

Children's Services Plan

2020-23



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

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FINAL DRAFT

Foreword - Children's Services Partnership

This plan sets out our joint vision and partnership approach to improving outcomes for children, young people and families in Moray.

It is based on a Joint Strategic Needs Assessment and extensive engagement with children, young people, parents, community based volunteers and staff in Moray. A core component of this has been the work undertaken over the past two years through our participation in the Scottish Government Realigning Children's Services programme. Through this process over 5000 young people aged 8-16 years gave us their opinions about their own health and wellbeing.

The development of our vision was led by Moray Youth Matters, a diverse group of young people from the different communities which make up Moray and representative of a wide range of equalities groups.

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

All partners, including children, young people and families reviewed the results of the engagement activities and collectively agreed 4 priorities:-

1. The wellbeing of children, young people and families is improved
2. The impact of poverty on children, young people and families is mitigated
3. Children and young people feel safe and free from harm
4. The outcomes and life chances of looked after and care experienced children and young people are improved

This plan clearly articulates our commitment to working collaboratively and in partnership with children, families and communities to tackle the big issues facing Moray.

At the time of finalising this plan, the full impact of the COVID 19 pandemic in the UK is not yet fully known. This unprecedented challenge that society and public services face will undoubtedly require partners to work together in new and innovative ways in order to mitigate the impact on Morays Children, and to support our most vulnerable families.

The four key priorities identified within this plan remain valid and our ability to make progress against these areas will be more crucial now than ever before. The role of our community will be paramount as we work together to overcome the immediate and long term effects of this pandemic, and to ensure the vision of this plan is realised.

Signatures:

Moray Youth Matters Group Representative _____

Moray Chief Officers:

Roddy Burns

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FINAL DRAFT

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 share a common goal and agree priorities to meet the needs of children, young people and their 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. It ensures that local planning and delivery of services is integrated, focused on quality and value through preventative approaches dedicated to safeguarding, supporting and promoting child wellbeing.

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

Building on the strong partnership relationships, we established a Children's Service Plan Development Group (CSPDG) made up of partners from across children's services including Health and Local Authority services, Education, Police Scotland, Integrated Joint Board, 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 priorities, 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 the CSP and **High Level Action Plans (Appendix 1)** 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 activities are detailed in **Appendix 2- Communication and Engagement Plan** and **Appendix 3 - Joint Strategic Needs Assessment**.

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 CSP 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 during 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.

Moving forward engagement will be extended to include a wider range of partners for example primary care, secondary care and the independent sector.

The Joint Strategic Needs Assessment (JSNA) 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 Children and Young People (Scotland) Act 2014. This will ensure it continues to respond to emerging needs and expectations of children, young people and families 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 and review as required.

Section Three: Our Shared Vision, Principles and Priorities

This section sets out our three year vision statement, our principles and values, and our strategic priorities. 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**

Development of the vision

Our 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.

A draft vision and four strategic priorities were developed at an RCS facilitated event for key stakeholders which discussed the findings of the Realigning Children’s Services school surveys. Initially **“I grow up loved, safe and respected so that I can thrive and be me”** was agreed.

A diverse group of young people largely from the newly formed Moray Youth Matters group came together from across Moray to hear the key findings of the school survey and comment and contribute to the development of the vision. When the draft vision was shared with the young people, the language used did not connect with them. Young people didn’t like “loved” or “thrive”. They agreed that feeling “appreciated” and “supported “ by their families and community and having access to affordable services was particularly important to them.

Practitioners from across Moray also contributed to the development of the vision and strategic priorities at events across Moray.

Young people participated in developing a revised vision considering what was important to them in Moray to enable them to have the best opportunities in life. Discussion highlighted a wide range of lived experiences and what the key priorities meant to them. The process was challenging for the young people, however discussion was rich and supported the need for

ongoing engagement with young people when planning and improving services. A further session concluded the agreed version with the young people.

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

Crosscutting themes across the work carried out in terms of the vision were rights focused and there was agreement that children should

- **have the right to feel; happy, respected, supported, confident and safe**
- **have opportunities to be the best they can be**
- **be supported to learn**
- **live in a community that builds them up**
- **supported to live in communities that enable them to reach their full potential and have a voice that is heard.**

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 Priorities

Four key themes emerged from our findings, informed by a process of community engagement 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 were most important. We acknowledge that this is a live plan with a limited number of manageable priorities which will be reviewed on an ongoing basis.

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

Priority 1: The wellbeing of children and young people is improved

- Emotional and mental wellbeing
- Physical wellbeing
- Social wellbeing

Priority 2: Children and young people are safe and free from harm

- Safe in the community
- Impact of domestic abuse
- Impact of neglect
- Impact of parental substance use

Priority 3: The impact of poverty on children, young people and families is mitigated

- Address stigma
- Increase disposable income
- Overcome disadvantage

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

- Stable and nurturing homes
- Positive educational outcomes
- Improve wellbeing
- Criminal and youth justice

Approaches/ Models

Our approach to delivering improved outcomes for children, young people and families in Moray is based on GIRFEC principles – offering the right help at the right time from the right people.

The Moray Children's Services Partnership recognises that the key to improving wellbeing outcomes means a move to prioritise preventative and early intervention approaches.

The GIRFEC journey in Moray has been one in which significant emphasis has been placed on developing strong and collaborative partnerships between children, young people, their families, communities and professionals to find solutions to the challenges our communities are currently facing

The vision of GIRFEC is shared by all Community Planning Partners in Moray and is progressed through the leadership within the Children's Services Governance Structure.

To deliver the required improvements their efforts will continue to be integrated into whole system strategies, recognising that the most effective approaches are those that are embedded across organisations and are part of a whole system.

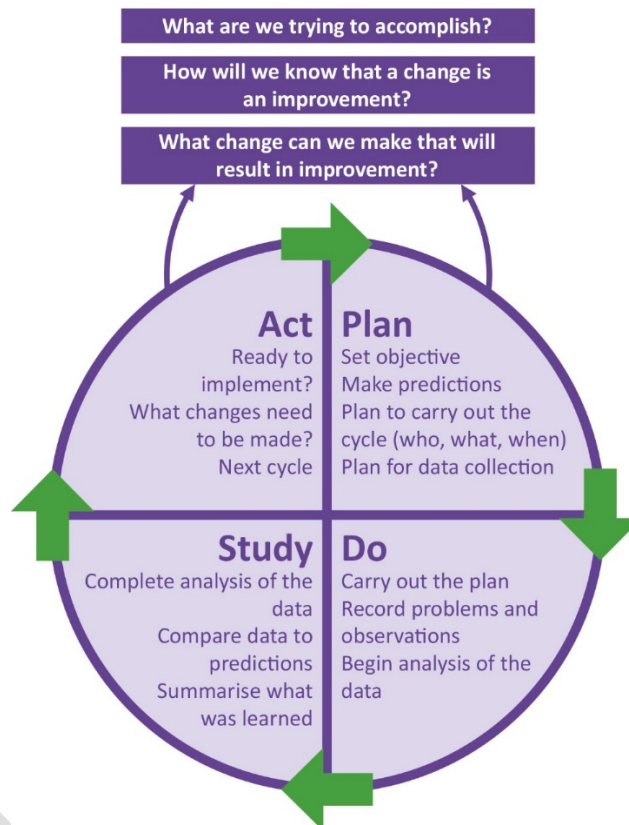


Our approach to improving outcomes is underpinned by **the Rights of the Child (United Nations Convention of the Rights of the Child)** which has 4 guiding principles:-

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

This plan has been designed and developed in accordance with **Three Step Improvement Framework for Scotland's Public Services**.

Outcomes will be delivered by adopting the model of improvement – a systematic approach to testing improvements through our locality planning structures and scaling up.



Section Four: Strategic Context

The Scottish Government's ambition is for "Scotland to be the best place in the world to grow up and the best place in the world to bring up children" and our Strategy is designed to support this high-level aspiration. It focuses on how this can be achieved within current national policy and strategic developments such as:

- The National Outcomes of the Scottish Government National Performance Framework, with a particular focus on children, communities, health and human rights.
- The Children and Young People (Scotland) Act 2014 with particular reference to National Guidance on Part 3: Service planning.
- The Scottish Government Policy - Getting it Right for Every Child (GIRFEC) that supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential.
- The Scottish National Performance Framework 2019 with a focus on the key priority of improving Children's and young people's health and wellbeing.
- The outcomes of the Health and Social Care Delivery plan
- The UN Convention on the Rights of the Child (UNCRC) – with a focus on protecting children and young people's rights. Rights are a list of promises to children and young people to keep them safe and healthy.
- The Health and Social Care Standards that set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone
- The Scottish Government Policy on Maternal and Child Health that focuses on the development of a Child and Adolescent Health and Wellbeing Action Plan which covers both physical and mental wellbeing.
- The Scottish Government Policy on Human Rights with particular reference to Children's Rights: we want to recognise, respect and promote children's rights. These include rights to be treated fairly, to be heard and to be as healthy as possible, consistent with Article 3: The best interests of the child must be a top priority in all things that affect children.
- The outcomes of the Every child, every chance: tackling child poverty delivery plan 2018-2022 with a particular focus on the Healthier, Wealthier Children approach.
- The outcome of the Independent Care Review (ICR) to deliver the Promise.

- The Moray Local Outcome Improvement Plan “Building a Better Future for our Children and Young People in Moray” relates directly to children’s services. It seeks to inform the following outcome where Moray is a place where children and young people thrive; a place where they have a voice, have opportunities to learn and get around; a place where they have a home, feel secure, healthy and nurtured; and a place where they are able to reach their full potential.

This Plan ensures that the planning and delivery of our services takes into account key policy legislation and guidance. The requirement of the Children and Young People (Scotland) Act 2014 has been particularly influential in formulating this plan but the policies strategies and legislation listed in **Appendix 4** provide an indication of the range of areas which have been considered when planning future services for children, young people and families.

The grid below shows the linkage and complex policy landscape:-

National Strategic Policy Drivers		Strategies/Plans outside the scope of but relevant to the Children's Services Plan for Moray			Strategies/Plans within the scope of the Children's Services Plan for Moray	
Independent Care Review final report 2020	Healthcare Quality Strategy for NHS Scotland	Public Bodies (Joint Working)(Scotland) Act, 2014	Children & Young People's (Scotland) Act, 2014	Commission on the Future Delivery of Public Services	The National Performance Framework	Child Poverty (Scotland) Act, 2017
Mental Health Strategy for Scotland	NHS Grampian Clinical Strategy 2016-21	Moray Housing Strategy	Children & Young People Information Sharing Bill	Physical & Sensory Disability Strategy	Caring Together 2010-15	Community Empowerment (Scotland) Act, 2015
Community Justice (Scotland) Act, 2016	Moray Public Protection Action Plan	Moray Mental Health & Wellbeing Strategy 2015-2025	Moray Local Outcome Improvement Plan 2026	Corporate Parenting Strategy 2020	Moray Physical Activity and Sports Health Strategy	Equality Act, 2010 Fairer Scotland Duty
Self Directed Support : Implementation Plan 2019-2021	Moray Economic Development Strategy	MDAP Delivery Plan	Moray Children's Plan 2020-2023	Moray Carers' Strategy	Learning Disability Strategy 2013 - 2023	See Hear Framework for people with a sensory impairment Scotland
Equally Safe	Moray Criminal Justice Strategy	Moray Child Protection Committee Action Plan	Moray Early Years Framework	Community Learning and Development Plan 2018-21	Domestic Abuse Strategic Framework	Curriculum for Excellence
Health and Social Care Standards	The Keys of Life National Learning Disability Strategy	MHSCP Strategic Plan	Moray Community Safety Strategy	NHS Grampian Child Health 2020 Strategic Framework	National Youthwork Strategy 2019 refresh	Getting It Right For Every Child
		Moray Autism Strategy 2014-24	Moray Additional Support Needs Strategy for Schools 2017-27	Bullying and Equalities Strategy		
	Scotland ESL Strategy 2015-26	Adult Learning in Scotland 2014 refresh	Community Learning and Development Regulation 2013	National Standards for Community Engagement		

Financial Resource

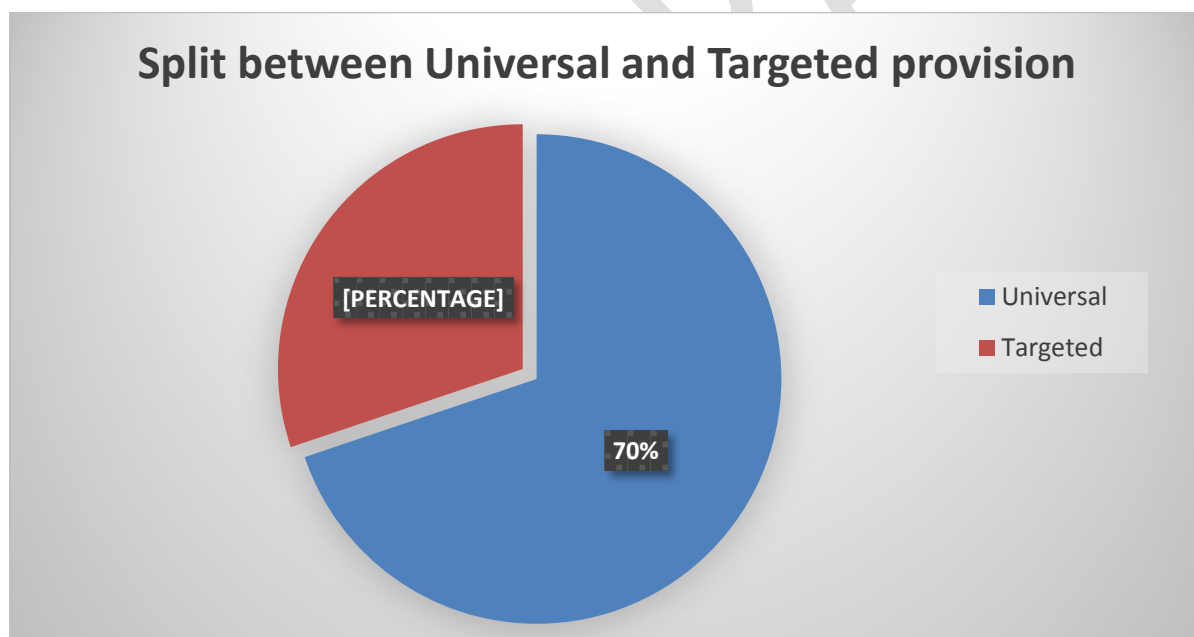
A detailed and complex service mapping exercise was undertaken which informed the financial details detailed below.

Throughout the life of the plan further analysis of service provision will be undertaken to inform how the partnership shifts investment towards prevention and early intervention.

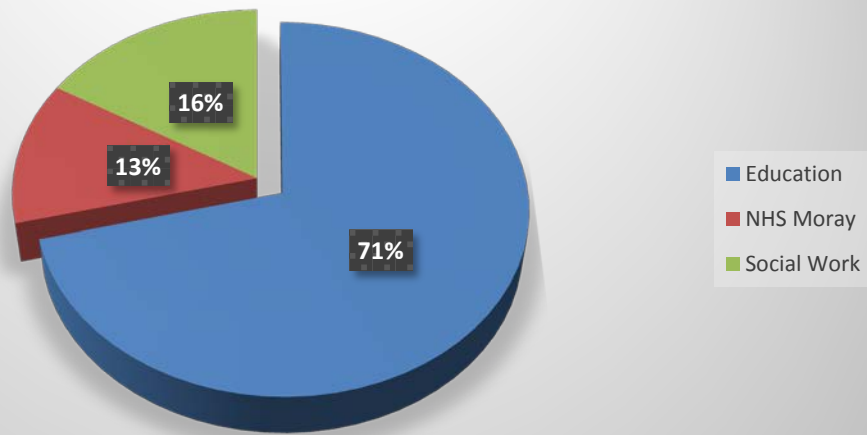
In 2019/20 the total spend for Children's Services in Moray across Education, Social Work, NHS and our commissioned services with the third and independent sector amounted to approximately £121 million

With a split of £84.4 million spent universal Services and £36.4 million on targeted provision.

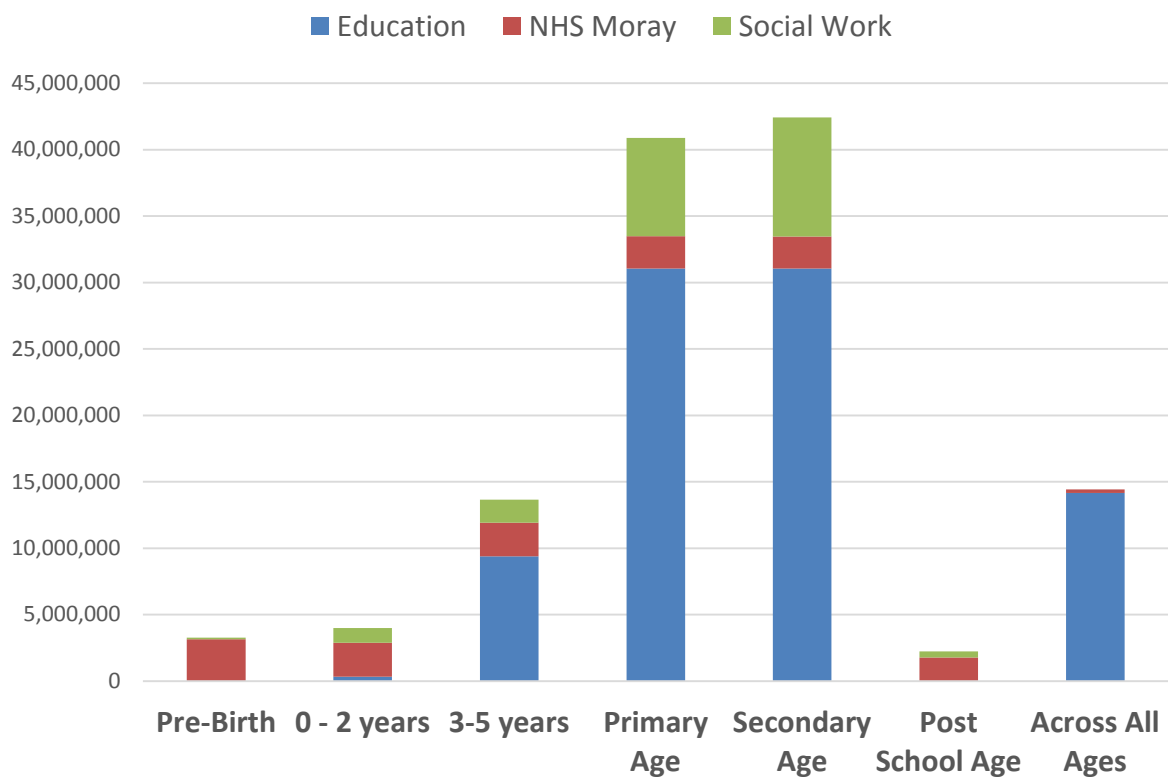
The following charts show the consolidated expenditure for 2019/20 across Moray:



% Total Spend by Service



Total Spend across Age Groups



Section Five: 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 had four strategic groups which reported regularly to what was then the Executive Leadership Group.

Ambitious and confident children

- 22% improvement in the quality of multi-agency child's plans referred to social work during the first year of the plan.
- 44% improvement in Initial Referral Discussion (IRD) minutes audited during the first year of the plan.
- 5% increase in number looked after children leaving school having attained 1 or more qualification at SCQF Level 4 or above during the first year of the plan.
- 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
- 11.6% reduction in school exclusions during the first year of the plan.
- Significant expansion of engagement with children and young people to identify need and co-produce solutions

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
- 6% increase in the babies exclusively breast fed during the first year of the plan.
- 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

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 Six: Our key findings – assessment of need

A number of planning and engagement activities have been completed to date during the information gathering stage which has informed the development of the CSP. This includes:

- Review of national and local strategic policy direction which informs the CSP
- Health and Wellbeing Survey (part of RCS programme work) detailing the voice of children regarding their wellbeing
- Additional survey work undertaken with children who were out with the age range for the RCS survey and their parents and online survey with parents of school age children
- Profile of Moray's Children to provide a clear picture of the needs of our children in Moray
- Service mapping across integrated services and commissioned services including financial information
- A series of workshops facilitated by RCS

Wider challenges

There are a number of wider issues which are experienced across Scotland which will impact on the delivery of this plan in Moray:

- Workforce - recruitment and retention - i.e. Teachers, Paediatric Nurses, School Nurses, Allied Health Professions, Clinical Psychologists, Junior Medics/Consultants - for paediatric /obstetrics services.
- Diminishing resources in public services and other sectors
- Increasing demand on health and social care - and partner agencies/organisations
- Societal changes, i.e. increased use of technology, reduced social interaction - speech, language and communication difficulties. Poor diet, reduced physical activity - obesity and increased risk of long term conditions i.e. cardiovascular disease and diabetes
- Ageing population with increasing multiple long term conditions and complex needs
- Managing the societal and economic impact of the COVID 19 pandemic

Moray Summary Headlines

- Moray has low levels of deprivation, however child poverty rates are rising. Most of our deprived families do not live in our most deprived communities. The issue in Moray is the working poor (low wage economy)
- Children in Moray make a good start in life. Although our breastfeeding, immunisation and child healthy weight evidence is in line with Scottish averages, Scottish rates are poor.
- Children and young people report very low levels of physical activity. Rates decline with age. Girls are less physically active than boys.
- Maternal obesity rates are above average and rising
- Baby's exposure to second hand smoke is higher than average
- Number of unintentional injuries are low, but steadily rising.
- Young people in Moray, particularly teenage girls, have poor emotional wellbeing and there is a lack of early intervention supports and services to help them
- Frequency of use of mobile phones increases with age. Those who report the highest use, report lower levels of life satisfaction
- School attainment levels and numbers of school leavers entering a 'positive destination' are improving, but are still below Scottish averages
- Young people's substance use rates are rising
- Outcomes for our more vulnerable children are significantly poorer
- Children and young people brought up in 'home settings' have the best outcomes
- Bullying is an issue for children of all ages
- In general, parents feel there is a lack of advice and support for them as their child gets older. Most support is available for parents of children aged under 3yrs.
- In particular, parents want to know how to better support their child's emotional wellbeing
- Emotional abuse is the most common child protection concern on registration
- Early identification of neglect continues to be a concern in Moray
- Low levels of reported incidents of domestic abuse. Concern that the issue is under reporting rather than low prevalence

Section Seven: Our Plan

Four Key themes emerged from our findings which were important to children and young people, their families and our partners across Moray.

Our findings are detailed below within these themes:

Priority 1: The wellbeing of Children and Young People is Improved

The World Health Organisation (WHO) definition of health is **“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”** They assert that physical and mental well-being is a human right, enabling a life without limitation or restriction.

Health can play a significant role in your feelings of wellbeing. And although we can't always control what hand we've been dealt concerning health, we can at least do the best with what we've got. Changing your mind-set can make a significant difference in your sense of wellbeing, as can fitness.

Feelings of **wellbeing** are fundamental to the overall health of an individual, enabling them to successfully overcome difficulties and achieve what they want out of life. Past experiences, attitudes and outlook can all impact **wellbeing** as can physical or emotional trauma following specific incidents.

Although our values can play a role in our wellbeing, so can our health. Even if you fulfil the goals you've set for yourself, a health issue could still throw you off track and negatively affect your sense of wellbeing.

Improving and maintaining good health starts with adopting healthy habits and Moray is committed to helping children develop healthy, sustainable changes for life. This is important as it :

- Adds years to life
- Improves recovery from illness
- Is associated with positive health behaviours in children and adults
- Is associated with broader positive outcomes
- Influences the wellbeing and mental health of those close to us
- Has implications for decisions regarding care practises and services
- Has implications for treatment decisions and costs
- Affects decisions about local services

- May ultimately reduce the burden on public services

Physical Wellbeing - is about being safe, sheltered and in good health and it is closely connected to mental well-being. If we have good physical health, we will automatically experience better mental and emotional well-being.

Good physical health is linked to fitness – being able to perform effectively the physical tasks involved in life as well as sport. Being physically healthy includes:

- enjoying being physically active
- having good balance, coordination and agility in everyday tasks as well as sport
- having the strength, stamina and suppleness required for daily life, work and play
- having fewer illnesses, diseases and injuries

Physical activity is an essential part of a healthy lifestyle. Linked to other positive lifestyle choices, it promotes good physical health and contributes to people's emotional and social wellbeing.

Moray Headlines

- 36% of mothers in Moray breastfeed which is an increase of 6%.
- 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.
- childhood immunisation uptake rates are falling
- unintentional injuries in infants and children aged under 5 years of age is fluctuating with falls and poisoning being the two main causes

Emotional and mental wellbeing -

"Mental health...is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Resilience - as in "being able to cope with the normal stress of life" is an important component of most definitions of mental wellbeing, with great relevance for the prevention of mental illness. Working productively and fruitfully is an important component from the point of view of economists, and in some studies is regarded as the primary component.

Emotional – or mental – health is linked to personal **wellbeing** – feeling positive about yourself. Being emotionally healthy includes:

- having self-esteem and self-respect
- being able to recognise and express feelings
- being able to manage emotions to suit the situation

- recognising and managing the factors that affect emotions
- feeling positive about life (which includes feeling useful and being optimistic about the future)

Moray Headlines

- 20% of secondary school pupils self-reported high levels of emotional and behavioural difficulties through RCS Survey.
- Only half of children and young people referred to CAHMS are treated. There is a lack of prevention and early intervention supports.
- 50% of teenage girls reported medium to life satisfaction scores. Moray's scores were lower than other areas participating in the RCS surveys.
- More vulnerable groupings reported up to 50% lower levels of life satisfaction.

Social wellbeing - involves a person's relationships with others and how that person communicates, interacts and socialises with other people. It can also relate to how people make friends and whether they have a sense of belonging. For example, going to the movies with friends is being social.

Social health also contributes to wellbeing – feeling positive about interactions with other people and the wider world. Being socially healthy includes:

- being able to interact with a range of people and having a sense of belonging
- having respect, empathy and tolerance for other people
- being able to manage emotions to suit the situation

- recognising and managing the effects of actions on others
- being aware of rights and responsibilities

Moray Headlines

- 43% of teenagers check social media every half hour out with 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.

Priority 2: Children and Young People are Safe and Free from Harm

Child protection is a complex system requiring the interaction of services, the public, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children. Everyone working with children and their families, including social workers, health professionals, police, educational staff, voluntary organisations and the third sector, as well as members of the community, need to appreciate the important role they can play in remaining vigilant and providing robust support for child protection.

Improving outcomes for children and young people is a fundamental objective for all services and organisations. Ensuring that they and their families get the help they need, when they need it, will give all children and young people the opportunity to flourish. Agencies can improve outcomes for all children including Scotland's most vulnerable by adopting common frameworks for assessment, planning and action that help them to identify needs and risks and work together to address them appropriately. The key guidance for anyone working with children in Scotland is the [National guidance for child protection in Scotland](#) (Scottish Government, 2014). It sets out common standards for child protection services in Scotland, making it clear how all agencies should work together where appropriate to respond to concerns early and effectively and ensuring that practice is consistent and of high quality.

In Scotland, a child legally becomes an adult when they turn 16, but statutory guidance which supports the Children and Young People (Scotland) Act 2014 includes all children and young people up to the age of 18. Where concerns are raised about a 16 or 17 year old, agencies may need to refer to the Adult Support and Protection (Scotland) Act 2007, depending on the situation of the young person at risk. Section 21 of the National guidance for child protection in Scotland explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2014).

Moray Headlines

- 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.
- Care Inspectorate in-depth review Integrated Children's Services highlighted the need to continue to improve identification of cumulative harm and neglect.

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Priority 3: The Impact of Poverty on Children, Young People and Families is Mitigated

Children have no choice over the wealth of the family they are born into. Poverty is therefore unfair. Moray is committed to preventing poverty across the population where everyone has the chance to reach their potential, to make a positive contribution, and to raise a family free from worries about cold and hunger through the Fairer Moray Forum.

In a Moray without child poverty, all parents would have access to employment that provided a living wage: a social security system that provided sufficient income in the event of sickness, disability or redundancy; and an economy which ensured life's essentials were affordable.

There would be easy access to high quality, flexible and affordable childcare regardless of income, supporting parents to remain in work and providing children with valuable pre-school development. Effective parenting would be supported, and mental wellbeing would be prioritised, particularly in the event of parental separation.

In schools, every pupil would be supported to succeed regardless of their household income or the average household income in their schools catchment area. All young people would leave school with the support, advice, skills and confidence to move successfully into education, training or the labour market and towards independence (Moray Child Poverty Action Report, March 2018/19).

Moray Headlines

- 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.

Priority 4: Improved Outcomes for Looked After and Care Experienced Young People

The Independent Care Review 2020 aimed to identify and deliver lasting change in Scotland's 'care system and leave a legacy that will transform the wellbeing of infants, children and young people.

Five and a half thousand people from across the care system were spoken to as part of the expansive review, 2,500 of those being children and young people with lived experience in care.

The review is damning in its condemnation of the current system, and extensive in its recommendations for the future of care. It found that care in Scotland is “fractured, bureaucratic and unfeeling” and does not “adequately value the voices and experiences of those in it”.

The review's six reports contain five “foundations for change”: voice, family, care, people and scaffolding, with 80 specific changes to “transform how Scotland cares for children and families”.

The Care Reviews 12 intentions were:

- Families on the edge of care will get the support they need to stay and live together where safe to do so.
- Scotland's infants, children and young people will be nurtured, loved and cared for in ways that meet their unique needs.
- Relationships which are significant to infants, children and young people will be protected and supported to continue unless it is not safe to do so.
- This recognises the importance of brothers and sisters, parents, extended Care experienced infants, children and young people will thrive in supportive and stable learning and work environments, ensuring they have the same opportunities as others.
- Aftercare will be designed around the needs of the person leaving care supporting them to lead a fulfilling life, for as long as they need it.
- Infants, children and young people's rights will be part of normal everyday life, practice and decision making.
- Infants, children and young people's voices will have a visible and meaningful impact on decision making and care planning.
- All adults involved in the care of infants, children and young people are empowered, valued and equipped to deliver the best 'care system' in the world.

- Scotland’s care services will plan and work better together, sharing information more easily to ensure we understand the what and how of supporting infants, children, young people and their families from a local through to a national level.
- Scotland will understand the financial and human cost of care, including what happens when people don’t get the help they need.
- The words used to describe care will be easily understood, positive and not create or compound stigma.
- There will be no stigma for infants, children and young people in care because Scotland will understand why our children need care.

Moray Headlines

Moray is committed to delivering on the “promise”:

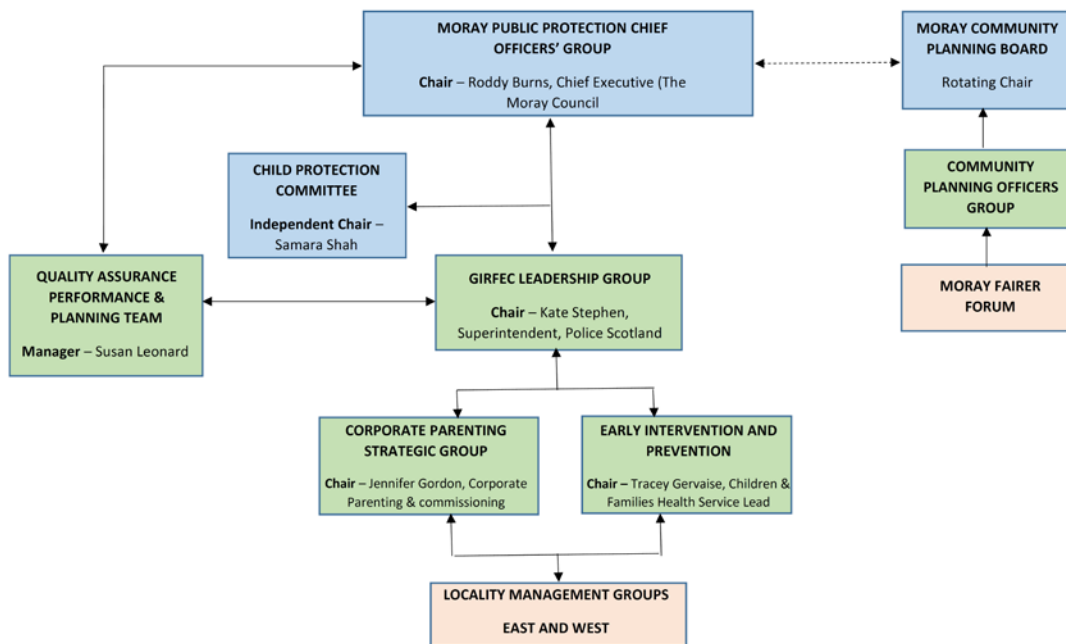
- Looked After Children in kinship or foster care have better outcomes.
- Moray has significantly lower numbers of children looked after at home than the Scottish average.
- Looked After Children are ten times more likely to be missing from home.
- Looked After Children’s school attendance and attainment rates are below their peers. Exclusion rates are relatively low but there has been a recent increase
- Lower levels of Looked After Children sustain a positive destination post school.

Section Eight: Monitoring Our Performance

Governance

Through the revised Children`s Services governance structure there is an opportunity to adopt a stronger collaborative, coordinated approach and pooling of resources to deliver, evidence and sustain service improvement

MORAY CHILDREN`S SERVICE GOVERNANCE STRUCTURE PROPOSAL JANUARY 2020



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, critically, at the centre is need to hear from and listen to children and young people.

Proposals are being undertaken for the Integrated Joint Board to become responsible for children`s Health and Social Care. This make sense as all planning is focused on the same aim of improved wellbeing of children, young people and families the population

We will produce an annual report on progress against our improvement priorities and actions through a process of review. This will be informed by active participation of our children and young people and engagement and communication with their families, in addition to key stakeholders. The review will ensure the plan continues to develop and become increasingly dynamic throughout the three year period

Supporting implementation

The GIRFEC Leadership Group has overall responsibility for the implementation, review and ongoing development of the Children's Services Plan, reporting to the Community Planning Partnership through the Chief Officers Group.

Four strategic groups within the Children's Service Partnership will be responsible for coordinating the implementation of the 4 agreed priorities

	Priority	Strategic Group Responsible
1	The wellbeing of children, young people and families improves	Wellbeing Strategic Group
2	Children and young people feel free and safe from harm	Child Protection Committee
3	The impact of poverty on children, young people and families is mitigated	Fairer Moray Forum
4	The outcomes and life chances of our looked after and care experienced children are improved	Corporate Parenting Strategic Group

The children's services locality management structures are made up of children, young people, parents/carers and frontline practitioners.

Working in close partnership with the strategic groups and adopting a QI methodology approach, they will take responsibility for co-designing and implementing the improvements outlined within the actions plan.

The engagement with the key stakeholders through the development of the plan will continue throughout the implementation and review stages

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

- Are services flexible and responsive to changing needs and delivered in line with the plans aims and objectives?
- Are they meeting the identified priorities? Examining what impact, if any, the services covered by the plan are effectively safeguarding, supporting and promoting the wellbeing of children

- Is there active participation of young people and families to identify ways in which delivery and/or the plan can be improved?

The partnership is committed to self-evaluation and continuous improvement. The facilitation of a partnership wide annual self-evaluation process will be led by the Quality Assurance Team, along with the co-ordination of routine quality assurance exercises.

By collectively reviewing our performance against service standards and ensuring feedback from children and families informs service improvements, we are confident in our capacity to work together to ensure that Moray's children live in a community where their voice is heard and they are built up to be all they can be.

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Appendices

1. **Action Plans**
2. **Communication & Engagement Plan**
3. **Joint Strategic Needs Assessment**
4. **National & Local Policy Context**

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High Level Action Plans – 4 Priority Areas
Children’s Services Plan 2020-23
Appendix 1



Action Plans

Four high level action plans have been co-produced by all key stakeholders and revised through extensive consultation with the key strategic groups which make up the Children's Services Partnership.

The Joint Strategic Needs Analysis supplies much of the required baseline data. The Wellbeing Action Plan was based on the robust and detailed baseline data made available through the Realigning Children's Services Programme. It is therefore currently more SMART.

During the first year of the plan, each of the Strategic Groups responsible for coordinating the implementation of these action plans will revise performance measures. It is recognised that some of the performance measures identified may be more difficult to interpret following the restrictions introduced as a response to the COVID 19 pandemic. To support us to understand the impact of these changes the Joint Strategic Needs Analysis will be updated during the first year and the national wellbeing survey will be implemented. Supplementary questions will be included to inform performance measures.

There are common principles, approaches and themes which overarch all priorities. They are:

- **Co-production and relational based approaches**

The importance and investment in adopting a co-production approach to implement, review and further develop the plan is critical. Relational based approaches underpin this approach. The need to invest in continually improving the quality of the relationships between all stakeholders is understood by the partnership

All improvement aims will be addressed by adopting a co-production approach, utilising QI methodology to develop, test and evidence impact of improvement. Locality planning processes in Moray have been developed to facilitate this process.

- **Strengths based approach**

Inclusive, non- stigmatised approaches will be adopted which build on the strengths of all stakeholders. The language within this plan reflects this strengths based approach

- **Workforce development**

The partnership is committed to nurturing and developing their workforce as they deliver improvements. The workforce is not limited to professionals. It is anyone who spends time with or has a responsibility for children, young people and families.

- **Whole systems approach**

It is understood that the needs of children, young people and families remain at the centre. Services will collectively respond, working across boundaries as required.

- **Children's Rights and Participation**

In accordance with the Community Planning Partnership's commitment to embedding children's rights and participation across the partnership, a co-production approach has been adopted to develop the Children's Services Plan. Children and young people themselves have explicitly highlighted the importance of their rights being upheld in the vision, which they created.

The partnership is committed to continue investing in the engagement and participation of children and young people throughout the implementation and review phases of the plan. There is a relentless focus on seeking out and learning from the 'lived experience' of children and families. This has shaped the priorities and will be used to both inform actions and evaluate progress on an ongoing basis.

- **Focus on families**

If outcomes are to be improved for children and young people there needs to be ongoing engagement with parents and carers. Specific investment in addressing the wellbeing issues for parents/carers, as well as building their capacity and confidence support their child is a key theme across all priority areas.

- **Locality focused**

To deliver improved outcomes the approaches adopted need to be locality sensitive, flexible in terms of delivery and making best use of the resources available

The high level action plans are outlined below. It is important to note that they are not stand-alone action plans- many of the actions taken will impact on the other priority areas.

As this is a 'live' 3 year plan, priorities and associated improvement aims and actions are not limited to those outlined. These are the key areas of focus which stakeholder engagement activities to date have highlighted as most important. They will be reviewed and revised by all key stakeholders throughout the life of the plan.

PRIORITY 1 : The wellbeing of children and young people is improved

OUTCOMES	IMPROVEMENT AIMS	HIGH LEVEL ACTIONS	HIGH LEVEL PERFORMANCE MEASURES
<i>What are we trying to accomplish?</i>	<i>What change can we make that will result in improvement?</i>		<i>How will we know that a change is an improvement?</i>
EMOTIONAL AND MENTAL WELLBEING			
10% more children and young people report they feel mentally well by 2023	<p>Increase provision of universal and early intervention mental wellbeing services and supports in Moray</p> <p>Increase in the percentage of S3/4 girls reporting high life satisfaction</p> <p>Increase the confidence and skills of young people/parents/carers to address early signs of poor mental wellbeing</p>	<p>Co-design and resource accessible and effective universal and early intervention mental wellbeing services and supports in Moray</p> <p>Design and implement supports which build parent/carer's skills and confidence to support their child's emotional and mental wellbeing</p> <p>Assess impact of existing peer led supports and build on their success</p>	<p>Improved school attainment</p> <p>Increased investment in early intervention services and supports</p> <p>More young people self-report good emotional and mental wellbeing via the mental health and wellbeing survey</p> <p>% of young people, parents and carers report increased confidence and skill within a 12 month period</p>
PHYSICAL WELLBEING			
5% more primary school pupils and 10% of secondary school pupils report their physical health to be good by 2023	<p>Improve the healthy eating habits and physical activity rates of children and young people of all ages</p> <p>Children and young people have a healthier relationship with substances (smoking, alcohol and drug use)</p>	<p>Overcome barriers to accessing healthy diet and increasing levels of physical activity</p> <p>Co-design and resource community-based provision to improve physical wellbeing of children, young people and families</p> <p>Engage with children and young people to better understand their relationship with substances</p> <p>Co-design and deliver means of developing a healthier relationship with substances</p>	<p>Evaluation of impact of interventions on health behaviours and weight of mother and child</p> <p>RCS questions relating to physical health are repeated in the mental health and wellbeing survey evidence improvement</p> <p>RCS/SALSUS questions regarding use of substances are repeated in the health and wellbeing survey evidence improvement</p>
Herd immunity is achieved and sustained	Increase childhood immunisation programme uptake	Better understand and address reasons why children are not being immunised	Increased uptake of immunisations in areas whether there is no herd immunity
SOCIAL WELLBEING			
10% more secondary children report greater engagement with their communities	<p>Increase the number of young people participating in activities within their community</p> <p>Increase the number of children and young people who engage positively with social media</p>	<p>Better understand and address barriers to engagement</p> <p>Identify gaps in provision and address resourcing issues</p> <p>Better understand children and young people's social media use and their understanding of impact.</p> <p>Enable children and young people to address concerns/risks</p> <p>Build parents confidence and skills to support their child to engage positively with social media</p>	<p>RCS questions regarding friendship and engagement in communities repeated in the health and wellbeing survey evidence improvement</p> <p>Nature and impact of children's social media use captured via the health and wellbeing survey provides base line data from which to measure improvement.</p>

PRIORITY: 2 Children and young people are safe and free from harm

OUTCOMES	IMPROVEMENT AIMS	HIGH LEVEL ACTIONS	HIGH LEVEL PERFORMANCE MEASURES
<i>What are we trying to accomplish?</i>	<i>What change can we make that will result in improvement?</i>		<i>How will we know that a change is an improvement?</i>
Children and young people feel safe in their community	<p>Reduce the incidence and impact of bullying</p> <p>Improve understanding of the factors which influence whether a child feels safe in their community</p>	<p>Further investigate and address concerns raised by children of all ages regarding bullying, with a focus on building resilience and intervening early</p> <p>Develop spaces where children and young people feel safe in schools and communities</p> <p>Co-design and implement interventions and approaches which improve children and young people's resilience and feeling of safety</p>	<p>RCS questions regarding resilience and bullying to be included within health and wellbeing survey</p> <p>Increased % of children and young people who report they feel safe. Collated via Police SHANNARI data</p> <p>Number of interventions and supports which evidence improved resilience an reduction in bullying</p> <p>Reduction in number of reported incidents of injury</p>
Children live in safe and supportive families	<p>Reduce the number of incidents of accidental injury</p> <p>Intervene at the earliest opportunity to minimise the impact of neglect on children and young people</p> <p>Intervene at the earliest opportunity to minimise the impact of parental substance use on family wellbeing</p> <p>Intervene at the earliest opportunity to minimise the impact of domestic abuse on children, young people and parents</p>	<p>Monitor and address increasing trend of accidental injuries resulting in hospital admissions</p> <p>Review evidenced based good practice approaches to prevent or minimise the impact of neglect, parental substance use and domestic abuse</p> <p>Stakeholders co- design and deliver interventions to raise awareness, promote community ownership and influence attitudes.</p> <p>Co-produce supports with and for parents which enable them to feel safe, self-respected and supported to be the best parents possible</p> <p>Partnership workforce and community development plans include opportunities which increase confidence and competence to identify and address impact of neglect, parental substance use and domestic abuse</p> <p>Co-design and implement specific interventions and approaches which empower children and young people to feel safe</p>	<p>Reduction in number of reported incidents of injury</p> <p>Number of interventions and evaluation of impact</p> <p>% of parents/carers who report that their wellbeing and confidence has improved as a result of an intervention within a 12 month period</p> <p>Number of workforce development opportunities and evaluation of impact</p> <p>% of young people who report feeling safe as a result of an intervention in a 12 month period</p>

PRIORITY 3: The impact of poverty on children, young people and families is mitigated

OUTCOMES	IMPROVEMENT AIMS	HIGH LEVEL ACTIONS	HIGH LEVEL PERFORMANCE MEASURES
<p><i>What are we trying to accomplish?</i></p>	<p><i>What change can we make that will result in improvement?</i></p>	<p><i>How will we know that a change is an improvement?</i></p>	
<p>The voices of children, young people and families experiencing poverty are heard and acted upon</p>	<p>A partnership model which facilitates ongoing engagement with children, young people and families experiencing poverty is operational</p> <p>Systems, processes and practices are informed by a greater awareness of the prevalence, impact and stigma associated with poverty</p>	<p>Agree and resource a partnership model of engagement utilising the expertise of individual partners and success of existing arrangements</p> <p>Disseminate key poverty related themes from the joint strategic needs assessment across the partnership</p> <p>Incorporate themes and lived experience into workforce development activities delivered across the partnership</p>	<p>Number and range of children, young people and families sharing their experiences via agreed engagement model</p> <p>Understanding of poverty and how staff are applying their understanding is captured via the annual staff survey</p> <p>Number and evaluation of workforce development opportunities</p>
<p>A co-ordinated approach to mitigating the impact of child poverty is adopted across the children's services partnership</p>	<p>Utilise the combined knowledge and resources to best effect</p>	<p>Incorporate this plan into the Moray Poverty Action Plan, agreeing a common use of terms/language and focus of actions</p> <p>With those experiencing poverty, clarify whether existing supports meet their needs and how the partnership can work collaboratively to identify and deliver improvements</p> <p>As a partnership, identify gaps in early intervention supports and services and agree, as a collective, the best means of addressing/resourcing these gaps</p>	<p>Partners self-evaluation of Moray Child Poverty Action Plan</p> <p>Annual Scottish Government feedback</p> <p>Evaluation of existing supports</p> <p>Increased uptake of improved supports</p> <p>Increase in early intervention supports and services available</p>
<p>The disposable income of families experiencing poverty is maximised</p>	<p>Prevention and early intervention pathway of financial supports to mitigate the effects of poverty is widely available and accessible to families, communities and professionals</p> <p>Partners proactively identify, engage and support families to address money worries</p> <p>Local solutions to mitigate the impact of poverty are co-designed by communities</p> <p>Opportunities to access additional funding are maximised</p>	<p>Co-produce a pathway which provides accessible, early intervention to targeted support to families experiencing poverty or at risk of financial hardship</p> <p>Families are supported to access the pathway as early as possible</p> <p>Training is designed and delivered to ensure there is a consistent understanding and implementation of the pathway. This includes the review and implementation of Making Every Opportunity Count approach to ensure timeous support to families</p> <p>Participatory budgeting approach is adopted to test and develop solutions which meet locality specific needs</p> <p>Evaluation of impact of locality specific supports is undertaken with a view to scale and spread</p>	<p>Pathway in place</p> <p>Number of families accessing pathway</p> <p>Feedback from families accessing the pathway and those referring them</p> <p>Workforce evaluation of training</p> <p>Dip sample of families progress through the pathway and implementation of improvements highlighted</p> <p>Uptake of participatory budgeting opportunities</p> <p>Evaluation of impact of projects, utilising QI methodology</p>

OUTCOMES	IMPROVEMENT AIMS	HIGH LEVEL ACTIONS	HIGH LEVEL PERFORMANCE MEASURES
<p><i>What are we trying to accomplish?</i></p> <p>No child or young person feels disadvantaged by poverty</p>	<p><i>What change can we make that will result in improvement?</i></p> <p>Children and young people have equal access of opportunity irrespective of their family income</p> <p>Children and young people experiencing poverty achieve expected levels of progress</p>	<p><i>How will we know that a change is an improvement?</i></p> <p>Stronger relationships with the 3rd sector are built.</p> <p>Work in partnership to develop and resource solutions</p> <p>Barriers to equal access are identified and better understood at a locality and partnership level</p> <p>Solutions are co-produced by key stakeholders and resourcing implications addressed</p> <p>Identify families experiencing poverty who need additional support to ensure that their child achieves</p> <p>Co-develop supports which evidence improvements and establish best means of resourcing and delivering them</p>	<p>3rd sector report increased opportunity to develop solutions in partnership with statutory services</p> <p>Value and scale of partnership initiatives developed and resourced</p> <p>Specific questions included in health and wellbeing survey to capture the views of young people re: equal access</p> <p>Attainment levels in line with those not experiencing poverty</p>

PRIORITY: 4 Improved outcomes for looked after and cared experienced young people *.

(* Deliver on the Independent Care Review Promise which is reflected in outcomes below)

OUTCOMES	IMPROVEMENT AIMS	HIGH LEVEL ACTIONS	HIGH LEVEL PERFORMANCE MEASURES
<i>What are we trying to accomplish?</i>	<i>What change can we make that will result in improvement?</i>	<i>How will we know that a change is an improvement?</i>	
Children and care leavers have safe, secure, stable and nurturing homes	<p>Increase the number of children and young people looked after in kinship or foster care</p> <p>Reduce the time taken and number of placements experienced before achieving permanence</p> <p>Care leavers successfully transition into appropriate accommodation</p>	<p>Increase the range of foster carers in Moray, particularly those who can care for children and young people with complex needs</p> <p>Build on early indicators of success of PACE</p> <p>Further develop supported accommodation options, shaped by the experiences of care leavers</p> <p>Understand and respond to the transition needs of Care leavers</p> <p>Better understand which supports/approaches improve attainment and upscale</p> <p>Increase the range and uptake of wider achievement opportunities</p> <p>Implement and evaluate the community of schools concept (aims to ensure Children feel safe and happy in school)</p> <p>Review the attendance and exclusion policies to ensure they best meet the needs of Looked after and care experienced young people</p> <p>Provide a partnership support network through the transition and post school stages, which includes mentoring and peer led supports</p> <p>Ensure the Moray Skills Pathway Strategy meets the needs of Care Experienced young people</p>	<p>Increased number and range of foster carers recruited</p> <p>Increased % of children in foster/kinship care</p> <p>Reduction in drift and delay as measure by PACE data</p> <p>Reduction in number of placement moves</p> <p>Number and range of supported accommodation options</p> <p>Increase in length of time tenancies are sustained</p> <p>Reduction in number of care leavers presenting as homeless</p> <p>Attainment levels in line with those with no experience of care</p> <p>Evaluation of impact of existing supports/approaches</p> <p>Increase number of care experienced young people gaining a wider achievement award which they feel is of benefit to them</p> <p>Evaluation by children and young people pre and post engagement with community of schools</p> <p>Increased attendance and reduction in exclusions</p>
Looked after children and care leavers secure positive educational outcomes	<p>Close the attainment gap for looked after and care experienced children</p>	<p>Provide a partnership support network through the transition and post school stages, which includes mentoring and peer led supports</p> <p>Ensure the Moray Skills Pathway Strategy meets the needs of Care Experienced young people</p>	<p>Number of children entering and sustaining post school destinations</p>
Wellbeing concerns are identified early and addressed quickly	<p>Children and care leavers specific needs are met through engagement with the Children and Adolescent Mental Health Service (CAMHS)</p> <p>Children and care leavers wellbeing aims are met through the delivery of the wellbeing priority action plan</p>	<p>Understand and address barriers to engagement with care experienced young people referred to CAHMS</p> <p>The actions within the wellbeing priority action plan address the specific needs of looked after children and care experienced young people</p> <p>Evaluate and improve effectiveness and accessibility of existing supports for looked after children to have their voices heard and influence policy, practice and the decisions which affect them</p> <p>Identify gaps in provision and resource appropriately</p>	<p>Dip sample of care experienced young people referred to CAHMS</p> <p>Performance measures included in wellbeing priority</p>
Uphold and promote children's rights	<p>Care experienced young people and care leavers actively influence the design and implementation of the Children's Rights and Participation Strategy</p>		<p>Children reporting involvement in the design and implementation</p> <p>Children reporting impact of Rights and Participation Strategy</p>

OUTCOMES	IMPROVEMENT AIMS	HIGH LEVEL ACTIONS	HIGH LEVEL PERFORMANCE MEASURES
<i>What are we trying to accomplish?</i>	<i>What change can we make that will result in improvement?</i>	<i>How will we know that a change is an improvement?</i>	
The number of looked after children and care leavers who enter the youth and criminal justice systems is reduced	<p>Improve the identification and monitoring of care leavers and care experienced young people in the youth and criminal justice systems</p> <p>Reduce any over representation of care leavers and care experienced young people in the youth and criminal justice systems</p>	<p>Develop and implement a process to identify care experienced young people when they first have contact with the justice system</p> <p>Criminal justice interventions are designed and implemented to meet the individual needs and circumstances of care leavers and care experienced young people</p>	<p>Process in place which is consistently adhered to</p> <p>% of care experienced young people in the youth and criminal justice systems</p>
Looked after children and care leavers are enabled to maintain positive relationships with their family, friends and other trusted adults	Children and young people feel secure and supported in their relationships	Understand how young people can be better enabled to maintain positive relationships and implement improvements	Baseline data to be collected to measure improvement

Communication and Engagement Plan

Children's Services Plan 2020-23

Appendix 2



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1. Introduction

This document sets out the engagement activity to be undertaken during the development of the Children Service Plan 2020-23 to enable a shared approach to be taken where all partners including children, young people, families, frontline practitioners and community groups share a common goal and agree priorities to meet the needs of children and families. It aims to detail the actions required to actively inform, engage, consult and feedback to all stakeholders in the process of developing the plan.

2. Background

Statutory requirement is placed on Local Authorities and Health Boards to produce a Children Service Plan (CSP) The Moray GIRFEC Leadership Group (GLG) established a multi-agency CSP Development Group to drive forward the development of the Moray Children's plan (2020-23). This group oversees the development and ensures adequate governance arrangements are in place.

Both Local Authorities and Health boards have Communication and Engagement strategies which outline the principles and approaches we work to in Moray to ensure our activities meet local expectations, national standards and the needs of children and families with an interest in current and future services.

3. About the Children's Services Plan

We are taking a shared approach to strategic planning and commissioning within Children's Services.

Children and families will be at the centre of our planning activities to ensure they have a voice at all key points in the process of developing the plan

Strategic planning and commissioning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population.

A number of planning and commissioning activities will be undertaken during the development of the plan. Outcomes expected are:

- agreed vision, strategic outcomes for the plan
- clear description of the size and nature of children and family's needs
- clear description of our community assets in Moray and Identification of gaps or priority area
- agreed priorities for the strategic options
- agreed draft strategy ready for consultation
- Agreed measurement framework

4. Key Messages

Engagement and communication will be undertaken at all key points in the planning and commissioning process in preparation of the revision of the strategic plan, a range of engagement activities have been arranged for late 2019 and early 2020.

The underlying aim is to reshape/redesign services from a children/families point of view in order to improve wellbeing outcomes.

This requires a co-productive approach to combining the knowledge, skills and experiences of all stakeholders to ensure needs are met and wellbeing improved.

5. Stakeholders

Wider stakeholder engagement and communication is key to a shared approach to developing a plan to meet the wellbeing needs of children and families, to build relationships collaborate and develop a Children's Services Plan which reflects the shared priorities of all stakeholders and sets out the direction for future commissioning decisions and service redesign and development.

This will enable us to:

- Develop and maintain the necessary links and networks with groups and individuals of which they represent to enable views to be sought and represented over the development, review and renewal of the Plan.
- Ensure the plan reflects the needs and expectations across Moray.
- Spread the word to the wider community through a supported range of communication tools.
- Engage Stakeholders in the preparation, publication and review and monitoring of the strategic plan as part of an ongoing cyclical process.
- Update staff across all agencies and seek their views on the content of the strategic plan using a range of communication methods including committee reports, briefings, workshops, online information and consultation events.

We have identified our potential stakeholders who we will need to inform, engage and consult with and feedback to. All have differing degrees of interest and influence and a valuable contribution to make to the development of the strategy.

This includes

- Children and Families
- Parents/Carers
- Wider network of community groups for children and young people
- Front line practitioners
- Community planning partners

- Members of the public with an interest
- Respective committees across all agencies
- Service providers
- Commissioned services and the broader third sector

All Stakeholders should expect to:

- Have an understanding of, and opportunities to participate in the development of a children's plan for Moray.
- Have their views fairly represented in the development of the strategy.
- Be consulted with and given the opportunity to influence the final draft Joint Children's Services Plan for Moray.
- Involvement and consultation with children and families during implementation of the Children's Services Plan.

6. Methodologies

We will adopt a range of methods using best practice examples to assist us in our communication and engagement activities to ensure they are appropriate, acceptable and accessible to all stakeholders. This includes utilising existing structures and mechanisms along with ones which will be project-specific.

By building on the principles of integration this is an opportunity to enable and facilitate fundamental change in the way supports and services are delivered in partnership with children and families in Moray.

7. Reporting

GLG has overall responsibility to develop and review the plan on an ongoing basis, reporting, as required, to COG

The CSP Development Group was established to drive forward the development of the plan. Regular updates including risks and mitigating actions are fed up to GLG.

8. High level Summary of timeline

TIMELINE	STAGE
June 2019	Set up of Children's Services Plan Development Group
July 2019	Realigning Children's Services Survey Reports issued
September 2019	Design and implementation of additional survey work
October 2019	Collation of quantitative data
November 2019	Collation of strategic needs assessment Service mapping
December 2019	Vision, priorities and actions agreed
January 2020	Engagement and consultation process completed
February 2020	Completion of draft plan for wider consultation
March 2020	Approval of plan through the governance structure <ul style="list-style-type: none"> - Executive Leadership Group (ELG) - Chief Officers Group(COG) - Community Planning Partnership (CPP) - Health and Local Authority Executive sign off
April 2020	Completion

Appendix 1

MEMBERSHIP OF GIRFEC LEADERSHIP GROUP	
Kate Stephen (Chair)	Police Scotland
Joyce Johnston	Integrated Children's Services (Social Work)
Sean Coady	Health
Vivienne Cross	Education
Jane Mackie	Chief Social Worker
Sheila Erskine	3 rd Sector Liaison
Tracy Davis	Child Health Commissioner
Jo Shirriffs	Education Resources and Communities

MEMBERSHIP CSP DEVELOPMENT GROUP	
Susan Leonard (Chair)	Quality Assurance and Locality Planning
Sandra Gracie	Health and Social Care (IJB)
Lynne Riddoch	Education
Tracey Gervaise	Health
Joyce Johnston	Social Work
Kerry Rigg	Police Scotland
Susan Reid	Locality Planning
Fiona Herd	Youth Engagement
Sheila Erskine	3 rd Sector
Karen Delany	Community Learning and Development
Paul Johnson	Moray Alcohol and Drug Partnership
Robin Paterson	Early Years Expansion

Joint Strategic Needs Assessment

Children's Services Plan 2020-23

Appendix 3



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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.

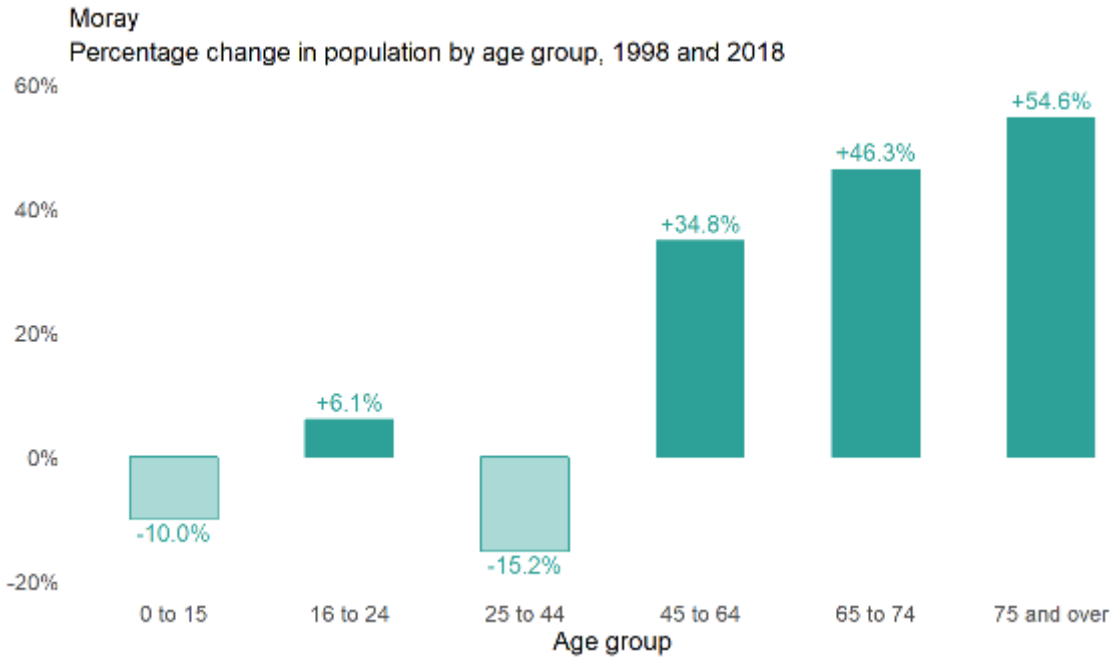
Step 8 - A group made up of representatives from across the partnership considered all the feedback and identified 4 key priorities. They are:-

- 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

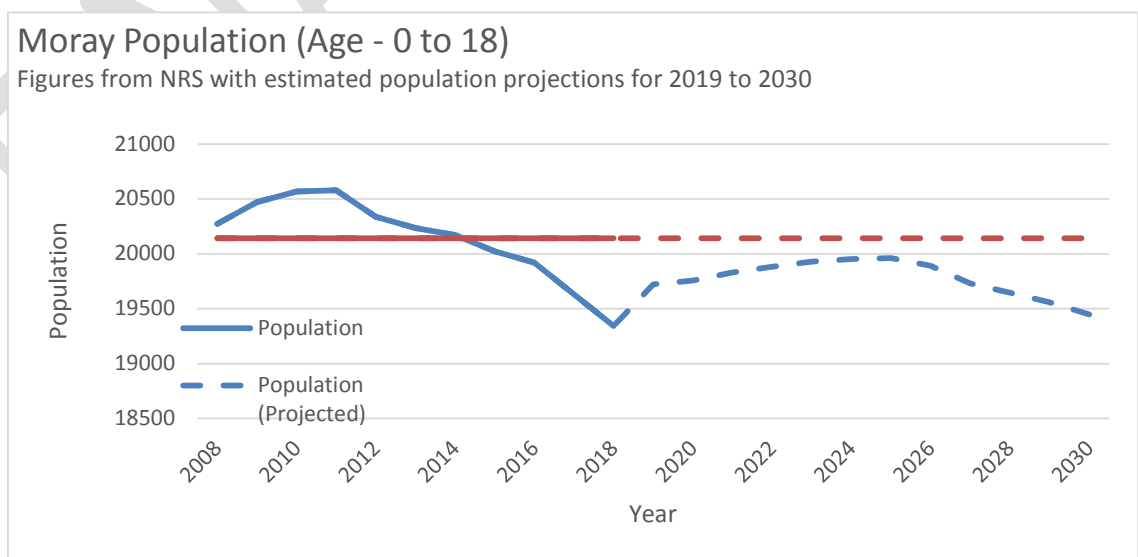
3. LOCAL CONTEXT

3.1 Population

The graph below shows clearly the largest increases in population in Moray has been in the older age groups between 1998 and 2018.



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.

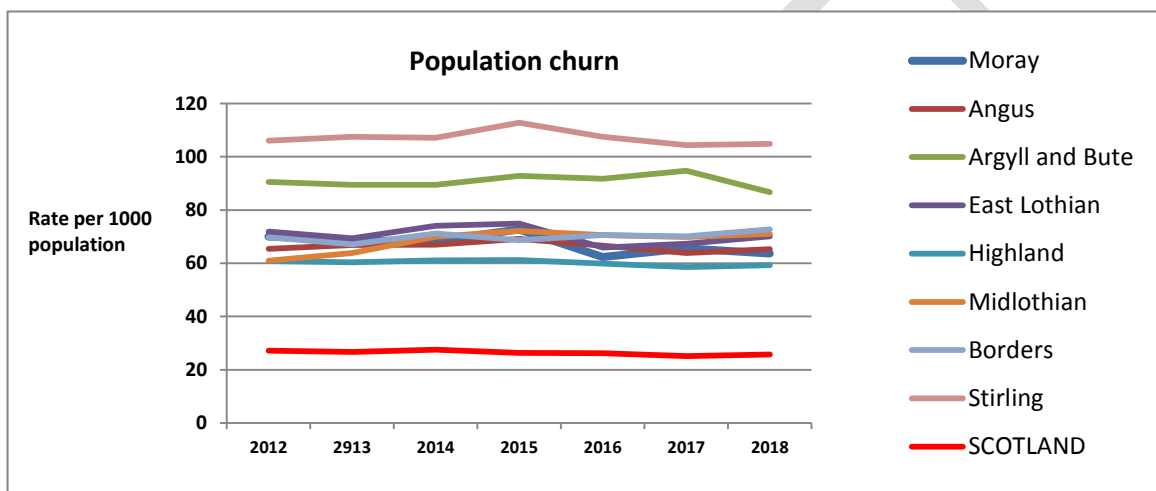


Population churn is a measure of how quickly the population in an area is changing in its composition. It combines outward migration and inward

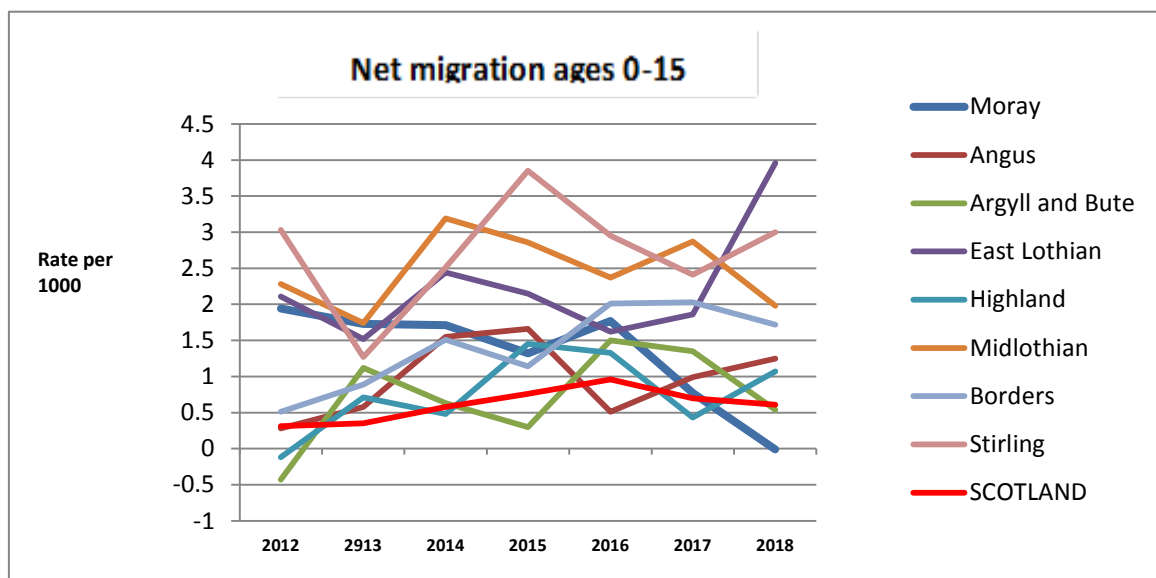
migration. It can therefore be regarded as a measure of population stability. High levels of 'churn' are thought to have potential adverse effects on children living with a level of instability.

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.



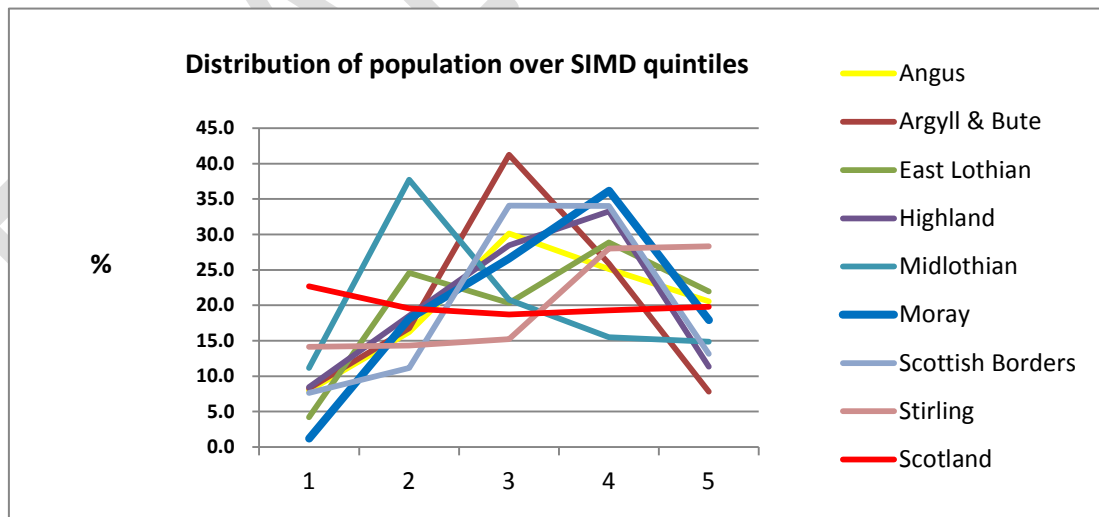
HEADLINES

- 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.



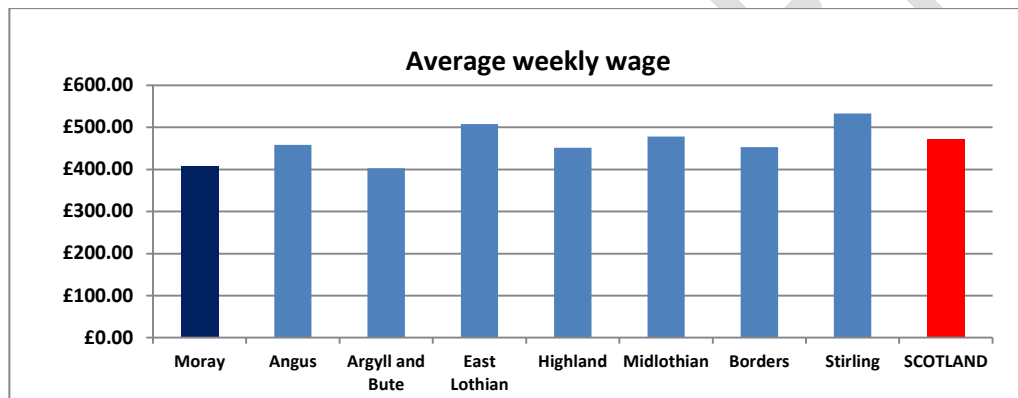
Examining the distribution of people who might be living in deprived circumstances reveals the following.

	% 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

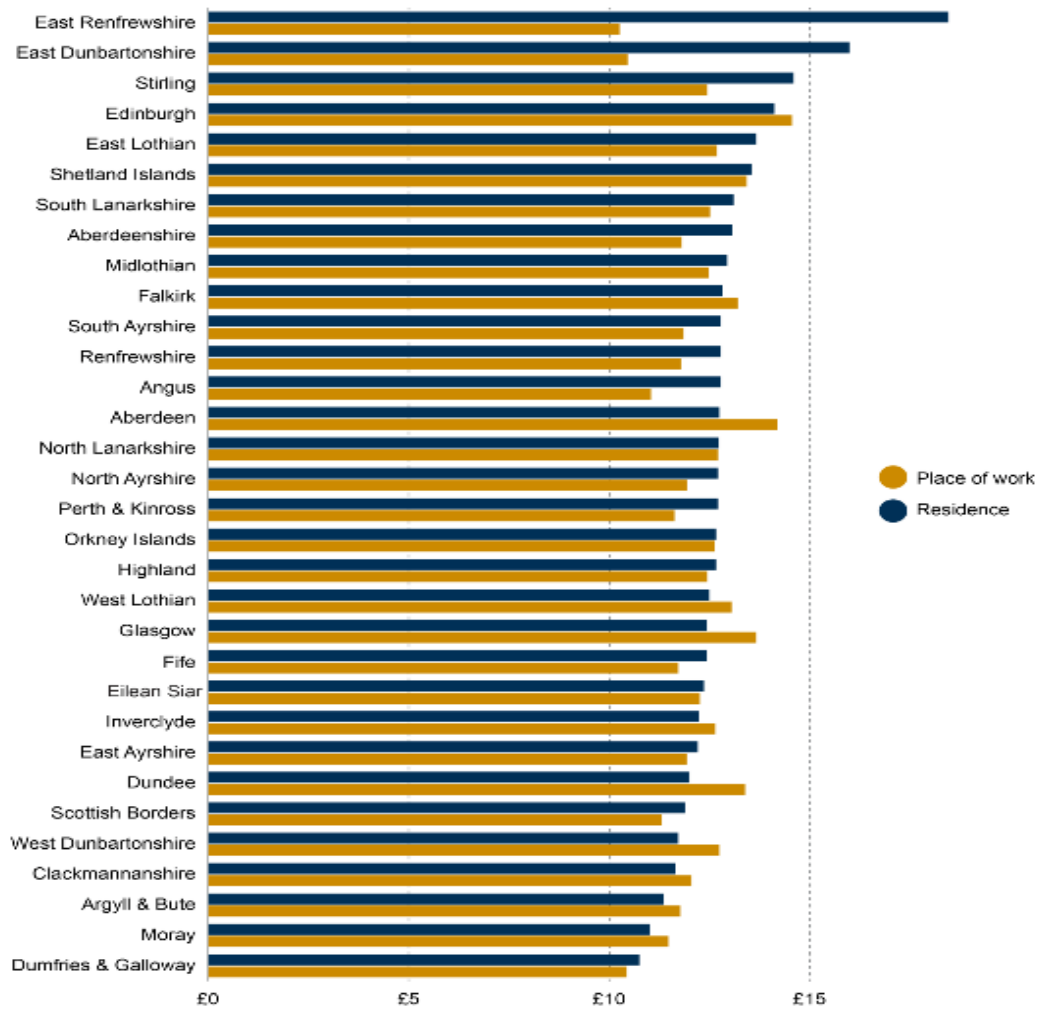
Only approximately 15% of our most deprived people live in our recognised deprived areas, whilst nearly a third live in our two least deprived areas. These facts have a significant bearing on strategy and policy, particularly in terms of targeting resources. Resources need to be targeted on vulnerable 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.

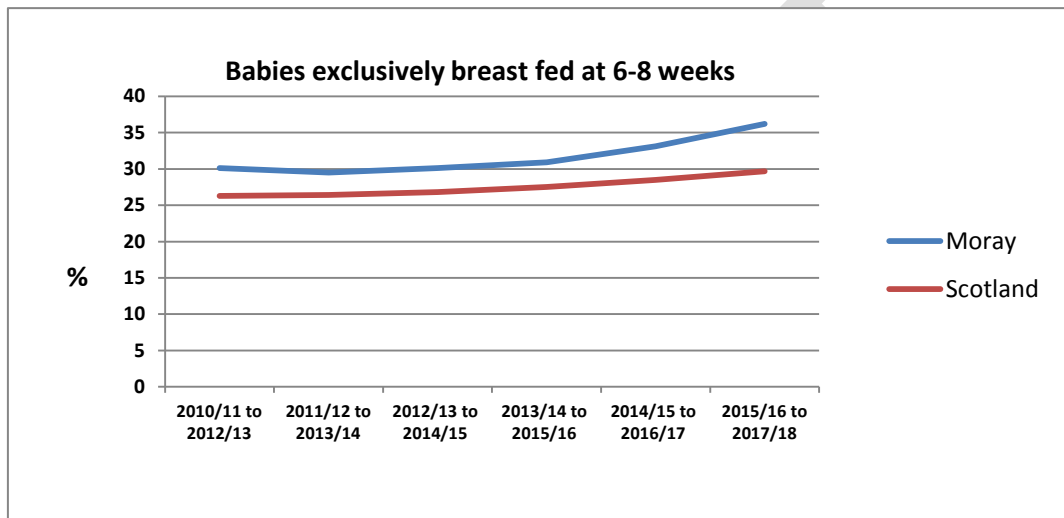
HEADLINES

- 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

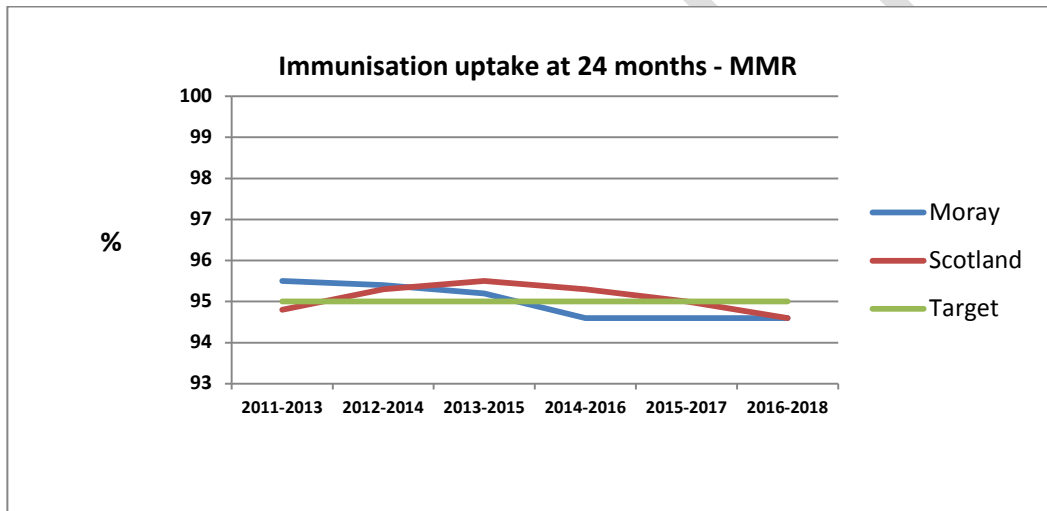
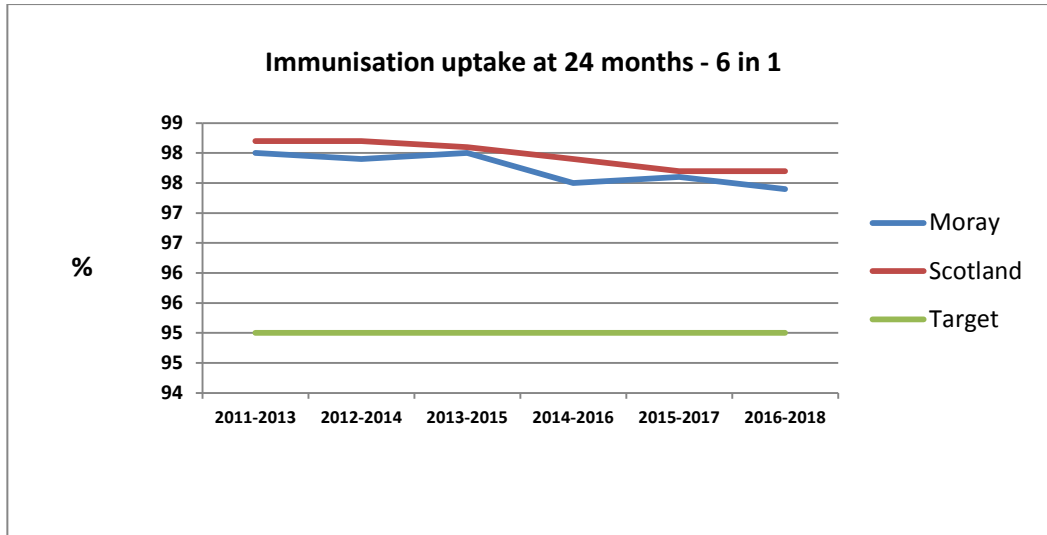
4.1 HEALTH

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.

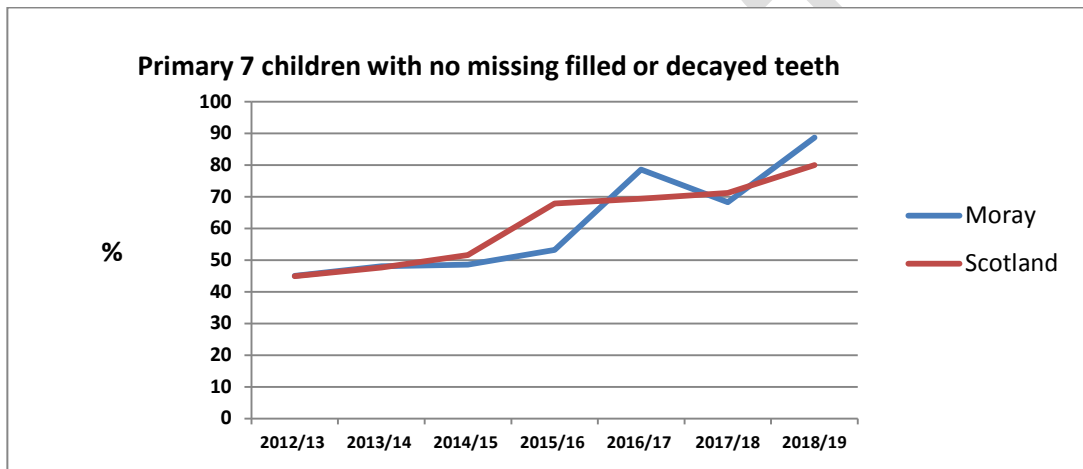
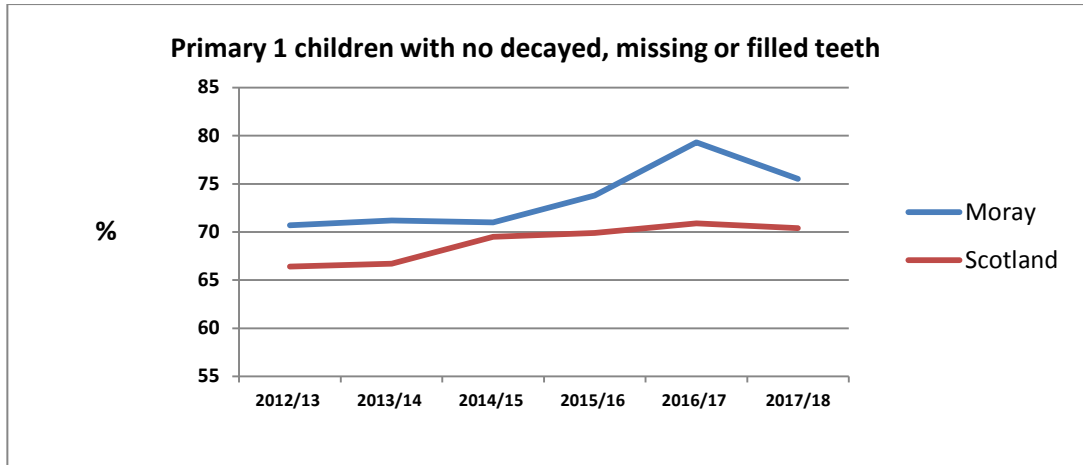
Immunisations - Childhood immunisation is one of the most important preventative measures that can be undertaken to protect children from serious, life-threatening diseases. However, the rate of uptake of these immunisations might also act as a proxy for appropriate parental concern for their child's 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.

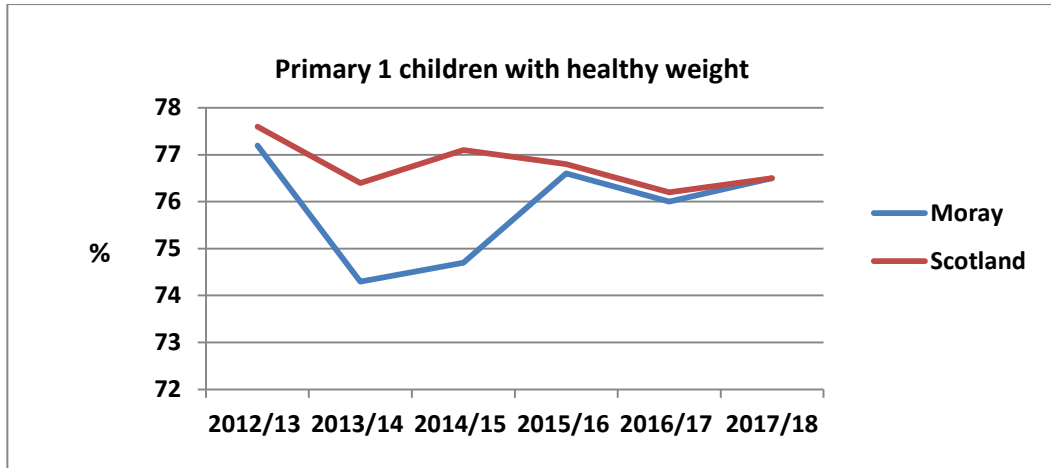
Strategies need to be developed to combat the inaccurate adverse publicity about this vaccine promulgated largely through 'social media'.

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.

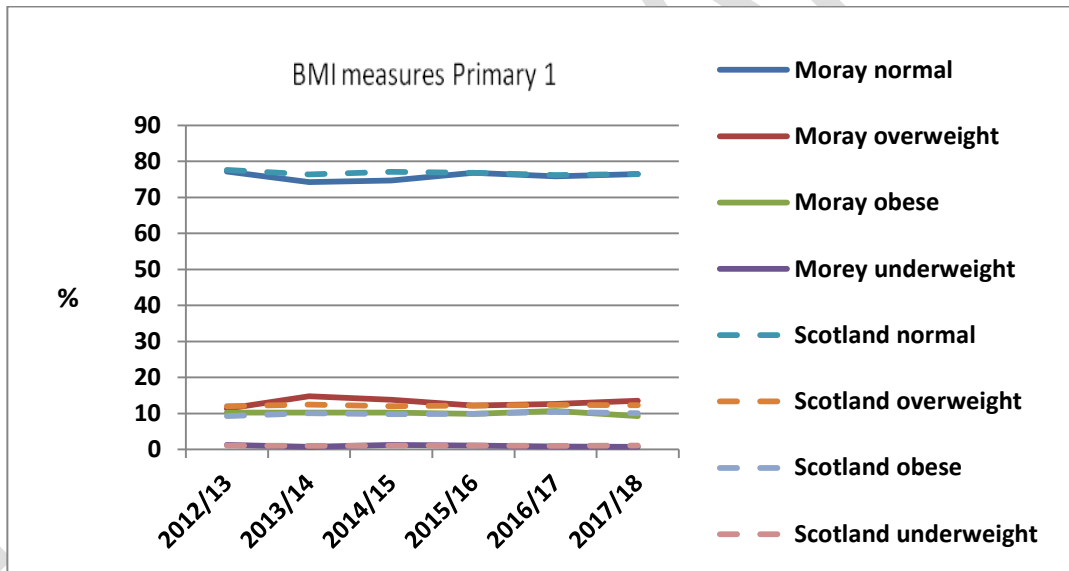


Oral health in primary 1 children in Moray has been relatively good, although there was an apparent decline in 2017/18. The position with the older primary 7 children has recovered from a result just on the Scottish average to a very satisfactory position in 2018/19. (The dip in both primary 1 and 7 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.

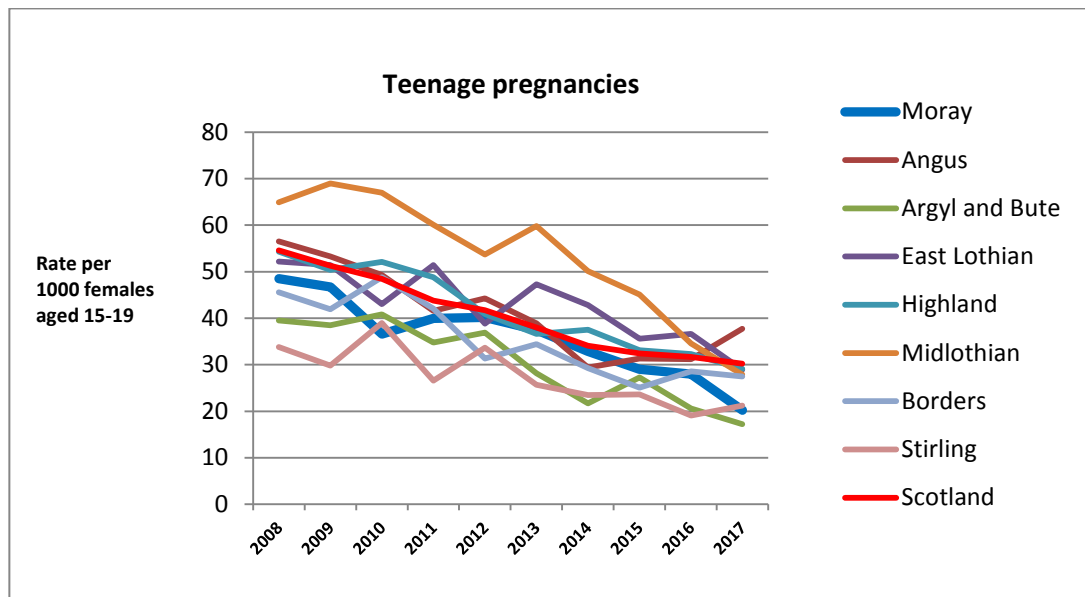


The percentage of children starting school with a healthy weight has in the past been below the Scottish average, but the most recent figures show the percentage coinciding with the rest of the country, although the situation in Scotland as a whole is declining.



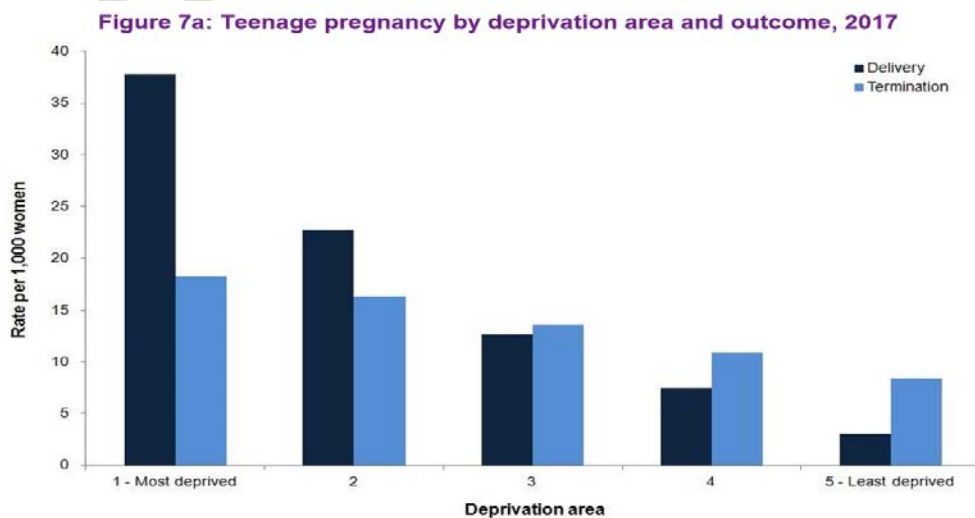
In general terms in Moray the distribution of normal/overweight/obese/underweight children is not significantly different to the rest of Scotland, however Scotland does not compare favourably to most other developed countries, and so the drive towards increasing the proportion of children who have a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

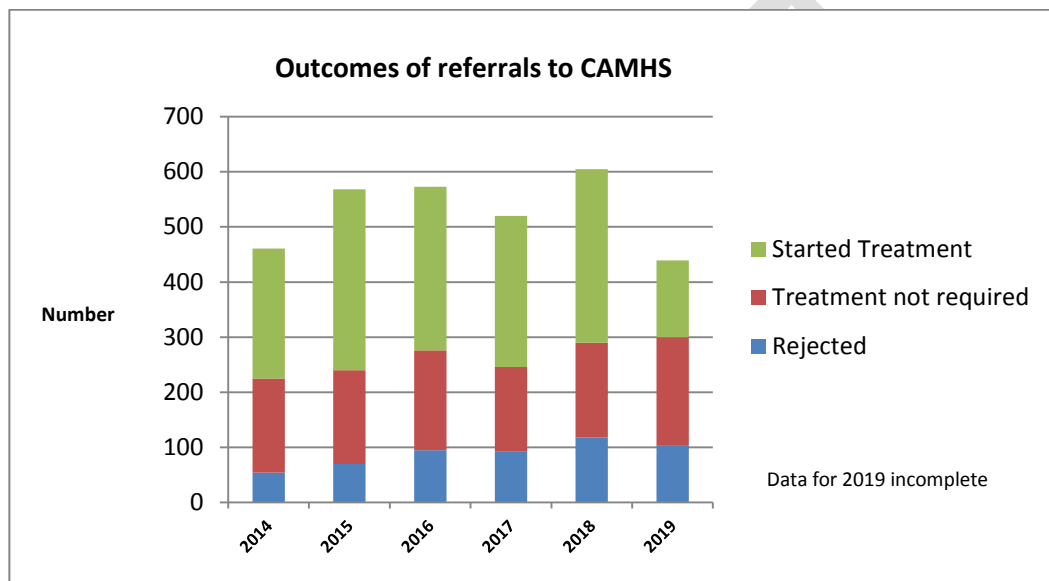
In Scotland as a whole there is a clear difference in teenage pregnancy outcomes across the deprivation quintiles.



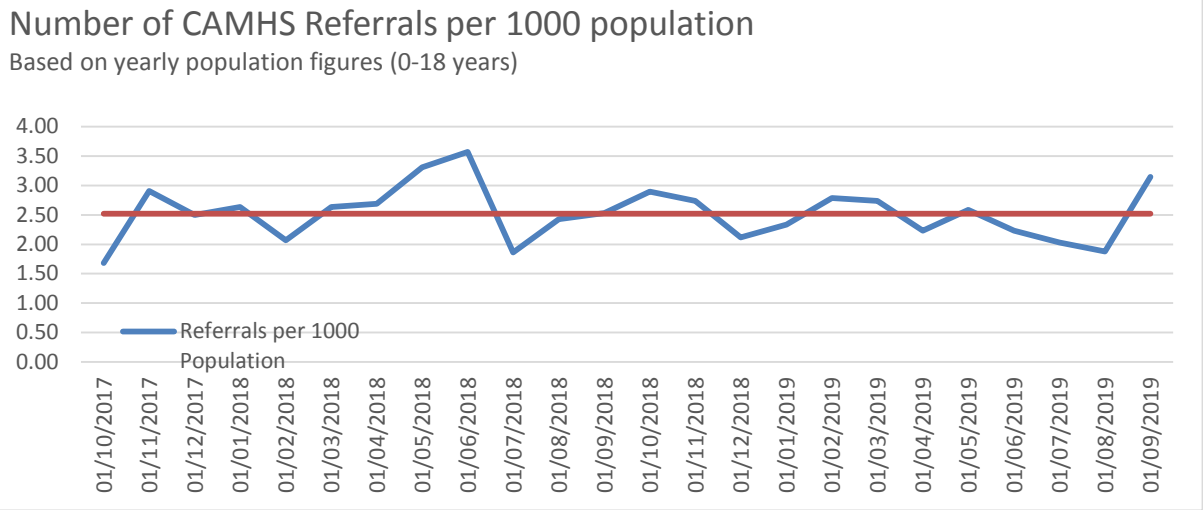
Includes all pregnancies in women aged <20.

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.

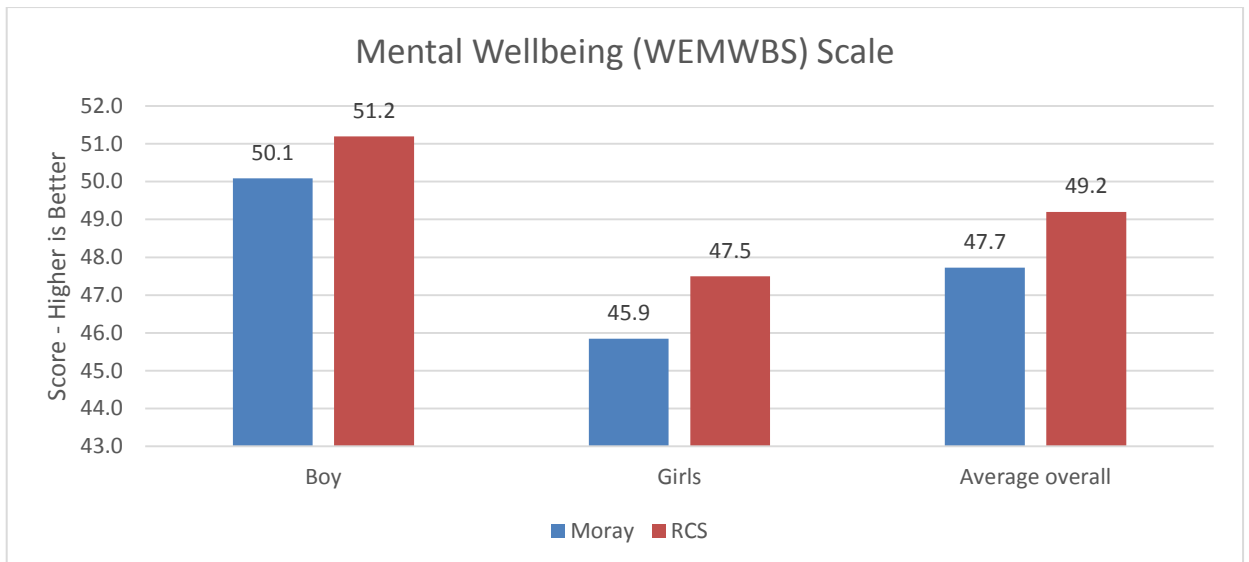


Demand estimate data for Moray CAMHS indicates that there is a monthly referral rate of 2.5 referrals per 1,000 population (approximately 50 young people). Population projections to 2025 predict an increase in the 0-18 population, which may increase the referral rate to 4.0 per 1,000 population (approximately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



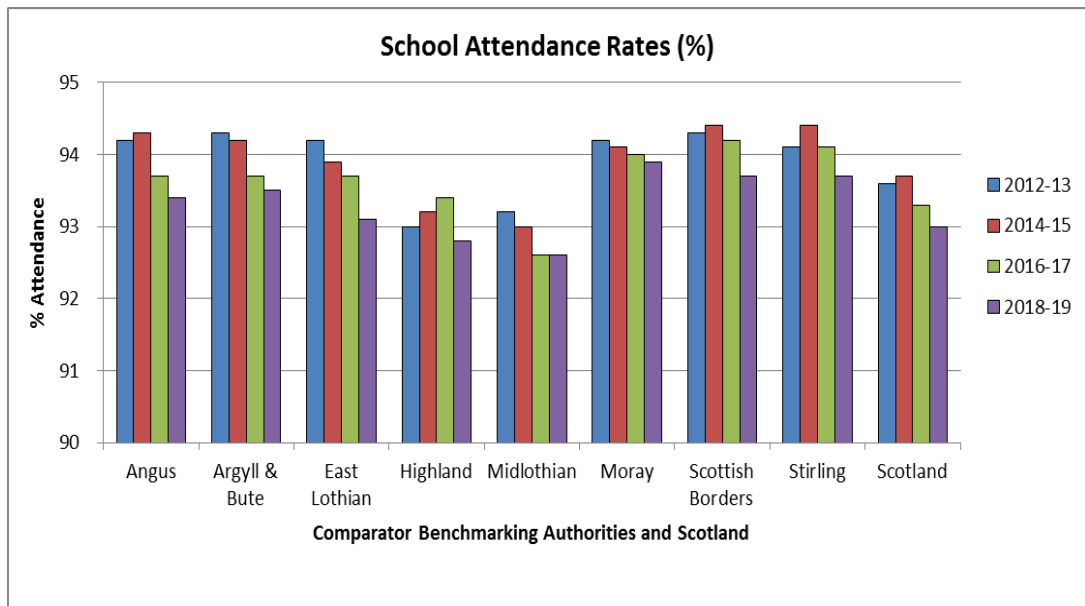
Combined averages across all 8 CPPs in the RCS project (unweighted)

HEADLINES

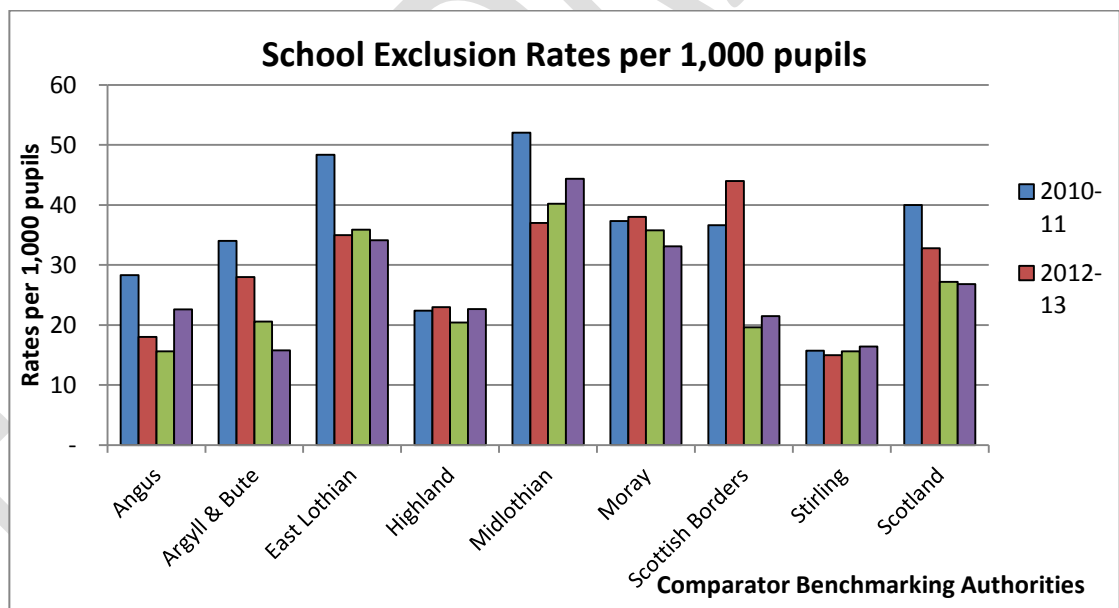
- Children in Moray make a good start in life.
- Breast feeding rates, MMR immunisation and healthy weight are all in line with Scottish averages. A drive for improvement is still required, as Scottish rates are low
- There is a significant unmet need in children’s mental health.

4.2 EDUCATION AND EMPLOYMENT

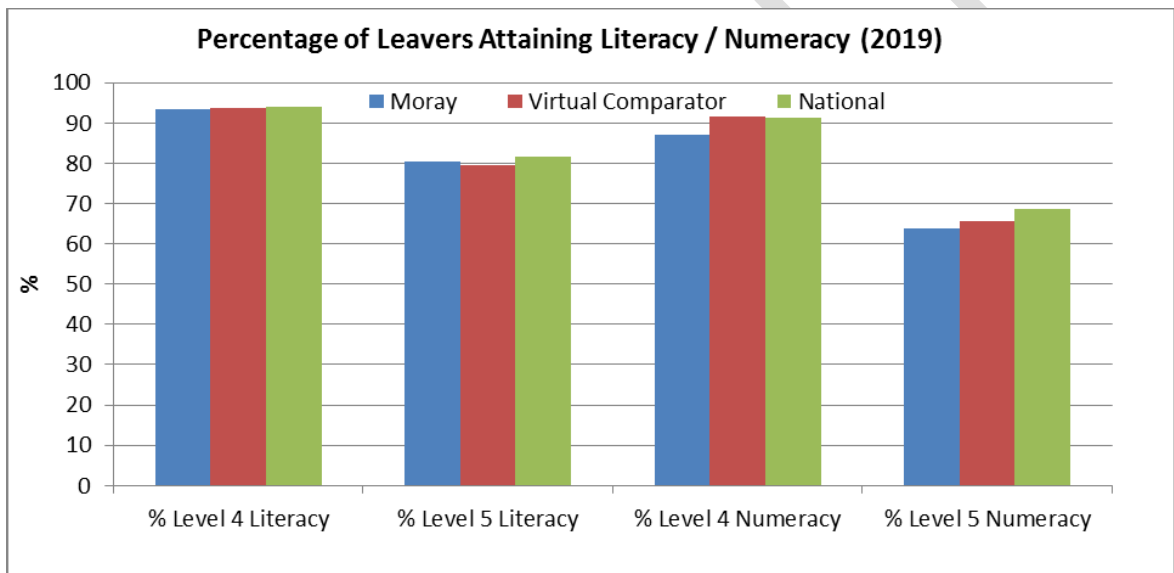
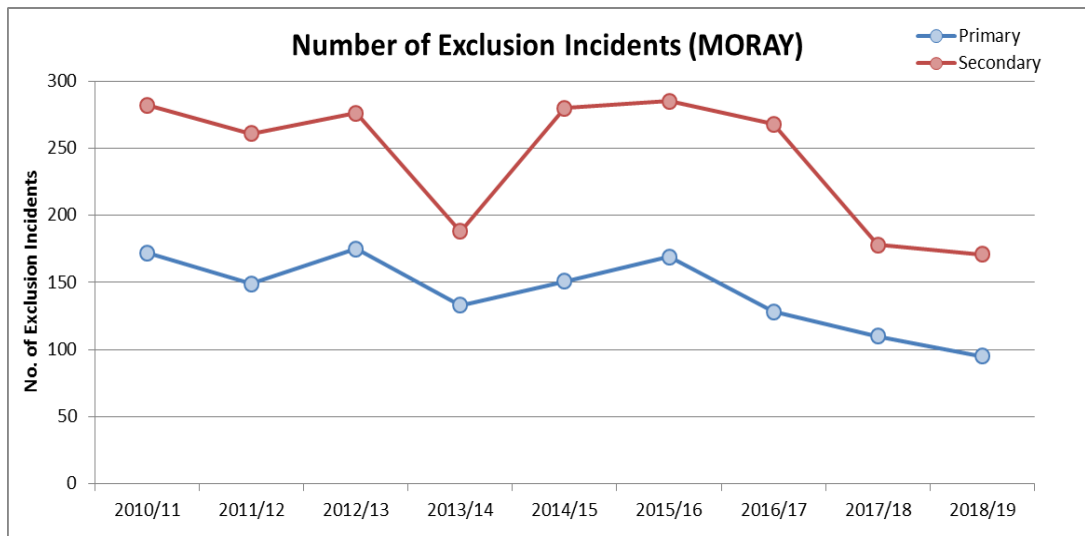
Good educational outcomes are an important driver for large numbers of desirable features of adulthood including, but not limited to, good health and wellbeing, reduced inequalities of all types, better income, more satisfying jobs and more social mobility. It should be emphasised that educational outcomes 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.



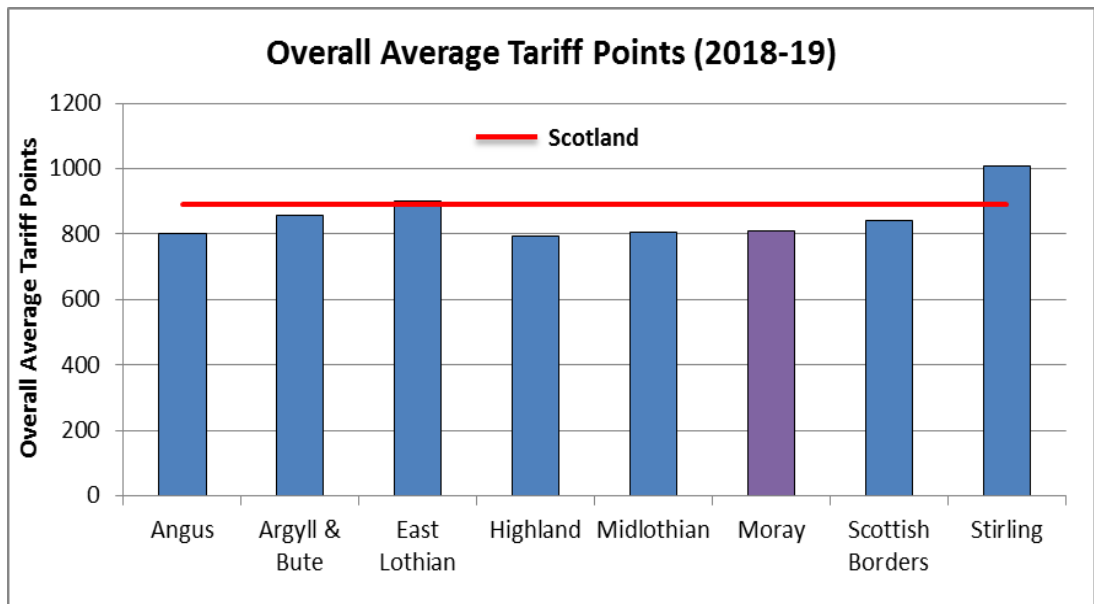
School attendance varies across the four year period but remains around 94%. This compares well with our comparator authorities and the national average. This remains a priority for schools as they monitor and respond to changes within individual schools.



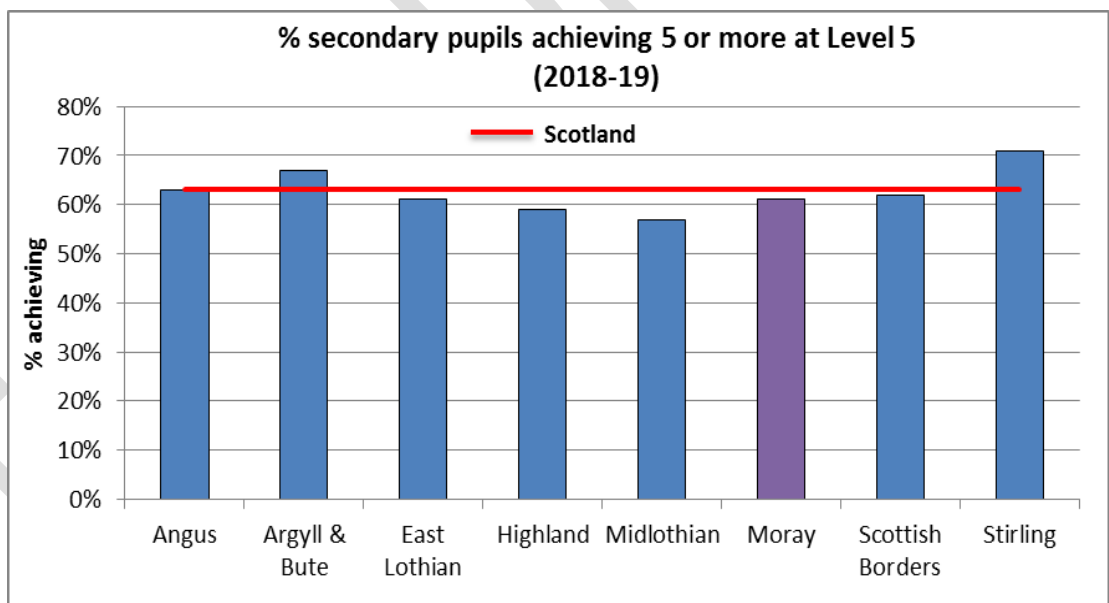
School exclusion rates are significantly higher than in several comparator authorities and in Scotland as a whole up to 2016/17. Our local data shows that we have reduced in this area to be more in line with comparator authorities but do not yet have the data available beyond 2016/17 to confirm this.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



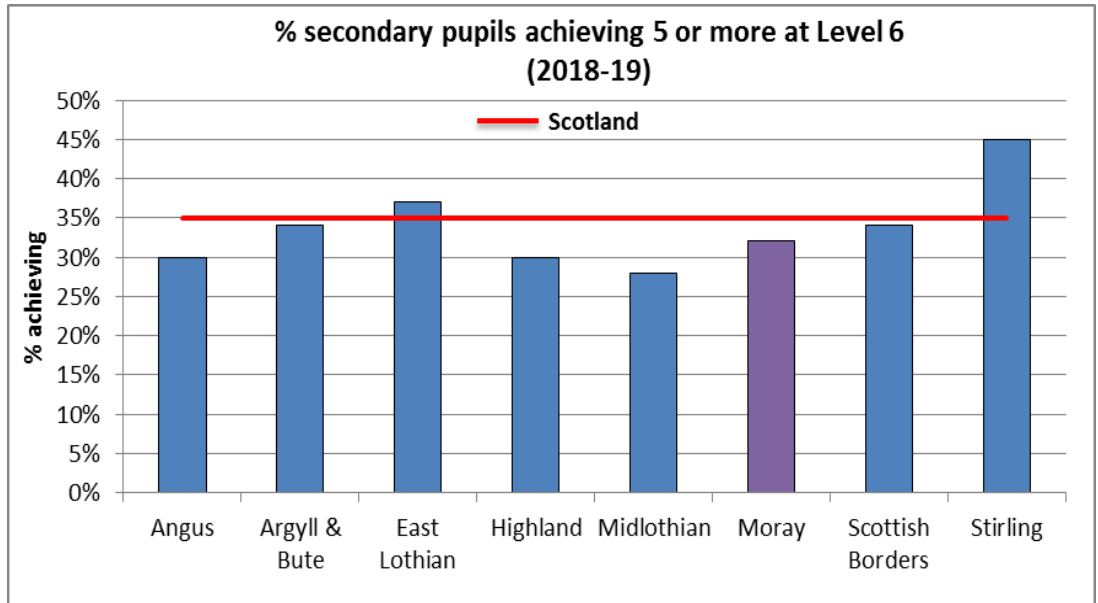
Although the differences are small, there appears to be a consistently lower level of attainment in literacy and numeracy in comparison to the comparator authorities and Scotland. However, trend data would demonstrate an improving picture across the four measures as a Moray average.



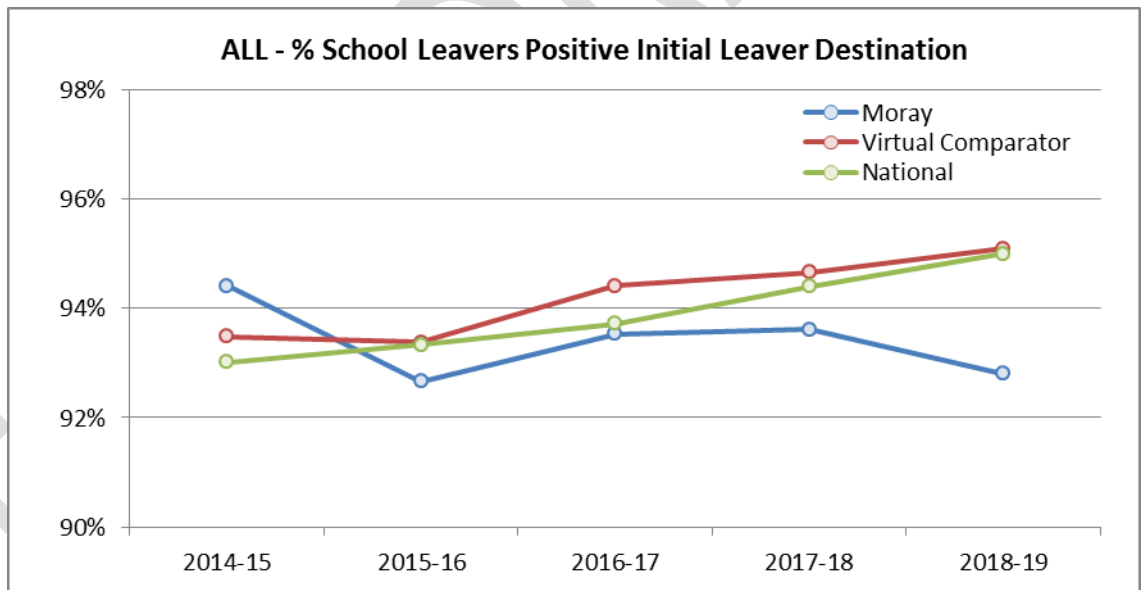
The average total tariff points achieved by school leavers in Moray are below the national average and there is a focused improvement priority within this area. The total tariff points varies across our schools and is monitored and reviewed on a regular basis by the Council's Children and Young People's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

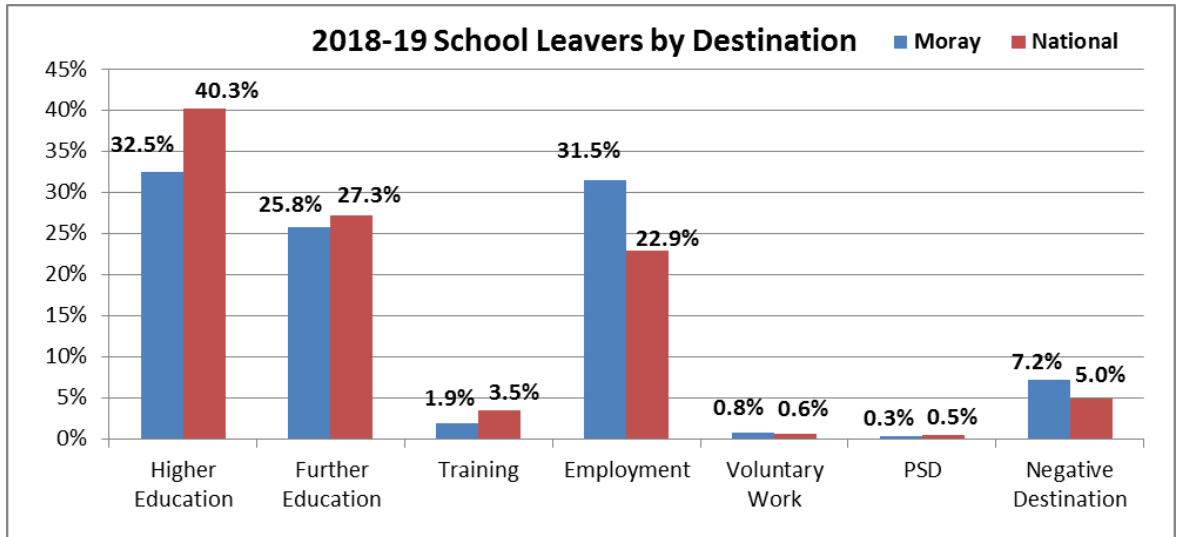


Within this measure, Moray lies slightly below the national average and local authority comparators. As above, this continues to be a focus area within Education and our secondary schools.



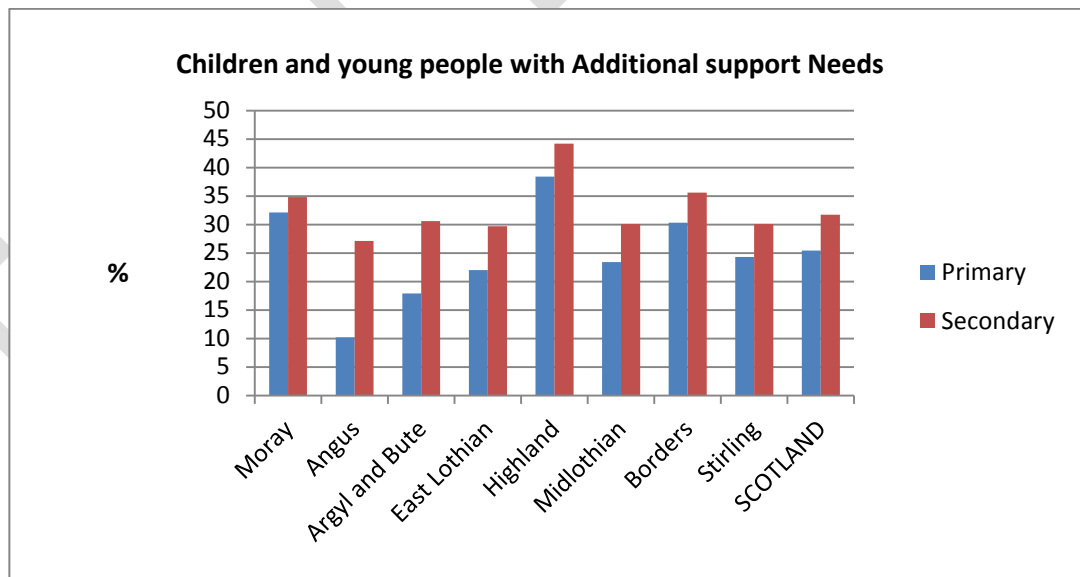
Within this measure, Moray again lies below the national average and local authority comparators. Trend data would show that there has been improvement in this area, but is ongoing as a priority. As above, this continues to be a focus area within Education and our secondary schools.





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.

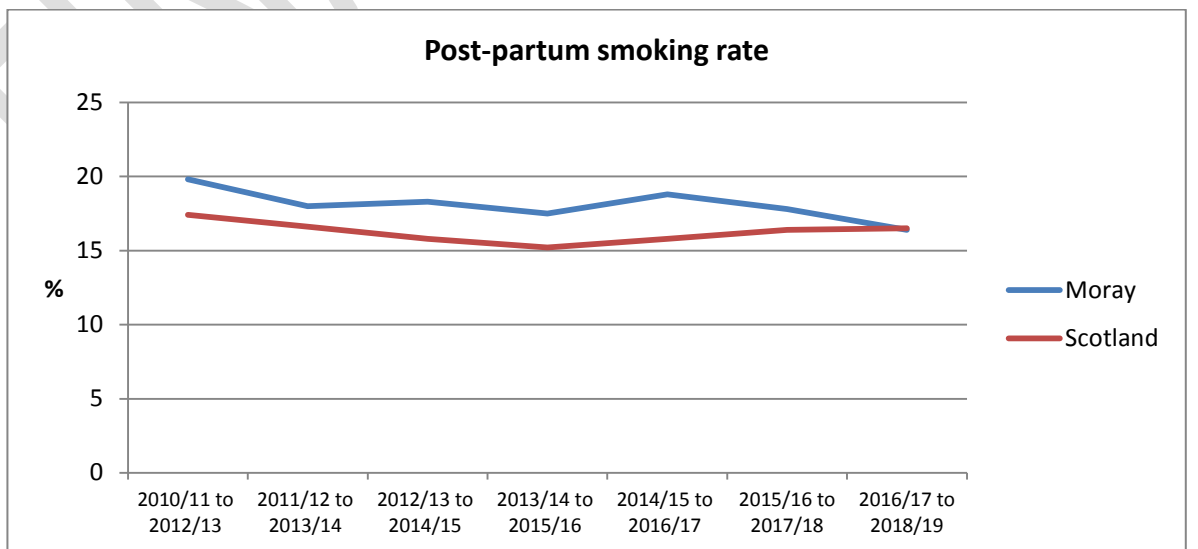
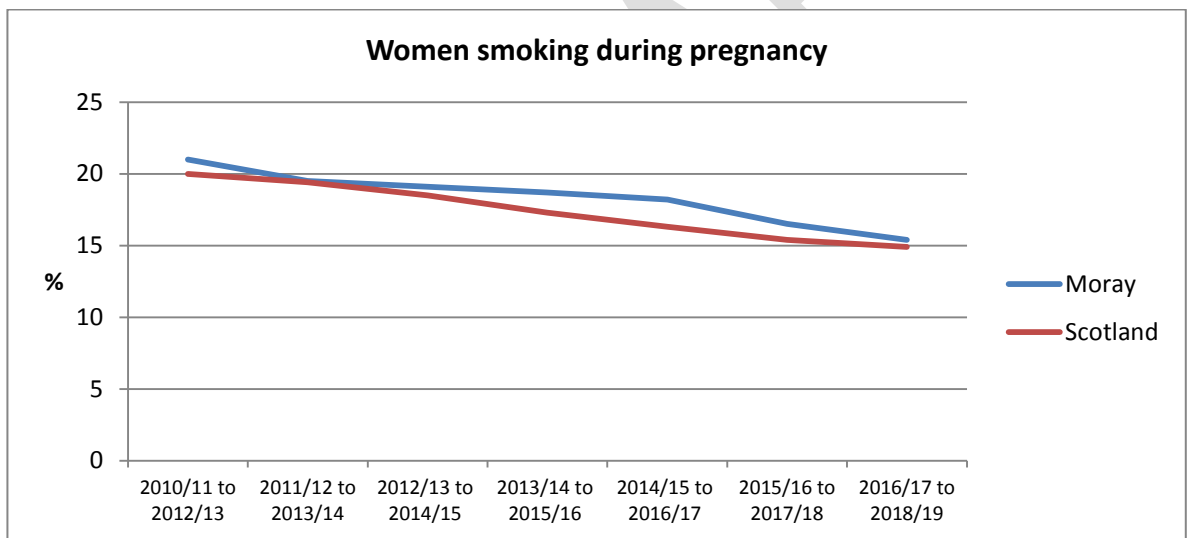
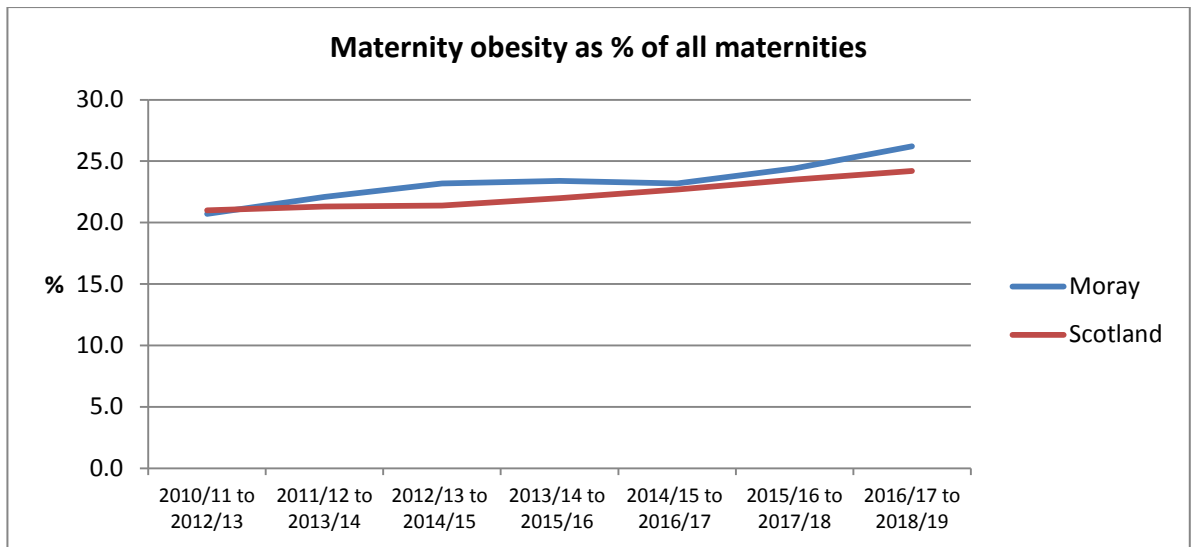
RCS SURVEY DATA

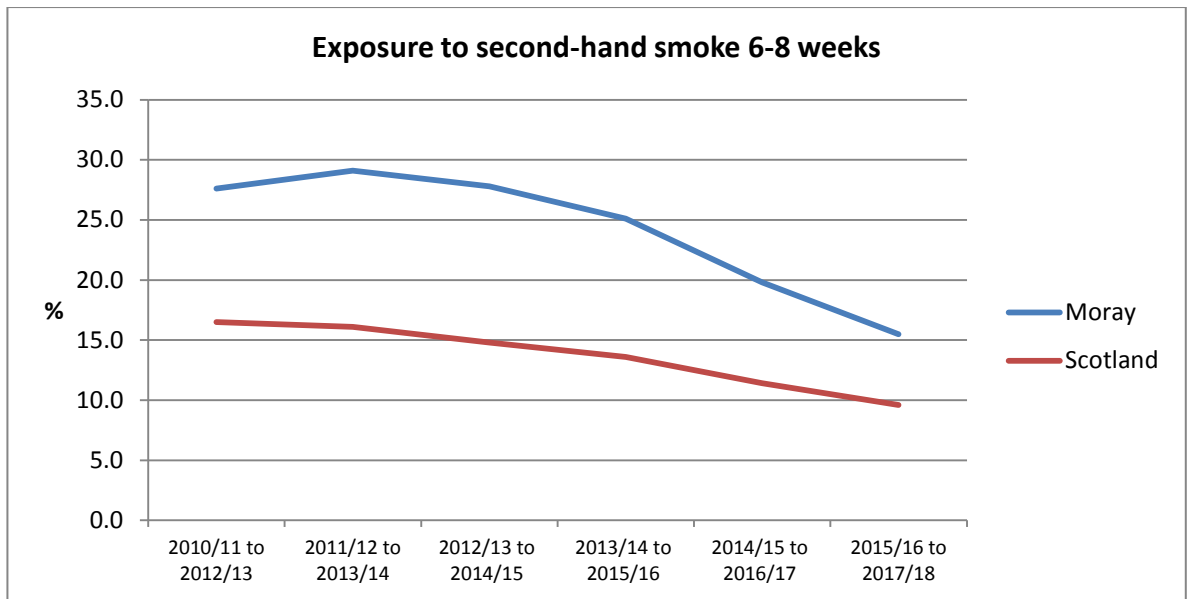
- 29% of primary and 15% of secondary pupils liked school a lot, 8% of primary and 17% of secondary pupils did not like school at all.
- A quarter of secondary school pupils agreed strongly that their teachers cared about them as a person. 86% of primary pupils always or often got along with their teachers.

4.3 SAFETY

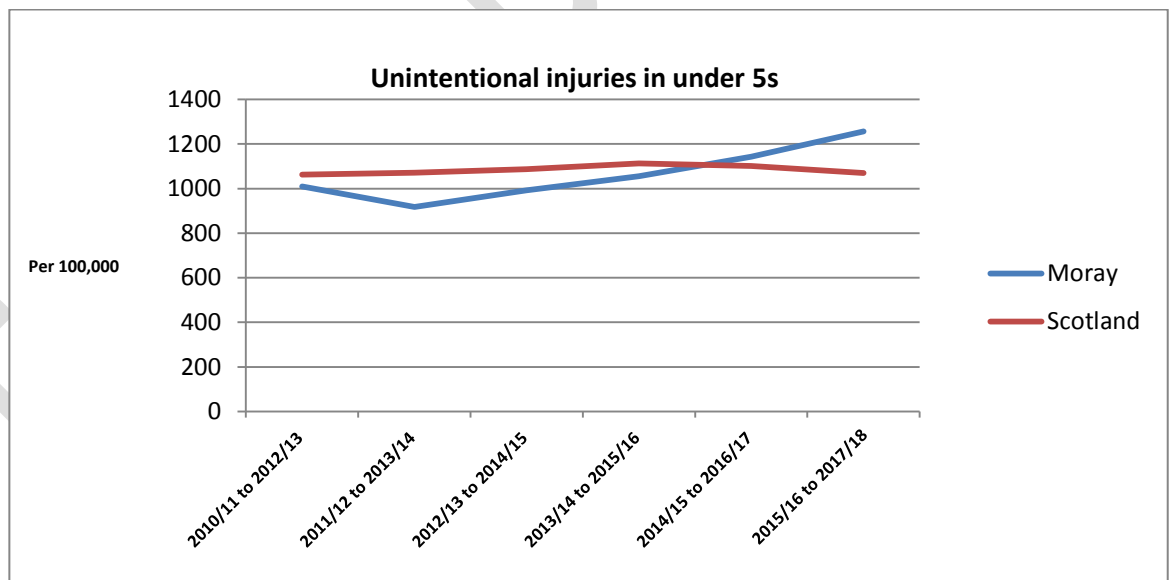
Maternal Health – Based on a 3 year rolling average, the percentage of pregnant women recorded as obese (BMI of 30 and over) at antenatal booking of all maternities shows that the result in Moray is on an increasing trend and has consistently been above the Scottish average.

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.

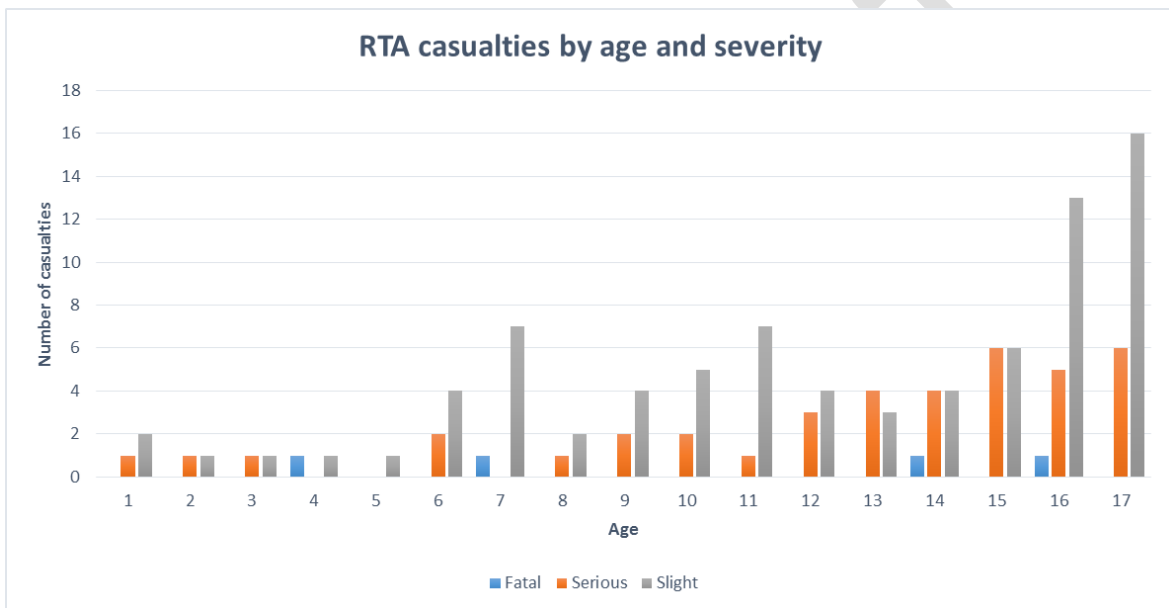


Road traffic accidents – data shows a decreasing trend in the number of road traffic accident casualties that were children / young people. Decreases may coincide with significant road safety campaigns. Age profile data to 2016 shows just over one third of casualties were aged 16 or 17 years. To add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

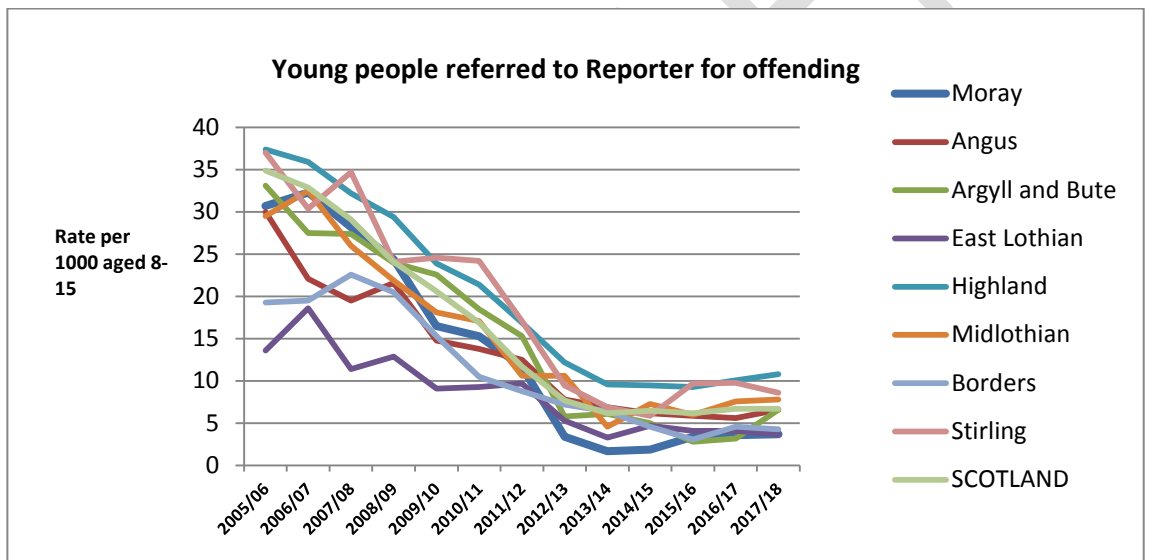
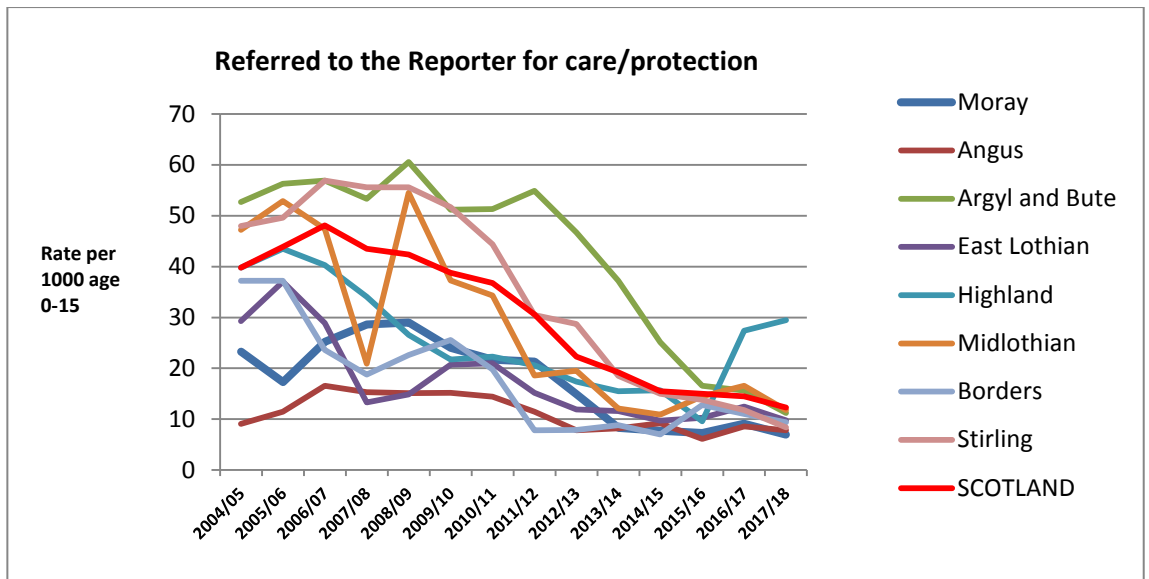
young people per 1,000 population (aged 0-17) are involved in road traffic accidents.

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



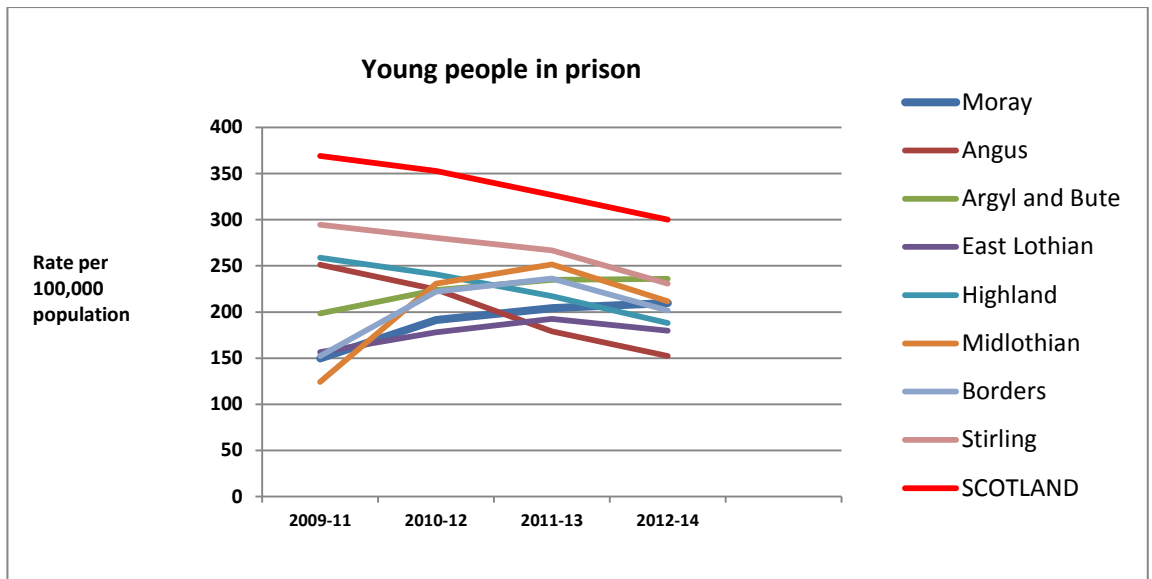
Referrals to the Children’s Reporter - The reasons for the steady decline in referrals to the reporter are complex and are a combination of changes in legislation, changes in government guidance, the implementation of GIRFEC and changes in professional practice. In the case of referrals for offending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



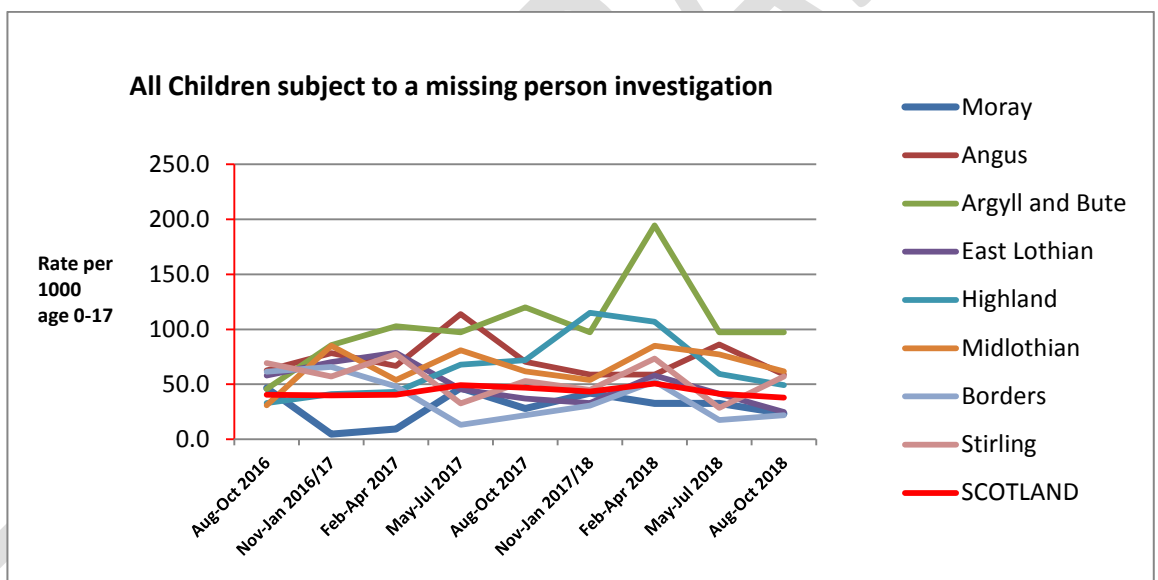
Young people in prison - These rates are age/sex adjusted and so, because of the preponderance of males in the prison system, it is difficult to interpret the rates. The actual numbers of Moray residents in prison in each of these three year periods (averaged out) are -

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

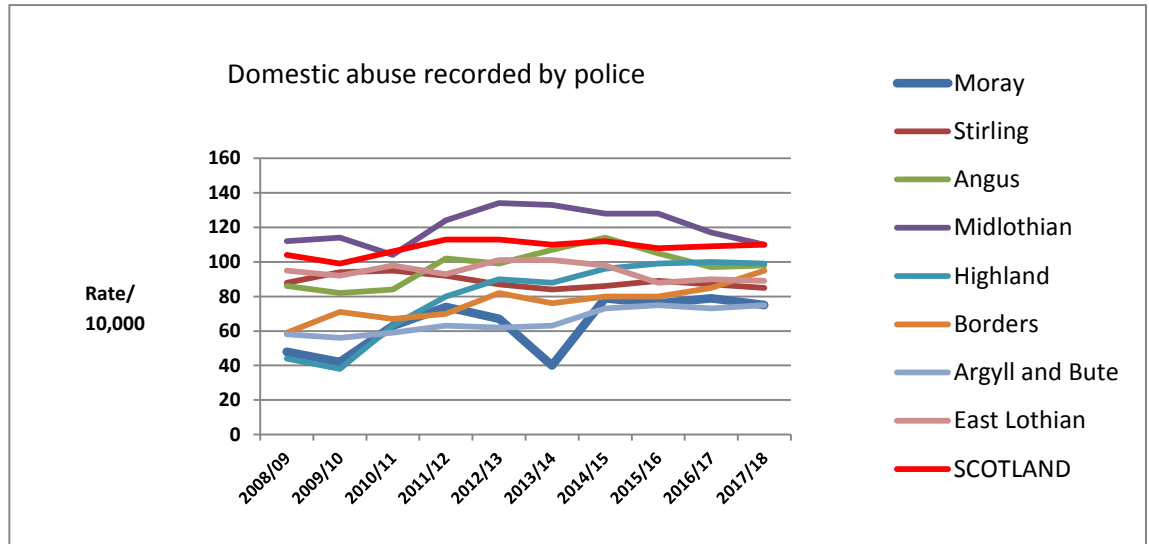
- Maternal Obesity rates are increasing and consistently above Scottish average
- Maternal Smoking rates have declined and are now in line with Scottish average.
- Babies exposure to second hand smoke is significantly above the Scottish average
- Number of unintentional injury (0-5 years) is very low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

FINAL 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.

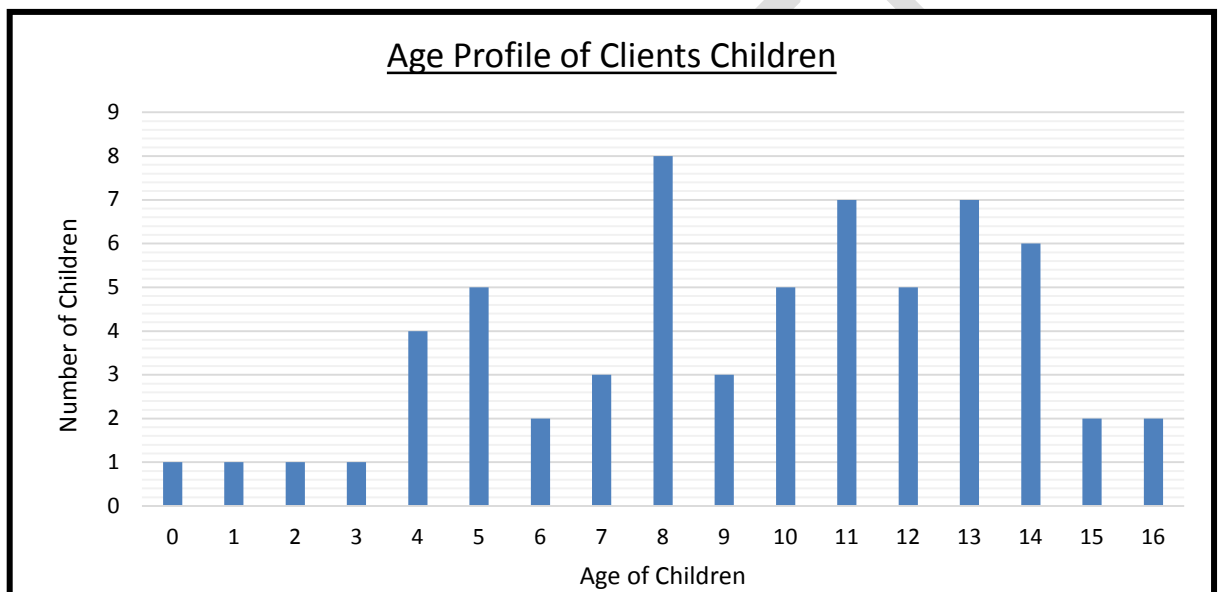
141	Drugs only
91	Alcohol only
28	Both drugs and alcohol

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. This provides representative data that identifies that alcohol / drug use plays a significant factor in parenting, particularly where there is neglect, and where there is also domestic abuse.

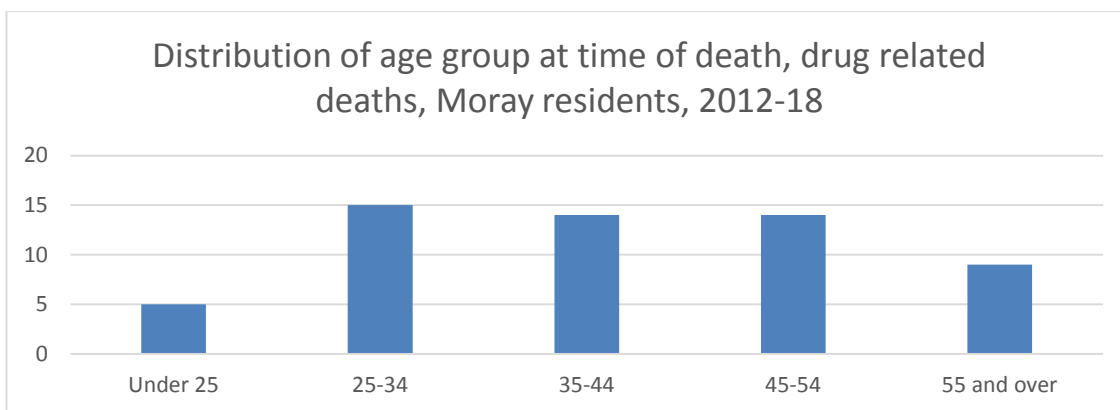
- 35 (26%) clients had children.
- 23 (66%) clients with children were male, 12 (34%) were female
- 20 (57%) clients had issues relating to alcohol, 9 (26%) relating to drugs and 7 (20%) relating to both alcohol and drugs



- 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.

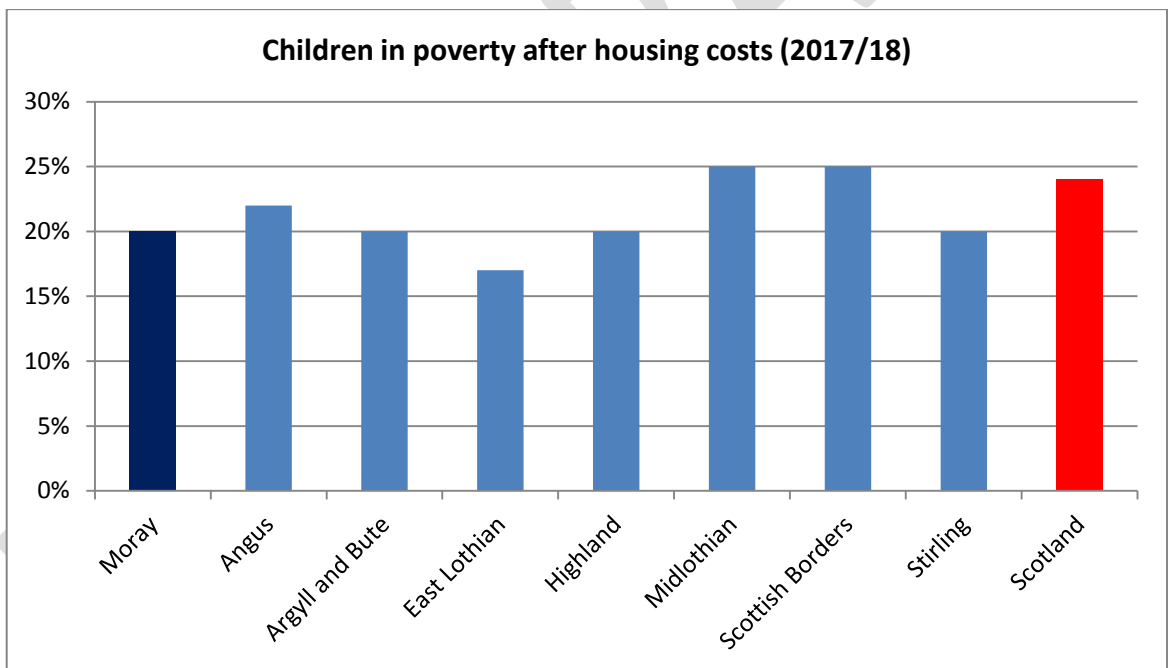
In total 44 children aged under 16 are thought to have lost a parent due to drug use. No data is available on the ages of the children.

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

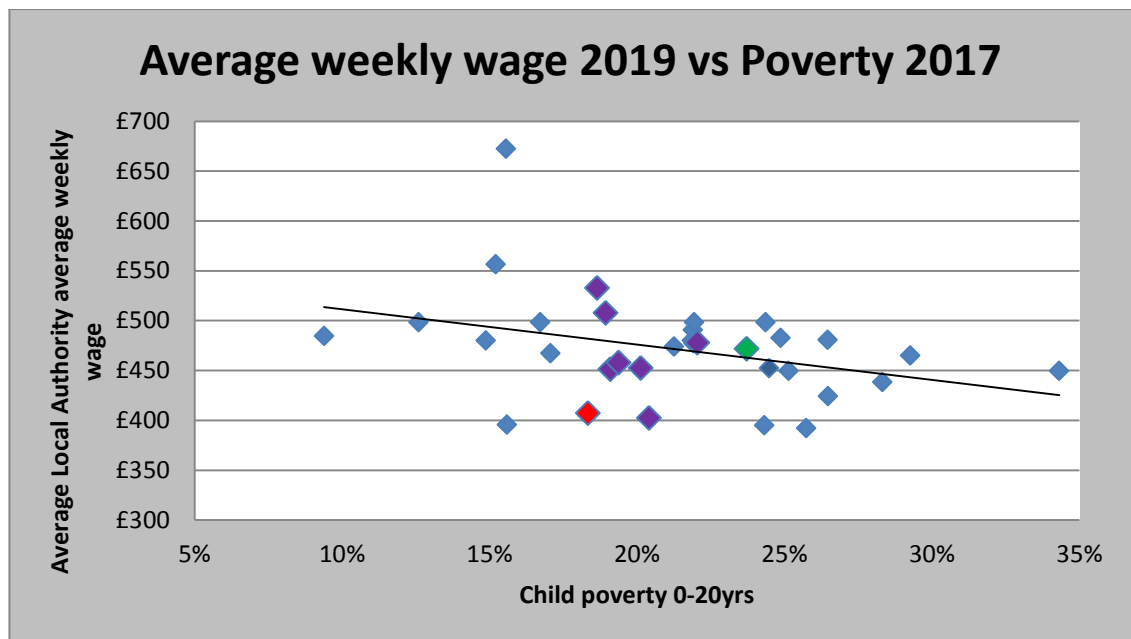
HEADLINES

- 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:

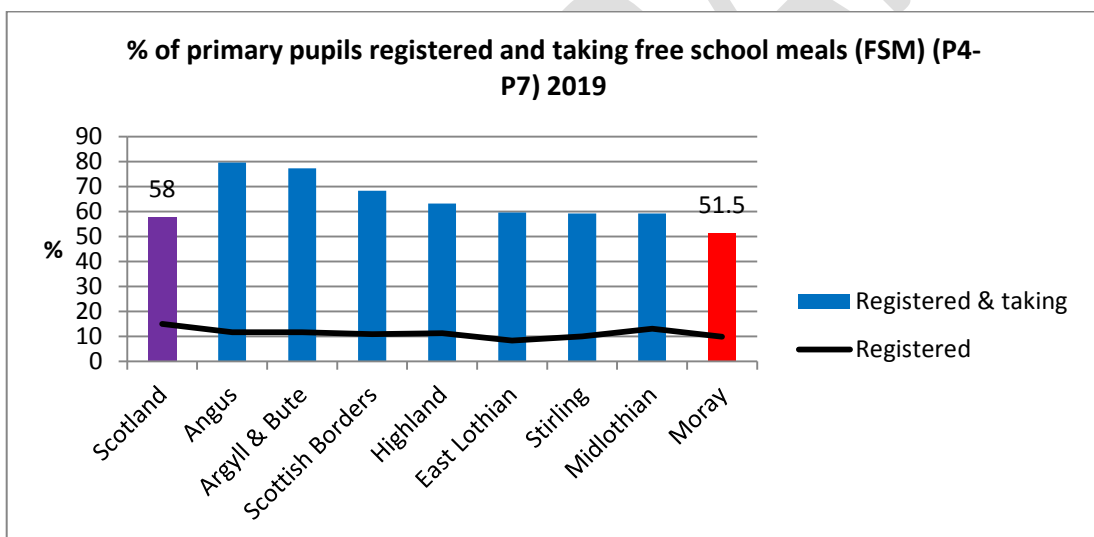
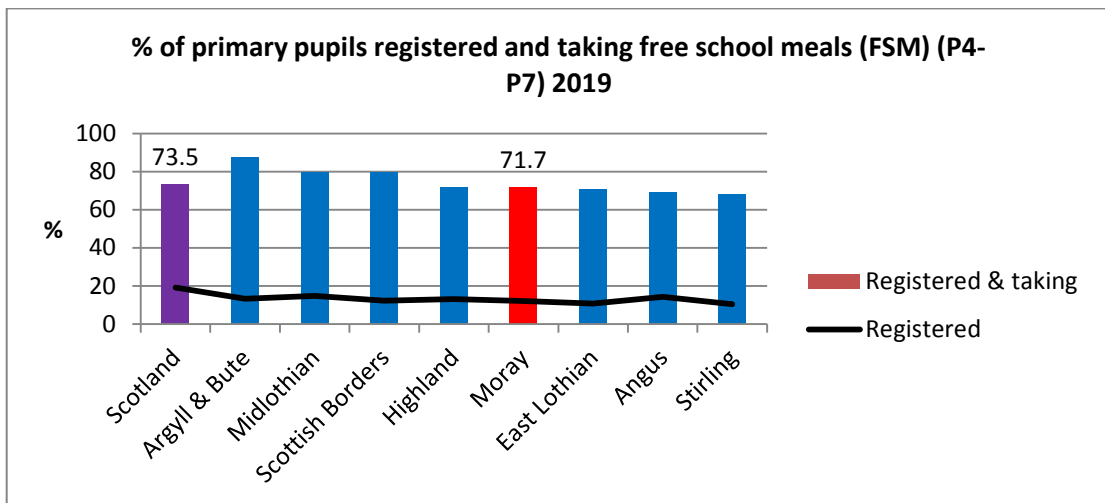
In 2017, four out of five adults (78%) work in Moray. Fewer than one thousand adults are claiming out-of-work benefits in Moray (less than 2% of the working age population). One in twenty adults is claiming Employment Support Allowance and Incapacity Benefit (5% of the working age population).

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.

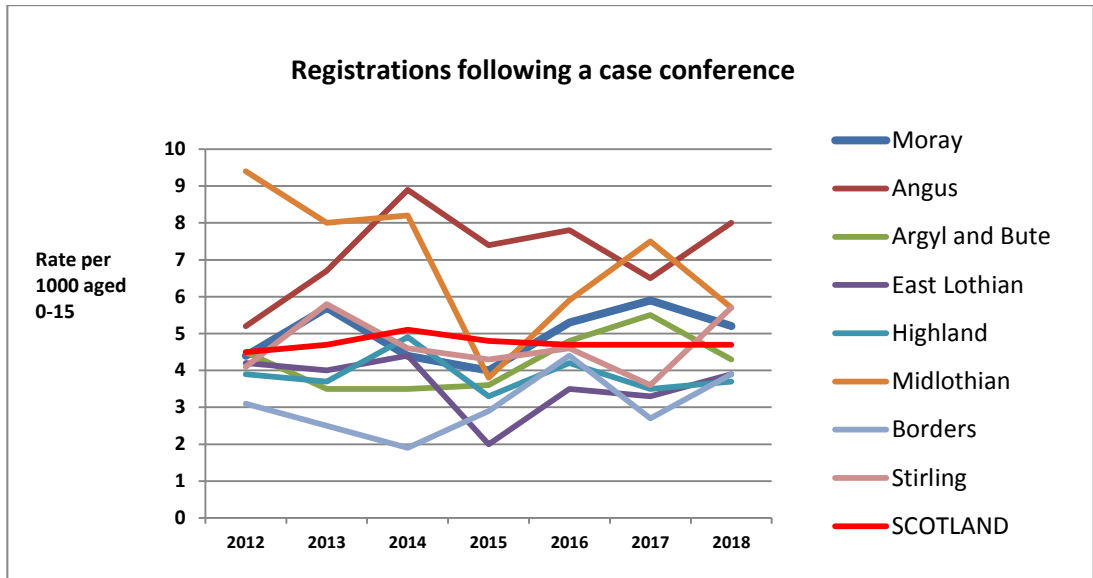
HEADLINES

- 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.

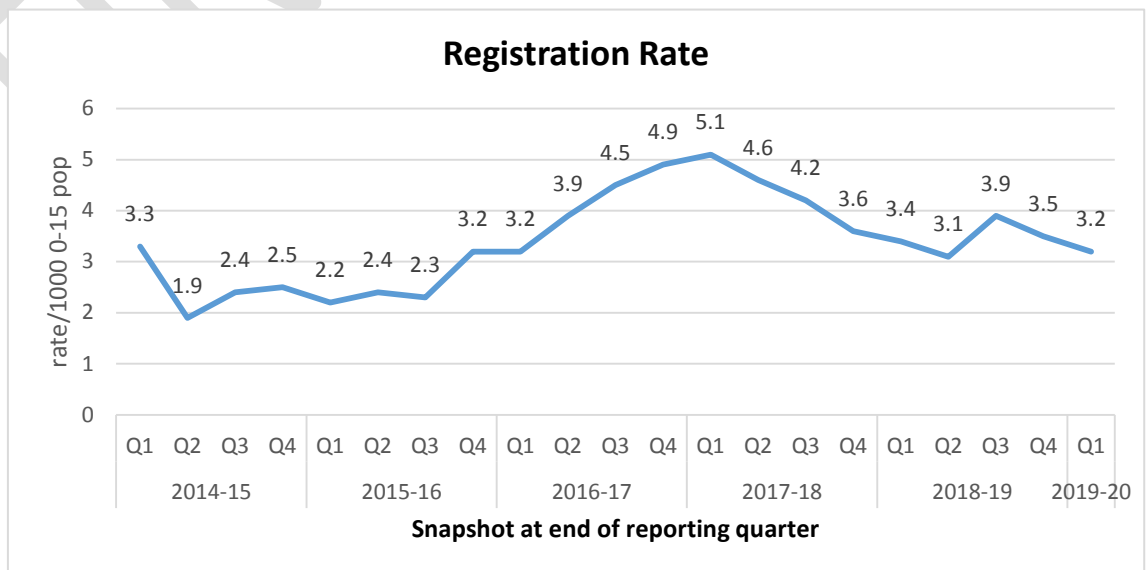
7. CHILDREN AND YOUNG PEOPLE IN NEED OF SPECIALIST AND TARGETED SERVICES

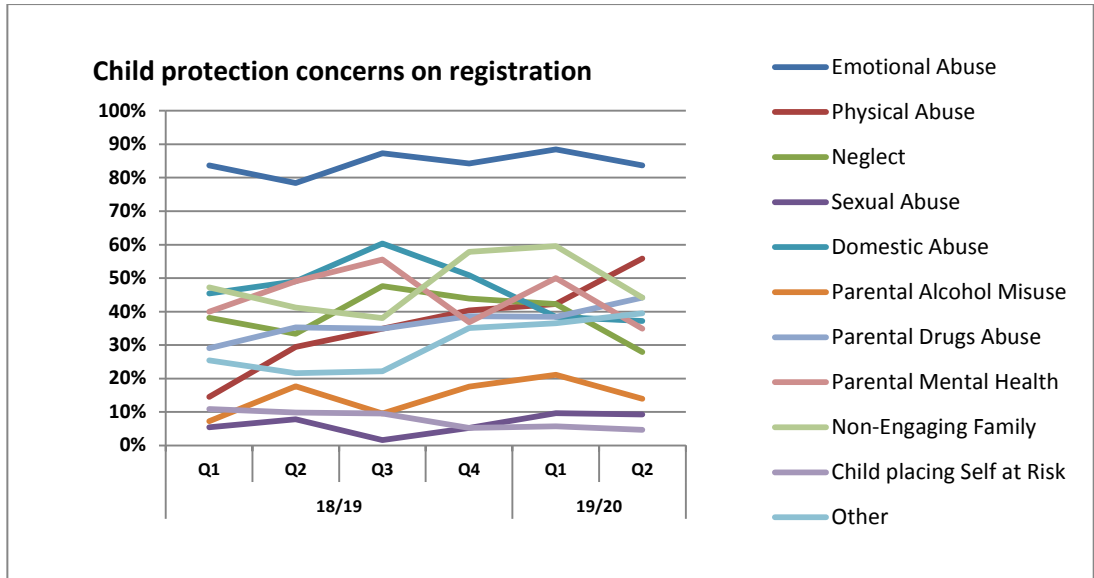
7.1 Children on the child protection register

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.

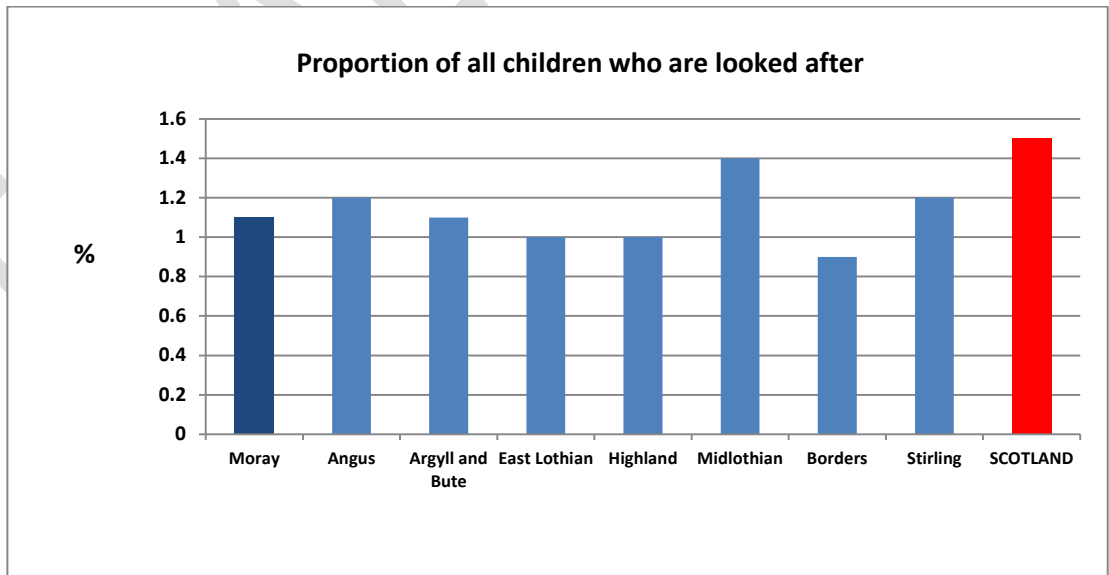




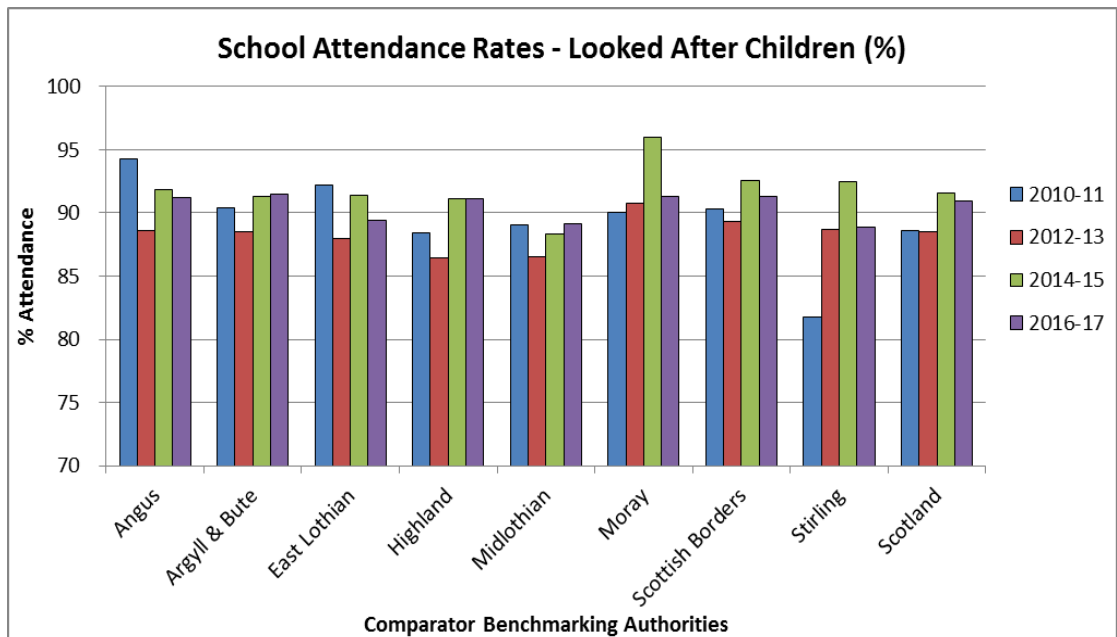
Emotional abuse is the most common concern recorded. Neglect and domestic abuse are also common. There has been a steady increase in physical abuse concerns since the first quarter of 2018.

7.2 Looked after Children

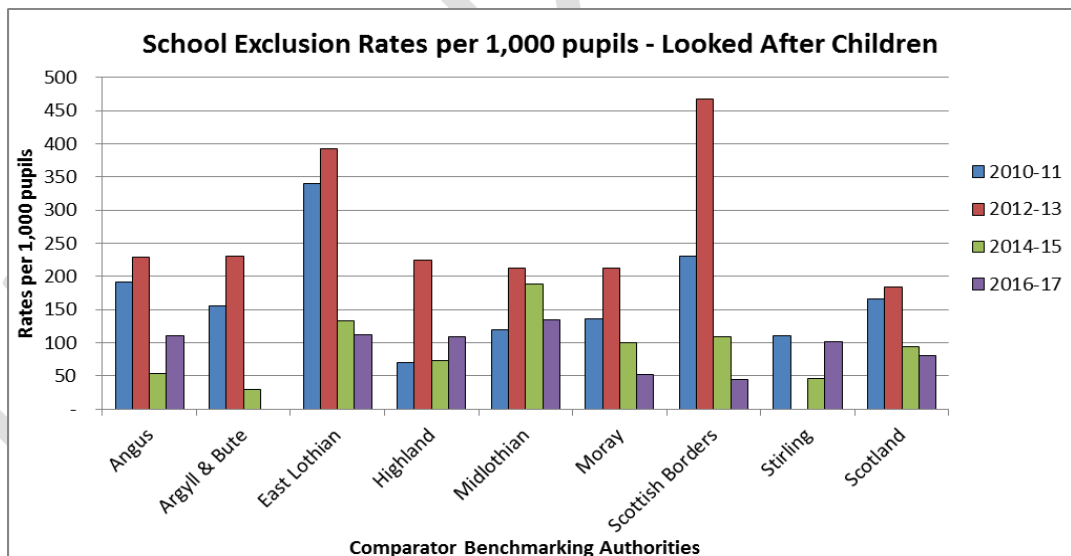
As at 30th September 2019 there were a total of 201 looked after children (LAC) in Moray, representing 1.08% of the total population aged 0-17 years. This proportion is not significantly different from our comparator authorities with the exception of Midlothian, and is significantly smaller than the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



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

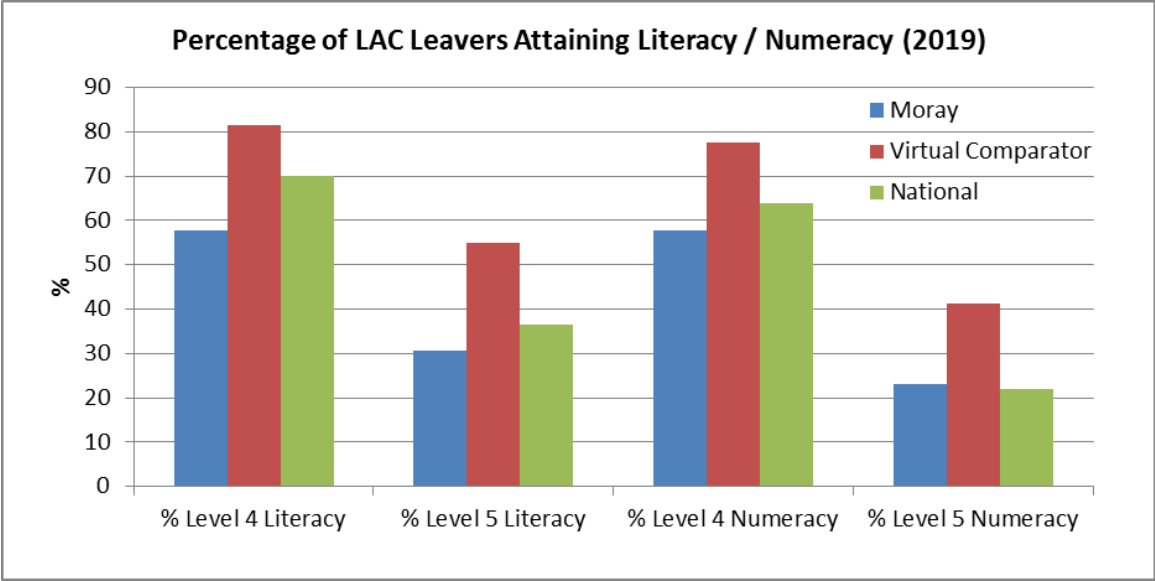


Whilst there has been a welcome reduction in school exclusion for looked after children from a peak in 2012/13, when more than 1 in 5 looked after children were excluded from school, 5% were excluded in 2016/17 (compared with 3% of non-looked after children) More alternatives to school exclusion may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

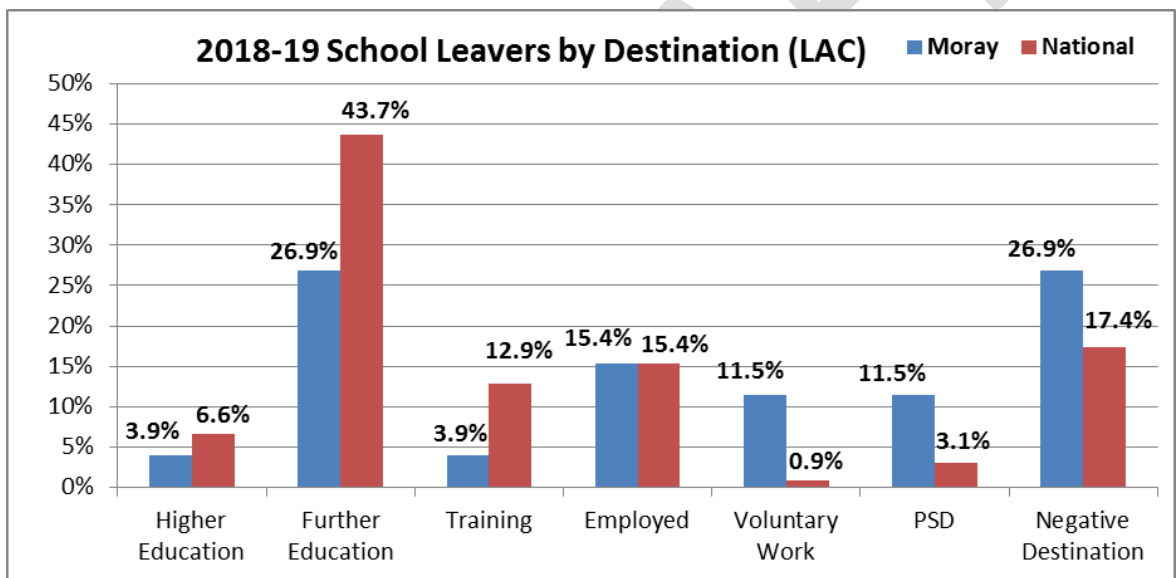
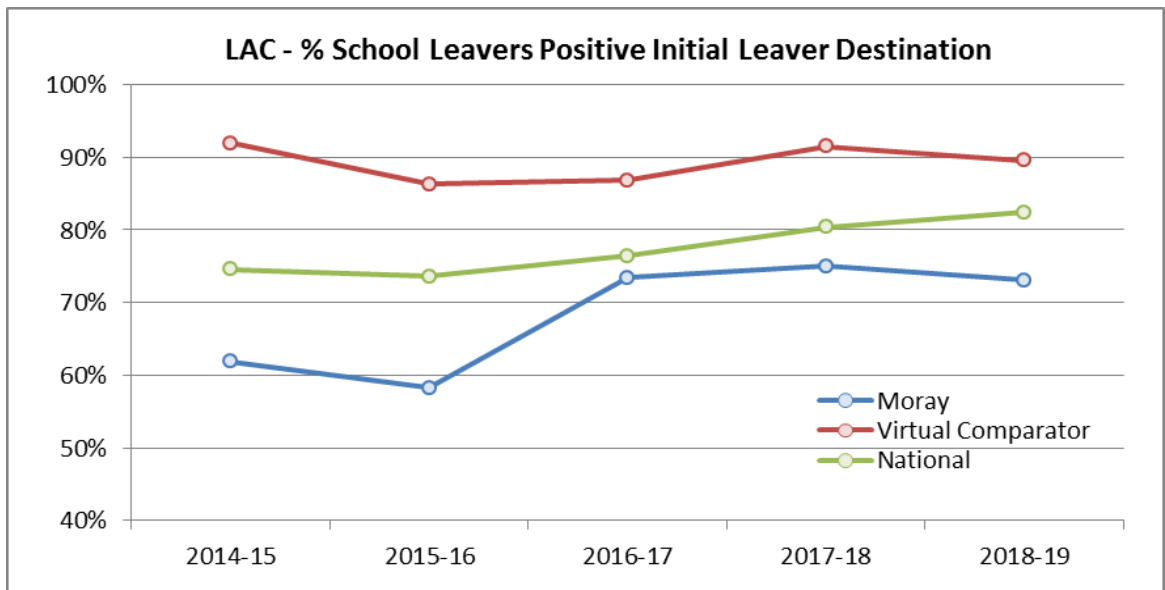
Scottish national data demonstrates differences in educational achievement depending on where looked after children are accommodated.



FINAL DRAFT

	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.



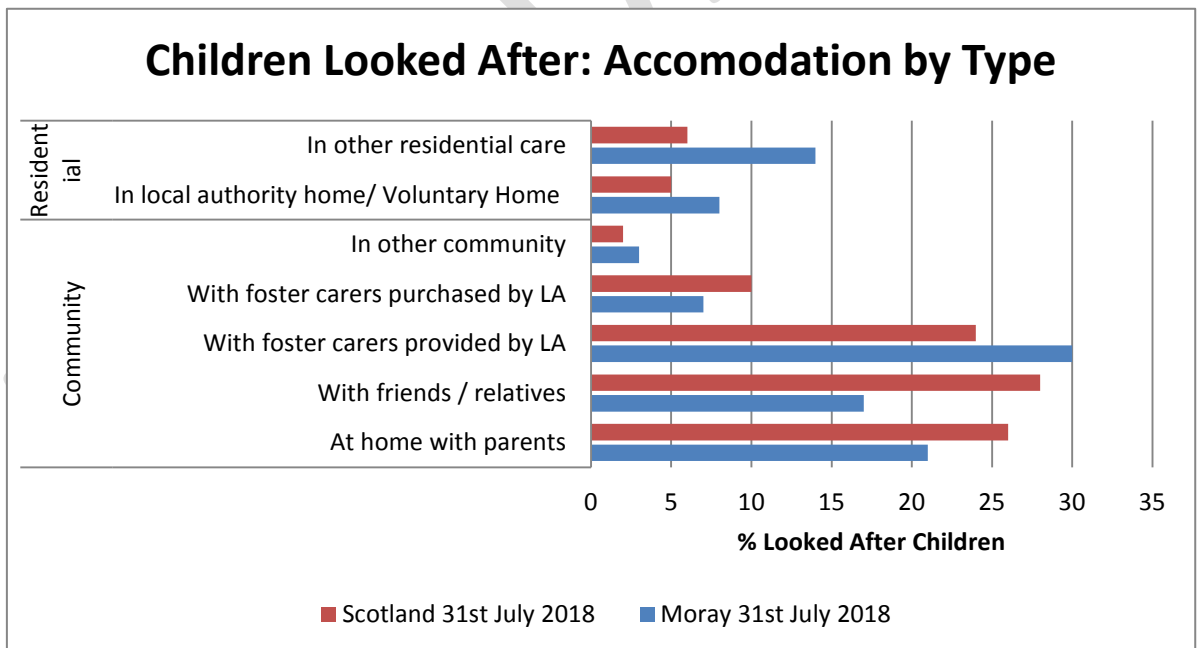
In June 2019, Scottish Government published positive follow up destinations for the thirteen school leavers looked after for the full year in 2017-18; 62% were in a positive destination at follow up survey (9 months after leaving school), below the 76% recorded nationally and a drop off from the 85%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

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

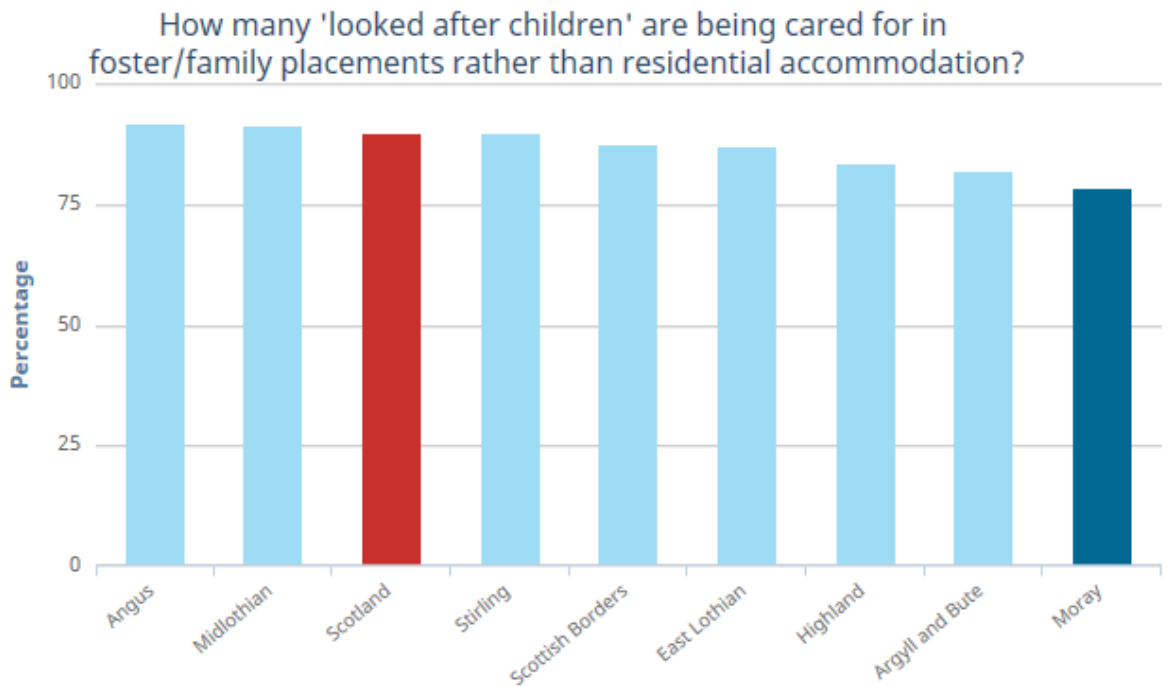
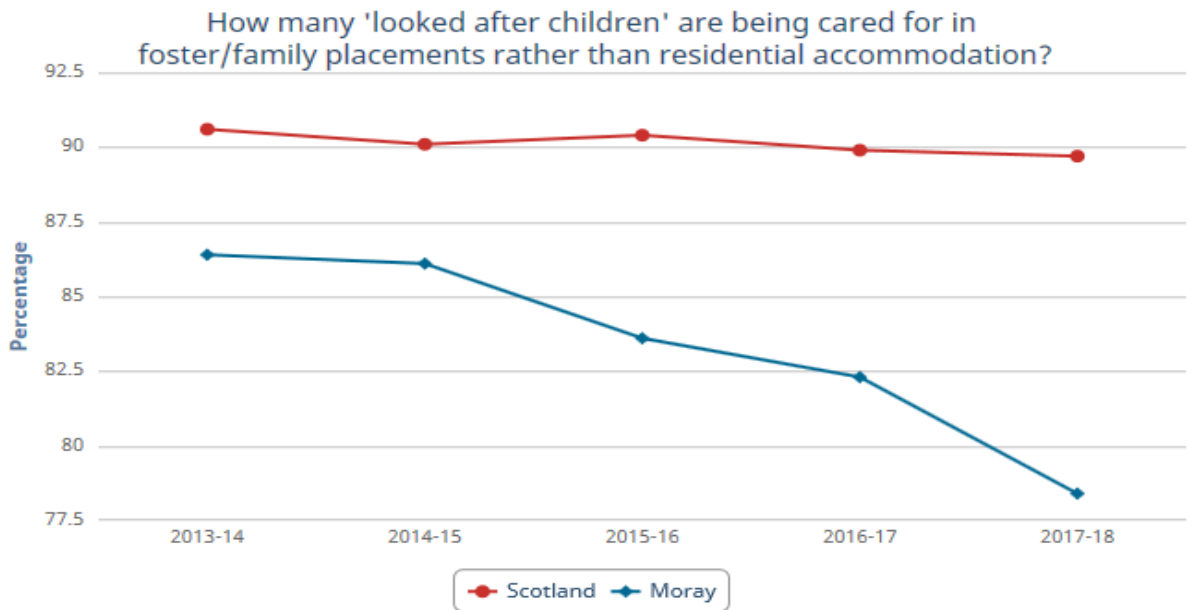
<u>Community</u>	<u>Number</u>	<u>Percentage</u>
Under Home Supervision	36	17.9%
Kinship Care	45	22.3%
Moray Council Foster Care	58	28.8%
Independent Fostering	14	7.0%
Placed for Adoption	8	3.9%
Total	161	79.9%

<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

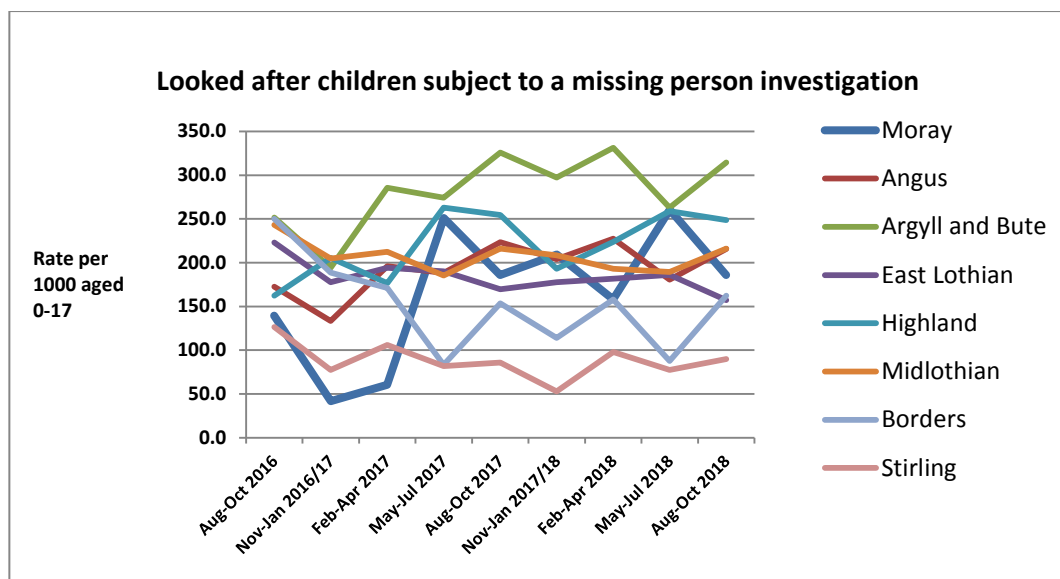
Comparator data of accommodation by type is available as at July 2018 -



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

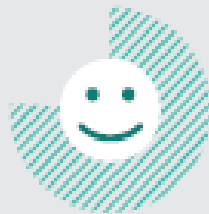
1. Note that pupils were allowed to skip any question they did not wish to answer. Thus, these numbers do not necessarily reflect the actual number of pupils responding to a particular question. In addition, where information was provided through linkage with administrative data, responses are only given 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 (67%, 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).

17% 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).

10% 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



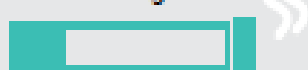
- Girls (14%) were less likely than boys (20%) to be active for at least 60 minutes every day.
- The proportion of all secondary pupils who were active at least 60 minutes every day decreased with age (from 23% in S1 to 12% in S4).

40% of primary pupils were physically active⁴ every day



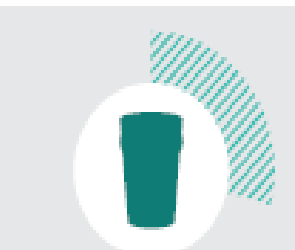
- Those with additional support needs were less likely to be physically active every day (35%, compared with 42% of those with no additional support needs) as were those pupils who were eligible for free school meals (34%, compared with 41% of those not eligible).

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:



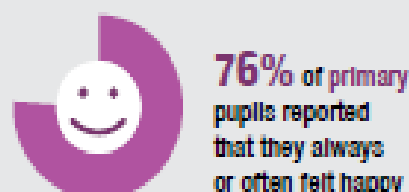
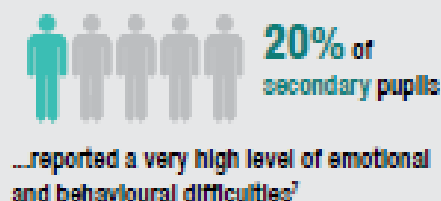
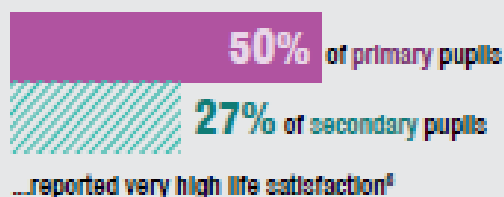
- The proportion of secondary pupils who had ever taken drugs increased with age (from 4% in S1 to 25% in S4).
- Current smokers were ten times more likely to have ever used drugs (70%, compared with 7% of those who did not currently smoke).

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:

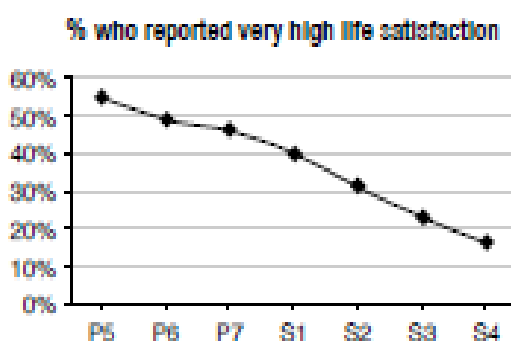


The mean WEMWBS⁸ score, reflective of overall mental wellbeing, for secondary pupils was

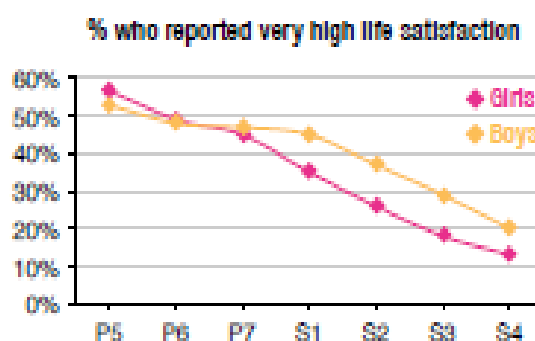


Key variations in reported levels of mental wellbeing:

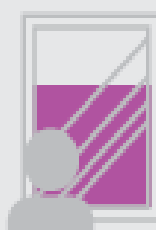
Older pupils were much less likely than younger pupils to report very high life satisfaction



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).

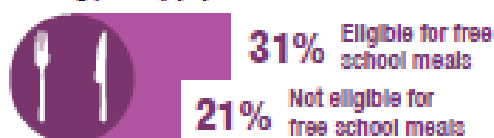
6. Responses to questions about life satisfaction were combined and grouped into three categories: 'low/medium', 'high', and 'very high'. Further details are available in the Technical Report.

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.

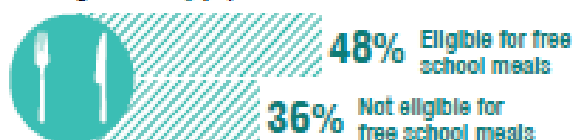
8. National WEMWBS figures for secondary school pupils are available in SALUS National Statistics 2018. WEMWBS is also used as an indicator of mental wellbeing at a national level in the Scottish Health Survey. See more here: <http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/wemwbs>

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

% who reported low/medium life satisfaction among primary pupils



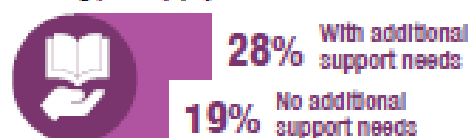
% who reported low/medium life satisfaction among secondary pupils



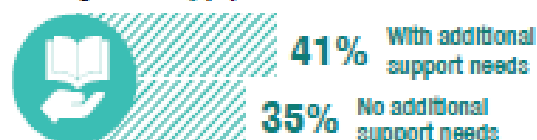
- Among secondary pupils, 54% of those eligible for free school meals also had higher than average social, emotional and behavioural difficulties, compared with 40% of those not eligible.

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



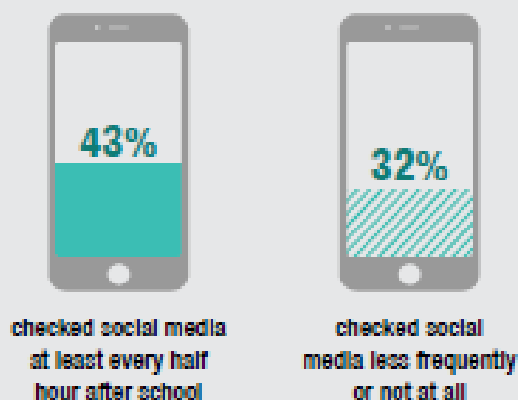
% who reported low/medium life satisfaction among secondary pupils



- 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

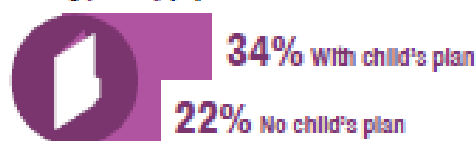
% who reported low/medium life satisfaction among secondary pupils



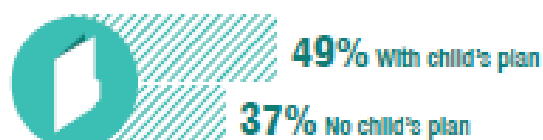
- Those who checked social media at least every half hour were also more likely to have above average levels of social, emotional and behavioural difficulties (52%) than those who checked social media less often (34%).

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

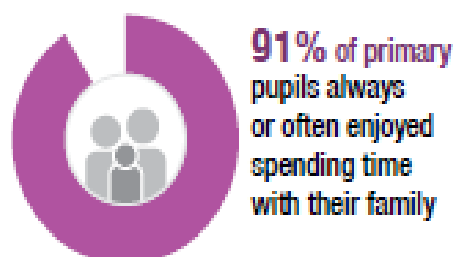
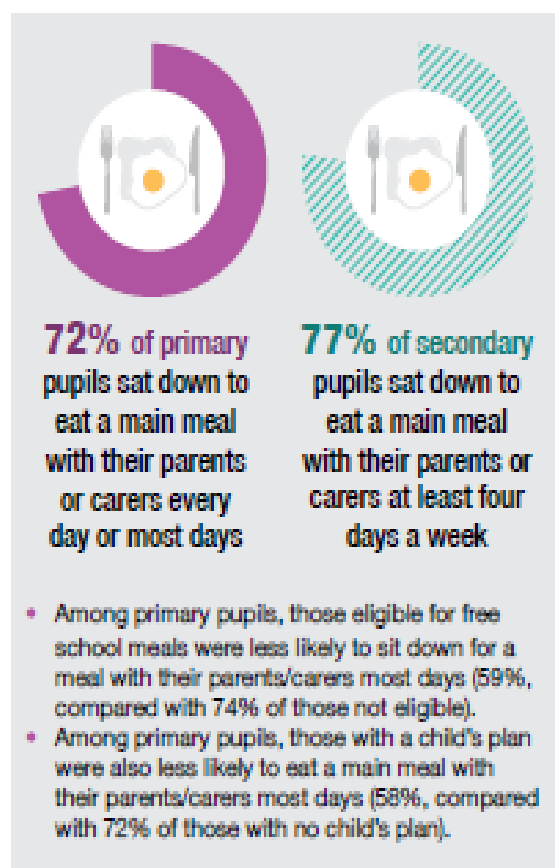


% who reported low/medium life satisfaction among secondary pupils

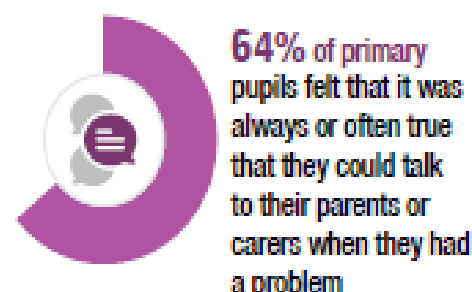


- Among secondary pupils, 70% of those with a child's plan also had higher than average social, emotional and behavioural difficulties, compared with 40% of those with no child's plan.

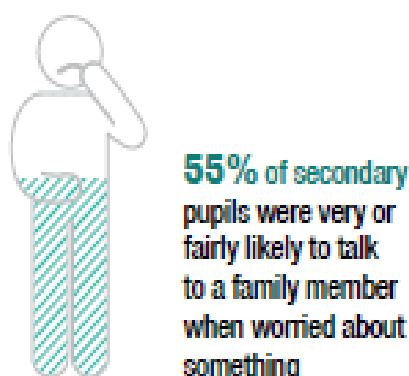
3. Family relationships



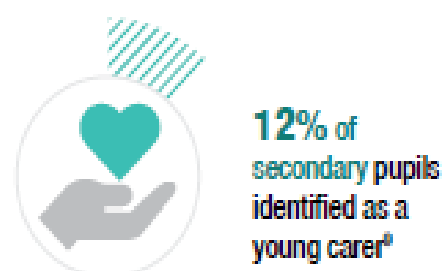
- Primary pupils with a child's plan were less likely to say they always or often enjoyed spending time with their family (75%, compared with 92% of those with no child's plan).



- Primary pupils with a child's plan were also less likely to say that it was always or often true that they could speak to their parents/carers when they had a problem (53%, compared with 65% of those with no child's plan).



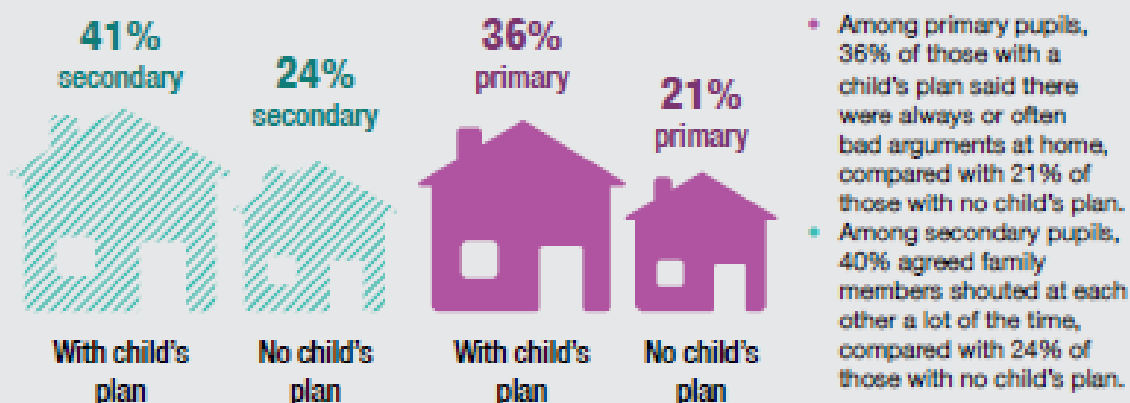
- The proportion of secondary pupils who strongly agreed they enjoyed spending time with their family decreased with age (from 65% in S1 to 44% in S4).
- This decrease applied for both boys and girls, and irrespective of eligibility for free school meals.



- Those eligible for free school meals were more likely to identify as young carers (29%, compared with 11% of those not eligible).
- Those with a child's plan were also more likely than those with no child's plan to identify as young carers (21%, compared with 12% of those with no child's plan).

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



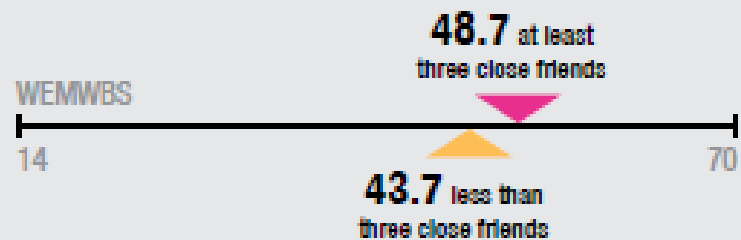
- Among primary pupils, those eligible for free school meals were less likely to have at least three close friends (61%, compared with 71% of those not eligible).
- Among secondary pupils, the youngest pupils were more likely to report having at least three close friends (88% in S1, compared with 80%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

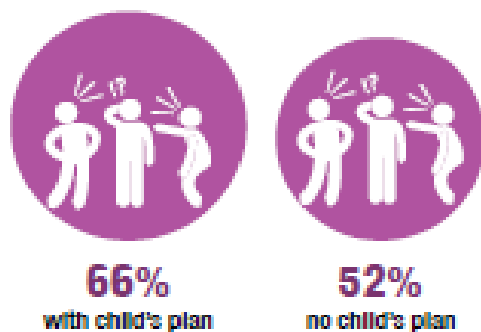
48% of secondary pupils were bullied in the last month



- 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

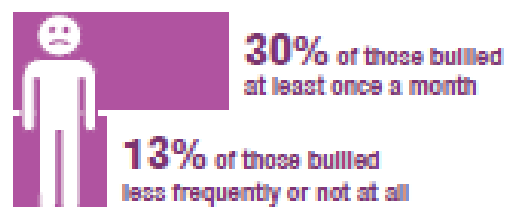
% among primary pupils who experienced some form of bullying at least once a month



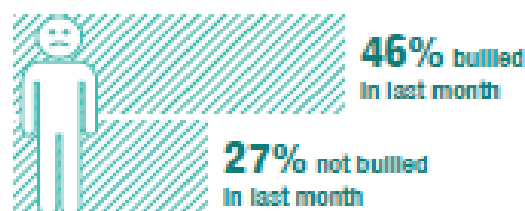
- In particular, those primary pupils with a child's plan were more likely to be teased and called names (52%, compared with 39% of those with no child's plan) and were more likely to be left out of games and chats (48%, compared with 32% of those with no child's plan).

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



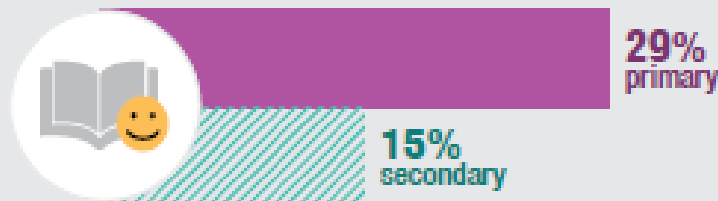
% among **secondary** pupils reporting low/medium life satisfaction



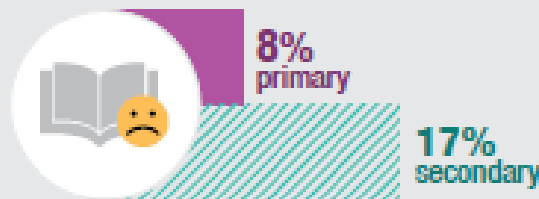
11. A 'high' level of bullying is defined as experiencing any form of bullying once a month or more among primary pupils and experiencing any form of bullying in the last month among secondary pupils (Note: questions differed for primary and secondary school pupils on this measure).

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 18% 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).

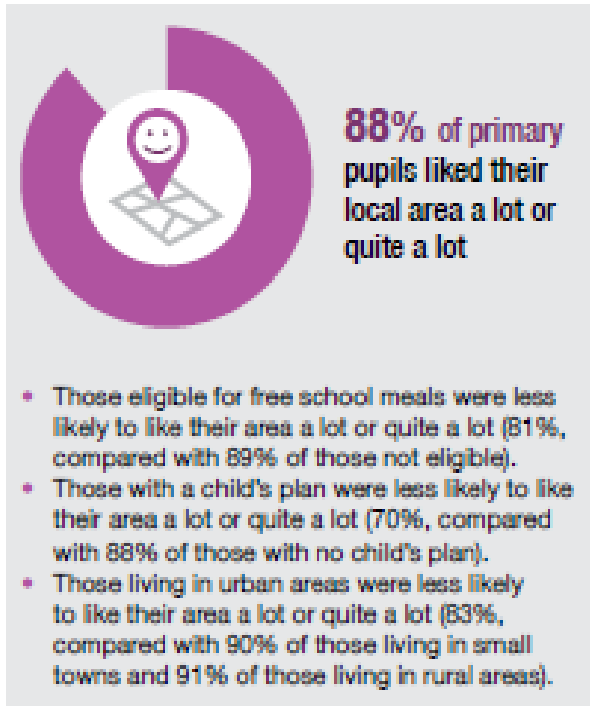
11% of secondary pupils misbehaved all or most of the time



- 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

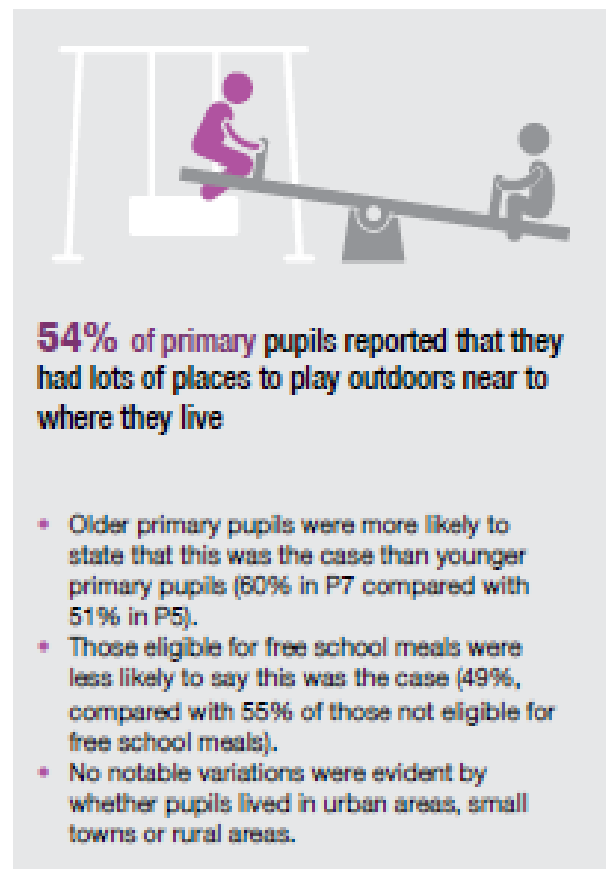


- The proportion who agreed decreased with age (from 78% in S1 to 57% in S4).
- Boys (70%) were more likely to agree than girls (63%).
- Those eligible for free school meals were less likely to agree (59%, compared with 66% of those not eligible).
- Those living in rural areas were more likely to agree (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 (85% 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.



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

Scottish School Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018

The latest results from a national series of surveys of smoking, drinking and drug use among secondary school children. A selected sample of S2 –S4 pupils across all eight secondary schools; 498 of 662 (75%) of pupils aged 13 and 15 years completed the SALSUS questionnaire. Some key findings below -

Smoking prevalence and attitudes to trying smoking

	Base: 265 13 year old / 216 15 year olds	Change from 2013	Difference from Scotland 2018
83%	of 13 year olds reported they have never smoked	-4%	-4%
4%	of 13 year olds were occasional smokers (less than one per week)	+3%	+3%
2%	of 13 year olds were regular smokers (one or more per week)	-1%	0%
25%	of 13 year olds felt it was 'ok' for someone their age to 'try smoking to see what it's like'	+10%	+7%
60%	of 15 year olds reported they have never smoked	-1%	-10%
8%	of 15 year olds were occasional smokers (less than one per week)	+1%	+2%
12%	of 15 year olds were regular smokers (one or more per week)	+2%	+5%
48%	of 15 year olds felt it was 'ok' for someone their age to 'try smoking to see what it's like'	-7%	+3%

Changing what is culturally acceptable may improve the percentage of 13 and specifically 15 year olds making better choices around feeling it 'ok' to 'try smoking', impacting on those becoming occasional or regular smokers.

Alcohol prevalence and attitudes to trying alcohol

	Unless stated otherwise base:avg 260 13 year old / 218 15 year olds	Change from 2013	Difference from Scotland 2018
46%	of 13 year olds reported they had had an alcoholic drink (not just a sip)	+10%	+10%
8%	of 13 year olds said they had drunk alcohol in the week prior to the survey	+3%	+2%
64%	of 13 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	+39%	+13%
53%	of 13 year olds said they had ever been drunk (base 113)	+10%	0%
7%	of 13 year olds said they had been drunk more than 10 times (base 113)	+4%	-2%
74%	of 15 year olds reported they had had an alcoholic drink (not just a sip)	-4%	+3%
25%	of 15 year olds said they had drunk alcohol in the week prior to the survey	+1%	+6%
77%	of 15 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	-7%	-2%
24%	of 15 year olds said they had been drunk more than 10 times (base 155)	+6%	-2%

Compared to 2013 results, the percentage of 13 year olds feeling it was 'ok to try drinking' significantly increased to nearly two thirds of those responding, moreover 77% of 15 year olds take the same view, again suggesting there is work around changing opinions positively impacting on the percentage choosing to drink alcohol.

Alcohol prevalence and attitudes to trying alcohol

	Unless stated otherwise base:255 13 year old / 210 15 year olds	Change from 2013	Difference from Scotland 2018
94%	of 13 year olds had never tried drugs	-3%	0%
6%	of 13 year olds reported having used drugs, even if only once	+3%	0%
2%	of 13 year olds reported using drugs in the last month	-1%	-2%
4%	of 13 year olds reported that they had used drugs in the last year	+1%	-1%
26%	of 13 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to	+16%	+3%
81%	of 15 year olds had never tried drugs	-2%	+2%
19%	of 15 year olds reported having used drugs, even if only once	+2%	-2%
10%	of 15 year olds reported using drugs in the last month	+2%	-2%
16%	of 15 year olds reported that they had used drugs in the last year	+1%	-1%
52%	of 15 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to	+14%	+3%

Encouragingly, a significant proportion of 13 and 15 year olds have never tried drugs. The percentage that have either used or report it would be easy to get hold of drugs should they wish to take significantly increases between those aged 13 year and those aged 15 years.

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.

National and Local Policy Context Children's Services Plan 2020-23 Appendix 4



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Introduction

All planning processes are designed to facilitate the delivery of improved outcomes for Scotland's population. Set out across various parliamentary acts and regulations, the duties emphasise the importance of consultation and accountability, and of collaboration and joint working. They embed a common focus on the challenge of tackling disadvantage and inequality, and encourage public bodies and practitioners to attend to this task through a coordinated and evidence-led use of their resources.

This document highlights the main documents nationally and locally which are important drivers to our children's Services Plan 2020-23

National Context

A number of National documents have influenced this Children's Services Plan:

The Christie Commission on the Future Delivery of Public Services (2011)

recommended radical changes to the way public services are designed and delivered if they are to be sustainable and capable of meeting the needs and expectations of individuals and communities. It sets out four objectives which must shape a programme of reform;

- Public services are built around people and communities, their needs, aspirations, capabilities and skills and work to build up their autonomy and resilience;
- Public service organisations work together effectively to achieve outcomes;
- Public service organisations prioritise prevention, reduce inequalities and promoting equality; and
- All public services constantly seek to improve performance and reduce costs and are open, transparent and accountable.

Getting It Right for Every Child, (GIRFEC) Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

Most children and young people get all the help and support they need from their parent(s), wider family and community but sometimes, perhaps unexpectedly, they may need a bit of extra help.

The GIRFEC approach is based on [values and principles](#) which support children's and parents' rights. It was developed by people who work with children and young people and reflects feedback from families.

It has been used and tested across Scotland since 2006. It includes all children and young people because it is impossible to predict when or if they might need help.

Children and Young People (Scotland) Act 2014

This legislation is a key part of the Scottish Government's strategy for making Scotland the best place to grow up. By facilitating a shift in public services towards the early years of a child's life, and towards early intervention whenever a family or child needs help, the legislation encourages preventative measures, rather than crisis responses. The Act strengthens the rights of children and young people and has created new systems to support early intervention. Coupled with the legal framework contained within the Act, **Getting It Right for Every Child, (GIRFEC)**, is the policy vehicle through which the ambitions of the Act will be realised

Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 3: Children's Services Planning – Second Edition 2020

Part 3 of the Act sets out a legal framework for children's services planning, including its scope and aims. It seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

Underpinned by the Scottish Government's commitment to **the United Nations Convention on the Rights of the Child 1989** (UNCRC), and the national children's services improvement programme, **Getting it right for every child**, the Act also established a new legal framework within which services are to work together in support of children, young people and families.

It clearly states that while the overall responsibility for children's services planning clearly rests with a local authority and its relevant health board, it is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the plan's development and review.

Continuing Care was introduced through Part 11 of the Children and Young People (Scotland) Act 2014 and should be considered one component of a wider range of support providing a consistent approach which reflects individual needs and aspirations of young people leaving care. Community Planning Partners and the strategic group they task with leading on children's services planning should agree priorities based on a joint local needs assessment and related improvement activities likely to make the most positive difference to the wellbeing and life chances of children and young people in the area they serve. It is expected that all actions, activity and initiatives are aligned with, and seek to deliver the ambitions contained in the **National Performance Framework (NPF)**.

The National Performance Framework articulates the vision of creating a more successful country. It sets out the purpose of ensuring opportunities for all people in Scotland to flourish through increased wellbeing and sustainable, inclusive economic growth (focused on reducing inequalities and giving equal importance to economic, environmental and social progress). Driving progress on the vision set out in the National Performance Framework is crucial to ensuring Scotland is the best place to grow up, and in turn ensuring our youngest citizens have the best start is crucial to ensuring the future success of our country.

All public bodies carrying out public or targeted consultations should refer to the **National Standards for Community Engagement**, and take the necessary steps to ensure that the process is accessible to the widest number of respondents possible.

In their response to the **Christie Commission's** final report, the Scottish Government identified four pillars of public service reform:

- a decisive shift towards prevention;
- greater integration of public services at a local level driven by better partnerships, collaboration and effective local delivery;
- greater investment in the people who deliver services through enhanced workforce development and effective leadership; and

- a sharp focus on improving performance, through greater transparency, innovation and use of digital technology.

These are the pillars on which the various planning duties are built. They represent the thread which ties distinct processes together into a broader strategic agenda, empowering communities by ensuring that the planning and delivery of public services is open and inclusive, informed by a detailed Scottish Government (September 2011) ***Renewing Scotland's Public Services***, understanding of the population's needs, and local knowledge about what works to improve outcomes.

The Children and Young People (Information Sharing) (Scotland) Bill aims to bring a clear and consistent way to share information for the named person service and child's plan. Its objective is to give families, practitioners and the wider public greater confidence that information sharing must comply with other laws including human rights, data protection and confidentiality.

Transformational Change

Planning alone will not, of course, bring about the transformational change needed in the design and delivery of public services in Scotland. As the **Commission on the Future Delivery of Public Services** ("the Christie Commission") noted, that requires an investment in people and the empowerment of communities too. But joined-up, evidence-based, strategic planning is the catalyst; without it, effective and sustainable public services will remain always the ambition, and not the reality.

Education

Curriculum for Excellence is designed to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18. Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future. Pupils can expect to develop a variety of strategies to manage their health and wellbeing utilising skills for learning, life and work.

The **Self-directed Support Implementation Plan 2019-2021** sets out agreed national actions to drive forward the changes necessary to make self-directed support a reality everywhere

The Carers (Scotland) Act 2016 (“the Carers Act”) puts in place a system of carers’ rights designed to listen to carers; improve consistency of support; and prevent problems – helping sustain caring relationships and protect carers’ health and wellbeing. For young carers, one aim of the Carers Act is to protect them from undertaking caring responsibilities and tasks which are inappropriate, having regards to their age and maturity.

Equally Safe

Scotland’s strategy for the prevention and eradication of violence against women and girls, sets out a vision of a strong and flourishing Scotland where all individuals are equally safe and protected, and where women and girls live free from violence and abuse and the attitudes that help to perpetuate it. In order to realise this vision, the **Equally Safe delivery plan** sets out various actions to ensure that women and children have access to relevant, effective and integrated services and that these services can competently identify violence against women and girls and respond effectively.

The Independent Care Review 2020 final reports

The Independent Care Review’s aims to identify and deliver lasting change in Scotland’s “care system” and leave a legacy that will transform the wellbeing of infants, children and young people. It began its work in February 2017 with a three year timescale.

A review of Scotland’s ‘care system’ was carried out on a large scale ensuring the lived experience and wisdom of people are at the very heart of the Care Review. Actively listening to the voices of children and young people in care, care leavers – young and old – and families and carers. The Care Review has produced five main reports:

- **The Promise** (and a Pinky Promise for younger readers) reflects what over 5,500 care experienced children and adults, families and the paid and unpaid workforce told the Care Review in the hope that Scotland is listening. It tells

Scotland what it must do to make sure its most vulnerable children feel loved and have the childhood they deserve.

- **The Plan** explains how this change must happen.
- **The Money** and **Follow the Money** explain how Scotland can invest better in its children and families.
- **The Rules** demonstrate the current legislative framework and how it must change to achieve The Promise.

Moray are committed to delivering the “promise”

The **Health and Social Care Standards** set out what everyone should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to be upheld. The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported.

The standards cover five key principles: dignity and respect; compassion; be included; responsive care and support; and wellbeing.

Children and Young People’s Mental Health

In its final recommendations to the Scottish Government and the Convention of Scottish Local Authorities (COSLA) in July 2019, the Children and Young People’s Mental Health Taskforce emphasised the importance of local partnerships demonstrating their commitment to driving reform of Scotland’s approach to children and young people’s mental health. They should make it a visible priority, not least within children’s services plans.

Support for children’s mental health straddles the work of services across different bodies and services and requires a joined-up strategic and operational planning approach to ensure GIRFEC principles address the mental and emotional wellbeing needs of children at the earliest point.

Children’s services planning should explicitly set out the local needs of children and young people in their area through their strategic needs assessment, and the steps to be taken to improve individual services and joint planning across different

organisations. Planning should make clear how different services should work together to achieve this common strategic goal, taking into account the development of any new services, such as community wellbeing services, and the particular needs of any groups of children requiring specific action.

Youth Justice

The national youth justice strategy “**Preventing Offending: Getting it Right for Children and Young People**”, published in June 2015, builds on the considerable progress that has been made in reducing offending involving children and young people in Scotland since 2008, when a more preventative approach was adopted. This focus on early intervention laid the foundations for a whole system approach to offending by young people, which was rolled out across Scotland in 2011.

The importance of sustaining a preventative approach to offending, which recognises the level of complexity and risk associated with a small number of children, should not be underestimated. Planning for services to address needs and risks, can include intensive interventions up to and including secure care.

Health and Social Care Integration

The **Public Bodies (Joint Working) (Scotland) Act 2014**, which came into effect in 2016, legislated for the integration of health and social care services across Scotland. The Act requires local authorities and health boards to set up an Integration Authority and to jointly prepare an integration scheme which sets out how they will plan, provide and monitor all adult social care, primary and community healthcare and some specific hospital services, such as accident and emergency and general medicine in their local area.

A Health and Social Care Partnership is the operational and delivery aspect of integration, bringing together staff from the relevant health board and local authority. The Act also permits local authorities and health boards to integrate other services, such as children’s services, homelessness and criminal justice, if they wish to do so – and some services (such as Accident and Emergency, primary care and general dental

services) are not population specific, therefore relate to services used by adults and children.

Under the Public Bodies Act, every Integration Authority must prepare and publish a **Strategic Plan**, setting out how they will plan and deliver services for their area over the medium-term using the integrated budgets under their control and setting out how these will meet the National Health and Wellbeing Outcomes set by Scottish Ministers.

The Strategic Plan must be prepared with regard to the “integration delivery principles”, as detailed in section 31 of the Public Bodies Act, and must be reviewed at least every three years. The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 underpin this work <http://www.legislation.gov.uk/ssi/2014/343/contents/made>

As the children’s services planning requirements encompass a wider range of services than health and social care, a local authority and the relevant health board could employ the approach of the health and social care Strategic Plan, to the extent that it relates to children’s services, as potentially feeding into the broader Children’s Services Plan. The integration delivery principles which underpin a Strategic Plan would be consistent with the aims underpinning children’s services planning. The National Health and Wellbeing Outcomes are based on similar principles to the Health and Social Care Standards which inform the self-assessment and inspection of all children’s health and social care services.

The precise nature of the relationship between these two planning requirements will in large part be contingent on whether (and which) children’s health and social care services have been included in the integration scheme. No matter how functions are delegated at a local level, there will always need to be communication between these two planning domains in order to support the whole family approach.

From the perspective of children’s services planning, the adult health and social care context is important because most children live in families with adults. Adult family members’ access to, and the quality of, health and social care services, is likely to have an effect on the wellbeing of children and young people. Similarly, for the providers of

adult health and social care services, children and young people represent future service users. As part of their longer term planning strategy, integration authorities will need to work with the relevant local authority and health board to monitor the health and wellbeing of the child population in the area, understanding needs, identifying potential issues and, with partners, putting in place appropriate preventative actions.

In order to achieve the statutory aims prescribed for both a Strategic Plan and a Children's Services Plan, consideration may usefully be given (by integration authorities, local authorities and relevant health boards) to the transitions between children's services and adult services. These transitions have been identified as points where service support for individuals can be at risk of inadequate coordination, leading to a negative impact on wellbeing.

Children's rights

Part 1 of the Children and Young People (Scotland) Act 2014 places duties on Scottish Ministers aimed at furthering the effect of the UNCRC in Scotland.

These include: keeping under consideration whether there are any steps which they could take which would or might secure better or further effect in Scotland of the UNCRC and, if appropriate, taking steps identified by that consideration; taking such account as Ministers consider appropriate of any relevant views of children; and promoting public awareness and understanding of children's rights, including amongst children. These duties also require Ministers to report to the Parliament every 3 years on relevant progress and their plans for the subsequent 3 year period.

The Child Poverty (Scotland) Act 2017 places new requirements on local authorities and Health Boards to jointly produce annual Local Child Poverty Action Reports (LCPARs), aligning to the reporting cycle for Children's Services Plans. **'Every Child, Every Chance'**, the Scottish Government's first Tackling Child Poverty Delivery Plan, outlines the three key drivers of child poverty which are:

- Employment - Income from parents' work and earnings is insufficient to lift them from poverty;
- Household costs - The costs of living that households have to cover are too high; and

- Social Security - Income from social security has been cut back significantly by the UK Government, particularly for families with children, and is now inadequate to lift families from poverty.

The Plan also sets out action to improve the life chances of children living in poverty now.

Corporate parenting

Part 9 of the **Children and Young People (Scotland) Act 2014** designates certain public bodies (including all local authorities and territorial health boards) as corporate parents, and places them under a range of duties designed to safeguard and promote the wellbeing of looked after children and care leavers.

Each corporate parent is required to prepare a plan about how they propose to exercise their corporate parenting duties, and they must keep the plan under review. Before preparing or revising this plan, a corporate parent must consult with other corporate parents and such other persons as they consider appropriate. (Statutory guidance makes clear that consultation should include looked after children and care leavers.) Corporate parents must publish their plan in such a manner as they consider appropriate; this could include incorporating it into another plan, or publishing it jointly with other corporate parents. Neither the Act nor statutory guidance prescribes a time period to which plans must apply. The Moray Corporate parenting Action Plan has been incorporated into this Children's Services Plan

Child protection

Legislation places a variety of duties and responsibilities on services and organisations in respect to child protection in Scotland. These relate, primarily, to the investigation and response required in cases of (actual or potential) child abuse and/or neglect. However, at the time of this guidance's publication, the specific structures of collaboration and service-level planning for child protection (such as Child Protection Committees) are not prescribed in legislation. These structures and processes are instead set out in detailed national guidance. **National Guidance for Child Protection in Scotland 2014**

The roles, responsibilities and accountability of Chief Officers and Child Protection Committees were reviewed in 2018. They are outlined in the document entitled **Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (Scottish Government, 2019)**.

Community justice

The Community Justice (Scotland) Act 2016 which was implemented on 1 April 2017, established a new model for community justice services, with local delivery, partnerships and collaboration at their heart, and arrangements to provide national leadership and assurance.

The Act places responsibility for local planning and monitoring of community justice services with a defined set of Community Justice Partners (including local authorities, health boards and others). These partners have a duty to collaborate in preparing a strategic plan, and are accountable for delivering it.

The community justice services to be delivered under this plan will be mainly focused on adults, but there is likely to be an impact on children too, particularly where the recipient of a community justice service is a parent.

Realigning Children's Services

The **Realigning Children's Services programme** 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. Scottish Government webpages on Realigning Children's Services are available at <http://www.gov.scot/Topics/People/Young-People/realigning-childrens-services>

National Trauma Training Programme

The Scottish Government have committed to developing an adversity and trauma-informed workforce across Scotland with the ambition to make a positive change in how people who have had adverse childhood experiences (ACES) and traumatic experiences in adulthood, are supported.

To support this, a National Trauma Training Programme, led by NHS Education for Scotland (NES) has been established and is consistent with the 2017 publication: **‘Transforming Psychological Trauma: A Knowledge and Skills Framework for The Scottish Workforce’**. This framework lays out the essential and core knowledge and skills needed by all tiers of the Scottish workforce to ensure that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it. <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessionalpsychology/national-trauma-training-framework.aspx>

Fairer Scotland Duty

The public sector duty regarding socio-economic inequalities is set out in legislation in section 1 of the **Equality Act 2010**, however it is known as the **Fairer Scotland Duty**. The duty came into force in Scotland from April 2018. It places a legal responsibility on particular public bodies in Scotland to have due regard to how they can reduce inequalities of outcome caused by socio- economic disadvantage, when making strategic decisions. Local authorities and Health Boards are covered by the duty.

Local Context

The Moray 10 Year Plan: Local Outcomes Improvement Plan - Has four main priority areas:

1. Growing, diverse and sustainable economy;
2. Building a better future for our children and young people in Moray;
3. Empowering and Connecting Communities;
4. Changing our relationship with alcohol.

One of the priorities - 'Building a better future for our children and young people in Moray relates directly to children's services. It seeks to inform the following outcome where Moray is a place where children and young people thrive; a place where they have a voice, have opportunities to learn and get around; a place where they have a home, feel secure, healthy and nurtured; and a place where they are able to reach their full potential. <http://yourmoray.org.uk/downloads/file118306.pdf>

Moray Early Years Strategy 2016-2026 - Describes how the aims of the early years framework and collaborative will be delivered in Moray.

Understanding Poverty in Moray Feb 2018 - Describes the pockets of inequality, deprivation and poverty which are experienced in some small areas in Moray.

Food Poverty Action Plan Fairer Moray Forum - This Children's Services Plan also impacts on the following adult joint strategies in Moray.

Physical & Sensory Disability Strategy 2015 – 2025

Priorities:

- Healthier living
- Independent living
- Inclusion and positive contribution in community Information, communication and advocacy
- Supporting people with disabilities to improve their economic wellbeing
- Carers
- Improve leadership, training and development in the workforce

Mental Health & Well Being Strategy (& Action Plan) 2015 – 2025

Priorities:

- Promoting & sustaining good mental health and well being
- Improve the quality of life of those experiencing mental health problems via a strong recovery orientated mental health system
- Develop strengthen and maintain supporting relationships
- Increase social inclusion and decrease inequality, stigma and discrimination
- Increase financial security, maximise employment/employability opportunities and increase access to housing
- Reduce suicide, suicidal behaviour and self-harm
- Support a professional workforce which includes robust staff training
- Embed the principles and values of recovery in policy and practice
- Provide a greater focus and commitment to recovery and principles within local policy and service planning, commissioning and change areas such as self-directed support and health and social care integration
- Address the challenges of operating within a remote and rural context to service delivery and the engagement of communities and individuals
- Take a more strategic approach to recovery policy and practice that is planned, joined up and coordinated
- Ensure that professionals' roles in mental health services are more closely aligned with recovery principles and practice

Carers Strategy (“Caring Together”) strategic Priorities:

- Identifying carers - Support unpaid carers to identify themselves as a carer
- Health & Wellbeing - Support carers to look after their own health and wellbeing
- Information - Delivery of consistent info to unpaid carers
- A Voice - Involve carers at strategic level/service design
- Respite/Short Breaks - Access to appropriate respite that meets their needs
- Training - Carers have relevant skills and knowledge to be confident in caring role
- Employment - Supported to seek employment

Moray Autism Strategy 2014 – 2024 Strategic Priorities:

- Partners work together (local authority, NHS and partners) to develop services
- Clear diagnosis process
- People with autism and families understand the condition
- People with autism and families feel supported
- Wider community supports people with autism
- Wider community knows about and understands the condition
- People with autism are supported to make full use of the opportunities and services available

Learning Disability Strategy (“Our lives, Our Way”) 2013 – 2023 Strategic Priorities:

- Choice & control • Independent living
- Opportunities to be more involved in local communities
- A range of housing opportunities
- Make the most of health and well being
- Range of employment, training and learning opportunities
- Feel safe and secure
- Support to meet additional needs
- Staff have the right understanding, skills and training
- Support family carers

Other Related Local Documents

- Moray Additional Support Needs Strategy for Schools 2017-27
- Moray Locality Outcome Improvement Plan
- Economic Development Strategy
- Adult Support and Protection Strategy
- Criminal Justice Strategy
- Joint Mental Health Strategy
- Community Safety Strategy
- Domestic Violence Strategic Framework
- NHS Grampian Clinical Strategy

Other Related National Documents

- Public Health Priorities for Scotland 2018
- Rights, Respect & Recovery: Scotland's Strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.
- Alcohol Framework 2018: Preventing Harm
- Scottish Prison Service Corporate Plan
- Police Scotland Strategy
- Parenting Strategy
- Joint Working Act
- Early Years framework
- Care Leavers Covenant
- National Strategy for Community Justice
- Mental Health Strategy 2017 – 27
- Every Life Matters 2018 (Scotland Suicide prevention Action plan)
- Justice in Scotland: Vision and Priorities 2017
- Community Empowerment Act 2014
- National Youth Work Strategy 2014-2019