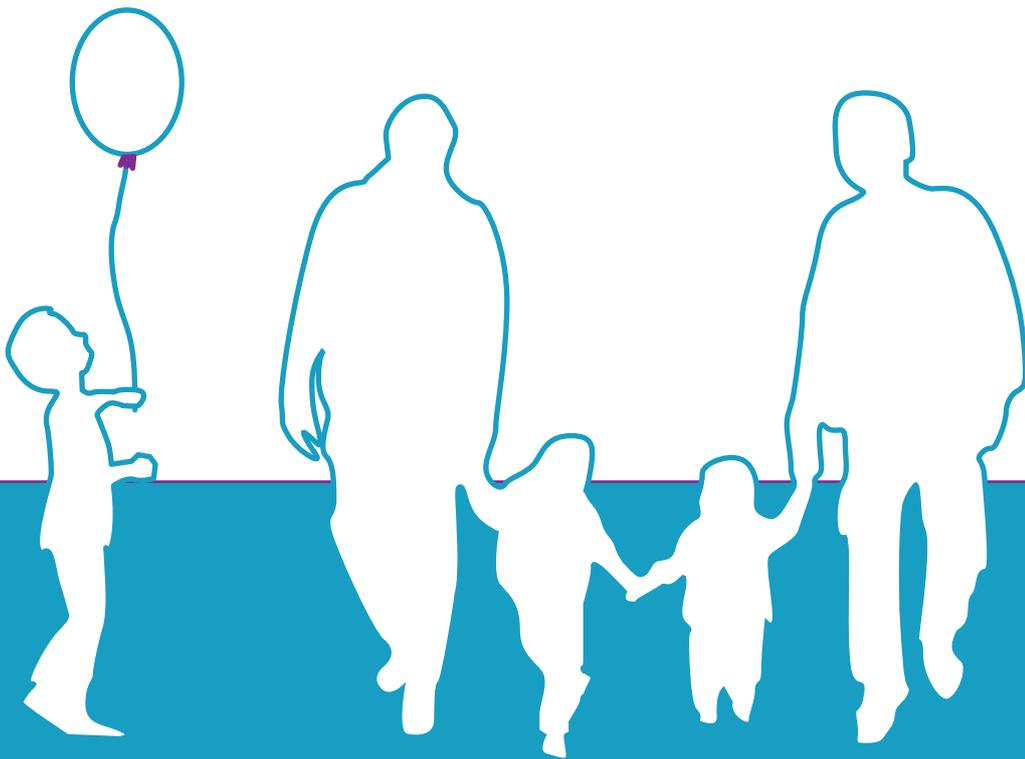




# **CHILDREN AND YOUNG PEOPLE (SCOTLAND) ACT 2014:**

**Statutory Guidance on Part 3:  
Children's Services Planning –  
Second Edition 2020**



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## INTRODUCTION

1. This is the second edition of statutory guidance issued by Scottish Ministers under section 15 of the [Children and Young People \(Scotland\) Act 2014](#) (the Act). This revised guidance has been developed as a result of a public consultation which ran from 25 March 2019 to 17 June 2019, and will therefore relate to Children's Services Plans from 1 April 2020 onwards.
2. This guidance provides local authorities and health boards, working in partnership with other public bodies and organisations, with information and advice about how they should exercise the functions conferred by [Part 3 \(Children's Services Planning\)](#) of the Act.
3. Part 3 of the Act seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising. To this end, Part 3 sets out a legal framework for children's services planning, including its scope and aims.
4. While overall responsibility for children's services planning clearly rests with a local authority and its relevant health board<sup>1</sup> (i.e. the territorial health board in whose area the local authority falls), it is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the plan's development and review.
5. All persons and organisations named in section 15(2) of the Act are required to have regard to this guidance when carrying out their functions in respect of

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<sup>1</sup> Please note that the duties set out under section 19 (local authority plans for services for children) of the Children (Scotland) Act 1995 are now repealed (by section 98 and paragraph 4(2) of Schedule 5 to the Act) and replaced by Part 3 (Children's Services Planning) of the Act.

children's services planning. Compliance with the duties described herein will be monitored through informal reviews of "Children's Services Plans" and reports (carried out by Scottish Ministers), and joint inspections of children's services.

6. Section 8(1) of the Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. The Scottish Government will review all Children's Services Plans between April and October of the year of submission. CPPs will receive written feedback on their individual plans following the review. The Scottish Government will also provide an analytical evaluation report which will provide an overview of the findings of all of the plans. Appendix A provides criteria which the plans will be reviewed against.
7. The ten-step approach suggested by the Care Inspectorate in Appendix B is based on findings of Scotland-wide joint inspections of services for children and young people about what makes for successful children's services planning. The iterative process outlined is intended to help partners in the development of the plan, its implementation and annual progress reporting, and has been updated as part of the review of this guidance.
8. This guidance is designed to support effective children's services planning by clarifying national requirements and expectations while at the same time not being overly prescriptive as to how these should be met. Community Planning Partners and the strategic group they task with leading on children's services planning should agree priorities based on a joint local needs assessment and related improvement activities likely to make the most positive difference to the wellbeing and life chances of children and young people in the area they serve.
9. Where appropriate, this guidance does illustrate how duties may be fulfilled, but these are suggestions only. However, it is expected that all actions, activity and initiatives are aligned with, and seek to deliver the ambitions contained in the [National Performance Framework](#) (NPF) as seen below.

# National Performance Framework

## Our Purpose, Values and National Outcomes



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

11. The National Performance Framework sets out eleven 'national outcomes' we collectively need to work towards across Scotland in order to fulfil the purpose of creating a more successful country. All of the national outcomes are interlinked, and are all crucial to improving the lives of children and young people.
12. Linked to the National Performance Framework, the Scottish Government is currently developing a set of Wellbeing Outcomes for children, young people and their families in order to both provide coherence to Scottish Government policy intended to improve the lives of children and young people, and support joint working between national and local government and other delivery partners. Further information and guidance on this will be issued separately.
13. This statutory guidance has been developed to assist the professionals and community representatives involved in children's services planning, but it will also be of interest to individuals and organisations involved in the delivery of services, as these have the potential to be directly affected by the process.
14. The Children's Services Plan is set within, what is recognised as, a complex planning and reporting landscape and has links to a number of other planning responsibilities and reports. In particular, since the Local Outcome Improvement Plans (LOIPs) for most Community Planning Partnerships include ambitions that in some way seek to improve wellbeing and life chances for children and young people, the Children's Services Plan can assist partners to achieve these aspirations. In addition, the understanding of local needs and circumstances that are developed to inform Local Outcome Improvement Plans and Locality Plans, can also underpin the strategic needs assessments which CPPs undertake for their Children's Services Plan. This guidance will also be useful to those involved in other strategic planning processes, enabling links and synergies to be identified.
15. A table showing the planning and reporting landscape is captured in Appendix C, although this is not exhaustive and definitive.

16. Persons and organisations involved in children’s services planning should be familiar with all the duties set out in Part 3, and how these interact with each other, and other relevant duties set out elsewhere (either in the Act or other legislation). As such, it is important that this guidance is read as a whole.

## **Children and Young People (Scotland) Act 2014**

17. The [Children and Young People \(Scotland\) Act 2014](#) was passed by the Scottish Parliament on 19 February 2014, and received Royal Assent on 27 March 2014. The legislation is a key part of the Scottish Government’s strategy for making Scotland the best place to grow up.
18. By facilitating a shift in public services towards the early years of a child’s life, and towards early intervention whenever a family or child needs help, the legislation encourages preventative measures, rather than crisis responses. Underpinned by the Scottish Government’s commitment to the [United Nations Convention on the Rights of the Child 1989](#) (UNCRC), and the national children’s services improvement programme, [Getting it right for every child](#), the Act also established a new legal framework within which services are to work together in support of children, young people and families.

## **Children’s Rights**

19. Children’s rights and wellbeing are both central to the Act, and implementation of the UNCRC is central to making Scotland the best place to grow up.
20. The UNCRC is one of the core United Nations (UN) human rights treaties. It sets out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities and is recognised internationally as the “gold standard” on children’s rights. The Scottish Government respects and protects the UNCRC rights to help deliver its aim that children grow up loved, safe and respected, so that they reach their full potential.

21. The Scottish Government is committed to [incorporating](#) the UNCRC into domestic law by the end of this Parliamentary Session in Spring 2021. Incorporation of the UNCRC seeks to ensure that there is a proactive culture of everyday accountability for children's rights across public services in Scotland. This will mean that children, young people and their families will experience public bodies consistently acting to uphold the rights of all children in Scotland. In developing the Children's Services Plan, it may therefore be helpful to consider how this could secure better or further effect the UNCRC requirements.

### **Getting It Right For Every Child**

22. A Children's Services Plan should also reflect the ecological approach commonly used in planning support for individual children using the values and principles of Getting it right for every child. That is to say that a Children's Services Plan should place individual children at its centre, and consider services and support for those children individually, support for their wider families (this may include links to services for adults), community assets and then finally more specialist services. The plan should describe how these preventative supports build up as required, according to local priorities, through early intervention and onto specialist services. The Children's Services Plan should at all times reflect the joined up nature of this ecological approach and how the right support will be delivered by the right people at the right time.
23. The diagram below provides a graphic of the ecological model and demonstrates the child at the centre. The diagram reads from the inside out with support closest to the child and illustrates:
- Family and community provide everyday support and care
  - Universal provision supports development and builds resilience
  - Additional support works to overcome disadvantage and supports learning
  - Specialist help addresses more complex needs that impact health and wellbeing
  - Compulsory intervention ensures action to overcome adversity and risk



24. A Children’s Services Plan should explain how CPPs will plan and deliver local services for children and young people at all levels of the ecological model.
  
25. Planning alone will not, of course, bring about the transformational change needed in the design and delivery of public services in Scotland. As the [Commission on the Future Delivery of Public Services](#) (“the Christie Commission”) noted, that requires an investment in people and the empowerment of communities too. But joined-up, evidence-based, strategic planning is the catalyst; without it, effective and sustainable public services will remain always the ambition, and not the reality.
  
26. Scottish public services are continuing to face a number of challenges, with pressure growing for them to do “more with less”, and in ways which require new partnerships and cultures. Changing demography and persistent inequality are fuelling demand for support, while at the same time public spending is

increasingly constrained.<sup>2</sup> In the foreword to his 2011 report on the future delivery of public services in Scotland, Dr Campbell Christie noted that:<sup>3</sup>

*“If we are to have effective and sustainable public services capable of meeting the challenges ahead [...]:*

- *Reforms must **empower individuals and communities** receiving public services by involving them in the design and delivery of the services they use;*
- *Public service providers must be required to work much more closely in partnership, to **integrate service provision** and thus improve the outcomes they achieve;*
- *We must prioritise expenditure on public services which **prevent negative outcomes** from arising;*
- *And our whole system of public services – public, third and private sectors – **must become more efficient** by reducing duplication and sharing services wherever possible.”*

27. Part 3 aims to facilitate the shift to this future state, requiring local authorities and health boards to take a strategic approach to the design and delivery of a wider view of services used by children and families than those set out in the Children (Scotland) Act 1995. The duties set out in Part 3 establish aspects of the framework within which public bodies will work, with partners, to ensure services are organised and equipped to Get it right for every child, no matter what their start in life or current circumstances.

28. A Children’s Services Plan should tell a story so that communities can clearly see how people’s wellbeing will be improved in that local area. Although the legislation does not prescribe a complete ‘strategic commissioning’<sup>4</sup> process

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<sup>2</sup> Joint Improvement Team, Scottish Social Services Council, NHS Education for Scotland (2014) [Strategic Commissioning \(Online Learning Tool\)](http://learn.sssc.uk.com/strategiccommissioning/sc_module_2.html), Module 2: National Policy Context. [http://learn.sssc.uk.com/strategiccommissioning/sc\_module\_2.html]

<sup>3</sup> [Commission on the future delivery of public services](http://www.gov.scot/resource/doc/352649/0118638.pdf) (June 2011) *Foreword*, p. vi [http://www.gov.scot/resource/doc/352649/0118638.pdf]

<sup>4</sup> ‘Strategic commissioning’ is the term used for all the activities involved in assessing and forecasting needs, links investment to agreed desired outcomes, consider options, planning the nature, range and quality of future services and working in partnership to put these in place.

(restricting itself to duties related to the aims, preparation, implementation and review of a plan), children's services planning should be seen as a driver towards the development of local commissioning processes which are based on robust information about needs, costs and quality, and ongoing engagement with service users and the wider community.<sup>5</sup>

29. In order to do this, children's services planning will need to incorporate a number of distinct but interdependent processes, all of which sit within the "analyse-plan-do-review" cycle of good strategic planning. These include:

- (i) undertaking a detailed, **joint, strategic assessment** of the current position (population needs, community assets, service resources, etc.);
- (ii) identifying and agreeing a **manageable number of priorities**, linked clearly and explicitly to the population need assessment;
- (iii) establishing a **clear, ambitious, shared vision** of what will be achieved by the end of the plan (i.e. the outcomes you aim to deliver);
- (iv) developing **sets of outcome indicators** (i.e. how progress will be measured);
- (v) agreeing what **activities** (services, interventions, etc.) will be delivered in order to realise that vision, on the basis of detailed cost-benefit analysis (including of existing services);
- (vi) deciding, through a coherent and transparent process, **how those activities will be resourced** over the course of the plan (specifying which areas will see disinvestment in order to facilitate the shift of resources towards preventative and early intervention options);
- (vii) presenting this information in an easily accessible format, for **consultation** with service users, staff, service providers and other stakeholders. Following feedback, **publishing a plan** which details, clearly, the actions which will be taken, by whom, and when;<sup>6</sup>

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<sup>5</sup> Audit Scotland (2012) [Commissioning Social Care](http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf), p. 3.

[[http://www.audit-scotland.gov.uk/docs/health/2012/nr\\_120301\\_social\\_care.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf)]

<sup>6</sup> A good plan will include activities and objectives which are SMART (Specific – Measurable – Achievable – Relevant – Time-related) and have taken into account the FIT principles ((a) how frequent will the activity be, (b) how intensive will the activity be, and (c) for how long will the activity need to go on for.)

- (viii) holding persons to account for **delivery of activities**, with governance over implementation of the plan embedded in existing structures (for example through Community Planning Partnerships); and
- (ix) **monitoring progress** through a structured process of review and refinement, making sure the plan (with its outcomes and deliverables) continues to fit the context (needs, resources, etc.) which it seeks to affect.
30. Having a well-planned, structured approach to improvement will give a better chance of plans being successful. [The Three Step Improvement Framework for Scotland's Public Services](#) outlines the improvement approach being taken forward in Scotland. Quality Improvement (QI) in the context of children's services plans involves a systematic approach to improving services and achieving better outcomes for the children and young people in Scotland.
31. At the heart of the Quality Improvement Journey is '[The Model for Improvement](#)' - a simple yet powerful tool for accelerating improvement. This model offers the following benefits:
- It is a simple approach
  - It reduces risk by starting small
  - It can be used to help with planning, developing and implementing change
32. Support to take a 'Quality Improvement Approach' can be sought from the [Children and Young People Improvement Collaborative](#) (CYPIC) team within Scottish Government. The Improvement Advisors in this team link into all Community Planning Partnerships. Online resources and development programmes are also available and Appendix E has a link to these.
33. Local government and public bodies have also long understood the benefits of flexible working and have already built extensive networks of collaboration and partnership between themselves, and with other sectors. Part 3 seeks to build on these networks, strengthening and clarifying the arrangements through which partners will work together to understand the needs of their populations,

and develop the services and approaches proven to have the most significant positive impact for communities.

34. Children's services planning will, therefore, be an ongoing process, within which the 'plan' is only a component, not the end in itself. At various stages of the planning process, local authorities and health boards will want to provide staff, children and their families, other service providers and the wider community, with opportunities to participate, providing their insight to help inform decision making, and facilitating a sense of shared ownership of the plan.

# STATUTORY GUIDANCE

## SECTION 7: INTRODUCTORY

35. The purpose of section 7(1) is to define the terms “children’s service”, “related service” and “relevant health board”, and explain which organisations are covered by the term “other service provider”. Section 7(3) provides Scottish Ministers with powers to specify services which are to be included in, or excluded from, the definitions of “children’s service” or “related service”. It also provides Scottish Ministers with powers to specify matters in relation to services falling within the definitions of “children’s service” and “related service” which are to be considered to be included within or excluded from those services. Section 7(5) provides Scottish Ministers with powers to modify the definition of “other service provider” by adding a person or a description of persons; removing an entry listed in it; or varying an entry listed in it. Finally, section 7(6) provides that functions conferred, by Part 3, on a local authority and the relevant health board, must be exercised by those organisations jointly.
36. A list of the definition of terms used in Part 3 can be found in Appendix D.

### Modifications

37. Section 7(3) allows for Scottish Ministers to, through secondary legislation, specify which services must be included within or excluded from the definition of “children’s services” and “related services”. Scottish Ministers also have the power to specify certain aspects (“matters”) of a service which should be included or excluded. However, before taking such steps, Scottish Ministers must (under section 7(4)) consult every health board and local authority, and if the service concerned is provided by an “other service provider”, that organisation or person. At the time of writing, this power has not been exercised.
38. Section 7(5) provides Scottish Ministers with the power to, through secondary legislation, modify the definition of “other service provider”, by adding a person

or “description of persons” (e.g. an organisation), removing an entry or varying an existing entry. Again, at the time of writing, this power has not been exercised.

### **Joint responsibility**

39. Section 7(6) states that a function conferred on a local authority and relevant health board by Part 3 is a function which must be exercised jointly by these two organisations. In other words, a local authority and the relevant health board are considered to be jointly and equally responsible for children’s services planning and reporting.

## **SECTION 8: REQUIREMENT TO PREPARE CHILDREN’S SERVICES PLANS**

40. Section 8(1) of the Act requires every local authority and its relevant health board to jointly prepare a Children’s Services Plan for the area of the local authority, in respect of each three-year period. The start of the first three-year period was determined by Scottish Ministers, and set out in The Children’s Services Planning (Specified Date) (Scotland) Order 2016, which came into force on 7 October 2016. This specified 1 April 2017 as the date that the first three year Children’s Services Plan was required to be in place.
41. Sub-section (2) sets out that a Children’s Services Plan means a document setting out the local authority and health board’s plans for the provision of all “children’s services” and “related services” over the three-year period.
42. The public sector duty regarding socio-economic inequalities set out in section 1 of the Equality Act 2010, otherwise known as the Fairer Scotland Duty, requires that when taking strategic decisions, particular public bodies, including local authorities and health boards, must have due regard to how they can reduce inequalities of outcome caused by socio-economic disadvantage in the exercise of their functions.<sup>7</sup>

### **Identifying “children’s” and “related” services**

43. In order to prepare a Children’s Services Plan, a local authority and the relevant health board will need to establish which of their services, and the services offered in their area by “other service providers” and Scottish Ministers<sup>8</sup>, fall within the definitions.

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<sup>7</sup> [Interim guidance](#) for public bodies has been published to assist in the implementation of the Fairer Scotland Duty, which came into force in April 2018.

<sup>8</sup> But only in relation to a service provided by them in exercise of their functions under the Prisons (Scotland) Act 1989.

44. Local authorities and relevant health boards must ensure that their Children’s Services Plan is comprehensive in its scope, covering the local services (provided by the local authority, relevant health board, “other service providers” and Scottish Ministers<sup>9</sup>) which fall into the categories of “children’s service” or “related service”. It is particularly important that third sector services and private sector providers are included in the preparation of and consultation for the Children’s Services Plan. This will ensure the plan is fully integrated and makes best use of all resources in the area to deliver on local priorities.
45. To make sure that all “children’s” and “related” services are covered in the plan, local authorities and health boards are free to use whatever methods they wish to identify the relevant “children’s” and “related” services provided in the local authority area.
46. Whatever method(s) a local authority and health board choose to identify the services to be covered by their Children’s Services Plan, it is important that it is a thorough and transparent process. The Act (and this guidance) has avoided being prescriptive about which services to include in order to ensure local authorities and health boards have the autonomy, in collaboration with relevant partners, to make decisions which reflect local context and assessments of need.
47. However, in exercising that autonomy, local authorities and health boards should keep the purpose of Children’s Services Plans clearly in focus to: articulate how various services will work together to best safeguard, support and promote the wellbeing of all children in the area concerned; have a local workforce that is trauma-informed<sup>10</sup>; ensure that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising; be most integrated from the point of view of recipients; and constitute the best use of available resources.

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<sup>9</sup> But only in relation to a service provided by them in exercise of their functions under the Prisons (Scotland) Act 1989.

<sup>10</sup> [The Scottish Psychological Trauma Training Plan](#) (NHS Education for Scotland, 2019) provides step by step guidance on how to develop and sustain a trauma informed workforce.

## SECTION 9: AIMS OF CHILDREN'S SERVICES PLANS

48. Section 9 sets out the strategic aims for a Children's Services Plan. Under these provisions every Children's Services Plan must be prepared with a view to securing the achievement of the following five aims<sup>11</sup>:
- (a) that "children's services" in the area are provided in the way which –
    - (i) best safeguards, supports and promotes the wellbeing of children in the area concerned,
    - (ii) ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
    - (iii) is most integrated from the point of view of recipients, and
    - (iv) constitutes the best use of available resources,
  - (b) that "related services" in the area are provided in the way which, so far as consistent with the objects and proper delivery of the service concerned, safeguards, supports and promotes the wellbeing of children in the area concerned.
49. Taken together, these aims are about creating and maintaining a local environment which facilitates effective Getting it right for every child practice for individual children and young people. The Children's Services Plan itself is the description of how public bodies and their partners will work together to achieve this, providing services which are organised and equipped to deliver high-quality, joined-up, trauma-informed and responsive and, where possible, preventative support to children and families.

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<sup>11</sup> Section 9(2), Part 3 (Children's Services Planning), Children and Young People (Scotland) Act 2014.

**(a) (i) Best safeguards, supports and promotes the wellbeing of children in the area concerned**

50. A Children's Services Plan must be prepared with a view to providing services in such a way that they best safeguard, support and promote the wellbeing of all children and young people in the local area. The purpose of this aim is to put the concept of "wellbeing" firmly at the heart of children's services planning. In turn, it should mean that children's services across the local authority area operate on a holistic and multi-dimensional understanding of "wellbeing", in which all the various aspects of a child's life are seen as interrelated, and given due consideration in the course of assessment and support. The improvement in children and young people's health and wellbeing is also one of the key priorities of the National Improvement Framework, recognising the need to improve outcomes and support the wellbeing of our children and young people by offering the right help at the right time from the right people.
51. The eight wellbeing indicators set out in Section 96(2) of the Act - Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included - were developed as part of the Getting it right for every child approach which aims to improve outcomes for all children and young people in Scotland. The Getting it right for every child approach was based on the UNCRC, and requires those who work with children and young people to put children at the centre of their day-to-day practice. Putting children at the centre in particular meets the requirement to consider the best interests of the child (Article 3) and the need for children's views to be taken into account when decisions are being made about matters which affect them (Article 12).
52. For further guidance on "wellbeing", and implementation of the Getting it right for every child approach in general, please refer to the information available on the Getting it right for every child webpages.<sup>12</sup>

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<sup>12</sup> Scottish Government, [Getting It Right For Every Child website](http://www.gov.scot/Topics/People/Young-People/gettingitright) [http://www.gov.scot/Topics/People/Young-People/gettingitright]

**(a) (ii) Ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising**

53. A Children's Services Plan must be prepared with a view to providing children's services in such a way that they are able to take action to support children at the earliest appropriate time, to prevent needs arising. This aim is about making sure children, young people and families get the right support at the right time. Whenever feasible, the "right time" will be before a child's wellbeing is adversely affected ("primary prevention"). But where that is not possible, support for the child should be secured as soon as possible after wellbeing starts to be adversely affected ("early intervention"). Planning should also recognise the role of interventions to address needs and risk. A Children's Services Plan must therefore be prepared with a view to securing children's services which can fulfil both "primary prevention" and "early intervention", across all aspects of wellbeing.
54. To explain further, "primary prevention" means providing the child, young person and parents/carers with the support they need in order to prevent the child or young person from experiencing adversity. Effective primary prevention is usually characterised by:
- support and help being directed to parents, carers and families, as well as the child directly;
  - support being provided in the first few years of child's life (pre-birth to pre-school); and
  - children, young people and families accessing wider community support to improve their quality of life.
55. In a similar vein, "early intervention" means having a workforce that is able to respond to the needs of children, young people and families in a safe, effective, person-centred and trauma informed way, as soon as there are signs of difficulty. It is about recognising that wellbeing needs may emerge at any age, without warning, and that the speed and nature of the response can make a

significant difference to how successful services can be in helping to address the need. Indeed, effective early intervention constitutes good preventative action, because it often prevents further and more severe difficulties arising. Examples of early intervention might include the support put around a child after the first reported incident of domestic abuse in the home, support given to a child involved in offending, or the provision of additional support to a child who has a barrier to their learning.<sup>13</sup>

56. However, irrespective of whether a service is orientated towards primary prevention or early intervention, the aim of a Children's Services Plan is to detail how partners will identify and address needs. This will mean working with children and their families, communities, universal services and specialist services, including third sector services. This has important implications for the process of children's services planning.
57. Firstly, success will be influenced by the effective implementation of the Getting it right for every child approach across all universal and specialist children's services. Through this approach service providers and their staff collaborate with each other and work in partnership with children, young people and their families to identify and address the wellbeing needs of individual children and young people. Children's Services Plans, which are strategic, should provide the framework for the planning of services, so that Getting it right for every child can be implemented effectively at a local level. This would include governance and quality assurance arrangements.
58. Secondly, to prevent needs arising planners will want to know: (a) what kind of needs currently (or are likely to) exist across the population of children and young people; and (b) what kinds of services and support actually work to prevent those needs developing further. To answer either of these questions planners will require information, coming from multiple sources (such as

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<sup>13</sup> The services provided to families whose children are at risk of becoming looked after (as per the duties set out in [Part 12 of the Act](#)) should also be seen as "early intervention", their work focused on preventing the need for more significant intervention in the child's life; for further information please read the Guidance on Part 12: Services in relation to children at risk of becoming looked after, etc. of the Children and Young People (Scotland) Act 2014.

community engagement, consultation with children and young people, professional assessment, research) and in multiple forms (qualitative and quantitative). Children's services planning partners should give proper consideration to what and how information is collected to inform the Children's Services Plan.

**(a) (iii) Is most integrated from the point of view of recipients**

59. A Children's Services Plan must be prepared with a view to providing children's services in such a way that they appear to be "integrated" from the perspective of "recipients" (i.e. children, young people, carers and families). In the context of children's services planning, "most integrated" refers to cooperation between providers of children's services, working together to ensure services are planned and delivered in a way which best meets the needs of children and families. Successful realisation of this aim will mean that a child or family receives only the support they need, when they need it, from the service best placed to provide it (in the context of social care, the term "service" may include any relevant support to meet agreed personal outcomes, for example art classes). For more on the shift to an emphasis towards personal outcomes see the [Social Care \(Self-directed support\) \(Scotland\) Act 2013 Statutory Guidance](#).
60. An "integrated" service also means that children and families will be able, as their needs change, to move easily between different services (whether universal or targeted), confident that they will have access to appropriate support at every stage. This will be particularly important for vulnerable young people moving out of children's services and into "adult services" in areas such as disability, social care, mental health, drug and alcohol treatment etc.
61. In the context of children's services planning, the focus here is on securing a joined-up approach, between local partners, to service planning and delivery. This joined-up approach is one of the foundations of Getting it right for every child, and a key pillar of the Scottish Government's public service reform programme. It requires collaboration at every level (i.e. strategic, operational, frontline), and across all service providers, whether public or third sector. The

process of children's services planning is, in itself, a critical opportunity through which to embed the joined-up approach, bringing together all relevant parties to agree priorities and actions. Indeed, it will only be through close cooperation of local planning partners that all the links and key transition points between services will be identified, and a suitable plan put in place.

62. In enhancing the partnership and cooperation between service providers at the front line, this aim of children's services planning should also help the local area to maximise the use of available resources through reduced duplication of activity, and the identification of, and subsequent investment in, the most successful interventions.

**(a) (iv) Constitutes the best use of available resources**

63. A Children's Services Plan must be prepared with a view to providing services in such a way as constitutes the best use of available resources. This means that the plan should make clear how children's services are going to be provided in a way which allows them to complement and enhance each other (rather than impede or duplicate each other). It also means that the children's services provided should be, in themselves, efficient and effective.
64. This aim is therefore about securing "best value" as set out in [The Local Government in Scotland Act 2003 – Best Value Guidance](#), from the services available in a local area. That is "best value" measured in terms of results, not just resources. In respect of children's services planning, the aim is set out clearly (in section 9(2)): the provision of services which best safeguard, support and promote child wellbeing in the local area.
65. This aim (of securing and improving child wellbeing) will be achieved, in part, through the provision of preventative and joined-up services (see aims (ii) and (iii) above). In eliminating the duplication of processes (such as assessments), improving communication throughout the system, ensuring the best placed person provides the support to a child or family, and intervening early. The Getting it right for every child approach should help local areas to make the

best use of their resources. But critically, intervening early and coordinating activity will not, in themselves, deliver positive results. The support provided needs to be both appropriate and of quality, as an ineffective or inappropriate intervention is unlikely to ever constitute the best use of available resources.

66. Children's services planning partners, therefore, need to give careful consideration as to how they will evaluate the effectiveness of children's services (both universal and targeted), in terms of their success in responding to and addressing children's wellbeing needs. This process will require information on the costs and outcomes of services to be collected and analysed, supplemented by qualitative evaluation (feedback from children, families, etc.).
67. With its focus on securing children's services in such a way that they constitute the best use of available resources, children's services planning should be seen as a strategic commissioning process. That is one based on thorough assessments of population need (current and projected), and an informed understanding about which services/interventions work most effectively (in terms of costs and outcomes) to help children and families.

**(b) Related services [...] provided in the way which [...] safeguards, supports and promotes the wellbeing of children**

68. The final strategic aim of a Children's Services Plan is focused on the provision of related services. Under section 9(2)(b) a Children's Services Plan must be prepared with a view to providing related services in such a way that they (insofar as is consistent with the objects and proper delivery of the service concerned) safeguard, support and promote the wellbeing of children in the area concerned.
69. "Related services" are those services provided in the local authority area by (a) the local authority, (b) the relevant health board, (c) an "other service provider", or (d) Scottish Ministers (in exercising the functions under the Prisons (Scotland) Act 1989), which, although they do not fall into the definition of a

“children’s service”, are still capable of having a significant effect on the wellbeing of children and young people.

70. Every local authority and relevant health board will make their own determination about which public services meet the definition of a “related service” in their local area. Once that has been agreed, the Children’s Services Plan must then detail, with a view to achieving this aim, how those related services will be delivered in a way which safeguards, supports and promotes children’s wellbeing. This requirement mirrors that placed on “children’s services” by section 9(2)(a)(i), and it demands that related services have an understanding of the concept of “wellbeing”, and that they are provided in such a way that they can respond positively and proactively to individual children’s (and by association families’) needs. For example, if housing were to be included as a “related service”, a Children’s Services Plan could explain how housing will contribute to keeping children safe and healthy.
  
71. However, the aim of securing related services which safeguard, support and promote children’s wellbeing must be done so in a way which is “consistent with the objects and proper delivery of the service[s] concerned” (section 9(2)(b)). This means that, while related services must be focused on meeting children’s wellbeing needs, they can only do so within the parameters afforded by their primary function(s). To return to the housing example, the primary function of this service is to provide housing options and support to the community, therefore its contribution to this aim will be made (primarily) through the provision of high-quality housing options and support to families and young people.

### **Outcomes and objectives**

72. While all Children’s Services Plans must be prepared with a view to securing the achievement of the aims set out in section 9, Scottish Ministers have not set specific outcomes. This is to provide a local authority and the relevant health board with the flexibility to identify outcomes and objectives which correspond

to local needs and context (i.e. demographics, community assets, resources, etc.), and to ensure that the Children's Services Plan can be linked into the Local Outcomes Improvement Plan, the Health and Social Care Strategic Plan, and other relevant local plans.

73. A local authority and relevant health board should also ensure that the National Performance Framework and relevant national outcomes and objectives are reflected in the Children's Services Plan. This includes the national commitment to reducing child poverty and meeting the targets set in the [Child Poverty \(Scotland\) Act 2017](#).
74. The outcomes and/or objectives identified by a local authority and the relevant health board should be consulted on with all partners. This will be particularly relevant in respect of the "progress indicators" chosen, where a specific metric (e.g. immunisation rates) may be used to evidence progress and/or contribution towards realising improved child wellbeing (healthier, safer, respected, etc.).

## **SECTION 10: CHILDREN'S SERVICES PLAN – PROCESS**

75. Section 10 of the Act sets out requirements in respect of how a local authority and the relevant health board must engage and consult with other service providers, Scottish Ministers and other relevant persons in the development of a Children's Services Plan. It also includes provisions regulating the publication of the Children's Services Plan, and describes the steps which must be followed when Scottish Ministers or any other service provider disagrees with the plan (in relation to a service delivered by them).

### **Opportunity for other service providers and Scottish Ministers to participate in or contribute to the preparation of the plan**

76. Under section 10(1)(a), when preparing a Children's Services Plan a local authority and the relevant health board must:

*“Give each of the other service providers and Scottish Ministers an effective opportunity (consistent with the extent to which the services they provide are to be subject of the Children's Services Plan) to participate in or contribute to the preparation of the plan.”*

77. The “other service providers” are set out in section 7(1) of the Act. Opportunities extended to Scottish Ministers under section 10(1)(a) (to participate or contribute in the preparation of the plan) are restricted to where they (Scottish Ministers) provide a service in the local area under the Prisons (Scotland) Act 1989.
78. An “effective opportunity” is an opportunity which is both meaningful and practicable to the person(s) it is extended to. It is associated with things like (a) giving persons appropriate advance notice of when they can participate or contribute, and (b) giving persons appropriate time and means by which to participate or contribute. What constitutes an “effective opportunity” will be contingent on the individual circumstances of each “other service provider” and Scottish Ministers, and in every case the opportunity provided should be

consistent with that person's level of involvement in the Children's Services Plan (in respect of the number and/or types of services they provide which are covered by the plan).

79. The phrase "participate in or contribute to the preparation of the plan" covers a wide range of potential actions, from the provision of information and advice, through to active involvement in the discussions which underpin the development of a plan. As with "effective opportunity", the appropriate scale and type of "participation or contribution" will be contingent on the individual circumstances of each "other service provider" and Scottish Ministers; in particular, the extent to which services they provide are covered by the Children's Services Plan.
80. However, please note that under section 10(5) each of the "other service providers" is, and the Scottish Ministers are, obliged to participate in or contribute to the preparation of the Children's Services Plan, in accordance with the opportunity given to them under section 10(1)(a). This means that "other service providers" and Scottish Ministers (to the extent that they provide children's or related services in the local area) must take any "effective opportunity" extended to them by the local authority and relevant health board.

### **Consultation with relevant persons**

81. Under section 10(1)(b) and section 10(2) of the Act, when preparing a Children's Services Plan a local authority and the relevant health board must consult with:
- (i) such organisations, whether or not formally constituted, which –
    - (a) represent the interests of people who use, or are likely to use, any children's service or related service in the local authority area, or
    - (b) provide a service in the area which, if that service were provided by either the local authority, relevant health board, "other service provider" or Scottish Ministers, would be considered a children's

service or related service (under the definitions provided in section 7(1) of the Act);

(ii) such social landlords as appear to provide housing in the area of the local authority; and

(iii) such other persons as Scottish Ministers may by directions specify.

82. The reference to organisations which “represent the interests of people who use, or are likely to use, any children’s or related services” should be interpreted to mean any community group and third or private sector organisations which seek to represent the views, concerns and wishes of current and/or potential service users. These organisations may seek to represent the interests of all service users in the local area, or just a group thereof (such as those living within a specific locality). Examples of organisations which might fall into this category are advocacy groups for children with disabilities, youth or pupil councils, kinship carer groups, young carer groups, school parent councils/associations, etc.

83. The reference to organisations which “provide a service in the area” should be interpreted to mean those community groups and third or private sector organisations which provide services in the local area which are (a) wholly or mainly to, or for the benefit of, children and young people, or (b) capable of having a significant effect on the wellbeing of children. These organisations are likely to be diverse in their focus, size and constitution, encompassing large and small third sector organisations, and a variety of private sector enterprises. Examples in this category might include residential schools for children with additional support needs, nurseries, drug and alcohol treatment, providers of short break services, fostering agencies, parenting support groups, secure care etc.

84. Section 10(3) clarifies that the term “social landlords” has the meaning given by section 165 of the Housing (Scotland) Act 2010<sup>14</sup>. This states that a social

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<sup>14</sup> [Housing \(Scotland\) Act 2010](http://www.legislation.gov.uk/asp/2010/17/pdfs/asp_20100017_en.pdf), section 165.  
[[http://www.legislation.gov.uk/asp/2010/17/pdfs/asp\\_20100017\\_en.pdf](http://www.legislation.gov.uk/asp/2010/17/pdfs/asp_20100017_en.pdf)]

landlord “means a registered social landlord, local authority landlord, or local authority which provides housing services”.

### **Identifying persons to consult**

85. A local authority and relevant health board’s duty to consult in the preparation of a Children’s Services Plan extends to all organisations in the local area that meet the definitions set out at section 10(1)(b).
  
86. In order to meet this obligation a local authority and relevant health board will need to identify the persons with whom they must consult. An initial scoping of which services may be included in the Children’s Services Plan (as described above) should help to set the parameters for this exercise, and the process will be facilitated through engagement with the local [Third Sector Interface](#). Indeed, the local Third Sector Interface could play a valuable role in the broader consultation and planning process itself, mediating or coordinating responses from across the third sector. The Third Sector Interface will also be well placed to connect organisations more suited to this role if applicable.
  
87. When identifying relevant organisations to consult, there is also a clear expectation on local authorities and health boards to consult with children, young people and families (i.e. the users of “children’s services”). Getting it right for every child places the child’s views at the centre of planning and decision making and is in line with the UNCRC requirements to respect, protect and fulfil children’s rights (e.g. under Article 12 every child has a right to express their views on matters affecting them and have those views given due weight in accordance with their age and maturity). It follows, therefore, that Children’s Services Plans are informed and shaped by the experiences and opinions of the children, young people and families who use local services. The [Common Core](#) describes the skills, knowledge and understanding, and values that everyone should have if they work with children, young people and their families, whether they are paid or unpaid.

## **Other persons to consult (directions from Scottish Ministers)**

88. Under section 10(1)(b)(iii) Scottish Ministers may by direction specify other persons with whom a local authority and the relevant health board must consult in the preparation of a Children's Services Plan. At the time of this document's publication, no "other persons" have been specified. Any direction issued under section 10(1)(b)(iii) may be revised or revoked by Scottish Ministers (under provision made at section 10(4) of the Act).

## **The process of consultation**

89. The Act does not prescribe how consultation in preparation of a Children's Services Plan is to be undertaken by a local authority and the relevant health board. The process will depend, in large part, on the range and type of local organisations with whom consultation must be undertaken. This should determine which methods of consultation (i.e. consultation events, online surveys, etc.) are chosen, the length of time over which consultation will be carried out, etc. However, whatever process is chosen, all public bodies carrying out public or targeted consultations should refer to the [National Standards for Community Engagement](#), and take the necessary steps to ensure that the process is accessible to the widest number of respondents possible.
90. Moreover, under the duties set out in the Community Empowerment (Scotland) Act 2015, community planning partners (including local authorities and relevant health boards) must make all reasonable efforts to secure the participation of community bodies which the Community Planning Partnership considers likely to be able to contribute to community planning. Should the community body wish to participate, they must take reasonable steps to enable that community body's participation.<sup>15</sup>

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<sup>15</sup> [Community Empowerment \(Scotland\) Act 2015, Part 2, Section 4\(6\)](#); for further information, please refer to the Statutory Guidance on Part 2 (Community Planning) of the Community Empowerment (Scotland) Act 2015.

91. Indeed, local authorities and relevant health boards are subject to a range of consultation and engagement duties, set out in other Parts of the Act or other Acts.<sup>16</sup> For example, Part 6 (section 50) of the Act places a duty on every education authority to consult with, at least once every 2 years, “such persons as appear to be representative of parents of children under school age in its area”. Other examples relate to corporate parenting and school education planning. In this context, before deciding on the consultation process for the Children’s Services Plan it may be helpful for a local authority and relevant health board to carefully scope out the various consultation and engagement duties which relate to children’s and related services. This process will not only help detect opportunities for aligning distinct planning processes, but also help ensure compliance with legal obligations.

### **Requests (made to relevant persons) to participate or contribute**

92. Under section 10(6), the persons consulted under section 10(1)(b) are under a duty to meet any reasonable request which the local authority and the relevant health board make of them to:

- (a) participate in the preparation of the Children’s Services Plan for the area;
- and
- (b) contribute to the preparation of that plan.

93. As stated earlier in this chapter, the terms “participate” and “contribute” (in relation to the preparation of a Children’s Services Plan) cover a wide range of potential actions. “Participate” could entail attending a consultation event, or playing an active part in the group responsible for drafting the plan. “Contribute” may involve the sharing of relevant information (i.e. statistics about service use) or carrying out a process to gain the views of services users.

94. A “reasonable request” is one which is relevant (in view of the person’s function), practicable (in view of the person’s capacity) and consistent with the

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<sup>16</sup> For further information please refer to the Scottish Government’s [Community Empowerment webpage](http://www.gov.scot/Topics/People/engage) [http://www.gov.scot/Topics/People/engage].

person's expected level of involvement in delivering the Children's Services Plan. The reasonableness of a request will therefore be determined, in large part, by the individual circumstances of the person whose participation or contribution is being requested.

95. However, while it is important that requests do not overburden (or make unachievable demands of) the people working in or representing an organisation, it is important that local authorities and the relevant health board seek out and facilitate the contribution of a wide range of different persons. It is the variety of third sector and community organisations, some small, some large, which can provide insight on the needs of the local population, and help in identifying the support which is most effective at meeting those needs. A local authority and the relevant health board should, therefore, make all reasonable efforts to facilitate the participation and/or contribution of a broad range of third sector organisations in the children's services planning process, providing different types of opportunities (through which to participate or contribute) and, where appropriate, support to enable them to do so. This would be consistent with the duties placed on Community Planning Partnerships under the Community Empowerment Act 2015.<sup>17</sup>
96. An organisation does not necessarily have to comply with all requests for information. It may not be able to provide information in response to such a request for a number of reasons, for example because the organisation considers it to be commercially sensitive or to do so would be incompatible with the [Data Protection Act 2018](#).

### **Format of the Children's Services Plan**

97. The Act (and this guidance) does not prescribe any particular format for Children's Services Plans. However, local authorities and relevant health boards are encouraged to consider formats which facilitate review (section 11),

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<sup>17</sup> Community Empowerment (Scotland) Act 2015, Part 2, Section 4(6); for further information, please refer to the Statutory Guidance on Part 2 (Community Planning) of the Community Empowerment (Scotland) Act 2015.

annual reporting (section 12) and local accountability. These would be formats where priorities and objectives are clear and measurable, and where the rationale behind them is explicit. The inclusion of comprehensive baseline information (linked to the aims and/or objectives) and short-to-medium term “indicators of progress” would also be helpful.

98. It would also be helpful to include details of the actions which will be taken to ensure services are delivered in a way which is as integrated and preventative as possible. This could be supplemented by more general commentary on how the local authority and relevant health board will ensure that children’s and related services are provided in a way which represents the “best use of available resources” over the three-year period.
99. However, a Children’s Services Plan should also hold some practical, day-to-day value to the services and professionals to which it relates. Plans could contain a brief description or diagram of the area’s planning structure, illustrating the links to other processes (such as corporate parenting and community planning). This would help practitioners working in different areas to coordinate their activity. In addition, if the Children’s Services Plan provided comprehensive information about the children’s and related services available in the local area, it could become a resource for professionals working with children and families, helping them to identify what support is available to safeguard or promote a child’s wellbeing needs.

### **Publication of Children’s Services Plans**

100. Under section 10(7), as soon as reasonably practicable after a Children’s Services Plan has been prepared, the local authority and the relevant health board must:

- (a) send a copy to –
  - (i) the Scottish Ministers, and
  - (ii) each of the “other service providers” (listed in section 7(1)); and

(b) publish it (in such manner as the local authority and the relevant health board consider appropriate).

101. With respect to when a Children’s Services Plan must be finalised, this must be before the start of each “three-year period”. The first three-year period began on 1<sup>st</sup> April 2017.<sup>18</sup>
102. Once the plan is finalised, the local authority and relevant health board have some flexibility about when they must (a) send copies of the plan to Scottish Ministers and “other services providers”, and (b) publish the plan. “As soon as reasonably practicable” can be interpreted to mean “as soon as possible, in view of other duties, functions and commitments”. However, as the plan is a key public-facing document, communicating the direction of children’s services in the local area to service users, publication and dissemination should be seen as a priority.
103. The completed plan must be sent to every “other service provider” and Scottish Ministers. (Please note that all completed (or revised) plans must be sent to Scottish Ministers, irrespective of whether Scottish Ministers provide services in the local area under the Prisons (Scotland) Act 1989.)
104. When ready to publish the plan, section 10(7)(b) affords the local authority and relevant health board discretion to do so “in such a manner [...] as they consider appropriate”. This flexibility relates to how the plan is presented (such as format and language) and mode of publication.
105. However, in making a decision about the appropriate manner of publication, every local authority and relevant health board will want to ensure that their Children’s Services Plan (or some summary version) is accessible to children, families and other key stakeholders. This is critical to facilitating both accountability and community engagement. The Children’s Services Plan is the local authority and health board’s vision for how public services used by

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<sup>18</sup> As set out in the Children’s Services Planning (Specified Date) (Scotland) Order 2016.

children and families will develop in the local area, and it is therefore important that service users, and the wider community, can access and engage with it. (Please note that the reference above to “summary version” is an acknowledgement that some local authorities and health boards already publish their Children’s Services Plan in a variety of formats, such as a “plan on a page” or in local vernacular to aid its accessibility and utility among different audiences).

### **Linking the publication of different statutory plans**

106. In preparing the Children’s Services Plan for publication, a local authority and the relevant health board may identify opportunities for aligning other statutory plans. For example, under Part 9 (section 61) of the Act, every corporate parent (which includes all local authorities and health boards) must publish a plan for how it proposes to exercise its corporate parenting duties. These “Corporate Parenting Plans” may be published together with, or as part of, any other plan or document, and as no specific time period for Corporate Parenting Plans is prescribed in legislation or guidance<sup>19</sup>, it is feasible that the Corporate Parenting Plan could be incorporated into the wider Children’s Services Plan. Similar possibilities exist in relation to the statutory early learning and childcare plan, prepared under Part 6 of the Act.

107. Across the various planning systems which apply to local authorities and health boards there are a number of such opportunities for aligning the publication of statutory plans. However, where a local authority and the relevant health board do choose to do so they must ensure that all relevant statutory requirements have been met, and that the combined plan (or some version thereof) continues to be accessible to relevant stakeholder (including children, young people and families).

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<sup>19</sup> [Statutory Guidance on Part 9 \(Corporate Parenting\) of the Children and Young People \(Scotland\) Act 2014](#)

## **Disagreements with aspects of a Children's Services Plan**

108. Section 10(8) provides that, where Scottish Ministers (in exercising functions under the Prisons (Scotland) Act 1989) or any of the "other service providers" disagree with the plan in relation to any matter concerning the provision of a service by them, they must prepare and publish (i.e. make public) a notice of their disagreement.
109. Scottish Ministers and "other service providers" may only disagree with an aspect of a plan which relates to a service provided by them. The published notice of disagreement must detail (a) the matters in relation to which they disagree (i.e. which aspects of the plan), and (b) a statement of their reasons for disagreeing. The notice of disagreement may be published in such a manner as they (the Scottish Ministers or "other service provider") consider appropriate (e.g. on their website, open letter, regular circular, etc.).
110. The requirement for disagreements over aspects of the plan to be made public is designed to ensure that, through a process of continuous and meaningful collaboration, any concerns about aspects of the plan should be dealt with at an early stage, long before the need for formal notices of disagreement. The expectation is that notices of disagreement would only be issued once all potential options (for resolving the disagreement) have been exhausted.
111. The local authority and relevant health board are not under a duty to respond to a notice of disagreement. However, as any notice of disagreement should be a public statement, it is likely that some form of response would be appropriate.
112. Under section 12(3)(b), the duty to provide a children's or related service in accordance with the plan does not apply where a notice of disagreement (made under section 10(8)) has been made.

## **SECTION 11: CHILDREN'S SERVICE PLAN REVIEW**

113. Under section 11(1) a local authority and the relevant health board:

- (a) must keep the Children's Services Plan under review; and
- (b) may in consequence prepare a revised Children's Services Plan.

114. A local authority and the relevant health board are therefore under a duty to keep their Children's Services Plan under review. This is to ensure that the plan continues, over the three-year period, to accurately reflect the local context (needs, priorities, resources, etc.) and is fit for purpose (i.e. in reference to the local context, sets out how all services will be provided in such a way as to achieve the plan's aims). As local circumstances may change relatively quickly, the duty to review provides a basis on which decisions to alter or adapt service provision can be made.

115. The Act does not prescribe timescales for the review of the Children's Services Plan. The duty is simply to "keep its plan under review". However, in view of the fact that a local authority and relevant health board are under a duty to report annually on their performance and progress in delivering the plan (section 13 of the Act), it would be logical to connect these two functions; the review becoming the process through which the annual report is prepared.

116. The Act also does not dictate how the review of the Children's Services Plan should be undertaken. However, if the review is to contribute meaningfully to the overall children's services planning process, it must: (a) establish if services are being delivered in line with the plan's aims and objectives; (b) ascertain what impact, if any, the services covered by the plan are effectively safeguarding, supporting and promoting the wellbeing of children; and (c) identify ways in which either delivery and/or the plan may be improved (to better meet current aims and requirements).

117. This demands that systems be put in place to regularly collect and analyse information relating to service performance and child wellbeing. Such information should come from a range of sources, and include both quantitative and qualitative data. The views of children, young people and families, and the professionals and volunteers working with them will be particularly valuable in making assessments of progress (in respect of children and young people feeling safe, healthy, included, etc.). Moreover, much useful information will already be stored in the information management systems of children's services planning partners, and by service providers, offering detailed insight into how services are working for specific groups of children. But careful consideration must be given to how such information is collected, anonymised, collated and analysed, ensuring at all times that it is done in appropriate, safe and proportionate ways, in line with current law and guidance on personal information use and sharing.
118. The findings of a review may suggest that changes are needed in the Children's Services Plan. Where this is the case, local authorities and relevant health boards are encouraged to take appropriate action. Section 11(1)(b) provides a local authority and the relevant health board with the power to prepare a revised Children's Services Plan.
119. If a local authority and the relevant health board choose to revise their Children's Services Plan, the duties set out in section 9 (Aims), section 10 (Process) and section 11(1) (Review) of the Act apply. This means that the revised plan must essentially be treated like a new plan, with "other service providers" and Scottish Ministers given the opportunity to participate and contribute to in the preparation of the revised plan, other persons (including social landlords and relevant organisations) consulted with, and the plan prepared with a view to securing the same "aims of the Children's Services Plan". The revised plan must itself be kept under review.

## **SECTION 12: IMPLEMENTATION OF CHILDREN'S SERVICES PLAN**

120. Under section 12(1), during the period to which the Children's Services Plan relates, the local authority, relevant health board, "other service providers" and Scottish Ministers (in exercising functions under the Prisons (Scotland) Act 1989) must, so far as reasonably practicable, provide children's and related services in accordance with the plan. This means that the public bodies providing services covered by a Children's Services Plan are under a duty to provide those services, within the parameters afforded by their capacity and function, in the way(s) described in the plan.

121. The duty to implement services in accordance with a Children's Services Plan does not apply where:

- (a) the person providing the service considers that to comply with the plan would adversely affect the wellbeing of a child; or
- (b) a notice of disagreement (made under section 10(8)) has been published about a matter.

122. For further guidance on the "notice of disagreement", please refer to the relevant section above.

## SECTION 13: REPORTING ON CHILDREN'S SERVICES PLAN

123. As set out under section 13(1) of the Act, as soon as practicable after the end of each one-year period, a local authority and the relevant health board must publish (in such manner as they consider appropriate) a report on the extent to which:

- (a) children's and related services have, in that one-year period, been provided in accordance with the Children's Services Plan; and
- (b) that the provision of services has achieved –
  - (i) the aims of children's services planning (section 9(2)), and
  - (ii) such outcomes in relation to the wellbeing of children in the area as the Scottish Ministers may by order prescribe.

124. The "one-year period" runs from 1 April to 31 March.<sup>20</sup> Each Children's Services Plan must be prepared in relation to a specific "three-year period" (under section 8(2)), so over the course of a Children's Services Plan there will be three annual reports.

125. These annual reports must be published "as soon as practicable" after the end of the one-year period and ideally by June. It may be beneficial to align publication of the Children's Services Plan's annual report with other statutory reports which apply to local authorities and/or territorial health boards (such as the National Improvement Framework's annual report, Local Child Poverty Action Report, or the Corporate Parenting report). However, these considerations should be balanced with the need to communicate progress to stakeholders in a relevant and timely manner. The annual report will be an important document, facilitating local accountability (to service users and the wider community); publication should therefore be seen as a priority, with delay after the conclusion of the one-year period kept to the absolute minimum.

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<sup>20</sup> Under the Children's Services Planning (Specified Date) (Scotland) Order 2016 the first "three-year period" ran from 1 April 2017 to 31 March 2020. This meant the first "one-year period" ran from 1 April 2017 to 31 March 2018.

126. The content of the annual report is not restricted by the Act, and each local area's report is likely to be shaped by the specific priorities and objectives set out within the plan. However, section 13 does demand that every annual report includes information about the extent to which the local area is delivering on any outcomes which might be set by Scottish Ministers under section 13(1)(b)(ii), and the five overarching aims of children's services planning (as set out in section 9(2)).
127. For a full explanation about what these aims mean in practice, please refer to the chapter on "Aims of Children's Services Plans" above.
128. In order to meet this requirement to report on progress against the statutory planning aims, local authorities and the relevant health board will need to have systems in place to collect and analyse relevant information (such as service performance and outcomes for children and young people). Ideally, these systems will provide longitudinal information (e.g. quarterly or yearly), enabling the annual report to illustrate the extent of progress achieved over the one-year period. Such "progress" information should always be situated in context, however, with the report also documenting relevant changes in, for instance, the availability or capacity of services, local political priorities, and the needs of children and young people in the area.
129. As with the Children's Services Plan itself, the Act does not prescribe a format for annual reports. The Children's Services Plan Annual Progress Report should ideally be a concise document. It should provide a clear summary of progress made in the previous year, measured against the Children's Services Plan priorities and outcome measures. It should also include any significant changes that have been made to the plan. It is hoped that these reports will be submitted by the end of June each year.
130. Whatever format is chosen, a local authority and relevant health board will want to ensure that their annual report is accessible to key stakeholders (such as children, young people and others with an interest in children's or related services). This is in order to facilitate engagement and accountability. As per

section 13(1) of the Act, annual reports may be published in such manner as the local authority and relevant health board “consider appropriate”. This gives each local area a measure of discretion about how the annual report is presented (format, language etc.) and the mode of publication (web document, print, etc.). Moreover, it means that local authorities and health boards can publish their annual report in a variety of formats, to aid its accessibility and utility among different audiences. Accessibility relates to both the availability of the document (e.g. published online) and its format and language.

131. As has already been noted in chapters above, there is an opportunity to align the duties to “review” and to “report”. Under section 11 a local authority and the relevant health board must keep their Children’s Services Plan under review. If that process was framed as a continuous performance review, with progress in achieving the plan’s aims being measured and assessed, it would act, simultaneously, as the process for preparing an annual report. Moreover, the published annual report would facilitate engagement with service users and key stakeholders, the feedback from whom could inform whether changes were needed to the plan itself. This cycle, with robust, evidence-based assessments of progress feeding into on-going decision making, is a core component of strategic commissioning.

### **Outcomes set by Scottish Ministers**

132. Under section 13(1)(b)(ii), Scottish Ministers have the power to prescribe, by order, specific outcomes (in relation to the wellbeing of children) which local authorities and the relevant health board will have to report on, as part of their Children’s Services Plan report. At the time of this document’s publication, no such order has been made in relation to children’s services planning.

### **Role of other service providers in reporting**

133. The duty to prepare and publish a Children’s Services Plan annual report sits exclusively with the local authority and its relevant health board. The role of “other service providers” in this process is likely to be as a source of information

about the delivery and performance of the children's or related services they provide in the local area. There is no requirement under Part 3 for "other service providers" to prepare an overarching, national report on the delivery of their children's or related services. However, there is also no restriction on them doing so, and the collation of such information may help facilitate compliance with statutory reporting duties set out in other parts of the Act (such as Part 1 (Children's Rights) and Part 9 (Corporate Parenting)).

## **SECTION 14: ASSISTANCE IN RELATION TO CHILDREN'S SERVICES PLANNING**

134. Under section 14, those persons and organisations consulted with in the preparation of a Children's Services Plan<sup>21</sup>, other service providers and Scottish Ministers, must comply with any reasonable request made of them, by the local authority and relevant health board, to provide information, advice and assistance which would facilitate the general process of children's services planning (as set in Part 3).

135. The persons and organisations to which this "duty of assistance" applies are:

(a) any "other service provider" and Scottish Ministers (but only insofar as the information, advice or assistance requested relates to a children's service or related service which these persons contribute to providing). Section 7(1) lists the "other service providers" as –

- (i) the Chief Constable of the Police Service of Scotland;
- (ii) the Scottish Fire and Rescue Service;
- (iii) the Principal Reporter;
- (iv) the National Convener of Children's Hearings Scotland;
- (v) the Scottish Courts and Tribunal Service; and
- (vi) an integration joint board established by order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.

(b) any of the persons mentioned in section 10(1)(b). These are –

- (vii) organisations, whether or not formally constituted, which represent the interests of people who use, or are likely to use, any children's service or related service in the local authority area;
- (viii) organisations, whether or not formally constituted, which provide a service in the area which, if that service were

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<sup>21</sup> For further details, please refer to section 10(1)(b) of the Act, or the chapter in this guidance on "Section 10: Children's Services Plan – Process".

provided by either the local authority, relevant health board, “other service provider” or Scottish Ministers, would be considered a children’s service or related service (for the purposes of children’s services planning),

- (ix) social landlords who provide housing in the area of the local authority, and
- (x) any such other persons as Scottish Ministers may by direction specify.

136. For an explanation of what is meant by “organisations [...] which represent the interests” and “organisations [...] which provide a service”, please see chapter “Section 10: Children’s Services Plan – Process”.

137. The term “information, advice and assistance” covers a range of activities which may be of benefit to children’s services planning and implementation. A request for assistance may come in the form of, among others, a request for data (e.g. on the number and characteristics of service users), a request for people to participate in a process (e.g. a planning group) or support in delivery (e.g. implementing an aspect of the plan). This breadth should enable a variety of different organisations to add value at different times.

138. A “reasonable request” is one which is relevant (in view of the person’s function), practicable (in view of the person’s capacity) and consistent with the person’s expected level of involvement in delivering the Children’s Services Plan. The reasonableness of a request will therefore be determined, in large part, by the person whose participation or contribution is being requested; what will be considered a reasonable request for one person may not be for another. For example, what would be a reasonable request of an “other service provider” (in terms of the provision of information, advice and assistance) may not be for independent organisations (and in particular those which receive no public funds).

139. However, while it is important that local authorities and health boards take into consideration the impact (e.g. the administrative and “opportunity” costs) which a request for information, advice or assistance may entail, they should not neglect the value smaller groups and organisations can bring. These smaller groups and organisations often play a critical role in safeguarding and improving the wellbeing of children, and while they may have less capacity to respond to a request for assistance, their insight can improve both the planning and implementation of Children’s Services Plans. One solution to this would be for a local authority and the relevant health board to offer relevant organisations a range of opportunities to provide assistance, allowing the groups and organisations to determine their own level of engagement. In respect to third sector organisations, this process could be facilitated by the local [Third Sector Interface](#).

140. Finally, under section 14(3) the duty to comply with a request for assistance does not apply if the provision of the information, advice or assistance would:

- (a) be incompatible with any duty of the person; or
- (b) unduly prejudice the exercise of any function of the person.

141. This means if a person judges that fulfilling a request for assistance may be incompatible with another of their duties (such as those related to confidentiality or data protection), or that to do so would unduly prejudice them in exercising one of their functions (such as providing a service), they are entitled to refuse to comply with the request.

## **SECTION 15: GUIDANCE IN RELATION TO CHILDREN'S SERVICES PLANNING**

142. A local authority, relevant health board and “other service provider” (as defined in section 7(1)) must have regard to any guidance issued by Scottish Ministers about children’s services planning. Guidance may relate to any of the functions conferred by Part 3 (other than the function of complying with section 12).
143. Before issuing or revising guidance, Scottish Ministers must consult with any person or organisation to which it relates (i.e. local authorities, health boards, etc.) and any other persons they consider appropriate.
144. This guidance document (Statutory Guidance on Part 3) is issued under section 15 of the Act. Every local authority, territorial health board and “other service provider” must have regard to it.

## **SECTION 16: DIRECTIONS IN RELATION TO CHILDREN'S SERVICES PLANNING**

145. A local authority, relevant health board and "other service provider" (as defined in section 7(1)) must comply with any direction issued by Scottish Ministers about children's services planning. Those directions may relate to any of the functions conferred by Part 3 (process, review, etc.), other than complying with section 12 (implementation of Children's Services Plans).

146. Directions may be issued under the powers provided to Scottish Ministers by sections 16(1) and 17(2) of the Act.

147. Before issuing, revising or revoking a direction, Scottish Ministers must consult with any person or organisation to which it relates (i.e. local authorities, health boards, etc.) and any other persons they consider appropriate.

## **SECTION 17: CHILDREN'S SERVICES PLANNING – DEFAULT POWERS OF SCOTTISH MINISTERS**

148. As set out in section 17 of the Act, where Scottish Ministers consider that a local authority and the relevant health board are not exercising a function conferred on them by Part 3 (other than complying with section 12), or in exercising a function are not complying with any statutory guidance issued under section 15(1), they have the power to:

- (a) direct a local authority and the relevant health board to exercise the function in a particular way; or
- (b) direct that the function is to be exercised instead by the local authority, the relevant health board, or another local authority or health board.

149. Please note that, while Scottish Ministers reserve these powers to facilitate compliance with the legislation, there are currently no plans for their use. Local authorities and health boards already work closely together, in partnership with the third sector, to plan and deliver services for their community, and in this context the functions of children's services planning are likely to represent a consolidation of established practice. Moreover, as per section 16(1) and section 17(1)(a), directions issued in relation to "children's services planning" cannot relate to the implementation of plans (i.e. how children's or related services should be delivered on a day-to-day basis). Scottish Ministers do not anticipate using these powers apart from in exceptional circumstances, where it is clear that a process (i.e. planning, review, reporting, etc.) described by Part 3 is not being followed.

## ENFORCEMENT OF PART 3

150. The first three-year period under Part 3 (Children’s Services Planning) began on 1 April 2017<sup>22</sup>. Compliance with the legislation will be carried out, primarily, at a local level. A Children’s Services Plan and its accompanying annual report are both public documents, enabling local communities to hold service providers to account on their performance. Moreover, by placing duties on local authorities and relevant health boards to consult with relevant persons and “other services providers” (section 10), and duties on those relevant persons and “other service providers” to participate in the process, the expectation is that all parties involved will hold each other to account. Considering the scope and importance of services covered by a Children’s Services Plan, those responsible for scrutiny and governance at a local level (such as elected councillors and non-executive board members) are likely to take a keen interest in both the development and implementation of the plan.

151. In addition to local enforcement mechanisms, Scottish Ministers also reserve powers (under a number of different sections) to issue directions in relation to certain aspects of children’s services planning.

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<sup>22</sup> As set out in the [Children’s Services Planning \(Specified Date\) \(Scotland\) Order 2016](#).

## **LINKS WITH STATUTORY PLANS, NON-STATUTORY PLANS AND POLICY**

152. As noted in the Introduction, children's services planning is part of a wider legal framework within which local planning and reporting takes place. This chapter considers some of the links between key planning and policy requirements related to the provision of children's or related services.

### **Principles and objectives of statutory plans**

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

154. In their response to the Christie Commission's final report, the Scottish Government identified four pillars of public service reform:<sup>23</sup>

- a decisive shift towards prevention;
- greater integration of public services at a local level driven by better partnerships, collaboration and effective local delivery;
- greater investment in the people who deliver services through enhanced workforce development and effective leadership; and
- a sharp focus on improving performance, through greater transparency, innovation and use of digital technology.

155. These are the pillars on which the various planning duties are built. They represent the thread which ties distinct processes together into a broader strategic agenda, empowering communities by ensuring that the planning and delivery of public services is open and inclusive, informed by a detailed

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<sup>23</sup> Scottish Government (September 2011) [Renewing Scotland's Public Services](#), p.5.

understanding of the population's needs, and local knowledge about what works to improve outcomes.

### **Non-statutory plans**

156. Local authorities and territorial health boards are also party to a number of non-statutory planning requirements, set out across a variety of national strategies and agreements. These non-statutory requirements can cover key policy areas, including child protection, drug and alcohol services, and housing.

157. As with statutory planning requirements, a Children's Services Plan could usefully articulate the relationship between itself and these other planning processes, as well as providing appropriate cross referencing and consistency of vision, priorities and objectives.

158. This chapter provides a summary of relevant legislation, policy, national strategies and Scottish Government programmes. Every local authority and their relevant health board are encouraged to consider how these agendas are addressed in, or by, their Children's Services Plan.

### **Identifying links at the local level**

159. At a local level, identifying and clarifying the relationships between different planning and reporting processes has a number of potential benefits. For instance, to help improve efficiency it may be possible to use the same activity, such as consultation, needs assessment or progress reporting, to satisfy statutory requirements under multiple planning systems. Moreover, identifying the links is an important step in realising the joined-up delivery of public services recommended by the Christie Commission; if the planning of different services is not coordinated and joined up, it is unlikely that delivery will be.

160. Each local area may choose to link planning requirements in different ways, in reference to existing practice and local arrangements (such as whether integration joint boards are responsible for children's health and social care

services). In some cases, a local area may choose to link different planning or reporting processes through a simple “parent-child” relationship, with service-level plans and reports feeding into broader strategic documents. In other cases, where a local area operates two planning processes in parallel, there will be opportunities to share information and insight between the systems. Ultimately however, whatever configuration chosen, all local planning is focused on the achievement of the same aim: the improved wellbeing of the local population, through the delivery of efficient and effective public services.

### **Links to children’s services planning**

161. Where possible, a local Children’s Services Plan may wish to detail (either through a narrative or visualisation) how the links are being made between the different statutory planning and reporting requirements. This will enable other organisations involved in children’s services planning (such as those responding to a consultation or request for assistance) to see how a Children’s Services Plan (and the process underpinning it) is connected into the wider planning landscape.

### **Community planning**

162. Community planning is about how public bodies work together with the local community to plan for, resource, and provide services which improve local outcomes. Part 2 of the [Community Empowerment \(Scotland\) Act 2015](#) places a range of duties on community planning partners in order to strengthen community planning (replacing provisions in the Local Government in Scotland Act 2003). Among the duties, the community planning partnership (CPP) is required to prepare and publish a Local Outcomes Improvement Plan which sets out the local outcomes the CPP has prioritised for improvement<sup>24</sup>. In preparing the plan, the CPP is obliged to make all reasonable efforts to secure the participation of community bodies in the planning process. In carrying out

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<sup>24</sup> A Local Outcomes Improvement Plan is the term the legislation gives to what was previously referred to as a “single outcome agreement”, but there is no significant difference between these documents in practice.

their functions, the CPP is required to do so with a view to reducing inequalities of outcomes which result from socio-economic disadvantage.

163. The duties in Part 2 of the Community Empowerment (Scotland) Act 2015 are intended to support an increase in the pace and scale of public service reform by cementing the focus on achieving outcomes and improving the process of community planning. This central purpose is mirrored in children's services planning. Both seek to deliver better outcomes for the population by promoting a collaborative, partnership approach between public bodies and communities, and keeping a focus on tackling inequalities. While there are a number of important differences in the requirements of the two Acts (such as around the setting of aims and reporting criteria), they share similar approaches and ambitions for collaborative working together and with the local community to improve agreed local outcomes and reduce inequalities. Aligning these two planning systems, where possible, could bring benefits to both, ensuring a continuity and congruence between plans, and enhancing the CPP's ownership of the local strategy for improving the wellbeing of children and young people.

164. For further information, please refer to the statutory guidance on the [Community Empowerment \(Scotland\) Act 2015](#).

### **Health and Social Care Integration**

165. The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), which came into effect in 2016, legislated for the integration of health and social care services across Scotland. The Act requires local authorities and health boards to set up an Integration Authority (either a body corporate model, delegating services to an Integration Joint Board; or a lead agency model, delegating services between each other) and to jointly prepare an [integration scheme](#) which sets out how they will plan, provide and monitor all adult social care, primary and community healthcare and some specific hospital services, such as accident and emergency and general medicine in their local area. A Health and Social Care Partnership is the operational and delivery aspect of integration, bringing together staff from the relevant health board and local authority. The Act also

permits local authorities and health boards to integrate other services, such as children's services, homelessness and criminal justice, if they wish to do so – and some services (such as Accident and Emergency, primary care and general dental services) are not population specific, therefore relate to services used by adults and children.

166. At its heart, integration is about ensuring those who use health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

167. Under the Public Bodies Act, every Integration Authority must prepare and publish a Strategic Plan, setting out how they will plan and deliver services for their area over the medium-term using the integrated budgets under their control and setting out how these will meet the [National Health and Wellbeing Outcomes](#) set by Scottish Ministers.<sup>25</sup>

168. The Strategic Plan is the output of what is commonly referred to as strategic commissioning, defined by Statutory Guidance as 'the term used for all activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place'.

169. The Strategic Plan must be prepared with regard to the "integration delivery principles", as detailed in section 31 of the Public Bodies Act, and must be reviewed at least every three years. The Strategic Plans are underpinned by a suite of specific plans which provide more detail on how Integration Authorities will support and provide care for those in the partnership area with specific complex care needs.

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<sup>25</sup> Reference to the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 may be relevant here: <http://www.legislation.gov.uk/ssi/2014/343/contents/made>.

170. An integration authority is also required to prepare an annual performance report on, among other things, how the arrangements in the strategic plan are contributing to achieving the nine [National Health and Wellbeing Outcomes](#). These reports are required to cover all services provided in the exercise of functions delegated to the integration authority, including, where applicable, children's services.
171. As the children's services planning requirements encompass a wider range of services than health and social care, a local authority and the relevant health board could employ the approach of the health and social care Strategic Plan, to the extent that it relates to children's services, as potentially feeding into the broader Children's Services Plan. The integration delivery principles which underpin a Strategic Plan would be consistent with the aims underpinning children's services planning. The National Health and Wellbeing Outcomes are based on similar principles to the Health and Social Care Standards which inform the self-assessment and inspection of all children's health and social care services.
172. The precise nature of the relationship between these two planning requirements will in large part be contingent on whether (and which) children's health and social care services have been included in the integration scheme. No matter how functions are delegated at a local level, there will always need to be communication between these two planning domains in order to support the whole family approach.
173. From the perspective of children's services planning, the adult health and social care context is important because most children live in families with adults. Adult family members' access to, and the quality of, health and social care services, is likely to have an effect on the wellbeing of children and young people. Similarly, for the providers of adult health and social care services, children and young people represent future service users. As part of their longer term planning strategy, integration authorities will need to work with the relevant local authority and health board to monitor the health and wellbeing of the child population in

the area, understanding needs, identifying potential issues and, with partners, putting in place appropriate preventative actions.

174. Furthermore, in order to achieve the statutory aims prescribed for both a Strategic Plan and a Children's Services Plan, consideration may usefully be given (by integration authorities, local authorities and relevant health boards) to the transitions between children's services and adult services. These transitions have been identified as points where service support for individuals can be at risk of inadequate coordination, leading to a negative impact on wellbeing.
175. For further information, please refer to the guidance prepared to assist implementation of the [Public Bodies \(Joint Working\) Scotland Act 2014](#).<sup>26</sup>

## **Children's rights**

176. Part 1 of the Children and Young People (Scotland) Act 2014 places duties on Scottish Ministers aimed at furthering the effect of the UNCRC in Scotland. These include: keeping under consideration whether there are any steps which they could take which would or might secure better or further effect in Scotland of the UNCRC and, if appropriate, taking steps identified by that consideration; taking such account as Ministers consider appropriate of any relevant views of children; and promoting public awareness and understanding of children's rights, including amongst children. These duties also require Ministers to report to the Parliament every 3 years on relevant progress and their plans for the subsequent 3 year period.
177. Part 1 of the Act has also placed a duty on a wide range of public authorities to report every 3 years on the steps they have taken to secure better or further effect of the UNCRC requirements within their areas of responsibility. The first reports are due as soon as practicable after 1 April 2020. Some public

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<sup>26</sup> This guidance is available at <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>.

authorities to which Part 1 applies will also be subject to duties under Part 3 (Children's Services Planning); in particular, local authorities and health boards.

178. Part 1 (section 2) of the Children and Young People (Scotland) Act 2014 places a duty on a range of public authorities (including all local authorities and territorial health boards) to report, as soon as practicable after the end of each three-year period, on the steps they have taken in that period to secure better or further effect within its areas of responsibility to the UNCRC requirements. The public authorities subject to this duty can choose to satisfy it "in such a manner as the authority considers appropriate", such as through the preparation of a specific report, or by including relevant information in another report. Two or more public authorities can also satisfy this duty through the preparation and publication of a joint report.

179. For local authorities and territorial health boards, children's services planning offers a potential structure for the fulfilment of their children's rights reporting duty. A local authority and health board could, for instance, incorporate their children's rights report into their annual Children's Services Plan report (required under Part 3 (section 13) of the Act). Or, alternatively, they could incorporate their children's rights report into the final annual report of the children's services planning cycle (which is linked to the same three-year period as Part 1).

180. Children's services planning also presents a local authority and relevant health board with a valuable opportunity to give children's rights real articulation in practice. For instance, a local authority and its relevant health board could, in consultation with its partners and community, choose to set themselves an aim, within their Children's Services Plan, "to secure better or further effect .... of the UNCRC requirements". Their plan could then articulate what steps will be taken, over the three-year period, to achieve this aim, and, as mentioned above, annual reports could document progress.

181. An effective way to consider children's rights is to undertake a [Child Rights and Wellbeing Impact Assessment](#) (CRWIA) in relation to the planning process and

the services included in it. Considering both rights and wellbeing to inform the structural, procedural and outcome framework of a Children's Services Plan offers potential advantages. For example, this approach could be useful for identifying early intervention and prevention activities that could benefit specific groups of children and young people in the longer term. Use of the CRWIA, can also assist in documenting progress of local rights-based services agendas. Further information is provided in the [Guidance on Part 1 \(Duties of Public Authorities in Relation to the UNCRC\)](#) of the Children and Young People (Scotland) Act 2014.

182. Although the alignment of Part 1 and Part 3 duties is not required by the Act, to do so may well benefit both processes and help to cement the links between children's rights and wellbeing.

183. For further information on children's rights reporting, please refer to the [guidance](#) on Part 1 (Children's Rights) of the Children and Young People (Scotland) Act 2014.

184. The Scottish Government is committed to incorporating the UNCRC into domestic law by Spring 2021. As a result new duties may be placed on public authorities, including local authorities and health boards. Planning partners may need to review their planning processes in accordance with any new requirements.

## **Child Poverty**

185. The Child Poverty (Scotland) Act 2017 places new requirements on local authorities and Health Boards to jointly produce annual Local Child Poverty Action Reports (LCPARs), aligning to the reporting cycle for Children's Services Plans.

186. ['Every Child, Every Chance'](#), the Scottish Government's first Tackling Child Poverty Delivery Plan, outlines the three key drivers of child poverty which are:

Employment - Income from parents' work and earnings is insufficient to lift them from poverty;

Household costs - The costs of living that households have to cover are too high; and

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

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

187. LCPARs prepared by local areas should be aligned to these three key drivers and outline the impact they will have in this regard. It should be clear how action is assisting to meet the national targets set and what further action will be taken in future. It is recommended that actions and indicators on child poverty, recorded in the Children's Services Plan, also form a key element of the annual LCPAR, and each report should cross-refer to the other.

### **Corporate parenting**

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

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

190. Corporate parents are also under a duty to report on how they have exercised their corporate parenting duties. These reports may include information about standards of performance, and the progress achieved in securing positive outcomes for the eligible population. The Act does not prescribe a time period to which reporting must refer, but statutory guidance recommends that reports are prepared and published at least once every three years from the date of commencement (April 2015); corporate parents are entitled to publish reports more frequently if they wish, to facilitate alignment with other reporting requirements.

191. The flexibility afforded to corporate parents around the timescales and manner in which they must fulfil their Part 9 duties presents a local authority and a relevant health board with multiple opportunities to align corporate parenting and children's services planning requirements, should they wish. Moreover, as a corporate parenting plan and report will detail the provision of a wide range of children's and related services, alignment could minimise duplication.

192. For further information on corporate parenting, please refer to the [Statutory Guidance on Part 9 \(Corporate Parenting\) of the Children and Young People \(Scotland\) Act 2014](#).

## **Child protection**

193. Legislation places a variety of duties and responsibilities on services and organisations in respect to child protection in Scotland. These relate, primarily, to the investigation and response required in cases of (actual or potential) child abuse and/or neglect. However, at the time of this guidance's publication, the specific structures of collaboration and service-level planning for child protection (such as Child Protection Committees) are not prescribed in legislation. These structures and processes are instead set out in detailed national guidance.<sup>27</sup>

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<sup>27</sup> Scottish Government (2014) National Guidance for Child Protection in Scotland 2014

194. The roles, responsibilities and accountability of Chief Officers and Child Protection Committees were reviewed in 2018. They are outlined in the document entitled [Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities \(Scottish Government, 2019\)](#).
195. The Chief Constable, and the Chief Executives of Health Boards and of local authorities are referred to as Chief Officers. They are the members of 'Chief Officer's Groups', responsible for ensuring that their agency, individually and collectively, works to protect children and young people as effectively as possible.
196. The Chief Officers of Health and Social Care Partnerships (Integration Joint Boards) are accountable to the Chief Executives of the Local Authority and the Health Board that make up their partnership for their role in relation to child protection and other aspects of public protection. These Chief Officers must be appropriately linked to local governance arrangements for the protection of children in their area. This applies regardless of whether children's services are in the scheme of integration.
197. Local Police Commanders and Chief Executives of Health Boards and Local Authorities are responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible. They also have responsibility for integrating the contribution of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector.
198. Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees (CPCs).
199. The [National Guidance for Child Protection in Scotland](#) (2014) emphasises the importance of planning by all relevant services. It states that "child protection planning should fit with the wider planning processes in the local area, showing

how child protection is integral to wider economic and social objectives as expressed through community and integrated children services planning [...]”.<sup>28</sup> While there is no statutory requirement to undertake a discrete “child protection planning” process in a local area, the National Guidance is clear that Children’s Services Plans should “include planned action to take forward improvements in services to protect children and meet their needs”, and that it is through children’s services planning that child protection planning should be linked in with wider local and national processes, such as Local Outcome Improvement Plans.<sup>29</sup>

200. Revision of the National Guidance for Child Protection is part of the Child Protection Improvement Plan (CPIP), initiated in 2016. The Revision is necessary to ensure it is consistent with the legislative and policy framework and current practice developments. Publication of the revision is due in 2020.

201. The [Framework for Risk Assessment, Management and Evaluation](#) (FRAME) for under 18 year olds, supports a consistent approach to the way in which agencies assess, manage and evaluate the risks presented by children who display serious harmful behaviour. It aims to achieve this by establishing agreed values, a structured approach, shared practice standards and a common language of risk. FRAME outlines the Care and Risk Management (CARM) processes which may be applied when a child has been involved in an incident of a serious nature (irrespective of the legal status of the incident) or where a pattern of significant escalation of lesser behaviours suggests that an incident of a serious nature may be imminent. The assessment of intent and the potential for harm should be the key measures which influence the decision to progress with CARM processes.

202. Local planning and reporting arrangements for child protection are at the discretion of Chief Officers and Child Protection Committees, but the National Guidance recommends that every local Child Protection Committee produces an annual plan/report, outlining the activities of agencies working together to

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<sup>28</sup> Ibid, p. 67.

<sup>29</sup> Scottish Government (2014) National Guidance for Child Protection in Scotland 2014, p.67.

protect children. In those local areas where such a plan and/or report is produced, it is important that the process is fully integrated into the wider Children's Service Planning framework. The child protection planning process should be seen as a component part of children's services planning, contributing to the local Children's Services Plan and annual progress report (as required under section 13 of the Act).

## **National Improvement Framework for Scottish Education**

203. The Standards in Scotland's Schools etc. Act 2000 requires the Scottish Ministers to publish a [National Improvement Framework](#). The legislation requires (amongst other duties) that, from August 2017, all education authorities prepare and publish annual plans describing the steps they intend to take during the planning period in pursuance of the National Improvement Framework for Scottish education. The annual plan must also describe the steps they intend to take to reduce the inequalities of outcome experienced by pupils as a result of socio-economic disadvantage and the ways in which they will consult key partners when deciding how this should be achieved. Finally, the plan must set out any educational benefits they intend to secure as a result of taking all of these steps. Education authorities must give a copy of the annual plan to the Scottish Ministers as soon as reasonably practicable after publishing the plan.

204. Education authorities are also required to ensure that annual School Improvement Plans and associated reports (required under section 6 of the Standards in Scotland's Schools etc. Act 2000), take into account the plans, reports and parental strategy published by the education authority. The education authority's early learning and childcare plan developed under Part 6 Section 50 (1) (b) of the Children and Young People (Scotland) Act will also be relevant, given the integrated nature of 3-18 Scotland's curriculum.

205. While the Scotland's Schools etc. Act 2000 does require the preparation of an annual plan, this does not prevent that process from informing the preparation and review of a Children's Services Plan. Whilst the duties linked to National Improvement Framework focus on the responsibilities of education authorities

specifically, schools (and education services more generally) will represent a very significant part of a Children's Services Plan. Similarly, when the local authority and relevant health board is identifying how its Children's Services Plan can support delivery of national agreed priorities for education (set out through the National Improvement Framework), it is likely that actions will involve children's services out-with "education", such as social work and health. This highlights the importance, and opportunity, of aligning these two planning requirements.

### **Early learning and childcare, school education for pre-school children (discretionary early learning and childcare) and day care and out of school care**

206. Part 6 (section 50) of the Children and Young People (Scotland) Act 2014 places the education authority under a duty to consult and plan, at least once every two years, about how it (the education authority) should make early learning and childcare<sup>30</sup> available. Similarly, Part 7 (section 54) amends section 1 of the Education (Scotland) Act 1980 to place the education authority under a duty to consult, at least once every two years, "such persons as appear to be representative" of parents of pre-school children about whether and how it should exercise its power to provide discretionary early learning and childcare under the 1980 Act. Finally, Part 8 (section 55) amends section 27 of the Children (Scotland) Act 1995 to place the local authority under a duty to consult, at least once every two years, with "such persons as appear to be representative" of parents of young children and school aged "children in need" about how they should provide day care and out of school care for such children; and, for children not in need, if and how they should provide day care and out of school care.

207. Each of these Parts of the legislation requires the authority to consult with parents as appear to them to be representative of parents of children under

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<sup>30</sup> "Early learning and childcare" is defined by section 46 of the Act as "a service, consisting of education and care, of a kind which is suitable in the ordinary case for children who are under school age, with regard being had to the importance of interactions and other experiences which support learning and development in a caring and nurturing setting".

school age (and, for part 8, school age); have regard to the views expressed; and, prepare and publish plans in relation to how mandatory early learning and childcare will be made available; and, publish plans in relation to other provision.

208. As all of the services to which Parts 6, 7 and 8 relate will be considered “children’s services” under the definition set out in Part 3 (section 7) of the Children and Young People (Scotland) Act 2014, a local authority and relevant health board may wish to use these plans to inform their broader children’s services planning process. Consultation with relevant parents will be carried out at least every two years, under Parts 6, 7 and 8. The legislation does not specify how plans (prepared under Parts 6, 7 and 8) must be published; however the intention is to establish on-going or frequent dialogue.

209. Combined, the provisions under Parts 6, 7 and 8 provide an opportunity to consult more widely on early learning and childcare, beyond the mandatory minimum entitlement. This broader consultation will create an opportunity for local authorities to co-ordinate planning of mandatory early learning and childcare, day-care and out of school care alongside discretionary provision, with local authorities having the powers to deliver or support.

210. In addition, a local authority (acting in its capacity of an education authority) and relevant health board may, should they wish, explore including these plans as part of their triennial Children’s Services Plan.

211. For further information, please refer to the [Children and Young People \(Scotland\) Act 2014, Early Learning and Childcare Statutory Guidance](#).

### **Community learning and development**

212. The Requirements for Community Learning and Development (Scotland) Regulations 2013 (issued under the section 2 of the Education (Scotland) Act 1980) place every local authority under a duty to prepare, consult on and publish a three-year plan for the provision of community learning and

development (CLD) in the local area.<sup>31</sup> The first CLD plan had to be published by 1<sup>st</sup> September 2015 and subsequently each third year from the date of publication of the previous plan.

213. CLD refers to programmes with an explicit learning focus and other types of activity that are designed to promote educational and social development. CLD is delivered by a wide range of organisations in the public and voluntary sectors; its objective is to secure improved life chances for people of all ages, including young people in particular, through learning, personal development and active citizenship. In this way CLD contributes to securing stronger, more resilient, supportive, influential and inclusive communities.

214. Accessible to both children, young people (including those who have left school) and adults, many CLD programmes are likely to fall within the scope of the Children's Services Plan. It will, therefore, be important, as noted above, that appropriate linkages are made between the CLD and children's services planning processes. In respect to the consultation duty specifically, the potential for some alignment clearly exists, with crossover in terms of the service users covered by both plans.

215. For further information on CLD, please refer to the [Strategic Guidance for Community Planning Partnerships: Community Learning and Development](#), and the [Requirements for Community Learning and Development \(Scotland\) Regulations 2013: Guidance for Local Authorities](#).

### **Self-directed support**

216. The [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#) (the "Self-directed Support Act") is intended to support, promote and protect the human rights and independent living of children and adults who use social care support in Scotland.

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<sup>31</sup> [Requirements for Community Learning and Development \(Scotland\) Regulations 2013](#), regulations 3 and 4.

217. Section 1 of The Self-directed Support Act establishes new principles of collaboration, informed choice and involvement, to which a local authority must have regard to carrying out its functions under, among other provisions, sections 22 to 24 of the Act (or Part 2 of the Social Work (Scotland) Act 1968). A person must be given as much involvement as they wish in relation to the assessment of their needs for support or services and the provision of support or services for the person. A local authority is also under a duty with respect to adults, children/families, adult carers and young carers, to take reasonable steps to facilitate a person's dignity and participation in the life of the community; which parallels their obligation to promote the "included" aspect of a child's wellbeing.

218. The Self-directed Support Act provides that people who are eligible for support under sections 22 to 24 of the Children's Act must be involved in decisions about what support or services they need and how these are delivered. This re-balancing of power between the practitioner and the child or family seeks to ensure that the families can direct their care support in a way that focuses on the aspects of life that matter to them – which may look very different to traditional services.

219. To facilitate greater choice and control over one's own self-directed support, section 4 of the Self-directed Support Act requires a local authority to offer four options to the supported person: Option 1, a direct payment to the individual or the appropriate person<sup>32</sup> which can be used to meet the agreed outcomes for the provision of support; Option 2, giving the individual (or their appropriate person) the power to direct the available support where arrangements for support are made by the local authority (including payment where the support is provided by someone other than the local authority); Option 3, support arranged for the person by the local authority (including payment where the support is provided by someone other than the local authority); and Option 4, a mix of the first 3 options. The local authority is also under a duty to explain the nature and

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<sup>32</sup> The Statutory Guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013 describes the involvement of the child.

effect of the four options to all eligible people, and to signpost them to other sources of information and support (such as independent advocacy).

220. It is recognised that self-directed support is not yet fully embedded as Scotland's approach to social care support and action is being taken to accelerate change. The [Self-directed Support Implementation Plan 2019-2021](#) sets out agreed national actions to drive forward the changes necessary to make self-directed support a reality everywhere. For further information on self-directed support, please refer to the Scottish Government (2014) [Statutory Guidance](#) to accompany the Social Care (Self-directed Support) Act 2013. This guidance was issued to local authorities by the Scottish Ministers under section 5 of the Social Work (Scotland) Act 1968 following the passing of the Social Care (Self-directed Support) (Scotland) Act 2013.

### **Local Carer Strategy (including young carers)**

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

222. Section 31 of the Carers Act requires each local authority and their relevant health board to jointly prepare a local carer strategy, setting out their plans to identify and support relevant carers. Whilst the duty to prepare local carer strategies applies to local authorities and relevant health boards (defined by section 31(6) of the Carers Act), it is delegated to integration joint boards<sup>33</sup>.

223. A "relevant carer" means a carer who either resides in the area of the local authority (irrespective of whether the person they care for or intend to provide

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<sup>33</sup> Public Bodies (Joint Working) (Prescribed Local Authority Functions Etc.) (Scotland) Amendment (No. 2) Regulations 2017 and the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017.

care for lives in that area) or a carer who does not live in the local authority area but the person whom they care for or intend to provide care for does.

224. The local carer strategy must contain information relating to the particular needs and circumstances of young carers. This information must include all the issues covered by section 31(2) of the Carers Act. As the Carers Act does not specify in what format this information should be included in the local carers strategy, this allows for local discretion on whether to provide a single local carer strategy covering both adult carers and young carers or whether the local carer strategy consists of two documents, one in relation to adult carers and a separate document covering young carers.

225. Before preparing a local carer strategy, section 31 of the Carers Act provides that the local authority and health board must jointly consult with such persons and bodies representative of carers, as they consider appropriate, and take such steps as they consider appropriate to involve relevant carers. In preparing the plan the local authority and relevant health board must have regard to, among other things, any plans for the provision of services relevant to young carers set out in the local Children's Services Plan, and to the statutory aims of children's services planning set out in section 9(2) of the Children and Young People Act 2014. Each local authority and relevant health board are required to jointly publish, keep under review and, if necessary, revise their local carer strategy.

226. The Carers Act contains a number of provisions regarding young carers. Section 1 provides that a "carer" is an individual who provides or intends to provide care for another individual. A "young carer" is defined in section 2 as a carer who is under 18 years old, or has reached the age of 18 years old while a pupil at school and has remained at school since attaining that age. Section 12 of the Carers Act places a duty on local authorities (or in most cases where the young carer is a pre-school child, the health board for the area in which the child resides) to offer a young carer statement where it identifies a child as a young carer. Where a young carer accepts this offer or requests a young carer

statement, the local authority (or health board) must prepare a young carer statement.

227. The young carer statement provides a framework for the identification of the personal outcomes and individual needs for support of young carers by the relevant authority (or health board). The young carer statement must contain information set out in section 15 of the Carers Act, which includes amongst other things, the nature and extent of the care provided or to be provided, information about the impact of caring on the young carer's wellbeing and day-to-day life and information about the extent to which the local authority (or health board) considers that the nature and extent of care provided by the young carer is appropriate. Even where a young carer has reached the age of 18, the young carer statement and any support associated with it must continue until an adult carer support plan is provided. Where a young carer's identified needs meet local eligibility criteria, the local authority is under a duty to provide support, if they have identified needs which cannot be met by services to the cared-for person or services provided generally in the community, including information and advice services. The local authority also has a power to provide support to the young carer to meet needs which do not meet local eligibility criteria.

228. Part 4 of the Carers Act also introduces rights for adult carers and young carers to be involved when assessing the needs of the person being cared for as well as before a cared-for person is discharged from hospital.

229. Scottish Ministers have prepared and published a [Carers' charter](#), under section 36 of the Carers Act, setting out the rights of adult carers and young carers as provided for in or under the Carers Act. For further information on the Carers (Scotland) Act 2016, please refer to the relevant Scottish Government webpages<sup>34</sup>.

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<sup>34</sup> For further information on the Carers (Scotland) Act 2016, please refer to <https://www.gov.scot/policies/social-care/unpaid-carers/>

## **Joint inspections of children's services**

230. The Public Services Reform (Scotland) Act 2010 Section 115 enables Scottish Ministers to request joint inspections of children's services. At the request of Scottish Ministers, the Care Inspectorate leads joint inspections of services for children and young people across Scotland. The current joint inspection approach focusses on services for children and young people in need of care and protection. This refers to children and young people in need of protection and children, young people and young adults for whom community planning partnerships have corporate parenting responsibilities.

231. The Care Inspectorate has produced a [quality framework for children and young people in need of care and protection 2019 \(revised\) \(QIF\)](#) which supports joint self-evaluation and continuous improvement and includes the set of quality indicators used for joint inspections. Quality indicator 6.2 "planning and improving services" particularly references children's services planning arrangements and includes illustrations of very good and weak evaluations. Based on learning from previous joint inspections of services for children and young people, the Care Inspectorate has identified ten steps to successful children's services planning with the aim of supporting the work of Community Planning Partnerships, which can be found in Appendix B.

## **Equally Safe**

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

## Health and Social Care Standards

233. The [Health and Social Care Standards](#)<sup>35</sup> set out what everyone should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. The standards cover five key principles: dignity and respect; compassion; be included; responsive care and support; and wellbeing.

## Continuing Care

234. Continuing Care was introduced through Part 11 of the Children and Young People (Scotland) Act 2014 and should be considered one component of a wider range of support providing a consistent approach which reflects individual needs and aspirations of young people leaving care.

235. Continuing Care is defined in the Act as meaning the same accommodation and other assistance as was being provided for the eligible person by the local authority, immediately before the person ceased to be looked after.

236. The provisions of the legislation entitle an eligible young person (subject to certain exceptions, such as when providing Continuing Care would significantly adversely affect the welfare of the young person) who is looked after in foster, kinship, or residential care to remain in their current care placement up to their twenty-first birthday.

237. Continuing Care stresses the importance of encouraging and enabling young people to remain in their care setting until they are able to demonstrate their readiness and willingness to move on to interdependent living. The policy is

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<sup>35</sup> The standards and outcomes set out in the Health and Social Care Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act and Section 10H of the Nation Health Service (Scotland) Act 1978.

intended to minimise the multiple simultaneous disruptions that happen in a young person's life as they approach adulthood; and allows young people to maintain and build on the strong and positive relationships between them and their carer.

238. Non statutory national [guidance](#) on Continuing Care was published on the Scottish Government website to reinforce the legal and ethical responsibilities of local authorities towards looked after young people and care leavers and to explain the local authorities' duty to provide Continuing Care.

### **Children and Young People's Mental Health**

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

240. Support for children's mental health straddles the work of services across different bodies and services and requires a joined-up strategic and operational planning approach to ensure Getting it right for every child principles address the mental and emotional wellbeing needs of children at the earliest point.

241. Children's services planning should explicitly set out the local needs of children and young people in their area through their strategic needs assessment, and the steps to be taken to improve individual services and joint planning across different organisations. Planning should make clear how different services should work together to achieve this common strategic goal, taking into account the development of any new services, such as community wellbeing services, and the particular needs of any groups of children requiring specific action.

242. Collective responsibility for improving mental health outcomes for children and their families should ideally be clearly expressed in children's services plans. Whilst Child and Adolescent Mental Health Services (CAMHS) is an essential element in this respect, access to support should be as early as possible, with a range of provision including preventative services and approaches, in order to address concerns as they arise. It is good practice for planning to be clear about the support of young people transitioning into adult services. Key outcome measures that capture local improvement in children's mental health support and outcomes are important in being able to demonstrate the extent to which the provision of services in accordance with the plan have achieved the aims outlined in section 9(2) of the 2014 Act.

## **Youth Justice**

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

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

245. Integration and sustainability of youth justice and the [whole system approach](#) to offending is part of the strategic planning landscape including Community Planning, Children's Service Planning and Community Justice.

246. Children and young people who present a high risk of offending and particularly those involved in serious and violent offending are often highly vulnerable, with complex needs. In many cases these children and young people have

themselves been victims of crime, neglect and abuse. A co-ordinated approach which seeks to address welfare needs as well as their offending behaviour is crucial to reducing the risk of re-offending and improving outcomes.

## **Children's Hearings**

247. The children's hearings system takes an integrated and holistic approach to care and justice in which the child's best interests are the paramount consideration. It is built upon the principles established by the [Kilbrandon Report of 1964](#), which stated that children and young people who offend should be considered "children in need", as much as those who require care and protection.

248. The hearings system relies on many partners to deliver effective decision making for children and young people. The two principal Public Bodies are the Scottish Children's Reporter Administration ([www.scra.gov.uk](http://www.scra.gov.uk)) - responsible for the Children's Reporter service and for convening children's hearings, and Children's Hearings Scotland ([www.chscotland.gov.uk](http://www.chscotland.gov.uk)) - responsible for supporting the national children's panel.

249. The [Children's Hearings Improvement Partnership \(CHIP\)](#) was established in 2014 to deliver a focused improvement programme, prioritising initiatives that would benefit from multi-agency action to improve children's experiences and outcomes.

## **Community justice**

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

251. The Act places responsibility for local planning and monitoring of community justice services with a defined set of Community Justice Partners (including

local authorities, health boards and others). These partners have a duty to collaborate in preparing a strategic plan, and are accountable for delivering it. The community justice services to be delivered under this plan will be mainly focused on adults, but there is likely to be an impact on children too, particularly where the recipient of a community justice service is a parent.

## **Mental health advocacy**

252. The [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) provides every person with a mental disorder with a right to independent advocacy. For the purposes of this legislation, independent advocacy is advocacy provided by persons other than a local authority or health board responsible for providing services in the area where the patient is to receive care or treatment.

253. The legislation places a duty on local authorities and the NHS to ensure that such independent advocacy services are available in their area. [Guidance](#) accompanying the legislation recommends that a “Strategic Advocacy Plan” be developed in each local area, based on information gathered from a needs assessment, scoping exercises and consultations. These plans should outline the development and investment in advocacy over a minimum three-year period. For further information, please refer to [Independent Advocacy: Guide for Commissioners](#) (2013).<sup>36</sup>

## **Realigning Children’s Services<sup>37</sup>**

254. The Scottish Government aims to ensure that all parts of Scotland have the right services for children. Services geared towards prevention, early engagement, tailored to local needs, joined up and holistic. It aims to deliver this through supporting collaborative and evidence based planning and delivery.

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<sup>36</sup> Scottish Government (2013) [Independent Advocacy: Guide for Commissioners](#) [http://www.gov.scot/Resource/0044/00441045.pdf]

<sup>37</sup> Scottish Government webpages on Realigning Children’s Services are available at [http://www.gov.scot/Topics/People/Young-People/realigning-childrens-services](#).

255. The [Realigning Children's Services programme](#) is run by the Scottish Government in partnership with Community Planning Partnerships (CPPs). It seeks to improve outcomes for children by supporting local improvement in joint strategic commissioning, focusing on evidence collection and analysis, service mapping and strengthening partnership working across children's services.

### **National Trauma Training Programme<sup>38</sup>**

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

257. To support this, a National Trauma Training Programme, led by NHS Education for Scotland (NES) has been established and is consistent with the 2017 publication: '[Transforming Psychological Trauma: A Knowledge and Skills Framework for The Scottish Workforce](#)'. This framework lays out the essential and core knowledge and skills needed by all tiers of the Scottish workforce to ensure that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it.

### **Fairer Scotland Duty**

258. The public sector duty regarding socio-economic inequalities is set out in legislation in section 1 of the Equality Act 2010, however it is known as the Fairer Scotland Duty. The duty came into force in Scotland from April 2018. It places a legal responsibility on particular public bodies in Scotland to have due regard to how they can reduce inequalities of outcome caused by socio-

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<sup>38</sup> <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

economic disadvantage, when making strategic decisions. Local authorities and Health Boards are covered by the duty.

259. In deciding how to fulfil their obligations under the duty, public bodies must take into account any guidance issued by Scottish Ministers.

260. [Interim guidance](#) for public bodies has been published by Scottish Ministers to assist with implementation. The guidance recommends public bodies actively consider how they could reduce inequalities of outcome in any major strategic decision they make and publish a written assessment showing how they have undertaken this.

261. The duty is subject to a three year implementation phase and the Scottish Government, alongside the Equality and Human Rights Commission, will review how the duty is working in practice over this period.

## **APPENDIX A: CHILDREN'S SERVICES PLANS REVIEW CRITERIA**

The Scottish Government will review all Children's Services Plans between April-October of the year of submission. Partnerships will receive written feedback on their individual plans following the review. The review will be based on the following criteria.

### **Does the Children's Services Plan:**

- Have a clear, ambitious compelling shared vision of what will be achieved by the end of the plan?
- Reflect relevant National Performance Framework Outcomes?
- Incorporate a robust evidence-based joint strategic needs assessment of the current population of the children and young people in its area?
- Include analysis of quantitative and qualitative evidence and data relating to both service performance and child wellbeing?
- Identify a manageable number of measurable priorities clearly linked to the joint needs assessment to ensure that the rationale behind the priorities is explicit?
- Cover local services which fall into the categories of both 'children's services' and 'related services' in its scope?
- Recognise and describe services which can fulfil both 'primary prevention' and 'early intervention' across all aspects of wellbeing?
- Describe how the Community Planning Partnership is creating and maintaining effective Getting it Right for Every Child practice for individual children, young people and their families?

- Describe how the Community Planning Partnership is using children’s rights to inform the structural, procedural and outcome framework of the plan?
- Convey a shared sense of ongoing engagement and ownership with staff, children, young people, families and the wider community, evidencing that the Community Planning Partnership has made full use of stakeholder’s ideas and suggestions?
- Set out a comprehensive strategy for supporting families through a broad range of preventative and early intervention approaches from universal services to targeted intensive support and describe the rationale for how and where the family support services are provided?
- Describe what services are going to be developed in the future and specifying which areas will see disinvestment in order to facilitate the shift of resources towards preventative and early intervention options?
- Set clear indicators for monitoring and evaluating the effectiveness of children’s services in terms of their success in responding to and addressing children’s wellbeing needs?
- Present all the information in an easily accessible format which is SMART (Specific, Measurable, Achievable, Relevant and Time-related)?
- Illustrate links to other statutory plans and reports?

The Scottish Government will also provide an analytical evaluation report which will provide an overview of the findings of all of the plans

## **APPENDIX B: CARE INSPECTORATE'S 10 STEPS TO SUCCESSFUL CHILDREN'S SERVICES PLANNING**

Based on learning from joint inspections of services for children and young people, the Care Inspectorate has identified ten steps to successful children's services planning with the aim of supporting the work of Community Planning Partners and the strategic group they task with leading and coordinating children's services planning.

### **Step 1: An ambitious and compelling shared vision**

Having an ambitious and compelling vision for children and young people with explicit values based on children's rights is essential to effective leadership of children's services planning. This vision should in turn drive forward the work of partners at pace in the delivery of transformational change, as well as inspiring and energising staff to work together towards common goals. The vision and values should contribute to a culture of collaborative working characterised by respectful challenge and mutual support.

### **Step 2: A joint a strategic needs assessment**

Children's services planning is built on jointly assessing the needs of children and young people. Partners leading on children's services planning should have systems and processes in place to gather, analyse and update performance management information drawn from across services, and to aggregate the views of children, young people and families about their experiences of using services. This should provide evidence of current and future need in different localities and by age and stage, both for the child population as a whole and vulnerable groups within this. Based on this evidence, partners should agree priority objectives. A good plan will have no more than 3 – 5 priorities in total. These can change for the next three-year period, but over a planning cycle the focus is on a manageable number of priorities towards which resources are directed with the aim of achieving step change and narrowing outcome gaps.

### **Step 3: Strategic mapping of services**

Extensive and detailed mapping of existing services supports effective planning. This should involve robust cost/benefit analysis of all services provided directly or commissioned from the third sector. It is desirable to establish a consistent and sustained approach through regular reporting by all services on measurable improvements in the wellbeing of children and young people. Feedback on the experiences of users of services is an essential part of this process. The co-ordination of mapping at a strategic level enables leaders to maintain a critical overview of the services they invest in and deliver, in order to apply best value principles.

### **Step 4: Identifying the totality of the resource**

To become achievable, plans should detail the resources available to partners over the three-year period of a Children's Service Plan. Overall information on available finance, staffing and assets is clearly stated and is then linked specifically to activities throughout the plan. Moreover, partners should be explicit about the increasing resources to be directed towards prevention and early intervention over the lifetime of the plan.

### **Step 5: Matching needs and services**

To justify continued expenditure, community planning partners should show that existing services are delivering improvements in wellbeing clearly aligned to priority areas of need. When services which are intended to meet a priority area of need do not deliver sufficient improvement or do not represent best value, leaders should be agile and innovative in changing course. Any mismatch identified between existing services and agreed priorities should be used as an opportunity for collective decision making about commissioning and decommissioning.

### **Step 6: Developing sets of local outcome indicators**

It is necessary for community planning partners to agree from the outset what outcome indicators they will use to measure progress on specific improvement aims within each priority objective. They can then establish baseline measures and set targets linked to priority areas for improvement. Milestones can be

identified to support annual public reporting on progress. Benchmarking local outcome indicators could helpfully be achieved through working with comparators to adopt some of the same outcome indicators.

### **Step 7: Informed consultation**

Information from completing steps 2 - 6 can be turned into user friendly formats and presentations. Stakeholders, including children and young people, understand that there are constraints on what can be achieved and that difficult choices have to be made. It is very important that they are involved in making decisions about children's services planning based on accessible information. Discussion with stakeholders should be informed by evidence (including from academic research) about what works to improve wellbeing while listening carefully to their ideas and suggestions. Components of a children's services plan should increasingly be delivered through co-production with children, young people, families and communities.

### **Step 8: Developing a SMART delivery plan**

A Children's Services Plan is turned into activities leading to change and improvement through a clear and concise delivery plan. This details the specific improvement aims and actions linked to each priority. SMART delivery plans are: Specific, Measurable, Achievable, Relevant and Time-related. Importantly, in order to be delivered, actions must be adequately resourced.

### **Step 9: Governance and accountability**

A strategic group tasked with children's services planning should report directly to the Community Planning Partnership (or an executive group within the CPP, such as a Chief Officers Group) and should be responsible for the development and delivery of the plan. This group should be made up of senior managers who control budgets. Representatives should come from community child health, education and children and families social work, other council services such as housing, community learning and development and the third sector.

Moreover, simplifying the planning landscape for children's services supports more efficient and effective arrangements, and reduces the number of separate

and sometimes disconnected planning forums. This can be done, for example, by including children's rights, child protection, corporate parenting, youth justice, child poverty etc. as discreet sections within the Children's Services Plan. A manageable number of subgroups could work to clear remits and timescales and be held accountable to the strategic planning group. The strategic group responsible for children's services planning is in turn accountable for its performance to the Community Planning Partnership.

### **Step 10: Annual performance reporting**

Annual public performance reporting to stakeholders should not simply describe the volume and frequency of service delivery but identify the measurable difference the Children's Services Plan has made to the lives of children and young people. This includes key achievements and improving trends in indicators of wellbeing and life chances. It can help partners to prepare for public reporting by describing at the outset of the 3 year plan what success will look like. Developing meaningful ways of communicating key achievements to children and young people is an important part of this process.

**APPENDIX C: FURTHER LEGISLATIVE AND POLICY CONTEXT - THE PLANNING AND REPORTING LANDSCAPE** – Please note, this list is not exhaustive and may be subject to future change.

<b>Plan</b>	<b>Legislation</b>	<b>Guidance/Recommendations/Reports</b>
Adoption Service	<a href="#">The Adoption and Children (Scotland) Act 2007 (Section 1 &amp; 6)</a>	
Children's Rights	<a href="#">The Children and Young People (Scotland) Act 2014 Part 1 (Section 2)</a>	<a href="#">Guidance on Part 1, Section 2 (Duties of Public Authorities in relation to UNCRC) of the Children and Young People (Scotland) Act 2014</a>
Child Protection Plan		<a href="#">The National Guidance for Child Protection in Scotland 2014</a>
Children's Services Plan	<a href="#">Children and Young People (Scotland) Act 2014 Part 3</a>	This document is the statutory guidance
Community and Learning Development Plan	<a href="#">The Requirements for Community Learning and Development (Scotland) Regulations 2013 (Section 4)</a>	<a href="#">The Requirements for Community Learning and Development (Scotland) Regulations 2013: Guidance for Local Authorities</a>  <a href="#">Strategic guidance for community planning partnerships: community learning and development</a>
Community Justice Outcomes Improvement Plan	<a href="#">Community Justice (Scotland) Act 2016 (Section 19-23)</a>	<a href="#">Guidance for Local Partners in the New Model for Community Justice</a>
Corporate Parenting Plan	<a href="#">Children and Young People (Scotland) Act 2014 Part 9 (Section 56-65)</a>	<a href="#">Statutory Guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014</a>
Early Learning and Childcare Plan	<a href="#">The Children and Young People (Scotland) Act 2014 Part 6 (Section 50)</a>	<a href="#">Early Learning and Childcare: Statutory Guidance</a>
Education Services Plan	<a href="#">The Education (Scotland) Act 2016 (Section 3 (2))</a>	<a href="#">National Improvement Framework</a>
Local Carer Strategy	<a href="#">The Carers (Scotland) Act 2016 Part 5 (Section 31-33)</a>	<a href="#">Carers (Scotland) Act 2016: Statutory Guidance</a>
Local Child Poverty Action Report	<a href="#">The Child Poverty (Scotland) Act 2017 (Section 10 (1))</a>	<a href="#">Local Child Poverty Action Report: Guidance 2018</a>  <a href="#">Every Child Every Chance: Tackling child poverty delivery plan 2018-22</a>

<b>Plan</b>	<b>Legislation</b>	<b>Guidance/Recommendations/Reports</b>
Local Outcomes Improvement Plan	<a href="#">Community Empowerment (Scotland) Act 2015 Part 2 (Section 6)</a>	<a href="#">Community Empowerment (Scotland) Act 2015 Part 2 Community Planning Guidance</a>
Locality Plan	<a href="#">Community Empowerment (Scotland) Act 2015 Part 2 (Section 10 &amp; 11)</a>	<a href="#">Community Empowerment (Scotland) Act 2015 Part 2 Community Planning Guidance</a>
Mental Health Strategic Advocacy Plan	<a href="#">Mental Health (Scotland) Act 2015 Part 1 (Section 27, 259A)</a>	<a href="#">Mental Health (Care and Treatment) (Scotland) Act 2015 patient representation provisions: Interim Guidance</a>
Regional Improvement Collaborative Plan		<a href="#">Education Governance: Next Steps Empowering our Teachers, Parents and Communities to Deliver Excellence and Equity for Children 2017</a>
School Improvement Plan	<a href="#">The Education (Scotland) Act 2016 (Section 3 (4))</a> <a href="#">Standards in Scotland's Schools etc. Act 2000</a>	<a href="#">Standards in Scotland's Schools etc. Act 2000 statutory guidance</a>
(Health and Social Care) Strategic Commissioning Plan	<a href="#">The Public Bodies (Joint Working) (Scotland) Act 2014 (Section 33)</a>	<a href="#">Strategic Commissioning Plans Guidance</a>

## APPENDIX D: DEFINITION OF TERMS USED

For the purposes of Part 3, the term “**child**” or “**children**” refers to persons who have not yet attained the age of 18 years.<sup>39</sup>

The terms “**young people**” and “**young person**”<sup>40</sup> are not used in Part 3, but in the context of this guidance they are used to refer to older children (e.g. 12 – 17 years old)

The term “**children’s service**” means any service in the local authority area provided wholly or mainly to, or for the benefit of, children by (a) the local authority, (b) the relevant health board, (c) any “other service provider”, and (d) Scottish Ministers (in exercising their functions under the Prisons (Scotland) Act 1989).

A “**children’s service**” is one which is available to all children (up to their 18<sup>th</sup> birthday), or available to children and young people with needs of a particular type (such as looked after children or children with a disability). Examples of children’s services might include schools, providers, health visitors, youth groups, child and adolescent mental health services (CAMHS), and community wellbeing services for children with additional support needs and/or complex health needs, services to support children through domestic abuse and other adverse childhood experiences, children and families social work, community paediatrics, services for young carers, youth justice services and adoption/permanence services.

The term “**related service**” means any service in a local authority area provided by (a) the local authority, (b) the relevant health board, (c) an “other service provider”, and (d) Scottish Ministers (in exercising their functions under the Prisons (Scotland) Act 1989), which, although it does not fall into the definition of a “children’s service”, is still capable of having a significant effect on the wellbeing of children and young people. Examples of related services might include leisure services, housing, drug and alcohol services, etc. (Further guidance on how to identify “children’s services”

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<sup>39</sup> As set out in section 97(1) of the Children and Young People (Scotland) Act 2014.

<sup>40</sup> Please note that, in respect to the specific operation of the Named Person service (Part 4 of the Act) a “young person” is defined as an individual who has attained their 18th birthday and continues to be on a school roll (as per section 22(2)). This guidance is not using this definition for the reasons set out above.

and “related services” can be found under the chapter “Requirement to prepare Children’s Services Plans”.)

For the purposes of children’s services planning, the term “**relevant health board**” means – if the area of the local authority is the same as that of a health board, that health board; or if not, the health board in whose geographical area a local authority is situated.

The term “**other service provider**” means:

the Chief Constable of the Police Service of Scotland;  
the Scottish Fire and Rescue Service;  
the Principal Reporter;  
the National Convener of Children's Hearings Scotland;  
the Scottish Courts and Tribunal Service; and  
an integration joint board established by order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.<sup>41</sup>

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<sup>41</sup> Integrated Joint Boards were added to the list of “other service providers” by [section 58 of the Public Bodies \(Joint Working\) \(Scotland\) Act 2014](http://www.legislation.gov.uk/asp/2014/9/section/58/enacted) [www.legislation.gov.uk/asp/2014/9/section/58/enacted].

## APPENDIX E: FURTHER INFORMATION AND GUIDANCE

For further information and guidance on improvement, strategic planning and community engagement, please refer to the resources listed below (please note, this list is not exhaustive and may be subject to future change).

- a. Children in Scotland's Principles and Guidelines 2019 - [Meaningful Participation and Engagement of Children and Young People](#)
- b. Community Places (2012) - [Community Planning Toolkit](#)
- c. Health Improvement Scotland: Strategic Commissioning Improvement Support - [iHUB](#)
- d. Improvement Service (2015) - [Support for Councils](#) & [Support for Community Planning Partnerships](#)
- e. Joint Improvement Team (2016) - [Commissioning](#)
- f. National Audit Office (2011) - [Successful Commissioning Toolkit](#)
- g. National Institute for Health and Care Excellence (2008) - [Community Engagement](#)
- h. NHS Education for Scotland: The Quality Improvement Zone - <https://learn.nes.nhs.scot/741/quality-improvement-zone>
- i. Scottish Community Development Centre (2005) - [National Standards for Community Engagement](#)
- j. Scottish Government (2013) - [Doran Review implementation](#)
- k. Social Work Inspection Agency (2009) - [Guide to strategic commissioning: taking a closer look at strategic commissioning in social work services](#)
- l. The Children's Commissioner – [7 Golden Rules for Engagement](#)



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