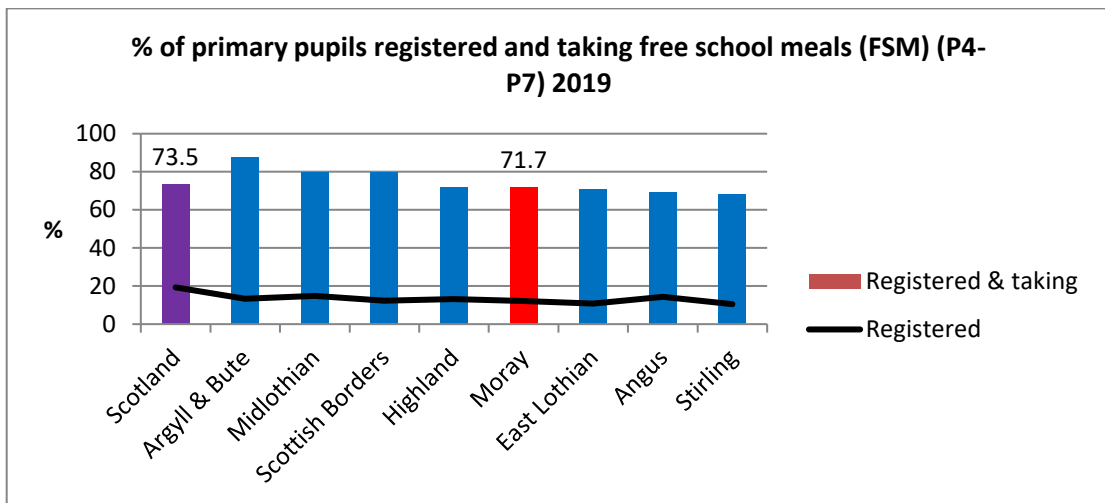
In 2017, four out of five adults (78%) work in Moray. Fewer than one thousand adults are claiming out-of-work benefits in Moray (less than 2% of the working age population). One in twenty adults is claiming Employment Support Allowance and Incapacity Benefit (5% of the working age population).

In 2017, one in four employees (25%) in Moray earned less than the 'real living wage'. People earn less in Moray than the national average.

There is a higher rate of part-time employment than nationally (38% versus 33%). Most families receiving tax credits are in work.

Women's lower wages and few working hours increase the risk of poverty for women, and nine out of ten (90%) lone parents in Scotland are women.

Free school meals data, published by the Scottish Government, is taken from the Healthy Living Survey conducted annually.



Once again this data points up the disparity between the low wage figures and the relatively low levels of free school meals registrations.

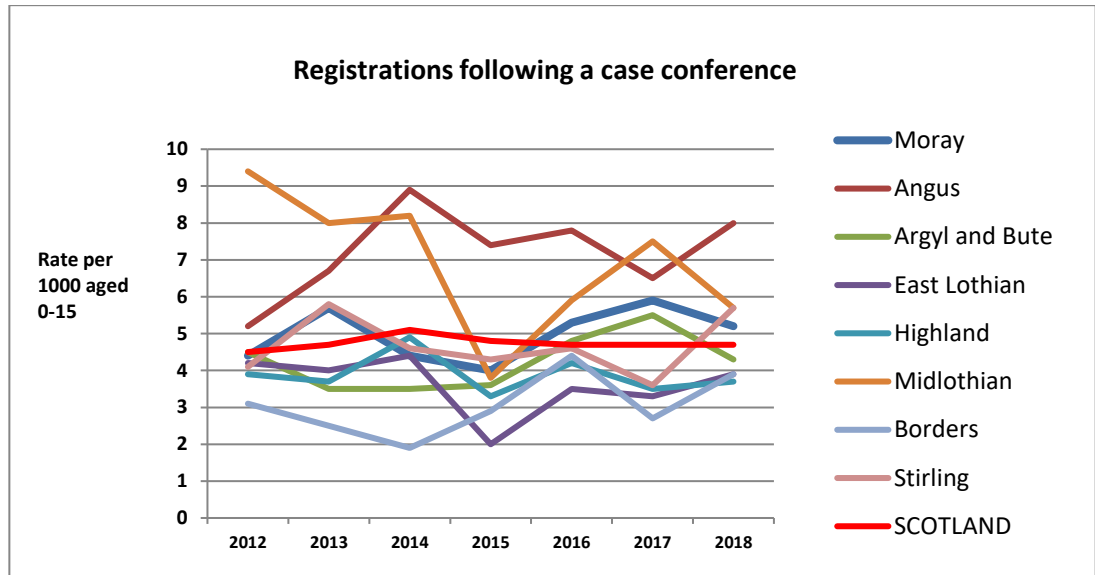
HEADLINES

- Levels of child poverty which are below Scottish average but rising.
- Low average weekly wage.
- Low levels of Free School Meal registrations.
- Families potentially living on the fringes of poverty.

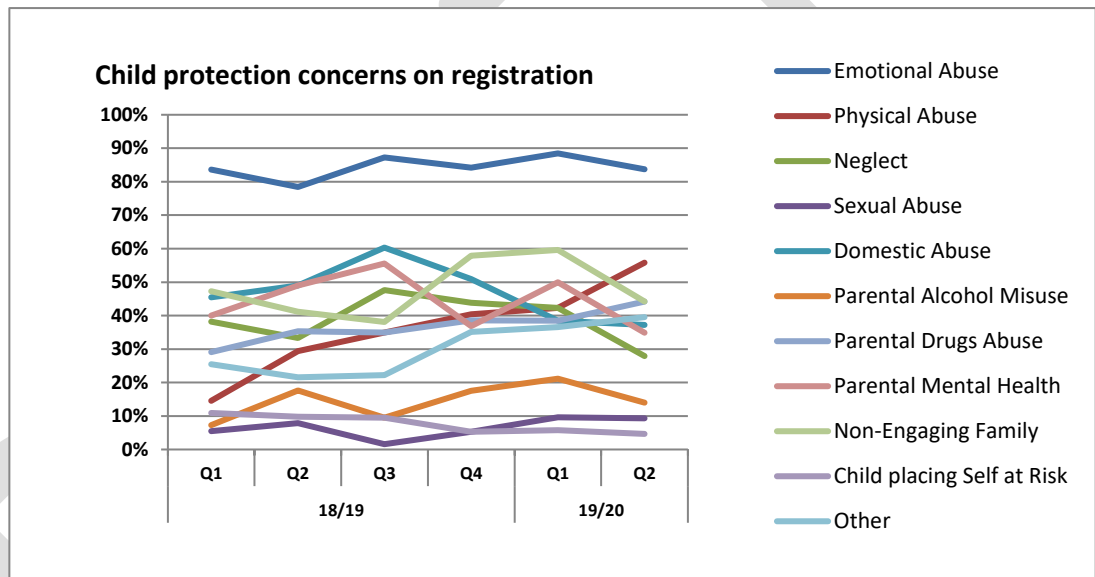
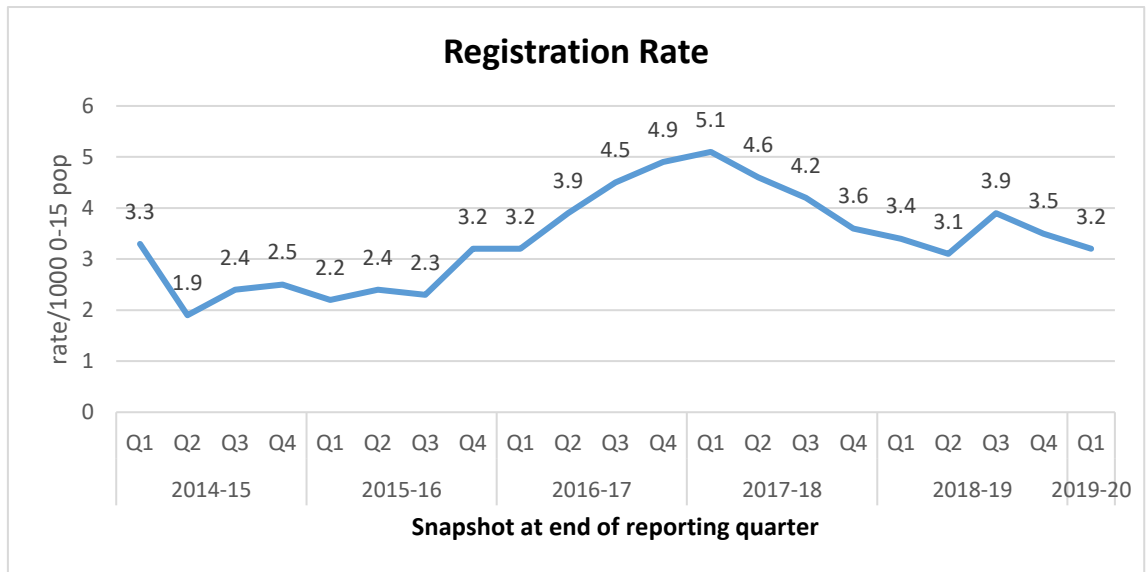
7. CHILDREN AND YOUNG PEOPLE IN NEED OF SPECIALIST AND TARGETED SERVICES

7.1 Children on the child protection register

The rate of child protection registrations is not significantly different from the Scottish rate.



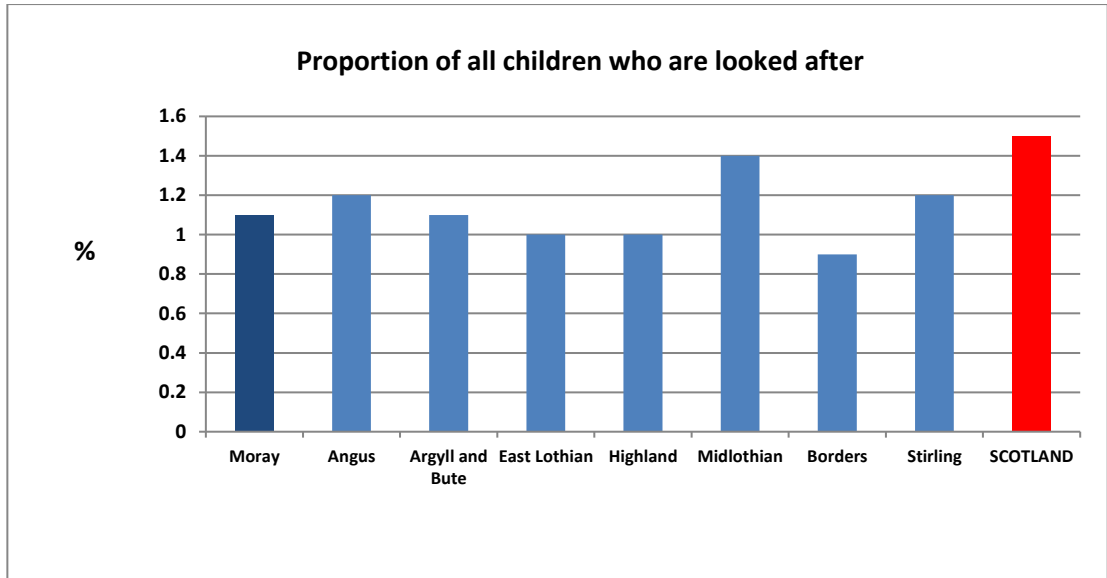
Quarterly data is presented to the Moray Child Protection Committee; the registration rate is calculated from the total number of children on the register per 1000 of Moray's 0-15 population. This shows a decreasing trend, as at July 2018, Moray has the fifth highest registration rate. The peak in quarter 1 2017/18 was attributed to the number of children remaining on the register for longer periods of time, alongside new registrations comprising of large family groups.



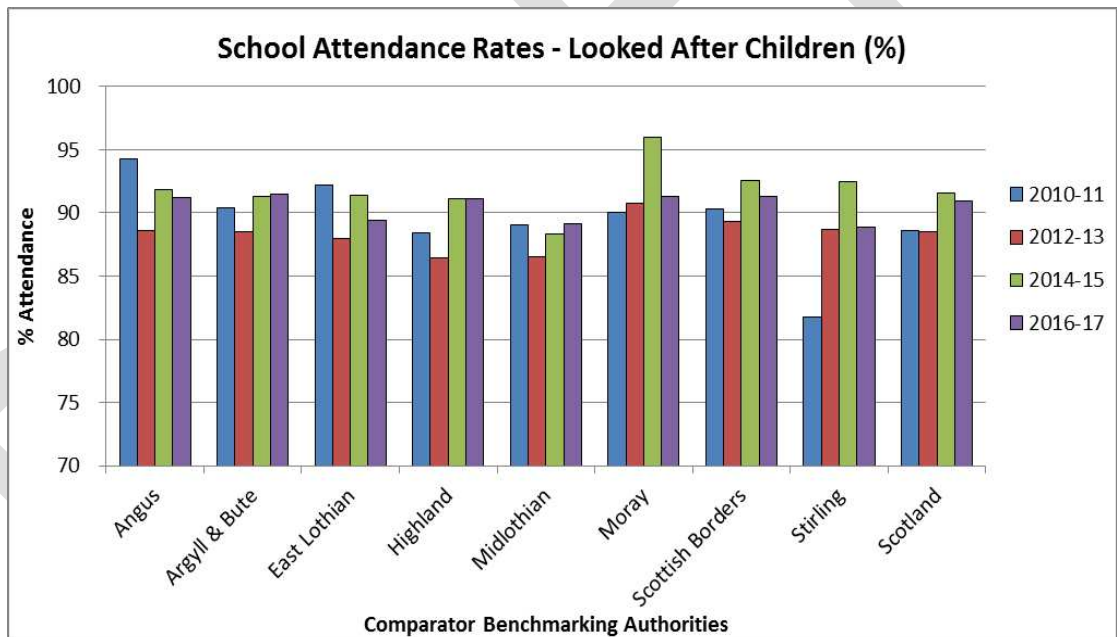
Emotional abuse is the most common concern recorded. Neglect and domestic abuse are also common. There has been a steady increase in physical abuse concerns since the first quarter of 2018.

7.2 Looked after Children

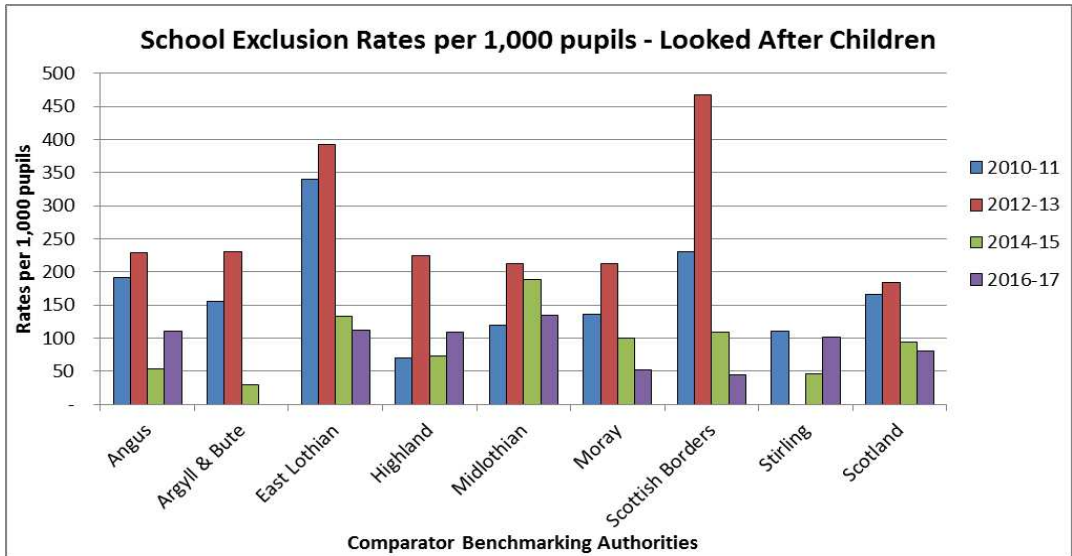
As at 30th September 2019 there were a total of 201 looked after children (LAC) in Moray, representing 1.08% of the total population aged 0-17 years. This proportion is not significantly different from our comparator authorities with the exception of Midlothian, and is significantly smaller than the Scottish average.



School attendance rates are slightly below that of non-looked after children

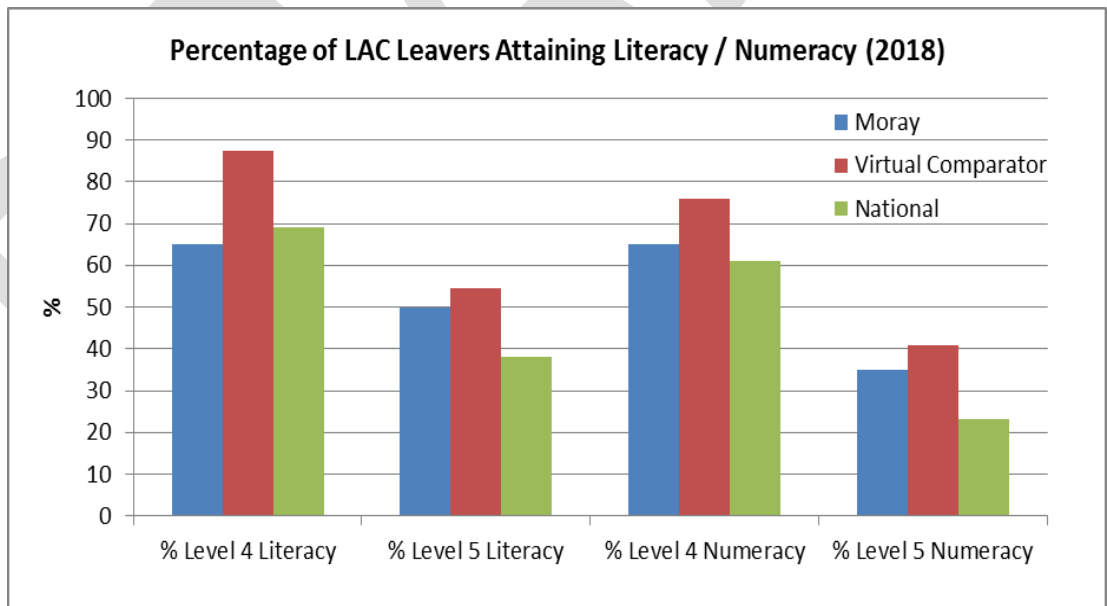


Whilst there has been a welcome reduction in school exclusion for looked after children from a peak in 2012/13, when more than 1 in 5 looked after children were excluded from school, 5% were excluded in 2016/17 (compared with 3% of non-looked after children) More alternatives to school exclusion may have to be explored.



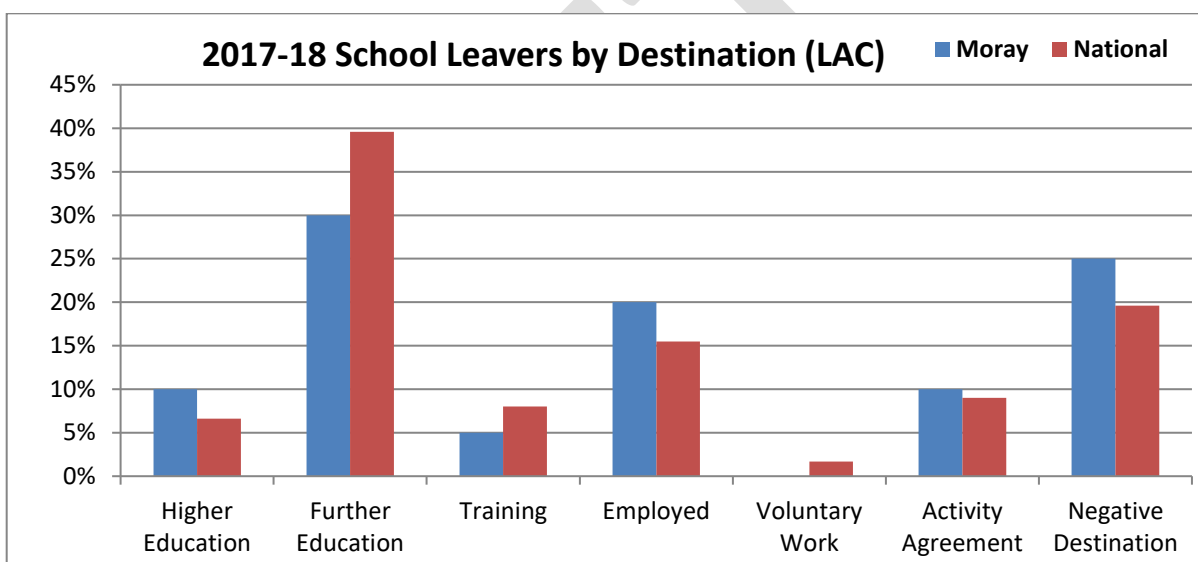
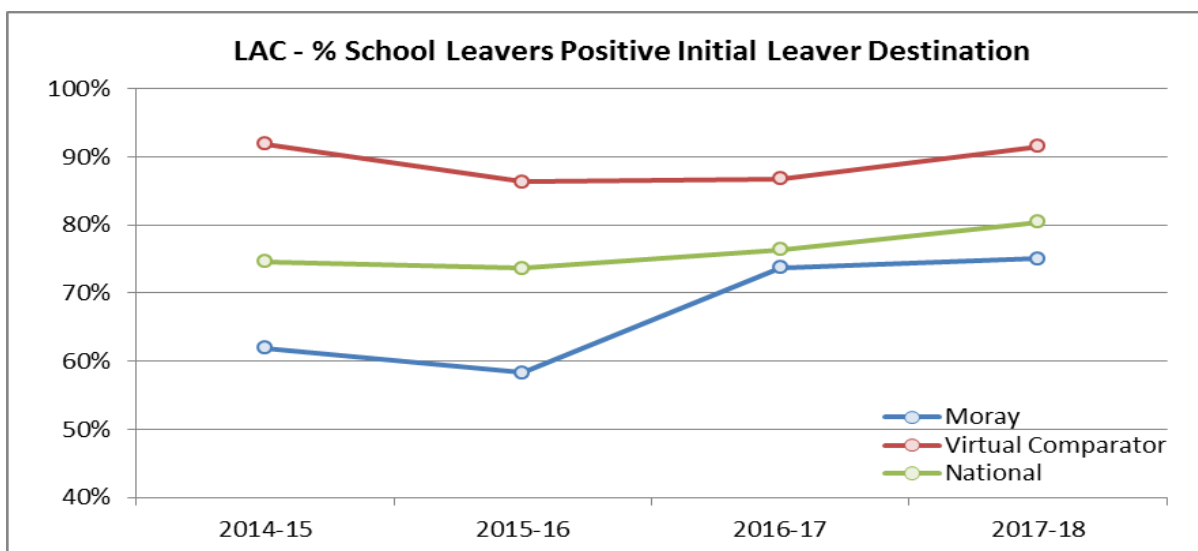
There is a profound difference between looked after children and non-looked after children in their school attainment across all levels. Whilst this is the common experience across Scotland it is an issue that warrants further examination and action.

Scottish national data demonstrates differences in educational achievement depending on where looked after children are accommodated.



	Looked after leavers					
	% No passes at SCQF 3 or better	% with 1 or more qualification at SCQF				
		Level 3 or better	Level 4 or better	Level 5 or better	Level 6 or better	Level 7 or better
In the community (children with one placement)						
At home with parents	27	73	49	14	*	*
With friends or relatives	13	87	77	38	13	0
With foster carers provided by LA	2	98	96	68	25	5
With foster carers purchased by LA	6	94	92	61	22	0
In other community ⁽²⁾	*	*	*	*	*	0
Residential Accommodation (children with one placement)						
In local authority home	16	84	69	31	*	0
In voluntary home	20	80	80	*	*	0
In other residential ⁽³⁾	35	65	58	*	*	0
More than one placement	11	89	81	32	*	0
All looked after full year	14	86	76	39	12	1

Children looked after at home with parents do significantly worse than other groups, with children fostered by carers provided by the local authority doing best of all.



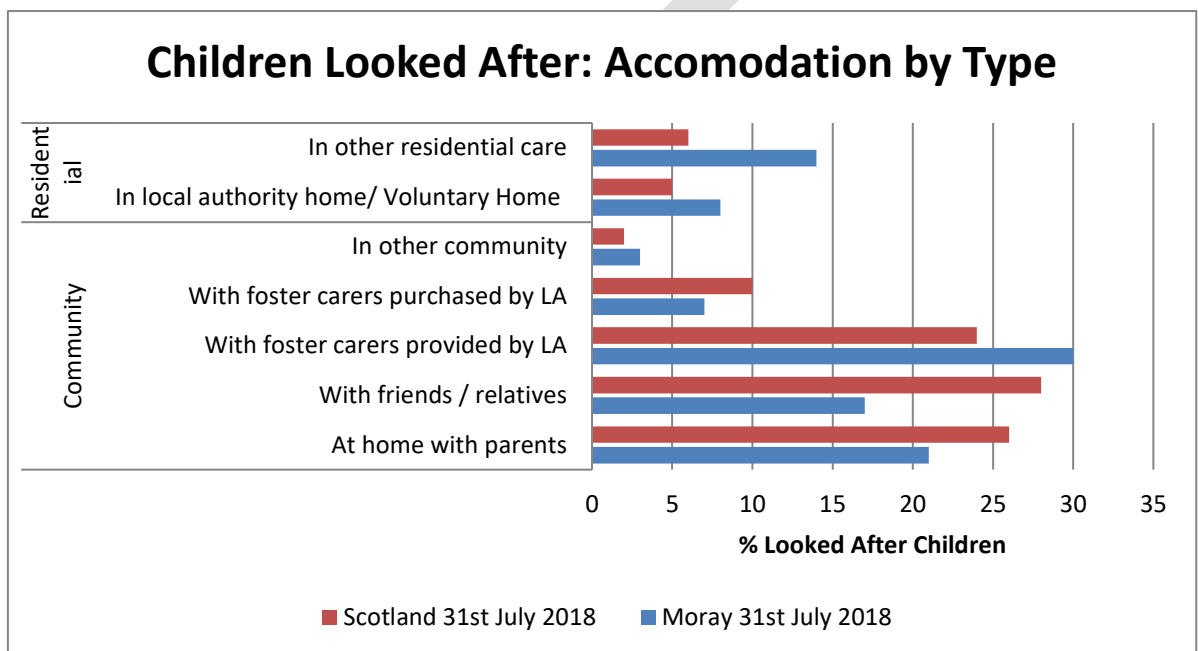
In June 2019, Scottish Government published positive follow up destinations for the thirteen school leavers looked after for the full year in 2017-18; 62% were in a positive destination at follow up survey (9 months after leaving school), below the 76% recorded nationally and a drop off from the 85% in a positive destination at the initial 3 month survey.

In Moray looked after children are accommodated as follows (as at 30 September 2019).

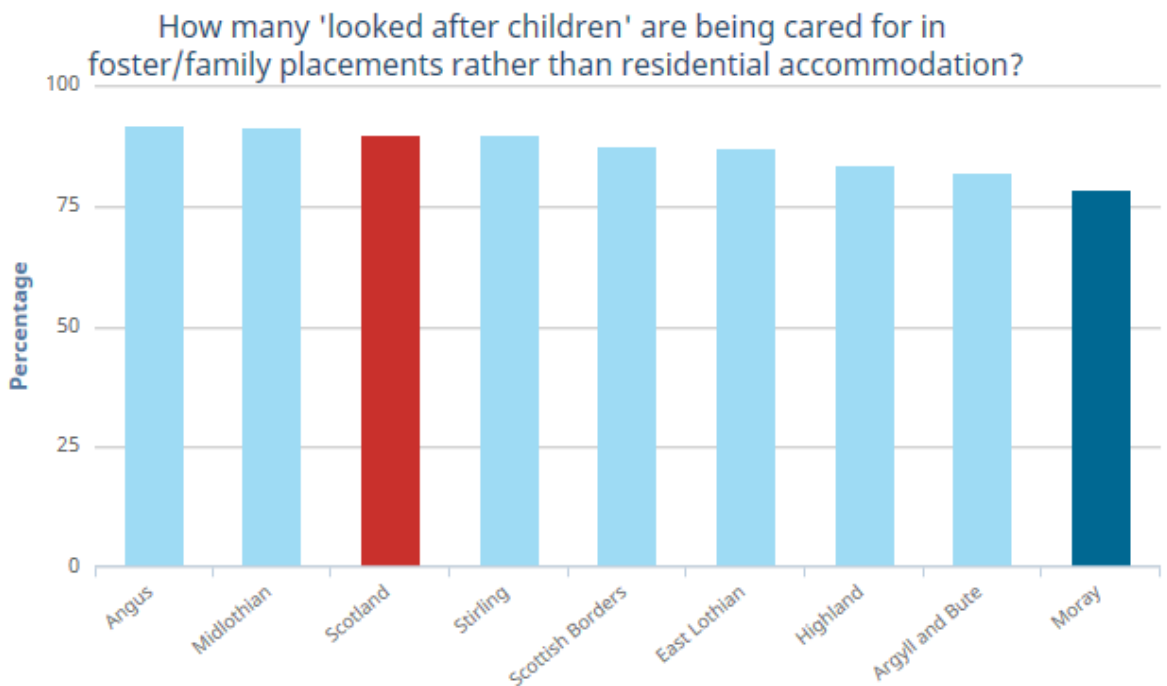
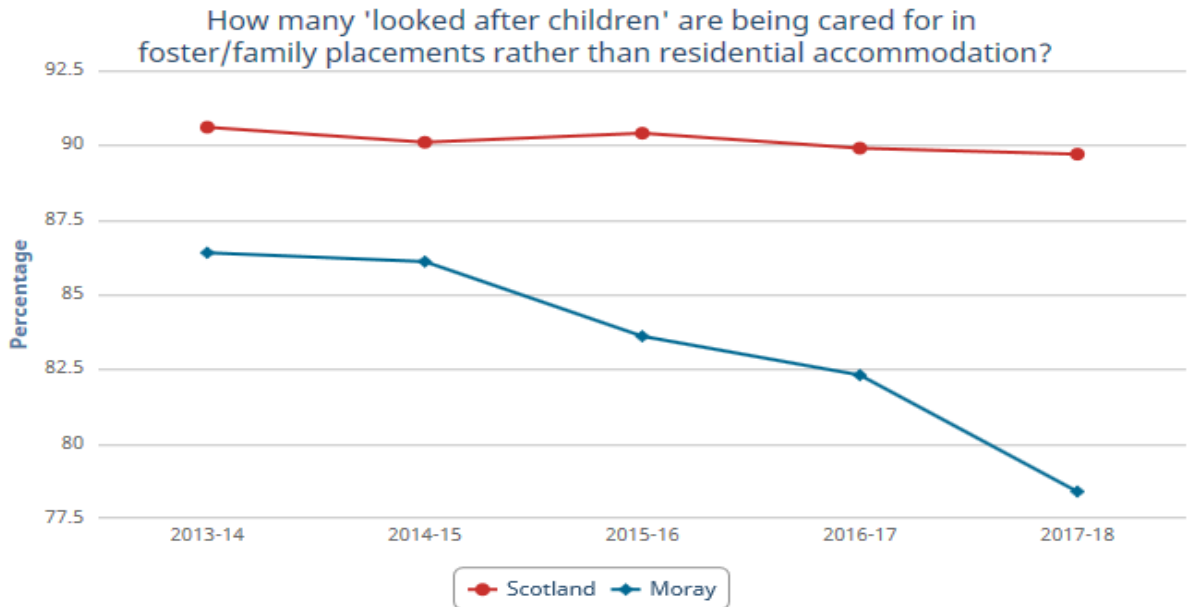
Community	Number	Percentage
Under Home Supervision	36	17.9%
Kinship Care	45	22.3%
Moray Council Foster Care	58	28.8%
Independent Fostering	14	7.0%
Placed for Adoption	8	3.9%
Total	161	79.9%

<u>Residential Placements</u>	<u>Number</u>	<u>Percentage</u>
Placement in Moray	22	10.9%
Placement outwith Moray	18	9.0%
Secure Accommodation	0	0%
Total	40	19.9%
Total Looked After Children	201	

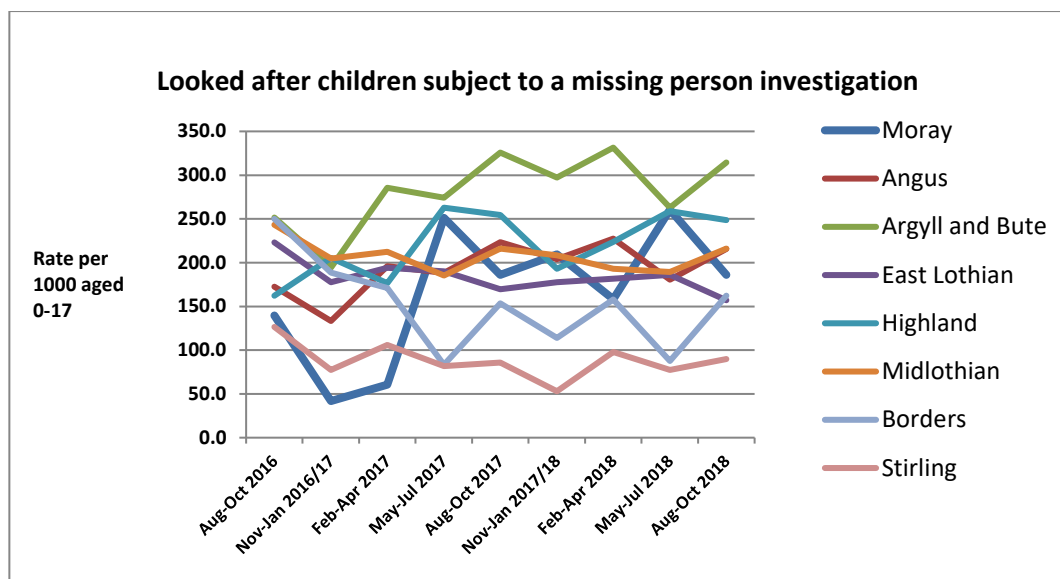
Comparator data of accommodation by type is available as at July 2018 -



Local Government Benchmarking Framework data on the percentage of looked after children being cared for in a community setting allows comparison over time and with comparator authorities.



It is of course clear that the adversities that some looked after children have experienced may impact on where they live and their academic experience. However, in general terms it would seem that trying to place as many looked after children in local authority provided foster care would lead to some improvements in educational attainment.



In Moray looked after children are around ten times more likely to be missing from home as their non-looked after counterparts. Whilst it is likely that this is due to the same factors that resulted in them being looked after, foster carers and residential care establishments have a clear protocol to be followed when a child goes missing from their care, which includes reporting them missing, there is a possibility that children who are not looked after do not get reported missing so promptly or frequently.

7.3 Young Carers

Quarriers Carers Support Service provides advice and support to unpaid young carers with high level needs throughout Moray.

As at December 2019, there were 60 young carers were registered with the service. Carer's ages range between 9 and 17 years with the majority (77%) of secondary school age.

Quarriers are seeing increasing numbers of young people where concerns raised are not linked to their caring role; emotional support and space to talk are most frequently sought by young carers supported; with access to community activities also requested indicating the impact of poor or declining mental health and emotional wellbeing of our young people.

Realigning Children's Services survey data reveals 12% of secondary pupils identified themselves as a young carer, equating to around 320 pupils (sample representative of 75% of all secondary pupils).

7.3 Children with complex health needs

In Moray there are 94 children who received support from social work who have a disability; there will be other children with a disability in Moray that are not known to social work

<u>No. of children with a disability supported by Social Work</u>	<u>Totals</u>
Number identified with a Learning Disability	86
Number identified with a Physical Disability	6
Number identified with a Disability due to Medical reasons	1
Number identified with a Visual impairment	1
	<hr/>
	94

NB. These are primary categories of disability and some children have multiple diagnoses that contribute to their overall disability.

Of the 94 children in receipt of support, 19 are looked after children living primarily out with their family home. The remaining 75 children are in receipt of support as 'children in need'.

The supports provided are varied and put in place to reduce the inequality experienced by children and families where disability is a feature. Supports are provided for the child; however those supports in turn provide short breaks for parents / carers and siblings where this is appropriate.

HEADLINES

- Emotional abuse the most common child protection concern on registration.
- Proportion of Looked After Children is in line with comparators.
- Looked After Children's school attendance and attainment levels are below and exclusions levels are above non Looked After Children's results.
- Better outcomes for children looked after in a home setting.
- Unmet need in support for young carers.

APPENDIX 1 DATA SOURCES

SHQS	https://www2.gov.scot/Topics/Statistics/SHCS/keyanalyses/LATables1517
Wages hourly	https://www.celcis.org/files/7214/6366/6197/CELCIS-new-analysis-Looked-after-children-statistics-April-2016.pdf
Education outcomes – national	https://www.gov.scot/publications/education-outcomes-looked-children-2017-18/pages/3/
Families with limited resources	https://www.gov.scot/publications/children-families-limited-resources-scotland-2014-2016/pages/5/
SIMD	https://simd.scot/2016/#/simd2016/BTTTTFTT/8/-4.0724/56.0322/
Domestic abuse	https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2017-18/pages/9/
Drug related deaths	https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2018/list-of-tables-and-figures
Teenage pregnancy	https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2018-07-03/2018-07-03-TeenPreg-Report.pdf
Children's reporter	https://www.scra.gov.uk/stats/?=undefined&areas%5B%5D=Moray&measures%5B%5D=Children%20referred
Migration and churn	https://scotland.shinyapps.io/nrs-local-area-migration/
Housing quality	https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Maternal Health	https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Realigning Children's Services: Health and Wellbeing Surveys Summary Report

Summary findings from the Realigning
Children's Services Wellbeing Surveys
in Moray

Contents

Introduction	1
1. Physical health and health behaviours	2
2. Mental wellbeing	4
3. Family relationships	6
4. Peer relationships and friendships	8
5. Learning environment	10
6. Local area	12

Introduction

The Realigning Children's Services (RCS) programme is a Scottish Government programme which aims to improve outcomes for children by supporting Scotland's Community Planning Partnerships (CPPs) to make better joint strategic decisions about services for children and families.

In early 2019, a total of 5,247 school pupils in years P5 to P7 (2,525) and S1 to S4 (2,722), accounting for 81% of all eligible primary pupils and 75% of all eligible secondary pupils in Moray, agreed to take part in an online health and wellbeing survey.¹ They also agreed for their responses to be linked to local authority administrative data² through a secure process.

This report presents summary findings from both the primary and secondary surveys in Moray which are grouped around six key themes: physical health and health behaviours, mental wellbeing, family relationships, peer relationships and friendships, learning environment and local area.

Further information on the findings can also be found within the RCS Wellbeing Survey Thematic Report, the bulk data tables for Moray and the Technical Report.

Definitions of key terms used in the report:

- **Primary pupils:** Those pupils in P5-P7 who agreed to take part in the survey.
- **Secondary pupils:** Those pupils in S1-S4 who agreed to take part in the survey.
- **Pupils with a child's plan:** Includes all children who are in receipt of children's services, including those who have a looked after status, as recorded on the local authority's social work information management system.
- **Pupils with additional support needs:** Includes all children with a Coordinated Support Plan or Individualised Education Plan, as well as pupils with any other additional support needs as recorded on the local authority's education information management system.
- **Pupils eligible for free school meals:** Includes all children who are registered as eligible for free school meals by the local authority.
- **Urban:** Includes large and other urban areas with settlements of 10,000 people or more.³
- **Small towns:** Includes accessible, remote and very remote small towns with settlements of between 3,000 and 9,999 people.³
- **Rural:** Includes accessible, remote and very remote rural areas with populations of less than 3,000 people.³

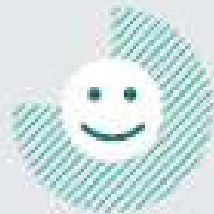
1. Note that pupils were allowed to skip any question they did not wish to answer. Thus, these numbers do not necessarily reflect the actual number of pupils responding to a particular question. In addition, where information was provided through linkage with administrative data, responses are only given for pupils where linkage was successful.

2. Administrative data (in contrast to survey data) refers to data taken from educational and social work records, or geographical data based on the pupil's home postcode. Further information on the linkage can be found in the Technical Report.

3. Methodology and definitions for the Urban/Rural classification are available at: <https://www2.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification>. Readers should note that the three-fold collapse used in this report and the RCS data is not the standard three-fold classification.

1. Physical health and health behaviours

76% of secondary pupils rated their health...



81% of primary pupils rated their health...



...as good or very good

- At secondary school, the proportion of pupils who rated their health as good or very good decreased from 84% in S1 to 73% in S4.
- Among secondary pupils, the proportion who rated their health as good or very good was lower among pupils eligible for free school meals (69%, compared with 77% of those not eligible) and those with a child's plan (57%, compared with 77% of those with no child's plan).

69% of primary pupils ate vegetables every day or most days



- Among primary pupils, those eligible for free school meals were less likely to eat vegetables every day or most days (58%, compared with 71% of those not eligible) as were those with a child's plan (59%, compared with 69% of those with no child's plan).

of primary pupils drank fizzy drinks most days or daily



- Those eligible for free school meals were more likely to drink fizzy drinks most days or daily (27%, compared with 16% of those not eligible).

63% of secondary pupils ate vegetables at least 5 days a week

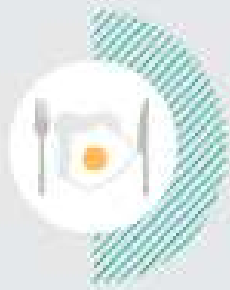


- Secondary pupils who were eligible for free school meals were less likely to eat vegetables at least 5 days a week (57%, compared with 64% of those not eligible) as were those with a child's plan (53%, compared with 63% of those with no child's plan).

of secondary pupils drank sugary drinks more than once a day



- Those eligible for free school meals were more likely to drink sugary drinks more than once a day (15%, compared with 9% of those not eligible) as were those with a child's plan (17%, compared with 10% with no child's plan).



50% of secondary pupils ate breakfast every day

- The proportion who ate breakfast every day was lower among the oldest pupils (47% in S3/S4; 54% in S1/S2).
- Those eligible for free school meals were less likely to eat breakfast every day (33%, compared with 52% of those not eligible).
- Those with a child's plan were also less likely to eat breakfast every day (29%, compared with 51% of those with no child's plan).
- Girls (25%) were almost twice as likely as boys (14%) to never eat breakfast.

17% of secondary pupils were active for at least 60 minutes every day



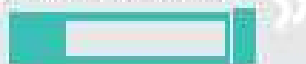
- Girls (14%) were less likely than boys (20%) to be active for at least 60 minutes every day.
- The proportion of all secondary pupils who were active at least 60 minutes every day decreased with age (from 23% in S1 to 12% in S4).

40% of primary pupils were physically active⁴ every day



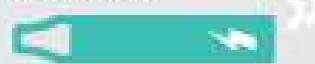
- Those with additional support needs were less likely to be physically active every day (35%, compared with 42% of those with no additional support needs) as were those pupils who were eligible for free school meals (34%, compared with 41% of those not eligible).

24% of secondary pupils had ever smoked a cigarette



- 10% of secondary pupils were current cigarette smokers.⁵
- The proportion who were current smokers increased with age (from 1% in S1 to 18% in S4).
- Those secondary pupils with a child's plan were much more likely to be current smokers (31%, compared with 9% of those with no child's plan).

26% of secondary pupils had tried e-cigarettes



29% of secondary pupils had drunk alcohol in the last week

- The proportion of secondary pupils who had drunk alcohol in the last week increased with age (16% in S1 had drunk alcohol in the last week, compared with 36% in S4).
- Those with a child's plan were more likely than those with no child's plan to have drunk alcohol in the last week (44%, compared with 29% with no child's plan).
- Current smokers were more than twice as likely than non-smokers to have drunk alcohol in the last week (55%, compared with 23% of those who did not currently smoke).



60% of secondary pupils had ever been drunk

Proportion of secondary pupils that had ever been offered drugs:



Proportion of secondary pupils that had tried at least one drug:



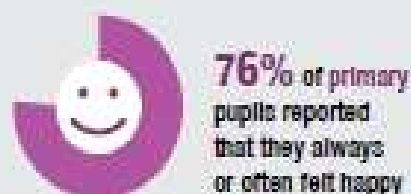
- The proportion of secondary pupils who had ever taken drugs increased with age (from 4% in S1 to 25% in S4).
- Current smokers were ten times more likely to have ever used drugs (70%, compared with 7% of those who did not currently smoke).

4. Pupils were asked how often they spent doing active things, including doing sports, playing with friends, or walking to school.

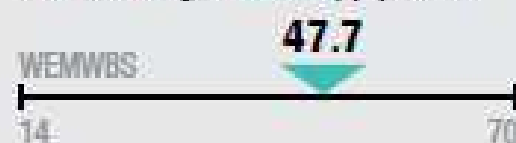
5. Current smokers defined as those who stated that they smoked at all, regardless of frequency.

2. Mental wellbeing

Overview of mental wellbeing among pupils in Moray:

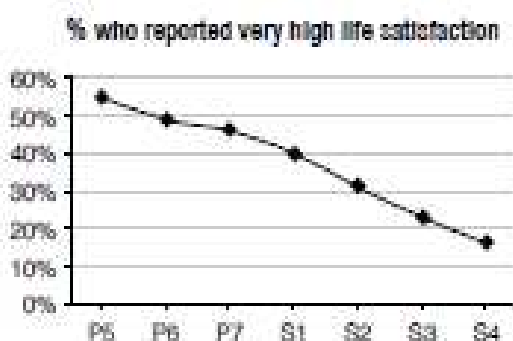


The mean WEMWBS⁸ score, reflective of overall mental wellbeing, for secondary pupils was

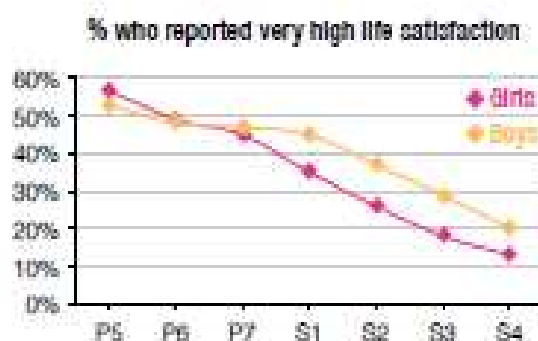


Key variations in reported levels of mental wellbeing:

Older pupils were much less likely than younger pupils to report very high life satisfaction



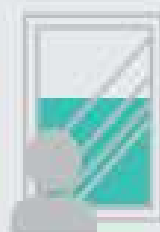
Among secondary pupils, girls were less likely than boys to report very high life satisfaction



66% of primary



59% of secondary



...were very or fairly happy with their appearance

- Although there were no gender differences at primary school in terms of how happy pupils felt about their appearance, a big gap was evident at secondary school, where 71% of boys were very or fairly happy with their appearance compared with just 48% of girls.
- Those pupils with a child's plan were less likely to be fairly or very happy with their appearance (57% among primary pupils, compared with 66% of those with no child's plan; 48% among secondary pupils, compared with 59% of those with no child's plan).

6. Responses to questions about life satisfaction were combined and grouped into three categories: 'low/medium', 'high', and 'very high'. Further details are available in the Technical Report.

7. Based on Goodman's Strengths and Difficulties Questionnaire Total Difficulties score. Scores were divided into the following categories: 'close to average', 'slightly raised', 'high' and 'very high', with 'very high' indicating multiple problems identified. Further details available in the Technical Report.

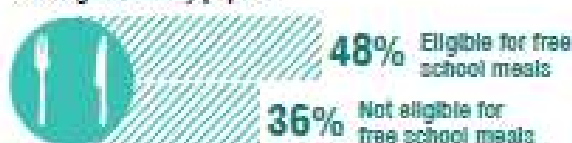
8. National WEMWBS figures for secondary school pupils are available in SALUS National Statistics 2018. WEMWBS is also used as an indicator of mental wellbeing at a national level in the Scottish Health Survey. See more here: <http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/wemwbs>

Pupils eligible for free school meals reported lower life satisfaction than those not eligible

% who reported low/medium life satisfaction among primary pupils



% who reported low/medium life satisfaction among secondary pupils



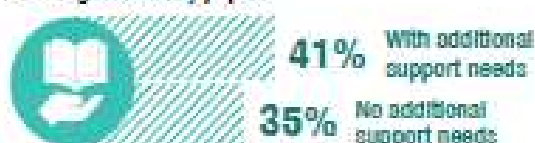
- Among secondary pupils, 54% of those eligible for free school meals also had higher than average social, emotional and behavioural difficulties, compared with 40% of those not eligible.

Pupils with additional support needs reported lower life satisfaction than those with no additional support needs

% who reported low/medium life satisfaction among primary pupils



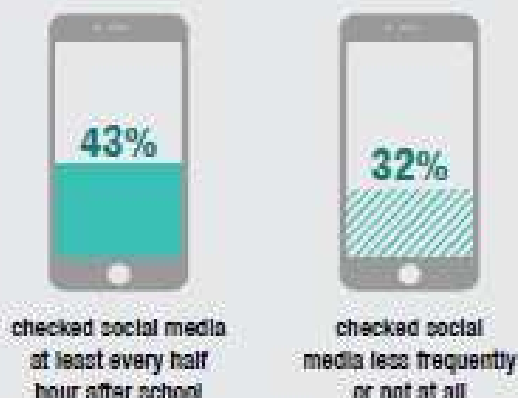
% who reported low/medium life satisfaction among secondary pupils



- Among secondary pupils, 31% of those with additional support needs also reported above average levels of conduct problems, compared with 20% of those with no additional support needs.

Secondary pupils who checked social media at least every half hour after school reported lower life satisfaction than those who checked social media less frequently

% who reported low/medium life satisfaction among secondary pupils



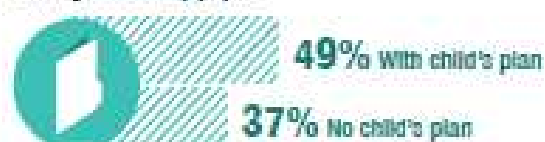
- Those who checked social media at least every half hour were also more likely to have above average levels of social, emotional and behavioural difficulties (52%) than those who checked social media less often (34%).

Pupils with a child's plan reported lower life satisfaction than those with no child's plan

% who reported low/medium life satisfaction among primary pupils

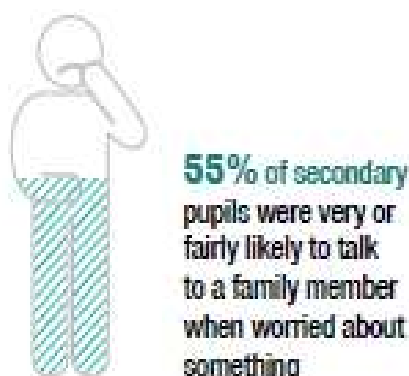
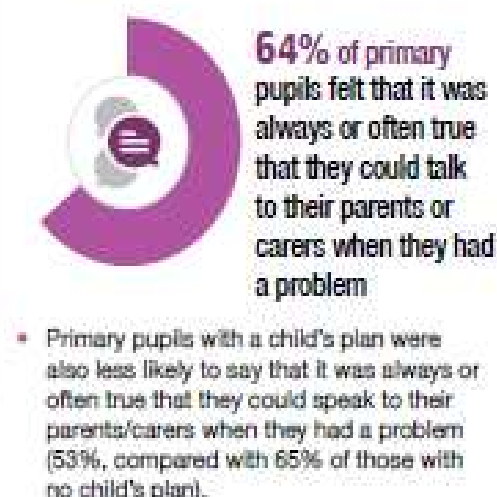
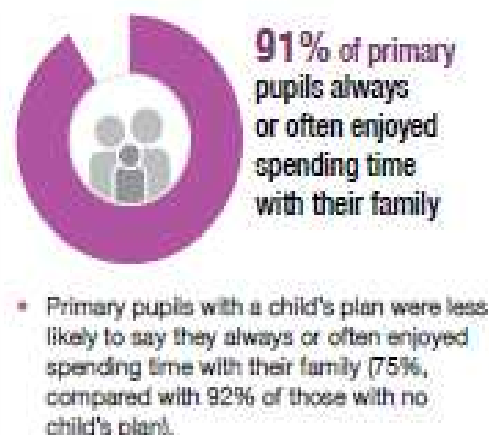
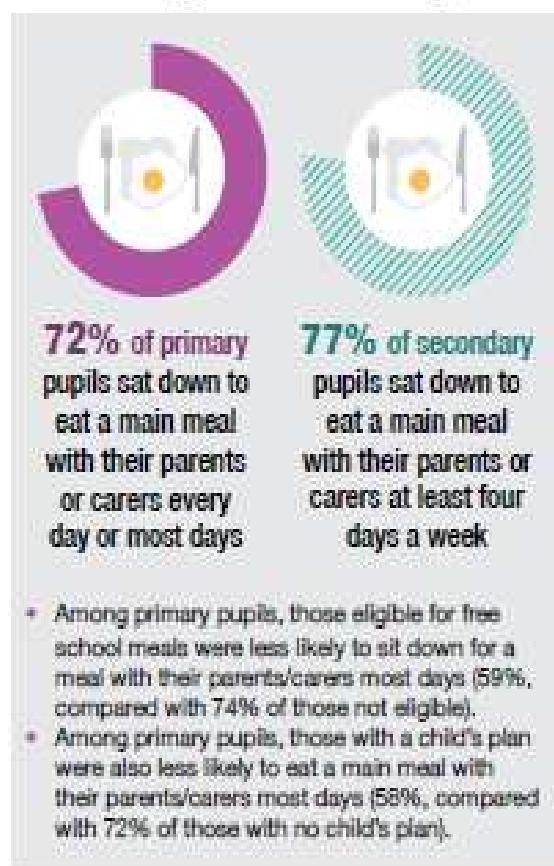


% who reported low/medium life satisfaction among secondary pupils



- Among secondary pupils, 70% of those with a child's plan also had higher than average social, emotional and behavioural difficulties, compared with 40% of those with no child's plan.

3. Family relationships

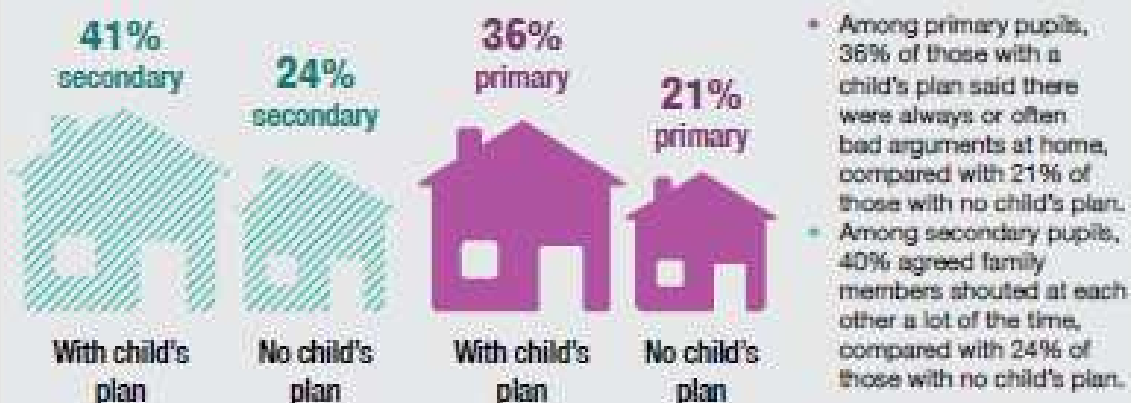


- The proportion of secondary pupils who strongly agreed they enjoyed spending time with their family decreased with age (from 65% in S1 to 44% in S4).
- This decrease applied for both boys and girls, and irrespective of eligibility for free school meals.



9. Defined as caring for or looking after someone in the home because they have a long-term illness or disability.

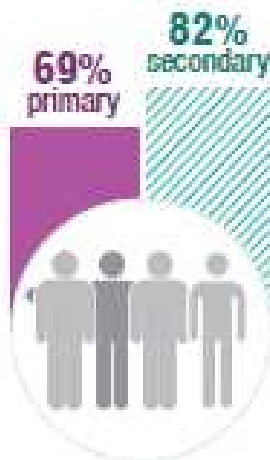
Across school stages, those pupils with a child's plan were more likely to report frequent bad arguments or shouting at home¹⁰



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4. Peer relationships and friendships

Pupils who had at least three close friends



- Among primary pupils, those eligible for free school meals were less likely to have at least three close friends (61%, compared with 71% of those not eligible).
- Among secondary pupils, the youngest pupils were more likely to report having at least three close friends (88% in S1, compared with 80% in S4).

77% of secondary pupils had close friend(s) they could speak to about things that are really bothering them



- Girls (85%) were more likely than boys (69%) to agree that they had close friend(s) they could confide in.

Among secondary pupils, those with at least three close friends reported better mental wellbeing



- The average mental wellbeing score (WEMWBS) among those with at least three close friends was 48.7, compared with 43.7 among those with fewer close friends.

Among secondary pupils those with at least three close friends were also more likely to report very high life satisfaction:



52% of primary pupils experienced some form of bullying at least once a month



- 39% reported being called names or made fun of.
- 33% reported being left out of games and chats.
- 24% reported being physically bullied or having someone pick a fight with them.
- 8% reported being picked on via email, text, or in online posts.

48% of secondary pupils were bullied in the last month



- 14% were physically bullied.
- 13% were teased or called names online or by phone, and 24% in person.
- 13% had rumours or lies spread about them and/or were excluded online or by phone, and 24% in person.

Among primary pupils, those with a child's plan were more likely to experience bullying at least once a month than pupils who did not have a child's plan

% among primary pupils who experienced some form of bullying at least once a month



- In particular, those primary pupils with a child's plan were more likely to be teased and called names (52%, compared with 39% of those with no child's plan) and were more likely to be left out of games and chats (48%, compared with 32% of those with no child's plan).

Across primary and secondary pupils, those experiencing high levels of bullying¹¹ recorded lower levels of life satisfaction

% among primary pupils reporting low/medium life satisfaction



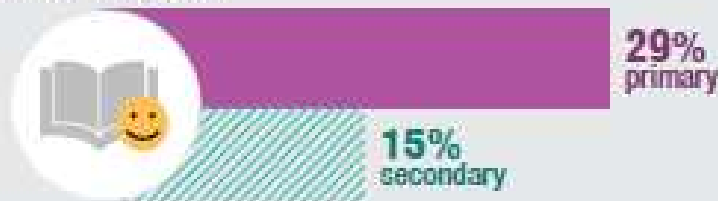
% among secondary pupils reporting low/medium life satisfaction



11. A 'high' level of bullying is defined as experiencing any form of bullying once a month or more among primary pupils and experiencing any form of bullying in the last month among secondary pupils (Note: questions differed for primary and secondary school pupils on this measure).

5. Learning environment

Liked school a lot



Did not like school at all



Primary pupils

- Among primary pupils, girls (36%) were more likely than boys (22%) to like school a lot. Conversely, boys (11%) were more likely than girls (4%) to say they did not like school at all.
- Those with a child's plan were more likely to like school a lot (35%, compared with 29% with no child's plan).
- Those with additional support needs were less likely to like school a lot (25%, compared with 31% of those with no additional support needs).

Secondary pupils

- Among S3/S4 pupils, girls (9%) were less likely than boys (14%) to like school a lot. Conversely, girls in S3/S4 (23%) were more likely than boys in S3/S4 (15%) to say they did not like school at all.
- Those with a child's plan were less likely to like school a lot (6%, compared with 15% with no child's plan) and twice as likely to say they did not like school at all (34%, compared with 17% of those with no child's plan).
- Those with additional support needs were a little more likely to say they did not like school at all (21%, compared with 16% of those with no additional support needs).

25% of secondary pupils strongly agreed that their teachers cared about them as a person



- The proportion who strongly agreed decreased with age (from 34% in S1 to 16% in S4).

33% of secondary pupils felt pressured by their schoolwork a lot of the time



- Girls (39%) were more likely than boys (26%) to have felt pressured by schoolwork a lot of the time.
- The proportion who felt pressured by schoolwork a lot of the time increased with age, especially among girls (from 27% of girls in S1/S2 to 51% of girls in S3/S4). This compared with 22% of boys in S1/S2 to 31% of boys in S3/S4.

86% of primary pupils always or often got along with their teachers



- Girls (91%) were more likely than boys (82%) to report always or often getting along with their teacher.
- Those with additional support needs were less likely to report always or often getting along with their teacher (83%, compared with 88% of those with no additional support needs) as were those with a child's plan (80%, compared with 86% no child's plan).

11% of primary pupils always or often got into trouble with teachers at school



- Boys (16%) were three times as likely as girls (5%) to always or often get into trouble with teachers.
- Those with a child's plan were twice as likely to always or often get into trouble with teachers (27%, compared with 10% with no child's plan).

11% of secondary pupils misbehaved all or most of the time



- 12% of boys misbehaved all or most of the time, compared with 8% of girls.
- Those with a child's plan were more than twice as likely to misbehave at school all or most of the time (27%, compared with 11% of those with no child's plan).

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6. Local area



88% of primary pupils liked their local area a lot or quite a lot

- Those eligible for free school meals were less likely to like their area a lot or quite a lot (81%, compared with 89% of those not eligible).
- Those with a child's plan were less likely to like their area a lot or quite a lot (70%, compared with 88% of those with no child's plan).
- Those living in urban areas were less likely to like their area a lot or quite a lot (83%, compared with 90% of those living in small towns and 91% of those living in rural areas).



66% of secondary pupils agreed that their local area was a really good place to live

- The proportion who agreed decreased with age (from 78% in S1 to 57% in S4).
- Boys (70%) were more likely to agree than girls (63%).
- Those eligible for free school meals were less likely to agree (59%, compared with 66% of those not eligible).
- Those living in rural areas were more likely to agree (69%, compared with 62% of those living in urban areas and 63% of those living in small towns).

54% of secondary pupils spent time in natural open spaces in their local area at least once a week



- Younger secondary pupils were more likely to do so than older secondary pupils (65% of S1s compared with 46% of S4s).
- Boys (58%) were more likely to do so than girls (52%).
- 68% of those who were physically active for at least 60 minutes every day spent time in natural open spaces at least once a week, compared with 52% of those who were not physically active at least 60 minutes every day.
- No notable variations were evident by whether pupils lived in urban areas, small towns or rural areas.



54% of primary pupils reported that they had lots of places to play outdoors near to where they live

- Older primary pupils were more likely to state that this was the case than younger primary pupils (60% in P7 compared with 51% in P5).
- Those eligible for free school meals were less likely to say this was the case (49%, compared with 55% of those not eligible for free school meals).
- No notable variations were evident by whether pupils lived in urban areas, small towns or rural areas.

APPENDIX 3 – FURTHER ENGAGEMENT AND SURVEY WORK

1. ENGAGEMENT WITH PARENTS - KEY MESSAGES

➤ Parents of younger children - 105 parents completed the survey across 15 nurseries/schools

- High level of awareness amongst parents of preschool children of supports available for them as parents
- Parents want support, in particular health and behaviour related support
- The main reasons parents access support is to connect with parents experiencing similar issues , to reduce isolation, get reassurance they are doing the right thing and to get the specific advice they feel they need
- The majority of those who access support have a positive experience
- Of those who feel they need support, the key reasons they weren't accessing support were; it wasn't available or accessible, work commitments / time, they already know what to do as it's not their first child / they have other children so can't engage. Highlighted that support needed to be community based with no cost barriers
- Prefer to hear about support through word of mouth, social media, health visitors and via nursery /primary school info sources
- Those who don't access support feel they don't need it because it isn't their first child or is not relevant to them

➤ Engagement with parents of school age children - 959 respondents to online survey

Overall the same as the above re: awareness of supports, issues re: accessing support, communication method and the reason for accessing support

- Parents felt supports were targeted at those with preschool children and those they had accessed were targeted at pre-school children and families
- General lack of awareness of supports to them as parents of older children
- Parents wanted support / to be skilled up to better support their child's mental wellbeing. This demand increases as the child got older i.e. highest for those with teenage children
- Also demand for support to manage children's behaviour / support for children with ASN
- Low cost community based support required

2. ENGAGEMENT WITH CHILDREN

➤ Engagement with younger children

Face to face engagement with nursery and early Primary School age children (P1-4). This was undertaken by nursery staff, using age appropriate tools. 194 children were surveyed (75 from nursery schools and 119 from primary schools)

Key Messages

- 97% of children stated that their parent(s) keep them safe at home
- 16% of nursery school pupils and 24 % of primary school pupils reported that they have been bullied
- 23% of nursery pupils reported they never feel sad
- 30% of primary school age pupils identified issues at home made them sad
- Feeling isolated from their peers/left out was a key concern of primary school age children and the aspect of school/nursery they enjoyed the most was the socialising with peers.
- In relation to outdoor play and physical activity, 44% of nursery pupils and 36% of primary pupils reported playing outside.
- Boys reported being more physically active when inside a higher percentage of boys reported being on screens.
- When asked what makes you happy the majority of primary school children stated “ feeling cared for” and “playing with friends and feeling included”

➤ Engagement with young people

Key messages from young people – Moray Youth Matters

***NB.** This engagement work was undertaken once the RCS data, stats and guidance were all reviewed and priorities identified. Young people were asked what would make a difference under each priority.*

Wellbeing (Physical)

- Single gender physical activity provision
- Reduce/remove costs to access sporting provision and increase flexibility re: timing
- Access to healthier, affordable food

Wellbeing (mental)

- Support for mental health in and out of school
- Wellbeing (social)
- Sex education delivered in a more informal way in smaller groups (school based)

- Support in school – workload related

Wellbeing (Social)

- Support to deal with social media and body image
- Community engagement/learning

Safe and free from harm

- Safe spaces in schools/safer schools
- More visible police in the community and more engagement with them
- Evening public transport/affordable public transport for those living more rurally
- Road safety precautions e.g. lollipop people and speed checks on roads around schools
- Alternatives to being on the streets

Impact of poverty is reduced

- Affordable school - uniform, trips, transport, widen access to free school meals
- Improved job opportunities during school for teenagers and post school
- Increased support to pay bills, access food.
- Better use of community resources - Identified the potential of intergenerational linkages, better use of community facilities

3. ENGAGEMENT WITH FRONT LINE PRACTITIONERS

57 Frontline practitioners attended one of two workshops.

Key messages

- Focus on support for parents to develop their confidence and ability to support their child, especially in relation to addressing early signs of poor mental wellbeing.
- Need for lower level / early intervention, easily accessible mental wellbeing supports for young people experiencing poor mental wellbeing. It needs to be accessible weekends, evenings etc. need and not exclusively Elgin focused.
- Coordinated and focused support to families experiencing poverty. Recognition that the issue is working poor so need to consider how this is done.
- Need for professionals to support the development of community based wellbeing supports - not all service led. More coordinated approach between children, young people, families, communities and service providers to co-design and deliver the required community based supports.

- Address the need to have a centralised and accessible source of information/supports which are currently available to children, young people and families.
- Better communication of what's available and what's working to avoid duplication. Use methods which work for children, young people and families.

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Children’s Services Plan

2020-23



“It’s my right to live in a community where my voice is heard and builds me up to be all I can be.”

A shared approach to developing an integrated plan which reflects the needs of children, young adults and their families in Moray and drives us to achieving better outcomes for children in Moray

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Section one: Introduction – What’s the plan about?

This is the second Children’s Services Plan (CSP) in Moray which will build on the achievements of the previous CSP 2017-2020. We have taken a shared approach to developing the plan where all partners including children and families share a common goal and agree priorities to meet the needs of children and families.

Our strategic planning approach ensures the plan is joined up, evidence based and shaped and informed by analysis of need, a mapping of services and extensive consultation and engagement with children, young people and families. It is therefore important that children and families who use our services, and the wider community, can access and engage with the ongoing development and review of the plan.

Purpose

The plan aims to describe how NHS Grampian and Moray Council will work together with all Community Planning Partners to create and maintain a local environment which improves outcomes for children and young people and ensures that local planning and delivery of services is integrated, focused on quality and value through preventative approaches and dedicated to safeguarding, supporting and promoting child wellbeing.

The plan is a working document which will evolve over the next three years as we work together with children, young people and families as partners to design future services to meet their needs and improve wellbeing outcomes for children, young people and families in Moray.

Scope

The scope of this plan includes all children’s services provided locally by the Local Authority, Health Board and other Service Providers which falls into the categories "*children's service*" e.g. schools, health visitors, youth group, children and families social work or "*related service*" e.g. leisure services, drug and alcohol service. This includes services delivered by private or third sector organisations on behalf of, or in partnership with, the local authority, relevant health board or "other service providers" e.g. Police Scotland, Scottish Fire and Rescue Service. It spans the age range of birth to eighteen years old and extends to age twenty five for young people in the care system.

Section Two: Working in partnership – how the plan was developed

Shared Approach

Moray has a proven record of partnership working across agencies. Communication and engagement with service users and the wider public is embedded in our shared approach to strategic planning in a way which will help to achieve the best services for the population.

Building on the strong partnership relationships, we established a Children’s Service Plan Development Group (CSPDG) made up of a broad range of people, professionals and partners from children’s services across Health and Local Authority services, Education, Police Scotland, and the 3rd

sector. They have collaborated to develop a credible joint plan which reflects the shared priorities of key stakeholders and sets out the direction for future commissioning decisions and service redesign and development.

Strategic planning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors. It involves assessing and forecasting needs, linking investment to agreed outcomes, considering the options, planning the nature, range and quality of future services and working in partnership to put them in place.

A range of activities were carried out to inform this plan including; a joint strategic needs analysis, service mapping, review of existing strategic priorities, review of finance, review of national and local policy/guidance, robust stakeholder consultation and engagement and a series of workshops at key points in the development of the plan. These are detailed in the accompanying appendices.

Realigning Children's Services (RCS) Input

Moray has taken part in the RCS programme which is run by the Scottish Government in partnership with Community Planning Partnerships (CPPs). It seeks to improve outcomes for children by supporting local improvement in joint strategic commissioning, focusing on evidence collection and analysis, service mapping and strengthening partnership working across children's services. The timing of this programme was beneficial in the development of the plan with the following activities being undertaken to inform the plan and supported by development workshops:

- Wellbeing Survey across primary and Secondary schools
- Data Visualisation tool
- Service mapping
- Thematic reports

Communication and engagement

The Children's Services Plan is the local authority and health board's vision for how public services used by children and families will develop in the local area, and it is therefore important that service users, and the wider community, can access and engage with it.

A wide range of communication and engagement activities have taken place in the development of this plan. These include; workshop based development sessions, RCS school wellbeing surveys, parental surveys, and creative engagement activities with younger children and workshops with frontline practitioners. The co-production approach adopted aims to create a sense of shared ownership of the plan.

The Joint Strategic Needs Assessment (**Appendix 2**) includes the stakeholder feedback which informed the plan

Timescale and Review

This plan sets the direction of travel for future planning decisions and service redesign and development over the next three years (2020-23) and will be subject to monitoring and review on an annual basis in line with government policy around the Act. This will ensure it continues to respond to emerging needs and expectations of children through future locality planning arrangements, local and national policy and emerging priorities.

This is not a static document, children’s planning is an ongoing process it is a live strategic plan and as such we look forward to engaging with all those with an interest in improving Children’s Services in Moray to deliver on our plan between now and 2023.

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Section Three: Our Shared vision, Principles and Outcomes

This section sets out our three year vision statement, our values and principles, and our strategic outcomes. These are all designed to deliver progress and continuous improvement against the national and local outcomes, which are set out in the next section.

The **Care Inspectorate** says:

“An ambitious and compelling vision for children, young people underpins effective leadership of children’s services planning. A vision which is understood and shared by the senior leaders across the partnership reflects shared values, and which contains within it a challenge, directed by all partners, to deliver transformational change. The vision should inspire and energise staff across the partnership to work together to achieve their common goals.” Care inspectorate 2020

Our Shared Vision

Children have the right to live in communities where their voice is heard and they are built up to be all they can be.

This agreed vision was developed by listening to the views of children, young people and families who use services, those who provide services and those who deliver services in Moray and the wider community. It operates in the context of the wider GIRFEC approach.

Children agreed that feeling “appreciated” and “supported “ by their families and community and having access to affordable services was particularly important to them.

Principles and values

Our principles reflect the four key principles designed around the GIRFEC approach which is embedded in rights for children.

- **A child-focused approach:** We’ll put the young person and their family at the centre of all decision-making and the support that is available to them
- **Understanding wellbeing:** We’ll look at the child’s wellbeing as a whole to provide appropriate, effective support at the right time
- **A preventative approach:** We’ll identify needs early so they don’t grow into problems
- **A joined-up approach:** We’ll work together in a coordinated way to consider what help a child requires to meet specific needs and improve their wellbeing

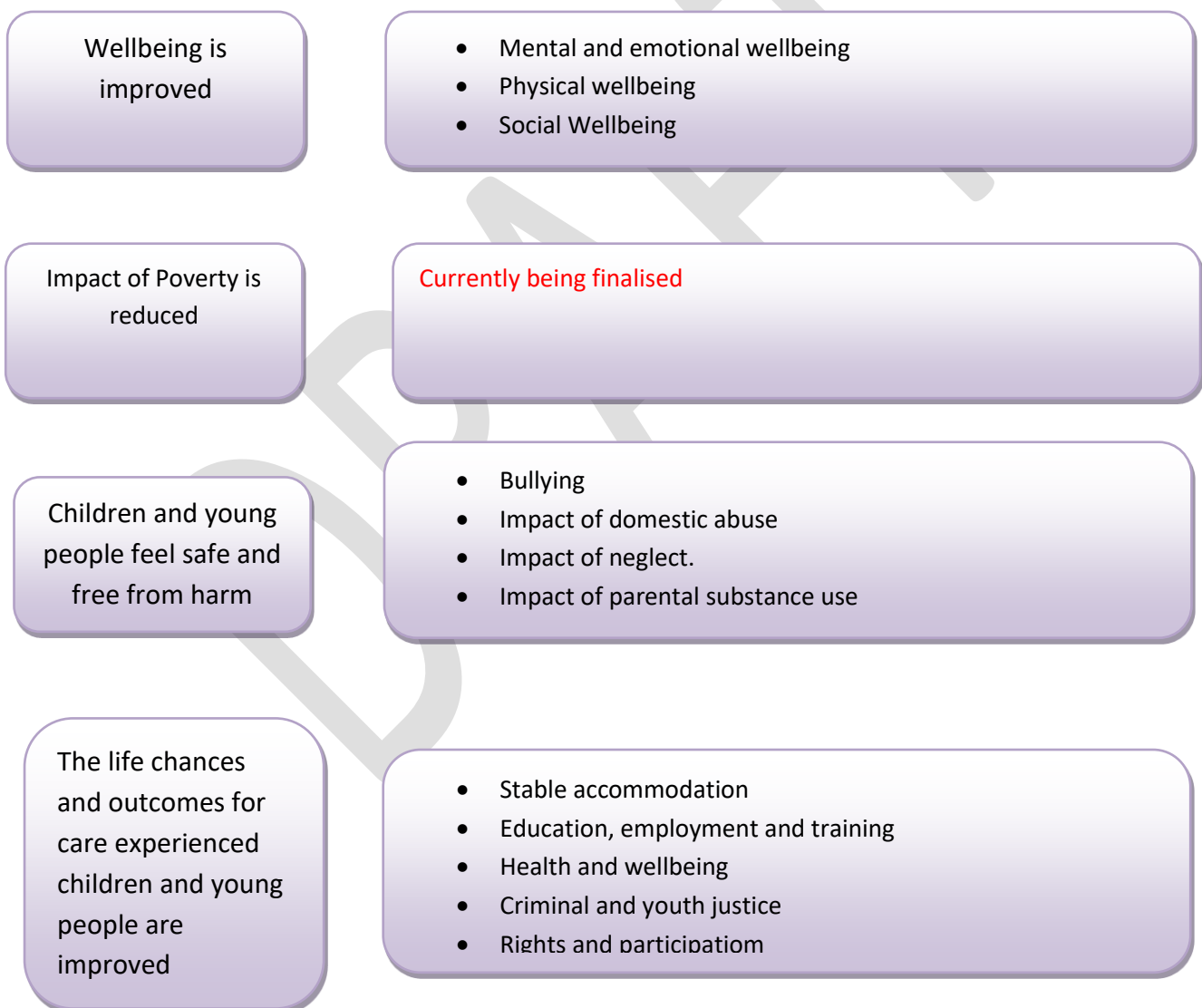
Through “Working together” with all partners including children, young people and their families, we will strive to ensure our collective resources are used effectively and efficiently to meet the needs of

children in Moray. Support for our joint workforce will be key in helping them achieve positive outcomes for the children of Moray

Our Strategic Outcomes

Our shared vision for change will be achieved through the delivery of **4 key strategic outcomes** and a wide range of related improvement actions.

Four key themes emerged from our findings, informed by a process of community consultation and analysis of available intelligence about the needs of children and families in Moray. This included review of best practice and national evidence of ‘what works’ in delivering integrated support to improve outcomes for children and families. The priorities were agreed and developed at a series of workshops, facilitated by the RCS team. The priorities reflect the areas that people felt important.



This is a live plan with a limited number of manageable priorities. The following needs to be considered over the period of this plan:

- Complex and multiple healthcare needs – to be understood and considered over the next 3 years to go in the plan. Can't cover all just now.
- Wider Engagement and Communication, including Primary and Secondary Health Care staff across our services.

Local authority considerations over the life of the plan to be included – above are health

Approaches/ Models

The Three Step **Improvement Framework** for Scotland's Public Services outlines the improvement approach being taken forward in Scotland. Quality Improvement (QI) in the context of children's services plans involves a systematic approach to improving services and achieving better outcomes for the children and young people in Scotland.

Getting it Right for Every Child (GIRFEC) is a Scottish Government policy which, put simply, is about keeping the child and family at the centre and working alongside the child and family to promote well-being and positive outcomes. It is underpinned by **the Rights of the Child (United Nations Convention of the Rights of the Child)** which has 4 guiding principles.

- non-discrimination;
- right to life, survival and development
- doing what is in the best interest of the child
- meaningfully engaging children and youth

The vision of GIRFEC is shared by all Community Planning Partners in Moray and is progressed through the leadership in the new governance structure. The GIRFEC journey in Moray has been one in which significant input has been placed on developing strong and collaborative partnerships of children, young people, their families, communities and professionals. The essence of this is to fundamentally improve outcomes for children and young people in Moray.

Ecological Model

The diagram on our front page provides a graphic of the ecological model and demonstrates the child at the centre. The diagram reads from the inside out with support closest to the child and illustrates:

- Family and community provide everyday support and care
- Universal provision supports development and builds resilience
- Additional support works to overcome disadvantage and supports learning
- Specialist help addresses more complex needs that impact health and wellbeing
- Compulsory intervention ensures action to overcome adversity and risk

A Children's Services Plan should explain how Community Planning Partnerships will plan and deliver local services for children and young people at all levels of the ecological model.

Section Four: Key Achievements from our last strategy

Outlined below are some of the Key achievements in the course of our last strategy by themed strategic groups In Moray we have four strategic groups which report regularly to the Executive Leadership Group with progress on the areas of work they are responsible for. The groups are the Child Protection.

Priority 1 - Ambitious and Confident children

- Improvement in the quality of multi-agency child's plans referred to social work
- Revised Initial Referral Discussion (IRD) process to support the early identification of cumulative harm
- Look after children's attainment at school has improved
- Significant increase in number of young people engaging in the Scottish Governments Youth Employment Strategy
- Additional 1140 hours of child care offered to 120 children as part of the Early Learning and Childcare Expansion
- Expansion of volunteering and wider achievement opportunities
- Reduction in school exclusions
- Expansion of engagement with children and young people to identify need and co-produce solutions

Priority 2 - Healthier Children

- Best Start and Family Nurse Partnership structures and staffing in place
- National award winning Baby Steps programme in place to support women with a BMI > 30 to take small steps to improve their health and wellbeing
- Increasing trend in babies exclusively breast fed
- Reduction in number of babies exposed to second hand smoke
- Improvement in the number of children with no developmental concerns at 27-30 months
- Increase in number of physical activity opportunities available via Active Schools
- Increase in the number of health and wellbeing inputs in schools
- Raised awareness amongst frontline practitioners of the mental wellbeing supports available to children and young people

Priority 3 - Safer Children

- Streamlining of processes to ensure a greater percentage of Social Worker time can be spent on responding to referrals
- Revised and improved Child's Planning process. Nominated for national Quality Improvement Award
- New approaches put in place for multi-agency staff to review, and reflect on practice with the aim of improving outcomes for children
- Improved awareness and understanding across the partnership of Child Sexual Exploitation

Section Five: Strategic Context

Section in progress alongside an Appendix Strategic Context, including visual grid of local and national strategies. For completion Wednesday 26th February

Section Six: Our key findings – assessment of need

Summary results of what data says, strategic needs assessment, service mapping, school survey children, parents. Practitioners - evidence flowing to our key themes. Headlines from each being prepared, will be complete Wednesday 26th February

Financial Resource

In 2019/20 the total spend for Children's Services in Moray amounted to approximately £??.

The top 5 cost areas were?? (£??; ??% of total costs), the?? (£??; ??%), ?? (£??; ??%), ?? (£?m; ??%) and ?? (£?m; ??%). Of the £??m, the split of early intervention and prevention was split

Being confirmed by finance staff with health and local authority - to be completed by Friday 28th February

The following chart shows the consolidated expenditure for 2019/20 across Moray:
Information to follow

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Section Seven: Our plan

Four key themes emerged from the strategic needs analysis, service mapping, school survey, parental survey and consultation work undertaken

Themes	Evidence	Policy Driver
1. Improve wellbeing		
Mental	<ul style="list-style-type: none"> • Only half of children and young people referred to CAHMS are treated. There is a lack of prevention and early intervention supports. • 20% of secondary school pupils self-reported high levels of emotional and behavioural difficulties through RCS Survey. • 50% of teenage girls reported medium to life satisfaction scores. Moray's scores were worse than other areas participating in the RCS surveys. • More vulnerable groupings reported up to 50% lower levels of life satisfaction. 	To be included
Physical	<ul style="list-style-type: none"> • 36% of mothers in Moray breastfeed. • Maternal obesity rates are increasing and significantly above the Scottish average. • 24% of P1 out with the healthy weight range. • 17% of secondary school pupils report being physically active for an hour a day. • 10% of secondary pupils are current smokers. • 29% of secondary school pupils have drunk alcohol in the past week. • 14% of secondary school pupils have tried at least one drug. 	
Social	<ul style="list-style-type: none"> • 43% of teenagers check social media every half hour outwith school. These teenagers were more likely to have above average levels of social emotional and behavioural difficulties. • Secondary pupils with at least 3 close friends have lower mental wellbeing scores. 30% of secondary school pupils reported having 3 close friends. • 88% of primary pupils and 66% of secondary school pupils agreed that their local area was a really good place to live. Those living in rural areas were more likely to agree. 	

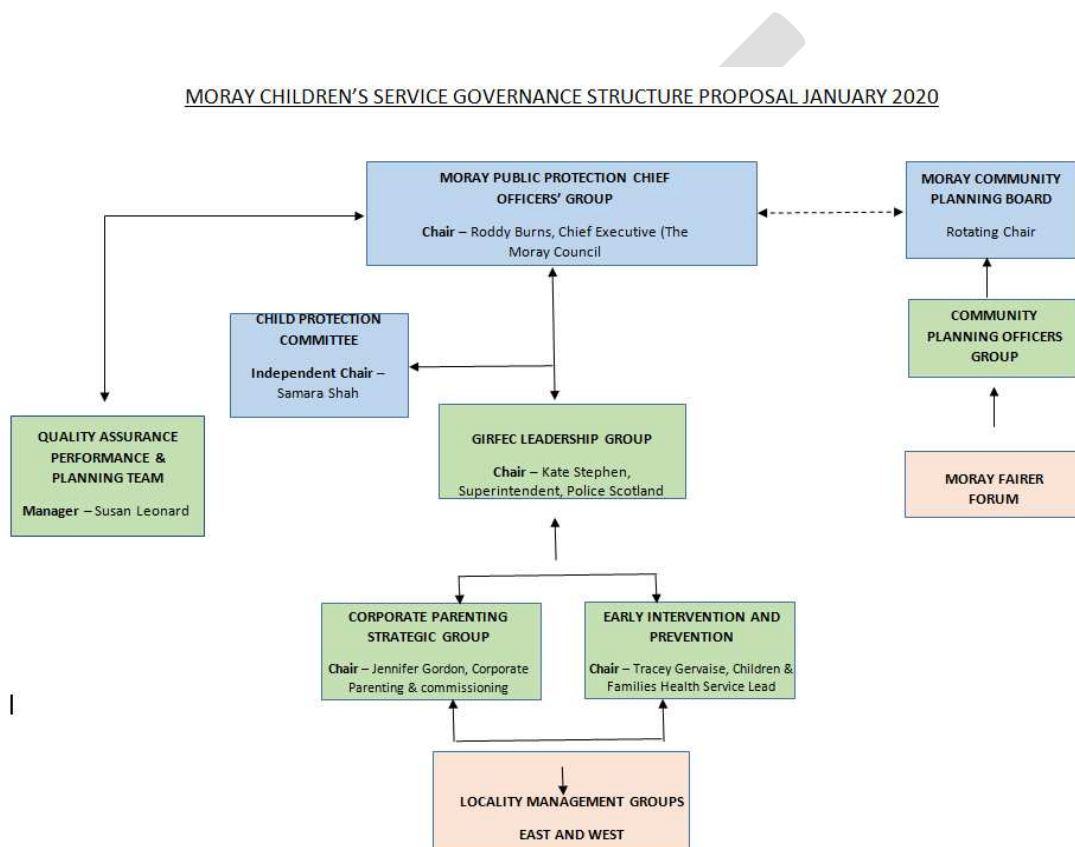
<p>2. Mitigate the effects of poverty</p>	<ul style="list-style-type: none"> • Child poverty rates are rising in Moray. • 15% of our most deprived people live in our recognised deprived areas. • Moray has the second lowest wage in Scotland. • 1 child in 5 live in relative poverty. • Low levels of free school meal registration. • Low uptake of social security and maternity related benefits. 	
<p>3. Children are safe and free from harm</p>	<ul style="list-style-type: none"> • An average of 50% of children from nursery to school leaving age report they have been bullied in the past month. • Babies exposed to second hand smoke is considerably higher than the Scottish average. • 2019 Care Inspectorate in-depth review Integrated Children’s Services highlighted the need to continue to improve identification of cumulative harm and neglect. • Domestic abuse – updated data to be included • Substance use - updated data to be included 	
<p>4. Outcomes for looked after and care experienced children are improved</p>	<ul style="list-style-type: none"> • Looked after children in a home setting have better outcomes. Moray has significantly lower numbers than the Scottish average. • Looked after children are ten times more likely to be missing from home. • Looked after children’s school attendance and attainment rates are below their peers. Exclusion rates are relatively low. • Lower levels of Looked After Children enter a positive destination post school. 	

Section Eight: Monitoring our performance

Governance

Through this review of the Children's Services governance structure there is an opportunity, moving into the next reporting cycle, to adopt a stronger collaborative, coordinated approach and pooling of resources to deliver, evidence and sustain service improvement within the Partnership.

The following framework aims to strengthen the governance, leadership and accountability arrangements for children's services within the Moray area:



Locally it is important to identify and clarify the relationships between different planning and reporting processes to improve efficiency, share information and the delivery of joined up services. Proposals are being undertaken for the Integrated Joint Board to become responsible for children's Health and Social Care. This makes sense as all planning is focused on the same aim of improved wellbeing of the population.

Review and Measuring success

We will produce an annual report on progress against our stretch aims and priority actions through a process of review. This will be informed by engagement and communication with children and families and key stakeholders in terms of improved outcomes. The review will ensure the plan continues throughout the three-year period to reflect the local needs, priorities and resources as/if they change and enable decisions to alter or adapt service provision to be made.

Critical to the review having a meaningful contribution to the plan will be three key areas

- Establishing if services are being delivered in line with the plans aims and objectives
- Examining what impact if any the services covered by the plan are effectively safeguarding, supporting and promoting the wellbeing of children
- Identifying ways in which delivery and/or the plan can be improved

Supporting implementation

Clarify what's required – Thursday 27th February

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Section Nine Implementation and delivery plan

The delivery plans for each of the key priorities have informed by the JSNA and compiled by the CSP Development Group.

Key Drivers:

- Co-production
- Children's Rights and participation
- Relational based approaches

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PRIORITY 1 - IMPROVED WELLBEING

Moray has adopted the World Health Organisation’s definition of wellbeing. It has 3 core components:-

- Mental wellbeing
- Physical Wellbeing
- Social Wellbeing

STRETCH OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
EMOTIONAL & MENTAL WELLBEING			
<p>More children and young people will report they feel mentally well by 2023.</p>	<p>Increase the confidence and skills of young people/parents/carers to address early signs of poor mental wellbeing.</p> <p>Increase provision and access to tier 1&2 supports and services</p> <p>Increase the percentage of S3/4 girls reporting high life satisfaction.</p>	<p>Co-produce accessible and effective early intervention supports with young people and families (Tier 1 and 2).</p> <p>Assess impact of existing peer led supports and build on success</p> <p>Design and implement supports which build parent/Carer’s confidence to support their child’s emotional and mental wellbeing</p> <p>Agree as a partnership how effective early interventions can be resourced and sustained</p>	<p>Number and take up of supports and services</p> <p>Impact of service provision, with a particular focus on the experience of families.</p> <p>Parent/carer confidence to support their child’s emotional and mental wellbeing, as measured by parental survey</p> <p>Young people self- report good emotional and mental wellbeing through the Mental Health and Wellbeing Survey (Baseline (2019) = Mean mental wellbeing score for secondary pupils is 47.7)</p> <p>Improved attainment (Baseline ; JSNA)</p>

			Level of investment in prevention and early intervention supports and services (Baseline 2019 – financial info from RCS)
PHYSICAL WELLBEING			
<p>More children will report their health to be good by 2023.</p> <p>Baseline (2019) 81% of primary school pupils 76% of secondary school pupils</p>	<p>Reduce the risks during pregnancy to pregnant women who have a BMI \geq 30 women by empowering, motivating and supporting them to take small steps towards a healthier lifestyle</p> <p>Increase the percentage of children entering Primary School with a healthy weight (Baseline 2018 : 76.5%)</p> <p>Increase the percentage of secondary school age children who report being physically active for at least 60 minutes per day (Baseline 2019 :17%)</p>	<p>To upscale Baby Steps across Moray (evidence based programme developed with and for mothers with a BMI in excess of 30)</p> <p>Through the Early Years Expansion, work with families to identify barriers to supporting their children to maintain a healthy weight. Co-design and implement community based solutions, drawing on local and national good practice</p> <p>Co-design and deliver accessible community based opportunities for children and young people to improve their activity levels, building on success of existing provision. Specifically work with girls in S1 to identify the reasons for reduced levels of activity levels.</p>	<p>Impact of Baby Steps on the health and wellbeing of mothers with a BMI \geq 30 and their family</p> <p>Evaluation of impact of interventions on health behaviours and weight of children</p> <p>Physical activity rates of school age children as measured by health and wellbeing survey</p> <p>Impact of interventions designed with and targeted at teenage girls</p> <p>Investment in participatory budgeting activity and evaluation of impact</p>

	<p>Reduce the number of secondary pupils who report that they drink alcohol on a weekly basis (Baseline 2019 - 29%)</p> <p>Reduce the number of secondary school pupils who report they are current smokers (Baseline 2019 – 10%)</p>	<p>Co-produce solutions along with families and service providers</p> <p>Develop and resource participatory budgeting opportunities with a physical wellbeing focus</p> <p>Review evidenced good practice in relation to addressing young people’s alcohol use. Design and implement small tests of change with S1 -S4 pupils who report they drink on a weekly basis.</p> <p>With the support of ASH Scotland, engage with S1 pupils who are regular smokers to identify and address barriers to smoking cessation</p> <p>Co-design a range of partnership workforce development opportunities to raise awareness and understanding of the impact of poor physical wellbeing amongst children and young people</p>	<p>% of children who have been involved in the tests of change who report they drink regularly</p> <p>Number of S1 pupils who report that they are current smokers in the Health and Wellbeing survey</p> <p>Improved attainment (Baseline : JSNA)</p>
SOCIAL WELLBEING			
<p>Secondary school age young people report greater engagement with their communities.</p>	<p>Increase the number of young people who feel safe in their community</p>	<p>Service providers, children, young people and families work together to overcome barriers to safety as identified via</p>	

<p>Baseline (2019) 66% of secondary pupils report they like their local area a lot</p>	<p>(Baseline - Only qualitative data currently available from engagement activities with parents and young people Specific question to be included in Health and Wellbeing survey 2020-21)</p> <p>Increase the number of young people participating in activities within their community</p> <p>(Baseline as above)</p> <p>Reduce the negative impact of social media</p>	<p>engagement sessions with children and young people</p> <p>Identify and address barriers to engagement at a locality level</p> <p>Design and implement supports which build parent/carer's confidence to support their child's social media use</p> <p>Co-produce and test peer led supports with young people around social media use</p>	<p>Parent/carer confidence to support their child's social media use</p> <p>Impact of interventions created by young people</p>
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PRIORITY 2 – Children and young people are safe and free from harm

OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
<p>Children and young people feel safe in their community</p>	<p>Reduce the number children who report they experience some form of bullying on a regular basis.</p> <p>Increase the number of children who report they feel safe at school and within their community</p>	<p>Specific interventions and supports to address bullying are developed with children, young people, parents and partners agencies</p> <p>Develop safe spaces in schools and communities with and for children and young people</p>	<p>% of children who report they feel bullied on a regular basis <i>(Baseline data from RCS – 52% Primary Pupils, 48% of Secondary Pupils)</i></p> <p>% of children and young people who report they feel safe. <i>(baseline data : Police SHANNARI data 2019)</i></p> <p>Number of positive interventions which evidence a reduction in bullying and children feeling more safe</p>

OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
<p>We are successfully tackling domestic abuse early and minimising its impact on children.</p>	<p>Improve public awareness and attitudes to domestic abuse/violence and its impact on children</p> <p>All individuals are equally safe and respected and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it</p> <p>Increase confidence and competence of practitioners and communities in the early identification and prevention of domestic abuse/violence</p> <p>High quality evidence based supports are in place to keep families together when it is safe to do so.</p> <p>Effective relational based support is offered to support families to make positive changes</p>	<p>Stakeholders co-design and implement public awareness campaign</p> <p>Co-ordinate the Child Protection Committee and Violence Against Women Action Plans to ensure a coordinated approach to preventing and intervening early to address domestic abuse</p> <p>Implement partnership interventions which address early signs of domestic abuse</p> <p>Partner workforce and community development plans include opportunities which increase practitioner and community confidence to identify and address impact of domestic abuse</p>	<p>Increased public awareness and confidence (Baseline established at the end of year 1)</p> <p>Number and evaluation of development opportunities.</p> <p>Number of children exposed to more than one reported (repeat concerns) incident of domestic abuse in a 12month period</p> <p>% women and children who feel safer as a result of intervention in a 12month period</p> <p>% women and children who feel their wellbeing has improved as a result of intervention in a 12month period</p>

OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
<p>We successfully tackling issues of neglect and its impact on children</p>	<p>Our practitioners have confidence to identify early signs of neglect and respond appropriately</p> <p>High quality evidenced based interventions are available to support families experiencing challenge</p> <p>Effective relational based support is offered to support families to make positive change</p> <p>Reduce the impact of neglect by intervening early and providing strengths-based support to families</p>	<p>Child Protection Committee Neglect Strategy is developed and implemented</p> <p>Partner workforce and community development plans include opportunities which increase practitioner and community confidence to identify and respond appropriately to incidences of neglect</p> <p>Community based supports for families experiencing neglect are developed through the locality planning structures</p>	<p>Number of families engaging in early support from targeted services, utilising Moray Care Profile</p> <p>% children where improved outcomes evidenced using Moray Care Profile</p> <p>% of parents report their experiences of working with professionals as positive</p>
<p>We successfully work with families where there is parental alcohol or drug use, intervening early, promoting family recovery and minimising its impact on children.</p>	<p>Improve public awareness and attitudes to alcohol and drug use and promote family recovery</p> <p>Increase confidence and competence of children's services practitioners in the early intervention and prevention of alcohol and drug use and reducing alcohol and drug related harms.</p> <p>High quality evidenced based support is in place to keep families together when it is safe to do so,</p> <p>Effective relational based support is offered to support parents to make positive changes.</p>	<p>Stakeholders co-design and implement public awareness campaign</p> <p>Co-ordinate the Child Protection Committee and Moray Alcohol and Drugs Partnership plans to ensure a coordinated approach to early intervention and supporting families and children.</p> <p>Implement partnership interventions which address parental alcohol and drug use</p> <p>Partner workforce and community development plans include opportunities which increase</p>	<p>Increased public awareness and confidence (Baseline established at the end of year 1)</p> <p>Number and evaluation of development opportunities.</p> <p>Number of children where there is alcohol/drug use and child care services are involved.</p> <p>% of parents being supported who feel that there parenting has improved as a result of intervention, in a 12month period</p>

OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
	<p>Support children of adults where there is alcohol or drug use; recognising the longer-term support that may be required following any positive change that they may be taking on caring role but are not recognised as young carers.</p> <p>Support women who have needs linked to alcohol /drug use who have children living in alternative households to reduce risk of harms to the mother and risk associated with further pregnancies and child care (Query inclusion with CPC)</p>	<p>practitioner and community confidence to identify and address impact of parental substance use</p>	<p>% of women and children who feel their wellbeing has improved as a result of intervention in a 12month period.</p> <p>Number of children being supported through the young carer's service.</p> <p>.</p>

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PRIORITY 3 – Mitigating the impact of Poverty

OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
<p>Being finalised</p>			

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PRIORITY 4: Improved outcomes for looked after and care experienced young people

This action plan is structured around the Pillars within the Care Leavers Covenant. Outcomes and actions are reflective of the statutory duties required by all Corporate Parents

Definitions:

Looked after child (LAC) – children in the care of their local authority

Care Leaver (CL) - young person who ceased to be looked after on, or at any time after, their sixteenth birthday

Care experienced (CE) - young person a young up to the age of 26 who has been in the care of the local authority at some stage in their life

OUTCOMES	AIMS	ACTIONS	PERFORMANCE MEASURES
HOUSING AND ACCOMMODATION			
The number of children and young people looked after in kinship or foster care is increased	To provide stable and appropriate placements for children and young people with complex needs	Work with existing foster Carers to identify barriers to recruitment and retention. Co-produce solutions to increase the range of foster Carer options Further develop training for Foster Carers with a particular focus on risks and care plans Ensure that there is a team around every looked after child so their needs can be met (not the sole responsibility of Foster Carers).	Number and range of foster Carers recruited % of accommodated children/young people in foster care Baseline is current breakdown of where young people are accommodated which is in the JSNA
LAC are cared for in stable and permanent homes	To reduce the time taken and number of placements a young person experiences before achieving permanence	Build on early indicators of the success of PACE Explore how the PACE model can be applied in other settings to achieve improved outcomes for children and young people	PACE data - reduction in drift and delay Number of placement moves
Care Leavers transition into appropriate accommodation	To ensure success in tenancies Reduce homelessness	Further develop the Scatter Flat initiative Develop the supported lodging provision	Increase number of SCFI Increase number of SLP Length of time tenancies are sustained Reduce number of young people presenting as homeless

EDUCATION, EMPLOYMENT AND TRAINING			
Continue to close the attainment gap for LAC and CEYP	<p>Improve school attendance rates</p> <p>Improve the effectiveness of alternatives to exclusion</p> <p>Build on improvements to date</p> <p>Looked after children report feel happier in school</p>	<p>Further develop and upscale approaches which have delivered improvements in attainment to date through co-production with LAC and CEYP</p> <p>The partnership co-produces additional provision to raise attainment to address identified gaps.</p> <p>Analyse what we are doing just now which is resulting in improved attainment (what are young people and Carers telling us?)</p> <p>Revise the multi-agency attendance policy to best meet needs in Moray, linking with Grampian multi agency approach to children missing from Education</p> <p>Develop a partnership approach to the development of meaningful community based alternatives to exclusion</p> <p>Increase the number of school and community based wider achievement school opportunities which LAC and CEYP access</p> <p>Develop the Community of Schools concept with 3rd sector and Youth Workers to design and implement provision in schools which ensures LAC and CEYP feel safe and happy and have someone they trust to talk to.</p>	<p>School attendance rates for LAC Baseline 2017 – 91%</p> <p>Exclusion rates for LAC Baseline 2017 – 5%</p>
The number of CL and CEYP entering and sustaining a positive destination post school is increased	<p>Provide a range of effective and accessible employability programmes which support CL and CEYP to enter and sustain positive post school destinations. this applies to all stages- not just post school</p> <p>To provide a partnership support network through the transition and post school stages which supports the</p>	<p>Roll out the mentoring young talent programme across all secondary schools and make it accessible to all CEYP</p> <p>Co-design other support networks identified as required/beneficial by children and young people</p>	<p>% of young people entering a positive destination post school. (Baseline 2017/18 – 72%)</p> <p>% of young people sustaining a positive destination Updated data on sustaining positive destinations will be available March 2019</p>

	numbers entering and sustaining positive destinations		Improvements in line with virtual comparator. CEYP report feeling included and prepared for exit from school.
HEALTH AND WELLBEING			
LAC are engaging with mental health support services within 18 weeks of referral	<p>Appropriate referrals are made to CHAMS / CHAMS capacity issues</p> <p>Existing barriers to accessing mental health provision are addressed.</p> <p>Development of early intervention supports which meet the emotional wellbeing needs of looked after and care experienced young people</p> <p>Ensure that the support that is required to promote engagement with mental health services is available</p>	<p>LAC and CEYP with experience of poor mental health are supported to co-produce solutions re: access and nature of support</p> <p>Current policy regarding engagement with CAHMS is reviewed for LAC (number of did not attend and service withdrawn –not appropriate)</p> <p>Strengths and difficulty questionnaire is completed when young people become looked after</p>	<p>% of young people accessing and engaging with CAHMS within 18 weeks of referral</p> <p>Improvements measured by repeating the strengths and difficulty questionnaire via Scottish Government Health and Wellbeing survey.</p>
CRIMINAL AND YOUTH JUSTICE			
<p>Reduce incidents of LAC going missing</p> <p>Improved identification and monitoring of care leavers and care experienced young people in the youth and criminal justice system, with the aim of reducing any overrepresentation</p>	<p>Collate robust data to inform actions which aim to deliver improved outcomes.</p> <p>Identify CL and CEYP at the outset of their involvement with each youth and criminal justice agency to enable more appropriate responses which address their individual needs</p> <p>Criminal justice interventions will take into account the individual needs and circumstances of CL and CEYP</p>	<p>Ensure correct data is recorded and consistently analysed by frontline practitioners and agency analysts</p> <p>Establish the numbers for children who are “missing” and the basis of them going missing</p> <p>Roll out training associated with processes for missing CEYP</p> <p>When coming into contact with the criminal justice system, all individuals aged under 26 are asked a standardised, understandable question to determine whether they are a care leaver, and the response is recorded.</p> <p>When young people have contact with the youth or criminal justice organisations, with their</p>	<p>Robust data in place to inform appropriate decision making</p> <p>Reduce number of incidents of LAC going missing Baseline (2018) – 190/1000</p> <p>ADDITIONAL PERFORMANCE MEASURES TO BE AGREED AND INCLUDED</p>

		<p>consent, contact is made with other involved agencies. This will be done in accordance with information sharing protocols. This will support the delivery of</p> <ul style="list-style-type: none"> • A Whole System Approach including: timely and joined up interventions; maximising the use of diversion from statutory measures; court support; and transition/reintegration support. • A long-term relational approach to supporting engagement and consideration of which services are most appropriate to support care leavers. • Additional support to comply with interventions and during transitions/reintegration. • Creative use of interventions, including individual and group work supports. 	
RIGHTS AND PARTICIPATION			
<p>LAC and CEYP feel/report their voice has been heard</p>	<p>Improve availability and access to advocacy support</p> <p>Improve effectiveness of Champions Board</p> <p>Improve consistency of practice across the Children's Services Partnership re: actively seeking the voice of LAC and CEYP</p> <p>LAC and CEYP are specifically mentioned in the Rights and Participation Strategy</p>	<p>Develop supports with and for young people which assist them to have their voice heard</p> <p>Ensure there is a range of supports for advocacy including the provision of specific advocacy services to meet identified needs</p> <p>Support Little Fix (Junior section of Champions Board) to develop Better Meetings guidance</p>	<p>% of YP who wish a formal advocacy service</p> <p>% referred to advocacy who receive a service</p> <p>% of YP who choose support/ advocacy from another source</p> <p>% of LAC and CEPY's Child Plans are rated as good or better in relation to child's views recorded and used in decision making</p> <p>Looked after children, young people and their families report that they have felt listened to and their views and wishes are reflected in their plans</p>

Section Ten: Appendices

1. Working together: Summary narrative and communication plan

2. Policy Landscape: Summary narrative national and local incl links

3. Joint Strategic Needs Assessment which comprises of:-

- Profile of Children: Narrative and main headlines
- Voice of the children and young people: Summary results of RCS survey and other engagement activities with younger children and parents
- Voice of practitioners; key messages form engagement events

Part three new guidance 2020 for info re development of the plan

Format of the Children's Services Plan

97. The Act (and this guidance) does not prescribe any particular format for Children's Services Plans. However, local authorities and relevant health boards are encouraged to consider formats which facilitate review (section 11), annual reporting (section 12) and local accountability. These would be formats where priorities and objectives are clear and measurable, and where the rationale behind them is explicit. The inclusion of comprehensive baseline information (linked to the aims and/or objectives) and short-to-medium term "indicators of progress" would also be helpful.

98. It would also be helpful to include details of the actions which will be taken to ensure services are delivered in a way which is as integrated and preventative as possible. This could be supplemented by more general commentary on how the local authority and relevant health board will ensure that children's and related services are provided in a way which represents the "best use of available resources" over the three-year period.

99. However, a Children's Services Plan should also hold some practical, day-to-day value to the services and professionals to which it relates. Plans could contain a brief description or diagram of the area's planning structure, illustrating the links to other processes (such as corporate parenting and community planning). This would help practitioners working in different areas to coordinate their activity. In addition, if the Children's Services Plan provided comprehensive information about the children's and related services available in the local area, it could become a resource for professionals working with children and families, helping them to identify what support is available to safeguard or promote a child's wellbeing needs.

Publication of Children's Services Plans

100. Under section 10(7), as soon as reasonably practicable after a Children's Services Plan has been prepared, the local authority and the relevant health board must:

(a) send a copy to –

(i) the Scottish Ministers, and

(ii) each of the "other service providers" (listed in section 7(1)); and

(b) publish it (in such manner as the local authority and the relevant health board consider appropriate).

101. With respect to when a Children's Services Plan must be finalised, this must be before the start of each "three-year period". The first three-year period began on 1st April 2017.¹⁸

102. Once the plan is finalised, the local authority and relevant health board have some flexibility about when they must (a) send copies of the plan to Scottish Ministers and "other services providers", and (b) publish the plan. "As soon as reasonably practicable" can be interpreted to mean "as soon as possible, in view of other duties, functions and commitments". However, as the plan is a key public-facing document, communicating the direction of children's services in the local area to service users, publication and dissemination should be seen as a priority.

103. The completed plan must be sent to every "other service provider" and Scottish Ministers.

(Please note that all completed (or revised) plans must be sent to

Scottish Ministers, irrespective of whether Scottish Ministers provide services in the local area under the Prisons (Scotland) Act 1989.)

104. When ready to publish the plan, section 10(7)(b) affords the local authority and relevant health board discretion to do so "in such a manner [...] as they consider appropriate". This flexibility relates to how the plan is presented (such as format and language) and mode of publication.

105. However, in making a decision about the appropriate manner of publication, every local authority and relevant health board will want to ensure that their Children's Services Plan (or some summary version) is accessible to children, families and other key stakeholders. This is critical to facilitating both accountability and community engagement. The Children's Services Plan is the local authority and health board's vision for how public services used by children and families will develop in the local area, and it is therefore important that service users, and the wider community, can access and engage with it.

(Please note that the reference above to "summary version" is an acknowledgement that some local authorities and health boards already publish their Children's Services Plan in a variety of formats, such as a "plan on a page" or in local vernacular to aid its accessibility and utility among different audiences).

APPENDIX B: CARE INSPECTORATE'S 10 STEPS TO SUCCESSFUL CHILDREN'S SERVICES PLANNING

Based on learning from joint inspections of services for children and young people, the Care Inspectorate has identified ten steps to successful children's services planning with the aim of supporting the work of Community Planning Partners and the strategic group they task with leading and coordinating children's services planning.

Step 1: An ambitious and compelling shared vision

Having an ambitious and compelling vision for children and young people with explicit values based on children's rights is essential to effective leadership of children's services planning. This vision should in turn drive forward the work of partners at pace in the delivery of transformational change, as well as inspiring and energising staff to work together towards common goals. The vision and values should contribute to a culture of collaborative working characterised by respectful challenge and mutual support

Step 2: A joint a strategic needs assessment

Children's services planning is built on jointly assessing the needs of children and young people. Partners leading on children's services planning should have systems and processes in place to gather, analyse and update performance management information drawn from across services, and to aggregate the views of children, young people and families about their experiences of using services. This should provide evidence of current and future need in different localities and by age and stage, both for the child population as a whole and vulnerable groups within this. Based on this evidence, partners should agree priority objectives. A good plan will have no more than 3 – 5 priorities in total. These can change for the next three-year period, but over a planning cycle the focus is on a manageable number of priorities towards which resources are directed with the aim of achieving step change and narrowing outcome gaps.

Step 3: Strategic mapping of services

Extensive and detailed mapping of existing services supports effective planning. This should involve robust cost/benefit analysis of all services provided directly or commissioned from the third sector. It is desirable to establish a consistent and sustained approach through regular reporting by all services on measurable improvements in the wellbeing of children and young people. Feedback on the experiences of users of services is an essential part of this process. The co-ordination of mapping at a strategic level enables leaders to maintain a critical overview of the services they invest in and deliver, in order to apply best value principles.

Step 4: Identifying the totality of the resource

To become achievable, plans should detail the resources available to partners over the three-year period of a Children's Service Plan. Overall information on available finance, staffing and assets is clearly stated and is then linked specifically to activities throughout the plan. Moreover, partners should be explicit about the increasing resources to be directed towards prevention and early intervention over the lifetime of the plan.

Step 5: Matching needs and services

To justify continued expenditure, community planning partners should show that existing services are delivering improvements in wellbeing clearly aligned to priority areas of need. When services which are intended to meet a priority area of need do mismatch identified between existing services and agreed priorities should be used as an opportunity for collective decision making about commissioning and decommissioning.

Step 6: Developing sets of local outcome indicators

It is necessary for community planning partners to agree from the outset what outcome indicators they will use to measure progress on specific improvement aims within each priority objective. They can then establish baseline measures and set targets linked to priority areas for improvement. Milestones can be identified to support annual public reporting on progress. Benchmarking local outcome indicators could helpfully be achieved through working with comparators to adopt some of the same outcome indicators.

Step 7: Informed consultation

Information from completing steps 2 - 6 can be turned into user friendly formats and presentations. Stakeholders, including children and young people, understand that there are constraints on what can be achieved and that difficult choices have to be made. It is very important that they are involved in making decisions about children's services planning based on accessible information. Discussion with stakeholders should be informed by evidence (including from academic research) about what works to improve wellbeing while listening carefully to their ideas and suggestions. Components of a children's services plan should increasingly be delivered through co-production with children, young people, families and communities.

Step 8: Developing a SMART delivery plan

A Children's Services Plan is turned into activities leading to change and improvement through a clear and concise delivery plan. This details the specific improvement aims and actions linked to each priority. SMART delivery plans are: Specific, Measurable, Achievable, Relevant and Time-related. Importantly, in order to be delivered, actions must be adequately resourced.

Step 9: Governance and accountability

A strategic group tasked with children's services planning should report directly to the Community Planning Partnership (or an executive group within the CPP, such as a Chief Officers Group) and should be responsible for the development and delivery of the plan. This group should be made up of senior managers who control budgets. Representatives should come from community child health, education and children and family's social work, other council services such as housing, community learning and development and the third sector.

Moreover, simplifying the planning landscape for children's services supports more efficient and effective arrangements, and reduces the number of separate and sometimes disconnected planning forums. This can be done, for example, by including children's rights, child protection, corporate parenting, youth justice, child poverty etc. as discreet sections within the Children's Services Plan. A manageable number of subgroups could work to clear remits and timescales and be held

accountable to the strategic planning group. The strategic group responsible for children's services planning is in turn accountable for its performance to the Community Planning Partnership.

Step 10: Annual performance reporting

Annual public performance reporting to stakeholders should not simply describe the volume and frequency of service delivery but identify the measurable difference the Children's Services Plan has made to the lives of children and young people. This includes key achievements and improving trends in indicators of wellbeing and life chances. It can help partners to prepare for public reporting by describing at the outset of the 3 year plan what success will look like. Developing meaningful ways of communicating key achievements to children and young people is an important part of this process.

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