

Agenda Item	7
Report No	HCW/04/20

## HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 12 February 2020

**Report Title:** Review of the Highland Practice Model

**Report By:** Executive Chief Officer - Health and Social Care

### 1. Purpose/Executive Summary

1.1 This report determines the need for ongoing review of the Highland Practice Model and Named Person Scheme in Highland and outlines how this review will be undertaken as integral to service improvement and redesign.

### 2. Recommendations

2.1 Members are asked to:

- i. Note the background to the proposed review of the Highland Practice Model and Named Person Scheme in Highland.
- ii. Consider and comment on plans for the review of the Highland Practice Model and Named Person Scheme in Highland.

### 3. Implications

3.1 Resource – The review will help determine future resource needs as priorities for improvement are determined

3.2 Legal – None

3.3 Community (Equality, Poverty and Rural) – This review will consider the themes of equality, poverty and rural issues.

3.4 Climate Change / Carbon Clever – None

3.5 Risk – None

3.6 Gaelic – None

## **4. Introduction**

- 4.1 Getting it right for every child (GIRFEC) is a national programme which aims to improve the outcomes for all children and young people in Scotland.
- 4.2 The core ethos of the programme is that all staff across services for children work collaboratively to ensure that the needs of each child are addressed. Central to this approach are ten Core Components including: improving outcomes for children and young people, a common assessment and planning framework, a shared approach to information sharing and a Named Person and Lead Professional to coordinate activity. In Highland, this approach is called the Highland Practice Model.

## **5. Background and Context**

- 5.1 Getting it right for every child is a national programme developed by the Scottish Government in consultation with partner agencies. The GIRFEC Implementation Plan was published in June 2006 and identified the need to test the approach within several areas in Scotland and the Highland partnership became the national pathfinder for GIRFEC. The GIRFEC approach was developed here between 2006 and 2008 and was rolled-out across the Highland area with full implementation in early 2010.
- 5.2 The approach has since been established as the way of working for children's services and the Highland Practice Model (HPM) has emerged as the delivery framework to take forward the GIRFEC components, principles and ethos. The Practice Model sets out the roles and responsibilities of staff and a common assessment framework for identifying and addressing the needs of the child.
- 5.3 Central to the development of the practice model was the establishment of two key roles; The name person and the Lead professional. The named person is someone from universal services – a midwife, Health visitor or Headteacher who is:
- the first point of contact for the child and family, or other agencies
  - the person who makes sure children and families give their consent to any sharing of information about them
  - ensures that core information about the child is up to date;
  - identifies what extra help might be provided from within the universal service
  - leads on preparing, implementing and keeping under review the effectiveness of any single agency plan;
  - Determines if the child's needs are more complex, and require help from another agency, plan the involvement of that agency
- 5.4 Where children's needs involve two or more agencies working together a lead professional will be needed. The lead professional;
- is the point of contact with the child and family, and other agencies
  - ensures that the help provided is consistent with the Child's Plan
  - works with the child and family and the practitioner network to make sure that the child and family's views are heard and taken into account
  - monitors how the Child's Plan is working and whether it is improving the child's situation

- arranges for the agencies to review together their involvement and amend the Child's Plan when necessary

- 5.5 A decision was taken in 2011 in Highland to progress the integration of children's services within the partnership agreement with NHS Highland. The way in which health and social care services are planned and delivered across Scotland was changed by the Public Bodies (Joint Working) (Scotland) Act 2014. Local authorities and health boards are required by law to work together to plan and deliver adult community health and social care services, including services for older people. This new way of working is referred to as 'health and social care integration'. The Act also permitted local authorities and health boards to integrate other services, such as children's services. At its heart, integration is about ensuring those who use health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.
- 5.6 In Children's services in Highland, this saw the development of the lead agency model in 2012. This resulted in the transfer of the majority of community health staff from NHS Highland to Highland Council and the subsequent development of the Family Team structure further advanced the integration of services for Children and Young People. The family team structure was developed to provide a unified group of professionals working across maximum range of activities. It was designed to engage with parents early and enhance a preventative approach in early years. It was designed to provide a workforce that is competent and confident, with clarity of roles providing strong and effective single management. The Family Teams are made up of Health and Social Care Practitioners. Each team is supported by Practice Leads with responsibilities for Care & Protection (Child Protection), School Years and Early Years.
- 5.7 The enactment of the Children and Young People's Bill brought many elements of the Highland Practice Model into law and provides a statutory basis for Getting it Right for Every Child. In parts 3 to 5 and 13 of the Bill, changes were made to children's services planning and included the provision for a 'Named Person' for everyone under 18, a child's plan for those who need targeted interventions and joint service planning between health boards and local authorities.

## 6. Highland Practice Model Evaluation

- 6.1 The pathfinder evaluation noted that it would be important to evaluate the approach going forward. An initial evaluation began in 2013 and carried on through 2014. Details of the paper to the Education, Children and Adult Services committee in 2015 and can be found at :  
[https://www.highland.gov.uk/meetings/meeting/3496/education\\_children\\_and\\_adult\\_services\\_committee](https://www.highland.gov.uk/meetings/meeting/3496/education_children_and_adult_services_committee) (Agenda Item 9)
- 6.2 A Joint Inspection of Children's Services by the Care Inspectorate in 2014 provided further evaluation of the Highland practice model and is attached as **Appendix A**.
- 6.3 A further evaluation was undertaken in 2016 and the committee paper to the Education, Children and Adult Services can be found at:  
[https://www.highland.gov.uk/meetings/meeting/3668/education\\_children\\_and\\_adult\\_services\\_committee](https://www.highland.gov.uk/meetings/meeting/3668/education_children_and_adult_services_committee) (Agenda Item 10)
- 6.4 Key findings from the evaluations include:

- A strong view amongst professionals that the Highland Practice Model is assisting in earlier identification and intervention to support children and their families. This is supported through the survey of professionals undertaken by the Care Inspectorate which found that 70% of respondents agreed or strongly agreed that GIRFEC has made it easier to help children, young people and families at an earlier stage.
- There is strong support for and understanding of the aims and vision of the Highland Practice Model. Staff across the professional groups welcome the strategic vision and attribute the success of the HPM to this clarity of approach. Staff support and understand the introduction of common language, assessment framework and one plan - it ensures a holistic approach and that the focus is on the child.
- Many professionals reported that being the Named Person has not in essence changed their role; they remain the key link person for the child and their family - whether that is the midwife, health visitor or head teacher. A number of Named Persons did report however that formalising this remit, had assisted them in clarifying their role and responsibilities, and empowering them to address issues on behalf of the family.

## **7. Current Scottish Government Position**

- 7.1 In 2019 the Deputy First Minister agreed the recommendations of the GIRFEC Practice Development Panel, which had been established to develop an authoritative Code of Practice for information sharing. This Panel concluded that practical guidance could best support and sustain the GIRFEC approach under existing legislation. As a consequence, it was determined that parts of the Children and Young People (Scotland) Act 2014 would not now come into force although the Government remains fully committed to Getting it right for every child. This included the provision of the Named person scheme.
- 7.2 In November 2019, senior leaders responsible for standards and practice in health, social work, social care and education in Scotland came together to reaffirm their commitment to Getting it right for every child (GIRFEC) acknowledging that most children get all the support they need from their family, with help from universal health and education services. But many children and families look for advice or extra support at some time. They said that the GIRFEC approach should make that easy to access, ensuring a prompt and proportionate response to meeting needs. They recognised that most Partnerships have already embedded many elements of the GIRFEC practice model, and are using the wellbeing indicators, My World Triangle, single planning process, lead professional and named person roles, and other tools to provide easy access and support for families and that consistent good practice is sustained across all of our agencies. The Highland Practice Model Guidance is at [https://www.forhighlandschildren.org/5-practiceguidance/index\\_48\\_2370934764.docx](https://www.forhighlandschildren.org/5-practiceguidance/index_48_2370934764.docx)
- 7.3 A Scottish Government refresh of the practice guidance has commenced, and consultation with professional groups is underway. This refresh will incorporate current best practice and the work and findings of the Practice Development Panel. The Scottish Government remain fully committed to the delivery and continued development of GIRFEC and the national practice model.

## **8. Current and Future Evaluation**

- 8.1 To ensure continued improvement it is essential that the practise of continuous evaluation of the Highland practice model continues as we undergo redesign. Both Education and Health and Social Care have ambitious plans for reform in the coming months and years and it is proposed that a fresh review of the practice model be integral to this reform.
- 8.2 In Health and Social Care, this evaluation is underway and is part of an ongoing needs assessment across the service. This evaluation has included a series of consultation events during 2019 undertaken across Highland with Health and Social Care managers and practitioners. In addition, a questionnaire for this group was devised, issued and collated to ensure the collation of a wide range of service views.
- 8.3 Key themes were considered by both managers and practitioners to be those which require to be addressed as integral to service improvement and redesign. A number of these themes provided us with quality evaluative evidence for planned improvement. The needs assessment demonstrates the need to develop a linear management model with clearly articulated roles that enable quick decision making and greater cohesion among stakeholders across integrated services. This development will include an evaluation of the Highland Practice Model, specifically the Named Person scheme and will include a robust plan around workforce development, leadership culture, reflective practice and supervision.
- 8.4 As we develop our processes for quality assurance across the service we will engage with partners and stakeholders including children, Young People and their families to ensure that their evaluation determines the priorities for improvement moving forward.
- 8.5 A stronger focus on evaluation, quality assurance and engagement with our partners and families is integral to the services plans for redesign and improvement. Information of this evaluation and details of the processes and outcomes from the review of the Highland Practice Model and Named Person Scheme in Highland through formal engagement with children, Young People and families, partners, staff and stakeholders will be integral to future reporting to this committee.

Designation: Executive Chief Officer – Health and Social Care

Date: 3 February 2020

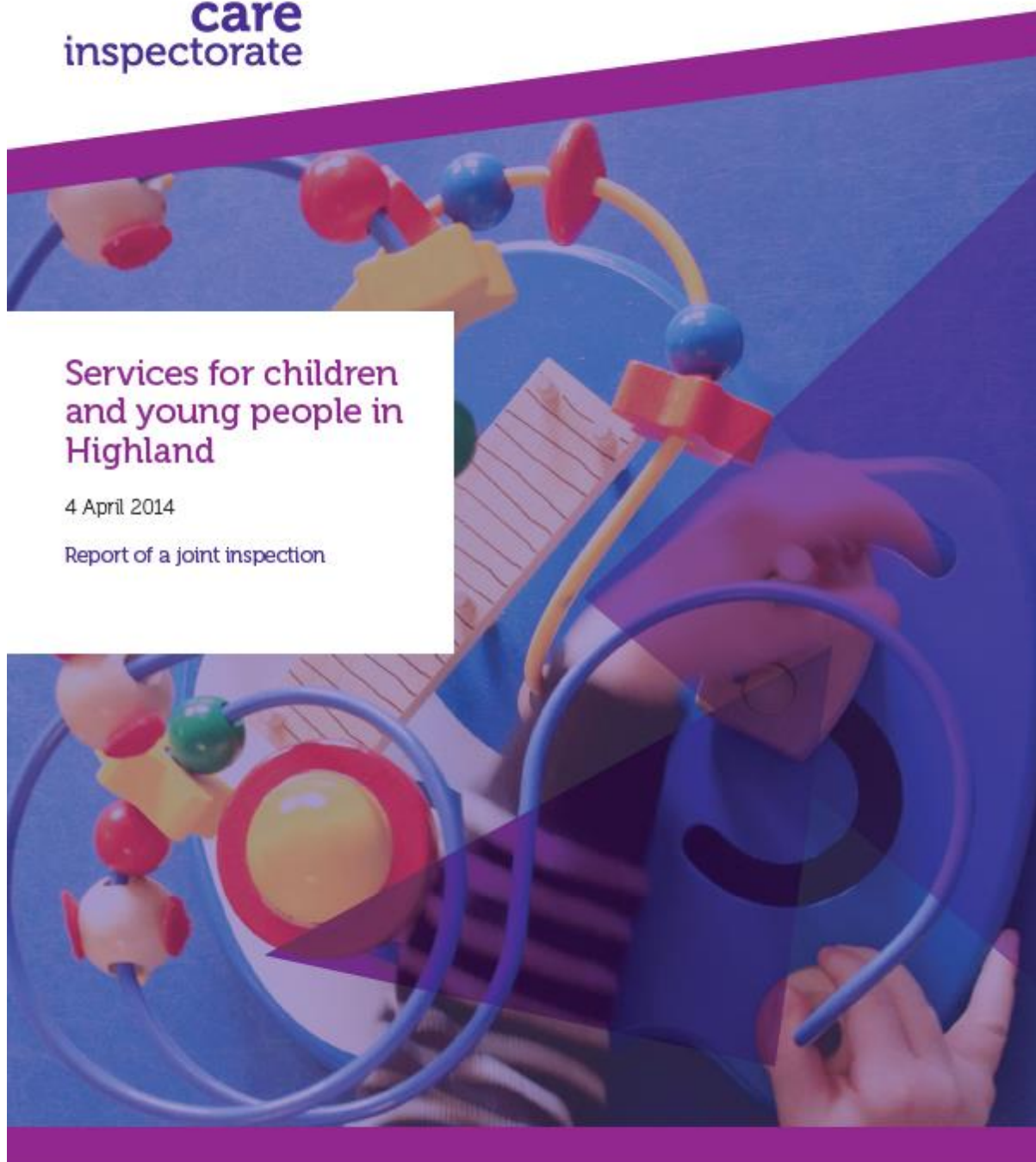
Author: Ian Kyle, Children's Planning Manager



## Services for children and young people in Highland

4 April 2014

Report of a joint inspection



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4 April 2014

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## 1. Introduction

**At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean people under the age of 18 years or up to 21 years if they have been looked after.**

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work within a community planning partnership area including services provided by health visitors, school nurses, teachers, doctors, social workers, police officers, and the voluntary sector.

The inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland.

A draft framework of quality indicators was published by the Care Inspectorate in October 2012. The indicators in 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators' were used by the team of inspectors in their independent evaluation of the quality of services. We have covered all of the quality indicators in this report and reached evaluations for nine of them which are set out in the table in Appendix 1.



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## 2. Background

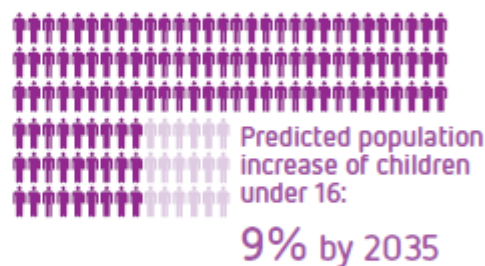
The joint inspection of services for children and young people in the Highland Community Planning Partnership area took place between October and November 2013. It covered the range of services in the area that had a role in providing services to benefit children, young people and families.

We reviewed a wide range of documents and spoke to staff with leadership and management responsibilities. We also talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 103 children and young people. Some children, young people and families met with us and we are very grateful to everyone who talked to us as part of this inspection.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

## 3. The Community Planning Partnership area and the context for services for children and young people

The Highland Community Planning Partnership covers a third of the land area of Scotland. The population of 232,000 is mainly spread across small urban, rural and island communities and just under a third live in the city of Inverness. The geography and spread of the population present major challenges to the provision of public services. By 2035 the population is expected to have risen by 15% from 2010 figures. Over the same period, the number of children under the age of 16 is likely to increase by 9% which is higher than the 3% increase predicted for Scotland as a whole.



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The Highland **Community Planning Partnership** is responsible for community planning and has wide representation from the public, private and voluntary sectors. The partnership is mature, focused on achieving results, and working relationships are well developed. This is demonstrated in the **Single Outcome Agreement**, which identifies a number of long range and intermediate outcomes intended to reduce inequalities and improve outcomes for the people of Highland.

Partners have already made significant progress in integrating health and social care. A partnership agreement between Highland Council and NHS Highland led to the establishment of a lead agency model in April 2012. In accordance with this agreement, Highland Council has operational responsibility for the vast majority of community based services for children and young people including child health.

The draft **integrated children's services plan** for 2013 to 2018 called For Highland's Children 4 sets out clear priorities for children and young people. This includes measures to provide children with the best possible start in life and the necessary support to enable them to achieve their potential. As one of the pathfinder areas for the development and introduction of **Getting it right for every child** since 2006, the children's services partnership now has well established policies and procedures for implementing this approach in the form of the **Highland practice model**.

**Community Planning** is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives.

A **Single Outcome Agreement** is an agreement between the Scottish Government and community planning partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

The **Integrated Children's Services Plan** is for services which work with children and young people in Highland. Entitled For Highland's Children 4, it sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

**Getting it right for every child** is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. For more information, search 'GIRFEC' online.

The **Highland Practice Model** is the means by which partners in Highland have implemented Getting it right for every child. The model provides a framework for all staff who work with children and young people to identify and understand their individual needs and to consider what support is required. It promotes the participation of children, young people and families and is designed to ensure that information about children and young people is recorded in a consistent way.

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## 4. Particular strengths that are making a difference to children, young people and families

- Services in Highland perform strongly in a number of important areas. This strong performance is founded upon the strength and clarity of vision for services for children and young people which is underpinned by a culture of creativity and innovation.
- Successful implementation of 'Getting it right for every child' in Highland has resulted in effective and improving early intervention for vulnerable children and young people. It has also been instrumental in bringing together a highly committed group of staff, guided by the values and principles of the Highland practice model.
- The commitment to joint self-evaluation and performance management across the children's services partnership is making a strong contribution to service improvement and achieving better outcomes for children. This is reinforced by the highly effective involvement of children and young people in policy and service planning.

## 5. Examples of good practice

### A joint approach to self-evaluation

Joint self-evaluation is carried out very effectively within the planning groups responsible for integrated children's services.

**Self-evaluation** is carried out by a number of multi-agency improvement groups with a leadership group providing a strong overview. These groups work to the same framework to review how well services are doing. As a result, self-evaluation is well understood, and is very helpful in assessing progress in improving outcomes for children and young people.

**Self-evaluation** means taking a close look at what services have done and how well they have done it. It is important because it helps people to see clearly where they need to make improvements.

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### **Encouraging young people to be active in their communities**

There is a wide range of activities available to children and young people in Highland to be active in their communities. A youth worker is located in each of the 29 secondary school catchment areas to help young people get involved. **Streetwork** is helping them to be safe and responsible. **Fusion Nights** offers positive activities in the evenings at weekend. **Giving young people a voice** helps young people engage in local civic life through ward forums and community councils and promotes dialogue between different age groups which can ease community tensions.

There are considerable opportunities for all children and young people to get involved in sport and leisure, including those with physical and learning difficulties. A large number of local volunteers are now involved in coaching. The number of children and young people participating is increasing as a result. This sporting and leisure activity supports individual learning and personal development and helps young people gain confidence.

### **Supporting learning and achievement for Gypsy Traveller children**

Use of the Highland Practice Model and different approaches to meet the needs of individual families is helping to maintain good relationships, encourage attendance at school and support children's needs. In particular, the work of the development officer for interrupted learning has contributed to children growing in confidence, feeling part of the local and school communities, as well as improving their access to any health services that they may need.

**Streetwork** is a community based project, providing advice and support on a wide range of matters to young people, including sexual health, drugs and alcohol and anti-social behaviour. It also provides opportunities to get involved in outdoor education activities, the Duke of Edinburgh Award scheme, football and other sporting activities.

**Fusion Nights** offer young people aged 12 to 19 a monthly opportunity to take part in a variety of leisure activities on a Saturday night. These are organised by the council's youth development service. For example, in Lochaber events have included a disco, an ice skating night, tenpin bowling and indoor climbing.

**Giving young people a voice**  
In 2012, the council's education culture and sport service allocated approximately £5000 to each council ward to provide grants for local youth work activities.

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## 6. How well are the lives of children, young people and families improving?

### Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing and provide support early to stop difficulties arising or increasing.

There is very good help and support given to children, young people and their families at an early stage.

Staff across services work extremely well together and understand fully their roles and responsibilities in applying the Highland practice model. This is helping them to identify situations quickly when something is getting in the way of the safety and wellbeing of children and young people. Staff share relevant information promptly and this assists them to provide the right help and support as soon as this is needed.

There are many very positive examples of children and young people getting the help they need at an early stage. The **Family Nurse Partnership** provides intensive support to young, first-time mothers helping them to give their babies the best start in life. Primary Mental Health Workers have piloted mental health screening successfully in some schools resulting in young people receiving the help they need more quickly. Police officers are making more use of child concern forms and this is contributing to the earlier identification of vulnerable families to the named person. The **named person** can then offer guidance and assistance to children, young people and families. There are a few occasions when there is a short delay in getting this information directly to the named person which can mean that they are not as fully informed as they could be to support children and young people as soon as difficulties arise.

**The Family Nurse Partnership** is a preventive programme, based around structured home visits to the mother (and, after birth, the mother and child), delivered by health visitors. The programme's goals are to improve pregnancy outcomes, the health, development and wellbeing of first time parents and their children, and families' economic self-sufficiency.

**Named Person:** Every child in Highland has a Named Person. The named person is a member of staff who has responsibility for ensuring that the child's needs are addressed. For babies and very young children the named person is either a midwife or a health visitor. For children of school age the named person will be someone who works in the child's school.

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## Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

Services work very well together to keep children and young people safe. Staff respond very effectively to concerns that children may be at risk of abuse or neglect and take the actions needed to protect them and keep them safe. However, there are occasions when staff miss the signs that children and young people are affected by parental substance misuse.

Staff work proactively to achieve better health outcomes for children and young people. They are supported to attend health appointments in order to ensure that they stay healthy. The health needs of children and young people in kinship care, foster care and in residential units are met well. Overall the child and adolescent mental health service is working well to meet targets for children and young people who need help with their mental health and wellbeing. However, this valuable service is not readily available in some locations.

Young people perform strongly in their educational attainment. The Highland practice model facilitates positive links in meeting both educational and care needs. Children are supported well in school. However, a few children in primary education are missing schooling through informal exclusions.

The Family Nurse Partnership is providing intensive support which is improving attachments between very young mothers and their babies. These young parents are better able to respond to their babies' needs and provide them with nurturing care. Health visitors, nursery nurses and early years workers provide very effective one-to-one support to families to help them improve their parenting skills.

Children and young people who are looked after away from home are benefiting from nurturing and caring relationships in foster care and residential care. Young people leaving care benefit greatly from the support of a **lead professional** and a Staying Put policy which enables young people to stay on with foster carers and remain in residential care homes beyond 18 years.

**The Lead Professional is identified where two or more agencies or services need to work together to meet a child's needs. The Lead Professional will co-ordinate assessment, planning, and action, making sure everyone is clear about their contribution to the achieving the outcomes in the Child's Plan.**

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Throughout Highland, there is a positive attitude to ensuring that the voices of children and young people are respected and heard. Looked after children and young people are listened to and their views are taken seriously.

There has been a recent increase in the availability of Who Cares? Scotland services in Highland. This service runs consultation for young people over the age of 15 who are looked after to share their experiences and support them in expressing their views.

The widespread use of activity agreements is giving young people more choice and control over what should happen regarding their leisure, training, further education and employment opportunities.

Young people are encouraged to play an important part in their communities and become responsible citizens. A significant reduction in youth offending has been sustained. A partnership arrangement between Highland Council and Police Scotland has resulted in the deployment of three youth coordinators across the council area. The youth coordinators are geographically spread across Highland and play a key role in working with youth action teams, integrated services officers and schools. Youth action team and **Youth Advantage** work closely with a small group of vulnerable young people to reduce offending behaviour.

**Operation Youth Advantage** is an anti-gang initiative, the first of its kind in the UK, run at Rothiemurcus Lodge, Aviemore, where groups of teenagers are treated to a tough, week-long stint with the army.

There is highly effective work across a range of services which is promoting greater inclusion of children and young people. The work to reduce the effects of interrupted learning is providing positive and helpful support for Gypsy Traveller families and enables children and young people to benefit from flexible education. Young carers benefit from services that provide a range of help, from emotional support to leisure activities. Children with disabilities and their families receive support through respite and short breaks. This is helpful for parents and at the same time assists children and young people to become more included. Very effective and readily available speech and language therapy is helping children to improve their communication with others which in turn assists them to become more included and less stigmatised.

Children and young people are supported well to take part in sport and leisure and get involved in their local community. Youth workers target many of their activities at young people who live in areas where opportunities are limited or life circumstances are challenging. Young people are encouraged to take responsibility for their own development and are offered a range of awards, which recognise and celebrate their achievements. Examples include Duke of Edinburgh, Youth Achievement, John Muir, Saltire Awards and Quality Young Scot Awards.

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## Impact on families


This section is about the extent to which family wellbeing is being strengthened and families supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which early intervention had a positive effect on family life.

This section also comments on the extent to which communities participate in the planning and delivery of local services for children, young people and their families.

Services are having a very positive impact on family wellbeing.

The Highland practice model is helping staff provide effective help to families at an early stage. Parents are assisted to become more confident in their parenting and this is having a very positive effect on family wellbeing and in building resilience. This is particularly helpful for kinship carers, helping them to provide stability and protection for children within their extended family. Parents experiencing problem substance misuse and mental ill-health are helped to continue caring for their children with support provided by addiction staff and community psychiatric nurses. Some parents are benefiting from highly effective work to improve their parenting. These are based on well-known, accredited approaches, such as the Triple P Positive Parenting Program and Incredible Years. Availability is restricted for families in some very rural locations and there is potential to extend the support available to these families.

The key outcomes detailed in For Highland's Children 4 include improving the ways in which communities participate and are involved in developing solutions to the challenges they face. Communities are encouraged to develop local solutions to local problems and to become involved in designing the services they need through a network of **District Partnerships**. There are positive examples of community resources being used well to improve equity of access across the widespread communities in Highland. Communities are benefiting from downward trends in crime and antisocial behaviour. Survey results from a recent Citizens' Panel show high levels of satisfaction with services and positive perceptions of community life in the Highlands.



**District Partnerships** are local forums which consider issues about local services and ensure that these are addressed local managers or referred to the relevant chief executives of either NHS Highland or the Highland Council.



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## 7. How well are services working together to improve the lives of children, young people and families?

### Planning services and involving children, young people, families and other stakeholders in service development

This section considers the extent to which integrated children's services planning and strategic planning to protect children is improving the wellbeing of children and young people. It also examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

The arrangements for planning and improving services for children and young people are very good.

There is a coherent structure for planning services for children and young which involves all relevant partners. There are corporate themes for children and young people running through the Single Outcome Agreement, the Council Programme and the integrated children's services plan. These key plans have a common set of priorities and methods for achieving them. For Highland's Children 4 has a clear focus on outcomes and sets out ambitious improvement priorities for the next five years. A leadership group and a number of improvement groups have been established with representation across the children's services partnership. The leadership group provides a strong overview. Improvement groups take work forward using joint self-evaluation to identify what is working well and priorities for improvement. Improvement actions set out what needs to be done to achieve better outcomes for children, young people, families and the communities in which they live.

Work is underway to create further alignment between the Single Outcome Agreement and For Highland's Children 4. An established joint performance framework helps to measure progress against agreed outcomes. The third sector makes a major and valued contribution at a strategic level with representation on the For Highland's Children leadership group and improvement groups. This appropriately reflects the large number of third sector services in Highland.

As part of community planning, a new **Safer Highland** structure has been developed. It serves to renew and strengthen the commitment of all partners. Plans for improving community safety are closely aligned to outcomes for children and

**The Safer Highland partnership is the strategic group responsible for public protection in Highland. This includes adult support and protection, child protection, drugs and alcohol, multi-agency public protection arrangements, violence against women, youth justice and the youth action service.**

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young people. The **Child Protection Committee** continues to make an important contribution to keeping children safe in Highland, accounting for services to protect children. The Child Protection Committee has played an important role in ensuring that guidance for staff has kept pace with changes in management and structures. The work of the Child Protection Committee and its improvement objectives are associated closely with integrated children's services planning. There is a need for annual reports to provide more of the detail required to report on progress over time.

There is very good involvement of children, young people, families and other stakeholders in policy, planning and service development. Partners in Highland have a strong, long-standing commitment to stakeholder participation in children's services. There is a network of support that contributes to effective involvement of young people in policy, planning and service development. This network includes the work of the **Youth Convener, Youth Voice** and the **Highland Children's Forum**. As a result, participation of children and young people is very firmly embedded in planning and service development across the children's services partnership. A stronger emphasis on parents' views would further enhance performance in this area.

**The Child Protection Committee** brings together all the organisations involved in protecting children in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

**The Highland Youth Convener** is appointed to represent the views and interests of young people throughout the Council. The post is held for one year and serves on the Council's Adult and Children's Community Services committee and has the right to attend all other strategic committees of the Council.

**Highland Youth Voice** is the Youth Parliament for Highland which was established in 2001. It is an elected body of young people drawn from across Highland with over 100 members who are elected through secondary schools and the local area Youth Forums.

**Highland Children's Forum** is a registered charity incorporated in 2000, created by the parent carers of children with additional support needs. The Forum aims to ensure that the voices of these children are heard in the design and provision of services in Highland.

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## Assessing and responding to risks and needs and planning for individual children and young people

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial responses when there are concerns about: the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life; and the quality of assessments. It also considers the quality of children's plans and the effectiveness of arrangements to review them.

The Highland practice model is now well established and staff work together closely using a common language and shared approach. This enables them to support children, young people and families more effectively. Staff are successfully recognising situations when something is getting in the way of a child or young person's wellbeing. Staff in schools and health services are supported well by colleagues in other more specialist services to identify and meet the needs of vulnerable children and young people. This includes a network of integrated service officers and children's services workers who are able to respond quickly and provide helpful advice and guidance to children, young people and families.

The assessment of risks and needs is good and the planning for individual children is very good. Staff respond very effectively to concerns that a child or young person may be at risk of abuse and in need of protection. Where necessary, they use legal measures well to ensure that children are kept safe. The Highland practice model provides a very useful format for assessing risks and needs and is very effective in supporting staff to make plans to meet the needs of individual children and young people. Positive outcomes for most children and young people are promoted through up to date, robust assessments and high quality plans. There is a consistent approach to preparing chronologies of significant events and this helps staff to identify patterns and risks. Staff are supporting children and families very successfully by working to the agreed actions set out in the Child's Plan. There is room to further improve consistency in the quality of assessments. For a few children, Child's Plans lack sufficient detail and do not set out clearly enough what actions are needed to improve all aspects of the child's wellbeing.

Staff are effectively seeking the views of children and young people when important decisions are being made. Quality assurance and reviewing officers place a high value on the views of children, young people and families. Meetings to review the Child's Plan normally start with the reviewing officer meeting children, young people and families separately, so that views at the outset of the meeting are clear and understood. Children, young people and families feel that they have a say in the **Child's Plan**. There is very

**A Child's Plan records the child's needs and views. The plan lays out exactly what support will be provided, and in what way, to meet the child's needs.**

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positive work to ensure children and young people with communication difficulties are fully involved in expressing their views about what they wish to happen. Looked after children and young people benefit from the independent advocacy offered by Who Cares? Scotland.

### **Operational management**

This section is about a number of other important ways in which services are working together to meet the needs of children, young people and families.

Partnership working in Highland is well-established, and continues to improve. The children's services partnership has a strong track record in piloting, implementing and developing major policy initiatives which include the role of pathfinder area for the Scottish Government's 'Getting it right for every child' approach. The establishment of integrated health and social care in April 2012 is a further demonstration of the strong partnership ethos in Highland. The integration of health and social care has provided demonstrable gains in relation to streamlined management structures, more effective use of premises and economies of scale. Further improvement and efficiencies are anticipated as a result of the planned merging of education services within integrated health and social care. The Council is making efforts in relation to the procurement of out of authority placements and has started to make some progress. Although the number of looked after children has been falling, there has not been a proportionate drop in the number of children placed away from their local communities and out of the Highland council area. Addressing this imbalance would mean a more efficient use of resources and help to accommodate children and young people within their own communities. Services now need to focus on developing a strategic approach to joint commissioning which reflects the shared vision for children and young people.

Staff working with children and young people are strongly committed to improving outcomes. They work well together and focus their efforts on working jointly and pooling their expertise to meet the needs of children, young people and families. Joint working is supported very effectively through the application of the Highland practice model. Staff share a sound understanding of 'Getting it right for every child' and the application of the **wellbeing indicators**. They understand each other's role when working together, and they maintain very positive working relationships. Staff in schools have a clear understanding of their responsibilities as named persons, responsible for ensuring that the child's needs are addressed by universal services.

**Wellbeing indicators are used to assess a child or young person's overall wellbeing. There are eight indicators which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their full potential. For more information, search 'GIRFEC' online.**

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Some would benefit from more support and a clearer understanding of their responsibilities when they take on the lead professional role, co-ordinating assessment and planning where two or more agencies or services need to work together to meet a child's needs

There is a strong culture of valuing the different contributions of staff across services. Staff are supported well by their managers and encouraged to work jointly. There are extensive joint training opportunities and these are having a positive impact on staff confidence and competence. The majority of staff receive effective support and challenge. They feel valued by their managers. A significant number of front line staff find the volume of work a challenge and managers are now considering ways to ensure that workloads are appropriate. Staff have strong support for the partnership's shared vision and aims, and there is widespread recognition of the benefits of integrated health and social care services. However, as integration continues to develop, some former NHS staff have yet to fully accept a perceived loss of status as health professionals.

A comprehensive range of clear and accessible policies, procedures and guidance documents assist staff across services. They are reviewed regularly and updated and link well to the vision for integrated working and improving outcomes for children, young people and families. Clear procedures are in place to provide feedback to teams on the quality of their work. Child protection processes have related guidance and timescales to support staff. A team of quality assurance and reviewing officers systematically review Child's Plans. This is having a positive impact on the quality of these plans. These officers are independent from the staff who work directly with children, young people and families and provide appropriate challenge when there are delays in implementing plans.

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## 8. How well do services lead and improve the quality of work to achieve better outcomes for children and families?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

The children's services partnership in Highland demonstrates strong commitment to an ambitious, shared vision. This aims for all children in Highland 'to have the best possible start in life; enjoy being young; supported to develop as confident, capable and resilient and to fully maximise their potential'. This vision is well-established and is widely understood throughout the children's workforce.

The vision for children is being driven forward very successfully by the leadership group responsible for integrated children's services planning. This group is well-established, and has set out to continually improve planning arrangements. Innovations introduced as part of For Highland's Children 4 include the establishment of thirteen improvement groups, and the incorporation of a single approach to self-evaluation within the integrated planning process.

Corporate parenting is well-established. There is an improvement group specifically looking at the needs of looked after children and young people and an elected member of the council is the designated children's champion for Highland. This role includes a close interest in the wellbeing of looked after children and care leavers.

The partnership is responding proactively to financial constraints, holding on to its shared vision. There is evidence that in making savings, partners are talking to each other, attempting to ensure that efficiencies are made in accordance with stated priorities, and the consequences managed.

The opportunity to become a 'Getting it right for every child' pathfinder provided partners in Highland with an opportunity to establish more effective joint working at an early stage. Building on this, partners have demonstrated foresight and initiative by the subsequent early introduction of integrated health and social care and adopting a lead agency model. A twin track approach which integrates working methods and at the same time integrates organisational structures provides a strong, coherent basis for the future development and improvement of services for children and young people.

Staff across services are well motivated and highly committed to achieving the vision for children, young people and families. In effecting changes to structures, leaders have carefully considered the pace of change, deliberately deferring some changes. Although

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there is strong support for the shared vision and aims across the children's workforce, some staff groups are critical about the management of change and the extent to which they feel listened to. Leaders should continue in their efforts to have ongoing, meaningful dialogue.

Leaders across the partnership demonstrate a strong commitment to self-evaluation and continuous improvement. A single approach to self-evaluation is now being rolled out to facilitate self-evaluation across teams and individual services. A comprehensive review of the Highland practice model is underway and early findings have already indicated areas for development. Performance management, linked to integrated children's services planning, the Single Outcome Agreement and the health and social care partnership agreement, continues to be developed and improved. The partnership demonstrates a high level of self-awareness.

Community planning partners are demonstrating a strong commitment to reducing inequalities and prioritising the wellbeing of children and young people. Strong leadership is contributing to transformational change for the benefit of children and young people whose wellbeing is at risk in Highland. More children and young people who are in need of support or at risk are being identified at an earlier stage. There are notable improvements in outcomes for children and young people. Outcomes in relation to health, educational attainment, and positive destinations for young people leaving school are all improving steadily. Early intervention, facilitated by the Highland practice model, is having a beneficial impact and is contributing to a fall in the number of children becoming looked after. The extent to which the wellbeing of children and young people is improving is very good in Highland.

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## 9. Conclusion and areas for improvement

The children's services partnership in Highland has a track record of creativity, innovation and change in pursuit of more integrated ways of meeting the needs of children. For the past eight years, the partnership has maintained a position at the forefront of the implementation of 'Getting it right for every child' and the integration of health and social care. There are notable improvements in the wellbeing of children and young people.

Based on the findings of this inspection, inspectors are very confident that effective partnership in Highland will continue to improve. In doing so, the community planning partnership should take account of the need to:

- continue to improve the assessment of the risks and needs for individual children and young people
- develop a strategic approach to commissioning that reflects the shared vision for children and young people
- continue to provide the strong collaborative leadership needed to firmly embed new structures, implement For Highland's Children 4, and realise excellence in the impact and outcomes for children, young people and families.

## 10. What happens next?

The Care Inspectorate will ask the Highland Community Planning Partnership to publish a joint action plan detailing how it intends to make any improvements identified as a result of the inspection.

The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements.

**Marc Hendrikson**  
**Inspection Lead**  
**April 2014**



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## Appendix 1: Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

<b>How well are the lives of children and young people improving?</b>	
Providing help and support at an early stage	<b>Very good</b>
Impact on children and young people	<b>Very good</b>
Impact on families	<b>Good</b>
<b>How well are services working together to improve the lives of children, young people and families?</b>	
Planning and improving services	<b>Very good</b>
Participation of children, young people, families and other stakeholders	<b>Very good</b>
Assessing and responding to risks and needs	<b>Good</b>
Planning for individual children	<b>Very good</b>
<b>How good is the leadership and direction of services for children and young people?</b>	
Leadership of improvement and change	<b>Very good</b>
Improving the wellbeing of children and young people	<b>Very good</b>

This report uses the following word scale to make clear the judgements made by inspectors.

<b>Excellent</b>	outstanding, sector leading
<b>Very good</b>	major strengths
<b>Good</b>	important strengths with some areas for improvement
<b>Adequate</b>	strengths just outweigh weaknesses
<b>Weak</b>	important weaknesses
<b>Unsatisfactory</b>	major weaknesses