



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

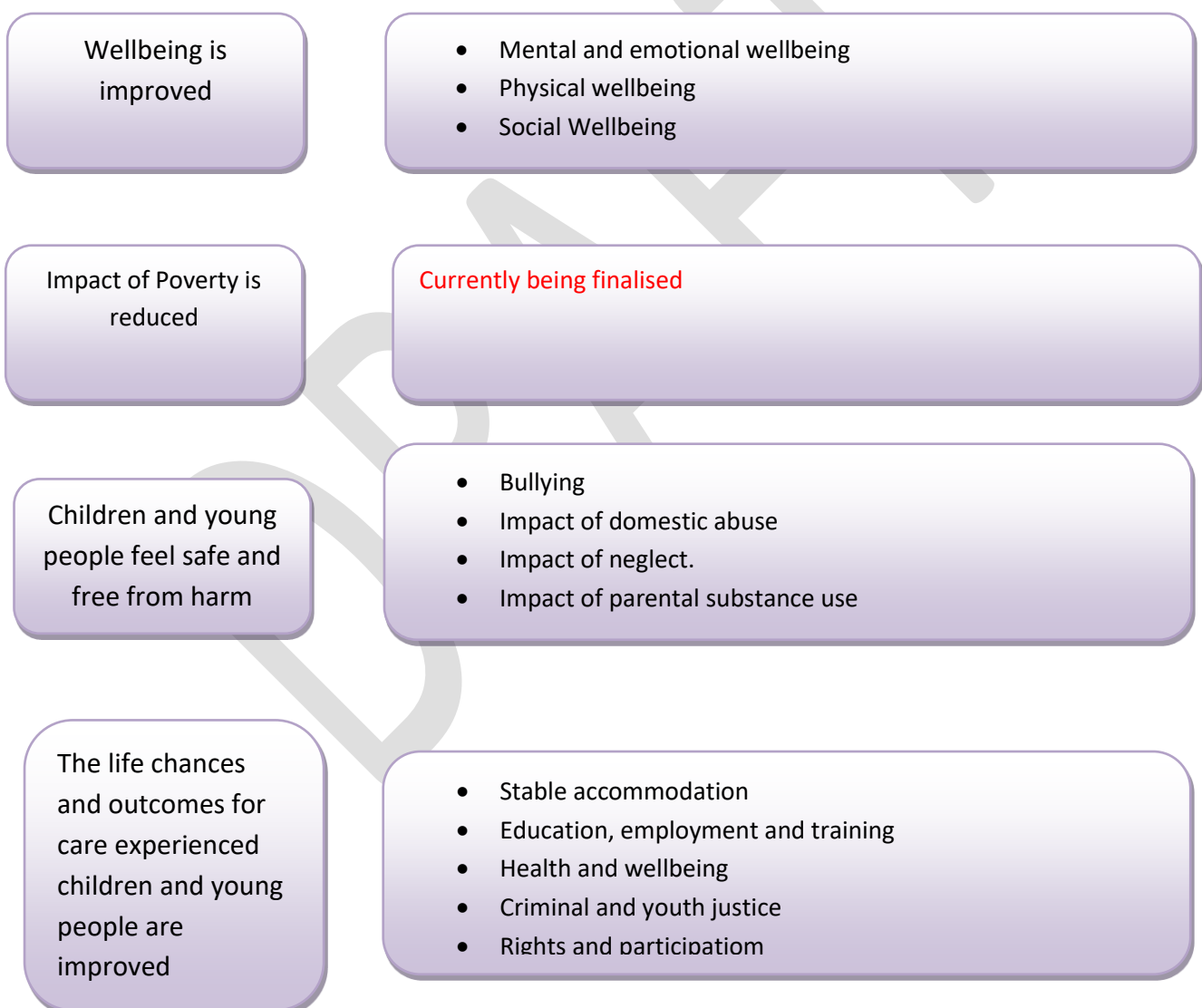
Through “Working together” with all partners including children, young people and their families, we will strive to ensure our collective resources are used effectively and efficiently to meet the needs of

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. 	

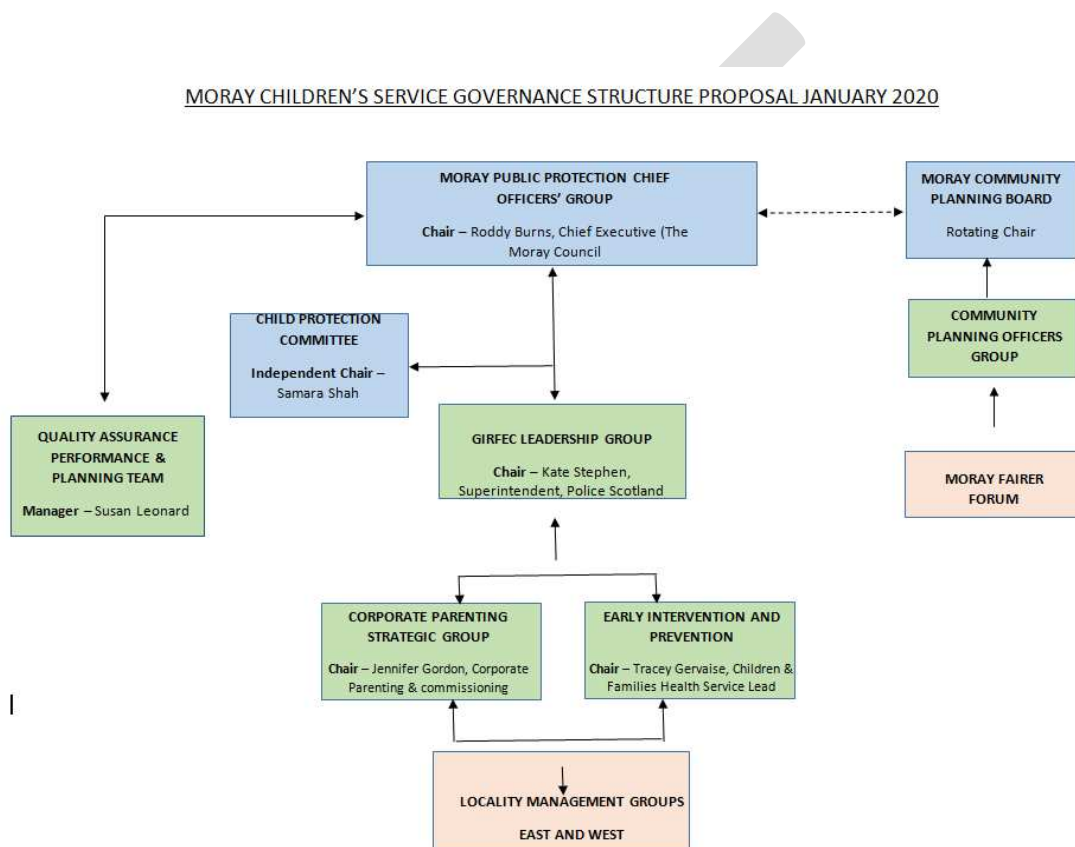
<p>2. Mitigate the effects of poverty</p>	<ul style="list-style-type: none"> • Child poverty rates are rising in Moray. • 15% of our most deprived people live in our recognised deprived areas. • Moray has the second lowest wage in Scotland. • 1 child in 5 live in relative poverty. • Low levels of free 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	<p>Work with existing foster Carers to identify barriers to recruitment and retention. Co-produce solutions to increase the range of foster Carer options</p> <p>Further develop training for Foster Carers with a particular focus on risks and care plans</p> <p>Ensure that there is a team around every looked after child so their needs can be met (not the sole responsibility of Foster Carers).</p>	<p>Number and range of foster Carers recruited</p> <p>% of accommodated children/young people in foster care</p> <p>Baseline is current breakdown of where young people are accommodated which is in the JSNA</p>
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	<p>Build on early indicators of the success of PACE</p> <p>Explore how the PACE model can be applied in other settings to achieve improved outcomes for children and young people</p>	<p>PACE data - reduction in drift and delay</p> <p>Number of placement moves</p>
Care Leavers transition into appropriate accommodation	<p>To ensure success in tenancies</p> <p>Reduce homelessness</p>	<p>Further develop the Scatter Flat initiative</p> <p>Develop the supported lodging provision</p>	<p>Increase number of SCFI</p> <p>Increase number of SLP</p> <p>Length of time tenancies are sustained</p> <p>Reduce number of young people presenting as homeless</p>

EDUCATION, EMPLOYMENT AND TRAINING			
<p>Continue to close the attainment gap for LAC and CEYP</p>	<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>
<p>The number of CL and CEYP entering and sustaining a positive destination post school is increased</p>	<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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