

Agenda Item	5.b
Report No	JMC/09/22

Joint Monitoring Committee

Committee: Joint Monitoring Committee

Date: 3rd August 2022

Report Title: Children's Services Update Report

Report By: Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

- 1.1 The purpose of this report is to provide assurance on the progress being made to deliver the outcomes outlined within the children's services planning partnerships integrated children's services plan 2021 – 2023
https://www.forhighlandschildren.org/index_70_464745328.pdf
- 1.2 It also provides an update on additional areas of partnership working.

2. Recommendations

- 2.1 Members are asked to:
 - i. Note and comment on the work undertaken by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2021 - 2023.
 - ii. Note and comment on the work undertaken in other partnership areas.

3. Integrated Children's Service planning

- 3.1 The Children and Young People (Scotland) Act 2014 (Part 3), outlines the need 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.

3.2 Section eight of the Act requires every local authority and its relevant health board to jointly prepare a Children’s Services Plan for the area of the local authority, in respect of each three-year period.

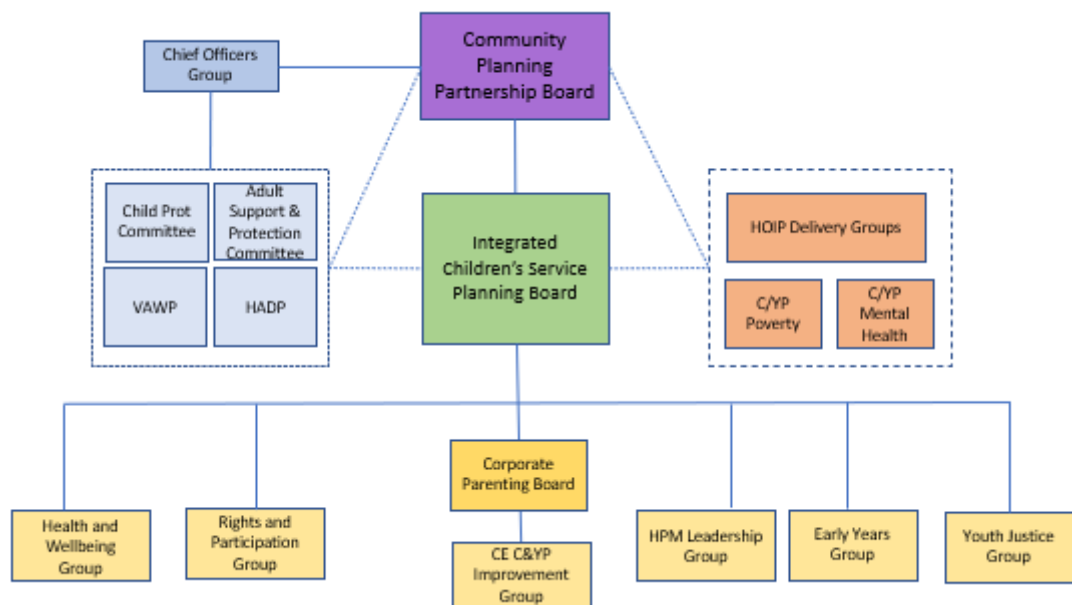
3.3 The current plan outlines our priorities for improving outcomes for Highland’s Children. It articulates where partnership working improves outcomes for children, young people and their families acknowledging that individual services have their own plans.

3.4 Within the plan, partnership priorities for improvement are set around the following themes:

- Health and wellbeing including mental health
- Child poverty
- Children’s rights and participation
- Child protection
- Corporate parenting
- Alcohol and drugs

4. Governance

4.1 The children’s services planning partnerships Board provides oversight to the on-going work of the plan. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, Scottish Fire and Rescue Service and a number of Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council, NHS Highland Board and the Joint Monitoring Committee.



5 Progress with the plan

5.1 The planning framework within the Integrated Children's Services Plan outlines that it is the responsibility of each planning group to develop the priorities and actions within their plans, based on the agreed outcomes and needs assessment. Plans are monitored and evaluated and updated on a regular basis and formally reviewed annually. The thematic plans are dynamic and regularly reviewed and updated. For the purpose of this report key priorities and developments have been highlighted to provide members with oversight of the progress being made to deliver on the plan

5.2 Child protection committee

The committee continues to work to establish Local Child Protection Procedures. This marks a significant shift moving from Multiagency Child Protection Guidance to Multiagency Child Protection Procedures. The Highland Implementation Plan is set out in 3 stages:

- Consideration of National Guidance – What requires adaptation for local circumstances?

- Development of Highland Procedures – What needs to change within current procedures?

- Implementation of Highland Procedures – Dissemination across services and ensuring new procedures are embedded in practice

5.3 The committee has agreed the adaptation of the National Learning Review Guidance. This is an approach that replaces Significant Case Reviews and Initial Case Reviews. Information on the new Learning Review Guidance will be disseminated and discussed with frontline practitioners, managers and leaders.

5.4 The committee have approved a Child Protection Committee Quality Assurance Strategy through the work of the Quality Assurance Sub-Committee. They are developing a suite of recommended resources for use with young people in relation to exploitation as well as developing and delivering training on exploitation awareness for residential staff, front line practitioners and community groups.

5.5 The Committee has undertaken a Learning and Development Survey which achieved over 500 responses across the partnership. The Quality Assurance Sub-Committee is currently considering the findings.

5.6 The work of the committee has been significantly strengthened recently and has appointed both a training officer and a Safe and Together Co-ordinator.

6. Highland Alcohol and Drug Partnership

- 6.1 Progress has been made in driving forward a Whole Family approach to drugs and alcohol. The Children and Young People Drug and Alcohol Sub Committee, provides oversight to this strategic planning and improvement work taking forward priorities including workforce development and a number of key improvement projects including the Icelandic Model / Caithness Cares project, the Caithness Schools Survey, the expansion of the substance awareness toolkit and the evaluation of a whole family pilot approach to drugs and alcohol within a primary school.
- 6.2 The partnership continues to focus on increasing access to online resources for young people, parents and professionals via Highland Substance Awareness Toolkit, establish a specialist maternity service for pregnant women with alcohol and drug problems and extending psychological support for young people experiencing alcohol or drug related harm.

7 Mental Health and wellbeing

- 7.1 The National Perinatal and Infant Mental Health (PNIMH) Delivery Plan is now in its third year. NHS Highland continue to lead on delivery of the local PNIMH plan with progress being achieved across children and adult services with oversight from the joint PNIMH Board. Health Visitors have continued to support this through extended infant mental health training and there has been the appointment of midwifery/therapy and lead posts during the last six months to ensure a life course approach is taken across the whole system to improving mental health and wellbeing.
- 7.2 Trauma Champions have been identified within NHS Highland and The Highland Council with the commitment that together we will be a Trauma informed partnership which understands the needs of children, young people and families. The initial activity will centre on awareness raising and in identifying further champions to support local application of the approach. The Scottish Government are further supporting partnership across Scotland with the wider mental health agenda through the rollout of refreshed Solihull Parenting Approach training. This training is now nationally being embedded in the undergraduate nurse training and Highland are progressing this through NES "training for trainers" which is being offered on a testative basis within The Highland Council but with a view to spread across the partnership. Oversight of this will be through the Integrated Children's Service Board.
- 7.3 Health Visitors continue to be central to supporting young families and are responsible for the delivery of the national health visiting pathway undertaking around 22,000 developmental visits each year. This is reported nationally and monitored through the performance management framework.
- 7.4 In Highland, 80% of school nurses are now working towards or are fully qualified to Advance Nursing level. There is now a requirement as part of the Scottish Government Mental Health Strategy and the Transforming Nursing Roles Programme for school nurses, in their advanced qualified capacity, to

focus on providing support to vulnerable families, those at risk and those who have experienced care. It is anticipated that, as of 2023, the immunisation function which currently sits within the school nursing role and accounts for 75% of the school year capacity, will be included in the wider vaccine transformation programme. This will provide Highland the opportunity to develop support for families at risk or in need, including mental health need, across the whole system in Highland.

- 7.5 Highland have successfully developed the masters level advanced nurse training programme and to date have supported 52 first level registered nurses to undertake the post graduate advanced training to progress to health visiting or school nursing roles. The programme aims to support workforce planning within Child Health and develop a workforce which both meets current need and is fit for the future. It is anticipated that this will be extended in Highland across the next 12 months to include Specialist Nursing.
- 7.6 Primary Mental Health Worker (PMHW) support in the Highland Council is commission as part of the Child Health aspect of the Integration scheme There have been a number of key national and local changes since the development of the PMHW role and there is an opportunity to ensure the PMHW tier 2 provision is part of a whole system look at how best early intervention and prevention mental health support can be delivered.
- 7.7 Highland established a joint agency process to support the assessment of children with neurodiversity, in 2017. The assessment process requires professionals, including paediatricians, SLTs, OTs and psychologists, to be highly skilled in neurodiversity and differential diagnosis and requires significance co-ordination across multiple teams and areas in Highland. A full review of NDAS, including listening to the voices of over a 100 children and families, was completed in Aug 2021. The review identified a number of key areas for improvement in order that a successful, family centred NDAS provision could be in place. Clinical and Service leadership is now in place to drive forward the implementation plan through reshaping the service in accordance with the national specification and address the waiting list. The Sept 2021 national specification for neuro developmental assessment services has supported the implementation plan for changes to the neurodevelopmental assessment process.

8. Young Carers

- 8.1 This recently reformed group is currently focussing developing a new Young Carers Strategy. This strategy is based on the testimony of Young Carers and a number of Highland Young Carers groups are currently collaborating with young carers to better understand their perspective on the lived experience of a young carer. This testimony will be at the heart of the strategy. The group is also focussed on ensuring that young carers who would benefit form a young carers statement have access to this.

9. Further partnership activity

9.1 In addition to the developing the integrated children's service plan there are a number of other groups and spaces where key integrated working is currently being developed. A brief description of some of the work being developed is articulated below.

9.2 Your Voice Matters

Following the commissioning of a review of Highland's residential child care homes, a small partnership working group was tasked to gather the voices of young people who have experienced residential care in Highland. This includes the voices of children and young people who live in privately commissioned homes in Highland. Using the Lundy Model of Participation as a framework (see graphic below), young people were given the choice to share their views, and the choice of whom they wanted to share their views with. They were offered a small remuneration for their time and consent was sought to use the findings to support and influence service improvement.



Although efforts were made to ensure there were no restrictions on what children and young people may wish to share, main themes were explored in

line with the Care Leavers Covenant Pillars (Health & Well-being, Housing & Accommodation, Education, Training & employment, Justice & Police, Rights & Participation). The voices and views are currently being collated and an analysis of the themes identified will be produced in both the form of a report and in a medium children & young people choose through the support of Moniak and Eden Court.

10 The Promise

10.1 The partnership is committed to implementing 'The Promise' to ensure that services and support are shaped by the voices and needs of children, young people and families in order that Highland can be the place where every child can grow up loved, safe, respected and able to realise their full potential.

The partnership is working to ensure:

- The voices of children and young people are listened to.
- Children and young people should stay in family wherever they feel loved and safe.

When living with their family is not possible, children and young people should have family-based care, alongside their brothers and sisters. Children and young people who have experienced care must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate.

10.2 Promise engagement

A needs analysis identified that whilst the workforce were enthusiastic about The Promise, there was a need to enhance their knowledge and understanding of The Promise and the relevance it has to their work. Promise Engagement sessions were rolled out in conjunction with the Child Protection Committee. These engagement sessions aimed to provide information on The Promise and share the plan so far for Highland to #KeepThePromise. The sessions also provided an opportunity for staff to share their views on where they saw barriers and opportunities to #KeepThePromise in Highland. To date, approximately 70 staff members have attended, with more sessions being delivered over August and September.

10.3 Trauma

Plan 21-24 of The Promise identified 'Supporting the Workforce' as a key priority, recognising that organisations with responsibility towards care experienced children and young people and those on the edge of care must demonstrate they are embedding trauma informed practice across their work and within their workforce. Evidence indicates there are four key drivers required to embed trauma-informed practice and policy in a meaningful and sustained way, leadership being one of them : Leadership that commits to embodying trauma-informed principles and driving forward this culture change in a joined-up, collaborative way. Focus in Highland has therefore been on building upon existing leadership commitment, with the newly elected Council recently committing to being a Trauma Informed Council. Efforts are underway

to support this commitment through Leadership training including STILT – Scottish Trauma Informed Leadership Training).

10.4 Language

Partnership discussion identified an improvement need in this area, with a collective agreement across services that a shift in the language used about and to children and young people is required. The subject of 'language' is vast and crosses over many areas, including the trauma agenda. A shift in language also requires a shift/ improvement in understanding around trauma and care experienced children and young people and improvement needs to be collaborative and joint up. A small working group has been set up to deliver on this and to date has included a 'Language Bin' initiative based on work from Who Cares? Scotland, as well as collaboration with Each & Every Child. A joint session for Highland's Child Protection Committee and Corporate Parenting Board from Each & Every Child will run in September with the aim of providing an introduction to 'framing' and how it can improve the lives of people with lived experience of care now and in the future.

11 Joint Inspection of Services for Children at Risk of Harm in Highland 2022

11.1 The Care Inspectorate (CI) announced on the 25th of April 2022 a joint inspection of services for children and young people at risk of harm.

The scope of the inspection is on:

- Children and young people who have been subject to a child protection investigation and this has not led to registration on the child protection register.
- Children and young people whose names have been placed on the child protection register
- Children and young people involved in care and risk management processes

11.2 The focus of the inspection and their final report will be determined against 4 inspection statements:

1. Children and young people are safer because risks have been identified early and responded to effectively.
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
3. Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

11.3 The inspection lasts approximately 4 months and is in two phases in 2 phases:

Phase 1 involved the partnership in the submission of a pre-inspection return, issuing a staff survey with the Care inspectorate reading sixty records. At end of phase 1 we issued both a survey for children and young people and one for parents and carers

- 11.4 We are currently in phase 2 of the inspection which involves the submission of a joint position statement and supporting evidence and an engagement week in August where the inspection team will meet with children, young people, parents/carers, frontline staff, managers and senior leaders.

Designation: Executive Chief Officer – Health and Social Care

Date: August 2022

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