



the **MORAY** council

The Moray Inclusion File

Integrated Working



FOREWORD

Children in Moray are living in a rapidly changing world with many exciting opportunities and possibilities. The challenges faced by children in 2004 range from emotional deprivation to information choice and overload.

In Moray we strive to create the best possible outcomes for children and young people. Everyone in Moray should have the opportunity to be

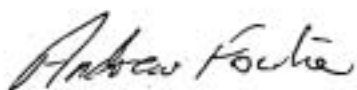
- physically and emotionally healthy
- safe and secure
- successful at learning
- socially engaged and responsible

Feeling included in your community, school or circle of friends helps to overcome potential social, emotional and health difficulties. Measures that promote this can be initiated by individuals or groups and assist in promoting social inclusion, achievement and well being for all Moray's children and young people.

As people who in our work have the best interests of children and young people at heart, we have a duty to build on the strengths we already have in working together to this end.

This inclusion file contains useful information on the background and frameworks around integrated working and also celebrates just some of the ways we are taking this forward.

As the Executive of the For Moray's Children group we endorse, encourage and fully support the promotion of integrated working that enables our children and young people to thrive and realise their full potential.



Andrew Fowlie
General Manager
Moray Health and Social
Care Partnership



John Sullivan
Head of Social Work,
Children, Families and
Criminal Justice



Eric Scarborough
Head of Educational
Support Services

The Moray Inclusion File

Integrated Working

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RATIONALE



The implementation of the Local Community Network structure in 2002 and the continuing evolution of the For Moray's Children strategic forum did not emerge from a vacuum. It has evolved over a period of time as an appropriate Moray response to the Scottish Executive's message to all services and agencies working with children and young people to develop integrated working practice, particularly with regard to targeting work with vulnerable children and children "in need".

Two years on there is still a lack of clarity and understanding amongst many staff as to the context of Local Community Networks and their purpose. The same applies regarding For Moray's Children.

Review of Local Community Network developments and an Inspection of the Authority's Educational Services function in 2003 have shown a need to communicate more clearly about both the concept and context of the For Moray's Children group and Local Community Networks.

This folder is a response which draws together information on

- The continuing evolution of the national agenda around integrated services for children, young people and families.
- The developments in Moray and your role and responsibility within that
- Examples of good practice in Moray
- Some information on services and agencies of relevance to those working with children and young people and who are "out there" as a resource.

CONTEXT



2. NATIONAL CONTEXT

Introduction

2.1 Integrated (New) Community Schools

2.2 For Scotland's Children

2.3 Changing Children's Services

2.4 Integrated Children's Services Plans

2: INTRODUCTION

The Scottish Executive has for a number of years been promoting the idea of “joined up working” with every new paper and strategy emphasising the need for services to be working together in the best interests of those for whom we provide a service.

There are a number of Executive Initiatives which particularly focus on the needs of children and young people and come with associated funding. Of those, two in particular have focused minds on the development of integrated approaches to working practice across services for children and young people.

2.1: INTEGRATED (NEW) COMMUNITY SCHOOLS (1999 -)

The twin aim of the Scottish Executive's New Community School Initiative are that of social inclusion and raising attainment: the basis for achieving this being seen as the development of more integrated support services for children, young people and families. Despite its title, the Integrated (New) Community Schools initiative is very relevant for all services: the word “Schools” in the title referring to an inclusive delivery of services through a focus on the school campus rather than to an exclusive responsibility being laid on school staff to develop the approach.

The vision:

“Through new community schools we will make a radical attack on this vicious cycle of underachievement”

“the potential of children can be realised only by addressing their needs in the round - this requires an integrated approach from all those involved”

New Community Schools – the Prospectus 1998

The Initiative provided funding in each Local Authority Area for 3-year pilots with the first phase running from 1999. In Moray, two ASG areas have received funding; Milnes (1999-2002) and Forres (2001-2004).

Following the pilot phases, the expectation was that there would be a “rollout” of the New Community Schools approach across all areas. In late 2001 rollout funding was announced, initially for the period 2002-2004 and now extended to 2006.

More recently, the title New Community Schools (NCS) has changed to Integrated Community Schools (ICS). All Moray schools are now designated Integrated (New) Community Schools and are expected to take on board an integrated approach to working.

The outline of “essential characteristics” and “likely features” of an Integrated (New) Community Schools is stated in the prospectus as follows:

ESSENTIAL CHARACTERISTICS

- A focus on all the needs of all pupils at the school.
- Engagement with families.
- Engagement with the wider community.
- Integrated provision of school education, informal as well as formal education, social work and health education and promotion services.
- Integrated management.
- Arrangements for the delivery of these services according to a set of integrated objectives and measurable outcomes.
- Commitment and leadership.
- Multi-disciplinary training and staff development.

LIKELY FEATURES

- have a positive, inclusive ethos in which children, their parents and teachers are focused on learning in a supportive but challenging environment and on improving attainment in formal and informal learning settings;
- promote positive parent-child relations and family inclusion. The New Community School involves a step change in the relationship between the school and the families of the children at the school. It should provide advice and support for parents as well as children. The school must work very closely with parents as full partners;
- provide out of school childcare;
- provide student and family welfare services;
- develop active health promotion and education and take steps to become a health promoting school (**NB all schools now required to be Health Promoting Schools by 2007**);
- ensure that styles of learning and teaching are adopted (possibly including active learning and informal education techniques) to ensure that an appropriate and stimulating curriculum is accessible to all students;
- make adjustments to the curriculum when it can be demonstrated that a better education and experience will be offered for those pupils concerned and student potential maximised;
- work positively with informal education to help ensure that young people are challenged and stimulated to learn and engage actively with their communities, and that support for parents reaches those most in need;
- at the earliest possible stage, address the needs of vulnerable children, eg children looked after by the local authority, children in need, children at risk of offending or of serious substance misuse;
- provide a focal point for the community to engage in aspects of lifelong learning, including support for their children at school;
- operate study support schemes, out of school hours and/or during school holidays;
- operate an explicit policy of no exclusion through an inclusive approach which values all pupils equally;
- in the primary sector) provide - either directly or under contract with providers in the voluntary or private sectors - a range of services for pre-school children, including day-care and pre-school education;

- in the secondary sector enhance the quality of formal and informal educationfor work for young people at school; and
- in the secondary sector) prepare young people for further and higher education and enhance their future employment prospects.

**For further information visit the Integrated
Community School website pages at**

<http://www.scotland.gov.uk/about/ED/PSI/00018930/Foreword.aspx>

2.2: FOR SCOTLAND'S CHILDREN

In late 2000 the Scottish Executive established a team to look at how children and young peoples' services could be improved through more integrated working. This work resulted in the publication of the report "For Scotland's Children" in 2001 which included critical analysis of the current position across Scotland and made recommendations in the shape of an action plan for the future.

In late 2001, allocations of funding to Local Authorities (dependant on appropriate proposals) were announced to address the action plan through the Changing Children's Services Fund. The initial funding period of 2002-2004 has now been extended to 2006.

A summary of the Action Plan is as follows:

1. Consider Children's Services as a Single Service System

Note: the report does not recommend creating a single service

- Led by the Chair of Children's Services (or equivalent) and a senior figure from the NHS.
- Agree the planning area.
- Children's services to be given highest priority.

2. Establish a Joint Children's Services Plan

- Seen as a joint production of NHS Boards and Local Authorities.
- Children, parents and voluntary organisations involved as full partners.
- Multi-disciplinary approach to workforce planning.
- Financial transparency with cost sharing and pooled budgets (including shared transport strategy).
- Range of staff who are skilled and experienced in working with families.
- Joint post qualifying events/induction.
- Identify existing "informal" services.
- Involve minority groups (including travelling families).
- Co-terminosity in service boundaries.
- Link to Drug Action Teams and Community Care Plan and set within the framework of the Community Plan.
- Detailed arrangements for access, assessment and service co-ordination.

3. Ensure Inclusive Access to Universal Services

- Avoid physical eviction from housing.
- Ensure access to GP and Primary Care Team supports.
- Ensure full time education for excluded pupils
- Needs to be met from within universal services whenever possible.
- Transition from pre-school to primary carefully managed (including support to parents).
- Single point of entry to services/co-location, whenever feasible.

4. Co-ordinate Needs Assessment

- Co-ordination responsibilities to be made explicit, eg. health/education/Social Work.
- Every child to have a named individual who is the main point of information/reference for the child and who can consider the need for more specialist services.
- Work towards a single modular assessment format.
- Staged model for intervention.

5. Co-ordinate Intervention

- Named co-ordinator where intensive/complex/long term support required.
- Consider an administrator to help identify all children who need a co-ordinator.
- Avoid the accident of entry point determining the service provided.
- Good understanding of the remits and responsibilities of all agencies with clear and accessible information.

6. Target Services

- Set out how to:
 - * provide excellent universal services
 - * target additional services
- Common understanding of children in need.
- Managing the transition out of children's services.
- Attention to emerging issues:
 - * Drugs
 - * Psychiatric diagnosis (eg. ADHD)
 - * High dependency (eg. severe, profound complex disabilities)
- Active preventable work with children who are predicted to require services.
- Identify informal services and clear information for users.

You can access the report at

<http://www.scotland.gov.uk/library3/education/fcsr-00.asp>

STAFF RESOURCE IN CHILDREN'S SERVICES

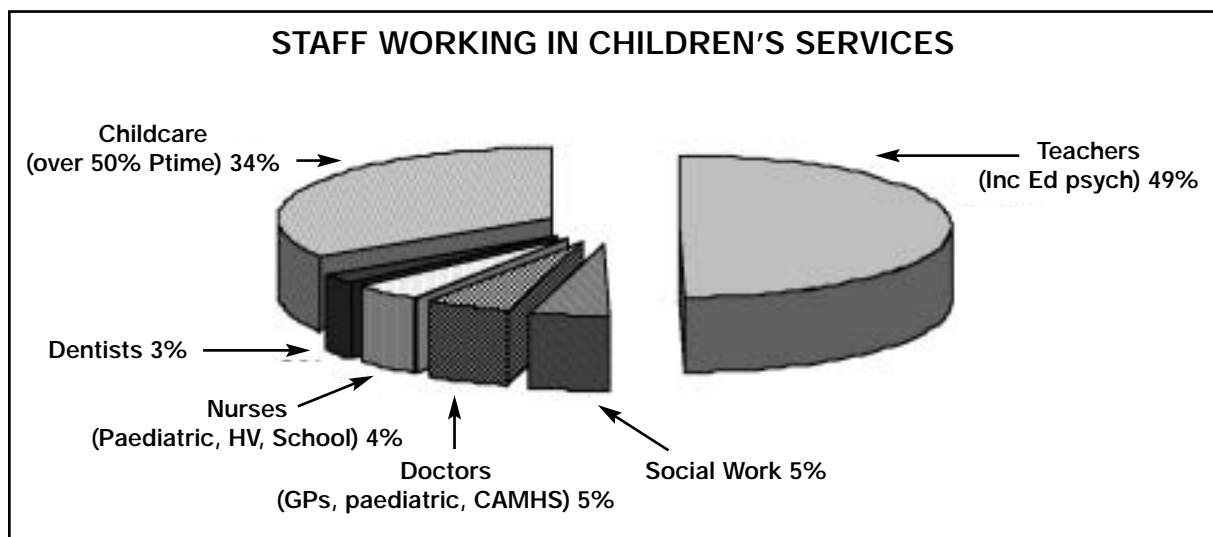
The For Scotland's Children report records that there are around 100,000 staff and the total annual budget for children's services in Scotland is, at a very conservative estimate, more than £3 billion.

We have, therefore, approximately one member of staff for every 10 children and a budget of around £3,000 per child. We must move beyond our current service boundaries and concerns, to make the best use of all the resources in the best interests of Scotland's children.

The following chart illustrates a breakdown of some sectors of professional staff working in children's services. It doesn't include partners in the voluntary sector.

Does this tie in with your perception?

What are the implications for the way in which we develop integrated children's services?



National documentation is continuing to emphasise the need and requirement to develop better integrated working practice. Of direct relevance for example, the Scottish Executive's response to the National Debate on Education "Educating for Excellence, Choice and Opportunity" (2003) includes a Next Step action point (2004 – beyond 2007) to "Expand multidisciplinary working through New Community Schools and the Changing Children's Services Fund".

The various strands have now been brought together with the requirement that Authorities, in conjunction with other services, draw together Integrated Children's Services Plans.

2.3: CHANGING CHILDREN'S SERVICES

Colin Morrison was a member of the team who wrote the Scottish Executive's "For Scotland's Children Report". In March 2003 Colin ran a workshop presentation on the issues around approaches to planning and delivering Children's Services at the "Getting it Together" seminar in Moray. His notes, reproduced below, give an indication of the national context and the issues that need to be addressed.

PRESENTATION

Late in 2000 the Scottish Executive established a team of secondees to look at how we could improve children and young people's services through more integrated working.

Our work resulted in the publication of the report 'For Scotland's Children'. The report included an analysis of where we were at in terms of services for children and young people and made recommendations for future action in the shape of an action plan.

The action team came to the conclusion that there were two overarching things that we could identify for many of Scotland's children and young people:

- That they are affected by the overarching issues of poverty, drugs and alcohol
- That outcomes for many children are poor – many are still born to fail.

'As a society do we really care sufficiently about our children to reduce drastically the hardships of their families? Do we care that so many are born to fail?'

'Born to Fail': National Children's Bureau, 1973

Some indication of how these issues impact on children and young people come from statistics on eg free school meals entitlements, the increase in referrals to the Reporter and higher school exclusion rates for some of the most vulnerable.

Why an action team now?

- The executive is committed to a Scotland in which every child matters.
- There is an increasing focus on the rights of the child, articulated in the UNCRC. This is also reflected in the Children (Scotland) Act and in Human Rights legislation.
- Planning for children's services is guided by the Children (Scotland) Act, a model supposed to ensure that we better identify and meet children's needs.
- Government' changing structure: Ministers in the Scottish Parliament with specific responsibilities for children and young people. The Executive's Children and Young People's Group. In 1999 a Child Strategy Statement stating the expectation that all policy and legislation coming out of government be viewed in the light of what impact it would have on children.
- Ministers were of the view that better integrated services would be better able to plan and meet children's needs and so more likely to deliver on the Executive commitment to improving the lot of children – especially the poorest and most vulnerable.

What we found in our work across Scotland about experiences of services, about policy in relation to children's services and about how services are planned.....

Service users told us that:

- Agencies are bad at information sharing and communication.
- families are excluded from services through GP deregistration, through eviction and through school exclusions.
- waiting times for services are long, for example in mental health services for children and young people.
- professionals failed to deliver – we made contact with one family who as a result of staff changes had had contact with 22 social workers in 3 years.
- professionals disagreed – for example a family might be told that their child suffered from ADHD, from clinical depression, from conduct disorder or that the problem was with parenting skills within the family.
- poverty and limited aspirations meant that families often felt that there was no way out of their situation, that they didn't expect anyone to help.
- drugs and alcohol made family life, and relationships with service providers, difficult to manage.
- Young people told us that they felt that there was generally a negative view of them, that the statutory sector services were particularly disrespectful or uninterested.

Service providers told us:

- there are too many initiatives, plans and ring fenced funding streams.
- different agencies fail to develop agreed outcomes or targets in work
- There was a lack of clarity about which children fell into the category of children in need
- Agencies struggled to develop shared assessment mechanisms and so were unable to develop appropriate, staged, measured multi agency responses to need
- The most glaring resource shortfall identified was the under funding of local authority social work children and family services
- There were particular staffing shortages in social work staff, child and adolescent psychiatry, Health Visitors and psychologists
- Services were fed up of re-organisation and constant upheaval
- There were concerns over sustaining initiatives, at that time particular concerns over the future of New Community Schools
- there was concern about unintended outcomes or not thinking through the consequences of development in one service area on another service area.
- Concern and frustration from the voluntary sector about the tendering and contracting culture which was increasingly dominating the relationships that they had with local authorities.
- the issue of predictability. Why are service providers saying that they can often predict which children or families will come to their attention yet we are doing nothing until there is a crisis?

When it comes to policy the Executive is well aware that it needs to involve people in the field at the early stages of policy development. This was one of the key findings of a piece of work carried out within the Executive called 'Making a difference: Effective Implementation of Cross Cutting Policy' in June 2000. The chapter relating to policy in the For Scotland's Children report highlights the complex picture in terms of policy and attempts to describe current policy in relation to childcare, pre-school initiatives, school education, family support, children's hearings, Social Inclusion Partnerships, roads, transport and health.

We also addressed the Executive's commitment to 'child proofing' policy and legislation, mentioned earlier. This commitment is expressed through the Executive's child strategy statement which asks that whichever of the Executive's 7 departments is involved in policy development they should actively seek the views of relevant agencies and of children and young people themselves on how that policy initiative might impact on them.

In terms of the action team's findings on planning services: again the description of the situation is that it is complex. For example we identified that a local authority Education Service would:

- have direct responsibility for producing an Education Service Plan, an Educational Improvements Objectives Statement and School Plans
- take a lead role in producing the Children's Service Plan, Early Education and Childcare Plan and Sure Start Scotland Plan
- provide input to The Community Plan, Council Corporate Plan, Local NHS Plans, Community Care Plan, Community Learning Plans, Community Safety Plan, Criminal Justice Plan and Youth Crime Plan
- provide feedback on the use of Pre-school Education Grant, Excellence Fund and Early Intervention Fund
- participate in the Childcare Partnership, Community Safety Partnership and Community Learning Partnership

It's clear that planning needs rationalised, providers are being diverted from delivering services to producing documents from which there is little real benefit. The action team concluded that despite the plethora of partnerships and strategies its doubtful if some actually deliver better outcomes for children, families or communities. This is also something the Executive realise:

'There is a good case for a fresh look at the range of plans required by the Executive, with a view to rationalising the total number. Agencies report overlap and duplication: that outmoded plans continue to be requested; and that too much effort is diverted from delivering services to producing documents for which there is little real benefit.'

The Scottish Executive Policy Review Unit

I'd like to finish by telling you about the 6 action points which the team proposed that the executive and service providers should address, and then finally to mention the 12 recommendations which were made in relation to how change can be implemented, sustained and monitored.

1. Consider children's services as a single system:

Our report stated that 'in many parts of Scotland services are not pulling together'. One of the key ways such an approach might be achieved is through clear and powerful leadership, and in particular through close working between local authorities and health.

2. Establish a joint children's service plan

The action team report re-states the major tasks for children's service planning, which are – to engage all interests, to assess need, to develop a local vision, to agree funding, to develop and deliver services and to monitor and evaluate.

3. Ensure inclusive access to universal services

Our third point relates to the need for all children to have access to the universal services of health and education. This requires effective information sharing between agencies, it means that we have to be better at identifying and maintaining contact with families – in particular we must ensure that where there is risk of service discontinuity arrangements are in place to make sure that children are not lost to the system

4. Co-ordinate needs assessment

The action team proposed that every child should have a named individual who can function as the main point of information or reference for that child and who can ensure that if particular needs are identified then more specialist services can be brought in. This is not intended to be a new burden but to formalize what already happens in many.

We urged the development of a single, modular, assessment format which could be used by all. We recognized, because we asked people, that children, young people and parents are usually comfortable with information being shared if this is done with care, consent and respect.

5. Co-ordinate intervention

The action team also recognized however that where children need more than what universal services can provide there is a need to better co-ordinate intervention. In such circumstances children need a named individual to act as a co-ordinator. Arrangements should avoid the situation in which the accident of the entry point into the system determines the service provided. All agencies will require a better understanding of the remits, responsibilities and services provided by other agencies.

6. Target services

Finally, we proposed that each children's services plan should set out how it will provide excellent universal services for all but also how it will target additional services to meet need and reduce inequalities. We identified that the children who might require additional services could be seen to fall into at least one of four categories:

- children who are now sought out by agencies, for example children with a particular illness or disability, or children with caring responsibilities

- children who come to the attention of agencies because of things done to them or done by them
- children affected by what might be called 'emerging issues' such as drug issues, psychiatric diagnosis or high dependency medical needs
- predictability –children whom services can identify where problems may be presented later because of family characteristics or early identification that the child is not receiving the positive start to life required.

The 12 recommendations of the action team on how the 6 action points might be implemented, sustained and monitored were concerned with:

- the need to re-affirm and implement the Executive's commitment to considering the impact of legislation and policies and initiatives on children ie child proofing
- ensuring that essential children's services are not funded through short term measures but become mainstream services
- the need to make it possible for local authorities and NHS boards to share financial approaches and responsibilities
- encouraging the executive to look strategically and in the long term at workforce planning – asking who do we need and where do we need people who can work effectively with children and families?
- encouraging a view of the voluntary sector as long term strategic partners
- making sure that no child is excluded from universal services and
- developing an information and assessment format that all agencies can use

And to end, an example about how and why we need to get this right. The issue is best value but also clearly about how a failure to develop better integrated service responses undermines our aspirations for better outcomes for children:

'Whether necessary or not, a function of fragmented organisational structures is often competition and protectionism in the allocation and use of resources that contradicts concerns with best value. A head teacher's unwillingness to invest £40 per week in a classroom assistant leads the social work department in the same council to spend £400 per week on an excluded child. Equally it does not occur to the social work managers to allocate £40 per week from their budgets to the head teacher.'

Best value has a longitudinal dimension: controlling costs now that result in far higher unnecessary expenditure later is equally not best value. The head teacher's £40 saving becomes thousands of pounds expenditure in the criminal justice system as the impact of exclusion, labelling and alienation kick-in. Put simply, 'best value' is an holistic concept incompatible with agency specific and time specific budget management interests.'

Colin Mair, Director, SLAM Centre.

2.4: INTEGRATED CHILDREN'S SERVICES PLANS

Local Authorities, NHS Boards and other planning partners (eg Police, Scottish Children's Reporters Administration, not for profit organisations) are now being asked to draw together their existing separate plans for school education, children's social work, child health and youth justice into Integrated Children's Services Plans. The first of these will cover the period 2005 – 2008.

Recent guidance has placed the development of these plans firmly within the context of Community Planning and has identified a number of themes around which Plans should be developed. These are linked to the United Nations Convention on the Rights of the Child – (<http://www.unicef.org/crc/crc.htm>) and are listed below alongside reference to relevant national documents.

SUMMARY OF NATIONAL INITIATIVES & DOCUMENTS RELEVANT TO CHILDREN AND YOUNG PEOPLE

GENERAL

- For Scotland's Children
<http://www.scotland.gov.uk/library3/education/fcsr-00.asp>
- Starting Together – Integrated Early Years Strategy
Strategy will issue shortly
- The Way Forward – Information Sharing and an Integrated Framework for the Assessment of Children
<http://www.scotland.gov.uk/about/ED/CnF/00018058/Informationsharing.aspx>

SAFE: Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.

Child Protection	<p>Child Protection Reform Programme Web Page, including links to Children's Charter (2003) and Framework for Standards for Child Protection (2003): http://www.scotland.gov.uk/about/ED/CnF/00017834/childprotection.aspx</p> <p><i>Protecting Children - A Shared Responsibility</i> (March 2003): Guidance for Education Authorities, Independent Schools, School Staff and all others working with children in an education context in Scotland.. http://www.scotland.gov.uk/library5/education/pcsr-00.asp</p>
Children affected by the drug misuse of adults	<p><i>Getting Our Priorities Right</i> (2003): Good practice guidance for working with children and families affected by substance misuse. http://www.scotland.gov.uk/library5/education/gopr-00.asp</p>
Children affected by domestic abuse	<p><i>National Strategy to Address Domestic Abuse in Scotland</i> (November 2000) – including recommendations for services and support for children affected by domestic abuse; http://www.scotland.gov.uk/library3/law/stra-00.asp</p>

Responding To Domestic Abuse: Guidelines For Health Care Workers in NHS Scotland (March 2003);
<http://www.scotland.gov.uk/library5/social/pdaa-00.asp>

Preventing Domestic Abuse: A National Strategy (September 2003);
<http://www.scotland.gov.uk/library5/justice/dants-00.asp>

Domestic Abuse: A National Training Strategy (March 2004).
<http://www.scotland.gov.uk/library5/health/rdag-00.asp>

Children's Hearings System *Review of the Children's Hearings System: Getting it Right for Every Child* consultation pack launched March 2003. Second phase of the review, later in 2004, will consider what detailed changes to structures and legislation might be necessary.

Children's Hearings web link:
<http://www.childrens-hearings.co.uk/>

Road Safety *Safer Routes to Schools: How to Run a Successful Safer Routes to School* (December 1999)
<http://www.saferoutestoschools.org.uk/?c=1010&t=arcnewslist.htm>;

Guidance for 20mph Speed Zones Around Schools (April 2004)
<http://www.scotland.gov.uk/library2/doc08/srs-00.htm>

NURTURED: Children and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.

Adoption & Fostering *Adoption Policy Review: on-going review to improve procedures, services and support for adoptive and foster parents.*
<http://www.scotland.gov.uk/about/ED/YPLAC/00017972/policy.aspx>

Family Law *Family Matters: Improving Family Law In Scotland – Consultation on proposed reform of Family Law in Scotland* (closed June 2004).
<http://www.scotland.gov.uk/library4/JD/CL/00019211.aspx>

Looked After Children *Learning with Care: The Education of Children Looked After Away from Home by Local Authorities – including specific recommendations for social work and educational services provided by local authorities.*
<http://www.scotland.gov.uk/library3/education/lacr-00.asp>

Care Leavers *Supporting Young People Leaving Care in Scotland: Regulations and Guidance on Services for Young People Ceasing to be Looked After by Local Authorities.*
<http://www.scotland.gov.uk/library5/education/syplc-00.asp>

HEALTHY: Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.

Health Promoting Schools	<p><i>Being Well – Doing Well: A Framework for Health Promoting Schools in Scotland</i> (2004) – advice for those involved in education, health improvement and community involvement to assist in ensuring all schools are Health Promoting Schools by 2007.</p> <p>http://www.healthpromotingschools.co.uk/files/beingwelldoingwell.pdf</p>
Community Health Partnerships	<p><i>Community Health Partnerships</i> – CHPS are key vehicles for partnership, integration and service re-design between primary and secondary care and between health and social care. Draft statutory guidance and regulations for CHPs were published in March 2004.</p> <p>http://www.show.scot.nhs.uk/publicationsindex.htm</p>
Dental Health	<p><i>Dental Health</i> - Draft National Standards for Dental Services (March 2004), including for children and young people.</p> <p>http://www.scotland.gov.uk/consultations/health/dnsds-02.asp#15</p>
Health Improvement	<p><i>Eating for Health: Meeting the Challenge</i> – following on from ‘Improving Scotland’s Health – the challenge’ this document is a review of progress made to date and includes case studies of organisations who have successfully implemented healthy eating plans.</p> <p><i>Evidence in Action</i> – Nutrition in the Under Fives: published by NHS Scotland, this is a concise synthesis of research in the area of nutrition and the under fives, drawing out the implications for policy, practice and research in Scotland</p> <p>http://www.hebs.co.uk/researchcentre/pdf/Infant_nutrition_Evidence_into_action.pdf</p> <p><i>Hungry for Success: A Whole School Approach to School Meals in Scotland</i>- Final report of the Expert Panel on School Meals.</p> <p>http://www.scotland.gov.uk/library5/education/hfs-01.asp</p> <p><i>National Health Demonstration Projects</i> - Health demonstration programme to improve health through a number of community initiatives, including Starting Well (an intensive home visiting intervention, community support and partnership working) and Healthy Respect (reducing teenage pregnancies, improving sexual health and self-esteem and confidence).</p> <p>http://www.scotland.gov.uk/about/HD/HIS/00017360/page1400476077.aspx</p>

Nursing in Schools	<i>Scottish Framework for Nursing in Schools</i> (March 2003) – setting the direction of future practice of nursing in schools. http://www.scotland.gov.uk/library5/education/sfns-00.asp
Sexual Health	<i>Enhancing Sexual Wellbeing In Scotland: A Sexual Health & Relationship Strategy</i> – Consultation on a draft National Sexual Health and Relationships Strategy. http://www.scotland.gov.uk/library4/HD/PHPU/00018321.aspx
Child Health Surveillance & Screening	<i>Health for All Children: Draft guidance on the implementation of the 4th edition of the Royal College of Paediatrics and Child Health (RCPCH) Health for All Children report, on child health surveillance and screening activity across the UK. Final guidance will issue later this year.</i> http://www.scotland.gov.uk/consultations/health/hfac-00.asp
Child and Adolescent Mental Health	<i>National Programme for Improving Mental Health and Wellbeing: an action plan tied to the health improvement and social justice agendas, setting out aims and areas of activity for national work plus a suggested outline for local areas.</i> http://www.scotland.gov.uk/library5/health/npmh-01.asp <i>Needs Assessment Report on Child and Adolescent Mental Health</i> – Public Health Institute of Scotland Needs Assessment Programme (SNAP) Report including recommendations to promote mental health and prevent mental health problems for children and young people. [Link]
Therapy Services	<i>Scottish Executive Review of Speech and Language Therapy, Physiotherapy and Occupational Therapy for Children and Speech and Language Therapy for Adults with Learning Disabilities and Autistic Spectrum Disorders</i> (2003): a report making recommendations on effective provision of services, largely focused on integrated working, increased access and better user involvement in service planning http://www.scotland.gov.uk/library5/health/rsltm-00.asp
Substance Misuse	<i>Services for Young People with Problematic Drug Misuse: A Guide to Principles and Practice</i> (2003): Joint production from Effective Interventions Unit and Lloyds TSB Foundation for Scotland Partnership Drugs Initiative. This offers guidance on delivering services for those under 16 who have problems with drugs and/or substance misuse. It follows from the 2002 Research Review on Young People's Treatment Services and also draws on a seminar with managers and practitioners from a range of services in June 2002. http://www.scotland.gov.uk/library5/health/yppdm-00.asp

ACHIEVING: Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self esteem to the fullest potential.

Assessment is for Learning	<p><i>Assessment is for Learning Programme:</i> a coherent system designed to give parents, teachers and other professionals the information they need on pupils' learning and development needs. Includes a unified system of recording and reporting, brings together current assessment arrangements and offers staff development and support. http://www.ltscotland.org.uk/assess/f</p>
School Estate	<p><i>Building Our Future: Scottish School Estate Strategy</i> – sets out a vision for the school estate and outlines the steps needed to achieve this, including collaborative working between the Scottish Executive and local authorities http://www.scotland.gov.uk/library5/education/bofs-00.asp</p>
Early Years Services	<p><i>Care and Learning for Children: Birth to Three:</i> guidance for adults involved in caring for babies and young children. Based on the concept of care and learning being inseparable. http://www.ltscotland.org.uk/earlyyears/files/birth_to_3_whole_doc.pdf</p> <p><i>Child at the Centre</i> – Self-Evaluation in the Early Years (2000): a self-evaluation tool for all centres providing care and education to 3-5 year olds. A chance to use performance indicators which will then be used by HMIE in pre-school centre inspection. http://www.scotland.gov.uk/library2/doc16/cac2-00.asp</p> <p><i>Curriculum Framework for Children 3 to 5:</i> an extension of the advice offered in 'A Curriculum Framework for Children in their pre-school year', with additional advice for practitioners on the learning and developmental needs of younger children plus guidance on an effective approach to the curriculum. http://www.ltscotland.org.uk/earlyyears/files/cf25.pdf</p> <p><i>National Care Standards for Early Education and Childcare:</i> these cover services for children and young people up to the age of 16 years which are to be regulated under the Regulation of Care (Scotland) Act 2001. Applicable to services in public, private and voluntary sectors, and in domestic or non-domestic premises which provide services for over two hours a day and for six days or more each year. http://www.scotland.gov.uk/library3/health/ncseec-00.asp</p>

Childcare	<p><i>Childcare Strategy</i> - Meeting the Childcare Challenge: A Childcare Strategy for Scotland (1998), set out strategy to make high quality, accessible and affordable childcare available in every neighbourhood. This activity is co-ordinated at local level through the work of local Early Education and Childcare Partnerships.</p> <p>http://www.scotland.gov.uk/about/ED/EEC/00015135/page1455942992.aspx</p>
Out of School Care	<p><i>School's Out</i> – Framework for the Development of Out of School Care – advice for childcare partnerships, local authorities, local enterprise companies, childcare umbrella organisations, service providers and schools to promote good quality, accessible and sustainable out of school care.</p> <p>http://www.scotland.gov.uk/library5/education/sofd-00.asp</p>
Education	<p><i>Educating for Excellence: Choice and Opportunity</i> – Scottish Executive response to the National Debate on Education, setting out an action plan for improvement based upon responses from teachers, parents and young people</p> <p>http://www.scotland.gov.uk/library5/education/ndser-00.asp</p> <p><i>National Priorities in Education</i>: set of strategic objectives for schools and local authorities to work towards. First stage of the improvement framework as set out in Standards for Scotland's Schools etc. Act 2002.</p> <p>http://www.scotland.gov.uk/education/nationalpriorities/default.asp</p> <p><i>Review of the Curriculum 3-18</i>: follows the commitment made in 'Educating for Excellence' and strengthened in A Partnership for a Better Scotland in May 2003. The first stage of the review got underway in November 2003 and the steering group is due to publish a paper by autumn 2004, outlining the draft principles and framework for a reviewed curriculum. Following this, a second stage will begin, in which the content of the curriculum will be reviewed, based on the principles and framework which emerge from the first stage.</p> <p><i>How Good is Our School?</i>: self-evaluation tool for schools and education authority officials based on a set of quality indicators. Also used by HMIE in their external evaluations.</p> <p>http://www.hmie.gov.uk/documents/publication/HGIOS.pdf</p>
Enterprise in Education	<p><i>Enterprise in Education: Determined to Succeed</i>: response to the report by the Education for Work and Enterprise Review Group outlining how the Scottish Executive, working in partnership with the business community and Schools Enterprise Scotland, can offer every school pupil in Scotland a range of vocational and entrepreneurial opportunities.</p> <p>http://www.scotland.gov.uk/library5/education/dtsr-00.asp</p>

Lifelong Learning *Life Through Learning Through Life, the Lifelong Learning Strategy for Scotland.* This strategy is principally concerned with post-compulsory education, training and learning. Lifelong learning policy in Scotland is about personal fulfilment and enterprise; employability and adaptability; active citizenship and social inclusion. It encompasses the whole range of learning: formal and informal learning, workplace learning, and the skills, knowledge, attitudes and behaviours that people acquire in day-to-day experience.
<http://www.scotland.gov.uk/library5/lifelong/lism-00.asp>

ACTIVE: Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.

Activity *Active Schools Programme.*
<http://www.scotland.gov.uk/pages/news/2004/01/SENW1047.aspx>
Let's Make Scotland More Active: A Strategy for Physical Activity (February 2003) – including the Active Schools programme.
<http://www.scotland.gov.uk/library5/culture/lmsa-00.asp>

Sport *Sport 21 2003-2007 – National Strategy for Sport in Scotland.*
<http://www.scotland.gov.uk/about/UNASS/UNASS/00017964/Introduction.aspx>

Culture Celebrating Scotland - National Culture Strategy.
<http://www.scotland.gov.uk/nationalculturalstrategy/docs/>
 Guidance on implementing the National Culture Strategy was issued to local authorities in March 2003.
<http://www.scotland.gov.uk/library5/culture/incsgla-00.asp>

Youth Work The Scottish Executive is committed to engaging with young people to facilitate their personal, social and educational development and enable them to gain a voice, influence and place in society.
<http://www.scotland.gov.uk/Topics/People/Young-People/youth-work>

RESPECTED & RESPONSIBLE: Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

Anti-Social Behaviour	<p><i>Anti-Social Behaviour</i>: statutory guidance is due to issue shortly. Background information at www.scotland.gov.uk/about/ED/YPLAC/00017927/ASB.aspx</p> <p>The Bill can be seen at www.scottish.parliament.uk/bills/pdfs/b12bs2.pdf</p> <p>Consultation can be seen at www.scotland.gov.uk/consultations</p>
Discipline in Schools	<p><i>Discipline Task Group Report: Better Behaviour, Better Learning</i> – recommendations made for improving discipline in schools and supporting teaching staff to provide effective learning</p> <p>http://www.scotland.gov.uk/library3/education/rdtg-00.asp</p>
Youth Crime	<p><i>National strategy for youth crime in Scotland</i>: Scotland's action programme to reduce youth crime 2002</p> <p>http://www.scotland.gov.uk/library3/justice/sapt-00.asp</p> <p>National standards for Scotland's Youth Justice Services</p> <p>http://www.scotland.gov.uk/library5/justice/nssyjs-00.asp</p> <p>10 point Action plan on Youth Crime</p> <p>http://www.scotland.gov.uk/pages/news/extras/00008300.aspx</p> <p>Youth Justice web-page including annual youth justice mapping exercise</p> <p>http://www.childrens-hearings.co.uk/youthjustice.asp</p>
Proof of Age	<p><i>The Licensing (Scotland) Bill</i>: A consultation on Liquor Licensing launched on 17 May 2004 in response to the Nicholson Committee independent review of Scotland's liquor licensing laws and includes proposals for a national no proof no sale requirement for all licensed premises.</p> <p>http://www.scotland.gov.uk/about/JD/JD-BSU/00019533/introduction.aspx</p>
Engaging children, families and communities	<p><i>NHS Patient Focus and Public Involvement (2001)</i>: response to Our National Health: a plan for action, a plan for change. Sets out a framework for achieving cultural change across NHSScotland, focussing on patient involvement, increased capacity, better communications and enhanced responsiveness.</p> <p>http://www.scotland.gov.uk/library3/health/pfpi-00.asp</p>

Parentzone: website offering information for parents, carers and other responsible for school-age children

<http://www.parentzonescotland.gov.uk/f>

The Standards in Scotland's Schools etc. Act 2000 includes provisions to ensure that parents are consulted on key issues at both school and local authority level

<http://www.scotland-legislation.hmsso.gov.uk/legislation/scotland/acts2000/20000006.htm>

INCLUDED: Children, young people and their families should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

Children Not in
Employment,
Education or Training

Developing Post-School Psychological Services, interim report from the National Development Officers. Outlines the key roles of psychological services in supporting transition to post-school and better outcomes for young people, the proposed portfolio of services and preferred service delivery model to be tested through 12 PSPS Pathfinders, building on local authority services.

http://www.scotland.gov.uk/about/ELLD/TTW/00016581/dev_pspis_interim.pdf

A summary of responses to the interim report will be available online shortly.

Moving on from School to College: Helping young people with additional support needs to make a successful transition. Outlines the principles and characteristics of good practice, case studies, and a framework for self-evaluation of transition arrangements for use in school and college.

<http://www.hmie.gov.uk/documents/publication/more.htm>

Beattie Committee Report, Implementing Inclusiveness: Realising Potential. The Beattie National Action Group is leading work to take forward the report's recommendations for improving the transition process and removing the barriers to lifelong learning and employment faced by young people between the ages of 16 and 24 with additional support needs. The single unifying principal at the core of all the Beattie Committee recommendations is inclusiveness and that it should underpin the policies and practice of the agencies and institutions which offer guidance, education and training.

<http://www.scotland.gov.uk/library2/doc04/bere-00.htm>

Inclusiveness – Being implemented; Potential – Being realised. Sets out progress in implementing the Beattie report and future priorities.

<http://www.scotland.gov.uk/library5/lifelong/ibipb-00.asp>

Beattie Website giving information and updates on inclusiveness activities:

<http://www.scotland.gov.uk/about/ELLD/TTW/00016581/page350604987.aspx>

Beattie Committee *Report - Implementing Inclusiveness: Realising Potential* - a National Action Group is leading work to take forward the Report's recommendations for improving the transition process and removing the barriers to lifelong learning and employment faced by young people between the ages of 16 and 24 with additional support needs.

<http://www.scotland.gov.uk/about/ELLD/TTW/00016581/page350604987.aspx>

Community
Regeneration

Better Communities in Scotland: Closing the Gap (June 2002) - The Scottish Executive's Community Regeneration Statement for regenerating deprived communities.

<http://www.scotland.gov.uk/about/DD/H3/00014328/page465477662.aspx>

Community Regeneration Fund: Guidance on Regeneration Outcome Agreements (July 2004)

[Add link when available]

Education Inclusion

Count us in: HMIE document on achieving inclusion in Scottish schools

<http://www.hmie.gov.uk/documents/publication/cui.html> *Education Maintenance Allowances*: website explaining the EMAs, which provide support to young people from low income families

<http://www.emascotland.com/>

Integrated Community Schools approach - addressing barriers to learning and the needs of the child through an integrated provision of services.

<http://www.scotland.gov.uk/about/ED/PSI/00018930/Foreword.aspx>

Moving to Mainstream: Audit Scotland/HMIE performance audit into the inclusion of pupils with special educational needs in mainstream schools

<http://www.audit-scotland.gov.uk/publications/pdf/2003/03pf09as2.pdf>

	<p><i>Moving Forward: Additional Support for Learning</i> (January 2003) - developing a strong framework for supporting learning, based on inclusion and equality, and which welcomes diversity in schools.</p> <p>http://www.scotland.gov.uk/about/ED/NED/00018091/page1220737319.aspx</p>
Equality	<p><i>Equality Strategy – Working Together for Equality</i> (2000)</p> <p>http://www.scotland.gov.uk/library3/social/wtem-00.asp</p>
Closing the Opportunity Gap / Social Inclusion	<p><i>Growing Support – A Review of Services for Vulnerable Families with Very Young Children</i> (2002)</p> <p>http://www.scotland.gov.uk/library5/social/gsrs-00.asp</p> <p><i>Sure Start Scotland</i>: government programme providing support to families with very young children, particularly vulnerable families and those in deprived communities.</p> <p>http://www.surestart.gov.uk/surestartservices/surestartocalprogrammes/ssscotland/</p> <p><i>Working for Families</i> – additional resources and guidance for local authorities to help provide additional childcare support in areas of high unemployment in order to help those in work, training or education.</p> <p>http://www.scotland.gov.uk/about/DD/SI/00017414/page450969632.aspx</p>
Housing & Homelessness	<p><i>Homelessness – Activities following from the Homelessness: An Action Plan for Prevention and Effective Response</i> Final Report of the Homelessness Task Force (February 2002)</p> <p>http://www.scotland.gov.uk/Topics/Housing/Homelessness</p> <p>Housing – Activity to deliver good quality, sustainable and affordable housing, with appropriate housing management and support services.</p> <p>http://www.scotland.gov.uk/Topics/Housing/Housing</p>
Disabilities	<p><i>Same As You? A Review of Services for People with Learning Disabilities</i> – including recommendations for improving services and support for children and adults with learning disabilities and/or autistic spectrum disorder.</p> <p>http://www.scotland.gov.uk/ldsr/docs/tsay-00.asp</p>

QUALITY IMPROVEMENT



3. QUALITY IMPROVEMENT

Introduction

3.1 For Scotland's Children: A Developmental Tool

3.2 The Sum of its Parts?

3.3 Review of Local Community Network Development

3: INTRODUCTION

NATIONALLY

At this point in time there is no full national framework for evaluating how well integrated working is developing and how well the joint agendas around children in need are being addressed. The Inspectorate have been developing this and plan to produce a framework in 2005.

However, one of the Appendices in the For Scotland's Children report provides a "toolkit" which sets out key elements for the provision of integrated services. Consideration of these is useful in assessing how we are doing and what we need to develop.

Recent multidisciplinary reviews by the Inspectorate of a number of Integrated Community School clusters has resulted in the publication of "The Sum of Its Parts?" (2004). An extract indicating some of the key factors affecting the development of integrated working is included in this section.

On a broader basis, HMIE is taking the lead in bringing all inspectorates together to develop and implement themed multidisciplinary inspections of children's services as a whole. The inspection of child protection will be the first priority and this will be piloted and developed from the end of 2004.

At the same time, the Executive now requires the submission of Integrated Children's Services Plans which illustrate an integrated planning approach across all children's services and pull together joint priorities and coherent action plans involving multi-service delivery. The first Integrated Children's Services Plan is to be submitted by March 2005 and will cover a three year period

IN MORAY

For Moray's Children has not yet set clear targets through which progress and evaluation of the strength of integrated working can be measured. It is intended that the process of putting together the new Integrated Children's Services Plan will bring this into focus and the Plan when complete will provide a working document which will inform progress on an ongoing basis.

The Local Community Network infrastructure has been through a local process of review (summer 2003) and the recommendations from the review report are a current action plan for Educational Services. Extracts from the review are included in this section.

3.1

EXTRACT FROM “FOR SCOTLAND’S CHILDREN” APPENDIX 4: The elements of effective integrated work

WORKING TOGETHER IN CHILDREN’S SERVICES: A DEVELOPMENTAL TOOL

The tool, which is offered here, is concerned with six key elements:

- Policy and strategy
- Planning children’s services
- Resourcing children’s services
- Accessing children’s services
- Processes – that is the experience of children and families and of service providers, and finally with
- Outcomes

It is the intention of the Action Team that this developmental tool is of real help in the drive towards better integrated children’s services.

In terms of *POLICY AND STRATEGY* effective integrated work requires:

- A shared vision, a common purpose amongst partners which is understood and adhered to.
- Public statements, frequently revisited, about the purpose and ethos of the service.
- Clarity amongst partners about their role and responsibilities.
- A shared understanding amongst partner agencies about what is meant by ‘children in need’.
- A commitment to improve operational practices or develop different forms of service delivery in the context of Best Value.
- A range of shared policy statements on key areas of concern to the service – for example around equal opportunities or access to information or a partnership agreement between participating agencies.
- An understanding of why the integrated approach to service delivery makes a difference.

In terms of *PLANNING CHILDREN'S SERVICES* effective integrated work requires:

That all relevant stakeholders are involved from the outset, including children and families and potential partners in the voluntary sector.

Due consideration by partner agencies that an integrated approach is required.

A clear understanding of who is involved in planning children's services with clarity about where responsibility and leadership for the process lies.

- Clarity about the role and authority of representatives involved in the planning process, including the degree to which they are empowered to take decisions or commit resources on behalf of their agency, and a requirement on representatives to attend planning meetings.

A commitment to planning at the local level that is linked systematically with the Community Plan.

- Clarity amongst partners about their specific responsibilities for service delivery.
- Planning processes which address both universal and targeted services and the access pathways between them.
- Harmonisation of the geographical boundaries within which agencies work.
- Monitoring and evaluation systems which address and assess the individual role of contributing agencies and the continued effectiveness and relevance of the integrated approach.
- Open and transparent financial management systems and an assessment of the costs of integrated approaches to service delivery.
- Clear links with other partnerships operating in the area, other cross cutting issues and current planning frameworks.
- An understanding of how the integrated approach impacts on planning processes.

In terms of *PROCESSES* (the experience of service users and service providers) effective integrated work requires:

- Effective networking.
 - Policy and effective practice in relation to information sharing and related issues such as client confidentiality.
 - Decisions that are taken collectively and implemented effectively.
- Clear and effective links between practitioners and those responsible for planning/policy in relation to the service.
- An ongoing, integrated approach to monitoring and evaluation which is linked to the service's 'plan'.
 - The ability of partner agencies to recognise and responded appropriately and transparently to conflict which arises.
- Trust and positive working between partner agencies.
- Clarity about the changing role of any partner agencies, including reasons for exiting work within the integrated service.
- That staff are able to talk in an informed and confident way about how service users move through or experience the service.
- The availability of opportunities for service users to talk about the service and to have these views taken on board via appropriate structures, including the participation of children and families in the monitoring and evaluation of the service.
- An ongoing evaluation of how an integrated approach impacts on users' experience of the service.
- An understanding of how the integrated approach impacts on service partners experience of service delivery and in terms of interagency relations.

In terms of *RESOURCING CHILDREN'S SERVICES* effective integrated work requires:

Partner agencies to contribute resources to support services which meet common objectives.

Communication about funding cycles and financial planning.

Clarity about where the integrated approach has brought extra funding into the area/ service, whether it has led to adjustments or better co-ordination of mainstream funding or whether integrated working has meant additional demands in terms of resources.

An identification of shortfalls in resourcing, any barriers to joint resourcing, and clarity about how these are/have been addressed.

A commitment to staff training which addressed the benefits and challenges of integrated practice.

An understanding of how the integrated approach has impacted on resource requirements or use of resources.

In terms of *ACCESSING CHILDREN'S SERVICES* effective integrated work requires:

- Clarity about how children and families access services.
- Opportunities for single multi-agency assessments, support and information sharing.
- 'One door' entry to multidisciplinary or multi-agency services.
- The availability of clear information about services which is disseminated appropriately to other agencies and potential users.
- The availability of information in an appropriate range of languages and formats and in child friendly versions.
- The regular updating of information across partners/providers.
- That services are located within reach and within child and family friendly environments.
- Partners to utilise alternative means of communication, participation and service delivery, such as those provided by information/communication technology, to overcome barriers to access to services.
- A commitment to equal opportunities at a strategic and operational level.
- An understanding of how the integrated approach impacts on access to children's services.

In terms of *OUTCOMES* effective integrated work requires:

A focus on outcomes which are child centred.

- Clarity about the focus of services, with evidence that the balance or focus of any service in relation to preventative/reactive work has been discussed and agreed between partner agencies.

That partner agencies, where appropriate, utilise research and pilot studies to create an evidence base for service developments.

Outcomes which are linked to those of partner agencies or to national targets where appropriate.

Clarity amongst partner agencies in relation to their responsibility for shared outcomes.

- Child and family participation in monitoring and evaluation systems.
- An understanding of how services impact on the lives of children or families.
- A system of monitoring and review of the continued relevance/appropriateness of the service with an exit or continuation strategy in place where appropriate.
- An understanding of how the integrated approach impacts on the identification or fulfilment of service/organisational outcomes and outcomes for participating children or families.

3.2

EXTRACTED FROM
"THE SUM OF ITS PARTS?"
(HMIE - 2004)
www.hmie.gov.uk

The Development of Integrated Community Schools in Scotland

FOREWORD

Developing services for children that meet individual needs more effectively is one of the key challenges facing our public services. Six years ago, the publication of the New Community Schools prospectus was the start of a programme of pilot projects across Scotland intended to take this agenda forward. This report looks at how well authorities have developed new approaches to delivering children's services through integrated working among education, health, social work and other key partners.

We found sufficient examples of good practice to suggest a platform for further development. In many cases, the initiative has been a catalyst for more effective joint working. We encountered heartening examples of vulnerable young people who had clearly benefited from better teamwork amongst those providing support to them and their families. It is clear, however, that such positive evidence is patchy. We have, for example, yet to see evidence of significant gains in overall levels of attainment in schools. Too often the approach adopted operated in isolation from mainstream activity without the kind of leadership and vision at senior levels that is necessary for success. There remains a considerable way to go to transform how schools and other children's services work together to achieve significantly improved outcomes for all children.

Of course, change on this scale takes time. In many respects the initiatives evaluated in this report are still in their early stages. It is right to take stock at this point, however, if the goal of all schools becoming Integrated Community Schools by 2007 is to be realised. There is a clear need to learn the lessons from the very varied work that has taken place thus far, draw together the various strands in this and related initiatives, and focus more directly on achieving impact for all children.

Graham Donaldson
Her Majesty's Senior Chief Inspector

EXTRACTED FROM
 “THE SUM OF ITS PARTS?”
 (HMIE - 2004)
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The Development of Integrated Community Schools in Scotland

Chapter 6: Key factors for success

The previous four chapters have described a wide range of strengths and weaknesses in the development of the ICS initiative in its various forms across Scotland. This chapter aims to summarise some of the key factors which consistently appeared to underpin the development of good practice in the ICS clusters visited. It also indicates ways in which good practice can be further developed.

6.1 At Local Authority and Health Board level

Shared leadership

Good practice in the partnership was characterised by a number of factors. Leadership, commitment and a clear set of ICS objectives agreed between chief executives and senior managers in partner services led to purposeful and productive initiatives in ICS clusters. The membership of steering and management groups included representatives from all partner services including the police, the voluntary sector, young people, parents and other members of the community.

Sustainability

A further key feature of successful provision was the best value use of funding to ensure sustainability. Representation of ICS objectives in community plans and children's services plans, and in the development plans of partner agencies and schools, generally led to effective concerted action. Involvement of all partners in integrated policy making, planning and delivery ensured a sense of joint ownership at all levels. This sense of ownership was enhanced when pupils, School Boards, parents, voluntary organisations and other members of the community were involved in decision making.

Integration with mainstream

It was notable that the most successful ICS-related initiatives were promoted and evaluated as integral aspects of mainstream provision, rather than add-ons. All related initiatives, such as health promotion, promoting positive behaviour and out-of-school care and learning, were included within ICS planning and provision. In addition there was wide involvement of NHS departments and social work services in contributing to the achievement of ICS objectives. Dedicated ICS staff operating at cluster level showed a strong sense of teamwork and awareness of each other's roles and responsibilities. Partner agencies and schools worked together through a coordinated approach to identifying and meeting the needs of potentially vulnerable children and young people, including those who were looked after and accommodated.

EXTRACTED FROM
“THE SUM OF ITS PARTS?”
 (HMIE - 2004)
www.hmie.gov.uk

Evaluation, review and planning

In good practice there were clear systems for evaluating the progress and impact of ICS and related initiatives, and all partner services and stakeholders contributed to these evaluations. Good practice identified through evaluation was shared among schools and partner services. Good practice in ICS initiatives was frequently enriched through contributions from a range of NHS services. These contributions would be further enriched if ICS activities were more consistently reflected within NHS plans including General Practice locality/practice development plans. There would be further advantage if health service monitoring and evaluation systems were also used consistently to assess the impact of ICS initiatives. In order to extend joint-service training it would be useful if staff from partner services had access to appropriate NHS staff development activities.

6.2 At school and local cluster level

Leadership

Good practice was evident in schools and clusters where headteachers gave a clear lead in the implementation of ICS initiatives, and staff at all levels contributed to, and felt ownership of, the initiatives. Good practice was further enhanced where headteachers in a cluster worked in partnership to identify, plan and deliver ICS objectives linked to national policies and those of partner services. In these cases, all appropriate cluster activities, including out-of-school care and learning, and health promotion initiatives, were included as contributions to ICS cluster objectives. All teaching and non-teaching staff were aware of the ICS objectives and of how they could contribute to meeting them. They took account of these objectives in their interactions with children and young people in order to contribute to improving their attainment, achievement, health, care and social development. Cluster targets were reflected in school plans and were used systematically to measure progress. Cluster schools evaluated the success of ICS initiatives and shared examples of good practice.

Clear management roles and lines of communication

In the most effective clusters, the roles and responsibilities of ICS managers were clearly defined and provided appropriate scope for decision making and the allocation of resources. There were appropriate arrangements to meet the development needs of ICS managers, other dedicated ICS staff and all staff in cluster schools and partner agencies to ensure awareness of the key aims of ICS initiatives. Staff from partner services trained together to reinforce the integrated nature of their work. ICS managers had constructive working relationships with the headteachers of all schools involved and with managers of partner services.

**EXTRACTED FROM
“THE SUM OF ITS PARTS?”
(HMIE - 2004)
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The Development of Integrated Community Schools in Scotland

Curriculum flexibility

In good practice, pupils' programmes were drawn from a curriculum which had a range of formal and informal components including extra-curricular activities, health-promotion initiatives and out-of-school care and learning opportunities. Core curricula were extended and supported in a number of ways including links with further education colleges, and provision of breakfast clubs, homework clubs and study support groups. Appropriately customised curricular programmes were made available for disaffected pupils or those who had missed out on learning for other reasons. Staff from voluntary organisations and partner services such as health, social work and the police contributed to pupils' learning, health and social development directly and through helping to provide teaching materials and learning opportunities.

Personalised learning

Practice was good where pupils' learning was personalised to meet individual needs and to remove barriers to learning. Personal learning plans were drawn up in consultation with pupils, parents and staff from a range of partner services. Targets for pupils' learning and development reflected high expectations, and progress towards them was monitored systematically.

Barriers to learning

In ICS clusters, partner services worked closely together to identify barriers to learning and put in place strategies to remove them. Partner services provided coordinated support for vulnerable young people and their families to ensure that their educational, social, emotional and health needs were well met. Initiatives were in place to raise the expectations, confidence and self esteem of these young people and their families, and to ensure that they gained the maximum benefit from opportunities for learning and wider development.

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The Development of Integrated Community Schools in Scotland

"It is now time to take stock of the good practice that has emerged from this period of innovation and development, as outlined in this report. There is a need to re-focus the vision of an integrated community school as we move towards every school adopting the characteristics of the ICS approach by 2007. Authorities and their schools were increasingly looking for a clearer national lead in this respect. To a large extent it is becoming clear that the concept of the ICS is best defined in terms of how associated clusters of schools, including special schools, work together with each other and with other local agencies and establishments to support the education and development of all children and young people, and their families and communities. It is less appropriate to define it as applying to individual schools in isolation."

"Local authorities, Health Boards and other partner services now need to build on existing good practice by working more closely together to support all Scotland's children and young people to reach their full potential. With clear guidance from the Scottish Executive, local agencies need to work more closely together at all levels to plan and deliver more integrated provision. Audits of existing provision should take account of the full range of initiatives which contribute to ICS objectives, and all stakeholders, including pupils, parents and other members of the community should be involved in deciding the direction of future development."

"The clear aim for all partners should be to learn from good ICS practice that has developed thus far, and use this experience to build integrated learning communities which can meet the educational, social, health and care needs of our children and young people more effectively than ever before."

The above quotes come from the Conclusions chapter of the report and provide our current context.

It sets us a serious challenge. Few would disagree about the general aims outlined: in an ideal world we would have the time, the energy and the resource to do what most of us would say we try – and often struggle - to do every day in our work. That is making best use of our core professional expertise with providing, or ensuring that someone provides, the support our children and young people need in broad human terms to succeed and thrive.

But we live in a complex and pressured environment so:

How can we best build on everyone's strengths as both professionals and as human beings who want the best in every way for our children and young people?

How do we avoid going into overload?

How do we best identify and build on the services, systems and ways of working that seem to work – best practice?

How can we best build frameworks that support us to do that and that result in "integrated learning communities which can meet the educational, social, health and care needs of our children and young people more effectively than ever before"?

3.3 EXTRACT FROM REVIEW OF LOCAL COMMUNITY NETWORK DEVELOPMENT TO JULY 2003

3 GOOD PRACTICE

There are many elements of good practice in interagency working evident across Moray which have been working practice for many years and not simply emerged through the development of Local Community Networks over the last twelve months.

However, most of the points made below come directly from information gleaned during the review meetings with each Local Community Network and refer specifically to perceptions of development over the period from the inception of Networks.

- 3.1 Support Officer role as a "neutral" person taking a more lateral view, signposting links and resources and enabling faster progress
- 3.2 Building working relationships through honesty, trust and positive "give it a try" attitude.
- 3.3 Commitment of core service funding and personnel to developments
- 3.4 Being proactive in involving parents and community
- 3.5 Recognition of the high "lifetime" costs (human and material) of young people being "sent away" eg into secure accommodation, and working together to retain young people within their community.
- 3.6 Reviewing, refining and adapting Local Assessment and Planning process for maximum efficiency and effectiveness:
 - a) streamlining administrative process of calling and recording meetings (including identifying and using regular weekly time slot for possible LAPs)
 - b) consensus on the criteria which will lead to a LAP being called
 - c) being proactive in picking up referral trends and responding to patterns of need as well as individual need
- 3.7 Development and refinement of effective communication through
 - a) creative use of e-mail
 - b) newsletters
 - c) commitment of key people to networking (whether formal or informal arenas): time spent or regularly planned to build working relationships.
- 3.8 Establishment of themed subgroups to implement action plans together with a rationalisation of the number of full Network meetings (eg to four per year) is already proving more effective use of scarce staff time.
- 3.9 Beginning the use of a common format for all Networks for action plans and recording project bids and developments.

7 RECOMMENDATIONS

It is recommended that:

- 7.1 A clear statement of Local Community Network purpose and Support Officer role is circulated, together with a statement of responsibilities.
- 7.2 Active commitment is given by every sector to prioritise time for the effective development of the Local Community Network framework encompassing the agendas of all sectors and an holistic view of children's needs.
- 7.3 There is a specific focus on assisting all sectors to gain a fuller and shared understanding of the potential of integrated working using the framework as a vehicle.
- 7.4 The elements of good practice recorded in this report are taken on board by all Network members and tailored to suit their locality as a good basis from which to take their work forward.
- 7.5 In particular, the forum of full Network meetings should be seen only as the starting point and as the fulcrum rather than the full conceptual potential of Local Community Network development.
- 7.6 It is made clear that local service managers, the "core" members of each Network, are collectively responsible and accountable for developing integrated working practice at a locality level.
- 7.7 A more rigorous planning framework is utilised where priorities are decided following a factual profiling of area need. Likewise, a more rigorous evaluation framework should be employed which takes full and ongoing account of the views of the children, young people, parents and communities on the receiving end of services.
- 7.8 The Local Community Network planning process requires to articulate both with other locality planning (including Community Planning) and with the work currently being taken forward through the For Moray's Children group.
- 7.9 The For Moray's Children group should ensure purposeful dialogue with local Community Networks on current issues. Likewise, emerging good practice requires evidencing and then dissemination through this Moray wide forum.
- 7.10 The For Moray's Children group continue to take forward an interagency protocol for sharing information and implement the related action plan to introduce enabling procedures and raise awareness as soon as possible.
- 7.11 The long term (beyond 2006) strategic position of Local Community Networks requires further consideration. As part of this a further review of Local Community Networks should be undertaken through the For Moray's Children framework in the latter half of 2004 to evaluate how best to take forward the agenda of integrated children's services at a local level.

8 CONCLUSION

- 8.1 The Local Community Network structure has been less than a year in existence within what is a complex service environment. Progress has been variable and there are a number of crucial issues which require to be addressed if the potential of a local interagency framework to develop more effective and sustainable integrated working practice is to be realised:
- Raising the level of positive and enlightened commitment from all key players
 - Confirming ownership and accountability
 - Implementing more purposeful structures and planning processes which articulate with both service and wider planning frameworks
 - Incorporating the views of children, young people, parents, carers and communities
- 8.2 It is worth noting that developments across Scotland are following the same general pattern as in Moray. An interagency forum based on a geographic area linked in some way to school catchment or neighbourhood areas is now becoming the norm and variation is in the detail of membership and how these fora are administered, funded and supported.

MORAY FRAMEWORK: For Moray's Children and Local Community Networks

4



4. MORAY FRAMEWORK

4.1 History

4.2 Current Position

4.3 For Moray's Children

4.4 Local Community Networks

4. FOR MORAY'S CHILDREN AND LOCAL COMMUNITY NETWORKS

4.1 HISTORY

The For Moray's Children (FMC) strategy group grew from the good basis of working together in the interests of children and young people already evident in Moray. Some structures had, formally or informally, already been in place to ensure a more co-ordinated approach. However, this had depended more on individual people driving this way of working because it made sense to them, rather than an overall service strategy that working together was of benefit to everyone, staff and public alike. The push on all Services from the Scottish Executive over recent years has changed that and the imperative now is for a strategic framework which positively demands and supports the agenda for integrated working.

The Childcare Strategy unveiled by Social Work in 1997 included the building of a substantial partnership working together with voluntary sector organisations Aberlour Childcare Trust and NCH Scotland to deliver a range of services, including statutory provision, for children in Moray. This had a considerable impact on the way services are delivered.

In 1999 the first Integrated (New) Community School pilot started, based on one Secondary School area and its feeder Primaries. Two years later a report on the "lessons learned", together with the results of research in the pilot area addressing dealing with change were presented to what was now called the SWED/Health group. (Social Work and Education Managers had for a number of years had a regular forum to discuss and develop matters of joint responsibility and this had recently widening to regularly include Health, voluntary sector partners and other relevant representatives). This strategic group had already been looking at the best way to progress more integrated working practice and at this time also the Scottish Executive confirmed two strands of transitional funding around the rollout of Integrated (New) Community Schools and Changing Childrens' Services.

The strategic group very quickly became the For Moray's Children (FMC) group with an agenda encompassing the remit of Integrated (New) Community Schools and Changing Children's Services remit. A joint bid was submitted to the Scottish Executive in March 2002: this outlined a number of developments under the three headings of infrastructure, consolidation and extension of services, and new services.

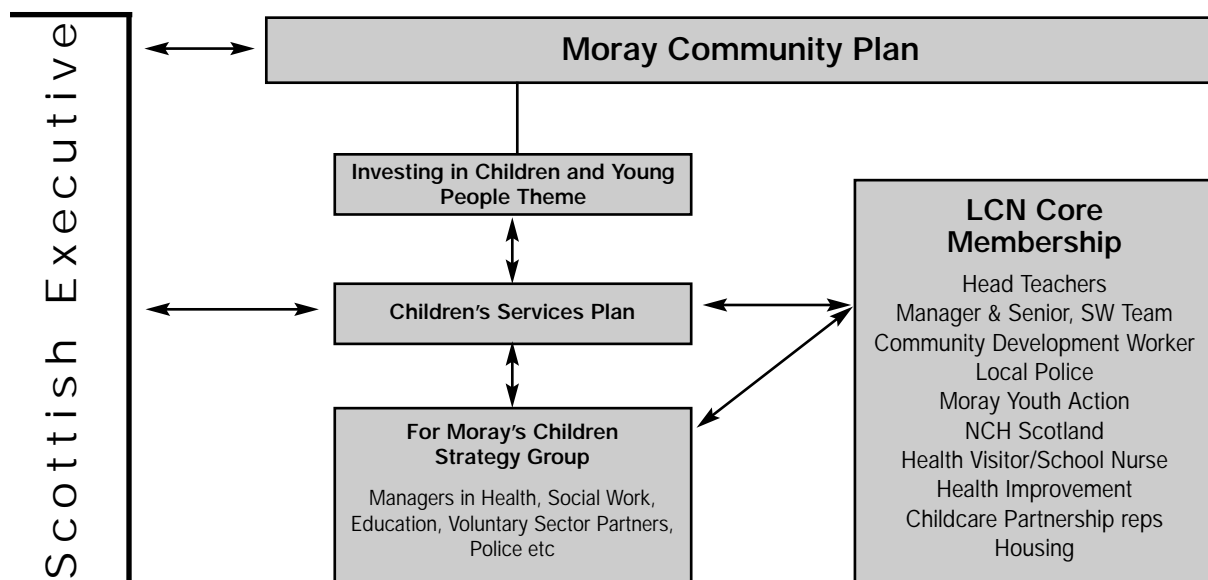
Within this, Local Community Networks (LCNs) were outlined as an essential part of a locality infrastructure to drive, plan and develop integrated working around children, young people and families. The area covered by each LCN came naturally from what already existed on the ground in terms of locality service delivery. Schools have for a good number of years had regular ASG meetings, bringing together Headteachers from all schools in a "cluster" covering the geographical area of the Secondary School. Social Work had restructured its Children and Family Area Teams in 2000 so that each Team covered two Secondary School areas. A short while later, Community Development also restructured, removing Community Development Workers' responsibility for Community Centres and realigning staff so that each had responsibility for developing a Community Learning Plan for a Secondary school area. The locality "match" for the police has also worked fairly well, but for the Health sector it has been rather more problematic to align Primary healthcare services centred on GP practices with what became the proposed locality planning structure.

Health Improvement and School Nurses however could fit in, and since 2002 there have been continuing developments within NHS Grampian to address the whole agenda of integrated working. These include Health Visitor redesign, Public Health agenda, and the management opportunities afforded by the birth of Community Health Partnerships.

Website with more history, information and links to national context:
www.moray.gov.uk/fmc

4.2 CURRENT POSITION

LCNs are the locality arm of integrated working for children, young people and families reflected by the For Moray's Children (FMC) strategic group at Moray wide level. This all sits within the overall framework of Community Planning.



4.3 FOR MORAY'S CHILDREN

The membership of the For Moray's Children group is extensive and growing as the group has now moved to meeting approximately four times per year using a "workshop" approach to focus on specific issues. Those attending are a range of service managers and representatives from different service sectors with a specific remit for supporting children and young people.

There is now a small "business group" called CRAG (Corporate Responsibility Action Group) which includes the three Executive members of FMC and a small number of other people. CRAG undertakes to drive forward the agenda of FMC: currently this means ensuring that the Integrated Children's Services Plan which will map out the themes and priorities for Moray over the next few years is put together on the basis of sound information, broad consultation and agreed criteria.

Executive members:

Andrew Fowlie, Manager, Community Health and Social Care Partnership

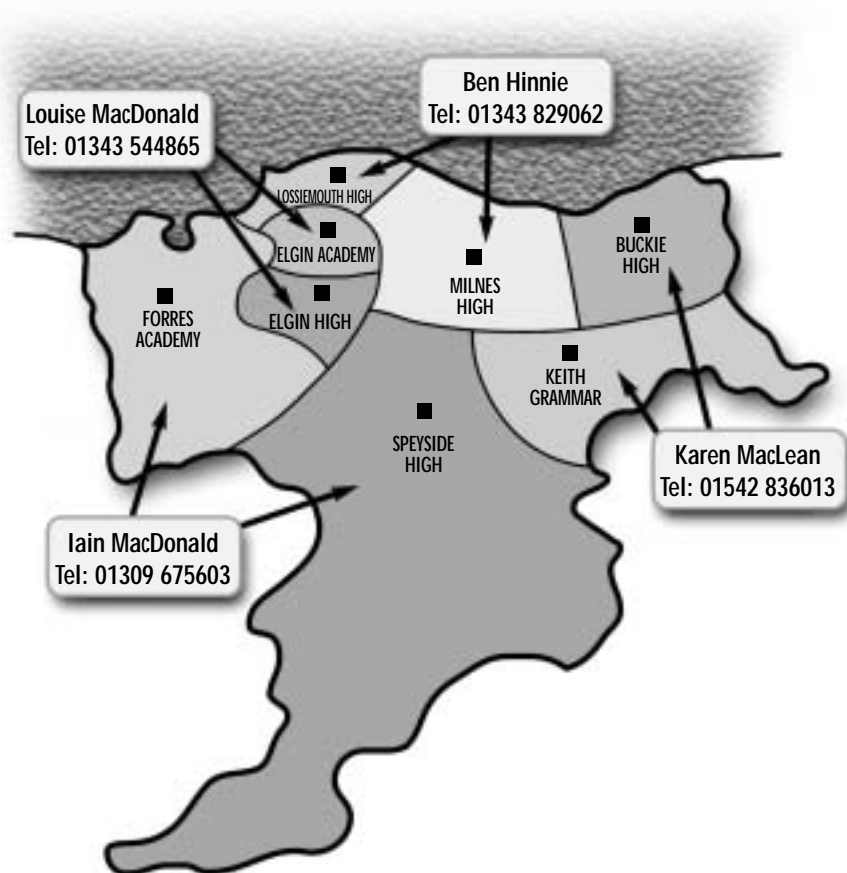
Eric Scarborough, Head of Service Area: Educational Support Services

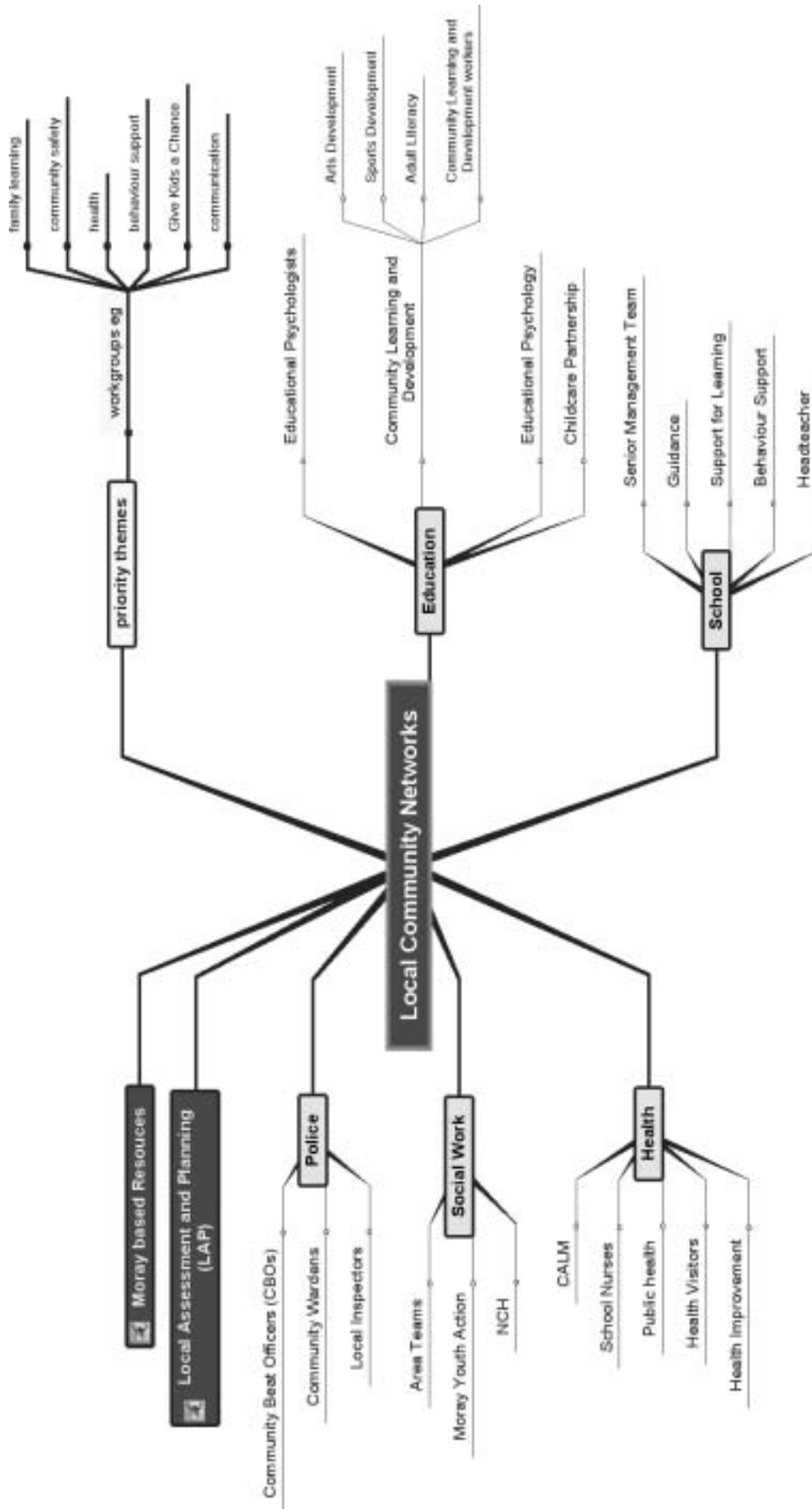
John Sullivan, Head of Children, Families and Criminal Justice

Other members are from Education (2), Social Work (2), Social Inclusion Partnership (1) and Voluntary Sector (1).

4.4 LOCAL COMMUNITY NETWORKS

There are 8 Local Community Networks (LCNs) across Moray, each covering a Secondary School area. Each Local Community Network is supported by a Local Community Network Support Officer and Admin Assistant, each covering two LCNs. Full contact details for the LCNs are in the resources section.





PRINCIPLES, ROLE AND PURPOSE



5. PRINCIPLES, ROLE AND PURPOSE

5.1 For Moray's Children Group

5.2 Local Community Networks

5.3 Local Community Network Support Officers

5.4 Everyone's Responsibility

5.1 FOR MORAY'S CHILDREN GROUP

VISION

A partnership which responds effectively and holistically to all children in need.

AIMS

- To promote interagency work at a strategic level
- To promote integrated working at all levels
- To develop high quality integrated services for children, young people and their families as set out in the national agenda "For Scotland's Children".
- To create a network of Children's Services which is perceived by staff, children and families as a single system.
- To focus predominantly upon children in need as defined by all partner agencies and by relevant legislation within the wider context of universal children's services.

VALUES

We will provide a strategic direction for local delivery based upon a common set of principles:

- Moving from a reliance on intensive, reactive services towards preventative services
- Providing realistic and honest services
- Listening to and communicating with children and families in an honest and straightforward manner
- Listening to and acting on users' views of how we serve them
- Increasing mutual trust, awareness and respect between our agencies
- Sharing information to improve delivery of services that children and families need
- Reducing bureaucracy so as to release the potential of our human resources

AGENDA

We will:

- Prepare, monitor and evaluate the Children's Services Plan.
 - Co-ordinate, monitor and evaluate a range of inter-agency initiatives, eg. MIDAS, CALM.
 - Respond to national and local initiatives in an efficient, imaginative and effective way.
 - Identify shared values across the wider network of children's services
 - Develop good communication systems, including in the sharing of information across agencies and services
 - Develop a better mutual understanding of the range of services
 - Encourage preventative approaches to issues
 - Ensure that children receive the services they need and are entitled to.
- β Undertake research into users' views of how we serve them

OUTCOMES

For children and families

- Better information about the range of services available.
- Children and families will be able to access the services they need more easily
- Less complex inter-agency referrals.
- Access to the most appropriate services irrespective of the point of entry.
- Easier communication with relevant children's services (eg. MIDASS single contact point, preparation of a directory of children's services).
- Reduced anxiety and increased confidence in the network of children's services.

For staff

- Easier communication across and between relevant children's services
- Better co-ordinated assessment and support plans.
- Reduced anxiety and increased confidence in the network of children's services.
- All staff will feel ownership of For Moray's Children strategy and feel less isolated and better able to respond to users' needs

ACCOUNTABILITY

Our accountability is:

- Through existing management structures to the respective heads of services and democratic bodies.
- To the Scottish Executive and other funding agencies in respect of specific projects and developments.
- Internally through the monitoring and evaluation of the various elements of the Children's Services Plan.
- To the clients of front line services through quality assurance mechanisms and an agreed consultation procedure.
- Through the outcome of independent evaluations/inspections.

5.2 LOCAL COMMUNITY NETWORKS

AIM:

Positive “life” outcomes for children, young people and families through the provision of quality, supportive services which enable each child and young person to maximise their potential in terms of achievement, attainment, health and citizenship.

ROLE:

To facilitate, develop and sustain integrated working practice which enhances provision within and across services by

- recognising fully the connections and added value each service can bring to the common aim
- implementing integrated local solutions for local issues and need.

FOCUS:

The common focus is the enhancement of services for children, young people and families which addresses need in an holistic way. There should be specific focus on addressing issues around children in need but also on the preventative work and accessible support frameworks for all children, young people and families which may make the difference (ie lead to fewer crossing the threshold into becoming a child in need). Local Assessment and Planning is a specific aspect of that focus.

The focus derives from:

a) New (Integrated) Community Schools approach characterised by

- A focus on all the needs of all pupils at the school.
- Engagement with families.
- Engagement with the wider community.
- Integrated provision of school education, informal as well as formal education, social work and health education and promotion services.
- Integrated management.
- Arrangements for the delivery of these services according to a set of integrated objectives and measurable outcomes.
- Commitment and leadership.
- Multi-disciplinary training and staff development.

b) The For Scotland’s Children report action plan and recommendations.

1. Consider children’s services as a single system:
2. Establish a joint children’s service plan
3. Ensure inclusive access to universal services
4. Co-ordinate needs assessment
5. Co-ordinate intervention
6. Target services

WITH REGARD TO THEIR WORKING PRACTICE NETWORKS REQUIRE TO:

- link as appropriate with the work of relevant groups, organisations and individuals already in existence in their area rather than replace them.
- decide for themselves the administrative processes, format, frequency and membership of any meetings, groupings or events and how the work will be taken forward in their area.
- implement a robust planning, monitoring and evaluation framework which takes account of local planning processes, local issues and local need.
- actively engage service users, parents and communities in defining need and seeking solutions.
- be accountable for the direction developments take
- be open to change, proactive, positive and persistent in seeking solutions that work for children, young people and their families
- work within relevant Council / Agency policies and procedures and are expected to participate in local community planning frameworks and in the work of For Moray's Children.

5.3 LOCAL COMMUNITY NETWORK SUPPORT OFFICERS

ROLE

The role of the Support Officer is to facilitate and enable LCN development, which includes active involvement in development activity.

The role of the Support Officer is to assist and support developments and work that service managers and others should be involved in anyway rather than being the focus for finding additional funding and for taking on all developments .

NB: LCN Support Officers are part-time (2.5 days) with each Local Community Network.

Extract from job description and work within the framework of the purpose and major tasks:

Purpose:

The primary purpose is to facilitate and develop effective communication structures and integrated working practice by all specialist agencies working with children, young people and families within the local area. This will include active assistance in the development and delivery of existing projects.

The Local Community Network Support Officer will also undertake duties as a member of the local multi-disciplinary network and as a member of a Moray-wide Support Officer team.

(3) MAJOR TASKS

1. Promote and facilitate integrated working practice between core services of Education, Social Work, Health Education and Promotion, Community Development, Housing and other relevant services which support the needs of children, young people and their families
2. Take an active part in the initiation, development and delivery of local positive intervention activities including initiatives across professional boundaries
3. Contribute to the planning and delivery of appropriate training and staff development, with a particular responsibility for creating multi agency opportunities
4. Monitor and evaluate developments in integrated working practice and contribute to the development of effective Community Planning processes across the Council

The LCN Manager provides professional support and supervision for all LCN Support Officers

LCN Support Officers will be accountable to LCNs as to the specific priorities and direction of their work within the local area.

5.4 EVERYONE'S RESPONSIBILITY

The development of integrated working in practice involves every one of us in reviewing and rethinking working practice. "Joined up" solutions can involve anyone – and everyone – in planning, problem solving and providing local solutions for local need.

Small changes in the way we think and work can effect significant changes in children's lives.

- Consider children and young peoples' needs "in the round" not just from your own professional perspective
- Be open to appreciating and using different peoples' skills, expertise and ideas
- Be positive and persistent in working with children, young people and their families to find solutions that work for everyone, but most of all for children and young people
- Be more aware of "what's out there" - range of services, range of expertise
- Be prepared to trust and share responsibility with others – and work together

Have the will to make it happen

KEY PROCESSES



6. KEY PROCESSES

Introduction

6.1 Local Assessment and Planning

6.2 Looked After Children

6.3 Local Community Network Project Proposal

6. INTRODUCTION

KEY PROCESSES

Effective networking and clear and effective links between frontline staff and service planners

The Moray framework sets out the infrastructure within which this is being developed. There is still some way to go to develop the potential of interface between frontline staff and service planners but a good basis is in place and is being developed eg through multiagency service reviews, training seminars and the establishment of FMC working groups on a multiagency basis.

Effective policy / practice around information sharing and related issues (eg confidentiality, integrated assessment framework)

Development is currently underway regarding both information sharing policy and single shared assessment processes as part of the Scottish Executive's modernising government agenda. Moray is partnered with Aberdeenshire and Aberdeen City with regard to some of this work, with Aberdeen City taking the lead piloting role. Moray has made a considerable contribution to formulation of an overarching policy regarding the sharing of information and one area in Moray is piloting a multiagency CP assessment. In addition the MIDAS (see good practice section) pilot has been successful in providing a joined up service for young children with complex needs and their families.

As the national context and timeframe for implementation moves forward, discussion in Moray will assess our readiness for implementation and plan how to take aspects forward.

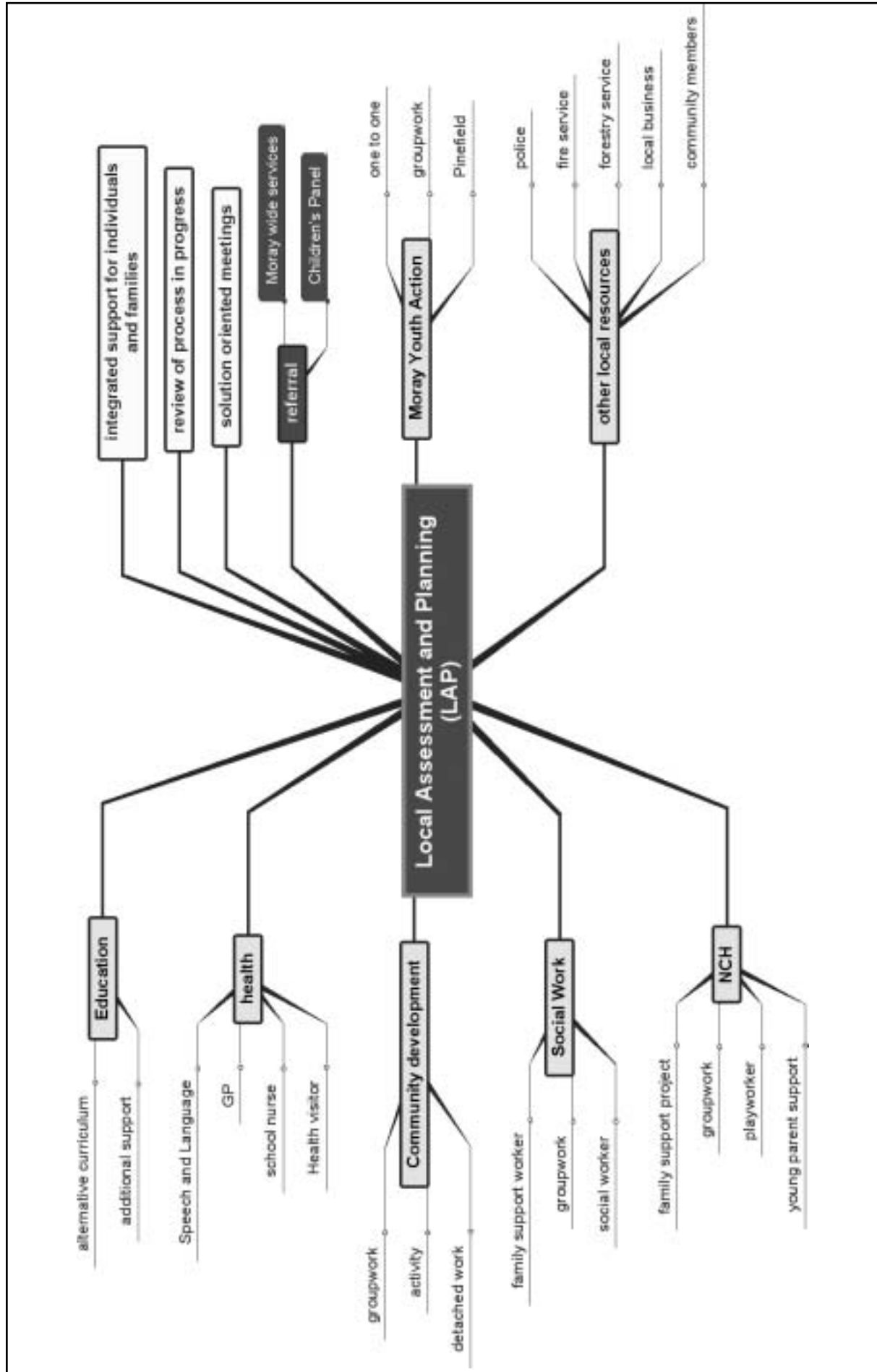
Collective decision making followed by effective implementation

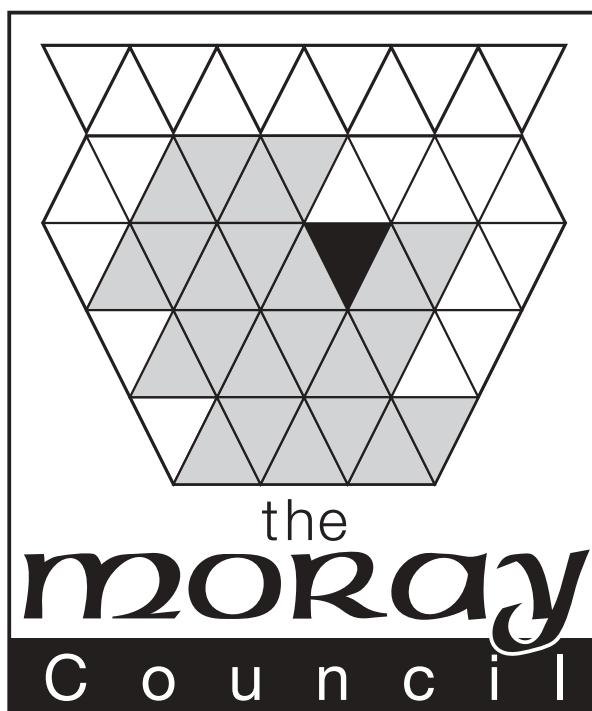
For Moray's Children (FMC) and Local Community Networks (LCNs) provide the forum for broad decisions, planning and setting of priorities at Moray wide and locality level respectively. Although the levels of funding allocated to LCNs are extremely small when compared to the funding held locally by services, the form LCNs use for tracking funding proposals includes a short set of criteria which emphasise partnership working (including with children and families). It is provided in this section.

The Local Assessment and Planning (LAP) procedures provide an important framework for integrated local decision making involving individual children and families. The original procedures document is provided here. The LAP framework is currently under review. This is likely to lead to a closer focus and clarity of purpose together with improved working processes and indicators of best practice being promoted. The review will reflect a number of developments and lessons learned over the last couple of years.

The policy and practice document produced by Community Services and Educational Services around Looked After Children is also included here as it outlines relevant roles and processes around this group of children.

6.1 LOCAL ASSESSMENT AND PLANNING





JOINT ARRANGEMENTS FOR LOCAL ASSESSMENT AND PLANNING

CONTENTS

RATIONALE

- Introduction
- Service Principles
- Objectives
- Operational Principles
- Pre-eminence of the Child
- Parental Responsibilities
- Service Responsibilities
- Collaborative Working

ASSESSMENT AND PLANNING

- Assessment and Planning Model
- Local Assessment and Planning Framework (LAP)**
- Intermediate Assessment and Planning Service (IAP)**
- Criteria for Referral
- Referral Mechanism
- Referral Acceptance
- Resources
- Immediate Assessment and Planning Service Referral Form
- Senior Planning Group (SPG)**

REVIEW ARRANGEMENTS

- Reviewing Framework
- Review Timescales

EMERGENCY ASSESSMENT & PLANNING

- Emergency Assessment and Planning
- Consultation and Crisis Response
- Emergency Assessment
- Emergency Referral to the Intermediate Assessment & Planning Service
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- Operation
- Review

CHILDREN AND DISABILITIES

- Assessment and Planning
- Transition to Adulthood

LINKS WITH CHILD PROTECTION DEFINITIONS

- Flow Diagram - Planning Processes

RATIONALE

1. INTRODUCTION

The Children (Scotland) Act sets out the duties and powers available to public authorities to support children and their families and to intervene when the child's welfare requires it.

Local authorities are regarded as corporate entities, discharging functions of social work, education, housing and recreation which affect children.

The duty to safeguard and promote the welfare of children in need falls upon the local authority as a whole, and embraces social work services, education, housing and any other relevant agencies required to safeguard and promote the welfare of children.

The **Assessment and Planning Procedures** which follow are designed to co-ordinate the services delivered by partners in the **Moray Child Care Strategy**. The aim is to promote and sustain social inclusion by providing flexible services of varying intensity to children, young people and their families including the ability to respond quickly in times of crisis.

The arrangements which follow can include children who are;

- in need
- looked after at home
- accommodated
- at risk of permanent exclusion from school
- courting referral for non attendance at school
- referred by the Children's Reporter

The proposed models of assessment and planning are based on devolved responsibility to **Social Work Area Teams** and **Associated School Groups** which should co-operate at a local level in considering joint strategies to address individual and group needs in their areas. This may also involve representation and input from other Council Departments (particularly Community Development within Education) and external agencies such as the Rowan Centre and Police.

While it is recognised that each service will have discrete statutory responsibilities in respect of individual children and young persons, it is also recognised that the client may present to both services simultaneously. In such circumstances co-ordinated approaches are necessary and require to be underpinned by common objectives, particularly where there is additional voluntary sector involvement.

2. SERVICE PRINCIPLES

The procedural arrangements are designed to encompass a number of basic objectives and operational principles in childcare planning and service delivery. The principles are derived from the concepts of partnership and collaborative working pre-eminent within the **Children's (Scotland) Act 1995**.

In respect of assessments required of individual children it is important to note the guidance in **Scotland's Children, Volume 1, Support and Protection for Children and their Families, pp 4-5, para 17** which states that:

'In order to minimise the number of assessments of individual children the local authority should consider assessing a child's needs for the purpose of this Act (the Children (Scotland) Act 1995) at the same time as any assessment under other legislation'

3. OBJECTIVES

- i) To work in partnership with children, young people and their families to provide a service characterised by 'no order' and minimum intervention principles.
- ii) To work with children, young people and their families where support is required to prevent family breakdown.
- iii) To enable children and young people to remain at home, in their own communities and be educated at their local schools wherever possible.
- iv) To sustain school education and attendance through the means of an appropriate curriculum and pastoral support.
- v) To prevent children and young people entering, or becoming locked into the care system. This will include support to children, young people and their carers in foster and residential care placements which are in danger of breaking down.
- vi) To provide effective integrated support to allow children and young people who have been accommodated to successfully return to the community by ensuring the continued promotion of their social and educational welfare.
- vii) To provide a full range of educational and community support provision to enable children and young people to remain resident in the Moray area rather than being placed elsewhere for educational and welfare reasons.

Such assessment, decision-making and direct work with families should be underpinned by policies and procedures which describe how the Moray Council expects staff to undertake their tasks. These help the Authority to;

- Provide families with a consistent service that takes account of local circumstances
- Manage and allocate resources appropriately according to the Council's priorities
- Make sure that staff are accountable to Council members and to the public
- Fulfil its statutory obligations

The processes and approaches adopted in Moray will reflect collective ownership of the difficulties experienced by the child, family and professionals involved in terms of assessing need, developing care plans and proposed solutions.

4. OPERATIONAL PRINCIPLES

- i) Within agreed resources, services will be provided on the basis of need, following multi-agency participation in the development of detailed needs assessments, care plans and individual educational programmes as required by a child's individual circumstances.
- ii) Services will be provided in such a way as to maximise the flexible use of resources.
- iii) The assessment and planning processes will recognise the operational policies and requirements of different services and also a need for order and specificity in the educational and welfare plans which are developed.
- iv) Service activity should reflect the intensity of need within care plans and I.E.Ps., while recognising that intensity of need can change over time, and that resources are finite.
- v) The roles of all of the agencies which contribute to the assessment and planning arrangements will be reviewed and monitored on a regular basis both in terms of individual cases and at an organisational level in order to monitor its effectiveness and ensure the best use of resources.

5. THE PRE-EMINENCE OF THE CHILD

Each child has a right to be treated as an individual and to be supported to reach his/her full potential.

Each child who can form a view on matters affecting him or her, has the right to express those views and these should be taken into account where decisions are to be made about his or her future.

The welfare of the child is paramount when provision is being considered to meet his or her needs.

6. PARENTAL RESPONSIBILITIES

Parents should normally be responsible for the upbringing of their children, meet their obligations, and have a duty to ensure their children receive an appropriate education. Parents should protect their children from all forms of abuse, neglect or exploitation.

Where services are provided, parents should work in partnership with the service providers to allow the minimum intervention necessary to meet the child's needs most effectively.

7. SERVICE RESPONSIBILITIES

Within the joint-planning and assessment arrangements the responsibilities of the case-responsible social worker will include:

- i) The provision and co-ordination of welfare assessments
- ii) The recommendation of appropriate care plans
- iii) The provision of direct services
- iv) The co-ordination and monitoring of social work and allied services specified within care plans
- v) The assessment of outcomes, review of care plans and recommendation of revisions
- vi) To meet specified responsibilities in the Looked-After Children (LAC) materials
- vii) Close liaison with identified colleagues in education and other services to ensure proper co-ordination of assessments, monitoring and reviews.

8. COLLABORATIVE WORKING

Families should be consulted and involved meaningfully in decision-making processes concerning their children, thereby enabling any interventions to be properly justified.

Care plans and Individual Education Plans should encompass comprehensive assessments of need, leading to well targeted interventions with all relevant agencies working in collaboration

Agency involvement should be by way of 'minimal intervention' and whenever possible on a 'no order basis.

For children referred to the Children's Reporter, Children's Hearings or subject to statutory supervision care plans may require the endorsement of a Children's Hearing.

For guidance on co-ordination with Child Protection Procedures please see – **LINKS WITH CHILD PROTECTION.**

Both the Community Services and Education Departments will provide specific guidance on referrals to the Children's Reporter.

ASSESSMENT AND PLANNING

1. THE ASSESSMENT AND PLANNING MODEL

The gathering of information is the first step in assessing the needs of a child and is the foundation for future action. Assessment aims to identify the needs and problems which face the child and other members of the family and their potential for relief, reduction or change. It should highlight ways in which problems can be addressed, needs can be met and strengths can be built upon.

The Community Services Department has provided guidance on the preparation of Child and Family Assessments in its procedural document **The Provision of Discretionary Social Work Services to Children in Need**.

2. THE LOCAL ASSESSMENT AND PLANNING FRAMEWORK (LAP)

The arrangements and processes in local assessment and planning will be undertaken by a number of Local **Assessment and Planning Groups** which will operate throughout Moray. The format of such local groups may vary and be influenced by local factors e.g. Community School provision, but their functions and operating parameters will be consistent with the Children (Scotland) Act.

Needs Assessments, Care Plans Individual Education Plans will be determined and reviewed within these procedures in accordance with arrangements described in **Scotland's Children - The Children (Scotland) Act 1995, Regulations and Guidance**.

Local Assessment and Planning Groups may determine their own;

- Referral mechanisms
- Procedure for convening meetings
- Chair / Secretarial arrangements
- Responsibility for managing and monitoring efficient use of resources
- Minutes and recording of decisions
- Self-evaluation mechanisms
- Accountability mechanisms

The LAP's should be concerned, not only with the needs of individual children, but also with co-ordinating and developing services in accordance with local circumstances, so ensuring the best use of available resources.

The characteristics of meetings held within the LAP framework are as follows:

Meeting Type	Chair	Timescale	Attendance
Initial LAP Meeting	Social Work/ Education	When required	To be drawn as appropriate from Social Work/ Education/ and other relevant local agencies and groups
Review	Social Work/ Education	Minimum 3m/6months	As above

See also later section for details of Review Arrangements

Wherever possible, meetings should include the child and family as a reflection of partnership principles and as long as this is in the interests of the child concerned. In any event, the views of the child and family should be sought and taken account of.

Additional individuals in attendance should be kept to a minimum and have a direct working relationship with the family and be able to contribute to the aims of the meeting in terms of assessment and planning.

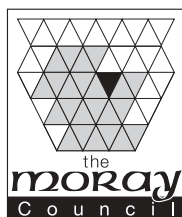
The potential additional participants at the local meeting could include:

- Educational Psychologist
- Moray Youth Action
- N.C.H. Action for Children (Scotland)
- ISS Outreach Co-ordinator
- Child and Family Psychiatry
- General Practitioner/ Health Visitor

The resources available within the local arrangements, by direct access or referral, are as follows;

Social Work Area Team	Local Education Arrangements
Homecare Crossroads Day Care Alba Place Adult Care Family Support Worker MYA local service Family Project (NCH) Respite foster care Volunteer/ Befriender Residential Outreach Throughcare & Aftercare Services Local budget Locally planned service initiatives 16 – 24 Housing Project (NCH) Family Group Meeting (Children 1st) Children's Rights and Representation Worker (Children 1st)	School Pastoral/ Guidance Staff Educational Psychologist Support for Learning Bases School S.E.B.D. Bases A.S.G. Expertise Auxiliary support (ISS) Teaching Support (ISS) In-class Assessment/Observation Drama Therapy/Groupwork Staff Training, Strategies, Advice etc
A Joint Referral may also be made to the Intermediate Assessment and Planning Service and/ or the Reporter to the Children's Panel, or for consideration through Child Protection procedures.	

A Child and Family Service Agreement (Care Plan) format has been developed which may be used by Local Assessment and Planning Groups.



CHILD AND FAMILY SERVICE AGREEMENT (CARE PLAN)

DATE:

CHILD/CHILDREN'S NAME:

AGE:

.....

PEOPLE INVITED:

ROLE:

PARTICIPATING:

APOLOGIES:

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BRIEF DESCRIPTION OF NEED, PROBLEMS OR DIFFICULTIES

(Checklist – health, education, family and social relationships, identity/self-image, social presentation, emotional and behavioural development, self-help skill, any other relevant issues).

BRIEF NOTES OF DISCUSSION

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CHILD'S VIEWS AND WISHES

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PARENTS' VIEWS, WISHES AND INTENTIONS

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PROPOSALS

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AGREED ACTIONS OR SERVICES

BY WHOM

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AREAS OF DISAGREEMENT

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UNMET NEED FROM PREVIOUS AGREEMENT

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REVIEW DATE

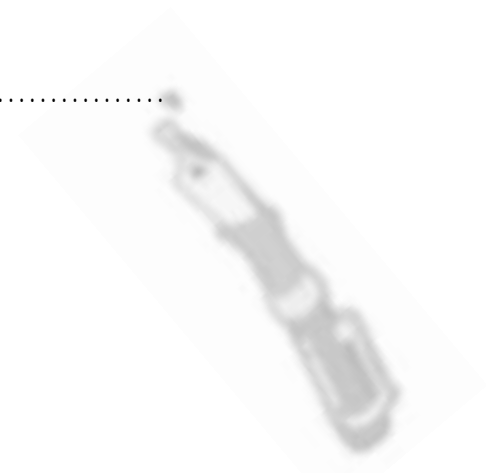
PARTIES TO THE AGREEMENT

1. SIGNED:

2. SIGNED:

3. SIGNED:

4. SIGNED:



3. INTERMEDIATE ASSESSMENT AND PLANNING SERVICE (IAP)

Where, following appropriate local assessment and planning arrangements, it is felt that further advice, assessment and alternative strategies may be necessary, it may be appropriate to seek a referral to the **Intermediate Assessment and Planning Service**.

Referrals are made to the **Service Manager (Children's Services) and the Inclusion and Support Manager (Education)** for their consideration and joint decision on how to progress each case. This may include calling together appropriate agency members for an intermediate assessment and planning meeting and, if necessary, agreeing emergency interim arrangements.

The process will provide an opportunity for Care Plans and Individual Education Plans to be reassessed. Additional assessments, advice and strategies may then be identified, accessed and organised appropriately and within the scope and extent of available resources which may be allocated on a discrete departmental basis or by way of joint and co-ordinated provision.

The process forms a mechanism for planned intervention within the Moray Council's priorities, policies and procedures, consistent with **Scotland's Children, The Children (Scotland) Act 1995, Regulations and Guidance**.

3.1. PURPOSE

Quite simply the purpose of the referral form is to convince Social Work and Education managers of the need for additional resources to meet the unmet needs of a child or young person. It is, therefore, in everyone's best interest for the referral form to be completed as fully as it can be because the content will be examined very closely. Also, the more comprehensive and balanced the information presented the more likely a decision about additional resources can be made without the need for an IAP meeting. This has also got to be in everyone's interest.

3.2. WHO DECIDES?

The decision to make referral rests with the **LOCAL ASSESSMENT & PLANNING MEETING (LAP)** members. Why? – because a significant amount of resources have been handed over to LAP members and Moray Council is committed to local decision-making in response to local needs. Not sure of what's available. Have a look at the local assessment and planning framework.

The decision to accept an IAP referral rests jointly with the **SERVICE MANAGER – CHILDREN'S RESOURCES**, currently **John Brewer**, and the **INCLUSION & SUPPORT SERVICE MANAGER**, currently **Douglas Wilson**. Why? – because these two posts carry specific responsibilities within Community Services and Educational Services for managing specialist provision across Moray.

3.3. WHEN SHOULD A REFERRAL BE CONSIDERED BY LAP MEMBERS

There are a number of criteria to consider. Some of these will be:

- LAP members are satisfied they can evidence the use and effectiveness of local resources.
- LAP members believe the child should be accommodated.
- LAP members can identify a need for extra assessment, planning and/or resources to maintain a child at home, in school or in their foster placement.
- LAP members have identified a need for a specialist resource not available within local resources.
- LAP members believe there is a need for alternative, significant and extra-ordinary curriculum arrangements.

3.4. WHO FILLS IN THE FORM?

It is expected that all LAP members will contribute to the content included in the referral form. Why? – because it has to reflect the interagency work that has been going on. Inevitably the referral form must be signed on behalf of LAP members and this should be the CHAIR PERSON of the most recent LAP meeting. Who chairs? Have a look at the local assessment and planning framework.

3.5. WHAT HAPPENS WHEN THE REFERRAL FORM IS RECEIVED BY SERVICE MANAGERS?

- Firstly, they meet every Thursday (with few exceptions) to look at referrals received.
- Next, they search for specific information and evidence of strategies used including the use of local resources known to be available i.e. within school, community, other agencies involvement etc. This is a pretty rigorous process and can, on occasion, lead to referrals being sent back for further 'local' action.
- Also, it is really important they can identify what the LAP members are looking for as an outcome of any IAP meeting. The clearer you make it, the more chance you have.
- Assuming the referral is accepted they will identify a date for the IAP to take place. This is normally on Thursday afternoons – at 3pm or 4pm.
- The Inclusion & Support Manager will send out invitations to those identified in the referral form as being essential to the decision-making process. Failure to provide this information will delay the arranging of the IAP meeting

3.6. THE IAP MEETING IS NOT HAPPENING WHEN I WANT IT.

Some young people have a considerable number of 'adults' in their lives and who have very different perspectives of need and urgency. No matter what date is allocated some will regard it as being too soon or too late. Demand for IAP meetings, however, often means there is not a great deal of flexibility in the diary and, clearly, full decisions cannot be made if those who are central to the decision-making process are not present. There is a high expectation therefore that all 'key' people will make every effort to attend the IAP meeting by Service Manager. This can, on occasion, mean a willingness to respond within 7 days.

3.7. WHAT HAPPENS AT AN IAP MEETING?

- IAP meetings take place in the Beechbrae Education Centre, Duffus Road, Elgin
- The meeting is chaired by one of the two Service Managers. A minute is taken by an administrative assistant. Those present will include the child (if this is seen as being in their best interest), their parent/s and/or carer, those identified in the referral form, those invited by the Service Managers such as the Principal Education Psychologist, the Service Manager – Child Protection (as appropriate) and others. In any event the views of the child and family should be sought and taken account of.
- The IAP meeting is best regarded as a solution focused meeting. Though some time will be given to consider past events and issues most of the meeting will focus on moving forward and looking for decisions and outcomes.
- In most cases the IAP meeting will last no more than 1 hour.
- All decisions will be recorded and in most cases the monitoring of these will rest with LAP members. This reinforces the principle of joint working at a local level.
- An IAP meeting may make a referral to the Reporter to the Children's' Panel or for consideration through child protection procedures if required.
- Service Managers can decide to review progress within the IAP structure though it is more common for such reviews to be undertaken within the LAP structure.

the **moray** council

INTERMEDIATE ASSESSMENT & PLANNING REFERRAL FORM

Please note that **ALL** sections of this referral form must be completed. Failure to do so may result in the referral being returned.

AS AN INTER-AGENCY REFERRAL THERE IS A CORPORATE RESPONSIBILITY ON THE LOCAL ASSESSMENT & PLANNING MEMBERS TO CONTRIBUTE TO THE COMPLETION OF THIS FORM. THE FORM SHOULD THEN BE SIGNED BY THE CHAIRPERSON OF THE LAP MEETING.

Please provide dates of Local Assessment & Planning meetings held within the last 6 months:

.....

Please confirm the minutes from the most recent LAP meeting that recommended this referral are attached: (please tick)

Chair Person Signature:

Date: Telephone No.:

Basic Information

Young Person's Name: Male/Female:

Date of Birth:

Address:

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Legal Status:

Current School:..... Year:

Previous Schools:

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Identified Needs – What is currently known about the child's:-

(1) PHYSICAL HEALTH

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(2) EMOTIONAL HEALTH

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(3) SOCIAL AND BEHAVIOURAL DEVELOPMENT

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(4) FAMILY RELATIONSHIPS

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(5) EDUCATIONAL PRGRESS AND ATTAINMENT

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(6) PLEASE DESCRIBE THE CHILD'S STRENGTHS.

OF CHARACTER

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OF CHARACTER

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OF CHARACTER

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(7) PLEASE PROVIDE FACTUAL ACCOUNTS OF INTERVENTIONS &
OUTCOMES.

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(8) PLEASE INDICATE WHY THE PREVIOUSLY IDENTIFIED NEEDS
(SECTIONS 1-6) HAVE NOT BEEN MET.

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(9) NEEDS - HOW ARE CURRENT CIRCUMSTANCES CONFLICTING WITH
ANY AGREED CARE PLAN/INDIVIDUAL EDUCATION PLAN? COMMENT ON
SUCCESS OR FAILURES WITHIN THE PLANS.

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(10) WHAT IS THE DEGREE OF URGENCY - RISK OF/ACTUAL HARM TO CHILD/FAMILY OTHERS.

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(11) HOW RESPONSIVE ARE THE CHILD AND FAMILY AT THIS POINT IN TIME AND IN WHAT WAYS?.

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FUTURE OUTCOMES

(12) PLEASE GIVE SOME INDICATION FROM THE LISTS BELOW OF THE ADDITIONAL SERVICE/S YOU THINK ARE REQUIRED TO PROGRESS THIS CHILD'S CARE PLAN AND/OR I.E.P.

Social Work	tick	Education	tick
Specific Assessments		Additional Teaching Support	
Discrete Support Packages		Additional Auxiliary Support	
Family Support Service (NCH)		Beechbrae Assessment	
Foster Placement		Pinefield Assessment	
MAPS Placement		Supported Work Placement	
Residential Care		Post School Options	
		2nd Start School	
		Joint school/offsite programme	

IF THE SERVICE/S YOU ARE LOOKING FOR ARE NOT INCLUDED ABOVE, PLEASE STATE WHAT IS REQUIRED

(13) WHAT LOCAL RESOURCES WILL CONTINUE TO BE USED TO ADDRESS NEEDS WITHIN THE CHILD'S CARE PLAN/I.E.P?.

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(14) WHAT IS THE PREFERRED AND/OR LIKELY OUTCOME FOR THE CHILD IN THE LONGER TERM?

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Professional Support

(15) PLEASE COMPLETE THE TABLE OF "KEY" OTHERS CURRENTLY (OR RECENTLY) INVOLVED IN DIRECT WORK WITH THE CHILD.

<i>Name</i>	<i>Agency</i>	<i>Current (C) / Recent (R)</i>
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Intermediate assessment & planning Meeting

(16) ASSUMING THIS REFERRAL IS SUCCESSFUL AND AN INTERMEDIATE ASSESSMENT & PLANNING MEETING IS AGREED, PLEASE PROVIDE A LIST OF INVITEES YOU REGARD AS ESSENTIAL TO THE DECISION-MAKING PROCESS.

<i>Name</i>	<i>Status</i>	<i>Address</i>
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(17) PLEASE PROVIDE ANY ADDITIONAL INFORMATION OR RAISE ISSUES NOT ADDRESSED WITHIN THIS REFERRAL FORM AND THE ATTACHED MINUTES.

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Please forward a copy of this referral form and relevant Local Assessment & Planning meeting minutes etc. to each of:

- DOUGLAS WILSON, INCLUSION & SUPPORT MANAGER, BEECHBRAE EDUCATION CENTRE, DUFFUS ROAD, ELGIN IV30 4NP and
- JOHN BREWER, SERVICE MANAGER-CHILDREN'S RESOURCES, MOSS STREET, ELGIN

4. SENIOR PLANNING GROUP (SPG)

In a very small number of cases, and despite best efforts to effect improvements by both local and intermediate assessment and planning, it may be appropriate to consider additional strategies to those previously tried. Such situations may include the need to consider an out of area placement. In such cases, and on the advice of the intermediate assessment planning meeting, the **Service Manager (Children's Services) and Inclusion and Support Manager** will refer the case to the **Social Work and Education Liaison Group (SWED)**.

SWED will determine whether the case should be referred to the **Senior Planning Group (SPG)** which will consider the nature of any specific and additional support consistent with the best interests of the child.

The current composition of the **Social Work and Education Liaison Group** is as follows:

Social Work

Head of Children & Families & Criminal Justice Services

Child Care Manager

Service Manager – Children's Resources

Education

Head of Educational Support Services

Support Services Manager

Inclusion and Support Manager

NCS Integration Manager

Principal Educational Psychologist

The management of a referral through a Senior Planning Group is the responsibility of the Head of Children & Families & Criminal Justice Services and Head of Educational Support Services

REVIEW ARRANGEMENTS

1. REVIEWING FRAMEWORK

- In general, Care Plans, Individual Education Plans, and resources allocated at all levels will be reviewed through the Local Assessment and Planning Framework as described in Section Two of this document.
- Resources allocated at the Intermediate Assessment and Planning level will be monitored by the Service Manager (Children's Services) and the Inclusion and Support Manager.
- In particular cases an Intermediate Assessment and Planning Review meeting may be convened to facilitate the care planning process but this will be the exception rather than the rule.
- Re-referral to the Intermediate Assessment and Planning Service will depend upon referral criteria being met again at the time of referral.
- Where resources have been allocated through the Senior Planning Group they will be monitored at regular intervals through the Social Work / Education Department Liaison Group (S.W.E.D.)
- For all children Looked After, the statutory reviewing system will operate within the Local Assessment and Planning Framework chaired by a Reviewing Officer from Social Work and normal statutory responsibilities of such meetings will apply.

2. REVIEW TIMESCALES

- i) Children in Need (local convention)
Name of Review: LAP Review
Convene, chair and minute: social Work or Education
Timescales: minimum 3 months then 6 months
- ii) Children Looked-After (statutory timescales)
Name of Review: Looked-After Review
Convene, chair and minute: Social Work
Child on home supervision: minimum 3 months and 6 months
Child accommodated: minimum 6 weeks, 3 months and 6 months
Child accommodated in secure care: minimum 3 months
- iii) Service Reviews (local convention)
Convene, chair and minute: Service providers
Name of Service Review: Intensive Family Support Service Review
Timescale: minimum 6 weeks
Name of Service Review: MAPS Review
Timescale: minimum 6 weeks
Name of Service Review: MYA Review
Timescale: minimum 6 - 12 weeks

- iv) Children and disability (statutory timescales)
Name of Review: Record of Needs/Future Needs
Convene, chair and minute: Education
Timescales: minimum 12 months

Service Reviews should not terminate their service involvement without the agreement of the responsible social worker. If conclusions cannot be reached a meeting within the local assessment and planning framework may be convened or the matter referred to the **Service Manager (Children's Services)**.

It is important in agreeing review dates that proper co-ordination is exercised to keep the number of meetings to a minimum consistent with good practice in the management of the case. Professional advice in the management of complex situations can be obtained from the **Service Manager (Children's Services) or the Inclusion and Support Manager**.

EMERGENCY ASSESSMENT AND PLANNING.

1. The following arrangements relate to **non-child protection cases**, as established consultation and case management procedures exist for emergency child protection situations and will involve the **Service Manager (Child Protection and Planning)** as a matter of course.

Child protection cases are invariably the province of the Community Service Department in organising an initial response. Head Teachers should be mindful, however, of the need for vigilance in ensuring that concerns around child protection issues are speedily referred to social work colleagues.

Guidance is set out in the **North East of Scotland Child Protection Committee (NESCPC) Child Protection Guidelines** published in September 1999.

2. CONSULTATION AND CRISIS RESPONSE

In crisis situations there should be consultation by the **SW/SSW** concerned with the **Service Manager (Children's Services)** to agree the preferred course of action. This consultation should be based on the best available assessment of the circumstances of the child/young person concerned and an appraisal of options available.

The **Service Manager (Children's Services)** can then pursue if necessary,

- (i) immediate assistance through the **Family Support Service** or **Moray Youth Action**
- (ii) **emergency accommodation**
- (iii) involvement of the **Out of Hours Service**

The aim is to provide a crisis response service through the **Service Manager** that is consistent with the needs of the child/ young person in the prevailing circumstances at the time.

3. EMERGENCY ASSESSMENT

After an initial assessment has been made and any initial action taken, a further assessment of the child's circumstances should be carried out through **Local Assessment and Planning (LAP)** within 72 hours.

4. EMERGENCY REFERRAL TO THE INTERMEDIATE ASSESSMENT AND PLANNING SERVICE. (IAP)

This can be made when

- A child has been **accommodated** and is likely to remain so
- A child has been **accommodated or remains at risk of being accommodated** and there is a need for additional assessment, planning and resources, to either facilitate a return home, or maintain the child at home.
- A child has or is at serious risk of being permanently excluded and there is a need for additional assessment, planning and resources to maintain the child in his, her educational placement
- A **change of school** may be occasioned as a result of the child being accommodated.

5. REFERRAL MECHANISM

The same mechanism as for an ordinary **IAPS** referral should be used, including any up to date information.

6. OPERATION

This will also be the same as for general intermediate assessment and planning except that any meetings will be held as soon as practicable given the circumstances and needs of the child and the planning process.

7. REVIEW

Care plans and resources allocated in emergency situations will be reviewed through the mechanisms described in **REVIEW ARRANGEMENTS**.

CHILDREN AND DISABILITIES ASSESSMENT AND PLANNING

1. The inclusive nature of the Joint Arrangements indicates the need for children with or affected by a disability to be included alongside other children in the assessment and planning framework. **Scotland's Children – The Children Scotland Act – Regulations and Guidance** indicates that joint assessment and planning should occur in accordance with the needs of individual children and involve education, social work and health:

‘The local authority has a duty to carry out an assessment of the child, or any other person in his or her family, in order to ascertain the child’s needs in so far as they are attributed to his or her disability or that of the other person, if asked to do so by the child’s parents or guardian’.

Referrals from families may be made to social work for support services or to education to consider Records of Need. Social work may undertake S13 assessments. The paediatric service locally arrange high and low dependency special needs meetings where liaison with education and social work acts as a screening mechanism.

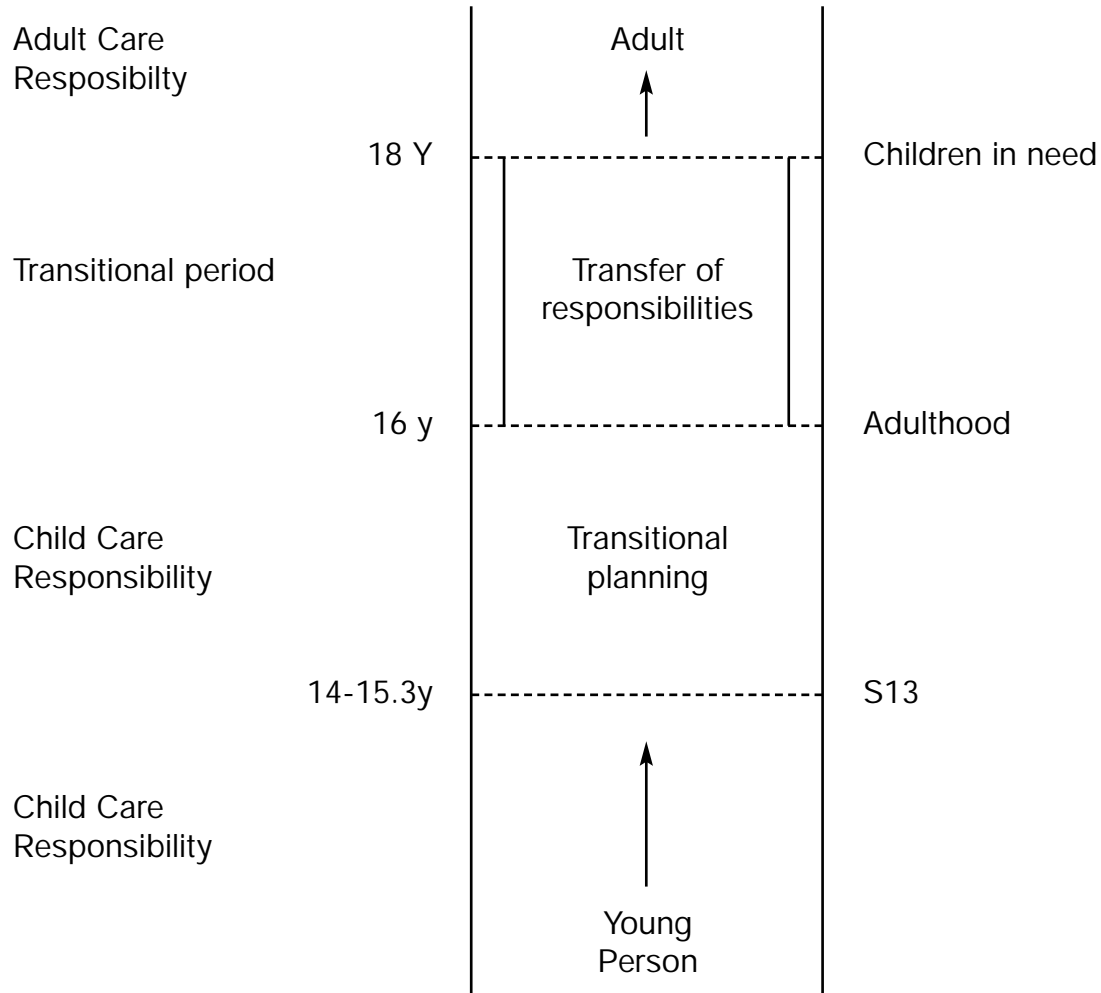
For meetings convened by health the resources available to social work and education staff are those at the **local assessment and planning** level and the associated referral process to the **intermediate assessment and planning service** also apply.

2. Transition to adulthood

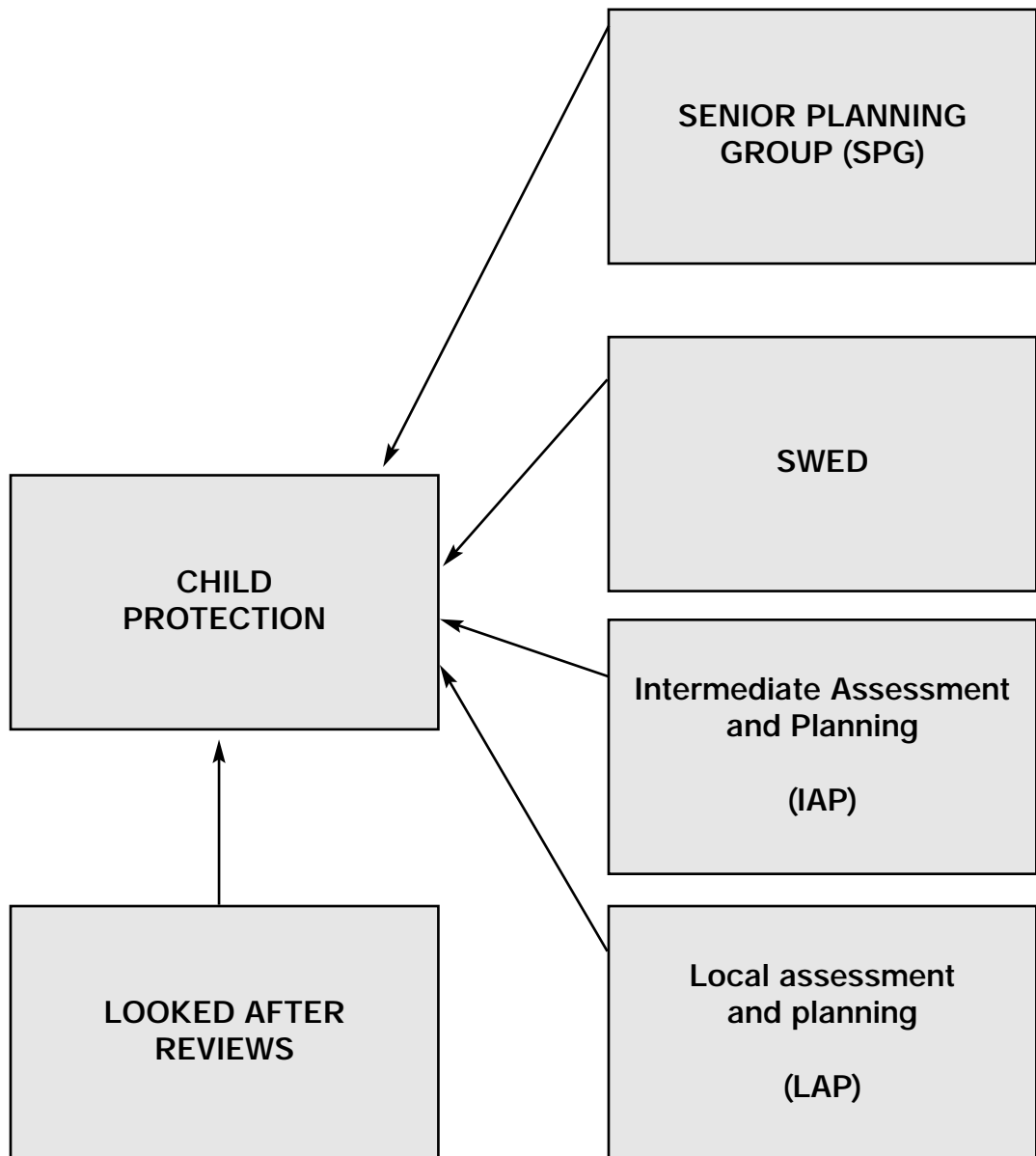
- a) For young people whose level of disability indicates a clear need to transfer from child care to adult care services the transitional planning period runs from the FNA date to 18 years of age. Care is initially planned, delivered and financed by child care and the involvement of adult care increases as the focus shifts towards planning care into adulthood.
- b) Ordinarily the transfer of responsibility in care planning terms should not move to adult care below 16 years. Any young people accessing service beyond 16 years as new referrals or re-referrals are managed from the outset by adult care.
- c) The actual point of transition for young people already known to the Community Services Department is determined by the point at which the young person/family are ready to make plans for adulthood i.e. when a detailed adult focused assessment is needed. It is at that point that the case responsibility, care planning and financial responsibility transfers to adult care.
- d) Young people accessing adult care services as 16 year olds and above will be subject to financial assessment based on their ‘income’.

Transition to Adult Care Transition to Adult Care

Young people whose level of disability indicate a clear need to transfer from child care to adult care services.



LINKS WITH CHILD PROTECTION



Where young people are subject to **Child Protection Procedures**, recommendations made at any level of planning should take into consideration any implications for the protection of the child, and where necessary, be discussed with **the Service Manager (Child Protection & Planning)** responsible for child protection.

DEFINITIONS

1. Local Assessment and Planning (LAP)

This is based on Associated School Groups, (ASG's) co-terminous with local **Social Work Area Teams**.

There is an organisational responsibility for service development and integration in local areas, and in formulating care and educational plans for individual children referred to their planning process.

Groups may vary in response to individual area characteristics, but all groups should share the structural guidelines and equivalent resources.

2. Intermediate Assessment and Planning (IAP)

Referral can be made to this group where, over a period of time, local interventions are ineffective or cannot be sustained. It will consider cases that may need an additional level of planning and resource allocation.

3. Social Work/Education Department Liaison Group (SWED)

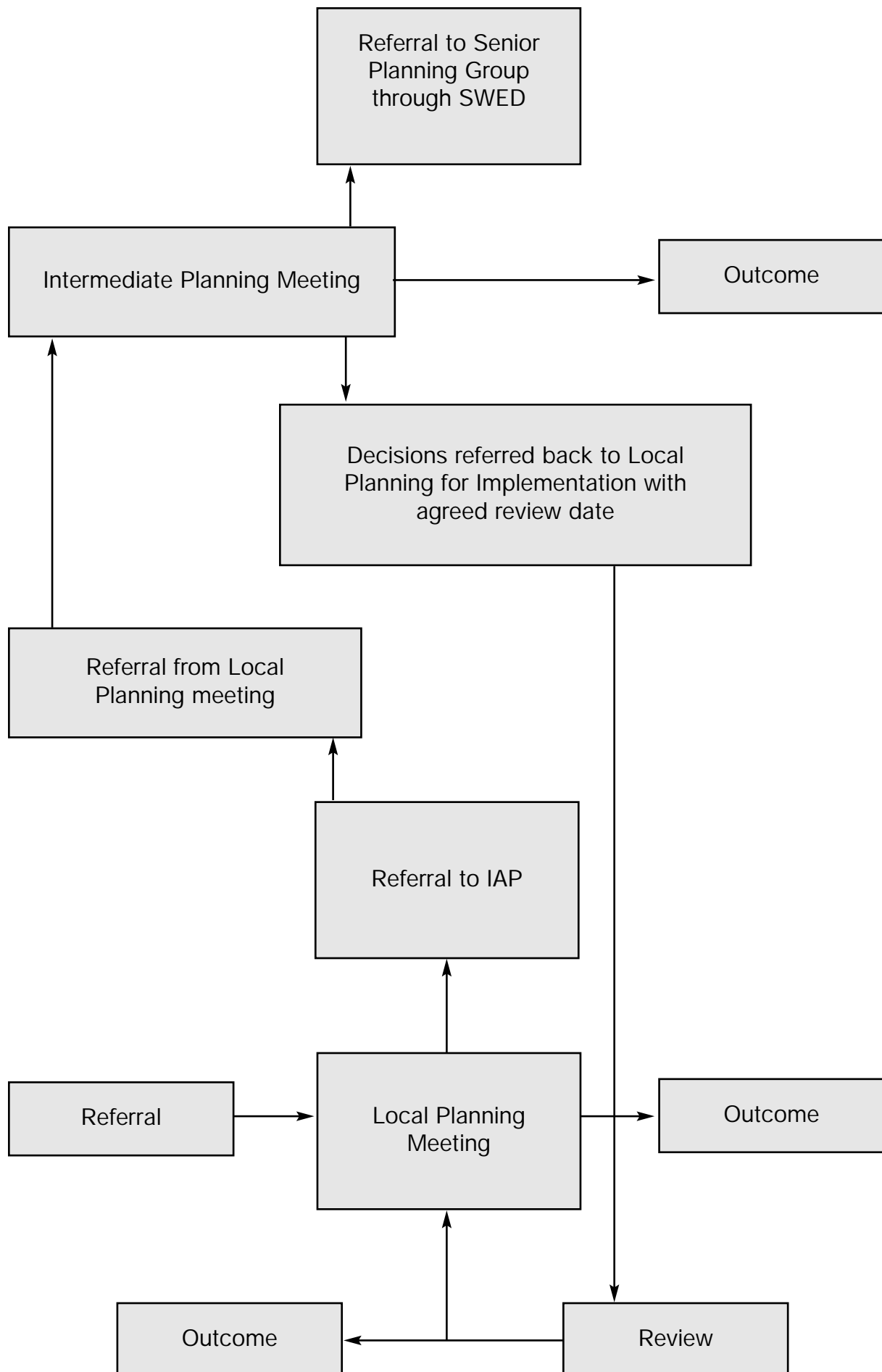
This group meets fortnightly and acts as monitoring body for cases that may require referral to the Senior Planning Group. Further information on the overall role of SWED will be available in due course.

4. Senior Planning Group (SPG)

This group will meet on an ad-hoc basis, as needs determine, and following an IAP referral endorsed by SWED. It may consider cases which present with additional and significant resource implications. Such referrals will include cases where an out of area placement may be a consideration.

General advice and guidance in the operation of the Joint Assessment and Planning arrangements can be obtained from the **Service Manager (Children's Service) and Inclusion and Support Manager**.

FLOW DIAGRAM – PLANNING PROCESSES



6.2

**LOOKED AFTER CHILDREN – Looked After Away From Home
COMMUNITY SERVICES AND EDUCATIONAL SERVICES
POLICY & PRACTICE**

The term "Looked after Child" (LAC) stems from the Children's (Scotland) Act 1995.

This policy has resulted from guidance in the Scottish Executive papers

"Learning with Care"

"Better Behaviour, Better Learning"

and deals with children who are looked after away from home.

It is recognised nationally, that children who are "looked after" by local authorities grossly under-achieve in terms of academic progress at school and progression to further and higher education and the world of work.

The group is also sadly over represented in terms of levels of exclusion and anti-social, delinquent and criminal activity at all stages of their lives.

Children in this category are looked after in three ways, in most cases through a supervision order having been made by the Children's Panel.

- Residentially based in an establishment outside Moray
- In a Moray (NCH) Children's Home
- With foster parents within Moray (excluding respite arrangements)

In Moray, we consider the special educational interests of these looked after children under the following headings:

- 1 Transport to school
- 2 In-school support
- 3 Social Worker Support
- 4 Support from the Child or Young Persons home in Moray.
- 5 Exclusion from school
- 6 Residential Provision outside Moray.

Section 1. Transport to School

When a child becomes looked after by the local authority, it is likely to be at a time of considerable social and family upheaval. During this period of upheaval then, when school may represent one of the bedrocks of stability, it makes good sense that all efforts are made to maintain the pupil at the school where he/she is known and accepted.

It is Moray Council policy that:

When a pupil is brought into the care of the local authority within Moray and becomes 'looked after', the pupil will continue at the school he/she attended prior to becoming looked after and the cost of transport from his/her new place of residence to that school will be borne jointly by the Community Services and Educational Services Departments.

Transport is normally organised by the Educational Services Transport Co-ordinator, , in order to provide the most efficient means of transport appropriate to the situation.

Transport arrangements in such cases are reviewed at each multi-disciplinary meeting called in respect of this pupil, eg Looked After Child Reviews or Local or Intermediate Assessment & Planning Reviews. At such meetings decisions should be made as to whether it is in the pupil's best interests to remain at his/her present school or to move to a school which is geographically more conveniently placed in respect to the pupil's current place of residence.

The monitoring of such transport arrangements will be done jointly by Educational Services and Community Services . In this context they will draw on the advice of the regular Educational Services/Social Work Department (SWED) meeting.

Section 2 In-School Support

Although it is not unique to this group, there are strong indications that looked after children will, eg:

- Have lower than normal adult (parental) encouragement to consider school as one of life's priorities
- Find it difficult to complete homework to an appropriate standard
- Have lower than average trust of adults (including school staff)
- Have low confidence and academic expectations
- Find difficulty in coming to school properly prepared for a day's work, tending to "forget" pencils, PE equipment, etc

It is Moray Council policy that each school in Moray will have a teacher designated to have oversight of the academic well-being and progress of looked after children on their roll, and that schools will have strategies in place which will allow them to show compliance with the following guidelines.

Guidelines for Schools

All schools should ensure that:

1. There is a known Educational Co-ordinator to support the educational needs of Looked After Children within the school.(information to be held on the Education Services section of the Intranet)
2. They know of the pupil's history of residential and educational placements with dates and educational performance. This will be updated as changes come through on Phoenix.
3. They are aware if the pupil is:
 - happy
 - integrating socially
 - achieving educationally
 - bullied
 - stigmatised
4. They know how much of their looked after status the child or young person wants, known and by whom.
5. They can offer appropriate advice on facilities for homework and quiet study.
6. They know names of key residential staff or carers responsible for school liaison.
7. In conjunction with the Social Work Teams there are long-term education plans (years) as well as short and medium term plans for educational goals and objectives. If it is assessed that an IEP is not strictly necessary then reasons for this should be recorded.

8. They will be able to advise on any proposals to move the child or young person to another school.
9. Should the child or young person have special learning, behaviour or physical needs, these are these being addressed.
10. They incorporate child or young persons, where appropriate, into decision making processes
11. They contribute to Local Authority reviews to discuss the child or young person's care plan which should consider education plans and Record of Needs / Co-ordinated support plans as appropriate.
12. They are aware of extra importance of the LAC review to plan for transfer to secondary school.
13. They are aware of special aspects of the LAC transitional review – which is a planning meeting with particular reference to early adult life. It is critically important to consult with the Careers Service.
14. They are rigorous on attendance issues and implement first day absence procedures and notification procedures.
15. They are sensitive in the use of an agreed name for each looked after child or young person.
16. They are aware of:
 - a) possible child or young person's sense of loss (conscious or unconscious)
 - b) lack of adult trust
 - c) feeling of rejection
 - d) feeling of isolation
 - e) feeling of being stigmatised
 - f) lack of personal advocacy
 - g) confusion about why they are looked after
 - h) fear of children at their own residence
 - i) feeling of being left behind

note – in all of the above, confidentiality may be an issue and the views of the child/young person should be sought
17. They are aware of Child Protection issues through having a named person responsible for child protection.

18. Parents in contact with LAC are kept regularly informed of issues related to their child's education through e.g. * School reports

* Attendance and Exclusion information

* Invitations to Parents Evenings if appropriate

Note if in doubt re above , Social worker advice should be sought

19. The Educational Co-ordinator is consulted in terms of school exclusion, and the case Social Worker should be informed

20. There is appropriate assistance given to the completion of the educational section within the "Day to day placement agreement", or equivalent, for the child/young person

21. In terms of health

- They are alert to the child/young person's capacity to consent to medical assessment and treatment
- For school medicals, the issue of accompaniment is raised – who if anyone should attend with the child or young person?
- School LAC co-ordinator will issue to carers, summary information related to health and social issues covered in PSE
- The school nurse is aware of the names of all LAC

Section 3. Social Worker Support

It is Moray Council policy that the Social Work Area Teams in Moray have procedures in place to ensure compliance with the following guidelines.

Also Social work teams will audit all establishments which care for children and make appropriate plans to ensure that the guidelines "Support from the child or young person's home in Moray" can be adhered to .

Education Guidelines for Field Social Workers

The Moray Council forms an assessment based on 7 key development dimensions:

- Education
- Emotional and Behavioural Development
- Family and Social Relationships
- Health
- Identity
- Self Care Skills
- Social Presentation Skills

In addition, Social Workers should, in conjunction with the child or young person's carers and others as appropriate:

1. Discuss educational matters in detail with foster carers.
2. Ensure their understanding of educational terms as they relate to their clients eg 5 – 14, Higher Still, and if not they should seek explanations from the child or young person's school.
3. Know if the child or young person has Additional Support Needs and, or a Record of Needs / Co-ordinated Support Plan, and have a copy of relevant educational sections.
4. In conjunction with the school, join discussions on the appropriateness of home or school moves.
5. Ensure that the Moray Council policy of having the child or young person attend their "base school" unless a move of school is thought to be educationally and emotionally appropriate, is adhered to.
6. Ensure that the home is aware of the "Home Support for Education/Guidelines" (see Section 4 below) and that all possible support is given in complying with them.
7. Encourage the child or young person to "wish, dream and be inspired", and to look with him/her in small steps that are taken to achieve these wishes.
8. Advise the school about severe or unusual behavioural reactions and talk to them about normal behaviour in abnormal circumstances – loss, grief, confusion, abandonment, uncertainty, rapid moves and dislocation etc.

9. Advocate for this child or young person's educational needs, or ensure that a named person has that advocacy role
10. Raise awareness of difficulty at school ensuring that the school has been approached and that the difficulties are recorded and monitored.
11. Know who helps with learning at home. Is the helper the best person? Does it happen regularly? Is there good communication with school about homework? What are the child or young person's known interests, hobbies, leisure pursuits? Within a residential setting the key worker would have responsibility for ensuring that appropriate help is available
12. Establish the best person to attend and ensure attendance at school meetings, open days, parents evenings.
13. Ensure that the key residential social worker or foster carer can talk helpfully, with knowledge about the child or young person's educational history, present progress rate and future potential.
14. Know who checks the child or young person is not:
 - Unhappy at school;
 - failing;
 - bullied – victim or bully;
 - traumatised;
 - unmotivated;
 - confused;
 - overfaced by inappropriate work;
 - lost;
 - depressed;
 - unable to cope;
 - experiencing specific learning difficulties.
15. Ensure appropriate attendance at the annual review meeting, meetings to consider transfer to secondary school and transitional review with education/social services/carers/etc for Record of Needs children.
16. Ensure effective procedures for dealing with attendance difficulties.(See also point 14 of previous section)
17. Promote strategies with residential carers or foster carers which will ensure a good environment
 - for homework and learning;
 - a quiet, comfortable place;
 - an undisturbed, regular study area;
 - well looked after material resources (not lent, taken, borrowed, pinched or diluted down).

18. Help to look at long term educational planning – involving:
 - expectations;
 - hopes;
 - ambitions/dreams/aspirations;
 - careers
19. Discuss educational plans as a part of the LAC review process.
20. Be mindful of any need to attend school meetings related to exclusion.
21. Actively include the school in completion of the “Day to day placement agreement for LAC”, or equivalent.
22. In terms of health,
 - They are alert to the child/young person’s capacity to consent to medical assessment and treatment
 - The issue of accompaniment for school medicals is considered.
 - The school nurse is aware of the names of all LAC

Section 4 Support from the Child or young person's home in Moray

Support and encouragement from home are essential ingredients in a sound education and the formation of lifelong learning habits.

It is Moray Council policy that Carers will be fully briefed regarding the following guidelines. The Social Work Department will monitor and support carers in their compliance.

Home Support for Education/Guidelines for Residential Workers and Foster Parents

Residential Workers and Foster Carers should:

1. Know who it is best to communicate with at school about the child or young person's educational history, present performance and educational potential.
2. Ensure that they know who is the designated co-ordinator for children looked after at school.
3. Be able to advise at any review where educational/residential locations is under discussion.
4. Set the highest educational expectations of the child or young person in the home setting.
5. Encourage the child or young person to wish, dream and be inspired – and look at the certain small steps to achieve these wishes.
6. Know if the child or young person has a Record of Needs / Co-ordinated Support Plan and be aware of the implications of this.
7. Advise the school about severe or unusual behavioural reactions (talk to them about normal behaviour in abnormal circumstances – loss, grief, confusion, abandonment, uncertainty, rapid moves and dislocation). This should normally be with the child's knowledge
8. Know who is the best person to advocate for this child or young person's educational needs.
9. When you think that the child or young person is having difficulty at school, know who knows about this, has the school been approached? Are the difficulties recorded and monitored?
10. Be able to:
 - a) help with learning at home
 - b) ensure that help is given regularly
 - c) communicate with school about homework
 - d) know of the child or young person's known interests, hobbies, leisure pursuits (are they written down anywhere).

11. Go to school meetings, open days, parents' evenings, annual reviews (for child or young persons with records of needs) as appropriate. Review where a child or young person's educational progress is being monitored.
12. Talk with the Social Worker about this child or young person's educational history, present progress rate and future potential.
13. Ensure that education is talked about significantly at the care reviews that you attend (ask for an educationalist to attend and set educational objectives).
14. Check that the child or young person is not:
 - unhappy at school;
 - failing;
 - bullied – victim or bully;
 - traumatised;
 - unmotivated;
 - confused;
 - overfaced by inappropriate work;
 - lost;
 - depressed;
 - not coping;
 - experiencing specific learning difficulties.
15. Attend the review meeting for transfer to secondary school and other transitional reviews with education/social services/careers/etc.
16. Ask for support if you are working with a child or young person who is experiencing attendance difficulties.
17. Know of the school's procedures for non-attendance.
18. Ensure a good environment for homework:
 - a) a quiet, comfortable place
 - b) an undisturbed, regular place
 - c) well looked after material resources.
19. Be able to, or ensure that somebody does spend time with the child or young person looking at homework and other learning activities – correcting, modifying, helping, suggesting, enthusing.
20. Know what schools mean when they talk about "5 – 14", Record of Needs / Co-ordinated Support Plans, Higher Still etc. – If you don't know, ask!
21. If possible and if appropriate, become involved or attend school functions, such as plays, sports days, fetes etc.
22. Ensure that they know of the child/young person's PSE programme
23. In terms of health
 - They are alert to the child/young person's capacity to consent to medical assessment and treatment
 - For school medicals the issue of accompaniment should be considered.

Section 5 Exclusions from School

It is Moray Council policy that all professionals involved with LAC should comply with the "Moray Exclusion Guidelines" as enhanced to include compressed timescales in the procedures for exclusions from school involving Looked After Children

"Moray Guidelines for Head Teachers" (re exclusion) are available on the Moray Council Intranet or by reference to the Inclusion and Support Manager.

Section 6 Residential Provision

It is Moray Council policy that the Head of Educational Support Services (ESS), and the Head of Childcare Services, will agree when an out-of-Moray residential placement is needed for an individual child or young person.

Such placements will be monitored by the Social Work/Educational Services joint group (SWED) and reintegration arrangements will be made via the Intermediate Assessment and Planning Group.

6.3 Local Community Network Project Proposal

Project title:		
Start Date:	Finish Date:	
Description of Proposed Activity (see 1.-3. below)		
Resource commitment already made (see 4. below)		
Resource required from LCN:		
Outcomes (see 1. below)		
Indicators:		
Review and Evaluation Process:		
ACTION	BY WHOM	TIMESCALE
Contact person:		Tel. no.

FOR LCNSO USE ONLY

Amt awarded	Date	Record of decision making			Date confirmed to contact person
		LCN meet	Email vote	other	

Evaluation Requested	Evaluation received	Comments

GUIDELINES

Please show in proposal:

1. Clear objective and outcome related to LCN aims and/or Action Plans.
2. Evidence of interagency working.

and / or

3. Active involvement of members of the community.
4. Clear indication of commitment of own / others' resources (whether £ or in kind) additional to request for LCN contribution.

EXAMPLES OF GOOD PRACTICE



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GOOD PRACTICE

1. General

The CALM (Consultation, Advice and Liaison – Moray) Service

What was the aim and/or the issue being addressed?

The aim is to raise awareness and support the understanding and management of mental health issues by services working with children and young people.

Who were the key people involved?

The Rowan Centre (Child and Adolescent Mental Health Services) in liaison with any and all other services

Outline what you did and how

Identified funding to allow for piloting

Additional specialist staff were recruited to allow for the Rowan Centre to engage within local agencies about specific concerns around children and young people at an earlier stage.

General advice and support about child and adolescent mental health made available. This includes consultation and training sessions.

Involvement in raising awareness sessions directly with young people.

What were the outcomes?

Improved pathways for young people with mental health difficulties
Improved access to support for agencies with concerns
Improved knowledge and understanding of mental health issues within services working with young people
Re-design of specialist mental health services and intake procedures within the Rowan Centre in light of dialogue with other services.

How did you monitor and evaluate?

Ongoing discussion with other agencies and through agency representatives on the CALM Steering Group.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Dr Chris Wiles	01343 567399	Chris.wiles@nhs.net

Early Years Support Work (Forres area)

What was the aim and/or the issue being addressed?

To support children from the age of approximately 2years to around 8years who have emotional, social or behavioural difficulties. Support takes place within both pre-school/school and home settings. Support is also offered to the parents(s) and families of the children

Who were the key people involved?

Work closely with social work, health visitors, schools, parents and children

Outline what you did and how

- Work with children on a one-to-one basis or within small groups within the pre-school or school setting. Activities can be educational based games or assisting with work undertaken in school.
- Working alongside parents, social work and health visitors to support strategies for behavioural difficulties.
- Co-ordinating/liasing between agencies and communicating with parents so that there is not agency overload.
- Providing a link between pre-school/school and home.

What were the outcomes?

Not yet available

How did you monitor and evaluate?

Ongoing feedback and reference group

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Hogg	01309 675603	hheyswf@moray.gov.uk
Elaine Herschell	01309 675603	hheyswf@moray.gov.uk
Iain Macdonald (Line Manager)	01309 675603	

Fag Break

What was the aim and/or the issue being addressed?

Young people are starting to smoke at an earlier stage in their lives (average age in Grampian is 12) . Young people are beginning to report adult levels of dependency earlier, are becoming concerned about tobacco use on their health and want to make an attempt to stop smoking.

FAG BREAK aims to work in partnership, complementing the existing SAS service to provide healthy lifestyle alternatives to help young people who would like to stop smoking, developing and piloting training for youth workers and a peer support scheme.

Who were the key people involved?

Fag Break, NHS Health Scotland, NHS Grampian, Moray Youthstart, Healthy Living Centre, The Moray Council – Community Development and their Sport & Leisure Dept, young people who wanted to stop smoking, Moray Futures Music

Outline what you did and how

Consultation with young people to identify what support needed to help with a quit attempt.

Young People involved in project development - naming the project, designing the logo, developing awareness raising materials, writing and recording a rap around smoking and involved in the project launch

Young people involved in evaluating services and resources currently available, as well as discovering new and innovative ways to quit.

Fag Break achieved this by partnership working, in relation to providing the positive lifestyle alternatives identified by the young people to support them in their quit attempt. The Healthy Living Centre and the Moray Council identifying how we could work in partnership to deliver the positive lifestyle alternatives suggested by the young people at as reasonable a cost as possible to the young people and the project. Both partners came up with various alternatives – the Healthy Living Centre (using NOF funding) agreed to participate in Fag Break's voucher scheme while the Moray Council printing its own vouchers for use solely by Fag Break members. Which has proven to be particularly successful.

What were the outcomes? (what impact did it make?)

The young people have a service designed by young people for young people. Young people trying to stop smoking have been able to access alternatives at leisure centres throughout Moray free of charge. Alternatives provided include gym sessions, massage, reflexology, relaxation, swimming, skating. These healthy alternatives are helping to improve young peoples self esteem, keeping young people's weight gain to a minimum while improving overall fitness. Also providing stress relief and motivating young people to continue with their quit attempt.

How did you monitor and evaluate?

NHS Health Scotland, our main funders, are evaluating the project heavily and are contacting the young people on a 3 months and 12 months basis, using telephone questionnaires to establish the efficacy of the project. Young people are also encouraged to fill in project evaluation forms for Fag Break after they've completed an activity.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Helen Mackenzie	01343 545246	Helen.mackenzie2@nhs.net
Annette MacLeod	01343 545246	Annette.macleod@nhs.net

Health Promoting School Initiative

NB All schools require to be Health Promoting Schools by 2007

What was the aim and/or the issue being addressed?

Development and implementation of the Health Promoting School Initiative.

Who were the key people involved?

Schools (parents, pupils and staff), school nurses, NHS Grampian, Moray, Aberdeen City and Aberdeenshire Councils.

Outline what you did and how

A Grampian – wide consultation in 1997 led to the production of a set of 10 Health Promoting School resource packs, which have been made available to all schools in Grampian.

A partnership agreement between NHS Grampian and The Moray Council led to the establishment in 1997, of a joint-funded Health Improvement Officer post to support the implementation of the initiative. Initially this post was part-time but was extended to full-time in January 2002.

A temporary Health Improvement Officer post was funded through changing children's services fund in October 2002, to work with school groups to take the Health Promoting School Initiative forward at ASG/ LCN and individual school level.

School communities are encouraged to take a community development approach, working through a process of awareness raising, consultation & prioritising health issues. Health Promoting School groups facilitate a process of auditing priority health topics, developing, implementing and evaluating action plans, designed to promote and improve the health of the school community.

What were the outcomes

As of Autumn 2004

- All 54 schools in Moray are engaged in activity to promote & improve health.
- All 8 secondary schools & 44 out of 46 primary schools are working towards becoming Health Promoting School communities.
- 7 secondary and 32 primary schools have consulted with their school communities to identify health priorities.
- 6 secondary and 24 primary schools have established Health Promoting School groups to manage the process.
- 4 secondary & 12 primary schools are registered for Scotland's Health at Work and 6 schools have achieved the bronze award.

How did you monitor and evaluate?

A Health Promoting School audit has been completed, towards the end of the academic year, for the past three years. Results collated from the most recent audit provide a picture of where schools are in terms of working towards Health Promoting School status and indicate the level of support required to facilitate progress.

A comparison of audits undertaken in 2002, 2003 and 2004 highlights the progress that has been made across all 54 schools in Moray.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Susan Leslie	01343 562702	susan.leslie@nhs.net

Health Promoting School Consultation Toolkit

What was the aim and/or the issue being addressed?

Development of toolkit to aid whole school consultation on health priorities and interest in membership of health promoting school health working group.

Who were the key people involved?

The Moray Council/NHS Grampian – Health Improvement Officer (Schools) and schools

Outline what you did and how

A simple toolkit was developed to make it easier for school Health Co-ordinators to lead a consultation process with all members of their school community – pupils, parents and staff.

The toolkit contains information on health, the Health Promoting School initiative and templates for letters/questionnaires to ascertain health priorities.

Initially, the toolkit is usually given in hard copy and talked through with the Health Co-ordinator. Documents are then e mailed so that the Health co-ordinator can amend content without having to retype completely.

What were the outcomes?

Ongoing positive feedback and replication/use of toolkit.

Anything that can be done to reduce workload is usually welcome. Trying to keep the process of working towards becoming a Health Promoting School as simple as possible is usually welcome. Most staff are happy to share and tend to feel that there is no point in reinventing the wheel.

Most schools in Moray have now carried out initial whole school community consultations.

How did you monitor and evaluate?

General feedback from school Health Co-ordinators

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Susan Leslie	01343 562702	Susan.leslie@nhs.net

NOF Funded Physical Activity Programmes

What was the aim and/or the issue being addressed?

To increase the physical activity levels of school aged children. Programmes focus on school day, lunchtimes, after school and holiday periods

Who were the key people involved?

Sports Development, schools, community groups (eg playschemes)

Outline what you did and how

Playground Games: sports coach provides playground games 1 lunchtime per week for P1-3. Games are mainly fun, simple and easy to understand and require little if any equipment: encourages children to make up games and improves play interaction. In a number of schools some older pupils help out too. Schools are encouraged to participate in the "Kids in Condition" positive playtime training delivered through NHS Grampian.

Stay and Play: Children (P4-7) stay on after school 1 day per week to participate in an hour of activity. At the beginning of term they play a variety of sports and then toward the end of term concentrate on the most popular two sports.

Top training: Provides Primary School staff with the skills and resources to deliver sports sessions within the school day (Curriculum Top) and has similar aims for community play workers, sports coaches (Community Top)

PE visiting specialists underwent 2 days training and provide training for teachers. Each school participating receives 1 Top play bag and bag of equipment in the sport of their choice and resource cards to deliver sessions. 36 schools have taken part to date.

Community training has been delivered to 40 staff and volunteers, all of whom receive a Top play bag or equipment bag of the sport of choice.

Junior Holiday Sports Programme

Provides activities for children from Primary 1 – Secondary 3. Activity costs vary from £1 a session to £20 for a week long activity. Each activity open to a set age group ie 7-12yr olds.

Fun In The Sticks (week long activity in sports/arts in a rural venue); Sport specific camps in badminton, cricket, football, rugby, tennis; Mixed Sports Camps; Mobile Play Van (van full of sports equipment that goes to various rural locations to provide sport/play sessions); Playscheme support coach visits

What were the outcomes?

Physical activity levels increased
 Development of physical and sport specific skills
 Learning of new skills / sports haven't tried before
 Development of balance and co-ordination
 Learning about sportsmanship / interaction with others
 Resources well received but check needed on confidence of teachers to continue delivery after only one day's training (Top training)
 Top training well received by community groups and children recognise equipment and games (link between school and community)

How did you monitor and evaluate?

Feedback from pupils and headteacher evaluation at the end of each term (Playground Games, Stay and Play)

Holiday activities: coaches receive daily feedback from youngsters which is recorded daily in their evaluation sheets. Parents/children often write in thank-you letters to Youth Sports Development Dept. Coaches often speak to parents/guardians when the youngsters get collected daily to gauge their thoughts/comments.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Top training: Ann Dunn	01343 557147	Dunna@moray.gov.uk
Other progs: Kim Paterson	01343 548040	Kim.paterson@moray.gov.uk

Mobile Information Bus (MIB)

What was the aim and/or the issue being addressed?

To encourage young people in rural areas to access Health and related information which will support them in making positive lifestyle choices.

Who were the key people involved?

NHS Grampian, The Moray Council, Moray Community Safety Partnership

Outline what you did and how

The Mobile Information Bus provides information and advice on all health and lifestyle issues to support young people of secondary school age living in rural areas to make positive lifestyle choices. The MIB visits rural communities 6 evenings a week and offers a mobile meeting place for the young people who live in that area.

The MIB is a partnership project managed by NHS Grampian, and is jointly staffed by health and community workers. Facilities include computers, music, videos, television, a confidential area, leaflets and comfortable seating. Young people choose their activities with discussions on health issues, games, quizzes, computer games, demonstrations and workshops the most popular. Careers or benefits advisers can be invited onto the bus, if a young person asks for additional support.

During 2003 and 2004, the MIB has supported various local projects and key initiatives including Family Fun Day, Gay Pride march, Youth Carnival, Fire Safety Event, Tobacco Project, Health Promoting Schools and Local Community Networks. The bus took part in a Community Planning Consultation during November 2003, and visited all 8 secondary schools in Moray. 1008 young people took part and gave their views on their local area.

The MIB was repainted in January 2004 from young people's ideas and input from a local community artist. It also underwent a mechanical and technical refit in April 2003.

The evening visits to rural communities will continue as the core function of the MIB. The service is continuing to develop with an increased demand to use the bus across Moray to support other initiatives (Health Promoting Schools, Community Planning) and to attend events for young people and families (galas, information days).

What were the outcomes?

MIB Working Group provides and develops service with support from partner agencies
 MIB provides sessions 6 nights per week for 2 months in each area
 Provides information and workshops to young people in a variety of locations in Moray
 Provides joint training for youth, health and voluntary workers as required
 Provides summary reports for each area visited on outcomes; numbers, needs of young people
 Develop, expand and improve the MIB service according to the needs of Moray's young people
 Very important to consult and involve young people in all aspects of the project

Since it's launch in April 2000, the MIB has visited 52 rural communities and, at June 2004, has had 7593 young visitors over the last four years.
 50% of the activities carried out to date have been health related (alcohol, drugs, sexual health).

How did you monitor and evaluate?

All MIB activities are recorded, including numbers of young people, feedback from young people and MIB workers. Reports are produced for each area visited to ensure ongoing evaluation.

Bi-annual reports are provided to the Community Safety Group to ensure outcomes are met and appropriate use of funding.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Carol Kirkwood	01343 563375	carol.kirkwood@moray.gov.uk

MIDAS (Moray Interagency Developmental Assessment and Support)

What was the aim and/or the issue being addressed?

The aim was to provide co-ordinated support plans for pre-school children with complex developmental difficulties through a multi-agency network and using a "team around the child" model.

MIDAS is for pre-school children (0-5yrs) with complex developmental disorder/delay (usually affecting more than one aspect of development) and/or significant medical needs. Occasionally, school age children with previously unidentified complex needs as above can also be referred. Conditions may include cerebral palsy, global developmental delay, autistic spectrum disorder, language disorder, visual/hearing impairment and other complex medical disabilities.

Who were the key people involved?

Health (Paediatrics, Occupational Health, Speech and Language, Physiotherapy, Clinical Psychology, Dietitian), Educational Psychology (and related specialist teaching services), Pre-School provision, Social Work

Outline what you did and how

Accommodation and key team members were identified, together with the extra funding needed to implement the process for a pilot period. (In light of the outcomes and evaluation are now looking for permanent funding to maintain and extend the process).

Piloting of a single shared assessment for pre-school children.

Referrals can be made by any professional involved with the child, with a standard referral form being completed. This is discussed at a team meeting and if accepted prioritised.

There is then a co-ordinated assessment of the difficulties and needs which places the child and their family at the core of the process. An initial meeting with the family gathers initial information and the family can discuss concerns.

It is then established which professionals need to be involved and a comprehensive assessment follows. A team leader co-ordinates and supports the family to take part in the process. A support plan is then agreed and currently the review and supports transfer to the Record of Needs process.

What were the outcomes?

- Quicker and more “joined up” assessment
- Clarification of assessment targets and needs outcomes
- Improved interagency communication
- More child and family centred approach
- Identification of significant unmet need

How did you monitor and evaluate?

- A series of in depth standardised interviews with parents supported by the clinical governance staff.
- Carers Evaluation day supported by Moray Carers project
- Reporting to a multi-agency steering group, to For Moray’s Children and to the Health led Locality Group.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Dr Chris Wiles	01343 567399	chris.wiles@nhs.net

Outfit: Active Steps

What was the aim and/or the issue being addressed?

Our aim is to promote a structured approach to positive risk taking through outdoor activities with the emphasis on fun, enjoyment and learning together with developing acceptable, appropriate behaviour.

Active Steps is a programme of activities for young people aged between 12 and 16 with challenging behaviour. Referrals can be made directly by schools, social work or other youth organisations in Moray. The programme operates Monday to Friday during the school term and often during holiday periods.

Who were the key people involved?

Schools, Social Work, Moray Youth Action, Community Development, youth groups

A commitment to support the Project has also been given by the Duke of Edinburgh Award Scheme, Youth Scotland, Moray Council Social Work Department, Moray Youth Action (Aberlour Childcare Trust), Moray Youthstart, Police (Community Safety), The Moray Gig, Moray Watersports Association and Findhorn Yacht Club.

Outline what you did and how

The set up of the project and accessing NOF funding was achieved through good partnership working. The lead instructor is funded partly as a secondment by Moray Youth Action. The administration is done through Elgin Youth Café. The project is overseen by a voluntary member of staff.

We use a range of adventurous outdoor pursuits or activities as a way of approaching broad based educational and life-skills objectives. The needs, aspirations and development of young people are at the centre of all the work carried out. Programmes are discussed and agreed with partner organisations and the emphasis and approach will vary depending on particular aims, goals and objectives.

Project staff are skilled in working with young people in a range of settings. A key element is that staff act as positive role models and develop and sustain an environment that enables young people to explore ideas and issues, to learn and to develop.

We recognise that we are only one cog in a chain of agencies and initiatives that supports young people. To this extent partnership working and cross-cutting approaches are seen as the norm. It is recognised that this requires clear objectives, effective communication, motivation and the need to be flexible and adaptable.

Active Steps Programme

Generally, young people referred to 'active steps' will be placed on a 10 - 12 month programme. Each young person is attached to a group of no more than 6 and the programme will include a range of adventurous outdoor activities spanning 4 'blocks' (nine or ten week blocks - in line with the academic year). Activities take place on a set afternoon each week. Occasionally, approval is sought for an extended activity day. Most groups will also take part in an expedition commencing on a Thursday and completing on a Sunday.

Working with Young People that are excluded

We would like the service provided to young people to be unconditional and seen as adding genuine value in supporting the work of the partner agency. One of our criteria is to work with young people who are at risk of being excluded or who are excluded. We can support our partner agency in addressing issues that are causing difficulties and that may lead to exclusion. Outfit will continue to support a young person even though they are excluded and at the same time provide a bridge between the individual and school, helping to maintain some continuity.

The Building Blocks

There are three key building blocks to the process:

- Input
 - Referral forms
 - Regular discussion and feedback with key staff
 - Discussion with young people, parents / guardians / carers
 - Outfit-Moray staff time and resources
- Transformation - sustained programme of activities that focuses on:
 - Motivation – working on basic needs – creating a caring and supportive environment - helping young people develop positive relationships with their peers – developing self esteem and confidence through skills development and positive risk taking.
 - Communication – getting to know each other – giving and receiving feedback – exploring potential.
 - Building relationships - developing trust and creating an environment where young people can discuss issues in confidence.
 - Responsibility – through increased motivation and more effective communication, concepts of personal responsibility and taking some responsibility for peers and for the team are explored.
 - Capability – exploring intellectual and physical potential, including developing technical skills in specific activities – taking decisions and being accountable.
 - Coping – facing up to issues – developing resilience - transferring ideas, knowledge and skills to other environments.
 - Actions and Consequences – discussing the outcome of particular actions and the effect on individuals and others around them and relating what happens on activities to 'general life' in the 'real world'.

- **Output**

- Progress - A form is completed for each young person after each session and this provides a picture of progress over time. At the end of each block a member of Outfit-Moray staff will meet with 'the referrer' (school staff or youth agency staff) to discuss progress being made by each young person. Progress reports and discussion is likely to focus on the following general areas:
 - Identifying issues
 - Improved attendance
 - More positive attitudes
 - Modified more appropriate behaviour
 - Improved relationships
 - More confidence
 - Able to cope more effectively in different environments
 - Some concept of values generated through positive role models
 - Developing technical skills
 - Increased physical activity
- Feedback - Specific issues that arise during an activity session are passed to key staff so that they may follow up. Our partners are also encouraged to give Outfit feedback on issues arising with young people and the methods and approaches adopted.

What were the outcomes?

Information not yet available

How did you monitor and evaluate?

- At the end of the programme, Outfit-Moray will send out a simple questionnaire to the 'referrer' to help evaluate the effect that the programme is making. This is an important step in the feedback loop and will enable Outfit to draw conclusions and make appropriate changes to meet the needs of individuals and partner agencies.
- Structured review event with key partners from a range of agencies

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Ibrahim, Graeme, Richard or Iain	01343 548300	iain@elginyouthcafe.org

Scotland's Health at Work (SHAW)

What was the aim and/or the issue being addressed?

To improve working conditions, provide health information and health raising activity at work, boost morale and motivation, reduce sickness absence, reduce staff turnover.

Scotland's Health at Work is a national award programme that rewards efforts and achievements in building a healthy workforce, a healthy workplace and a healthy organisation.

Who were the key people involved?

NHS Grampian, Moray Council, schools

Outline what you did and how

The SHAW advisor works closely with Health Improvement Officers working with schools to link the SHAW and Health Promoting School initiatives where appropriate.

Work is ongoing with schools to support them to get involved and work through the Award Scheme. There are three levels of award

Bronze – The workplace must

- Provide information on relevant health issues on a regular basis
- Raise awareness of health issues through appropriate activity
- Establish a health promotion working group
- Implement a stated policy on smoking that promotes a smoke free environment.
- Sign a statement confirming the existence of appropriate policies and procedures to enable compliance with Health and Safety legislation
- Provide evidence of an additional awareness raising activity of their choice

Silver – The workplace must

- Have implemented a stated policy and procedure on: Alcohol and Drugs, Healthy Eating, Physical Activity.
- Take formal action to assess staff health needs.
- Provide evidence of an additional awareness raising activity of their choice

Gold – The workplace must

- Have a three year strategy and one year action plan
- Demonstrate activities that promote health in each of the following areas, smoking, alcohol and drugs, healthy eating, physical activity, HIV/AIDS and sexual health, stress/mental health, dental, oral health.
- Demonstrate active participation in a local or national health campaign or demonstrate active commitment to the health of the local community.

What were the outcomes?

The partnership has proved mutually beneficial both in terms of the number of schools engaged in the SHAW initiative (16 out of 54) and the progress being made.

Staff are valued by Health Promoting Schools.
Work continues to support and encourage schools to engage with SHAW.

How did you monitor and evaluate?

Monitored by SHAW advisor, audited by SHAW assessor and verified by external health board.
Institute of Management evaluated SHAW programme in 2001/02

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Susan Doran – SHAW Advisor	01343 567952	Susan.doran@nhs.net www.shaw.uk.com

SMS – Support Made Simple – Safe Message Service – Sex Made Safer

What was the aim and/or the issue being addressed?

Young Peoples Drop-in – Target Group 19 and under

- To work in partnership to develop a young people friendly drop-in clinic, in a non-clinical, confidential and safe environment
- To provide accurate relevant information on all life style topics/issues including sexual health
- To provide access to contraception, emergency contraception, pregnancy testing and testing for chlamydia

Who were the key people involved?

NHS Grampian – (Health Improvement, Primary & Acute Trust), Social Inclusion Partnership, Community Development

Outline what you did and how

SMS is open on a Saturday between 2-4pm

- The need for a special youth clinic with dedicated staff was ranked as a priority by the young people in Moray, identified through the work of the social inclusion partnership
- Consultation with young people – questionnaires (which were pre tested by young people) via schools given out in conjunction with sexual health workshops
- Response from young people was extremely positive
- A multiagency steering group was established with representation from young people to develop the drop-in.
- Young people were involved in all aspects of the project – planning, advertising campaign and recruitment of staff
- The young people wanted; an anonymous, confidential drop-in where they can access information, advice and a family planning service
- The drop-in is based at Health Point where young people can access a variety of information at anytime, so they are already familiar and comfortable with the surroundings.
- There are 3 drop-in/consulting areas – the main area is staffed by the health information assistant – who provides information on all lifestyles, condom demonstrations, quizzes, sign posting to other services – this can be delivered on a 1;1 basis or to larger groups. The 2 other consulting areas are for 1;1 advice and are staffed by the Doctor or nurse. The Doctor and nurse also participate in the larger group sessions.
- The majority of medication/treatments are available on site – thus preventing the young person having then to access a pharmacy
- As Moray is a very rural area, transport can be an issue, so we have also developed a complimentary text service – aiming to answer texts within 24hours. The majority of enquires are around sexual health.

Hope to develop satellite drop-ins throughout Moray – Forres being the first locality

What were the outcomes?

Learned that:

- Young people must be involved in all aspects of service development for it to work best
- Drop-in as opposed to appointment system better
- Must have access to medical staff
- Non clinical environment works best – Doctor & nurse have commented on the difference in the young people during the consultation (more relaxed, which enables a more productive consultation to be carried out)
- Takes at least a year to become established

Multiagency working – good skill mix – staff have commented they have all learned from each other

Funding obtained from the Health Improvement Fund – initially for 3 years, which has now been extended due to the success of the drop-in

How did you monitor and evaluate?

- Both qualitative and quantitative evaluation – number of young people accessing service, gender, what service they require and the locality the young people are from within Moray.
- Young people are encouraged to evaluate the service and make recommendations regarding future developments
- Health professionals are encouraged to make recommendations and comments

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Jenny McLean / Laura Sutherland	01343 567953 01343567954	Jenny.mclean1@nhs.net laura.sutherland@nhs.net

Solution Oriented School Programme

What was the aim and/or the issue being addressed?

- a) to provide a solution oriented foundation within which teaching staff use the approach in their day to day practice
- b) to provide a solution oriented three level staged intervention for supporting pupils and staff
- c) provides a framework for involving other agencies

Who were the key people involved?

Moray Council, Sycol. Will involve other agencies over time, particularly with reference to Local Assessment and Planning processes

Outline what you did and how

Pilot - until April 2005
3 primary pilot schools and 2 secondary schools

Scottish Executive funding to support the pilot

The school becomes a Solution Oriented School (SOS) by adopting into practice the principles of the Solution Oriented Approach. The teachers provide the foundation of the approach by a process of self-evaluation and reflection using the components and pods to effect continuous improvements in their practice and the school environment. Pupils will benefit from enriched interactions in school where their individual contributions are valued and they can develop intellectually, emotionally and socially. There is also an emphasis on creating a safe, happy and supportive school environment. This is combined with a 3 level staged intervention to support pupils and staff through difficulties experienced.

What were the outcomes?

Not yet known

How did you monitor and evaluate?

Interim evaluation will be in November 2004
Full Pilot evaluation in March 2005

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Douglas Wilson	01343 557900	Douglas.wilson@moray.gov.uk

Training for Trainers: food skills and hygiene

What was the aim and/or the issue being addressed?

Provide Training for Trainers in food skills and hygiene, to then work with vulnerable/excluded young people. To equip trainers with the appropriate skills and knowledge to facilitate practical food skills sessions within community settings and particularly in areas of disadvantage.

Who were the key people involved?

NHS Grampian/Moray Health & Social Care Partnership, Moray YouthStart , Youth Café Workers, Youth Workers, Community Education

Outline what you did and how

Twelve key agency workers received specialist training covering practical food skills, healthy eating and food safety in partnership with Moray College.

What were the outcomes?

- * Trained facilitators now a resource able to work and share skills with variety of vulnerable groups.
- It is hoped to build on this by running future "Training for Trainers" to another key group of staff working with vulnerable sectors of the community.
- This is an approach which will extend the number of young people who can access this type of support and learning.

How did you monitor and evaluate?

By monitoring and evaluating by a consensus evaluation. The trained facilitators will be assessed using focus groups to establish how their new skills have been put onto practice.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Jenny McLean Young Peoples Health Development Officer	01343 567953	Jenny.mclean@nhs.net

GOOD PRACTICE: A PARENT'S PERSPECTIVE

Jo Cochrane is a parent of a child with disabilities who has been working with Social Work, Education and Health Services in Dumfries for more than 9 years. She is a member of the Joint Commissioning Team there and also a graduate of the Scottish Executive's "Partners in Policy Makers" Programme. In March 2003 Jo gave a memorable presentation to staff in Moray.

THE HOW AND WHY OF PARENTAL INVOLVEMENT

WHY?

Self evident

- Services only exist because people need them not to give professionals a job
- those who use services inevitably have a higher stake – a greater commitment – it is their lives you are talking about and planning for – of course they care more
- Having people involved with services reminds everyone that at the core of all services are human beings – sometimes with all the pressure of budgets/ planning documents/ pressure to meet deadlines to produce statistics and meet all the requirements of the Scottish Executive/ the Care Commission / the Health Board / the Trusts this simple fact is forgotten - I know people are chasing the goal of the single shared assessment but never have I ever heard any person or family member say that what they needed in their lives was a single shared assessment
- Involving people is a cheap way of getting more expertise onto any committee or planning forum – In Dumfries and Galloway involving parents in a strategic review of Children's services led to the parents devising the parental questionnaire, which was then sent out by them to all parents– making it more real, more meaningful, asking the right questions and this was reflected in the response rate, and so cheap....
- Real experiences of what is happening on the ground is an invaluable tool for measuring how services are doing
- Involving people ensures credibility not only with those in power but also with those to whom the service is being delivered –
- People who use services are free to say what they like – they will be completely honest – they are not scared of losing their job/ position or of upsetting others –they are not constrained by an ideology or existing services you will know what you get is the truth

HOW TO MAKE INVOLVEMENT WORK?

Commitment – there must be a clear belief not that involvement is only about political correctness – no point doing it because you have been told to do it or the latest 'thing' but it must be motivated by a commitment and belief that - genuinely those who use services are the best placed to know what they need.

You can demonstrate that commitment in a number of ways - by the following:

Timing – people must be involved in actual planning and policy formulation – no point producing a shiny document – which already has decided on priorities and funding implications - and asking "what do you think of what we have done?" – there is usually no room for more than a comma or full stop – no wonder people do not respond.

Empowerment – give people the training opportunities and they will be a huge asset for you - the role of “Partners in Policymaking” and similar training opportunities

- Partners gave me the information and vision to look at what was happening and be very wary of what I was asking for because ‘I just might get it’
- It taught me that complaining would get me nowhere but to actually look at what was needed and what people wanted – I used to be Mrs Angry from Stranraer-complaining and criticising what services were doing – with no positive results for me or the services–both left feeling angry and frustrated so now my goals are :-
- offer solutions and be creative
- make everyone – both Services and families think out of their boxes and
- always be a reality check - whatever they think is happening – remind Services about what is actually happening on the ground
- use stories – my role is not to mimic the language of professionals, but to ensure that the fact that we are dealing in real lives is what is most important and allow no-one to forget it
- Dumfries and Galloway were so impressed with the effect of training people to be an asset, to be able to act as real agents for change that they commissioned their own “Partners’ - ‘Inspiring Action’ – a 4 weekend course aimed at all people who use services – older people, those with or who care for people with mental health issues, those with or who care for people with disabilities, people with learning disabilities, parents of children etc. If you can train a few interested parents – then you will have an invaluable resource to call upon – parents will still listen more to others who genuinely share their history than to the most motivated professional in the world. For a small investment you will have people who can provide the local connections which can prove so fruitful.

So all consultation and involvement is done **with** people and not to people – you may find that you ask completely different questions?

Support

Once you have empowered people remember that they will need ongoing support to take part – this might be

- Finance – expenses – for travel or child care- we might be cheap but that does not mean we come completely free
- Trust –build trust - make sure that by the language you use, the papers you send out, the timing of meetings, the layout of meetings, the language you use - that people who are involved always feel that it is “we “– not “us and them”
- Remember that their role is to tell stories, use illustrations, give examples – not to understand eligibility criteria or joint funding arrangements – ensure that you support people to do this
- The lessons of Inspiring Action – we found that by funding small groups to the tune of only £25 for the cost of the meeting room, coffee/tea and travel that the locality groups – really working together became a major force for change

The Right Questions

Think about what you are asking people.

Instead of asking 'what type of activities would you like us to provide in day centres?'

– try asking 'how would you like to spend your day?'

Instead of asking 'what type of respite service would you like?' - try asking 'what sort of supports would you need to live a normal family life?'

If you only ask service questions you will only get service responses.

Goal

Be absolutely clear what you are trying to achieve from a consultation or involvement exercise – do not ask people for their views unless you intend to respond / act on what they tell you – believe me we do have better things to do than get involved just for the sake of it or to tick a box - this will also decide the method you use

Method

It is important to believe that there are lots of ways to consult and all are legitimate and all need to be used appropriately – inviting everyone to a public meeting to discuss a 40 page report is going to be impossible – but having a few key people in at the planning stage of such a report is much more feasible. Not everyone wants to be consulted or involved – different methods for different people. And try to ensure that people are involved at all levels:

- At a strategic level – individuals and family members etc as part of the team – working on policy and plans – JCT membership
- Workshop model – invite larger groups but give presentations and use facilitators to work in small groups – usually works best if done with specific topics and not too wide ranging – Dumfries and Galloway model of workshop involvement for Learning Disabilities – remember that listening is the key objective not defending
- Support Groups – enable and support local groups to discuss issues themselves – SEN Forums -
- Consultation days – open meetings to discuss a range of issues or a particular issue
- Involvement on everything – at meetings, interviews, training
- Use local champions – people will generally respond better to someone they know and trust

FINAL POINTS

- People only get involved because services are NOT working – if everything was going smoothly then most people would opt for picnics and a life rather than involvement with service provision –Involvement always works best if the

professionals concerned do not feel that they are in the business of protecting their 'job well done in difficult circumstances' and become defensive – there is not a service in the world that would not benefit from some improvements

- It is unlikely that any forum / group / individual can be truly representative of a wide group of people – so do not get hung up on how representative people are going to be, and do not pressurise representatives that they have to continually conduct straw polls of their area. How many other people round the table truly represent the views of all of their colleagues – does the paediatrician or the educational psychologist or are they also simply presenting individual opinions based on their experience.
- Finally never be afraid of inviting people to take part – I can promise you that you will never be inundated with too many reps or parents – remember this is voluntary for them and their time is limited – so basically the more the merrier.



STAFF AND VOLUNTEER GUIDELINES FOR SAFE WORKING PRACTICE

The following good practice principles are a guide to the type of things you need to consider when working with other people's children.

- **Do** plan activities which involve more than one other person being present: do not meet with young people on a 1:1 basis.
- **Do** respect a young person's right to personal privacy.
- **Do** remember that someone else might misinterpret your actions, no matter how well intentioned.
- **Do** operate an 'open door' policy.
- **Do** tell the young person what you are doing and why when you use physical contact. In an emergency, ensure that you record your actions on the accident / incident report.
- **Do not** work alone with young people. There should always be at least one other adult with you (in the case of un-checked adults this should be your nominated 'checked' person).
- **Do not** play physical contact games with young people
- **Do not** have inappropriate physical or verbal contact with others
- **Do not** show favouritism to any individual
- **Do not** make suggestive remarks or gestures, even in fun
- **Do not** let suspicion, disclosure or allegation of abuse go unrecorded or unreported.
- **Do not** travel alone with a young person in your car or the minibus – however short the journey. In these cases three people is the minimum.

- **Do not** take young people to your home or to that of another person.
- **Do not** do things of a personal nature that young people can do for themselves.
- **Do not** allow inappropriate language, particularly of a sexual nature, to go on without taking appropriate action.
- **Do not** let allegations made by a young person go unchallenged or unrecorded. Always act.

CHECKLIST OF QUESTIONS TO CONSIDER WHEN ISSUES OF CONFIDENTIALITY ARISE

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1. Do I have a legal duty to pass on information?
2.
 - (i) Do I have a professional duty to pass on information?
 - (ii) Do I have any discretion or choice in this?
 - (iii) How can I get advice and support in case of doubt?
3. Do I have an obligation to respect the confidence of the person who gave me the information?
4. If I feel it would be in the child/young person's best interests to pass on the information:
 - (a) Can I get the child/young person's agreement to do so?
 - (b) If not, is it so important that I should breach confidentiality?
 - (c) Is the public interest defence available?
 - (d) What support can I get to help me decide whether to breach confidentiality?
 - (e) What will the consequences be for:
 - the child/young person?
 - the child/young person's relationship with me as adviser?
 - the child/young person's trust in adults in general?
 - (f) If, having taken all relevant information into account, I decide to breach confidentiality, how do I tell the child/young person? What support can I get for the child/young person?

GOOD PRACTICE

2. Case Studies

Case study

Title: Annual P7 Fire Safety Awareness BBQ

What was the aim and/or the issue being addressed?

To raise awareness of fire safety in the home and countryside with all P7 pupils in the Lossiemouth ASG

To significantly reduce the incidence of fire in the home and countryside both wilful and accidental over the five year period from Easter 2004 - Easter 2009

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Grampian Fire and Rescue, Grampian Police, Forestry Commission, Health Promotions, Primary Schools

Outline what you did and how

Following a pilot in 2003 in response to local statistics on fire raising / hoax calls we established an annual BBQ event at Roseisle forest where every P7 pupil in the ASG is taken to experience a Barbecue with music and safety awareness displays by all the key agencies listed above. There were also displays provided by the Coastguard Service and Elgin Sea Cadets.

What were the outcomes? (what impact did it make?)

The event fills a curriculum gap around Fire safety input to P6 and S1 pupils.

The event was enjoyed by the pupils who learned a lot from the displays.

The impact is being monitored by the Police and Grampian Fire and Rescue Fire statistics over a five year period

How did you monitor and evaluate?

Verbal feedback from pupils via reports from class teachers

The impact is being monitored by the Police and through Grampian Fire and Rescue Fire statistics over a five year period

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Ben Hinnie	01343 829062	ben.hinnie@moray.gov.uk

Case study

Title: 'Big Fish – Little Fish' - Transition Event for all P7

What was the aim and/or the issue being addressed?

Aim:

To support the smooth transition of Primary 7 pupils to Secondary.

Objectives:

- To boost pupils confidence and self-esteem.
- To allay pupils fears about moving to secondary school.
- To introduce pupils in an informal setting to future classmates in preparation for the formation of new social groupings.

On the day:

- Look at the transition and what it might mean.
- Encourage pupils to get to know each other.
- Explore feelings and friendships.
- Explore perceptions and status.
- Involve senior pupils and all staff present.
- Have fun.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Local Community Network, NHS Grampian, ASG, PE specialist, School nurse, NCH, Moray Youth Action, Social Work, Childline

Outline what you did and how

As part of the programme, Childline visited each of the primary schools in the ASG, to facilitate workshops with Primary 7 pupils, looking at the move to secondary school.

On June 22nd 2004, approximately 220 Primary 7 pupils, including 19 pupils from schools outwith the ASG, either walked or were taken by bus to the secondary school for the main transition event.

Programme:

9.30am 'Big Fish – Little Fish'

This comprised a series of activities from the 'Dynamix' toolbox (archipelago, big wind blows, hopes and fears), designed to encourage pupils to get to know each other, explore hopes and fears and allay concerns about moving secondary school.

10.45am Break and snack

11.15am 'Wacky Workout'

This was a fun, 'potted sports', physical activity session led by the Primary school visiting PE specialist.

12.30pm Evaluation: Pupils return to Primary Schools

In the evening, all pupils were invited to return to the school for a disco.

What were the outcomes? (what impact did it make?)

P7 pupils appeared to enjoy the day, evaluation was good (add detail) and many socialised with new friends at the disco.

Lessons learned:

- A huge amount of planning and organisation was required.
- A lot of helpers required to facilitate groups for 'Big fish - Little fish' - no more than 10 pupils per group. Advance briefing was difficult.
- Allocated time was not sufficient - a whole day would have been better as wacky workout was rushed.
- Senior pupils were a credit to their school - excellent interaction with P7 pupils - and they appeared to enjoy themselves!

How did you monitor and evaluate?

For instant evaluation, a 'Dot Target' was used. Archery boards (concentric circles) were drawn on flip charts and quarters marked:

- less worried (about Secondary)
- made new friends
- had fun
- enjoyed wacky workout'.

Every pupil was given 4 coloured dots - placing the dot in the centre of the board indicates most fun. All 4 dots could be used in 1 area or shared out between the 4 quarters.

Results:

	<i>fantastic</i>	<i>Very good</i>	<i>good</i>	<i>fair</i>
Less worried	121	31	23	7
Made new friends	128	37	20	8
Had fun	133	29	11	6
Enjoyed Wacky Workout	133	36	20	9

This activity was anonymous so the pupils could be honest, and was completed immediately after the wacky workout, while scores were being collated.

Next day at school:

A graffiti wall was in place, where pupils could post comments, including comments about disco. Again, anonymity was stressed to achieve honest feedback.

Childline workshops were evaluated by Childline worker at the end of each session.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Susan Leslie	01343 562702	Susan.leslie@moray.gov.uk

Case study

Title: Secondary Boys Group

What was the aim and/or the issue being addressed?

Identified Need

To address the social and behavioural issues of a group of pupils within the Support For Learning Department of the High School

Evidence of Need

Boys identified by the school
School Inter-agency Meeting 12 May 2004

National Priorities

Achievement through Learning for Young People

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Community Development, PT Learning Support, musician

Outline what you did and how

Resources:

- Staff time
- YW budget
- LCN budget
- Laptops and Music software/percussion instruments/recording equipment
- 'Step it up' programme (available online at www.youthlink.co.uk ; copies also held by Community Development staff)

What we did?

- Negotiated programme with boys
- Team Building exercise
- Group work programme exploring Social and Emotional Competencies
- Music sessions as a group work medium

Where and When?

Class on Thursday mornings in school for 8 weeks. Work is with 8 boys identified by the school.

The programme uses the social and emotional competencies in the 'Step It Up' Programme and will complement the emphasis on addressing social and behavioural issues.

Individual and Group discussions and support are used to challenge social and behavioural issues.

A team building exercise took place during the school summer holidays before the class sessions.

The project makes use of Music as a medium for group work and involves the boys working together to write, compose and record music which is then compiled onto CD. It also involves them learning new skills and knowledge.

What were the outcomes? (what impact did it make?)

Programme in progress and this is what we hope will be the outcomes:

- To increase the self-esteem, confidence and self awareness of the group of boys
- To support the boys to develop the ability to manage personal and social relationships, develop new skills and to encourage positive behaviour.
- To raise the boys' awareness of the consequences of their behaviour within the school community and to develop more positive experiences.
- To support the attainment of these pupils.

How did you monitor and evaluate?

We are monitoring and evaluating by using:

- Session recording sheets
- Evaluation sessions with boys, Guidance staff , Inter-agency Group and Parents
- Step It Up' records
- Self Evaluation through HGIOS (How Good is our School) and HGIOCLD (How Good is our Community Learning and Development)
- Recording with LEAP (Learning Evaluation and Planning), a computer based evaluation tool used by Community Development

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Ken Matthews	01343 829026	ken.matthews@moray.gov.uk

Case study

Title: Buckie Intensive Girls Group

What was the aim and/or the issue being addressed?

To work with 10 Girls – self identified through being involved in ongoing incidents of physical and verbal aggression within and outwith school either as perpetrators, victims or both

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Education – Buckie High School SEBD unit and guidance staff
Social Work
Police
Health Promotion
LCN Support Officer and Sessional Worker

Outline what you did and how

Intensive groupwork over 3 weeks offering a daily lunchtime session

Aim 1 – To actively engage with the girls to address aggressive and violent behaviours and the impact of this on them and the wider community.

Aim 2 – To promote alternative solutions and strategies for dealing with difficulties within peer groups. Promoting positive choices as a way forward.

Aim 3 – Support the girls in regaining control of their behaviours.

What were the outcomes? (what impact did it make?)

Within the 3 weeks there was a reduction in aggressive incidents within the school and the community.

The girls who stayed with the group (on average 5/6 attended daily) had a more positive attitude towards police, social work, health workers and external agencies through familiarisation of them as people rather than faceless agencies. It has been noted in particular that this has had a long term impact on relations between these young women and the local police.

Health Promotions made inroads into work with the young women on sexual health, drug and alcohol information – many of these young women would have previously avoided health talks etc. The food intake proved interesting with the girls making positive choices from the selections offered and by the end of the 3 weeks the food order had changed significantly with cakes being replaced by fruit choices.

The girls benefited from being able to regain control as individuals rather than mob approach to issues in the community and within school

Impact

- . The girls were able to learn and develop strategies for avoiding violent conflicts in every day life.
- . The number of incidents of aggressive behaviours within and outside school reduced significantly during the period and afterwards.
- . The culture of bullying within the peer group was addressed and the girls were able to participate in reflective discussion

Lessons Learned

- . Working together cross agency creates benefits for all
- . Joint approaches are the only way to deal with multiple incidents such as these.
- . Parental Involvement regardless of how little or how reluctant is always valuable.
- . Open acknowledgement that we share information ideas and resources with the girls best interest's at the forefront was quite acceptable to these young women and their families, confidentiality was never an issue.

How did you monitor and evaluate?

Effectiveness of Programme was marked by the reduction in aggressive behaviour in the school and community.

Police input reported marked change in attitudes towards officers and offending behaviours.

Self evaluation process with girls in respect of their behaviours.

Attendance at group – number of girls who sustained attendance throughout the 3 week period.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Maclean	01542 836013	Karen.mclean@moray.gov.uk

Case study

Title: Chill and Spill

What was the aim and/or the issue being addressed?

To offer young people a safe and supportive environment during lunch break.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

School, LCN Staff, Community Development, Social Work, Moray Young Carers

Outline what you did and how

Two lunch time sessions per week offered young people a safe and supportive environment to participate in a range of activities and to develop positive relationships with their peer group and staff members. The informal nature of the sessions allowed young people to talk to staff about a range of issues that were affecting their lives. Where appropriate, staff would offer advice and if necessary sign post the young people towards support services.

What were the outcomes? (what impact did it make?)

- Young people experienced a range of activities in a positive and supportive environment.
- Young people developed positive peer relationships
- Young people received professional advice (i.e. drugs / alcohol)
- Young people accessed additional support services (e.g. young carers)
- Interagency staff developed positive working relationships

How did you monitor and evaluate?

Young people were consulted regularly through questionnaires and interviews. Staff held regular reviews to evaluate effectiveness of the service. Information was fed back to LCN members.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Iain Macdonald	01340 881665	iain.macdonald@moray.gov.uk

Case study

Title: 'Dr Dog' – a Theatre in Education project

What was the aim and/or the issue being addressed?

To create a professional touring theatre production of 'Dr Dog' (based on Babette Cole's children's book) to visit, free of charge, every primary school in Moray. The tour to be accompanied by a workshop visit and an Education pack. Aimed at P1-4 the play dealt with health issues including diet, exercise, smoking, head lice etc.

Who were the key people involved?

Arts Development, NHS Grampian, Scottish Arts Council, schools

Outline what you did and how

The Arts Development Officer with Moray Council, conceived the idea, wrote the script and acted as Producer for the project. The play was directed by John Haswell from Shetland and a professional cast of 5 actors was drawn from Moray, Ross & Cromarty and Edinburgh. The play features songs with Musical Direction by Tim Flood.

Moray Council Arts Development Workers Fiona Herd and Jacqueline Bennett designed the production and created the props and costume.

Pam Diamond, Moray Council's Cultural Co-ordinator for Schools, organised the tour and workshop schedule and created the Education Pack, in consultation with NHS Grampian, the library service and others. An interactive website www.dogdazetheatre has also been created.

Funding was received from the Scottish Arts Council, NHS Grampian and Moray Council. The production toured in March 2004 to all Primary Schools in Moray bar two and a number of public venues including The Lemon Tree, Aberdeen.

What were the outcomes?

- There is a demand for theatre in schools
- There was an appreciation of high quality and professionalism of the company
- Views of teachers were polarised – some objected to the use of the words 'bum' and 'fart' and references to beer and cigarettes

The production was intended as a springboard for development of topics by teacher in class (hence website and education pack). This was welcomed in the

main, but difficult to assess. Some teachers missed the point/style of the piece and wanted an A-Z of ills and how to cure them.

The excellence of the production has been recognised. Additional funding from Highlands and Islands Enterprise has enabled a tour to Shetland, Highlands and Edinburgh in September 2004.

As well as the schools performances and public performances the play was performed at a Cultural Co-ordinator's conference in The Hub Edinburgh in May and will be presented at WYSIWYG (a showcase of Scottish Children's Theatre) at the Byre Theatre, St Andrews as part of the September tour.

How did you monitor and evaluate?

As part of the Moray tour all schools were invited to complete evaluation forms for the workshop programme and the performance. Results can be supplied.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Nick Fearne	01343 557148	nick.fearne@moray.gov.uk

Case study

Title: Dufftown Coffee Plus

What was the aim and/or the issue being addressed?

To target parents and individuals who may be isolated/vulnerable to join a group and develop jointly a programme of activities/initiatives. Supporting parents in this way also likely to have a positive effect for their children.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Community Learning & Development; Social Work; NCH; Health Visitors.

Outline what you did and how

After initial needs assessment with partners, public meetings held & group established. Creche costs shared by Community Learning & Development & NCH. Programme developed with group funding from LCN enabled meetings to continue over the summer holidays.

What were the outcomes? (what impact did it make?)

Individuals have completed various training opportunities e.g. "help your child to succeed". New provision has developed eg Moray College classes, Dufftown junior youth club. Liaison with the primary school has been developed.

How did you monitor and evaluate?

Progress evaluated each term.
LEAP planner used. (framework used by Community Learning & Development)

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Delaney	01309 694057	karen.delaney@moray.gov.uk

Case study

Title: Individual: Early Years Support Work

What was the aim and/or the issue being addressed?

- School concerns
- Poor social skills
- Low self-esteem
- Low concentration levels
- Homework support
- Parental concern
- Mother concerned about academic progress

Who were the key people involved?

(Agencies, services, organisations, parents, children, carers etc)

Parents, Grandparents, Social Work, Rowan Centre, Educational Psychologist, Childrens Reporter and primary school teachers.

Outline what you did and how

As part of the overall support given to this family provided:

- Support for mum who was in denial regarding her partners physical and mental abuse towards herself and her children.
- Support for mum when partner left: children's schooling, Benefits and reconciliation with her parents.

Support for child

- Gaining his trust and rebuilding his self-esteem through games and lots of praise.
- Listening and not questioning when he occasionally discussed confrontations at home.

Separation issues with grandparents: child was not allowed to discuss his feelings at home as mum and partner did not communicate with grandparents. Mum had no idea how upset the child was until informed by Early Years Support Worker.

What were the outcomes? (what impact did it make?)

Overall:

- Following a process of assessment and consultation with the mother and grandparents it was decided that it would be in the best interests of the child to be accommodated with the grandparents.

- Mother was offered the space and opportunity to deal with her own personal health issues.
- Mother has regular contact with both the child and the grandparents.
- Child is now calm and settled at home and in school.

How did you monitor and evaluate?

- Regular communication with head teacher, mother and grandparents.
- Through Local Assessment and Planning meetings.
- Through Support and Supervision process
- Recording and dissemination of information

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Hogg	01309 675603	hheyswf@moray.gov.uk
Elaine Herschell	01309 675603	hheyswf@moray.gov.uk
Iain Macdonald (Line Manager)	01309 675603	

Case study

Title: Wilful Fire-raisers Group

What was the aim and/or the issue being addressed?

Raise awareness of damage caused and consequences of wilful fire raising among a group of young people in Lossiemouth

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

MYA, Youth Justice, Grampian Police and Grampian Fire and Rescue, School

Outline what you did and how

Targeted young people were released from school to take part in 3 days intensive group work: there were 6 young people aged between 12 and 15.

This involved:

- practical hands on experience of life as a fire fighter
- group work on team building
- simulated house fire
- road traffic accident video
- fire drill/ passing out parade in front of parents, professionals and BBC TV cameras

What were the outcomes? (what impact did it make?)

Young people were educated in a realistic and experiential way on the dangers and consequences of fire raising

- Possible link with Fire Cadets for 2 of the 6 young people
- Grampian Fire and Rescue report a 68% reduction in wilful fire raising so far (Oct) this year.

How did you monitor and evaluate?

- Met with agencies involved directly afterwards to feed back
- Met with young people to gain views (good and bad)
- Grampian Fire and Rescue will continue to collate statistics to see if it had an impact and to report in future

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Laura Clunas	Oi343 546214	Laura.clunas@aberlour.org.uk

Case study

Title: Girls Groupwork

What was the aim and/or the issue being addressed?

- Offending behaviour
- Antisocial behaviour within school, at home and within the community
- Issues of self harm and personal safety

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

MYA, Social Work, Education, Young People and their Parents

Outline what you did and how

Weekly group work sessions immediately after school looking at social skills, relationships, anger and stress management, personal safety and risk taking. These sessions were inter-woven with activity and team building sessions which allowed relationships to be formed.

These sessions were led by MYA staff assisted by Social Work staff

The group is an ongoing "open" group and membership of it evolves, with some girls moving on and others coming into the group.

What were the outcomes? (what impact did it make?)

- One young person received "the most improved student" award from her school
- Offending behaviour stopped
- Self harm greatly reduced (one young person in particular)
- 4 young people went on to attend evening group for young people who had successfully managed to move away from problem behaviours.

How did you monitor and evaluate?

Weekly staff meetings after group

Regular communication with Education and Social Work

Self evaluation by young people through profiles and questionnaires

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Alison Main	01343 546214	Laura.clunas@aberlour.org.uk

Case study

Title: Forres Challenge / Hut 9

What was the aim and/or the issue being addressed?

To provide an alternative to exclusion for young people who have been disengaging from mainstream schooling.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Social Inclusion Partnership, school, Social Work, Community Learning and Development, Local Community Network, Moray Council, Moray Youth Action, NHS Grampian, other voluntary organisations e.g. Trees for Life, Army Cadets, Outfit Moray.

Outline what you did and how

Supporting young people to identify their social, emotional, and educational needs and to meet those needs in ways that are appropriate for themselves and others.

Providing a range of positive learning experiences including:

- Support with school subjects
- Activities which result in a National Qualification
- Work placements

Supporting young people to make the transition from school into employment or further education

Additional lunch time 'chill out' sessions and provision of support for vulnerable young people during school holidays.

What were the outcomes? (what impact did it make?)

The project began as a provision of support for 3 boys who were choosing not to attend school. Gradually the boys were integrated back into some areas of the formal curriculum. And through regular attendance at Hut 9, benefited from a range of alternative positive learning experiences, such as cooking, budgeting, car maintenance, decorating, physical activity / sport etc.

Over the past three 3 years, the project has extended to provide support, both full time and part time (depending on individual needs), for 60 young people. The project, which is evaluated using the LEAP framework, successfully utilises partnership working and a Solution Focused Approach to reduce the incidence

of lateness, truancy, exclusions from mainstream classes (time out) and exclusions from school.

How did you monitor and evaluate?

Internal monitoring and evaluating of project ongoing

- Twice weekly staff meetings (Hut 9 Staff)
- Weekly Liaison meetings with senior management team Forres Academy
- Weekly reviews with young people
- Mid-term reviews with young people and staff

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Maggie Barratt	01309 675603	maggie.barrett51@moray-edunet.gov.uk

Hut 9: Underlying Values

Hut 9 is based on the principle that the first step to helping a young person is to focus on building a positive relationship with him or her. This will involve accepting and valuing them as a person, supporting them to identify their needs, developing strategies to encourage them to meet those needs in ways which take into account the consequences a particular behaviour might have for themselves and others, and acknowledging the successes. It is the strength of this relationship between the young person and supportive adults that can help bring about changes in awareness, attitude, self-image, motivation and behaviour.

Case study

Title: The Hythehill Happenings

What was the aim and/or the issue being addressed?

The aim of the Hythehill Happenings was to tackle anti- social behaviour in an area with high vandalism, by engaging young people in arts based activity that would be attractive to them.

The focus for vandalism had been the Primary School and the Head Teacher was at a loss as to what to do – she was coming into school (particularly after a weekend) to find windows broken (est. cost £12,000) and playground equipment trashed.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Through the Local Community Network: Arts Development; Grampian Housing Association; Police; Detached Youth Workers; Moray Youth Justice; local schools; Community Development; Health Improvement; Sports Development

Outline what you did and how

The project started in the grounds of the local primary school, where most vandalism occurred. With a degree of risk- taking, Arts Development worked with other LCN partners to bring a quality experience of urban culture (dance, video- art, music- programming) to the rural streets at night, to gauge responses from the young people's territory. To hit the right group of young people, word of the "happening" was put out via detached workers on the street. Then, by designing a contemporary 'street' arts programme, we supported the young people to develop skills and confidence in an environment they wished to be a part of. Throughout the whole arts programme, adult involvement was kept to an absolute minimum, allowing the young people to realise it was their project. It was essential the arts professionals employed to lead development in video-dance, dance, music- programming and DJ-ing, did so informally and with flexibility, reflecting the needs of the young people involved.

There was no definitive timescale attached to the project, allowing it to develop as was appropriate to the needs and desires of the young people involved. Initial project ran Nov 2003 – June 2004. Project is ongoing and it is hoped to sustain the work.

The ongoing project has mainly involved young people deemed "socially-excluded", age 12-16 yrs. Originating in one part of the town, it then engaged other young people from other areas throughout the town, allowing these young people to interact with their peers and rival groups.

Funding has been accessed through the Quality of Life fund, Local Community Network fund, and Community Development Youthwork fund. Arts Development help in kind through Arts Worker and Dance Worker (Moray Council)

What were the outcomes? (what impact did it make?)

Significant reduction in vandalism in area.

Attendance & engagement of young people who would not normally have participated in 'diversionary' activities.

Less concern expressed by adult residents about young people's behaviour in area.

Engaging with socially- excluded young people has to be on their own terms, and any 'activity' must appeal to them.

Strong desire by the young people involved to continue to develop further their new creative skills in choreography, film- making and electronic music composition.

Personal development of young people – increased confidence and self esteem, move away from 'anti-social behaviour', reduction in stress, reduction in truancy

An invitation by the BBC to perform at The Famous Speigeltent at this year's Edinburgh Fringe Festival. Pupils were released for two days from school in order that they could take part.

Funding is being sourced to sustain the creative interaction with the young people of Lossiemouth.

'One Step Beyond Lossiemouth', a youth dance company, has currently been established.

Aim of the young people involved to share their new skills with peers in neighbouring towns and villages.

How did you monitor and evaluate?

Feedback was received from local agencies & services.

Public consultation meeting followed the initial event.

Continuous informal consultation with the young people by the artists and detached youthworkers.

Feedback from head teachers of schools, local residents and the police.

Support of partner agencies, including local schools, remains high.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Jacqueline Bennett, Arts Development Worker	01343 557149	jacqueline.Bennett@moray.gov.uk
Ben Hinnie, LCN Support Officer	01343 829062	ben.hinnie@moray.gov.uk

Case study

Title: Support to attend school (Primary)

What was the aim and/or the issue being addressed?

7-year-old boy with poor literacy skills who was not attending school at all despite usual intervention attempts:

- Family known to and receiving support from Social Work Department.
- education had not always been a positive experience for family and schools / authority figures viewed with some suspicion.
- Disrupted education resulting in poor attainment
- Situation had become cyclic with attainment difficulties magnified by poor attendance which had deteriorated to non attendance.
- Family history of poor educational attainment due to attendance issues, especially for boys.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Headteacher, sessional worker, school staff, Health Promotions, LCN Support Officer, Social Work

Outline what you did and how

3rd – 6th November

Headteacher raises concern with LCN Support Officer, information is shared and possible action discussed:

Starting Point

To look objectively at the family and reasons why the children found attending school difficult and how can we change this.

1. What prevents the children coming to school?

Lack of routine in the mornings combined with historical resistance to educational attendance. School was not viewed as a friendly, safe place by children or parents.

2. What can we practically do to encourage attendance?

Provide routine: –

- a) physical positive presence to assist in getting to school
- b) continue to promote attendance by positive reinforcement (school staff had already taken decision to welcome children into school – regardless of how late they arrived or how poor attendance was).

3. What other agency involvement can support this initiative?

- a) Social Work Department – to provide support where needed
- b) Health Promotions – to supply health and dental information and sundries where possible.
- c) Health Visitor

4. How can we ensure sustainability of an initiative if it proves successful?
Educational inclusion resources to make a commitment to secure funding beyond the pilot of successful.
 5. How do we define success?
For the purpose of the pilot:
 - attendance achieved and sustained at 50% and improving
 - boy to be able to gain basic literacy skills.
- Headteacher requested short term LCN funding. School funded breakfast costs for pilot.
 - LCNSO liased with Social Worker to the family, Health Promotions and any other LCN member able to offer input and also discuss potential Local Assessment and Planning dates.
 - Headteacher would first discuss this with the children's mother whether or not she would co-operate with the proposals. If the response was positive she would then organise a LAP meeting and liase to seek sustainability for funding for the staffing and associated costs beyond initial trial period.
 - Headteacher also to try and identify a local worker from within the current staff who may be interested in taking on the role needed and who would already be known to the children, be subject to current checks and able to work with potentially challenging behaviours.
 - The role of this worker would be : -
 - to go to the family home, collect the child and his siblings (also pupils of Primary)
 - take them to school early enough to allow then to have breakfast, wash if necessary and brush their teeth (thus maximising the opportunity to work with the children on associated priorities such as healthy eating, dental health and personal hygiene. Personal hygiene had been identified as a potential barrier to acceptance and integration with other pupils within school and the community.
 - allow the children to discuss any homework or school worries that could then be addressed during that school day.

10th/11th November

Funding application (£400) was submitted and subsequently approved at the LCN meeting.

- In the period 11th – 24th November a worker was identified from within the school staff who was known to and accepted by the family.
- There was a meeting with the identified worker to consider risk management and safety issues which may arise from being in a lone worker situation and to discuss remit, supervision and support issues.

- Toothpaste and sundries were accessed from Health Promotions, agreement reached that any health information or advice could be accessed by staff member – items could be delivered to via member of Health Promotions staff who lived locally.

24th November

Local Assessment and Planning meeting – funding was secured to sustain the costs beyond the pilot if success could be evidenced.

Pilot started with LCN funding until 31st January with progress to be reviewed by that point.

What were the outcomes? (what impact did it make?)

Outcomes

- Attendance has overtaken the goal of 50% and improving.
- Literacy skills have improved with consistent attendance: eating breakfast also helpful .
- Personal and dental hygiene skills improved
- Attending school has become a positive experience for the family from which to build educationally.
- The project having met the short term outcomes will be funded in the longer term.

The longer term benefits, which can only be projected, are that with continued attendance attainment will continue to rise and attending school will become routine. Good dental and personal hygiene will become part of daily life; the child will value school and make use of the opportunities offered. The 7 year old boy, whose PIPs scores gave a 2% chance of passing Level A Maths in January, passed the assessment in May.

The actions were based around the 7yr old boy for whose benefit the project was set up but his sisters have also been involved and benefited.

The pilot was a success in respect of addressing identified need and meeting outcomes in a truly integrated process locally.

Although this was a new and untried idea which required an immediate response and flexibility within the school building and systems and elsewhere, noone said **“we can’t do that”**: this was based very much on **“HOW can WE do this?”**.

We are now in a position where we are able to reflect on what worked - how can we replicate this? What didn't work and how can we change / improve upon this?

How did you monitor and evaluate?

Starting Point

- 7 year old boy current non attender
- known poor educational attainment due to gaps in his educational career.
- Lacks basic literacy skills: school is viewed as a negative experience

Inputs

Funding for Support worker: 1 hour per school day (LCN)

- Breakfast food (school)
- Toothbrush, toothpaste etc (Health Promotions)
- SfL and general support (school)
- Support, if needed, from Social Work

Process

- collect all Primary children in family for school
- ensure they have breakfast
- attend to personal hygiene needs
- support with homework, school issues and "catch up" learning
- promote sense of partnership between mum and school community.

Outputs

- Support worker appointed was locally based and was viewed as familiar and (very importantly) as non-threatening by mum and children.
- Pilot ran from 24th November through to 30th January
- Children experienced morning routine of school attendance, breakfast and good related hygiene
- Initial resistance was overcome by quiet perseverance and welcoming approach
- Use of positive reinforcement within school every small step was celebrated and acknowledged with child and parent.

Outcomes

- Attendance has overtaken the goal of 50% and improving.
- Literacy skills have improved with consistent attendance: eating breakfast also helpful .
- Personal and dental hygiene skills improved
- Attending school has become a positive experience for the family from which to build educationally.
- The project having met the short term outcomes will be funded in the longer term.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen MacLean	01542 836013	Karen.mclean@moray.gov.uk

Case study

Title: Individual Support 1.

What was the aim and/or the issue being addressed?

Youth disengaged from school and support services and was involved in escalating offending behaviour within the community. Was a school refuser.

Youth causing problems at local schools hanging around and allegedly inciting others to truant.

Anti social behaviour in the community – housing department were in receipt of number of complaints from community members.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Education – Pinefield Parc
Social Work
Police
Moray Youth Action

Youth Justice
Health Promotion
Outfit Moray

Outline what you did and how

Work out and implement a multi-agency package of supported educational and vocational activities with 2 main aims:

- Aim 1 – To actively engage with the youth to address his offending behaviour and the impact of this on the community.
- Aim 2 – To promote work ethics through the link between vocational skills and education

What were the outcomes? (what impact did it make?)

Within 3 weeks young man had bought into package, his offending behaviour reduced to non offending behaviour

Young man benefited from being positively engaged and physically busy.
Family benefited from time and space reduced stress within the household

Impact

- Young man was able to put offending behind him and return to education
- Family were able to return to normality – mum benefited from having space from youth.
- Community benefited from reduction in offending and alleged anti-social behaviour.

Lessons Learned

When working with individuals with complex issues multi agency working has to be:

- Consistent yet Flexible
- Accountable – Services provided have to be of good quality.
- Sustainable – once a commitment is made it must be followed through.
- Revisable – Frequent reviews of practise need to be held and acted upon.

How did you monitor and evaluate?

Effectiveness of Programme was marked by the reduction in offending behaviour in the community and disturbances within the household.

Police input reported marked change in attitudes towards officers and offending behaviours.

School attendance figures went from 0% - 75% .

Self evaluation process with youth and his family.

Ongoing discussion with housing who advised complaints ceased.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Maclean	01542 836013	Karen.mclean@moray.gov.uk

Case study

Title: Individual Support 2.

What was the aim and/or the issue being addressed?

Young Girl at risk of offending in the community
School Attendance Problem
Concerns over social contact with adults in the community

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Education – Guidance and SEBD at Secondary school
Social Work
Young Carers Project
Give Kids A Chance (led by NHS Grampian)
Support Worker

Outline what you did and how

Work out and implement a multi-agency package of supported educational and vocational activities with 3 main aims:

- Aim 1 – To Promote educational attendance through attendance. This girl was academically able but was falling behind due to increasing number of absences and failure to complete homework.
- Aim 2 – To promote work ethics through the link between vocational skills qualifications and education. Provision of practical input and support provided by support worker to facilitate her taking equestrian related vocational qualifications with a view to a career within the equine industry.
- Aim 3 – To promote self esteem by increasing appropriate social contacts through her interest of horse riding. Stable Management support worker package was subject to full week's attendance and attitude. Focus was on rewarding good behaviour and rewarding positive attitude, attendance and attainment.

What were the outcomes? (what impact did it make?)

Attendance figures were held as benchmark and went from average 50% attendance to 95% attendance.
Young girl makes use of in school support and attends homework club regularly

Impact

- Increased Educational Attainment through improved attendance
- Improved family relationships as pressure was off mum due to increased attendance
- Family were able to see the benefits of young girls achievements in the equestrian world and were demonstrably proud of her.

Lessons Learned

Working Together provides real choices and chances for creative working
When working with individuals with complex issues multi agency working has to be:

- Consistent yet Flexible recognising family needs as much as agency and system needs
- Accountable – Services provided have to be of good quality.
- Sustainable – once a commitment is made it must be followed through.
- Revisable – Frequent reviews of practice need to be held and acted upon.

How did you monitor and evaluate?

Effectiveness of Programme was marked by the reduction in absences and disciplinary actions in respect of homework not completed

School attendance figures went from 50% - 95%.

Regular multi-agency reviews of situation were held with increased support during holiday periods and times of family crisis.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Maclean	01542 836013	Karen.mclean@moray.gov.uk

Case study

Title: Primary School Swimming at Buckie and Keith

What was the aim and/or the issue being addressed?

The main issues addressed were provision of physical activity, safety and enjoyment.

The swimming lessons were set up to allow children from the Buckie and Keith area schools undertake a series of lessons in order to develop their swimming style, confidence and in some cases to allow children introduction and regular access to the pool for the first time.

NB this was set up prior to the reintroduction of Primary School swimming across Moray.

Rural issues were also discussed as relevant to areas: Buckie concentrated on Harbour and sea issues, Keith concentrated on still water, ponds and rivers

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Sports Facilities Manager for Moray Council, swimming pool staff / instructors, school staff, LCN co-ordinator, LCN Admin Asst and local transport companies who provided the transport service.

Outline what you did and how

Taking into account local issues in relation to the relativity of National priorities for health and physical activity, consideration was given to improving access to the pool as well as introducing swimming as a family activity through the children's experiences.

It was felt that the school approach was manageable as a starting point. Discussions took place as to how this could be funded what existing resources and community facilities could be used.

As Sports Facilities Manager I arranged for the swimming pool staff to provide a structured swimming lesson programme which extended over two terms. The programme was progressive in that it allowed the children to develop style and confidence and then have an opportunity to move up a group to a more demanding group.

The Local Community Network provided the funding and administrative support in respect of the transport – making use of existing companies school transport providers in each locality.

At the end of the sessions prior to school holiday periods promotional swim offers were made available to promote the pool as an affordable family experience as well as a place where children could be safe and have fun. This

gave parents a break throughout the holiday periods whilst addressing physical activity and community safety issues.

What were the outcomes? (what impact did it make?)

The outcome of the swimming programme was that a number of children who could not swim at the start could by the end of the blocks and those that could already swim improved their style.

Irrespective of the standard reached each individual child improved their confidence and physical ability in the water.

The pool itself became more of a high profile place for young people during the holidays with the Sizzler (cheap swim tickets) encouraging more family use and children wishing to maintain their swimming success.

Within the Keith and surrounding community there has been a greater recognition of the facilities available and the willingness of the Manager and his staff to adapt to meet community needs.

How did you monitor and evaluate?

This was done informally with the group system i.e. each child that made progress was moved to a more demanding group of skill. The class school teacher was present at each session and they could also see any improvements made.

Pool usage also indicated that the Sizzler cards were successful

Locally people within the community were more aware of the pool as local option rather than the Elgin Leisure centre which is an expensive alternative. The weekend and holiday fun sessions have contributed to the raising of the pool profile.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Ken Brown, Sports Facilities Manager	01542 888055	ken.brown@moray.gov.uk

Case study

Title: **Secondary GroupWork**

What was the aim and/or the issue being addressed?

- Disruptive behaviour in school, community and home,
- under age drinking,
- personal safety,
- relationships between each other,
- anger and stress management

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Moray Youth Action, Social Work, Education, Police, Community Warden, Parents and Young People

Outline what you did and how

This was a group of 8 second year girls initially identified by the school. The group meet on a weekly basis in school time working on above issues. All parents were contacted by school initially and then by group workers. Some parents asked for specific weekly feedback.

School fitted in with MYA times initially but this had to be renegotiated as young people were going back into class in the middle of a double period. Group workers and senior school staff renegotiated when concerns were raised by class teachers.

The sessions are led mainly by MYA worker. A Social Work student is a co-worker, as are the police and community warden (hopefully to prevent any progression by the girls to the Youth Justice programmes). School staff "drop in" to sessions.

There was initial input from the school on the problem areas, then discussion with young people on their views. From both came to an integrated programme for the sessions.

There was also a meeting set up for all school staff to attend to find out more about the group, methods of working and aims of group and to raise understanding of what it was hoped would be achieved. Some were sceptical of the effectiveness of this kind of groupwork and the meeting was also an attempt to gain positive support from school staff.

What were the outcomes? (what impact did it make?)

Group in early stages as yet

How did you monitor and evaluate?

Weekly reviews with all staff concerned immediately after group Weekly review with young people at end of session Input from guidance staff on weekly basis Review of effectiveness termly

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Alison Main	01343 546214	Laura.clunas@aberlour.org.uk

Case study

Title: Mental Health Seminar

What was the aim and/or the issue being addressed?

Initially, to plan and deliver to 6th year pupils at one secondary school, a seminar designed to raise awareness of mental health issues.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

NHS Grampian, CALM Service /Rowan Centre (Child and Adolescent Mental Health Service), school (staff and pupils)

Outline what you did and how

- Funding was identified from Core funding, Changing Children's Services Fund and Choose Life grant.
- 2 hour seminar was designed to include interactive workshops.
- This was put together to provide a logical 'follow-on' to previous work undertaken by the school nurse.
- Guidance staff delivered pre-seminar sessions in PSE classes, to provide pupils with something to bring to the day.

The objectives of the seminar were:

- To provide information and encourage discussion to raise awareness, increase knowledge and dispel misconceptions and myths around mental illness.
- To cover topics relevant when leaving school and moving away to University – e.g. anxiety around leaving home, accommodation, funding, expectations of success (perceived and real), support systems, warning signs and where to get help.
- To provide pupils with something to take away from the seminar e.g. a personal plan.
- To provide the opportunity for pupils to contact guidance staff or school nurse to discuss/address any concerns arising as a result of the seminar.
- To provide the opportunity for participants to post anonymous questions to be answered at the end of the seminar.

What were the outcomes? (what impact did it make?)

- Results of evaluation from 6th year pupils attending the initial seminar were positive. However, they suggested that they should have had this input in 5th year.
- The following year, seminars were held for both 5th and 6th year pupils, and thereafter just for 5th year pupils. It proved difficult to manage the

larger 5th year group and this led to future seminars being repeated, each time to half the year group.

- Guidance staff at this school now feel that they have had sufficient input and are able to run the workshops as part of the PSE programme for 5th year pupils.
- A similar format was trialled with 4th year pupils in a different school however, evaluation was not as positive.
- The seminars have been delivered at 2 other secondary schools and have been requested by more.
- Looking at the development of appropriate input for other age groups.

How did you monitor and evaluate?

- Pupils complete mental health questionnaire (from Health Promoting School pack) in PSE, prior to the seminar. To be revisited by guidance staff in PSE session following the seminar.
- Use of a 'graffiti wall' at the end of the seminar to provide immediate feedback to participants.
- Pupils and staff are provided with post-it notes and given the opportunity to note, anonymously, 'something I liked', 'something I didn't like', 'suggestions for improvement'.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Susan Leslie	01343 562702	Susan.leslie@nhs.net

Case study

Title: **Footway / Cycleway to Primary School**

What was the aim and/or the issue being addressed?

To provide a safe route for pupils, parents and teachers of Milne's Primary to walk to school.

To encourage more pupils to walk to and from school.

To encourage parents to park away from the school gates and walk 5 minutes to pick up their children (Park and Stride).

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Health Promoting School Health Forum, School Board , The Moray Council, NHS Grampian, Police

Outline what you did and how

Project initiated by the school health forum in 2002. As part of the process of working towards becoming a Health Promoting School, the whole school community (parents, pupils and staff) identified physical activity as a priority. The school health forum took this forward, using the 'safe routes to school' project to encourage walking/cycling to school to build physical activity into everyone's daily routine.

NHS Grampian and Grampian Police joined forces with Milne's Primary school Health Forum to encourage and support parents to work with their children from an early age to build the foundations for safer road use. Milne's primary held a walk to school week in May 2002 - Plans for the week included:

- Pupils took home results of travel surveys: Parent surveys & Pupil surveys organised by the health forum.
- Pupils asked parents/grandparents how they travelled to school.
- Pupils completed individual diaries re travel/physical activity each day
- Classes recorded pupil travel on class survey sheets.
- Whole school Jubilee Walk (31st May 2002) was held as part of school jubilee celebrations. Senior Sports and Leisure Officer assisted with planning the whole school jubilee walk & tried out the proposed routes with members of the health forum.
- Alternative school bus parking to encourage pupils who travelled by bus to walk a short distance.
- Alternative parking provided for parents to encourage parents to park outside the school grounds and walk with their children to school.
- An alternate 'drop off' point for parents who did not wish to park, to enable their children to walk a short distance.

Activity culminated in a proposal from the Health Forum to the Moray Council for the construction of a footpath.

What were the outcomes? (what impact did it make?)

The pathway was designed by Moray Council Consultancy and constructed by Balfour Beatty Civil Engineering Ltd in June/July 2004 and funded from the Council's Cycling, Walking and Safer Streets allocation.

A 2.5m wide shared footway/cycleway was constructed from East Street, Fochabers around the edge of the playing field and up to the playground of the school. This route was informally used by some pupils but involved walking across the grass and up a long flight of steps.

The level difference between the grass and the playground meant that the existing steps had to be moved to allow an acceptable gradient on the path.

The new path provides a safe, hard surface and a ramp to enable access for cycles, wheelchairs and prams.

How did you monitor and evaluate?

The level of use of the facility will be monitored.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Frank Knight	01343 562540	Frank.knight@moray.gov.uk

Case study

Title: Improving Behaviour

What was the aim and/or the issue being addressed?

A pupil had shown extremely disruptive behaviour on the school mini bus which could have had severe consequences for the safety of others and consequently was banned from using that form of transport to school for several days.

It was decided to hold a meeting with those involved with the pupil present so that an agreement could be made about standards of behaviour and the consequences if the agreement was broken.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

The pupil, his mother, a supporter for the mother, three members of the transport department, the bus driver, escort, head teacher and teacher of SEN.

Outline what you did and how

You can imagine that transport staff were seriously concerned about this negative behaviour and its possible serious consequences and were reluctant to transport this pupil back and fore to school. It was also important that the pupil involved understood the problems his poor behaviour caused and should begin to take responsibility for his behaviour and its consequences. It was therefore decided to hold a meeting in the school where all parties were invited to attend so that there would be some understanding of the issue from both sides and that the outcome would be positive for both parties.

Before the meeting which the pupil was asked to attend it was explained to him how important it was for him to do so. It would mean a big personal step for him to face up to his poor behaviour and its consequences but, should he be able to do so it would be a huge step in his personal development and a big achievement.

At the meeting transport staff were told, in the pupil's presence, about the big step this child had made in being able to attend and that this was from him a recognition that he had to accept responsibility for his behaviour. The transport staff were able to explain to the child about their very serious concerns and the affect his behaviour could have on the others on the bus. They also proposed how they would plan his return to school transport and the consequences should his behaviour again deteriorate. During the

meeting, at various points in the proceedings, the points were summarised for the pupil to ensure he understood and for him to comment.

What were the outcomes? (what impact did it make?)

The pupil had a clear understanding of the difficulties he had caused from the point of view of those affected. He actually felt proud that he had been able to face up to the difficulties he had caused and because of this he was keen to follow the agreed plan.

The transport staff had a greater understanding of this pupil's difficulties and respected his willingness to make amends. They felt they had been able to express their concerns and also were clear that there were strategies to put in place should behaviour deteriorate.

A negative situation for this child had been changed to one which had a very positive outcome for him personally.

How did you monitor and evaluate?

Continuous monitoring of the pupil's behaviour by checking with the pupil by asking him how he felt things were going on the bus and also checking with the driver and escort. This was often done when pupil was being greeted coming to school so that both parties were involved. Then everyone knew the issue was being taken seriously and that the agreement was being followed.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Moir Downie	01343 563332	moira.downie@moray.gov.uk

Case study

Title: Mums 2 Mums Group Keith

What was the aim and/or the issue being addressed?

Young mums in the community had previously met as a small number of breastfeeding peer support group. They wanted to widen remit and find premises to offer social contact advice and peer support within their own communities

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Health Visitor; Keith Parents; Local Community Network Support Officer

Outline what you did and how

After being approached in the street by one of the young mums, worked with the mums at identifying what is was they wanted from their group and what they needed to do to achieve this. Supported them in working through the stages i.e. forming themselves as a constituted group, looking at funding, capacity building sustainability and community growth.

On a practical level women worked on funding applications, practical issues, signposting and support to become established.

Women were introduced to the ease of accessing other agencies and resources, which were available to their localities, which were of use to them.

What were the outcomes? (what impact did it make?)

The women have quickly became an organised, efficient group offering practical, social and emotional support to each other and opening to the whole community. The women participated in local event Tartan Saturday – having a fundraising stall participating in and adding to community events.

The women have accessed funding, bought where possible all equipment and services locally, promoting local shops and community prosperity.

The women have accessed training in first aid, accident prevention and are looking at working on other areas with NHS Grampian staff.

This all has a spin off for their children as their parenting and other skills are enhanced.

How did you monitor and evaluate?

Monitoring and Evaluation has been done on attendance at sessions – which have now moved from fortnightly to weekly due to capacity demand.

Feedback from the women on what they are continuing to achieve

Working with them on addressing future training needs which will be of benefit to the community, and to their children.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Karen Maclean	01542 836013	karen.mclean@moray.gov.uk

Case study

Title: Primary Boys Group

What was the aim and/or the issue being addressed?

Provide young people with social skills to build on self esteem and work on inappropriate behaviour within school and community

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Moray Youth Action, NCH, Social Work, school, parents and young people

Outline what you did and how

Activity based group work sessions both within school time and after school
Team building sessions
Work sheets looking at relationships and emotions

What were the outcomes? (what impact did it make?)

Noticeable positive changes in behaviour
Young people happy to attend group beyond school day
Big difference in one particular young person

How did you monitor and evaluate?

Workers met on weekly basis to plan and review sessions
Young people given questionnaire
Weekly feedback obtained from young people

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Gillian Stewart	01343 546214	Laura.clunas@aberlour.org.uk

Case study

Title: Play and Learn groups

What was the aim and/or the issue being addressed?

To develop parents understanding of the importance of play and its role in child development.

Improve communication between parents and children through play

Improve confidence for parents to undertake fun activities with their children

Who were the key people involved?

Health Visitors, Adult Learning Co-ordinators, Community Development, Sports Development

Outline what you did and how

The groups involve parents/carers with children not yet in pre-school or nursery. This model of Practice is being developed from lessons learned following the evaluation of each group programme. The idea is to offer families a non-threatening route into learning about parenting skills.

The most recent group has started by being run in the primary school. The use of school premises is an attempt to make the school environment family friendly before children go to nursery and improve links between families, young children and the school.

The first stage is the delivery by a member of the Sports Development team of a five -week Top Tots programme to families invited by the local Health Visitors.

Young children need to be active for at least 1 hour a day for the development of healthy bones and organs. These sessions are all about playing with children (under 3) and introducing basic simple movements that the carer and child will enjoy. Parents and carers will then be able to use the ideas to play with the child at home, in the garden and outside with other children, to help meet that one hour a day target. All carers of under - 3s are welcome to accompany the children.

Mastering basic steps and movements not only help build a healthy body, they are also a great help to children when the time comes to take part in games and sport at school and at play. An experienced leader will guide the way with simple steps and basic equipment.

The group is then consulted by the LCN support officer and asked if they wish to be part of a six week Play and Learn group. This group offers taster sessions on safety in the home, creative play, music, storytelling and reading, First Aid and any other subject of interest to the group. These sessions are delivered by either a Health Visitor, Adult Learning co-ordinator or specialist tutors as required. The groups are funded through the LCN and Community Learning and Development budgets.

What were the outcomes?

There are usually between seven to twelve parents in each group but attendance at each session is not essential and numbers can vary as parents dip in and out depending on the subject for that week.

The groups are more popular if the children are included. We tried a creche in the first group but it was not popular. The children can be as young as eight months old and the staffing ratio required was problematic.

Having the children in the group makes the sessions fun and interactive - the best outcome!

Dads are neither targeted nor excluded from these groups - the invitation goes to the family. In one group there were one or two Dads who enjoyed the sessions and attended regularly.

Experience has shown that parents find the Play and Learn format interesting and useful. At the final evaluation groups have asked for more input on issues such as First Aid for under 5s, discussion groups on potty training, food fads, discipline and how to cope with a second child.

Participants have expressed that they enjoyed the learning activities and the friendly atmosphere.

Adult Learning co-ordinators have been approached for support with literacy and numeracy difficulties.

How did you monitor and evaluate?

Consultation with the groups and self reporting from individual members.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Ben Hinnie	01343 829062	Ben.hinnie@moray.gov.uk

Case study

Title: Forest survival skills

What was the aim and/or the issue being addressed?

Targeted activity with group of 7 boys with difficult / challenging behaviour in school.

Aim: to learn/ develop new skills and to encourage working as a team to achieve set aims and targets.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

LCNSO, School, Community Development, Forestry Commission, 7 boys

Outline what you did and how

Overnight survival skills trip to Scootmore Forest. Required boys to work as a team to build weatherproof shelters, source materials for a campfire and navigate through the forest to locate 'emergency' survival packs.

What were the outcomes? (what impact did it make?)

The boys all evidenced enjoyment of the experience.

One of the quieter boys showed leadership skills that resulted in the rowdier lads following his lead.

How did you monitor and evaluate?

There will be a follow up session with the boys to discuss what they felt they achieved.

The debrief session with the staff suggested that this pilot project was successful and could be used as a template for further trips.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Louise MacDonald	01343 544865	Louise.macdonald@moray.gov.uk

Case study

Title: Sparda Youth Project, Dufftown

What was the aim and/or the issue being addressed?

The main aim was to develop the social skills of the participants through the development of a garden project.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Community Development, LCN, parents, Lochpark, local businesses, Youth Scotland.

Outline what you did and how

Through a groupwork process the young people have transformed the disused garden at the rear of the Dufftown Community Centre into a community garden. The group planned, costed, ordered materials and dealt with the let downs along the way. They did all the spade work and learnt about recycling and sustainability as part of the project. The group also applied for funding from a variety of sources.

What were the outcomes? (what impact did it make?)

The garden should be completed in October. 4 group members have completed Dynamic Youth awards.

How did you monitor and evaluate?

Photos have been taken throughout the project. 'LEAP' evaluation framework has been used. Evidence has been gathered from every meeting. An individual progress assessment will be completed at the final meeting.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
KAREN DELANEY	01309 694057	karen.delaney@moray.gov.uk

Case study

Title: P7 - S1 Transition Groups

What was the aim and/or the issue being addressed?

- Provide targeted multi agency support to primary school children moving into secondary school and facilitate an easier transition for group members from P7 into S1
- Offer a summer programme of activities that encourage group participation, individual achievement and the development of self confidence
- Reduce the number of S1 exclusions from High School
- Reduce the number of S1/S2 pupils requiring additional support in school

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Pupils, Schools, LCN, Health Promotions, specialist tutors, NCH, volunteer school staff, Moray Youth Action and Social Workers

Outline what you did and how

Children who may benefit from the support are identified by the primary schools. The LCN support officer and Administrator meet with parents before the end of the P7 term to explain the programme content and purpose.

There were four group sessions held over the summer. The complete groups were only together for two sessions due to family holiday commitments but the majority of the children attended all four. The groups bonded well and everyone was very supportive of each other.

The activities undertaken were Dance, Drama, Dolphin cruise and visit to the Whale and Dolphin Centre at Spey Bay, Complementary Therapies/ Relaxation, Music and a morning in the woods with the Forestry leisure ranger followed by an afternoon of mountain biking with Outfit Moray.

The activities are chosen in order to facilitate group participation and a sense of individual achievement, the development of self - esteem, risk taking and the building of self-confidence.

A short note of each pupil's contribution to the group is sent to the High School and any major issues arising from the group sessions are passed - with the agreement of the children and their parents - to the High School guidance staff.

The group is then seen informally by the LCNSO and administrator about three weeks into the S1 term to monitor progress.

What were the outcomes? (what impact did it make?)

Last year 's group evaluations indicated that 100% of parents felt that the group had helped their child settle more easily into S1.

Schools were able to report a reduction in the number of S1 exclusions and a reduction in the number of S1/S2 pupils requiring additional support in school.

A 'Good Practice' model of 'what works in Moray P7 transition' , brought together from the various targeted transition programmes being done across Moray is currently being drawn up. Staff from all contributing agencies are being consulted in the design of this.

How did you monitor and evaluate?

An evaluation of the effectiveness of the group in making the P7 - S1 transition easier is done with the group and with their parents at the end of their first term (October break).

The pupils' progress is monitored through the High school inter agency group meetings.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Ben Hinnie	01343 829062	Ben.hinnie@moray.gov.uk

Case study

Title: Youth Justice / Community Safety Partnership Summer Scheme

What was the aim and/or the issue being addressed?

To provide a summer programme of activities to young people aged 12-16 who may be likely to cause disorder

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Community Safety Partnership, Youth Justice Team, Outfit, police, MYA, Moray Game On, moray Gig, Moray Watersports, Sports development, Arts Development, sessional workers, Social Work

Outline what you did and how

Organised varied 6 week programme of activities targeted at group of young people who were either known offenders or known due to their vulnerability and close association with young people involved in youth disorder. Activities could be continued if young people showed an interest. The emphasis of the outdoor programme was on three key themes: teamwork, communication and taking responsibility.

Week 1: Watersports

Week 2: sports, Crafts, Music

Week 3: 7.84 Theatre Company

Week 4: 3 day ropes course / mountain biking

Week 5: weaseling

Week 6: Coasteering / rock traversing

Young people were transported from wherever they lived so their home location was no barrier to taking part. There were four groups created to serve the geography of the area and one group was made up of young women. In addition to a full day's activity participants were also offered at least two further contacts with workers each week.

The programme required a high ratio of staff because of the target group. Weeks 2 and 3 brought all young people together for the whole week (as opposed to the smaller groups split for other weeks) and ended up being extremely challenging for staff.

What were the outcomes? (what impact did it make?)

- Programme reached 57 young people over the course of the summer.
- All the young people benefited from their time with a committed staff group.
- Staff were able to build relationships, challenging offending behaviour and helping young people develop goals for their future
- Young people discovered previously untapped skills
- It quickly became obvious that the young people needed food earlier in the day than the packed lunches originally planned: this immediately became part of the provision and young people were offered substantial amounts of healthy food from the start of the day.
- Young people were able to improve their fitness levels
- A highlight of the programme was the performance given by young people at the end of a week working with the 7.84 theatre company and a range of local artists. Over 150 people attended.
- Some lessons have been learned of what not to repeat (eg aspects of week 2 and 3)
- The offending level of the young people involved declined dramatically and police reported a perception of a "quiet" summer.
- Statistics disappointingly reveal an increase in the number of young people committing offences but a decrease in the number committing several offences. The work undertaken with persistent offenders is effectively reducing or stopping their offending but preventative work is insufficient to reduce recruitment to offending.

How did you monitor and evaluate?

- The youth justice team is working with the University of Huddersfield to apply Realist Evaluation to examine the effectiveness of the work.
- All young people who committed a criminal offence completed an ASSET assessment form
- Police statistics

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Sue Holden	01343 811134	Youthjustice@moray.gov.uk

Case study

Title: Consultation with young people

What was the aim and/or the issue being addressed?

Young People's experiences of Children's Hearings to present to a training evening for Children's panel members.

Listening to the young people's comments however, led to another issue being addressed namely that the surroundings where Hearing were held were dull, boring and not relevant to children and young people.

Who were the key people involved?

(agencies, services, organisations, parents, children, carers etc)

Children and young people
Who Cares? Scotland
CHILDREN 1st Children and Young People's Rights Worker.
CHILDREN 1st Fundraising team.
Foster Carers and Social Workers
Moray Council Arts Development Team
MAMH

Outline what you did and how

Who Cares? and CHILDREN 1st visited several young people who have attended Children's Hearings to ask them to comment on their experiences. Young people were interviewed and their voices recorded and then played to the Panel members so that the messages were coming directly from young people.

What were the outcomes? (what impact did it make?)

Young people commented that the surroundings in the Elgin Children's Hearing Centre were not very welcoming for children and young people and that "they should live it up a bittie".

We listened to this message and decided to do something about it. We organised some art sessions with children and young people who were interested in making a difference to the surroundings and they produced some art work to hang in the Elgin Children's Hearing Centre.

Moray Council Arts Development Workers provided us with the expertise in the work shops and provided some materials and their time. CHILDREN 1st fundraisers sourced MDF to use as "the canvas" from local supporters and MAMH cut the MDF to size free of charge. Children and young people provided their ideas, enthusiasm and expertise for the art work. Foster Carers and Social Workers supported us by bringing children and young people to the art workshops.

The art work has made the surroundings more attractive and cheery. Children and young people feel that the Children's Hearing Centre is a place where they are welcome and hopefully feel that the building is about them. If children and young people feel more at ease in their surroundings it should enable them to express their views to Panel members more readily.

Young people were asked for their views, their concerns were listened to and acted upon. The work involved children and young people and several agencies working together to produce a very attractive permanent exhibition.

How did you monitor and evaluate?

Young people who have seen the art work have commented favourably.

Key contact for further information

<i>name</i>	<i>tel</i>	<i>email</i>
Beth Fraser Children and Young People's Rights Worker	01343 569188	beth.fraser@moray.gov.uk

RESOURCES



8. RESOURCES

8.1 Local Community Network Contact Details

8.2 Some Local Resources

8.3 Some Useful Websites

8.1 LOCAL COMMUNITY NETWORK CONTACT DETAILS

MORAY		FMC web pages: www.moray.gov.uk/fmc					
LCN Manager	Wendy Jamieson	wendy.jamieson@moray.gov.uk	Educational Services The Moray Council High St	01343 563108	01343 563402		07967 748952
Clerical (PT)	Jenny Lalande	jenny.lalande@moray.gov.uk		01343 56365			
BUCKIE / KEITH			BASES	TELEPHONE	FAX		MOBILE
LCNSO	Karen Maclean	karen.mclean@moray.gov.uk	Keith base: Keith Resource Centre 26 Mid St Keith, AB55 5AH"	"01542 885102 (Lorraine) 01542 886174 (reception)"	01542 886710		07967 748953
ADMIN	Lorraine McWilliam	lorraine.mcwilliam@moray.gov.uk	Buckie base: St Peter's Primary 37 St Peter's Terrace, Buckie AB56 1QN"	01542 836013(ansaphone)			07800 670615
FORRES / SPEYSIDE			BASES				
LCNSO	Iain MacDonald	iain.macdonald@moray.gov.uk	Forres base: Janitor's Lodge, Forres Ac Burdysyard Rd Forres IV36 1FG"	01309 675603	01309 675047		07867 904593 07699 644078 pager
ADMIN	Susanne Rodgers	susanne.rodgers42@moray-edunet.gov.uk	Speyside base: Speyside High Mary Avenue Aberfour AB38 9PN"	01340 881665	01340 871645 also ansaphone		
ELGIN x 2			BASE				
LCNSO	Louise MacDonald	louise.macdonald@moray.gov.uk	New Elgin Primary Annexe Bezaek St New Elgin IV30 6DP"				07971 882917
ADMIN	Tasoulla Masson	tasoulla.masson@moray.gov.uk		01343 544865	01343 555166		
LOSSIEMOUTH / FOCHABERS			BASES				
LCNSO	Ben Hinnie	ben.hinnie@moray.gov.uk	Milne's base: LCN base, Milne's Primary High St. Fochabers IV32 7EP"	01343 829062	01343 829054		07971 882916
ADMIN	Cath Collins	cathy.collins@moray.gov.uk	Lossie base: Lossiemouth High Coulardbank Rd., Lossiemouth IV31 6JU"				07800 670638

8.2 SOME LOCAL RESOURCES

ABERLOUR CHILD CARE TRUST – MORAY YOUTH ACTION

MORAY YOUTH ACTION works in partnership with social work, education, health, careers, other agencies and most importantly, with young people and their families to ensure that the most appropriate help is offered.

The range of services include:

- Intensive individual work with children and families
- Groupwork focused on specific issues in young people's lives
- Community based preventative initiatives
- One-to-one work, groupwork, family work
- Counselling, information, advice, advocacy
- Social skills training
- Development of constructive leisure activities
- Life skills training

For further information please contact:

Trisha Hall, Project Manager
Moray Youth Action
7 Parade Spur South
Pinefield Industrial Estate
ELGIN
IV30 3AJ

01343 546214
01343 542383 (fax)
morayyouth@aberlour.org.uk

CAREERS SCOTLAND

Careers Scotland is a new organisation with a new service, building on some very good practice that already exists in agencies being brought together:

Adult Guidance Networks
Careers Service Companies
Education Business Partnerships
Lifelong Learning Partnerships

Careers Scotland, working with and through others, assist our customers with:

Job vacancies
Learning and Training opportunities
Information about the labour market
Advice and guidance on career plans
Developing skills to increase job prospects
Links to other agencies

Our Aims:

To improve the employability and enterprise skills of the people of Scotland
To increase participation in learning and employment
To be the leading national advocate for the guidance and employability sector
In the Highlands and Islands – to make it easy and encouraging for people to access our services regardless of age, geography and circumstances.

For further information please contact:

Susan Chalmers
01343 548884

Careers Scotland
Commerce Street
Elgin

CHILDCARE PARTNERSHIP

The Childcare Partnership is responsible for creating, supporting and promoting childcare services for families in Moray. This is in accordance with the guidelines set out by the Scottish Executive. The Partnership has delegated powers from the Moray Council in relation to:

- The future development of services within the Moray area
- The allocation of budget as recommended by sub committees and agreed by full Partnership.

The Partnership covers a range of development, support, monitoring and training across all childcare sectors including childminders and after school clubs.

*For information on childcare available in Moray (and elsewhere)
visit: www.childcarelink.gov.uk*

For further information contact:
Moray Childcare Partnership
Elgin Business Centre
Maisondieu Road
Elgin IV30 1QP
Tel: 01343 557233

CHILD PROTECTION AND INVESTIGATION UNIT (CPIU)

As the name suggests the CPIU in Moray has responsibility for the investigation with the Social Work Service of most allegations of serious violence and sexual abuse involving children. Its remit also includes the monitoring of those individuals on the Sex Offenders Register to ensure regular assessments are carried out and that they are complying with the laid down requirements. In addition, 2 officers in the Moray unit can also expect to become involved in the investigation of allegations of rape irrespective of the age of the complainer.

The role calls for a great degree of knowledge of current legislation and best practice in an area of work regularly under review and comment from outside bodies. As such, there is a need for good and effective liaison between the unit and outside bodies

such as Social Work, The Procurator Fiscal and Reporter, Education Services and of course the Health Authorities. This is particularly important when attending case conferences.

Child Protection - What You Can Do

Child protection is everyone's responsibility; we all have a duty as citizens to promote the protection of children. If you want to pass on information about yourself, or a child you are worried about, then you should contact your local authority social work office. You should contact the local office for the area the child resides in. In an emergency situation you should call the Police. If a child is in need of emergency medical attention then you should secure this as a first step before contacting social work or the Police.

The North East Scotland Child Protection Committee (NESCPC) is currently trialling a website at www.nescpc.org.uk. This should be up and running by December 2004.

CHILDREN'S PANEL (REPORTER)

Tel: 01343 550015

CHILDREN AND YOUNG PEOPLE'S RIGHTS SERVICE (CHILDREN 1ST)

The service is run by Children 1st in partnership with the Moray Council and is an independent and confidential one for children and young people in need, especially those who are looked after by the local authority. This means that it is open to most young people but particularly to those who are living away from home in foster care or residential care. Children in need are also covered however and this would include children with or affected disabilities, children who are excluded from school, children in conflict with the law.

The Children and Young Peoples Rights Worker can:

- Provide young people with information about their rights.
- Support young people to give their views at school and social work meetings where it is sometimes difficult for them to speak up.
- Support young people to make a complaint or an appeal about exclusion from school if they are over 16.

Young people can feel overwhelmed by the adults in their lives, no matter how good relationships are. Having the Children and Young Peoples Rights Worker to help them to say what they want to say without making judgements or trying to change their views can be very helpful to the child and also the adults involved.

Young people have a right to be part of the decision making process about things which affect them. Their voices should be heard and considered along with, not instead of, everyone else's in a child-centred manner that they can relate to feel comfortable with. Young people who feel they have contributed to the decision making process are more likely to work with the decision even if it is not the outcome they wished.

If you know a young person who needs this service, please contact:

Beth Fraser
Children and Young Peoples Rights Worker
Children 1st
Highfield House Annexe
Northfield Terrace
Elgin

01343 569188
beth.fraser@comm.moray.gov.uk

COOPER PARK ABUSE RECOVERY SERVICE (CHILDREN 1ST)

The Service is funded by Moray Council and Grampian Health Board, through the Scottish Executive's Changing Children's Services Fund, and from a CHILDREN 1ST award from the Millennium Promise Fund. It provides therapeutic services that help children, young people and families in Moray to recover from the impact of abuse and neglect. We provide individual counselling in addition to family support and we help families to protect their children from further abuse.

The work is approached from a child-centred perspective which acknowledges a child's rights, respects their best interests at all times and is viewed within the context of the whole family.

Given the diverse range of traumas experienced by the children and young people referred to the Service, we match the support given to individual need. Support remains flexible during the recovery process to meet any changing need and includes education and guidance focusing on child protection.

Children and families can be referred by other agencies or can contact the Service directly.

The aim of any work undertaken with a child or family is planned during a Working Agreement meeting involving the child or young person, the family, the referrer and any other relevant person. This agreement is reviewed on a six-monthly basis.

Contact details:

Heather Airth
Highfield House Annex
Northfield Terrace
Elgin IV30 1NE

Tel: 01343 555187
Cooper.park@moray.gov.uk

COMMUNITY LEARNING AND DEVELOPMENT SERVICE

- Community Development - providing support to individuals and organisations in identifying and tackling issues and concerns in their communities including promoting equal opportunities.
- Adult Learning - providing vocational and non-vocational classes and less formal learning groups. Essential skills co-ordinators provide support and tuition in basic literacy, numeracy communication and other basic skills needs.
- Work with Children and Young People - focusing on two main age groups main age groups under and over 12s. The development of youth work activity both in clubs and in detached youth work settings.

While all of the above remain the core functions of the service, the context for its work has changed significantly in recent years. The service still manages 8 community centre facilities. New National guidelines from Scottish Executive has signalled a key role for this service in addressing its agenda to promote social inclusion, lifelong learning and active citizenship, particularly in Community Planning.

Sports Development

Encourages participation in active physical recreation regardless of age or ability. Works with Health Promotions; local, regional and national sports organisations and others. It promotes:

- community recreation for fun;
- all sports; traditional, team and individual;
- Club development – coaching, volunteer support;
- facilities and access;
- healthy lifestyles.

Arts Development

Promotes access to a range of arts events, activities, projects and performances throughout Moray. Aims to offer opportunities for participation and enable individuals and organisations to realise their potential. It promotes and supports:

- NEAT – North East Arts Touring bringing theatre productions and art exhibitions to the community.
- Programmes of holiday activities for young people
- Special projects
- The Arts Council for Moray – grants to local arts organisations.

Contacts:

Community Development West Team
Auchernack, High Street, Forres
Tel: 01309 694058
Email: comdevwest@moray.gov.uk

Community Development East Team

Milne's Primary School Annex, High Street, Fochabers IV32 7EP

Tel: 01343 829026

Email: comdeveast@moray.gov.uk

Community Development Central Team

23 High Street, Elgin IV30 1EE

Tel: 01343 550642

Email: comdevcentral@moray.gov.uk

Adult Literacy Partnership

C/o Moray College, Moray St, Elgin IV30 1JJ

Tel: 01343 576280

Email: Althea.Forbes@moray.uhi.ac.uk

Sports Development

Commerce House, South St, Elgin

Tel: 01343 557147

Email: dunna@moray.gov.uk

Arts Development

Commerce House, South St, Elgin

Tel: 01343 557148

Email: nick.fearne@moray.gov.uk

Community Development Manager (Strategy)

The Moray Council, High Street, Elgin IV30 1BX

Tel: 01343 563404

Email: john.ferguson@moray.gov.uk

Community Development Manager (Operations)

The Moray Council, High Street, Elgin IV30 1BX

Tel: 01343 563405

Email: graham.jarvis@moray.gov.uk

DIALOGUE YOUTH

Dialogue Youth is a National Initiative which seeks to develop the following

- Smart Cards (based on the national Young Scot card)
- Local Action with the Young Scot Information Portal
- Personal and Social Education and Citizenship Education
- Resource and Research Base on Youth Issues
- Involving Young People as active citizens

The Dialogue Youth Co-ordinator is based in Elgin and has responsibility for establishment, development and management of the Dialogue Youth initiative in Moray. She will be working with staff from across Moray Council, the Moray Community Planning Partnership and young people from across Moray to establish Dialogue Youth as a key element of Community Planning. Dialogue Youth initiatives will develop as a source of youth information and a means for young people in Moray to influence and participate in issues that affect them. The Moray Young Scot portal has been launched and can be found at www.youngscot.org/local/moray

The Dialogue Youth Co-ordinator Alison Wright can be contacted at:

Tel 01343 563319

Email: alison.wright@moray.gov.uk

DOCTOR GRAY'S HOSPITAL

Switchboard: 01343 543131

DRUG AND ALCOHOL SERVICES (NHS GRAMPIAN)

Moray Drug and Alcohol Service is a multi-agency group of service providers available to anyone who needs their services.

The following services are available:

- Drugs service – counselling, advice and support for drug users and those affected by drug use.
- Drug education and training for clinical staff and other agencies.
- Outreach needle exchange service/
- Moray Drug Line 08457 660118 – a telephone enquiry / advice service available Monday to Friday, 9am to 5pm. An answerphone service is available at other times.
- Alcohol – home detoxification, counselling, advice and support. Advice and support is also available to those who live with or care for someone who has an alcohol problem.
- Assessment for services including counselling and residential rehabilitation. Also referral to other agencies if appropriate.
- Free condom service

Drug and Alcohol Team

Contact John Cosgrove: tel: 01343 552211

EDUCATIONAL PSYCHOLOGY SERVICE

The Educational Psychology Service has a range of duties in respect of children and young people in the age range 0-19 years, including those who have, or may have, special educational needs. The work includes individual assessment, confidential advice and support for parents, consultancy advice to schools, co-ordination of multi-professional assessments, inter-agency liaison, direct support for individual children and research and development activities. The Educational Psychologist will advise on the type of provision a child requires but they are not responsible for allocating resources to schools.

For further information Tel: 01343 550999

ENGLISH AS AN ADDITIONAL LANGUAGE (EDUCATIONAL SERVICES)

This service aims to facilitate access to the mainstream curriculum for bilingual pupils, and to ensure equality of opportunity within Moray schools. It aims to enable pupils to take a full part in the life and work of the school and the wider community, working in partnership with parents. The service recognises the cultural and linguistic diversity of bilingual pupils as a positive contribution to be recognised by all.

For further information Tel: 01343 567921

GRAMPIAN POLICE LOCAL AUTHORITY LIAISON OFFICER

“to continuously develop and maintain strong links at local and strategic levels between the Police, the Local Authority and the relevant Community Safety Partnership ensuring a corporate approach to Community Safety”

Remit

- To advise on and provide appropriate information which will assist in the development and implementation of Community Safety initiatives, protocols and policies
- Assist in mainstreaming Community Safety within the Local Authority structure thereby reducing the cost of crime to the Authority and the local Community
- Identify good practice and share this with Community Safety Partners and other relevant bodies where appropriate
- Assist in the development and provision of relevant training as required by the Police, Local Authority and partners
- To direct enquiries relating to Policing practices and procedures to appropriate department/divisions
- Facilitate the early identification and solutions of problems
- Provide a “voice” within the Council giving the Police perspective

For further information contact:

Paul Bremner

01343 563407

paul.bremner@moray.gov.uk

GRAMPIAN POLICE EDUCATION LIAISON UNIT SCHOOLS LIAISON OFFICERS

There are two schools liaison officers in Moray who work with schools in delivering specific aspects of curriculum using programmes developed by the Police Education Liaison unit and covering issues such as drugs awareness, bullying, safety, law and order and vandalism.

For further details contact: 01343 820205

HEALTH IMPROVEMENT (NHS GRAMPIAN)

Provision of support for school communities to work towards Health Promoting School status, including help with the identification of health priorities, development of health policy and action plans, support for health working groups and access to direct services.

Support from Youthstart Health Development Worker to ensure young people in Moray have opportunities to improve their health and well being with priority given to young people who may be suffering disadvantages.

Conferences and workshops for secondary schools covering topics such as sexual health, drug awareness and alcohol awareness.

- Training in priority health topics
- "Kids in Condition" physical activity training – for adults working with primary school age children
- Positive Playtime training – for adults working in/with primary schools
- D-rug Game – suitable for P6/7 to reinforce drug awareness messages and test pupils' knowledge. Should be timed to follow input from Police Liaison Officer.
- Healthy eating talks and workshops.
- Health information – from Healthpoint, 239 High Street, Elgin or freephone: 0500 20 20 30
- Free loan of extensive range of teaching resources – information and on-line booking via website: health-promotions.com
- Support for staff through Scotland's Health at Work scheme.

For further information please contact:

Barbara Stearn – Assistant Health Improvements Officer
(Lossiemouth, Milnes, Buckie, Keith)
Telephone Number: 01343 545246

Susan Leslie – Health Improvements Officer
(Forres, Speyside Elgin High, Elgin Academy)
Telephone Number: 01343 545246

Jenny McLean – Youth Health Development Worker
Telephone number: 01343 567593

HEARING IMPAIRMENT SERVICE (EDUCATIONAL SERVICES)

Educational Services provide support through peripatetic teachers and hearing communication assistants who provide direct teaching and advice to teachers and parents for a number of children from pre-school through to secondary school who have hearing impairments.

For further information Tel: 01343 567921

HOUSING NEEDS

The Moray 16 to 24 housing support service provides accommodation and support for vulnerable young people aged between 16 and 24. Housing support workers provide support to tenants with the aim of achieving successful independent living in the community. Each support package is tailored to the needs of each individual young person.

For further information contact:

Carol Chambers

Young Persons Officer

01343 563438

carol.chambers@moray.gov.uk

INCLUSION AND SUPPORT SERVICES

The main aim of the Inclusion and Support Service is to provide an integrated range of education and social work services to children of school age who experience serious social, emotional and behavioural difficulties. These services are provided within schools by teaching staff and others with additional support provided through a team of outreach staff. In addition, the Inclusion and Support Service has two specialist centres in Elgin where more individual help is provided to children who have particularly challenging behaviour

REFERRAL PROCESS.

The Moray Council Community Services and Education Department Joint Arrangements for Local Assessment and Planning document provides the basis for the referral of young people to the Inclusion & Support Service.

Further information on the Inclusion & Support Service: 01343 557900

LANGUAGE SUPPORT AND EARLY YEARS SERVICE (EDUCATIONAL SERVICES)

This peripatetic service covers the whole of Moray and the work involves young children with pronounced learning and communication difficulties. The Service includes children with autistic spectrum and complex communication disorders within its remit.

The Early Years work covers pre-school children in the age range 3-5 years who have significant learning and/or communication disorders. A strong emphasis is placed on support for parents and the work includes pre-school home visits.

The Language Support Service covers children in the early years of primary school and the focus is upon specific language and communication problems rather than general learning difficulties. Supporting the transition into primary school is an important part of the remit. It is the peripatetic equivalent of language unit provision which has been established in certain other authorities

For further information Tel: 01343 567921

LIBRARIES AND INFORMATION SERVICES

Moray Council's Libraries provides a wide range of materials and services

Services available through the Library:

Book Lending	Children's Storytimes
Cassettes and Compact disks	Children's Internet Access
Video's and DVD's	Housebound and Homes Book Service
Art Print Lending	Mobile Libraries
Free Internet Access	Displays and Events
Learning Access and ICT courses	Public Services
Information and Reference Services	Publications for Sale
Local Heritage Services	Learning Centres

In addition to Elgin library there are libraries in Aberlour, Buckie, Burghead, Cullen, Dufftown, Findochty, Fochabers, Forres, Hopeman, Keith, Kinloss, Lossiemouth, Portknockie, Rothes and Tomintoul.

Mobile Library Routes

- 1 Based in Keith – north and west of Keith to Lhanbryde – 01542 882223
- 2 Based in Keith – south and west to Speyside – 01542 882223
- 3 Based in Elgin – outskirts of Elgin and area to west of Brodie – 01343 562600

For further information contact:

The Libraries and Museum Manager
The Moray Council, High Street, Elgin. Tel.: 01343 563398

Children and Young People' Librarian

Effectively developing, supervising and co-ordinating library and information services to young people, including the administration of the Moray Education Library Service.

For more information, contact: Helen Adair: Tel 01343 562611

MORAY ADVOCACY

Advocacy is the process of pleading the cause and/or acting on behalf of another person or group. An advocate is somebody who will communicate and negotiate on behalf of another person who needs help and can take place anywhere the partners agree. It is important because it provides validation for vulnerable individuals or groups.

An advocate is needed at certain times and under certain conditions when the individual feels vulnerable and/or alone.

Aims and objectives of Advocacy – to promote empowerment, respect, dignity, non-judgementalism, freedom of choice and equal opportunities.

Moray Advocacy is an independent organisation with charitable status.
Office is situated at 2A Commerce Street, Elgin, above Beaver Travel.

Telephone: 01343 556266 Fax: 01343 551485
Email: morayadvocacy@ukonline.co.uk

MORAY CARERS PROJECT / MORAY YOUNG CARERS PROJECT

This is an independent voluntary organisation (Princess Royal Trust) set up for carers and those working with carers. If you care for an adult or a child who is ill, frail or has a disability then you are a carer.

The Young Carers Project provides support specifically for children and young people who are carers.

The Moray Carers Project can help by providing:

- Up-dated information on local services
- Support and advice
- Training to help in the caring role
- Contact with other carers
- Therapeutic and social opportunities
- Access to information on specific illnesses

Advice and help in the following areas is also available:

- Respite care
- Welfare benefits
- Council Tax discounts
- Access to transport
- Carers Support Groups – groups exist in Elgin, Buckie and Forres

To contact:

Moray Carers Project
227 High Street
Elgin
01343 540990
[email: moray@carers.net](mailto:moray@carers.net)

MORAY COLLEGE

Switchboard: 01343 576000

MVSO (Moray Voluntary Services Organisation)

Eileen Bush – Chief Officer
Tel 01343 541713

NCH SCOTLAND

NCH has responsibility, in partnership, for running a range of child care services across Moray.

FAMILY RESOURCE PROJECT

Provides child and family support to vulnerable families through the family centre in Elgin and across Moray through various outreach services. There is a particular focus on families with 0-5 year old children. Elements of the service include; play work, parenting groups, mobile toy library, work with young parents, groupwork with primary aged children.

RESIDENTIAL CARE

For a variety of reasons some young people are unable to live at home with their families or with alternative carers. NCH currently provides residential care for young people between the ages of 12-18 years with homes in Buckie, Elgin and Forres.

MORAY ALTERNATIVE PLACEMENT SCHEME (MAPS)

This is an innovative foster care scheme which aims to provide family care for young people aged 10 – 16 who would otherwise be accommodated outwith Moray. Because of the demanding nature of this scheme, carers are paid a professional rate for their skills, equivalent to that of residential care workers. In addition, they receive the appropriate fostering allowance for the young person.

INTENSIVE FAMILY SUPPORT SERVICE

Offers short term additional support to prevent children and young people aged 9-16 moving out of their family, or other living situation, or community when acute problems and needs arise.

INDEPENDENT LIVING PROJECT (16-24)

Aims to support vulnerable young people aged 16-24 and their dependants to obtain and sustain safe accommodation and live independently.

For further information please contact:

David Williams	Manager	01343 549557
Naomi Graham	Depute Manager	01343 549557

OUTFIT MORAY

Active Steps – Programme of activities for young people aged between 12 and 16 with challenging behaviour. Referrals can be made directly by schools, social work or other youth organisations in Moray. The programme operates Monday to Friday during the school term and often during holiday periods.

Out of School Hours Activities (OSHA) – Programme of activities organised for young people aged between 12 and 16 in conjunction with schools and youth organisations in Moray. The programme operates at weekends and occasional evenings throughout the year and during school holidays.

Other Services:

Training and Development Work – Provision of team building and leadership skills training to youth organisations in Moray.

Instruction – Provision of instructional services in a range of outdoor activities to schools in Moray during the school day.

Equipment hire – Hire of basic outdoor equipment from our Pinefield store.

Inspiring outdoor adventure activities including:-

Climbing, abseiling, mountain biking, hillwalking, expeditions, gorge exploration, coasteering, weasling, camping, field archery, team games, kayaking, open canoeing, voyageur canoeing, sailing and rowing aboard the Moray Gig, snowboarding, alpine ski-ing, dog sledging.

Contact:	Outfit-Moray, Elgin Youth Café (Ibrahim, Graeme, Richard or Iain)	Tel: 01343 548300
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PAEDIATRIC OCCUPATIONAL THERAPY

Tel: 01343 567365 / 567244

REAP

REAP (Rural Environment Action Project) is a CSV Scotland project which works with local communities and agencies to raise awareness of sustainable development and through this promote action which seeks to meet locally identified needs. Sustainable Development is about meeting the needs of the present without compromising the ability of future generations to meet their own needs.

REAP has been involved with schools, community appraisals, social auditing, Credit Union. Local Exchange Trading Scheme (LETS) and training.

Tel: 01542 888070

www.reap-csv.net

ROWAN CENTRE

The Rowan Centre provides Child and Adolescent Mental Health Services (CAMHS) with referrals coming mainly from GPs, although some also come from Social Work and Educational Psychology. There is a core multidisciplinary team of 5 who generally assess and work in pairs, with working links to closely related professionals. It is only recently that the Service has been up to full complement. Over the last year there have been approx. 400 referrals, and each staff member carries a caseload of between 50-70.

Contact:

Dr Chris Wiles, Clinical Psychologist

Mental Health Services for Children and Adolescents. The Rowan Centre, Maryhill. High Street. ELGIN. IV30 1 AT

Tel: 01343 543131/567399

Email: chris.wiles@nhs.net

CALM (Consultation, Advice, Liaison – Moray) pilot (2002/06)

The project, run by the Rowan Centre aims to support all those working with children and young people by providing consultation, advice and training about mental health concerns. Based at Highfield House, it aims to increase awareness and the ability to respond quickly and effectively to mental health issues affecting young people in Moray.

The service is run by a multi-disciplinary mental health team and is also overseen by a multi-agency steering group which meets on a quarterly basis to review the progress of the project and reports back to the For Moray Children Group.

AIMS:

- To promote partnership between Child and Adolescent Mental Health Services and all agencies, carer and support groups.
- To provide opportunities for consultation, liaison and support for workers and managers by joint working with a number of professionals on a wide range of mental health issues
- To provide a fast and responsive initial mental health screening assessment in order to direct referrals to the appropriate agencies including the Core Service (currently offered at the Rowan Centre) through discussion with other agencies or directly with children, young people and their families

- To provide training on identification and management of Child and Adolescent mental health issues. In conjunction with other agencies the CALM staff will be developing training on a number of mental health areas.
- To facilitate further opportunities for joint working between all agencies involved in Child and Adolescent Mental Health Services.
- To provide a general consultation and advice service for any Child and Adolescent mental health issue in Moray.

Contact Details:

CALM has a key contact in each LCN area in Moray.

CALM Service, Top Floor, Highfield House, Northfield Terrace, ELGIN, IV30 1NE
Telephone: 01343 562120

SCHOOL NURSES

School doctors, nurses and health visitors work closely together to maintain the child's health.

All school nurses are experienced, trained nurses. They visit schools and talk to teachers and staff about any worries they may have. They also talk to children and young people about general matters concerning their health, hygiene and safety. They are available for any parent or child to see if they wish. Appointments can be arranged through teachers.

There are School Nurses are found in all areas except Keith.

Other School health services:

- School Doctors
- Audiologists
- School Dentists
- Speech and Language Therapists
- Chiropodists.

For further information please contact:

School Nurse Co-ordinator
01343 567262
0787 6258538

SOCIAL WORK SERVICES

John Sullivan, Head of Children and Families and Criminal Justice
John Carney, Manager, Children and Families
Gordon Sinclair : Area Services and Child Protection Manager: Tel: 01343 563554
John Brewer: Children's Resources Manager: Tel:

Out of Hours Service: 08457 565656

ADDICTIONS SERVICE

Contact Jean Sinclair: Tel 01343 552211

CHILD CARE TEAMS

Staffing is in four Teams: East (Buckie/Keith areas), North (Lossiemouth/Milne's areas), Central (Elgin area) and West (Forres/Speyside areas).

Areas of Work

Statutory Child Care – Children's Hearings/Child Protection. Responsible for presenting reports on Child Care matters to the Sheriff's Court.

Non statutory work involves preventative approaches – working voluntarily with families within their homes, community and schools. Major working partnership with Moray Youth Action and NCH.

Close links with Health Visitors attached to GP practices.

Area Teams:

Buckie:	01542 837224
Keith:	01542 885109
Milnes/Lossiemouth:	01343 557240
Elgin:	01343 557248
Forres/Speyside:	01309 694031

THROUGH CARE AND AFTER CARE SERVICES

Provision of information, support, advice and guidance on a number of issues, to young people aged between 14 and 19 (and in some cases up to age of 25), who have been 'looked after' and 'accommodated' by the Local Authority

For further information please contact:

Moray Through Care and After Care Team
6 Moss Street
ELGIN
IV30 1LU

John Brewer – Service Manager
Tel 01343 563553

SPEECH AND LANGUAGE THERAPY

Tel: 01343 567275

VISUAL IMPAIRMENT SERVICE (EDUCATIONAL SERVICES)

This peripatetic service provides support for the visually impaired child in their home, playgroup, nursery or school. This takes the form of ongoing assessment of functional vision, and the planning and implementation of teaching programmes. The service is especially involved at critical times in a child's education, i.e. school start, school transfer and leaving school. Awareness training is offered to all relevant staff. Regular home visits are made to offer advice and information on the education of visually impaired children. Parents are accompanied to the eye clinics and encouraged to participate in teaching their children essential skills. Equipment and toys are available for loan.

For further information Tel: 01343 567921

YOUTH JUSTICE TEAM

Moray Youth Justice is the title chosen to encompass all efforts to eradicate youth offending.

The Youth Justice Team is led by the Youth Justice Support Officer supported by a Social Worker who manages case transitions, and an Assistant Project Manager who co-ordinates the response of the Team's Project Workers.

The Youth Justice Team has the services of a part-time Drug and Alcohol Worker. In addition a Psychologist appointed by NCH has input into the team

Restorative Justice

The provision of Restorative Justice Cautions and Conferences is undertaken by the Police and the Youth Justice Team. Usually the Police will administer the Caution while the Youth Justice Team will facilitate the Conference.

All referrals for this Scheme are initiated by the Reporter. However, the Social Worker will be consulted where they have a responsibility for a young person and their opinion sought.

Jennie Deakin, Youth Justice Team and Jim Scott, Police Sergeant at Lossiemouth are the Lead Officers for Restorative Justice.

Contact Details:

Sue Holden –	Youth Justice Support Officer –	01343 811134
Jim Scott –	Restorative Justice –	01343 812022

YOUTH SCOTLAND

Contact Details:

Nicola Henderson-Begg – 01343 569204
Email: nicola.henderson-begg@youthscotland.org.uk

YOUTH START

The Moray Social Inclusion Partnership, youthstart targets work with young people in Moray between 15 and 24 years of age. They are now into their 5th year, in an initial five-year programme, funded by the Scottish Executive through Communities Scotland. The basis of the Partnership changes next year when it moves to delivering a Regeneration Outcome Agreement (currently being drawn up) under the auspices of the Community Planning Partnership. Work is likely to be most specifically targeted in future on vulnerable post school young adult populations.

The Moray Youth Start Partnership aims:

"to ensure all young people in Moray have genuine opportunities to become full and active citizens, to contribute toward and benefit from, living in a healthy community"

The three headline objectives are:

- Assist vulnerable, excluded young people to sustain ordinary living and break the cycle of exclusion
- Support disaffected young people through difficult transitions, to prevent exclusion and avoid the need for reactive, intensive services.

- Encourage and enable young people to become positive, active citizens within their local communities.

Specific projects currently supported by the Partnership include work:

- With young people who might otherwise not be able to use mainstream employment training, or find work
- With young people who need to live independently, but need support to enable them to acquire the skills and personal resources to be able to live independently and sustain tenancies
- With young parents, to ensure that they're needs as well as those of their children are met
- To promote healthy living amongst young people
- To engage with marginal or "disaffected", young people through detached youth work
- To assist local groups working to develop youth cafes and other such facilities for young people
- To promote the development of local Youth Forums, and Local Action Plans, "which reflect young people's priorities"
- To make available a wide range of information of value to young people and those working with young people
- To support and develop the representation of young people in the Partnership and beyond

Contact details:

Jeremy Akehurst, SIP Coordinator
Moray Youthstart
Highfield House Annexe
Northfield terrace
ELGIN IV30 1NE

Tel: 01343569440

Email: youthstart@comm.moray.gov.uk

Claire Crossan, Youth Inclusion Worker
Moray Youthstart
Highfield House Annexe
Northfield Terrace
Elgin IV30 1NE

Tel: 01343 569467

8.3 SOME USEFUL WEBSITES

N.B. see also section 2: Context

www.moray.gov.uk/fmc

The For Moray's Children website with a number of links to other relevant websites.

www.morayfundingsupport.org.uk

The Moray Council's European and External Funding Support Website. Our remit is to provide information and support for accessing funding for activities, which fall within The Moray Council's Services Plans. The following pages contain summary information on a variety of funding available for Moray.

www.moraygateway.co.uk

This site is to help Moray's communities to access information, training and funding to enable them to develop and run their own projects. Community groups speak for themselves through their own pages and they can build links with other communities, here in Moray and further afield.

The site provides easier ways to obtain information about Moray and the services provided here.

www.seemescotland.org

See me.... A good starting point to find out more about mental health problems. Information is also available for young people, parents and professionals.

www.childline.org.uk

ChildLine Tel. No. 0800 11 11

Provides confidential advice and support to children and young people using their free phone telephone service. The organisation also publishes fact sheets online through their comprehensive website

www.samaritans.org.uk

Samaritans Tel. No. 08457 90 90 90

Provides a listening service to people in crisis or despair. You can also contact them anonymously by email

www.breathingspacescotland.org

Breathing Space Tel. No. 0800 83 85 87

Provides a free confidential listening service, offering advice, guidance and support. Advisors can also provide a signposting service to other agencies. Available 6pm to 2am daily or at

www.children1st.org.uk/parentline

Parentline Tel. No. 0808 800 22 22

Provides a confidential helpline to callers an opportunity to 'offload' and to be pointed in the right direction for information and support.

www.taxcredits.inlandrevenue.gov.uk

A link to the Inland Revenue's site which explains the Tax Credits and has a calculator which will help you work out how much you could be entitled to, and will allow you to apply online.

www.childreninscotland.org.uk

Children in Scotland is the national agency for voluntary, statutory and professional organisations and individuals working with children and their families in Scotland

www.ltscotland.org.uk

LT Scotland is a national public body which provides guidance and support for teachers, school managers, local authorities, parents and others involved in education in Scotland.

www.playscotland.org.uk

Play Scotland is the national organisation for children's play, working to make the right to play a reality for children in Scotland. Services include the provision of advice and information, conferences and seminars. Play Scotland is active in promoting and carrying out research into play provision including work on school playgrounds. Play Scotland is a membership organisation and is based in Edinburgh

www.sssn.org.uk

SSSN has been set up to support all those involved in promoting and delivering study support and Out-of-School-Hours Learning (OSHL) in Scotland. Study support/OSHL has become the major growth area of education in Scotland, influencing the lives of so many of our young people.

www.soscn.org.uk

The Scottish Out of School Care Network (SOSCN) is the lead organisation representing out of school care and school-aged childcare in Scotland. Since 1991 SOSCN has been offering advice, support and information to childcare providers, parents, development workers and other organisations working within the sector. We support the right to play and the continued development of a playcare training infrastructure as well as equal opportunities and partnership working

www.ethosnet.co.uk

The Scottish Schools Ethos Network is a Scottish Executive funded project which aims to promote the importance of developing a positive school ethos. A positive ethos has been identified in many school improvement studies as being fundamental to raising achievement and is linked to the development of anti-bullying, peer support and other whole school strategies.

The Network develops themes such as positive discipline, pupil participation and inclusion through events and publications. Teachers and other professionals with an interest in Scottish education are invited to register with the Network.

<http://www.surestart.gov.uk>

Sure Start is the Government's programme to deliver the best start in life for every child by bringing together: early education, childcare, health and family support.

www.childminding.org.uk

The Scottish Childminding Association promotes childminding as a quality childcare service. Its primary purpose is to inform childminders, parents, employers, local authorities and central government about what constitutes good practice in childminding and how to attain this

www.enable.org.uk

ENABLE is the largest voluntary organisation in Scotland for adults and children with learning disabilities and their families.

www.show.scot.nhs.uk

Online Health information provided by NHS Scotland. The SHOW service is provided by a team of people based within the Information and Statistics Division of NHSScotland. In addition to the SHOW team, the contributing websites on SHOW are provided by the organisations themselves and a dedicated army of NHSScotland staff.

www.chex.org.uk

The Community Health Exchange – CHEX – is part of the Community Development Foundation and operates within the Scottish Community Development Centre. CHEX is funded by the NHS Health Scotland. CHEX's target groups are community health projects and community health initiatives across Scotland. It also works with practitioners, policy makers and managers from services in health boards, local authorities, housing agencies and voluntary organisations; essentially all those who have a focus or interest in promoting a community development approach to tackling health inequalities.

<http://www.scottishthroughcare.org.uk/>

Shares information on a wide range of throughcare & aftercare practice and policy developments for young people leaving care in Scotland. You will discover how the Scottish Throughcare & Aftercare Forum aims to improve support for young people leaving care by influencing the development of national policies and local support services. Promotes information sharing and discussion on a variety of issues that impact on young people who have been looked after and for those providing throughcare & aftercare support.

<http://www.scotland.gov.uk/library5/social/gvsg-00.asp>

This Guide is published as a resource for the Scottish voluntary sector to enable organisations to know how they might apply to the Scottish Executive for funding. It covers the Scottish Executive's direct grant schemes only.

www.childpolicy.org.uk

The 4 Nations Child Policy Network website contains information on the latest policy developments relating to children and young people in each of the four nations and across the UK.

www.scotland.gov.uk

The Scottish Executive website with extensive information and some key links

www.hmie.org.uk

Her Majesty's Inspectors of Education. All Inspection reports and linked publications regarding Schools and Community Learning and Development are on this website.

APPENDICES



Summary Handout on the Additional Support for Learning Act

Who is this handout for?

If your work or interests relate to children and young people then the information in this handout is for you. You might be a teacher, a classroom assistant, an educational psychologist, a nursery nurse, a childcare worker, a school nurse, a paediatrician, a health visitor, a social worker or social work assistant, a family support worker, an allied health professional, a mental health link worker, a further education lecturer, a careers advisor or a worker for one of the many voluntary organisations supporting children and families.

This second edition of the summary handout replaces the first edition which was produced in October 2003. It tells you about some important changes in the law which aim to modernise and improve the current system for identifying and addressing the needs of all children and young people who may face a barrier to learning and need additional support.

The changes in the law will happen late next year. New legislation called the Education (Additional Support for Learning) (Scotland) Act 2004, has been passed by the Scottish Parliament. The Act does not become law until it is commenced. This is to allow everyone to prepare for the new duties in the Act. It is likely that the Act will be commenced in autumn 2005. Another handout, like this one, will be produced then telling you more about the changes and how these may affect your work.

Among other things, the Act will remove the Record of Needs system, including the formal Future Needs Assessment. **However, until the changes become law the current system will remain in place.**

What will the key changes be?

- the new concept of 'additional support needs' which is much wider and more encompassing than 'special educational needs'
- new duties on education authorities and others
- more rights for parents
- new independent mediation services for all parents of children with additional support needs
- new dispute resolution arrangements for parents, in addition to mediation
- a new Code of Practice which will set out how the new system will operate
- better planning and preparation for transition to post-school life
- removing the current Record of Needs and introducing the new Co-ordinated Support Plan (see below), for those who need it
- new independent family-friendly Tribunals to hear appeals on a range of issues relating to Co-ordinated Support Plans



The new term 'additional support needs'

The definition of 'special educational needs' traditionally only applies to children and young people with particular types of learning needs. The new concept of 'additional support needs' refers to any child or young person who, for whatever reason, requires additional support for learning. Additional support needs can arise from any factor which causes a barrier to learning, whether that factor relates to social, emotional, cognitive, linguistic, disability, or family and care circumstances. For instance, additional support may be required for a child or young person who is being bullied; has behavioural difficulties; has learning difficulties; is a parent; has a sensory or mobility impairment; is at risk; or is bereaved.

There will be many other examples besides these. Some additional support needs will be long term while others will be short term. The effect they have will vary from child to child. In all cases though, it is how these factors impact on the individual child's learning that is important and this will determine the level of support required.

New duties on education authorities and others

Education authorities must

- make adequate and efficient provision for **each** child or young person with additional support needs, for whose education they are responsible
- keep under consideration the needs and the adequacy of support for each child or young person with additional support needs
- take account of additional support needs of children in providing school education generally
- provide appropriate additional support for disabled children under 3 (or under 5 if not in a public or partnership nursery), where the child has been referred by a health authority and has additional support needs
- put in place arrangements to identify additional support needs and to consider if a child requires a Co-ordinated Support Plan (CSP)
- meet requests from parents and act on referrals from others (unless unreasonable) to identify a child's additional support needs or establish if they require a CSP
- prepare a CSP if it is established that a child or young person requires one
- when preparing or reviewing a CSP, tell parents about this, inform them of the outcome and of their rights of appeal, and provide them with a copy of the Plan
- seek and take account of advice and information (including formal assessments) from other agencies (eg health, social work services)
- seek and take account of views of the child and their parents, and any information they may provide, such as an independent assessment report
- keep under consideration the adequacy of each CSP and formally review each CSP at least every 12 months, making appropriate adjustments
- review a CSP earlier than 12 months if there has been a significant change in the child's circumstances or if parents request this (unless the request is unreasonable)
- publish their policy and arrangements for identifying and addressing additional support needs, what the role and rights of parents and children are and whom parents should contact to obtain information and advice
- provide independent mediation services for all parents of children with additional support needs and publish information on these services



- request, and take account of, information and advice from agencies likely to support the child when he or she leaves school in providing adequate additional support in the period up to leaving school. This must all be done at least 12 months prior to the expected school leaving date
- provide information to whichever agencies will be responsible for supporting the young person once they leave school, including FE Colleges, if the young person agrees. This must be at least 6 months before the young person leaves school to allow preparation and planning with other agencies for a continuum of support
- ensure that the provision made for those with a Record of Needs is not reduced before consideration for a Co-ordinated Support Plan has taken place (unless there is a significant change in the needs of the child or young person).

Other provisions

- Other agencies have duties to help each education authority discharge its duties under this Act **unless** the request for help is incompatible with the agency's duties or unduly prejudices the agency in its discharge of its own functions. For the purposes of the Act other agencies include any other local authority, any Health Board or any other agency specified by the Scottish Ministers, which may include, for example, Careers Scotland and FE Colleges. Each local authority's social work services are considered to be another agency for the purposes of the Act
- In addition, education authorities will have **power** to help children with additional support needs who are not in the public education system (other than disabled children under 5 referred to them – there is a duty towards those children). For children not yet old enough for school or nursery, this will be whatever type of learning support and advice is appropriate for that child
- Scottish Ministers are enabled to oblige education authorities to put in place dispute resolution arrangements to be specified in Regulations
- Ministers will make provisions (by Regulations) for when there are transitions between schools, to ensure that information about children with additional support needs is forwarded in good time to the next school.

New rights for parents

Parents will have new rights to:

- request the education authority to find out whether their child has additional support needs
- request the education authority to find out whether their child needs a Co-ordinated Support Plan or to review an existing plan
- request a specific type of assessment and/or examination
- request the use of mediation services
- make a placing request to an independent special school if their child has additional support needs (at present only those with a Record of Needs can do this)
- be informed of the outcome of these requests and any applicable rights of appeal
- receive a copy of the Co-ordinated Support Plan or, if not eligible for a Plan, receive advice and information about their child's additional support needs



- have their views taken into account and noted in the Co-ordinated Support Plan
- appeal to new independent Tribunals on decisions by the education authority to prepare or not to prepare a Co-ordinated Support Plan, the time being taken to prepare or review a Plan, the information in the Plan, including the support to be provided, and a refusal to review a Plan
- make use of dispute resolution arrangements for matters about additional support needs that are not eligible for formal appeal
- have a supporter or representative with them at any meeting with the school or education authority and at hearings of the Tribunals.

Young people (16 and 17 years old who are still at school) will have all the same rights as parents.

A new independent mediation service

All education authorities will have to provide an independent mediation service free of charge to parents of children and young people with additional support needs in their area. Education authorities will have the flexibility to purchase services from national or UK organisations or local voluntary sector organisations or to provide the service directly. Mediators employed by the education authority cannot be involved in any way in providing education services or in decisions relating to education provision.

The aim of mediation is to facilitate more constructive dialogue between parents and the school or education authority to help reach agreement. This will be an optional service for parents. It is voluntary and will not affect their right to appeal, nor the outcome of that appeal.

A new dispute resolution service

The Act enables Scottish Ministers to require education authorities to provide dispute resolution, as well as mediation, to further facilitate resolution for parents on matters other than those involving the formal appeal routes. The details of dispute resolution are being developed but it will aim to address concerns of parents whose child does not have a Co-ordinated Support Plan, but who does have additional support needs.

A new Code of Practice

Rather than guidance, a Code of Practice will be issued. The Act sets out the key topics to be included in the Code. The Code of Practice will be developed in collaboration with service users and providers. It will set minimum standards and will aim to promote more and better joint-planning and partnership working among agencies, and consistency across Scotland. Preparations for the development of the Code of Practice are already underway. We have set up an Additional Support Needs Advisory Group with representatives from parents, education, health and social work agencies, the voluntary sector, post-school and training providers and racial equality interests.

Better planning and preparation for post-school

Instead of the formal Future Needs Assessment process, currently for those young people with a Record of Needs, there will be a more person-centred system to provide for all the young people who may need extra support on leaving school. The aim is to provide for a continuum of support that ensures the young person's interests are given greater consideration.

during a hearing. The Tribunals will be able to consider aspects relating to Co-ordinated Support Plans, including provision, and will be able to direct education authorities to take action to prepare, review or close a Co-ordinated Support Plan or to amend the contents. Ultimate responsibility for the Co-ordinated Support Plan lies with education authorities. Where a Tribunal has directed an education authority to amend the content of a plan, other agencies will have a duty to assist education authorities in implementing the changed plan.

What happens next?

There is much work to be done before the changes in the Act can become law. The Additional Support Needs Tribunals need to be set up, mediation services put in place, the Code of Practice and the Regulations (which make detailed additional law for certain sections within the Act) must be written and consulted upon.

Staff within the Scottish Executive's Additional Support Needs Division will take forward the work required to prepare for implementation, supported by development officers on secondment from local authorities. They will be supported by an Additional Support Needs Advisory Group. This group has representation from parents, education, health and social work agencies, the voluntary sector and representatives from post-school and training providers and racial equality interests. They will advise on the development of the Code of Practice and other operational aspects of implementation. Stakeholders, including parents' and children and young people's groups, will be consulted on the draft Code, which will also be available from the Scottish Executive website.

It is our intention to continue to publish information as the implementation progresses. A newsletter will be produced regularly and another summary handout will be issued when the changes happen.



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It is our intention to continue to publish information as the implementation progresses. A newsletter will be produced regularly and another summary handout will be issued when the changes happen.



Further information

If you have any questions about the Act, or information provided in the Summary Handout, please email or telephone Michael at the address below.

If you require a copy of the Act it can be obtained from the Her Majesty's Stationery Office website at <http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2004/20040004.htm> or Her Majesty's Stationery Office Bookshop, Tel 0870 606 5566

If you would like more copies of this Summary Handout to pass on to colleagues they can be obtained at <http://www.scotland.gov.uk> or by contacting

Michael Courtney
Additional Support Needs Division
Scottish Executive Education Department
Area 3 B North
Victoria Quay
Edinburgh
EH6 6QQ

Tel: 0131 244 4914
Fax: 0131 244 7493
Email: ASLAct@scotland.gsi.gov.uk

In addition, a Guide for Parents about the Act has been widely distributed throughout Scotland. Copies are available from Michael at the above address.

Scottish Executive Education Department
June 2004



Education (Additional Support for Learning) (Scotland) Act 2004

Summary Table

Now	The Future
<p>Special Educational Needs</p> <ul style="list-style-type: none"> • Special Educational Needs framework (probably 20% pupils with special educational needs) • No legislative requirement to identify, assess and meet requirements other than for the small number (about 2%) with a Record of Needs, though education authorities must provide generally for special educational needs • Also general duty under section 2 of Standards in Scotland's Schools etc Act 2000. 	<p>Additional Support Needs</p> <ul style="list-style-type: none"> • Additional Support Needs defined as all learning support needs, not just special educational needs • Duty on education authorities to identify and take steps to address support needs for the learning of all children (for whom they provide education either directly or indirectly) • Parents able to request particular type of assessment, but not from a particular individual • Duty to publish local policy, arrangements for identifying additional support needs and provision to address needs (Regulations will set minimum expected) • Duty on other agencies to help
<p>Children with other needs</p> <ul style="list-style-type: none"> • Various and disparate policies, legislative provision and intervention systems, for example, Looked after children, disabled children, Gypsy or Traveller children, English as Additional Language, refugees, gifted children, behavioural difficulties, children at risk, being bullied, young parents, and so on. 	<ul style="list-style-type: none"> • Power for education authorities to assist with identification and support meeting the additional support needs of children outside public system (i.e. for those in independent sector, home educated, below age 3) • Parents of children outwith public system have right to request the education authority to appraise child for additional support needs and for Co-ordinated Support Plan • Education authority must provide advice and information • Independent schools have right to request education authority to consider child's needs for Co-ordinated Support Plan.
<p>Record of Needs</p> <ul style="list-style-type: none"> • Aimed at those with pronounced, specific or complex special educational needs—roughly 2% of pupils, though rates vary considerably across education authorities • Use staged intervention process (set out in guidance) to get to Record of Needs. • Certain assessments compulsory • Lengthy process. Record of Needs kept confidential, not shared sufficiently • Available to all children from age 2 onwards until leaving school • Education authority may open and maintain a Record for child outwith public system but under no obligation to make provision. 	<p>Co-ordinated Support Plan</p> <ul style="list-style-type: none"> • Remove Record of Needs and introduce Co-ordinated Support Plan for children with long term significant learning needs that require support services from outwith education • Co-ordinated Support Plans will directly link additional support with expected learning outcomes • Repeal need for compulsory educational, medical and psychological assessments – target only where needed. Parents will have right to request particular type of assessment • Parents to be informed of proposals for considering child for Co-ordinated Support Plan, the outcome and their appeal rights and must get a copy of the Plan

	<ul style="list-style-type: none"> Co-ordinated Support Plans will be for children in public funded provision and will be for those age 3 upwards Duty on education authority to specifically co-ordinate support to be provided as detailed in the Plan and to name person who will manage the co-ordination Code of Practice will replace staged intervention process with minimum standards on local arrangements and will aim for a framework relevant for the whole child across all sectors.
<p>No conflict resolution</p> <ul style="list-style-type: none"> No requirement to offer mediation service to resolve disputes. 	<p>Mediation service and Dispute Resolution</p> <ul style="list-style-type: none"> Independent mediation service to be provided free of charge by education authority for all disputes with parents of pupils with additional support needs Mediation not compulsory on either party Education authority to provide dispute resolution, as well as mediation, to further facilitate resolution for parents on matters not for formal appeal routes.
<p>Appeals</p> <ul style="list-style-type: none"> Go to Education Authority Appeal Committee, Scottish Ministers or Sheriff Court depending on nature of appeal Only certain parts of Record can be appealed. No right of appeal about provision. 	<p>Additional Support Needs Tribunals</p> <ul style="list-style-type: none"> Set up new independent Additional Support Needs Tribunals to hear appeals relating to Co-ordinated Support Plans – appeals to get Co-ordinated Support Plan, review it and appeal any part, including provision and refused placing requests (Appeals on refused placing request where no Co-ordinated Support Plan, will continue to go to Education Authority Appeal Committee) Legal aid available (to those who qualify) for legal advice before and after a Tribunal hearing but not for legal representation at a hearing Parents can have supporter/advocate/representative attend with them Jurisdiction to be on education authorities as lead agency responsible for Co-ordinated Support Plan. Other agencies to assist, where appeal relates to their provision.
<p>Parent support / involvement</p> <ul style="list-style-type: none"> Information on process to get a Record has to be provided to parents Parents have right to be accompanied by a single 'named person' (approved by the education authority) at meetings about Record of Needs Can request child be considered for Record (so statutory assessments). No formal right to request special educational needs be assessed. 	<p>Partner</p> <ul style="list-style-type: none"> Will promote in Code of Practice parents' role in education of child. Parents should be seen as equal partner Identified official to act as contact person, for all parents, to advise on system Information on policies and arrangements for additional support for learning to be provided to all parents in an authority in understandable format In Co-ordinated Support Plan, official also to be named to liaise with parents Parents able to have any supporter, including a representative from an advocacy agency, with them at any meetings



	<ul style="list-style-type: none"> Parents able to request child's additional support needs be appraised, and also to be appraised for Co-ordinated Support Plan. Right to request particular type of assessment such as medical or psychological. Education authority must inform them of outcome.
Future Needs Assessment <ul style="list-style-type: none"> Required for those with a Record, some time between 2 years and 9 months prior to age 16 Involves formal statutory assessments, formal meeting and report Future Needs Assessments provided to a few young people with special educational needs but without Record, but practice varies considerably across authorities. 	Preparing for post-school <ul style="list-style-type: none"> Future Needs Assessment to cease. Education authority must get information about provision other agencies will make for young person once he or she has left school. Must take account of this when planning support to be provided in period prior to leaving school This all must be done at least 12 months before young person leaves school Formal assessments only where necessary Will be for all those with a Co-ordinated Support Plan plus all others with continuing additional support needs who would benefit Must also provide information to supporting agencies at least 6 months prior to young person leaving school.
Child involvement <ul style="list-style-type: none"> Level of involvement of children with special educational needs varies across country Education authorities do have general duty to have regard to children's views, as do parents. 	Promote positively <ul style="list-style-type: none"> Promote through Code of Practice involvement of children with additional support needs in decision-making processes and support their needs to enable their involvement The views of the child will be recorded in the Co-ordinated Support Plan. Code of Practice to state child should play key part and should have supporter available Expect children to attend or have opportunity to put their views to Tribunals.

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Your past is not your potential

Paul Ginnis

My underlying philosophy is that everyone matters – a lot

Tom Kohler

All of us are whole and none of us is perfect

P. Ritchie

People stay with what they know. You have to make a picture
of what they don't know better.

M. Kendrick

"The most effective people are motivated to seek co-operation
and give their power away, in contrast to those driven by a
fear of losing what power they have"

"Progress is generally made when those who do not normally
speak are heard by those who do not normally listen"

When I first met Kim he was my son.
A year later he was epileptic and developmentally delayed. At eighteen months he had special needs and he was a special child. He had a mild to moderate learning difficulty. He was mentally handicapped.

I was told not to think about his future.
I struggled with all this.

By the time he was four he had special educational needs. He was a statement child. He was dyspraxic, epileptic, developmentally delayed and had complex communication problems.

Two years later, aged six, he was severely epileptic (EP), cerebral palsied (CP) and had complex learning difficulties.

At eight he had severe intractable epilepsy with associated communication problems. He was showing a marked developmental regression. He had severe learning difficulties.

At nine he had come out of segregated schooling and he slowly became my son again. Never again will he be anything else but Kim -
a son, a brother, a pupil, a teacher, a person.

'Kim' by Pippa Murray, in Murray and Penman 1996.

NOTES



Local Community Networks

**All services working together
Positive “life” outcomes for children,
young people and families**

*“the potential of children can be realised only by addressing their needs
in the round this requires an integrated approach from
all those involved”*

*“Particularly for the most disadvantaged children it is essential for all
agencies to work together to achieve the best outcomes”*

The Scottish Executive



Who is involved?

Each Local Community Network (LCN) is supported by an LCN Support Officer and Admin Assistant jointly supporting two LCNs. However the development of integrated working in practice involves every one of us in reviewing and rethinking working practice. "joined up" solutions can involve anyone – and everyone – in planning, problem solving and providing local solutions for local need.

Short term support around one child addressed:

- lack of attendance (family history of non attendance),
- lack of morning routine (preparation for school, breakfast, basic hygiene habits)
- lack of attainment.

Attendance target more than achieved and attainment predictions for year exceeded. Also resulted in positive support for parent and other children in the family.

Short term individual support

P&S1 Transition and targeted support

groupwork activity through the summer holiday for vulnerable or challenging children.

Home-School Link Plots

Local Assessment and Planning (LAP)

Alternative curriculum provision

Alternative Curriculum secondary base on campus: staffed on a multi-agency basis and working closely with mainstream. Base not exclusive to small number of young people supported through alternative curriculum: base can be accessed by all young people for support at lunchtime drop-in

WELLBEING

Multiagency staff training

Eg Learning with Care, child protection, solution focused approaches

lunchtime drop-in

Health Promoting Schools

swimming and water safety

Supporting swimming and water safety sessions for non swimmers in upper Primary.

A project which gives a number of 10 - 18yr olds an opportunity they wouldn't - because of a variety of circumstances - otherwise have to take up a leisure interest of their choice.

Give kids a chance

Anger management

Intensive groupwork with girls (every schoolday lunchtime for period of 3 weeks) to address escalating community conflict. Leading on to more prolonged groupwork once a week outside school addressing social, health related and other issues in imaginative ways as raised by the girls and their normal day to day behaviour.

Fire raising / Fire safety

Intensive groupwork

Arts/ Dance Skills project

What is your role?

Small changes in the way we think and work can effect significant changes in children's lives

- Consider children's and young peoples' needs "in the round not just from your own professional perspective.
- Be open to appreciating and using different peoples' skills, expertise and ideas.
- Be positive and persisent in working with children, and their families to find solutions that work for everyone, but most of all for children.
- Be more aware of "what's out there" – the range of services and expertise.
- Be prepared to trust and share responsibility with others – and to work together.

Have the will to make it happen.

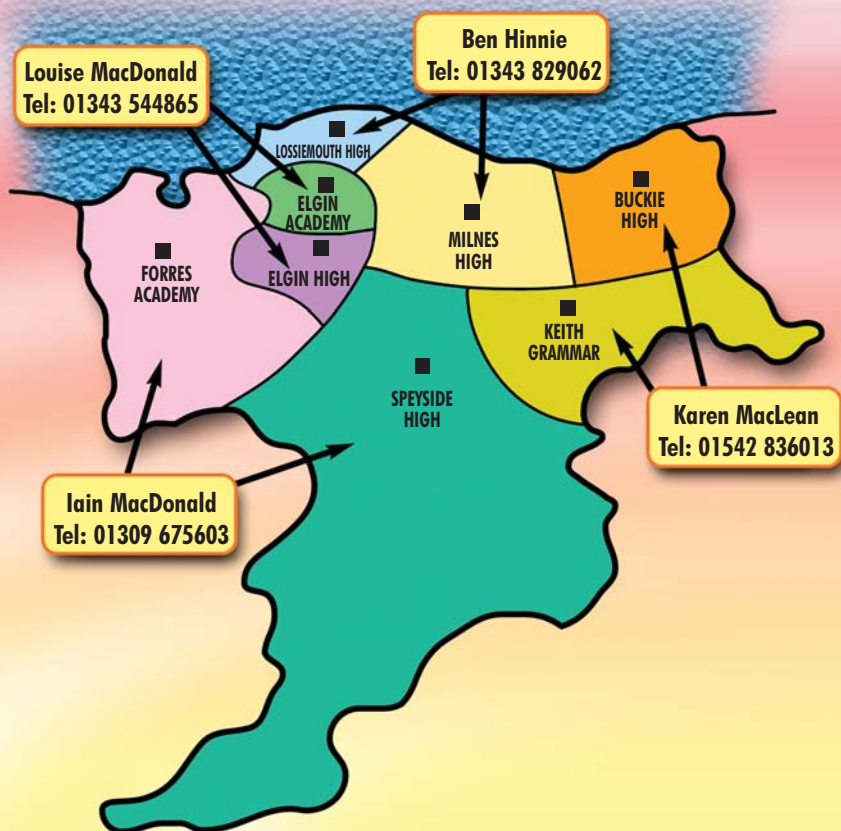
SOCIAL INCLUSION

Addressing antisocial behaviour by young people by engaging those involved in a "street" event. Consulting creatively and channelling their energy to encouraging expression through the arts – accessing funds and building local skills in this to sustain creative arts provision for young people in the local area on a longer term basis.

ROLE OF LCN SUPPORT OFFICER

- ◆ To have a good picture of what's going on and an understanding of who can do what ◆
- ◆ To bring the right people together and support integrated working ◆
- ◆ To build effective co-ordination and communication ◆
- ◆ To lead in specific activities ◆
- ◆ To encourage and to share ways of working together that are successful ◆
- ◆ To make sure that LCN planning, monitoring and evaluation processes happen ◆
- ◆ TO ANSWER ANY QUESTIONS YOU MIGHT HAVE ABOUT LCNs ◆

LOCAL COMMUNITY NETWORKS: CONTACT DETAILS



A "MORAY INCLUSION" FILE WITH MORE INFORMATION ON LCNs WILL BE AVAILABLE
BY THE END OF 2004.

LCN Manager:

Wendy Jamieson

Telephone: (01343) 563108



Local Community Networks

Working together for everyone

The Government says:

we have committed ourselves to creating a Scotland in which every child matters, where every child, regardless of family background, has the best possible start in life.

it is essential for all agencies to work together we all need to listen to children and families.

Part of Moray's commitment to making sure this happens is through Local Community Networks



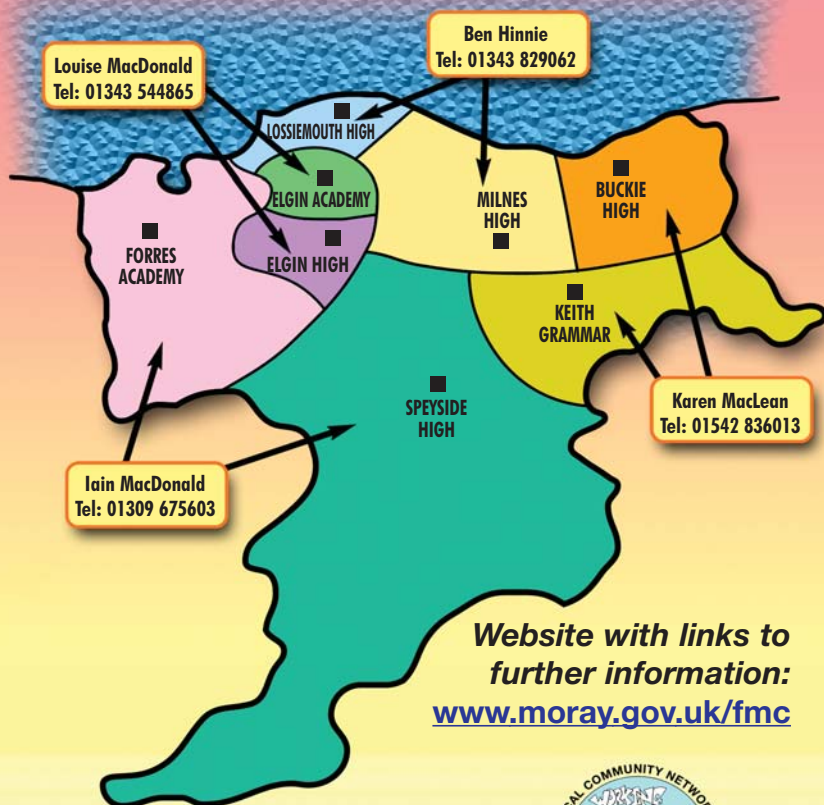
Some children, young people and families need more help to work through the difficulties they face in life. The focus of every Local Community Network (or LCN) is on this and on improving the local support and services provided for all children and young people in Moray.

There are 8 Local Community Networks (LCNs) in Moray, each covering the area served by a secondary school. Each LCN has a Support Officer to help co-ordinate what is going on. Their job is to bring the right people together to work together. The contact details for your local LCN are shown overleaf.

Local Community Networks

All services involved are doing their best to work together in the best interests of children and young people.

For local information contact:



Website with links to further information:
www.moray.gov.uk/fmc

LCN Manager:

Wendy Jamieson

Telephone: (01343) 563108





moray council

Community Services

AN INTRODUCTION TO: **Children & Family Services in Moray**



Harbour View, CULLEN



High Street, FORRES



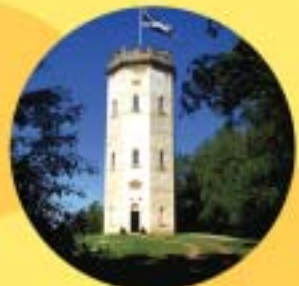
East Beach, LOSSIEMOUTH



Telford Bridge, CRAIGELLACHIE



Elgin Cathedral, ELGIN



Nelson's Tower, FORRES



Thankyou for your interest in the Moray Council, Social Work Childcare Services. This booklet aims to describe all the main services and structures for Child Care in Moray. You will see that the range and organisation of services is both complex and extensive and the booklet is simply a limited introduction to what is going on in the area. This booklet will be followed up with a comprehensive induction programme that hopefully gives you a much greater overall understanding of our services and how we go about our business.

Chief Social Work Officer

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Moray Council Structure

The Moray Council is divided into three service departments:

- Educational Services
- Environmental Services
- Community Services

Based on its democratically endorsed set of values, the purpose of the Moray Council is to enhance the quality of life for the people of Moray by:

- Encouraging participation and partnership
- Striving to secure quality services that are accessible to all
- Serving the local people with honesty, integrity and respect

www.moray.org

The Community Services Department

The Community Services Department covers a broad range of services and activities. The Department is organised into three divisions:

- Housing
- Community Care
- Children & Families and Criminal Justice

All three divisions are organised into four area teams, supported by centrally based, Moray Wide Service teams. The area teams are based in 'local' area offices (Access Points), often alongside other council services, while the Moray Wide service teams are based in Elgin. As a department, Community Services provides a wide range of important personal services to those in need.

The department has a commitment to social justice and social welfare, to enhancing the quality of life of individuals, families and groups within communities, and to a repudiation of all forms of negative discrimination.

As a department, we provide a wide range of important personal services to those in need. Should you join us, your contribution to the provision of these services, that directly affect the quality of life for people in Moray, should give you a sense of satisfaction. Everyone in the Community Services department does an important and worthwhile job.

Moray Child Care Services Structure

The Moray children and family services are divided into geographical teams, which are supported by specialist Moray wide child care services:

In July 2004 Moray had 138 children and young people who were ‘looked after’ by the authority (0 - 15 years). 68 of these children were looked after at home while 70 were accommodated by the Moray Council. Of the 70 ‘accommodated’ children and young people, 56 were placed in local foster placements and 8 in local residential placements. 5 children and young people were accommodated in out of authority placements.

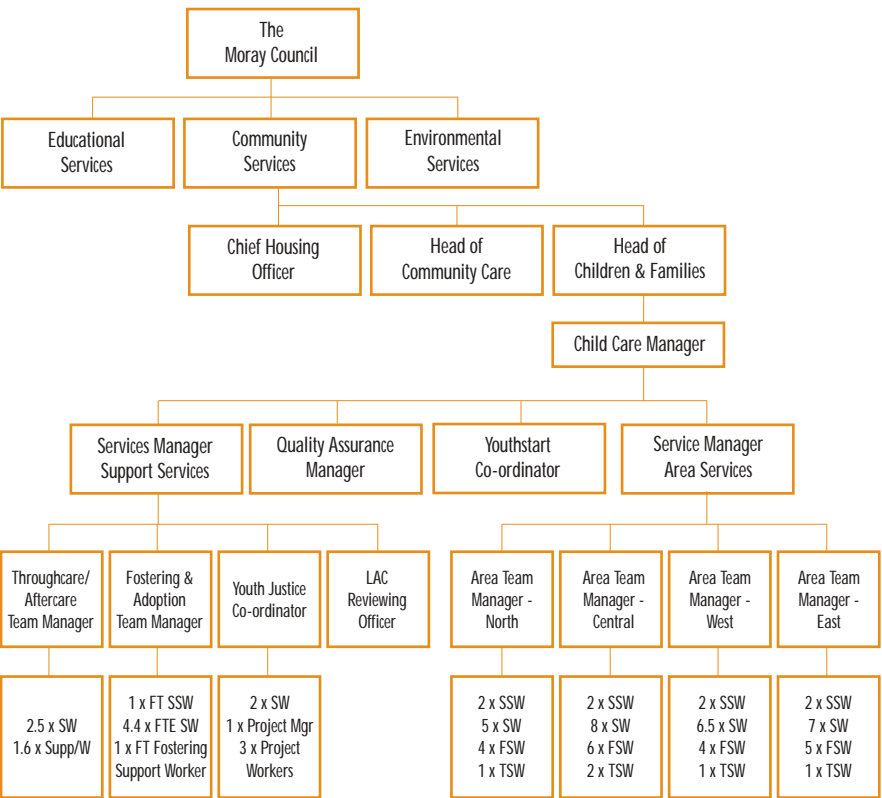
The total number of children “looked after” by the Council has fallen significantly over the last few years. This reflects the Moray Childcare Strategy aims of working with children and families on a ‘no order’ basis.

The Moray child care services are dedicated to building a local support infrastructure through which to plan, deliver and monitor integrated services which address local issues with local solutions.

www.scotland.gov.uk/library5/social/pwc03-23.asp

www.adsw.org.uk/supportingstaff/ LINK TO- Resources

- Search Entries by Local Authorities
- Moray



SSW - Senior Social Worker SW - Social Worker Supp/W - Support Worker TSW - Trainee Social Worker FSW - Family Support Worker

Children (Scotland) Act 1995

In Scotland, social work child care provision is governed by the Children (Scotland) Act 1995 and The Social Work (Scotland) Act 1968. The Children Act (Scotland) 1995 centres on the needs of children and their families, it defines both parental responsibilities and rights, in relation to children. It sets out the duties and powers available to public authorities to support children and their families and to intervene when the child's welfare requires it.

This Act incorporates provisions which conform to, and in some cases surpass, commitments under the UN Convention on the Rights of the Child. It also takes account of obligations under the European Convention on Human Rights.

Three main themes run through the Act:

- The welfare of the child is the paramount consideration when his or her needs are considered by Courts and Children's Hearings
- No Court should make an order relating to a child and no Children's Hearing should make a supervision requirement unless the Court or Hearing considers that to do so would be better for the child than making no order or supervision requirement at all
- The child's views should be taken into account where major decisions are to be made about his or her future.

Moray Child Care Services Strategic Objectives:

- Promote the welfare of children and young people
- Develop integrated provision of services in an efficient and cost effective manner
- Establish high standards of co-ordination and co-operation between the local authority and its partner organisations
- Work in partnership with parents, carers, children and young people
- Develop mechanisms that will measure effectiveness of services
- Meet the needs of children in their own families and communities wherever possible
- Develop better management information and outcome systems

'For Moray's Children' (FMC)

In an attempt to ensure the attainment of the aforementioned objectives, a broad based network of all relevant Moray agencies has been established to take on current and future child care agenda, and a framework for developing children's services has been developed by the Moray Council and NHS Grampian.



'For Moray's Children' brings together all agencies working with children for a planning and co-ordination purpose. The following has been agreed:

Vision

A partnership which responds effectively and holistically to all children in need.

Roles & Responsibilities

- Ensure good flow of information between agencies.
- Develop appropriate policies for implementation.
- Set strategic objectives for childcare services.
- Ensure a co-ordinated and collaborative response to national government initiatives and consultation documents.
- Keep elected members updated in policy and service issues.
- Establish and sustain effective outcome measurement and performance indicators.
- Review the Services Plans for Children and Young People on an annual basis.

The Corporate Responsibility Action Group (CRAG) is a smaller executive group, which has the following responsibilities to the 'For Moray's Children' agenda:

- Drive, support and co-ordinate the priority working groups.
- Drive and support the production and consultation of the children's service's plan and manage the time line.
- Drive and support the wider 'FMC' network agenda – i.e. strategic direction, operational and joint working systems, commissioning and planning systems, communication and corporate responsibility approaches.

www.moray.gov.uk/FMC

Children Services Plan

This comprehensive service plan aims to set out the future direction for services every three years. The plan clearly demonstrates a firm commitment to the achievement of national objectives. Every attempt has been made to ensure a degree of congruence between the Services Plan for Children and Young People and other extant publications. Other plan or strategies most closely linked to the Plan include:

- Moray Child Care Partnership Action Plan
- Community Care Plan
- Better Behaviour – Better Learning – A Joint Action Plan
- For Scotland's Children
- Surestart
- Community Plan
- Community Learning Strategy
- Local Health Plan
- Housing Plan
- Moray Youthstart (Social Inclusion Partnership)
- Community Services Development and Improvement Plans

PARTNER ORGANISATIONS

The Council have fully involved Children 1st, Aberlour Child Care Trust and NCH (Scotland) in the strategic thinking and planning in relation to Children's services in Moray.

This partnership agreement represents a common commitment to promote the welfare of children in Moray who are in need and also includes significant contribution from other Grampian wide organisations i.e. the Police and N.H.S.

Children 1st - Moray Service Provision



Children 1st has recently celebrated 120 years of dedicated service to children and families in Scotland, 4 years of which they have provided services in Moray. In Moray, Children 1st are involved in the delivery of a Children and Young People's Rights Service, which works to promote and uphold the rights of children and young people in need, particularly those who are living away from home in foster or residential care. Children 1st provides an independent service offering information, advice and help to assist these children to express their views about the issues that affect their lives.

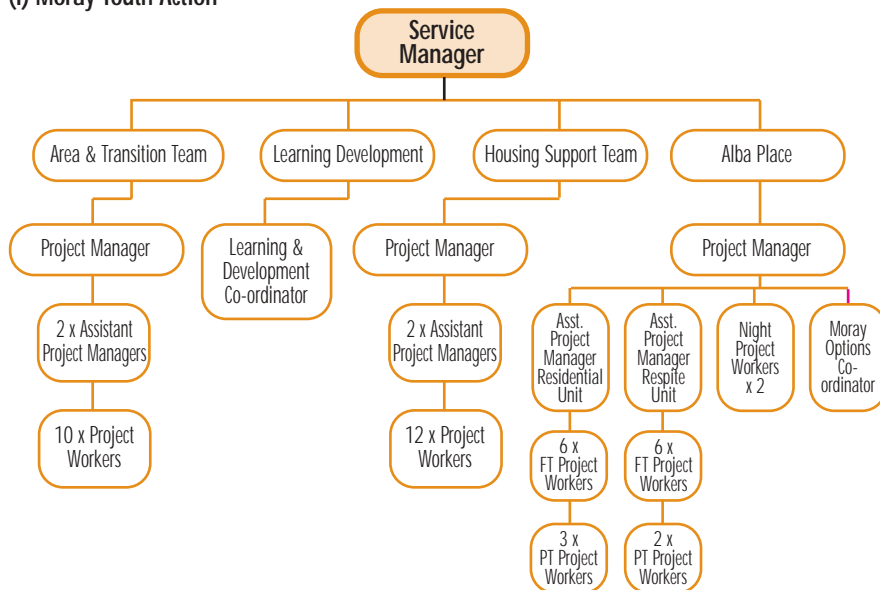
The Moray Youth Inclusion Project is supported by Children 1st to engage with young people and support them to be fully involved in decisions that affect their lives. The project supports young people to bring about practical solutions to issues that they face in the local communities.

The Cooper Park Project is an abuse recovery project, which offers a therapeutic service for children and young people who have experienced physical, emotional or sexual abuse.

Aberlour Child Care Trust Moray

Service Provision

(i) Moray Youth Action



Moray Youth Action provides a Moray wide service to vulnerable young people aged 9 – 25 to enable them and their families to regain and retain control of their own lives and remain in their own communities and school.

This project offers:

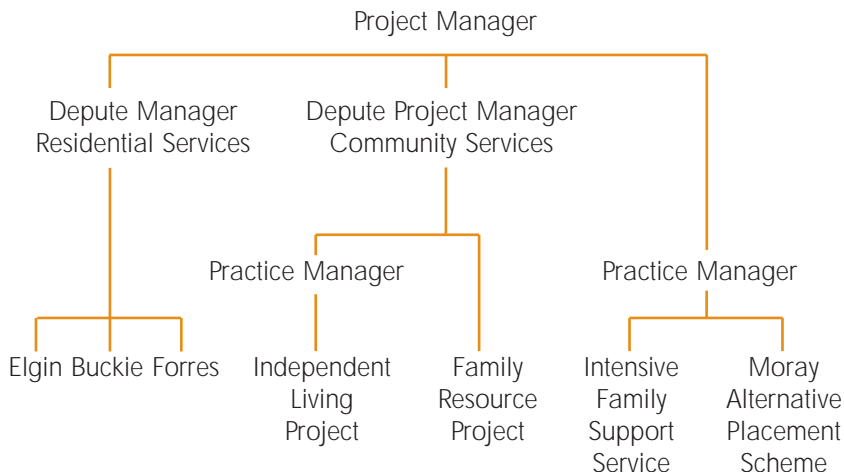
- intensive individual work with children/young people and families
- group work focussed on specific issues in young people's lives
- community based preventative initiatives
- counselling, information, advice & advocacy
- school based work
- input into specialist educational resources
- social, life and employment skills training
- help for young people in the transition to adult hood.

www.aberlour.org.uk/news/releases/

(ii) Alba Place

Alba Place is a modern single storey building designed with the needs of people with a disability. It comprises of two house units, each of which accommodate six young people either offering long term or short term care. The accommodation also provides a local playgroup, Snoezlen room and an activity room with ball pool.

NCH (Scotland) – The Moray Project



NCH's Moray Project provides a variety of Moray wide services:

- Mobile Toy Library
- Play Development
- Young Parents Project
- Intensive Family Support
- Professional Foster Placements
- Independent Living Support
- Rural Initiative
- Residential Care

THE MORAY COUNCIL

Area Children & Family Teams (Specific Area Remit)

The children and family teams' geographical allocation, has been allocated in accordance with school catchment areas:

TEAM	BASE(S)	AREA SCHOOL GROUP (ASG)
West Moray	Forres/Keith	Forres Academy & Speyside High
Central Moray	Elgin	Elgin Academy & Elgin High
North Moray	Elgin/Fochabers	Lossiemouth High & Milne's High
East Moray	Buckie/Keith	Buckie Community High & Keith Grammar

The area Children & Family teams provide a comprehensive social work service for vulnerable children and families, which includes:

- Investigation of actual or suspected cases of child maltreatment.
- Supervision of children placed on the child protection register
- Supervision of children and young people subject to compulsory measures of care by the Children's Hearing.
- Voluntary supervision of children and young people.
- Preparation of background reports for the Reporter, Children's Hearing, Sheriff Court and Child Protection Case Conferences.
- Support to children looked after and accommodated in foster/residential care.
- Preparation work with young people leaving the care system.
- Planned group work programmes with children and young people.
- Input to Local Community Networks, including attendance at local assessment and planning for individual children.
- Provision of a daily/intake system to the public.

Fostering and Adoption Team (Moray Wide Remit)

The Fostering and Adoption Team works in collaboration with carers, social workers and other relevant services in providing a fostering and adoption service.

Their activities include the preparation, assessment development of carers' skills. The Team is responsible for watching childrens placement needs with available fostering and adoptive carers and to provide appropriate ongoing supervision, support and training.

The team provide a post adoption support service as well as counselling for adults who themselves have been adopted.

Throughcare & Aftercare Team (Moray Wide Remit)

The Throughcare and Aftercare team provides a collaborative service involving young people, carers, social workers and voluntary agencies.

The focus of their work is the development of personal, practical, social and emotional skills required for successful independent living.

The team also recruits and support supported lodging providers.

Youth Justice Team (Moray Wide Remit)

The Youth Justice service provides a multi-agency approach to dealing with youth crime. It identifies the range of services needed to supervise and support persistent young offenders in the community and help them live within the law. It provides short term residential crisis intervention.

The longer-term service involves putting together a package of supervision and support detailing what will be done, when and by who.

Funds have recently been made available to set up restorative conferencing and train the wide team in detox and relapse prevention.

Looked After Children

Within the structure there is one looked after reviewing and support officer who is responsible for reviewing those children and young people accommodated by the authority.

The authority is in the process of devising LAC material that will reflect local issues blended with Scottish Executive guidance, following a recent audit of the LAC materials.

Use of the Carefirst I.T. recording system coupled with the use of the LAC material will assist in planning future services for Looked After Children.

Children who are 'looked after at home' are reviewed within the area Children & Family Team structure.

Child Protection

Child Protection is given a high priority by all agencies in Moray and there is a real commitment to sharing information in the best interests of children.

The Social Work Child Care Service continues to ensure that Social Work Staff, at all levels in the organisation, have the opportunity to undertake post graduate training in Child Protection. This is supplemented by access to other training opportunities and through involvement in a multi-agency practitioner forum.

Recent developments at a National level, including the introduction of inspections, have helped maintain Child Protection Services as a priority area for development. Consideration is, for example, being given to the introduction of a Child Protection Review Officer to ensure continued continuity in the management of Case Conferences.

Moray Child Care Services' Achievements since 1998

There have been a number of key developments since the publication of the first Children's Services Plan. Of greatest significance are the following:

- A sustained and maturing relationship with our partnership organisations NCH Scotland, Aberlour Child Care Trust and Children 1st.
- Closer working relationships between social work and education staff, both at the frontline and at strategic planning levels.
- Increase of around 30% in staff resources overall and a consistent development in a greater repertoire of services.
- Significant joint staff training activities.
- Movement towards closer collaboration with health service personnel.
- A strengthening of local community networks.
- Increased attention to the overall needs of children looked after away from home, including their educational attainment.
- New and exciting development of intervention strategies with regard to the Youth Crime Review.
- The start of greater integration of services for children and young people who misuse substances.
- Appointment of a Young Carers Worker.

Selection of Future Priorities include:

- Improve the educational attainment and health of looked after children and young people
- Further develop our Child Protection Services
- Expand the Youth Justice Provision
- Improve measures in staff recruitment and retention
- Introduction of a fee based fostering scheme.

We now work in a complex, challenging but exciting environment characterised by strong partnership working that must never lose sight of the primary objective - achieving positive outcomes for vulnerable and disadvantaged children and their families. While we expect high levels of energy and commitment from our staff, we also promise to provide a positive experience that includes good support and supervision, opportunities to develop both personally and professionally and the chance to make your own individual contribution to improving the experiences and quality of life for children and families in Moray.

This information booklet has been developed to provide you with some basic information with regard to The Moray Council Child Care service provision.

Web links have been provided throughout the booklet should you wish additional information.

However, after reading this information should you have further queries, please feel free to contact the person identified within the vacancy advert who will be happy to assist.

On behalf of the Moray Council Child Care services, thank you for your interest.

Notes



the **moray** council



children 1st

