

**COMMUNITY PLANNING
LEADERSHIP AND MANAGEMENT GROUP**

DATE: Thursday 7 September 2011
TIME: 10.00am
VENUE: Room 2, Learning & Education Centre, Forth Valley Royal
Hospital, Larbert

AGENDA

1. Minute of Last Meeting 11/04/11
 - Approval
 - Matters Arising
2. (Draft) Minutes of Community Planning Management Group – 16/06/11, for information
3. Community Planning Partnership Improvement Plan – Post Self Assessment, Report by the Chief Executive, Falkirk Council
4. The Strategic Community Plan 2010-2015 - Action Plan, Report by the Head of Policy, Technology & Improvement, Falkirk Council
5. The Single Outcome Agreement – Monitoring Statement, Report by the Head of Policy, Technology & Improvement to follow
6. Falkirk Employability Action Plan / Welfare Reform – Report by Head of Economic Development, Falkirk Council
7. The Commission on the Future Delivery of Public Services in Scotland – Report by the Chief Executive, Falkirk Council
8. Preventative Approaches – Response to the Scottish Parliament’s Questionnaire, Report by the Head of Policy, Technology & Improvement
9. Public Social Partnership – End of Pilot Report – presentation by Project Team
10. Children & Young People’s Update - Report by the Chair of the Children’s Commission
11. Dates of Remaining 2011 Meetings:
 - Leadership Group:**
 - 17 November 10.00am
 - Management Group:**
 - 3 November 10:00am

FALKIRK COMMUNITY PLANNING PARTNERSHIP
MINUTE OF MEETING OF THE LEADERSHIP GROUP
MONDAY 11 APRIL 2011
COMMITTEE SUITE, MUNICIPAL BUILDINGS

ATTENDING

Falkirk Council

Councillor A Waddell (Chair)

Fiona Campbell, Head of Policy & Performance Review, Corporate & Neighbourhood Services

Andrew Wilson, Community Planning Manager, Corporate & Neighbourhood Services

Rhona Geisler, Director of Development Services, Falkirk Council

Margaret Anderson, Acting Director of Social Work Services, Falkirk Council

Brian Pirie, Democratic Services Manager

Central Scotland Police

Councillor J Blackwood, Vice Convener of Central Scotland Joint Police Board

Assistant Chief Constable Gordon Samson

Central Scotland Fire & Rescue

David McGowan, Director of Service Delivery

NHS Forth Valley

Brendan Clark, Chair, Falkirk CHP Committee, Forth Valley NHS Board

Sue Dow, General Manager, Falkirk CHP Committee

CVS Falkirk & District

Kenny Murphy, Chief Executive

Forth Valley College

Andrew Lawson, Associate Principal

Scottish Enterprise

Skills Development Scotland

Scottish Government

M Sinclair

Apologies

Councillor Craig Martin, Leader, Falkirk Council

Mary Pitcaithly, Chief Executive, Falkirk Council

Julia Swan, Director of Education Services, Falkirk Council

Linda McPherson, Regional Director (East), Scottish Enterprise

Ian Mathie, Strategy Manager, SEStran

1. MINUTE OF LAST MEETING

There was submitted (circulated) and **APPROVED** Minute of the Leadership Group held on 23 September 2010.

2. MINUTE OF MANAGEMENT GROUP MEETING

There was submitted (circulated) and **NOTED** Minute of the Management Group held on 17 February 2011.

3. IMPLEMENTATION OF THE STRATEGIC COMMUNITY PLAN 2010-2015

There was submitted Report (circulated) by the Chief Executive, Falkirk Council, confirming the Imminent publication of the revised Strategic Community Plan 2010-2015 and summarising progress made towards implementing the Plan.

Discussion took place on the following:-

- the cross-thematic issues identified at a Community Planning Conference in November 2010
- the process for seeking Partners' approval for the Plan
- the need for the Plan to promote a vision for the area

NOTED that the progress made in planning the implementation of the new Strategic Community Plan.

4. ASSESSING THE IMPACT OF SPENDING DECISIONS, UPDATE

There was submitted Report (circulated) by the Head of Policy Performance Review, Falkirk Council, summarising the impact of the Scottish budget on Partners spending decisions.

Discussion took place on the following:-

- the high level nature of the information provided and the need to drill down to fully understand the impact of budget reductions.
- the reality that organisations will “do less with less” on a consequence of reductions in budgets
- the disproportionate impact of budget cuts on police support staff
- the need to assess impact by customer/client group and by type of savings

NOTED the progress and information submitted to aid the impact assessment of spending decisions.

AGREED that further reports are prepared as information becomes available.

5. PUBLIC SECTOR REFORM AND THE FUTURE OF POLICING AND FIRE AND RESCUE SERVICES IN SCOTLAND

There was submitted Report (circulated) by the Chief Executive, Falkirk Council, summarising, (a) the background to and remit of the Christie Commission, (b) the background to, and main issues arising from, the current reviews of Police and Fire structures and (c) presenting Falkirk Council's submission to the Christie Commission and response to the consultations on the review of Police and Fire Structures.

Discussion then took place on:-

- the predisposition of the Scottish Government towards establishing a single Fire Service and single Police Force
- the lack of reference to accountability in the Government's proposals for Police and Fire
- the likely impact on service delivery of the proposals
- the case for change as set out by the Government
- the likely cost of change.

NOTED:-

1. the work of the Christie Commission and the evidence provided by Falkirk Council;
2. the key issues emerging from the respective Police and Fire and Rescue Service consultation exercises and the commentary on these; and
3. the options for future structures provided in the consultation documents.

6. "LOCAL MATTERS" – OVERVIEW COMMENTARY ON THE LOCAL OUTCOMES APPROACH

There was submitted Report (circulated) by the Head of Policy and Performance Review, Falkirk Council, (a) summarising an overview commentary, by the Scottish Government and COSLA, of the Local Outcomes Approach and (b) presenting good practice guides prepared by CPPs.

Discussion focussed on the key role of the Police and Fire Services within the CPP and in joint working.

NOTED the content and the key issues within the commentary on the Local Outcomes Approach.

7. TOWARDS A FAIRER – TACKLING POVERTY AND INEQUALITIES WITHIN THE FALKIRK COUNCIL AREA

There was submitted Report (circulated) by the Head of Policy and Performance Review, Falkirk Council, (a) summarising the background to the development of Falkirk Councils Poverty Strategy, and (b) presenting the Strategy, for information.

Discussion then took place on:-

- the mechanism for supporting the Strategy
- the background to the establishment of Fairer Falkirk group
- the involvement of the CPP in delivery outcomes set out in the Strategy and the ownership of the Strategy
- the value of the Strategy to Partners.

NOTED:-

1. the Poverty Strategy – ‘Towards a Fairer Falkirk’;
2. the allocation of funding to support the outcomes in the Poverty Strategy, in line with the proposals set out in appendix two of the report;
3. the development of an implementation plan to progress the Strategy and the refocusing of the Regeneration Theme Group into the Fairer Falkirk Group; and
4. that an update on the implementation of the Poverty Strategy and its underpinning actions will be reported back to Leadership Group following updates to the Management Group.

8. PARTNERSHIP SELF ASSESSMENT USING THE PUBLIC SECTOR IMPROVEMENT FRAMEWORK

There was submitted Report (circulated) by the Head of Policy and Performance Review, Falkirk Councils (a) providing background to Public Sector Improvement Framework (PSIF) self assessment tool; (b) summarising proposals to undertake self assessment across the leadership and strategy levels of the CPP and (c) advising that a self assessment workshop would be held in June 2011.

AGREED:-

1. to support the implementation of PSIF within the Community Planning Partnership;
2. to commission self-assessment as outlined at section 4; and
3. that, following the self assessment workshop in June 2011, a draft improvement plan will be developed for the Community Planning Partnership to consider.

9. 2011 MEETING DATES

The next Leadership Group meeting is scheduled for 14:00, 17 November 2011, Committee Suite, Municipal Buildings, Falkirk Council.

FALKIRK COMMUNITY PLANNING PARTNERSHIP

Subject: PARTNERSHIP IMPROVEMENT PLAN
Meeting: COMMUNITY PLANNING LEADERSHIP & MANAGEMENT GROUP
Date: 7 SEPTEMBER 2011
Author: CHIEF EXECUTIVE, FALKIRK COUNCIL

1. INTRODUCTION AND BACKGROUND

1.1 This report will update the meeting on the self assessment exercise using the Public Sector Improvement Framework (PSIF), following the assessment workshop held on 19 May 2011. The report will also advise the meeting on the subsequent draft improvement plan which has been developed to address the key issues raised by the self assessment.

1.2 The self assessment was aimed at helping the Community Planning Partnership (CPP) to:

- Establish a consistent and structured approach in progressing continuous improvement;
- Enhance the understanding and information available to the CPP to aid future decision making;
- Inform the development and achievement of future Improvement Plans; and
- Secure continuous improvement in performance across the CPP.

1.3 PSIF was chosen as the basis for a partnership self-assessment as it:

- Is a flexible framework, clearly linked to national initiatives, that develops to take account of new public sector duties such as Equalities and Diversity and Sustainable Development;
- Integrates with the proposed Best Value 2, Customer Service Standard (formerly Charter Mark), EFQM, the IIP standard, an inspection tools used by Education Scotland (formerly HMIE) and SCSWIS (formerly SWIA);
- Is a management tool for Elected and Board Members, Chief Officers and Community Planning Partners;
- Provides a consistent and co-ordinated approach to continuous improvement;
- Is focused on customers and results;
- Encourages staff involvement and empowerment; and
- Can be used in helping to determine priorities.

2. THE SELF ASSESSMENT

2.1 The self assessment workshop on 19 May was supported by the Business Improvement Team, Falkirk Council and by the Improvement Service. The workshop was attended by over 20 delegates, drawn from the Leadership, Management and Implementation groups across the CPP and other colleagues involved in other aspects of local partnership working. Thanks are expressed to all those who facilitated and participated in the workshop. Initial feedback suggests that this was a positive experience allowing us to gauge our respective strengths and areas for further improvement. Partner organisations represented at the workshop included:

- Falkirk Council;
- Central Scotland Police;
- Central Scotland Fire and Rescue Service;
- Scottish Enterprise;
- NHS Forth Valley;
- Skills Development Scotland;
- CVS Falkirk and District; and
- Forth Valley College.

2.2 The self assessment workshop comprised the following elements:

- Briefing and overview of PSIF and how this was undertaken during the session;
- Tackling one question of the framework as a combined group. This was carried out to facilitate the process to be adopted during the following group work;
- Workgroup reviewing 3 or 4 PSIF elements of the self assessment identifying strengths and opportunities for improvement. PSIF assessment elements include:
 - Leadership, vision and outcomes;
 - Clarity of role, contribution and collaborative gain;
 - Community and stakeholder engagement;
 - Governance arrangements, incorporating risk management;
 - Performance management, measurement and reporting;
 - Evidence utilisation,
 - Resource effectiveness and workforce planning;
 - Internal and external comparison;
 - Procurement and asset management; and
 - Efficiency and effectiveness.
- Continued group working on elements of the self assessment;
- Group review to progress consensus. This included one group reviewing the assessment work of another group; and
- Attaining consensus and workshop overview.

3. IMPROVEMENT PLAN

3.1 The development of detailed actions arising from the workshop is being progressed. There are four key areas which have arisen as a result of the self assessment, including:

- Assuring partnership effectiveness;
- Partnership governance;
- Communication and engagement; and
- Underpinning partner commitment.

Assuring Partnership Effectiveness

3.2 The self assessment has stressed the need to be clear as a partnership, that we can clearly demonstrate the required progress towards our vision and local outcomes. Added to this, is the need to have clarity where possible, on future challenges and how we can best prepare and mitigate these. The Leadership Group has already commissioned a cross-partner impact assessment on budget decisions. The self assessment has suggested widening this into an annual process which can also incorporate risk assessment.

Partnership Governance

3.3 The CPP's governance arrangements were last reviewed in 2006. The self assessment has stressed the need to re-examine the remit of strategic partnership groups and ensuring the Elected and Board Members, as well as officers sitting on and supporting these groups, are clear on their respective roles. Appendix 2 outlines a proposed refreshed strategic group structure to make the partnership more effective and better able to address issues raised by the self assessment.

3.4 Another issue that emerged through the self assessment was the integration of partnership priorities within individual organisations and agencies corporate plans. It is important that partnership priorities are embedded in the work of all organisations and all we do. The proposed governance arrangements note the need for partners to report on their contribution to all outcomes.

3.5 In developing these new arrangement Audit Scotland's Best Value toolkit on "Effective Partnership Working" has been referenced. This provides a checklist of prompts on the key elements of effective partnership working. An extract from the toolkit is attached at appendix 3. This summarises the attributes of effective partnership working.

3.6 The proposed refreshed strategic structure comprises the following groups with new terms of reference. The latter are also detailed at appendix 2. Proposed groups within the refreshed strategic structure comprise:

- An integrated Community Planning Leadership Board comprising the membership of the current Community Planning Leadership and Management Groups. It is envisaged the Leadership Board members would include Board and Elected Members, Chief Officers, thematic chairs and partnership lead officers. It is proposed that the Leadership Board would meet three times per year and provide the strategic leadership and management for the Falkirk Community Planning Partnership. The Group would consist of Board or Elected Members and the most senior officers of that organisation. Each organisation would be

required to report annually on their organisations contribution to all the outcomes contained within the Strategic Community Plan as well as on going partnership work. This would address a key issue highlighted in the self assessment about linking the priorities of the strategic community plan clearly into the work of each agency and organisation;

- A Community Planning Officer Co-ordination Group. This proposed new group would support the Leadership Board in delivering on its range of responsibilities. It is proposed that the Co-ordination Group would also meet three times per year, but six weeks ahead of a Leadership Board meeting. The Co-ordination Group would comprise partner, thematic and lead officer representatives at senior officer and officer level and perform a new cross-partnership co-ordination role. This Group would ensure the Leadership Group was provided with relevant topics and reports by all partner organisations as well as partnership delivery groups. This Group would also oversee the work of the Partnership Delivery Groups and ensure they are achieving the priorities contained within the Strategic Community Plan. In addition this Group would have responsibility for advising the Leadership Group on areas of service reform and development;
- Partnership Delivery Groups. This proposal introduces a more flexible concept whereby we can nominate and / or refocus where necessary existing partnership groups. Proposals for Partnership Delivery Groups are made at appendix 2 covering each of the six thematic areas within the Strategic Community Plan. Appendix 2 outlines a framework of principles upon which each Partnership Delivery Group can further develop existing or new terms of reference; and
- The retention of two partnership lead officers covering, Equalities and Diversity and Public Sector Reform and Community Participation. A proposal has also been made to nominate a partnership lead officer focusing on the Third Sector. These lead officers would have responsibility for co-ordinating activity across their nominated cross-cutting theme. Further details on this are provided at appendix 2.

Communication & Engagement

- 3.7 The self assessment has highlighted the need for better clarity and consistency in terms of communication, engagement and reporting throughout all levels of the CPP.

Underpinning Partner Commitment

- 3.8 The self assessment has highlighted the need for improving the clarity of partner involvement and contribution to Community Planning and how our vision and local outcomes are reflected within their own organisation's key plan and strategies.

4. CONCLUSION

- 4.1 The recent self assessment exercise using the Public Sector Improvement Framework has proved a positive experience for the CPP. It provides a constructive agenda for continuous improvement, which will improve both the effectiveness and efficiency of local partnership working, resulting in the attainment of better outcomes for local people and communities. The self assessment, its outcomes and the draft improvement plan will

also provide useful preparation for our forthcoming Best Value 2 Audit, scheduled for Autumn 2012. The next step is to agree on and implement the improvements highlighted within the improvement plan at appendix 1 and the new governance arrangement outline at appendix 2 and whether any further, more detailed assessment would be of benefit elsewhere within the CPP

5. RECOMMENDATIONS

It is recommended that the Management Group:

- 5.1 **Note the progress and support received in delivering our first self assessment using PSIF;**
- 5.2 **Note and agree the proposed Improvement Plan detailed at Appendix 1;**
- 5.3 **Agree the proposed new governance arrangements and refreshed strategic structure outlined at 3.3 and at Appendix 2; and**
- 5.4 **Agree if any further self-assessment should be conducted within the CPP.**



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CHIEF EXECUTIVE, FALKIRK COUNCIL

Date: 30 August 2011

Ref: CTC0811AW - Partnership Improvement Plan

Contact Name: Andrew Wilson

Phone: 01324 506046

LIST OF BACKGROUND PAPERS

1. Partnership Self Assessment – Post Assessment Update, considered by the Community Planning Management Group on 16 June 2011
2. Partnership Self Assessment Using the Public Sector Improvement Framework (PSIF), considered by the Community Planning Leadership Group on 11 April 2011.
3. Partnership Self Assessment, considered by the Community Planning Management Group on 17 February 2011.
4. Public Service Improvement Framework (PSIF), considered by the Community Planning Management Group on 11 November 2010.

Falkirk Community Planning Partnership – Draft Improvement Plan 2011

Area for Improvement	List of Actions	Timescales	Status	Assigned To
ASSESSING PARTNERSHIP EFFECTIVENESS	1. Complete thematic actions plans in support of the Strategic Community Plan incorporating risk assessment and prioritisation	September 2011	Draft report submitted to the Leadership / Management Group meeting 07/09/11	Partners and Partnership Groups
	2. Develop and publish an annual report detailing partnership progress on local outcomes and the action plan	April 2012	This could form part of our approach on public performance reporting	Community Planning Manager
	3. Conduct an annual CPP risk and impact assessment on budgets, known policy decisions, priorities and outcomes and resources	March 2012	Further develop the work already undertaken to assess the impact of budget decisions	Research & Information & Internal Audit, Falkirk Council
	4. Undertake a review of partnership and partner performance indicators focused on the Single Outcome Agreement	February 2012	The Council has just completed a wide ranging review of the performance indicators its services reports on. This could be used as the basis for the partnership review.	Research & Information, Falkirk Council
PARTNERSHIP GOVERNANCE	5. Review and refresh where necessary the strategic structure and remits of the Community Planning Partnership	November 2011	This report and specifically appendix 2 makes proposals on a refreshed strategic structure and remits for the CPP	Community Planning Manager
	6. Develop role profiles for Board / Elected Members and Chief Officers	February 2012	Should the proposed refreshed terms of reference be approved these can provide a foundation for the development of role profiles	Community Planning Manager & Democratic Services, Chief Executive's Office
	7. Develop tailored training to support the implementation of role profiles, if required			
COMMUNICATION & ENGAGEMENT	8. Refresh the Community Planning web pages & offering on the Falkirk website.	December 2011	The focus for improving our web offering should be on clarity and user friendliness	Community Planning Manager, Council Webteam and Partners
	9. Further develop the local Community Planning presence on partner websites.	February 2012		
	10. Tailor and roll out the Council Community Participation Strategy for the Community Planning Partnership	April 2012		Corporate Policy Team, Corporate & Neighbourhood Services, Falkirk Council
	11. Review and refresh our approach on Public Performance Reporting	April 2012	Action 2 would make a contribution to this action	Communications Manager, Falkirk Council
UNDERPINNING PARTNER COMMITMENT	12. Partners prepare a report for the Leadership Board detailing how they will reflect and progress the Strategic Community Plan within their own organisation	February 2012		All Partners
	13. Prepare a partner commitment statement which could comprise: <ul style="list-style-type: none"> ✓ Formal partner sign off for the Strategic Community Plan & Single Outcome Agreement ✓ Partner support and commitment for partnership policies, strategies and plans ✓ Support for partnership working, adherence to terms of reference, reporting and contributing to risk and impact assessments ✓ Support partnership based procurement including community benefits from procurement and the rollout of the Public Social Partnership approach ✓ Support agreed partnership initiatives such as the Employability Framework, Skills Pipeline, Corporate Parenting etc. ✓ Sharing and adopting good practice ✓ Pursuing shared service models where appropriate 	February 2012	The proposed action plan reported at this meeting includes provision on how partnership groups and partners can support different local outcomes	All Partners supported by the Community Planning Manager

Draft Terms of Reference for Strategic Partnership Groups

Community Planning Leadership Board

This would be a new body integrating the memberships of the current Community Planning Leadership and Management Groups. This group would comprise Board and Elected Members, as well as senior Chief Officers, thematic chairs and lead officers. The organisations and membership proposed includes:

- Falkirk Council – Leader of the Council, the Provost, Chief Executive, relevant Directors, Head of Policy, Technology and Improvement, Policy and Community Planning Manager;
- Central Scotland Police, Member of the Police Board from the Falkirk Council area and Chief Constable and / or Senior Officers;
- Central Scotland Fire and Rescue Service, Member of the Fire and Rescue Board from Falkirk and Chief Fire Officer and / or Senior Officers;
- Creative Industries & East Director, Scottish Enterprise;
- NHS Forth Valley, Board Member of NHS Forth Valley, CHP Chair, Chief Executive and / or Senior Officers;
- Head of Operations, Skills Development Scotland;
- CVS Falkirk and District, Board Member and Chief Executive;
- Forth Valley College Board Member and Chief Executive;
- SEStran, Project Manager; and
- Scottish Government Director.

Substitutes may attend on an occasional basis. Each organisation must commit to participating in the partnership and contributing to achieving the outcomes that underpin the vision of the area.

It proposed that this group would meet three times a year and provides the strategic leadership and management for the Falkirk Community Planning Partnership. The draft terms of reference for this group envisage:

- ✓ Providing the strategic leadership and management for the Community Planning Partnership;
- ✓ Leading and directing the Community Planning process;
- ✓ Scrutinising and challenging the performance and progress of partnership groups;
- ✓ Articulating, promoting and ensuring the implementation of the strategic vision for our area;
- ✓ Overseeing the risk and performance management frameworks for the partnership as well as public performance reporting;
- ✓ Ensure the capacity and resource needs for the partnership to fulfil its function and responsibilities as well as achieving its outcome;
- ✓ Determining priorities but assuring the influence of local citizens and communities in this process;
- ✓ Sponsoring community participation and empowerment;

- ✓ Assuring partnership and partner commitment to our strategic vision and local priorities and outcomes;
- ✓ Approving partnership policies and strategies, including the Strategic Community Plan and the Single Outcome Agreement;
- ✓ Approving policy and consultation responses regarding national, regional and local initiatives; and
- ✓ Having financial oversight of partnership budgets / funds where appropriate;
- ✓ Assuring that partnership operates in a manner consistent with Best Value;
- ✓ Assuring the effective integration and co-ordination of different strands of related partnership activity.

Each organisation will be required to report annually on their organisations contribution to all the outcomes contained within the Strategic Community Plan as well as on going partnership work.

Community Planning Officer Co-ordination Group

This proposed new body would support the Community Planning Leadership Board in delivering on its responsibilities. It is proposed that this group would also meet three times per year but six weeks in advance of a Leadership Board meeting. The group would comprise partner, thematic group and lead officer representatives at senior officer and officer level. This Group would ensure the Leadership Group was provided with relevant topics and reports by all partner organisations as well as partnership delivery groups. This Group would also oversee the work of the Partnership Delivery Groups and ensure they are achieving the priorities contained within the Strategic Community Plan. In addition this Group would have responsibility for advising the Leadership Group on areas of service reform and development

The draft terms of reference for this group includes:

- ✓ Developing the draft agenda in advance of the Leadership Board;
- ✓ Overseeing the effective and efficient co-ordination of partnership working across the partnership;
- ✓ Developing the Strategic Community Plan and supporting action plans;
- ✓ Supporting the continuing development of the Single Outcome Agreement and the annual monitoring statement;
- ✓ Co-ordinating the development of policy and strategy across the partnership, including consultation responses;
- ✓ Sharing good practice and knowledge;
- ✓ Facilitating cross-group working;
- ✓ Identifying and developing capacity building needs for partners and officers who support partnership working;
- ✓ Co-ordinating partnership resources & budgets where appropriate;
- ✓ Identifying and developing opportunities for shared services;
- ✓ Maintaining and developing partnership governance, accountability,
- ✓ Identify key challenges and opportunities for the Area and the Partnership;
- ✓ Ensure that all partners are delivering of key outcomes and report to the Leadership Group on these;
- ✓ performance and risk management approaches for the partnership; and
- ✓ Advising the Leadership Board on emerging national issues.

Partnership Delivery Groups

Rather than having a fixed number of Implementation Groups as at present the concept of Partnership Delivery Groups is proposed to provide a more flexible approach, providing the opportunity to build or refocus existing partnership groups. It is proposed that the following groups are identified as Partnership Delivery Groups for each of the six themes within the Strategic Community Plan:

- *Sustainable Falkirk*: which encompasses the environmental, social and policy agenda which helps to address the state of the environment, both today and in the long term. It is proposed that this theme is led by the Sustainable Development Group currently chaired by the Head of Roads and Design, Falkirk Council;
- *Fairer Falkirk*: which incorporates poverty, community regeneration and equalities. It is proposed that this theme is led by **Fairer Falkirk Theme Group**, currently chaired by the Head of Policy, Technology and Improvement, Falkirk Council;
- *Growing Businesses and Prosperous People*: covering economic development, tourism and the skills of our people. It is proposed that this theme is led by the **My Future's in Falkirk Steering Group**, currently chaired by the Head of Economic Development, Falkirk Council;
- *Young People who are Confident and Successful*: which takes a holistic approach on all the issues which face children and young people, including learning. It is proposed that this group is led by the **Children's Commission** currently co-chaired by the Director of Education and the Acting Director of Social Work, both Falkirk Council;
- *Safer Communities*: covering all aspects of Community Safety. It is proposed that this group is led by the **Community Safety Tasking and Co-ordination Group** currently chaired by the Area Commander, Central Scotland Police; and
- *Healthier People*: which encompasses health and wellbeing, including the increased prominence being given to reducing health inequalities. For this theme it is proposed that this is overseen by the **CHP Joint Management Group** and Partnership Board.

It is for each Partnership Delivery Group to determine its detailed terms of reference but in terms of core responsibilities, these should cover the following:

- ✓ Determination of need and priorities for action in their area of responsibility;
- ✓ Report to the Officers Group on progress on an agreed action plan;
- ✓ Performance and progress reporting;
- ✓ Overseeing the effectiveness of and facilitating collaboration and partnership working;
- ✓ Optimising existing resources to facilitate partnership working;
- ✓ Developing and implementing appropriate policies, strategies and action plans, subject to the approval of the Leadership Board where necessary;
- ✓ Assuring relevant organisations officers are represented on appropriate groups and bodies within the theme;
- ✓ Assuring progress and delivery of local outcomes;

- ✓ Contributing to the development of strategic partnership policies, strategies and plans;
- ✓ Effective co-ordination and collaboration with other partnership groups where necessary;
- ✓ Ensuring the pursuit of a balanced approach based on both preventative and reactive based service provision;
- ✓ Promoting and pursuing partnership practice on community participation, empowerment and influence; and
- ✓ Assuring the approach taken is consistent with Best Value.

In addition to Partnership Delivery Groups it proposed that partnership retain Lead Officers to co-ordinate activity on a limited number of cross-cutting themes, including:

- *Equalities and Diversity*, it is proposed that the lead officer for this theme is the Head of Human Resources, Falkirk Council;
- *Public Sector Reform and Community Participation*, it is proposed that the lead officer for this area is the Head of Policy, Technology and Improvement, Falkirk Council; and
- *Third Sector*; it is proposed that we nominate a new lead officer to represent Third Sector interests and policy developments and that is performed by the Chief Executive, CVS Falkirk and District. This proposal reflects the increased prominence given to the Third Sector in the Strategic Community Plan and reflects that we now have a Third Sector Interface through CVS Falkirk and District.

FALKIRK COMMUNITY PLANNING PARTNERSHIP

**Subject: IMPLEMENTATION OF THE STRATEGIC COMMUNITY PLAN
2010-2015**
**Meeting: COMMUNITY PLANNING LEADERSHIP GROUP AND
MANAGEMENT GROUP**
Date: 7 SEPTEMBER 2011
**Author: HEAD OF POLICY, TECHNOLOGY AND IMPROVEMENT,
FALKIRK COUNCIL**

1. INTRODUCTION AND BACKGROUND

- 1.1 This report updates the meeting on the implementation of the new Strategic Community Plan 2010-2015 and the development of supporting action plans.
- 1.2 This follows on from the Leadership Group asking that a new Strategic Community Plan be developed taking account of:
 - The increased focus on the delivery and attainment of outcomes;
 - Changes to existing themes and the adoption of new themes by the Community Planning Partnership; and
 - The impact of the current economic downturn and the reduction in spending across the public sector.

2. PROGRESS

- 2.1 The new Strategic Community Plan 2010-2015 was considered by the Leadership Group on 23 September 2010. The Leadership Group agreed the draft and asked that partners confirm formal approval with their respective Boards. Following this decision, the Strategic Community Plan 2010 -2015 has been published.
- 2.2 The implementation of the Strategic Community Plan has been shaped by the Community Planning Conference held in November 2010 and the integral thematic workshops. Implementation has also been guided by the feedback given by members of the public, through the consultation undertaken with the Citizen's Panel.
- 2.3 Efforts to further develop the role of the Third Sector have been led by CVS Falkirk and District (CVS), in collaboration with Falkirk Council. A workshop was held with local Third Sector organisations on 15 April 2011, to develop an agenda and action plan to contribute towards the implementation of the new Strategic Community Plan. This is currently being finalised.
- 2.4 A workshop was held on 16 June 2011 with representatives from each of the new six thematic areas within the Strategic Community Plan, as well as with key partners. The

workshop utilised structured assessment sheets to derive key actions under each of the six themes, as follows:

- *Sustainable Falkirk*: which encompasses the environmental, social and policy agenda which helps to address the state of the environment, both today and in the long term;
- *Fairer Falkirk*: which incorporates poverty, community regeneration and equalities;
- *Growing Businesses and Prosperous People*: covering economic development, tourism and the skills of our people;
- *Young People who are Confident and Successful*: which takes a holistic approach on all the issues which face children and young people, including learning;
- *Safer Communities*: covering all aspects of Community Safety; and
- *Healthier People*: which encompasses health and wellbeing, including the increased prominence being given to reducing health inequalities.

2.5 The design of the self assessment sheets made provision for prioritisation and a simple risk assessment, in accordance with this as an emerging issue from the Community Planning Partnership's recent PSIF led self assessment process. Provision was also made to identify and develop how partnership groups and organisations could complement and support each other's work towards the attainment of our local outcomes and realisation of our strategic vision. Feedback from the workshop was recorded, analysed and then refined into the draft action plan, attached at Appendix 1.

2.6 The action plan is designed to provide a manageable number of prioritised actions to support and complement the Strategic Community Plan. This does not mean however, that this represents the total workload of all partnership groups, as they need to retain their flexibility and responsiveness as issues or agendas develop. Day to day business will also continue as normal. Partners and members of partnership groups need to fully consider whether the action plan cover all the key actions required. For instance does it sufficiently reflect:

- Services to older people and the significant change in the balance of care required in future years?
- Preventative approaches and early intervention?
- The role of citizens and local communities in improving their wellbeing and the contribution they can make to the strategic vision?
- The advent of the Community Hospital?
- The Family Firm?
- Corporate parenting?
- The Integrated Assessment Framework?
- Emergency planning and responses to this?
- Localised services?

3. CONCLUSION

3.1 The attached action plan provides a prioritised and more concise set of actions which will contribute towards the attainment of the Strategic Community Plan. During its development, account has been taken on the need to prioritise and risk assess our actions,

following the partnership's recent self assessment. The action plan also provides the basis for key partnership groups to report on progress to the Community Planning Partnership. The action plan however needs to be further challenged and scrutinised by partners and partnership groups to ensure that it covers all of the areas required. However given the time it has taken already to develop this it is proposed that partners and Partnership Delivery Groups review the plan and submit revisions to the Council by 30 October in time to be included in a revised action plan for the Leadership Group at its next meeting in November.

4. RECOMMENDATIONS

It is recommended that the Leadership and Management Groups:

- 4.1 **Note the progress made in developing action plans in support of the implementation of the Strategic Community Plan 2010 – 2015; and**
- 4.2 **Ask partners and partnership groups to further consider and submit revisions to the action plan, attached at appendix 1, in order to ensure the action plan fully reflects the priorities of the partnership over the coming years.**



HEAD OF POLICY, TECHNOLOGY AND IMPROVEMENT

Date: 29 August 2011

Ref: CTC0811AW – Implementation of the Strategic Community Plan 2010-2015

Contact Name: Andrew Wilson

LIST OF BACKGROUND PAPERS

1. Implementation of the Strategic Community Plan 2010 – 2015, considered by the Community Planning Leadership Group on 11 April 2011
2. Implementation of the Strategic Community Plan 2010 – 2015, considered by the Community Planning Management Group on 17 February 2011
3. The Strategic Community Plan 2010 – 2015, considered by the Community Planning Management Group on 11 November 2010
4. The Strategic Community Plan 2010 – 2015, considered by the Community Planning Leadership Group on 23 September 2010
5. The Strategic Community Plan 2010 – 2015, considered by the Community Planning Management Group on 18 August 2010

Any person wishing to inspect the background papers listed above should telephone Falkirk 01324 506046 and ask for Andrew Wilson.

Strategic Community Plan 2010 – 2015 – Thematic Action Plans

Theme – Sustainable Falkirk			
Outcomes	<ul style="list-style-type: none"> ▪ The quality of our infrastructure will help promote the growth of the local economy ▪ We will improve the built environment ▪ We will be greener ▪ Our open spaces will be attractive, accessible & safe 		
Priorities	Actions - all categorised as high priority	Timescales	Status
<ul style="list-style-type: none"> ◆ Manage & mitigate the impact of climate change & tackle its causes ◆ Promote our open spaces, paths & parks as an attractive place to exercise & travel round the area ◆ Promote waste minimisation, recycling & other forms of water disposal ◆ Reduce our carbon footprint ● Promote & realise increased use of sustainable forms of transport 	1. Take lead role in the community in terms of reducing CO2 emissions & energy use, promoting renewable energy & preparing to deal with the effects of climate change ✓ Raise awareness of forthcoming policy developments that might affect partners by passing information through a designated corporate contact		
	2. Improve partners' contribution to reducing waste & water use & opportunities for using recycled products through their organisations with agreed targets ✓ Share experience and best practice on awareness raising / behavioural change to ensure that all staff help to deliver on commitments ✓ Share experience and policy development in sustainable procurement best practice ✓ Undertake joint scenario planning with partners, e.g. public health		
	3. Assess travel patterns & explore corporate targets to reduce the mileage / emissions generated by staff, visitor and supplier travel ✓ Promote the use of public transport ✓ Promote the use of alternatively powered / reduced emission technology vehicles with Community Planning partners		
Partner Contributions	4. All Community Planning partner organisations take action to reduce carbon emissions 5. Partners can access available expertise in the field to best effect 6. Link activity on promoting alternatives to car use with Let's Make Falkirk More Active Group 7. Promote our open spaces as safe places to enjoy in collaboration with the Community Safety Partnership 8. Citizens and local communities taking action to reduce their own emissions and contributing to improving their local environments		

Strategic Community Plan 2010 – 2015 – Thematic Action Plans

Theme – Fairer Falkirk				
Outcomes	<ul style="list-style-type: none"> ▪ The wealth and prosperity of our area will increase ▪ People will have equitable access to local health, support and care ▪ Our housing continues to meet the needs of people who live and may wish to live in our area ▪ Our citizens continue to access critical services that meet their needs ▪ Disadvantaged communities will benefit from better services 			
Priorities	Actions – all categorised as high priority		Timescales	Status
<ul style="list-style-type: none"> • Improve the skills and employability of local people • Tackle poverty and its causes: household income, financial inclusion and getting people into work • Regenerate our communities • Take positive action to ensure equity of access to opportunity and positive destinations for those in poverty • Ensuring equity of service standards and opportunity for all users • Tackling discrimination in all its forms • Preventing homelessness, supporting the most vulnerable whilst making best use of accommodation • Ensure adequate supply of affordable housing 	9. We will maximise the proportion of working age residents attaining & sustaining better paid & secure employment: <ul style="list-style-type: none"> ✓ Increase the number of young people in post 16 learning ✓ Increase the proportion of school leavers entering a positive destination ✓ Increase the number attaining numeracy & literacy to SCQF4 ✓ Increase the skills & qualifications of the local workforce ✓ Close the gap between the most and least deprived communities 			
	10. Increase household income across the Council area: <ul style="list-style-type: none"> ✓ Population has increased financial choices and access to an appropriate range of products ✓ Citizens understand the consequences of their financial choices ✓ Citizen income is optimised through welfare benefits, the tax system & other resources ✓ Reduce debt, supported by the use of Debt Reduction Plans ✓ Support those who are least resilient to the effects of poverty 			
	11. Introduce a charges & concessions which will support those who experience the worst poverty / hardship <ul style="list-style-type: none"> ✓ Develop & implement a fair charges & concessions scheme ✓ Develop & implement an entitlement passport which will support those who experience or are at risk of the greatest poverty / hardship ✓ Develop & support other measures in support of this as appropriate 			
	12. Implement Poverty Impact Assessment across the Community Planning Partnership			
Partner Contributions	13. Community Planning partners adopt & support appropriate aspects of the Poverty Strategy 14. Other partnership groups support work to build the self esteem of those further away from the employment market 15. Community Planning partners support efforts to provide increased opportunities for our young people			

Strategic Community Plan 2010 – 2015 – Thematic Action Plans

Theme – Growing Business & Prosperous People			
Outcomes	<ul style="list-style-type: none"> ▪ Our area will be recognised as having a culture & ethos of aspiration and ambition ▪ The wealth & prosperity of our area will increase ▪ The quality of our infrastructure will help promote the growth of the local economy ▪ Our profile will reflect our area as a destination of choice ▪ Our workforce will be highly skilled 		
Priorities	Actions – all categorised as high priority	Timescales	Status
<ul style="list-style-type: none"> ◆ Growing business & employment: business locations, support & equipping people with employment skills ◆ Enhancing business connection: infrastructure & services ◆ Transforming places: town centre regeneration, the HELIX & tourism ◆ Engaging young people: young people’s aspirations & connecting them to employment 	16. We will optimise & sustain the number of business start ups: <ul style="list-style-type: none"> ✓ Promote & support young entrepreneurship, particularly for our most vulnerable young people or groups of young people ✓ Support young people to start up new businesses 		
	17. Progress the Upper Forth Development:: <ul style="list-style-type: none"> ✓ Optimise the benefits from the development framework ✓ Develop evidence & proposals to underpin future investment in the development framework ✓ Secure infrastructure improvement to underpin the development framework ✓ Engage with Transport Scotland, the Scottish Government, SEPA, the industrial sector and its supply chain in support of the development framework 		
	18. Maintain business involvement at the heart of sustainable economic growth, by <ul style="list-style-type: none"> ✓ Maintaining and further developing the Business Panel ✓ Building and developing links through Falkirk for Business, Chambers of Commerce, Rotary Clubs and local businesses ✓ Supporting employers to provide training opportunities to improve the skills of the local workforce 		
	19. Develop the business support strategy & the service offering within this		
	20. Secure new sources of funding <ul style="list-style-type: none"> ✓ Develop a bid for the Scottish Futures Trust 		
Partner Contributions	21. Continue to develop a new partnership group to support young entrepreneurship including, the Prince’s Trust, the Venture Trust for Young People. FV College, Falkirk for Business, Scottish Enterprise, Skills Development Scotland, Social Enterprise sector etc. 22. Build links with the Social Enterprise sector and initiatives such as Safer Streets 23. Support the rollout of Healthy Working Lives to SME’s 24. Promote the wider involvement of the local business community in achieving our vision		

Strategic Community Plan 2010 – 2015 – Thematic Action Plans

Theme – Young People Who Are Confident & Successful			
Outcomes	<ul style="list-style-type: none"> ▪ Our citizens & communities will be encouraged to take responsibility for their own health and wellbeing ▪ Our citizens will be supported to make positive health & lifestyle choices in order that they can live longer ▪ Our area will be recognised as having a culture & ethos of aspiration & ambition ▪ Our citizens continue to access critical services that meet their needs ▪ Our workforce will be highly skilled ▪ Vulnerable children will be protected 		
Priorities	Actions – all categorised as high priority	Timescales	Status
<ul style="list-style-type: none"> ▪ Keeping our children in a safe environment ▪ Improving opportunities for looked after & accommodated children & young people ▪ Improving educational attainment with a focus on literacy & numeracy & securing positive destinations for our young people ▪ Giving priority to supporting young people at risk of not entering employment, education or training ▪ Improving the knowledge & skills of young people in the digital age 	25. Improve the health and wellbeing of our children & young people, including: <ul style="list-style-type: none"> ✓ Our most vulnerable young people ✓ All children ✓ Tackling substance misuse and educating parents ✓ Reducing childhood obesity ✓ Continuing to focus on early intervention 		
	26. Improving the safety of our children & young people; including: <ul style="list-style-type: none"> ✓ Better outcomes for children where there is parental substance misuse ✓ Children feel and are safe in their local environments ✓ Reduce the number of unplanned teenage pregnancies ✓ Increasing access to support for teenagers in crisis ✓ Implementation & embedding an approach focused on Getting it Right for Every Child 		
	27. Continuing our efforts to improve school leaver destinations, by <ul style="list-style-type: none"> ✓ Providing entitlement to full-time education for all children and young people ✓ Improving access to higher and further education for young people leaving school ✓ Further raising attainment and achievement for all young people and especially our most vulnerable young people 		
	28. Reducing the number of children who live in poverty <ul style="list-style-type: none"> ✓ Continue to focus on supporting our most vulnerable children ✓ Focus on & provide support during key transitions, particularly for our most vulnerable children 		
	29. Redesign services to ensure continuing improvement in outcomes for young people		
Partner Contributions	30. Pursuing a multi based agency approach to the provision of training 31. The Community Safety Partnership giving priority to reduce unintentional injuries at home amongst children & young people 32. Pursue the Public Social Partnership approach on the commissioning of services 33. Collaborate with the Alcohol & Drugs Partnership on reducing the incidence / impact of substance & alcohol misuse 34. Promote the participation of a wider range of stakeholders in making a contribution to outcomes including, Third Sector, foster carers, residential care staff, kinship carers, children’s supporters, the faith community etc. 35. Continue to co-ordinate efforts across Community Planning partners & groups to engage with young people, including My Future’s in Falkirk, Health Promotion, Community Justice, looked after & accommodated children etc. 36. Young people taking an active part in society		

Strategic Community Plan 2010 – 2015 – Thematic Action Plans

Theme – Safer Communities			
Outcomes	<ul style="list-style-type: none"> ▪ Our citizens will be protected ▪ Vulnerable children will be protected ▪ Our citizens & communities will be encouraged to take responsibility for their own health & wellbeing 		
Priorities	Actions – all categorised as high priority	Timescales	Status
<ul style="list-style-type: none"> ▪ Keeping our communities safe and improving public confidence and satisfaction in the area in which they live ▪ Antisocial behaviour, including: public disorder, vandalism, noise, dog fouling, litter and fly-tipping ▪ Safety including: home safety, road safety and fire safety ▪ Public protection including: domestic abuse, protecting vulnerable adults and children and sexual crime ▪ Drug and alcohol abuse including: adult alcohol abuse, underage drinking and drug abuse 	37. Pursue effective action on anti-social behaviour based on prevention, rehabilitation, information, communication and enforcement, supported by <ul style="list-style-type: none"> ✓ Better targeting vandalism / graffiti offenders regarding our awareness raising approach ✓ Developing diversionary activities for target offenders ✓ Better targeting rehabilitation resources on repeat young offenders ✓ Evaluating Community Safety Orders to better follow Restorative Justice ✓ Commissioning research on ASB geographical area of concern ✓ Developing media strategy on emerging threats ✓ Ensuring the Licensing powers are fully utilised ✓ Sharing best practice on awareness raising & behavioural change 		
	38. Pursue an effective approach on public protection based on prevention, rehabilitation, information and communication, supported by <ul style="list-style-type: none"> ✓ Developing an education strategy on safe internet use ✓ Reviewing Community Safety reporting to ensure GIRFEC compliance ✓ Developing programmes for domestic abuse perpetrators ✓ Commissioning joint research on domestic abuse / drug & alcohol abuse ✓ Commissioning local research on the link between violence & alcohol ✓ Reviewing the marketing strategy regarding domestic abuse ✓ Evaluating existing inputs on domestic violence regarding young people ✓ Developing a marketing strategy on the danger of online grooming ✓ Developing a marketing strategy for young people on the dangers of alcohol and drug induced sexual assaults 		
	39. Review our approach on road, home and personal safety including: <ul style="list-style-type: none"> ✓ Undertaking a risk analysis to identify peak accident locations ✓ Reviewing partnership offering on home safety 		
	40. Tackling and reducing the incidence of alcohol & drugs misuse; through <ul style="list-style-type: none"> ✓ Reducing alcohol misuse among young people ✓ Tackling generational issues with alcohol ✓ Improving treatment uptake ✓ Better understanding alcohol related deaths among women 		
Partner Contributions	41. Partners contribute to Safer Towns, e.g. Town Centre Regeneration, BID etc. 42. Better utilise partner analytical resources to better understand key issues and further develop the monthly Tasking & Co-ordination report. 43. Access good practice from partners on realising behavioural change, e.g. Social Work, NHS FV etc. 44. Identify opportunities through Community Payback to support the work of the Community Safety Partnership 45. Access appropriate aspects of Towards a Mentally Flourishing Falkirk Action Plan to support the work of the Community Safety Partnership 46. Citizens and communities contributing to action to further improve the safety of local areas & neighbourhoods		

Strategic Community Plan 2010 – 2015 – Thematic Action Plans

Theme – Healthier People			
Outcomes	<ul style="list-style-type: none"> ▪ Our citizens will be supported to make positive health and lifestyle choices in order that they can live longer ▪ People will have equitable access to local health support and care ▪ Our citizens and communities will be encouraged to take responsibility for their own health and wellbeing ▪ Our citizens continue to access critical services that meet their needs ▪ Disadvantaged communities will benefit from better services 		
Priorities	Actions – all categorised as high priority	Timescales	Status
<ul style="list-style-type: none"> ▪ Harms to people’s health including: alcohol, drugs and violence ▪ The big killer diseases and associated risks ▪ Early years and young people ▪ Improving mental wellbeing 	47. We will work with communities and citizens to take more responsibility for their own health and wellbeing: <ul style="list-style-type: none"> ✓ We will promote healthy lifestyles including physical activity, healthy eating and positive mental wellbeing ✓ Citizens and local communities will be at the heart of the ongoing determination of local health needs and priorities ✓ We will work with citizens and communities to help build their capacity to build a culture of independence and self sustainability, particularly among older people and people with long-term conditions ✓ We will reduce the barriers to those who experience the greatest challenges in accessing health care services, particularly people from our most deprived communities 		
	48. We will focus on early intervention:: <ul style="list-style-type: none"> ✓ Reduce the proportion of children and young people who are overweight or obese ✓ Increase the number of children and young people participating in physical activity and healthy eating ✓ Increase the number of children who are breast and for a longer period ✓ Manage the shifting balance of care by pursuing an anticipatory based care approach & the pursuit of self management and community based care options 		
	49. We will tackle harms to health: <ul style="list-style-type: none"> ✓ Reduce the number of people who smoke ✓ Reduce the exposure of citizens to second hand smoke ✓ Reduce the level of alcohol and drugs misuse ✓ Reduce other key risks, such as poor diet and low levels of physical activity ✓ Improve the physical and mental wellbeing of offenders 		
	50. We will improve the mental wellbeing of local people: <ul style="list-style-type: none"> ✓ Promote literacy on mental health ✓ Reduce suicide rates ✓ Improve the mental wellbeing of our most vulnerable people ✓ Ensure & improve consistent access to child & adolescent mental health services for children & young people 		
Partner Contributions	51. Work with the Children’s Commission to support a consistent approach on delivering parenting skills across the Council area 52. Secure contributions and actions from across all partnership groups and organisations in reducing health inequalities and improving the health and wellbeing of the local population more generally 53. Work with key partners including Community Learning & Development to support individuals & communities taking more responsibility for their own health 54. Citizens taking more personal responsibility for improving their own health and well being		

FALKIRK COMMUNITY PLANNING PARTNERSHIP

**Subject: COMMISSION ON THE FUTURE DELIVERY OF PUBLIC SERVICES
– FINAL REPORT**
**Meeting: COMMUNITY PLANNING LEADERSHIP AND MANAGEMENT
GROUP**
Date: 7 SEPTEMBER 2011
Author: CHIEF EXECUTIVE, FALKIRK COUNCIL

1. INTRODUCTION AND BACKGROUND

- 1.1 The Commission on the Future Delivery of Public Services in Scotland (the Commission), chaired by Dr Campbell Christie, recently published its final report.
- 1.2 This report will outline the main findings within the report, remind Members of the Community Planning Partnership's response submitted by the Council and also set out some of the key issues in moving forward with the reform of the public sector in Scotland.

2. REFORM PRINCIPLES, PRIORITIES & RECOMMENDATIONS

- 2.1 Members of the Leadership Group will recall that the Commission's general remit was to:
- Look across all public services;
 - Take stock of current progress, whilst being clear on the challenges which lie ahead; and
 - Mapping a way forward on public sector reform which is mindful of Scotland's social principles and the ideals of public service.
- 2.2 In order to come to its conclusions, the Commission asked for written evidence, met with a range of groups and in a variety of areas and also organised a number of discussion events. In response to this, the Commission received over 200 written submissions and had around 100 meetings with users and providers of services.
- 2.3 The final report highlights calls for radical reform of Scotland's public services in both delivery and culture. It notes the unprecedented challenges to the public sector in terms of sharply reduced budgets and increased demand from a changing demography and social changes, which will place significant increases on the demands of public services. Evidence collated during the Commission's work suggests that the public sector system is often fragmented, complex and opaque.
- 2.4 The Commission report establishes a set of key principles around which future public sector reform should be based, including:

- Empowering individuals and communities receiving public services by involving them in their design and delivery;
- Integrate service provision and improve outcomes by public sector partners working in partnership;
- Prioritising preventative expenditure to reduce long term demand and inequalities; and
- Improving efficiency to raise performance and reduce costs.

2.5 The Commission, in progressing its work, has established a number of priorities to guide the future reform of public services. These principles include:

- Designing services with and for communities, rather than delivered ‘top down’ for administrative convenience;
- Maximising the use of scarce resources by all sectors to achieve agreed outcomes;
- Working more closely with individuals and communities to understand their needs, talents, resources and levels of self reliance and resilience to determine how these might be best supported;
- Concentrating service efforts on delivering integrated services which deliver positive results;
- Prioritising preventative measures to reduce demand and lessen inequalities;
- Identifying and tackling the underlying causes of inter-generational deprivation and low aspiration;
- Tightening oversight and accountability of public services through consistent data gathering and performance comparison with the end of improving services;
- Driving continuing reform across the public sector, based on better outcomes, improved performance and cost reduction; and
- Improving long-term strategic planning, including greater transparency around major budget decisions like universal entitlements.

2.6 The Commission has made a number of specific recommendations to support the attainment of these priorities. Recommendations made include:

- Introducing a new set of statutory powers common to all public bodies, focused on improving outcomes with a presumption towards preventative action and tackling inequalities;
- Embedding community participation in the design and delivery of services within the proposed Community Empowerment and Renewal Bill;
- Developing a new Local Government Concordat focused on joined-up services with supportive funding requiring integrated provision;
- Implementing more inter-agency based training with a view to eliminating the silo mentality and building a common public service ethos;
- Devolving competency for job search and support to the Scottish Parliament to improve service integration and employability;
- Giving Audit Scotland a stronger remit to improve performance and save money across all public sector organisations. This would include merging the functions of the Auditor General and the Accounts Commission;
- Applying commissioning and procurement standards consistently and transparently to achieve competitive neutrality between public service suppliers; and

- Reviewing specific public services to make sure they do actually make a difference to people’s lives, in line with the reform criteria set out in the Commission’s report.

2.7 In concluding on the report, the Commission stressed that work to reform public services needs to be urgent, sustained and coherent. It proposed an approach based on a thorough understanding of how public services could improve the quality of life and outcomes for the people of Scotland, while focusing relentlessly on driving out costs. In stressing the need for the Government to take the initiative on this, it also notes that any reform of organisational boundaries must be bottom up – based on the reality of delivering front line services and responding to communities needs and priorities – rather than top down or solely motivated by the desire to make savings.

2.8 The Commission also highlight the need to consider and discuss open and transparently contentious issues such as the continuation of universal entitlement.

2.9 Any proposals for reform must look beyond the current financial crisis and devise a model of public services that is both financially sustainable and is capable of meeting the significant longer term challenges society faces. It also notes that achieving a radical shift towards preventative public spending is likely to be controversial, but is considered by the Commission to be essential. The Commission challenges the Scottish Government and local authorities along with other public sector partners to initiate reforms with the goal being a thorough transformation of our public services, noting ‘the prize is a sustainable, person centred system, achieving outcomes for every citizens and every community’.

3. PROGRESSING THE CHRISTIE COMMISSION

3.1 The Council provided evidence to the Christie Commission in February. This evidence was referred to in the Council’s response to the Government’s proposals for the Police and Fire service. In addition, a meeting was organised for Group Leaders and the Chair of the Commission.

3.2 Central to the Council’s submission was the framework promoted by CoSLA which suggest reform in Scotland should take place within the framework the following principles:

- Reform should be framed in terms of the improvement of outcomes;
- Reform should look at the whole of the public sector not just one element;
- Reform should be based on robust evidence and a business case that generates community benefit; which implies local integration rather than central aggregation;
- Reform should not focus on structures and boundaries to the exclusion of other issues relating to finance, policy, systems and governance; and
- Local democracy and accountability should be at the heart of the reform process and should be enhanced by reform rather than be diminished.

3.3 The Government at the time of writing the report had not published a formal response to the report. However CoSLA has noted its support for the findings of the Commission to such an extent that it announced that it will be moving forward with the following issues without waiting for the Government to respond. It has therefore agreed it will work to:


- Strengthen Community Planning and make it more accessible to communities.
- Focus more of spend on early intervention rather than solving problems that have already occurred.
- Continue with sectoral reform that has already been started; and
- Benchmark improved performance to ensure best practise is shared.

3.4 In addition to responding to the Christie Commission, members of the Leadership Group will also be aware that proposals for the future of Fire and Police services are imminent. As part of the consultation on those proposals it was noted that the proposals for reform take account of the principles of reform set out by CoSLA.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 The Christie Commission's report and recommendations on the future of public services are to be welcomed in that they concur with the evidence provided by the CoSLA and The Council. It notes that reform must be sustainable, be about improving outcomes and must be locally focused and accountable. It reinforces the values and ethos of the public service while recognising the need to address key issues such as universal provision. The Government's response to this important report will be critical.

4.2 It is therefore recommended that the Leadership and Management Group members note the content and recommendations of the Commission on the Future Delivery of Public Services and that as the Governments response to this and its proposals on reform of the police and fire services are known these are subject to further reports to the Leadership Group.



CHIEF EXECUTIVE, FALKIRK COUNCIL

Date: 12 August 2011
 Ref: CTC0911FC - Christie
 Contact Name: Fiona Campbell EXT 6004

LIST OF BACKGROUND PAPERS

1. Commission on the Future Delivery of Public Services – June 2011
2. Falkirk Council's evidence to the Commission on the Future Delivery of Public Services – February 2011
3. Report To Falkirk Council On The Future Of Policing And Fire And Rescue Services In Scotland – Consultation Response – April 2011

Any person wishing to inspect the background papers listed above should telephone Falkirk 01324 506004 and ask for Fiona Campbell.

FALKIRK COMMUNITY PLANNING PARTNERSHIP

Subject: PREVENTATIVE APPROACHES AND SPENDING - RESPONSE
Meeting: COMMUNITY PLANNING LEADERSHIP GROUP AND
MANAGEMENT GROUP
Date: 7 SEPTEMBER 2011
Author: CHIEF EXECUTIVE, FALKIRK COUNCIL

1. INTRODUCTION AND BACKGROUND

- 1.1 This report summarises for the meeting, our response on the Scottish Parliament's questionnaire for Community Planning Partnerships on 'Preventative Approaches and Spending'.
- 1.2 Following the report published by the Finance Committee in the Scottish Parliament's last session, the new committee is taking this work further, with a focus on preventative spending. The earlier report highlighted the need for strong and effective collaborative working in tackling Scotland's social problems. The committee has therefore asked Community Planning Partnerships to complete the questionnaire, attached at Appendix 1. This also contains our response.
- 1.3 The questionnaire asks us to consider our views on collaborative working and how it works in practice, what challenges remain and how best practice is being shared nationally across key agencies.

2. QUESTIONNAIRE RESPONSE

- 2.1 The questionnaire poses a total of eight questions focused on our views on preventative spending, collaborative partnership working and service integration. In collating our response a number of Community Planning partners including Education Services, Skills Development Scotland and Scottish Enterprise have provided input and case study material, which are included in the response. Thanks are expressed for these contributions.
- 2.2 Within our response, we have been able to demonstrate across all of the Community Planning Partnership's six themes that preventative approaches are embedded into our strategic planning and way of working. We also highlight that we consistently use baseline evidence in our strategic planning and partnership monitoring and reporting regimes and how this in turn, relates to our single outcome agreement.
- 2.3 We highlight that we take a pragmatic view on preventative spending and on budget and resource pooling. This is considered by partners and the partnership on a case by case basis and implemented where appropriate and in a way in which will add value to the attainment of local outcomes. A fundamental caveat to progress in this area, will be the

significant competing demands placed on Community Planning partners by diminishing fiscal resources and continuing growing and complex demands which the area is expected to acquire into the future.

- 2.4 The questionnaire also asks how good practice and knowledge is shared at a national level and with partners. We ensure that this is shared at key meetings of the Community Planning Partnership and participate in professional networks at both officer and chief officer level, with this very much in mind.

3. CONCLUSION

- 3.1 Preventative approaches, effective partnership working and collaboration and service integration are the heart of the agenda being promoted by national politicians and policy makers. Our response to the Parliament's questionnaire demonstrates how these are already embedded within the Falkirk Community Planning Partnership's ethos and culture. These are themes which will go to the heart of continuing public service reform in Scotland.

5. RECOMMENDATIONS

It is recommended that the Leadership Group:

- 5.1 **Note and approve our response to the Scottish Parliament's Finance Committee Questionnaire on Preventative Approaches and Spending.**


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CHIEF EXECUTIVE

Date: 29 August 2011

Ref: CTC0811AW – Parliament Preventative Spending Response

Contact Name: Andrew Wilson

LIST OF BACKGROUND PAPERS

1. Report on Preventative Spending by the Finance Committee, the Scottish Parliament, <http://www.scottish.parliament.uk/s3/committees/finance/reports-11/fir11-01.htm>

Any person wishing to inspect the background papers listed above should telephone Falkirk 01324 506046 and ask for Andrew Wilson.

Questionnaire to Community Planning Partnerships

Background

In the previous session of the Scottish Parliament, the Finance Committee published a major report on preventative spending.¹ The Finance Committee in the new parliamentary session has agreed to build on the work of its predecessor, and intends to focus on preventative spending as the theme for its scrutiny of the forthcoming spending review and draft budget.

A key challenge identified in the Committee's report was the need for better collaborative working between Scottish public bodies in tackling Scotland's social problems. In its response to the Committee, the Scottish Government indicated that it saw Community Planning Partnerships (CPPs) as an important way to foster better collaboration.²

The Committee has therefore agreed to contact all CPPs to request their views on how collaborative working actually works in practice, what challenges remain, and how best practice is being encouraged and shared nationally across key agencies.

The annexe to this questionnaire contains a summary of the key points from the Committee's report and the Scottish Government's response that are of particular relevance to CPPs.

How to submit the questionnaire

In order to inform its scrutiny of the forthcoming Scottish Spending Review and Draft Budget 2012-13, the Committee would be grateful if CPPs could submit completed questionnaires in MS Word format by **Friday 2 September 2011**.

It would be most helpful if responses could be submitted by email to: finance.committee@scottish.parliament.uk. Alternatively, responses can be posted to: Lucy Scharbert, Finance Committee, Room T3.60, The Scottish Parliament, Edinburgh EH99 1SP.

However, please note that if an electronic copy is supplied, there is no need to post a hard copy.

Before you submit your questionnaire, please ensure that you have read our [policy for handling written evidence received in response to calls for evidence \(pdf 15kb\)](#). Written submissions will be handled in accordance with this policy.

¹ <http://www.scottish.parliament.uk/s3/committees/finance/reports-11/fir11-01.htm>, see in particular paragraphs 114-126.

² <http://www.scottish.parliament.uk/s3/committees/finance/inquiries/preventative/SGresponse.pdf>

Questionnaire

1. To what extent has preventative spending been embedded within the CPP's work so that it focuses on trying to prevent social problems arising rather than on dealing with their consequences?

Preventative spending is an increasingly important aspect of the Community Planning Partnership's approach in achieving generational change in preventing later social problems and the costs and impacts associated with this. We firmly believe however that members of the public have a direct role to play in improving their life circumstances with support from Community Planning partners.

2. Can you provide specific examples of where the CPP has been effective in developing a preventative approach on (a) a collaborative basis and (b) an individual agency basis?

For some time an increasing number of the partnership's core plans and strategies have strongly reflected a preventative approach. This includes a significant shift in emphasis to prevention and early intervention which is reflected in our current Strategic Community Plan covering the period 2010 -2015. In this we recognise the challenges we face in the years ahead and the need to continue investing in and supporting a preventative approach where this is practical and appropriate and at the same time ensuring those most vulnerable must receive services when they are in need them. Ensuring continued service delivery to those most in need while moving towards early intervention and prevention is a challenge all community planning partners face collectively and individually. We have recognised that we will have more chance of achieving our outcomes if we work together.

This is reflected in each of our 6 core themes within the Strategic Community Plan including:

- Sustainable Falkirk – where we recognise the long-term action needed to lessen our impact on our environment and the need to sustainably develop the area in which we live for the benefit of local people. This includes investing and taking approaches today which will deliver our aspirations on sustainability. Examples include, reducing our carbon emissions from partner's building and facilities, encouraging local people to use greener and more environmentally friendly forms of transport, investing in new technology etc.
- Fairer Falkirk – we recognise the social inequalities and levels of deprivations which exist in some of our most deprived communities. As part of Fairer Falkirk Poverty Strategy we are investing in local people to provide them with the skills and opportunities to give them the best chance of staying in and/or securing employment. We place particular focus on our children and young people in helping them secure and sustaining a positive destination on leaving school. We believe that by having a job, or by investing in people through access to training or further / higher education this is the best route out poverty and deprivation. We have also identified the need to recognise that people must receive services when they are in crisis to ensure that the response to a single event does not have lasting impacts on a

family. This is very much at the heart of our approach to financial inclusion and sustainability.

- Growing Businesses and Prosperous People – we have identified the need to continue investing in the infrastructure of our local area, to continue to attract new businesses into our area, as well continue to develop and support local businesses. Central to our approach on economic development is investing in young people to ensure that they have the right skills and knowledge to fulfil the needs of employers. Skills Development in partnership with Falkirk Council has in place a Service Delivery Agreement which translates national prevention based service offerings in a local context. These have been aligned through our Community Planning Partnership with our local outcomes within our Single Outcome Agreement. This includes the deployment of a multi agency approach to plan for and assess the needs of our local young people through our 16+ Learning Choices programme. This entails the direct involvement of a number of different partners in developing Activity Agreements to provide the best support for young people in securing a positive destination.
- Young People Who Are Confident and Successful – this theme is underpinned by our Integrated Children’s Services Plan which embeds preventative based approaches and spending with a focus on early intervention. This includes taking a multi agency integrated approach to services that support children and young people at a locality level.

We are also pursuing a forward thinking Public Social Partnership based commissioning approach in this area so that public, independent and Third Sector providers are involved in the earliest stages of commissioning services. This includes the significant involvement of these providers in the planning and specification of services to children and young people. Our experience of this is providing better value for money and services which are better suited to fulfil the needs of our children and young people.

- Safer Communities – Our Community Safety Partnership has recently completed an extensive Strategic Assessment to determine short, medium and long term risks and future service priorities in this area. This was fully evidence based, an approach which continues with the recent implementation of a cross partner intelligence led tasking and co-ordination approach. Although there is a reactive element to the approach it also focuses in determining wider and long-term threats on community safety and pursuing early intervention on emerging issues. The Council also allocates funding to both partners and external providers to support prevention based and diversionary projects particularly with young people to prevent either potential entry into the criminal justice system or develop acceptable models of behaviour.
- Healthier People - our developing Equally Well in Falkirk Plan is targeted on health improvement based preventative approaches and specifically targeted at addressing our greatest health inequalities. Embedded within this is a whole partnership approach to addressing health inequalities. Some examples of the preventative based actions we have and will continue to take include addressing obesity, particularly during childhood, addressing harms to health which contribute to the big killer diseases such as cancer and heart disease. This includes encouraging local people to pursue more active and healthy lifestyles through the pursuit of physical activities, healthy eating etc. The area has also signed up as only one of three Heart Town with

a view to promoting awareness of heart disease and preventative based action which local people can take to reduce its risk to them.

We are currently looking to remodelling the model of care which we provide to meet the needs of more elderly citizens. We recognise the diminishing levels of funding likely over the next few years matched to the growing numbers of elderly people aged over both 65 and 85, with the latter likely to have increasingly complex and diverse care needs. Part of this remodelling includes shifting the balance of care from residential and formal based care setting towards more community and self based models of care, including a total place approach to inclusion of older people. Pivotal to this is developing a culture where elderly citizens have more independence and choice in how best to meet their needs.

- In addition to our 6 core themes we are also pursuing a proactive approach to continue the development and maintenance of a vibrant local Third Sector in the face of a very challenging financial climate. We understand and endorse the key role which the Third Sectors plays in realising the area's vision and the delivery of important local services often in partnership with organisations from other sectors. Two years ago we recognised the risks posed to the sector by the need to secure savings and optimise added value. The Community Planning Partnership led by our local interface, CVS Falkirk and District has developed and is implementing a resilience based approach to improve the current and future sustainability of the local Third Sector. This has included being a lead partner in the rollout of our Public Social Partnership, promoting sector collaboration, and bending existing support for sector development towards assuring sustainability.

3. What baseline evidence is used to measure how preventative outcomes are being achieved?

The use of a substantial range of baseline evidence more often than not underpins the development, implementation and continuing monitoring of key partnership plans and strategies. These in turn feed the ongoing development of both our Strategic Community Plan and our Single Outcome Agreement. Some examples of this include:

- Integral to the early stages of the development of Fairer Falkirk strategy to help tackle local poverty was the development of detailed area poverty profiles. These have directly influenced the development of our priorities in this area and the service offerings we are deploying in support of this. Intrinsic to this is our primary focus on employability and the need for a particular focus on young people. We are also increasingly utilising the wider potential of Community Planning partners to provide a wide range of employment, training or modern apprenticeship opportunities. This includes the inclusion of community benefits clauses in procurement and commissioning exercises. The sophistication of our information gathering is increasingly being used to predict young people at high risk of being unlikely to secure a positive destination on leaving school. This allows partners within a multi agency approach to intervene at the earliest stage with tailored support for the individual to help alleviate this situation.
- At the initial onset of the recession key partners within My Future's in Falkirk gathered a significant range of evidence, including that sourced from our business

community through our local Business Panel. This has been used to provide a new baseline to chart the progress of Action Plan to mitigate the worst effects of the then downturn as well as in the refreshment of the My Future's in Falkirk Strategy. The evidence gathered is also integral to our Single Outcome Agreement and in measuring progress.

- As part of the development of our Integrated Children's Services Plan, our Children's Commission gathered an extensive range of baseline evidence including significant efforts made to access a wide range of views from our children and young people, as well as their parents in the determination of the future focus of services. This has been used to build an integral benchmark of an ideal journey for a child and young person through life as well as plotting where any significant gaps may exist in services. As a result these services have been reconfigured or new services are being developed in accordance with the analysed evidence. This also forms a primary means from which to measure and report on future progress.
- The completion of our Community Safety Strategic Assessment and the significant range of evidence, data and intelligence gathered which in turn developed our risk based priorities. This in turn has directly informed the resultant Tasking and Co-ordination approach we have recently implemented and the baseline from which progress is measured and reported to the Community Planning Partnership.
- We have utilised nationally collated Community Health profiles and supporting local evidence in the development of our Equally Well in Falkirk Plan. This will be used to determine local health inequalities and need but also as to how best services should be targeted and developed into the future. The baseline evidence and measures gathered as part of this process will be used to measure and report on progress the CHP as the lead for health issues within the Community Planning Partnership.

4. What are the main barriers for the CPP to overcome in developing more effective collaborative working and moving towards a more preventative approach to public spending?

At a time when public finances are under increasing pressure and resources are reducing, there are challenges in being able to attract increased support and resources to support a collaborative approach and move towards preventative and early intervention models of service. Many partner organisations experience difficulty in committing to preventative approaches when facing significant competing demands and it is often difficult to provide clear and definitive evidence on the benefits which preventative activity will secure in the short and medium term. One of the other challenges we face is a lack of synergy regarding the strategic planning cycles of some of the key public sector agencies involved in Community Planning at a local level. We also face a very practical challenge in being able to clearly and simply match the spend of sometimes a number of different partners to final outcomes achieved as result of preventative action, particularly when these outcomes may take a number of years to be realised. We also have to make every effort to avoid duplication in services particularly between nationally and more locally focused partner organisations.

5. In oral evidence to the Committee, COSLA stated that: “we want budgets to be thought of more as being part of the public purse than as belonging to the council or NHS”. To what extent are CPP partners able to pool their budgets, or even reallocate budgets to other agencies, and make joint spending decisions through initiatives such as the Integrated Resource Framework?

Across the Falkirk CPP we have been able to relocate monies for specific purposes or support of defined priorities. Achieving this more widely will be challenging at a time when budgets are under severe pressure. There is also the challenge which needs to be faced with partners having different decision making process, management and budget systems. Some of our nationally based partners are also restricted in their ability to pool budgets at a local level through the permissions and protocols they operate.

However we have in the past ensure that resources are allocated to partnership priorities from various partner budgets where this has made sense to do so.

6. Are new financial and governance arrangements needed to strengthen this process?

New financial arrangements may be needed at both Scottish Government and local partner level to make budget and resource sharing easier. Existing governance arrangements within the Falkirk CPP are sufficient to manage this situation. We are currently refreshing our local governance arrangements and will sure that they are fit to be able to accommodate this in future. It is critical that any new financial and governance arrangements do not require any significant administrative bureaucracy nor take away from the accountability of the Community Planning Partnership to locally Elected Members.

7. What long term planning is carried out by CPP’s to fully deliver on preventative spending strategies and how do they plan for this within more short term budget periods?

We have already outlined the way we have integrated preventative approaches into our planning approach in answer to 2. As a partnership we have sought to assess the impact of organisational spending decisions on the CPP and other partners. This is something we will continue to work on and monitor. Our key goal in this is to understand these impacts and where necessary mitigate these so that no one area or community of interest is inequitably impacted on by the decisions of the CPP or its partners.

8. The Scottish Government’s response to the Committee’s preventative spending report stated: “The Spending Review that will follow the Scottish elections in May will provide another opportunity for the Scottish Government to support delivery agencies in their efforts to increase the proportion of their budget dedicated to preventative activity.” What support would CPP’s welcome?

We would hope that preventative approaches are given sufficient prominence in any future work the Scottish Government undertakes on the Concordat or the SOA mechanism. Encouragement can also be given to all the key Community Planning Partners to ensure that

preventative approaches are integrated into their planning and decision making processes in a balanced way both at organisation and partnership level.

The Scottish Government also needs to ensure that it behaves in a consistent manner which will facilitate preventative approaches being pursued.

Importantly the focus on preventative spend and early intervention must not lead to a reintroduction of hypothecation or indeed the divisive challenge funding. Much progress has been made on ensuring local solutions are delivered for local priorities since the agreement to end challenge funding embodied in the Concordat between local government and the Government in 2007. We must continue to report on progress towards national and local outcomes with a clear local focus on achieving priorities in a way that makes sense locally. Real progress can only be made where solutions truly reflect local priorities and circumstances.

Annexe to the questionnaire to Community Planning Partnerships

Summary of key points

This annexe summarises the key points from the Committee's report and the Scottish Government's responses that are of particular relevance to this questionnaire.

The Committee's report did not define the term "preventative spending" but noted that there is spending that seeks to prevent negative social outcomes arising and spending that attempts to eliminate or lessen the impact of negative social outcomes once they have arisen.

The report focused primarily on preventative spending from an early years perspective, and from a health and social care perspective.

In terms of the early years, one of the Committee's conclusions was that there is a need—

"to provide greater clarity on the roles of the various levels of government and various service providers in delivering the more effective implementation of early years policy."

In terms of health and social care, the Committee noted the various barriers to realising savings from these budgets. For example, the Association of Directors of Social Work in Scotland said—

"The great challenge to be faced in integrating resources is how to free the money that is locked up in acute care and hospital provision ... so that it can be put into preventive services at a time when there will not be enough funds to continue with the current service model aims to meet the needs of people with high-level needs..."

One section of the report (paragraphs 114-12) examined the specific issue of collaborative working – a recurring criticism made by witnesses was that relevant public sector bodies do not always work together on tackling Scotland's social problems.

For example, DCS John Carnochan, Strathclyde Police Violence Reduction Unit considered that—

"There is still a deal of territorialism between agencies, including the voluntary agencies, that is more corrosive and pernicious than that between the gangs in the east end of Glasgow."

Dr Harry Burns, Chief Medical Officer, Scottish Government, added—

“Within community planning partnerships and so on, there is evidence of interventions developing across agencies—local authorities, the health service and the third sector—very effectively. It is happening at different rates in different areas. In part, that is dependent on the complexity of the relationships in those areas, but it is happening. My point is that it needs to happen faster and needs to be built very firmly into the public sector ethos.”

Paragraphs 127 and 128 set out a series of specific questions for the Scottish Government to address in terms of role played by CPPs in fostering collaborative working. The questions and the Scottish Government’s response are reproduced below—

The Committee invites the Scottish Government to consider whether the principles behind its work on IRF and the change fund could also be applied to ensure greater collaborative working and pooling of budgets in early years policy. (Paragraph 127)

The SG encourages outcome-based approaches to budgeting and resource alignment; we know some CPPs are starting to develop these approaches and we have funded the Improvement Service to support further work with CPPs. There is undoubtedly a lot to learn from the IRF. There is no reason why the principles of the IRF and the Change Fund could not be applied to create greater collaborative working and pooling of budgets in early years policy. The IRF is not confined to older people, indeed two of the pilot sites are specifically looking at children’s services.

The Minister for Children and Early Years has taken a keen interest in the development of the IRF. In Highland, the improved trust and understanding among agencies and the increased use of a common language and shared understanding of children’s needs led, under the Governance structure in Highland, to increased sharing of resources.

The application of the *Getting it right* approach encourages business process redesign leading to streamlined systems using a single model. Evidence from pathfinders and learning partners such as Lanarkshire and Edinburgh is that there is considerable scope to rationalise the various processes, meetings and documents around children. In Lanarkshire for example the *Getting it right* is simplifying the process available to Public Health Nurses and Health visitors seeking assistance from other professionals, streamlining the 58 different types of referral forms used and rationalising their content into one easy to access electronic 'request for assistance' form, thus reducing the time burden.

Considering the Scottish Government's focus on the key role played by Community Planning Partnerships (CPPs) in fostering collaborative working, the Committee would welcome the Scottish Government's response on the following questions which are relevant to the early years, and health and social care (Paragraph 128)

How can the concept of preventative spending be embedded in CPPs, so that there is a focus across the public sector on trying to prevent social problems arising rather than on dealing with their consequences?

We agree that embedding the concept of preventative spend is a major challenge and more progress is needed. Ministers have consistently given senior Community Planning and local government figures encouragement to 'disrespect boundaries' - including the challenging of established spending patterns to effect real change. The Local Government Improvement Service has a key role to play here in supporting CPPs to make those meaningful changes, and is doing so through (for example) rolling out self-assessment and improvement tools and working with CPPs to develop outcome-based approaches to budgeting and financial decision making.

Is there merit in establishing a new financial settlement for CPPs so that relevant bodies are better able to pool their resources?

Scottish Government has created the broad framework within which Councils and CPPs can make radical decisions to do things differently, reinforced by the ongoing challenge to 'disrespect boundaries'. We think there is a lot of scope to do this already, but understand that the reality of this can be challenging. Governance and decision-making chains in CPPs need to support the CPP to overcome traditional resource 'territories' and realign resources to the right local priorities. Effective partnership cultures and the will to make things happen are also critical. Where there are real, demonstrable barriers for CPPs in how they manage their resources to achieve the local outcomes they have committed to deliver, we continue of course to be in listening mode.

What is the best means of ensuring that CPPs are making satisfactory progress in delivering better outcomes?

As discussed earlier, in response to the Committee's question at paragraph 60 of their report, the Concordat and accountability to communities play a key role.

How can the work of CPPs best complement the essential work carried out by the voluntary sector, families and communities?

Since 2008 SG has been working with CPPs and the third sector to create Third Sector Interfaces. These are intended to support voluntary organisations operating in the CPP area, advocate and promote volunteering, develop social enterprise, and connect the 3rd sector more strongly to Community Planning. There are already over 20 Interfaces in place across Scotland.

How can the views of the expert witnesses who have contributed to this inquiry help to shape the decision making of CPPs?

We see this as largely in the hands of CPPs themselves. We hope they will read the Committee's report closely, and take advantage of the huge body of experience vested

in the expert witnesses who contributed along with the significant intellectual capital and experience within CPPs themselves. The Improvement Service again has a role to play here, through its Communities of Practice and the other tools which it supports in spreading good practice.

FALKIRK COMMUNITY PLANNING PARTNERSHIP

Subject: FALKIRK'S PUBLIC SOCIAL PARTNERSHIP
Meeting: COMMUNITY PLANNING MANAGEMENT AND LEADERSHIP GROUP
Date: 7TH SEPTEMBER 2011
Author: ACTING DIRECTOR OF SOCIAL WORK SERVICE, DIRECTOR OF EDUCATION SERVICES AND CHIEF EXECUTIVE OF CVS, PUBLIC SOCIAL PARTNERSHIP PROJECT SPONSORS

1. INTRODUCTION

- 1.1 This report will update members on the lessons learned from Falkirk's Public Social Partnership (PSP) pilot. It will place local learning in terms of national learning from all ten pilots and recommend how best we can use this to ensure that our public services meet the needs of service users.
- 1.2 This project is an effective partnership between CVS Falkirk and District and Falkirk Council. It was sponsored by Falkirk Children's Commission with Julia Swan, Margaret Anderson and Kenny Murphy taking on the role of Project Board.

2. WHAT IS A PSP?

- 2.1 A PSP differs from other models of commissioning in that it focuses on the needs of the client rather than the services available. It was the 'needs-led' aspect that attracted Falkirk Children's Commission to the pilot process.
- 2.2 A PSP usually has three stages:
- Third sector organisations work with public sector purchasers to design a service together.
 - A prototype service is put in place which allows testing of the agreed model - and thus refining service parameters. Efficiencies can be achieved during this period.
 - The service is further developed to maximise community benefit before being competitively tendered.
- 2.3 It is the co-production aspects of the service design which is core to the model. The approach can enable the delivery of public services more effectively focusing on person centred outcomes.

3. THE FALKIRK PILOT

- 3.1 Members will recall that in February 2011 they considered a report which gave the background to the project.

In November 2009, a successful bid was made to the Scottish Government by CVS Falkirk and District and Falkirk Council to become one of ten national pilots. Each of the ten pilots had to be a partnership between the third and public sectors. Support was provided to each pilot by Forth Sector Consultants and PriceWaterhouseCoopers.

Falkirk's Public Social Partnership pilot project was designed to develop a robust commissioning framework for services for children and young people in Falkirk. The aim of the project was that by April 2011 staff within the third sector and public sector would have the knowledge, skills and capacity to participate as full members in the commissioning process. The framework was co-produced by all stakeholders.

- 3.2 The Project Plan for Falkirk was established, adopting ten key principles of best value. In addition, the project focused on the following principles throughout its life:

- joint working to deliver better outcomes for children and young people
- awareness of the current financial climate
- taking account of the user perspective and personalisation agenda

- 3.3 The project team comprised of officers from the CVS Falkirk and Falkirk Council. Falkirk Council had members from Corporate and Neighbourhood, Education and Social Work Services. All members contributed effectively to the team. By the end of the pilot in April 2011 our final our final report to the national Project Board demonstrated the following progress:

- 34 advocates were identified who will promote and support the use of the PSP approach across the third and public sector
- 218 individuals attended four co-production events. All of these attendees had increased their knowledge of commissioning
- Our framework, which is relevant for all commissioning opportunities, is being finalised. It contains the theory and practice of commissioning; case studies of the prototypes and all the materials used at the advocate and co-production events
- A local PSP website and the framework which has been designed as an electronic resource will be accessible by autumn 2011. This will be linked to both Falkirk Council and CVS Falkirk Websites
- We have used three major opportunities to develop our approach and the lessons learned through PSP approaches in:
 - Adult Advocacy Services
 - Homelessness
 - Fostering Services
- Beyond the life of the project we are using the PSP approach to:
 - Redesign support for families with substance misuse across the Forth Valley
 - Through appropriate governance procedures we hope to adopt the PSP approach as a preferred method of commissioning 'people services' within the Falkirk and Council area with colleagues across the Forth Valley
 - Continue to develop the PSP approach and embed in our ongoing practice

- The project was managed appropriately at local and national level
- The method of support offered through the pilot in terms of support through PriceWaterhouseCoopers and Forth Sector has left local sustainable skills and knowledge
- There has been ongoing commitment from senior level in the third sector and also the public sector to release staff time on an ongoing basis. This will continue until at least June 2012

3.4 Throughout its life, the Falkirk Project Team have attended events throughout Scotland, both as attendees and participants. The most recent of these was a workshop on Strategic commissioning for Children's Services run by the Scottish Government. It provided further comfort that the Falkirk approach was in line with the latest national thinking and that our approach appeared to be further developed than in many other areas of Scotland.

4. FINDINGS FROM THE NATIONAL PILOT

4.1 On 8 July the Scottish Government launched their guidance on forming Public Social Partnerships. This is available as an interactive pdf: <http://www.scotland.gov.uk/Resource/Doc/48453/0119024.pdf>.

The report outlines the progress across the ten pilots.

4.2 The key findings from across all ten pilots are:

- Good partnership working is key to making improvements through the Public Social Partnership. There was greatest evidence of progress where partnerships had taken the time to build trust amongst partners
- A robust project planning approach helped to ensure appropriate progress was made
- It must be made clear from the outset that, following service design, a full assessment will be undertaken as to how services will be procured, which might result in competitive tendering

4.3 The guidance also noted that the PSP approach would help public bodies implement the forthcoming Sustainable Procurement legislation. This will require the inclusion of social, economic and environmental considerations when public bodies are buying goods or services.

4.4 The PSP approach is also in line with the priorities highlighted by the Commission on the Future Delivery of Public Services, in particular:

- Recognising that effective services must be designed with and for people and communities - not delivered 'top down' for administrative convenience
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self reliance, and build resilience

5. THE WAY FORWARD IN FALKIRK

- 5.1 It is clear from both the local and national pilots that a PSP approach is an appropriate commissioning model to use for services which are “people” services, as opposed to product or process focussed services. The prototypes in Falkirk are already suggesting services can be provided more effectively and efficiently for less money. It would therefore be beneficial when new services are being designed or existing services redesigned that all the Community Planning Partners consider the use of this approach.
- 5.2 To ensure a consistent approach across all partners, the existing Project Team would welcome the commitment and support from all partners. The Project Team will continue to encourage the use of PSP in appropriate circumstances, acting as an enabling and support system. The Advocates identified in 3.3 will also, in certain circumstances, be able to support the process.
- 5.3 In addition there are further aspects of the process which the Project Team wish to develop, including:
- Using the PSP approach to design a brand new service. This will require appropriate systems to be put in place for selecting providers to be involved in the pilot. This will ensure that there is open competition which will not infringe procurement regulations
 - Ensuring the impact of this approach can be tracked to ensure that outcomes are improved for clients
- 5.4 In addition, the Project Team will continue ongoing support for the following initiatives:
- Fostering Services
 - Homelessness Services
 - Family Support Services across Forth Valley
 - Examining provision within the Review of the Public Pound
 - Early Years Review
- The Team will also provide continuing support to the Advocates and will also be involved in an ongoing basis on practice dissemination on both a local and national basis.
- 5.5 Further initiatives are currently being explored to determine whether a PSP approach is appropriate. These include:
- Early Years Review
 - Potential Review of Supported Living
 - Older People’s Change Fund

6. RECOMMENDATIONS

Members are asked to:

- Note the progress made in implementation the PSP approach
- Agree that the PSP model of commissioning is adopted as a partnership approach to help partners achieve priorities highlighted in the Commission on the Future Delivery of Public Services
- Commit to providing support through the Project Team

Margaret Anderson.

Acting Director of Social Work

Julia Swan

Director of Education

L. Murphy

Chief Executive of CVS

Date: 6th September 2011
Contact Name: Elaine Costello

LIST OF BACKGROUND PAPERS

1. Public Social Partnership Guidance 2011
<http://www.scotland.gov.uk/Resource/Doc/48453/0119024.pdf>
2. Commission on the Future Delivery of Public Services
<http://www.scotland.gov.uk/Publications/2011/06/27154527/18>

Any person wishing to inspect the background papers listed above should telephone Falkirk 01324 508784 and ask for Debbie Luke.

REVIEW OF PROGRESS – May 2011



2010 – 2015
Falkirk's Integrated Children's
Services Plan



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CHAPTER 1 – INTRODUCTION

Falkirk's second Integrated Children's Services Plan was prepared in accordance with guidance issued by the Scottish Government in March 2008. It takes account of the local outcomes which contribute to Falkirk's Single Outcome Agreement. The Plan was agreed by Community Planning Partners in March 2010.

Since the plan was approved, partners have been working together to improve outcomes for our young people as described in the plan:

- **Outcome 1** – All Falkirk children will be happy and healthy and enabled to make positive decisions about their own health and well-being.
- **Outcome 2** – All Falkirk children will achieve their potential through learning and creativity, developing the skills and knowledge to make them fulfilled, happy adults.
- **Outcome 3** – All Falkirk children will grow up in a safe environment where they are protected, loved and enabled to enjoy their lives.

Progress has been made on implementing the key priority areas as indicated below:

- **Early Years Framework**
Multi-agency work has been undertaken to develop and implement the Early Years Framework. Progress to date is attached. **(See Appendix 3)**
- **Corporate Parenting**

The Council has developed a Corporate Parenting Strategy to ensure support from all services for Looked After Children while they are in care and when they make the transition to adult life. There is a comprehensive Action Plan covering a range of issues, including health, education, moving into work or further education and accommodation, which are intended to ensure Looked After Children achieve the same outcomes as other children and young people.

Actions include:

- carrying out audits of the children and young people's individual care plans to make sure they are being fulfilled
- ensuring effective practices in school including raising staff awareness of Looked After Children's particular issues and needs
- improving their educational attainment and reducing exclusions
- celebrating their achievements
- making sure there is a choice of sports, leisure and community learning available
- gathering their views on their experiences in care to improve the service and

- identifying any gaps in housing support for young people leaving care

During 2008-09, the appointment of permanent, dedicated staff to monitor the educational planning and outcomes for Looked After Children allowed Education Services to anticipate the demands of Scottish Government guidance. The Service tracks the attendance, progress and outcomes for all Looked After Children, and has established support networks for designated senior managers in schools with responsibility for Looked After Children in line with the Corporate Parenting policy.

It was agreed by Education Committee in May 2011 that a new school to provide Social, Emotional and Behavioural Support Services would formally open at Camelon on 1 July 2012. The new provision will bring together the currently separate provision for young people in S1-S3 with provision for those in S3-S5. The proposed services will have specific responsibilities for supporting the education of Looked After Children. As is the case across Scotland, Falkirk Council's Looked After Children do particularly poorly at school. Their academic achievements are much poorer than other children and young people and they are more likely to be excluded. The Looked After Children Support Team would work in mainstream schools, in home settings and in the community to help ensure that Looked After Children have an educationally rich experience out of school and have access to additional support, where necessary, to maintain school attendance.

- **Equally Well in Falkirk: A Framework for Improving Health and Reducing Inequalities 2011-2015**

Work has been undertaken to develop Equally Well in Falkirk. The Children's Commission was particularly interested in this outcomes based approach in relation to the Early Years and Young People's section.

- **Poverty Strategy**

"Towards a Fairer Falkirk – Tackling Poverty and Inequalities within the Falkirk Council Area" was approved by Falkirk Council on 2nd March 2011. The strategy details the Council's approach to addressing both the causes of poverty and the issues which result from poverty. The strategy recognises Falkirk's Integrated Children's Services Plan and Early Years Framework as the key strategies for improving outcomes for all children and young people in Falkirk. It also identifies the impact of adult poverty on children and young people and envisages that action taken to increase employability in the wider community will have a positive impact on children and young people.

Falkirk's Children's Commission has also reviewed its role and remit to ensure that it is consistent with our approach to outcomes for young people.

It was noted in the plan that partners would have to work more efficiently and effectively in time of decreasing resources and increasing population in order to deliver services which make a positive impact on individual young people. Much of the development work undertaken over the past 12 months has focused on ensuring that resources are used in the most efficient manner.

CHAPTER 2 - THE PLANNING PROCESS

This review of the ICSP has come at a time of rapid change, where there are several challenges which need to be met. These include:

- an increasing population of children and young people, which is at odds with the national trend across Scotland
- increasing pressure on resources across all partners in the Public Sector, which necessitates even more effective partnership working
- potential new legislation associated with GIRFEC and early years
- the pressure of maintaining complex packages of services for our most vulnerable children and young people
- the factors which impinge on all children and young people, in particular, those who are looked after

The priorities for the Commission workplan will be determined by the need to mitigate against such identified challenges.

STRATEGIC COMMUNITY PLAN 2010-2015

The Falkirk Strategic Community Plan 2010-2015, 'Moving Forward Together' sets out the things we need to do to ensure we meet our vision for our area. Over the last 10 years the area has changed significantly, with a growing population, becoming one of the safest areas in the country, more visitors coming to the area and increasingly being seen as a place to do business.

This Strategic Community Plan:

- Re-affirms our 20 year vision for our area
- Sets out the nature and scale of challenges and change which the area faces in the years ahead
- Highlights our high level outcomes and priorities for the next 5 years
- Clearly specifies and recognises the contribution our communities and the Third Sector can make towards the attainment of our vision

Our aspirations for the area remain high with our vision remaining valid. The vision includes:

- The legacy of our past and the potential of our future are protected
- Our area is at the centre of Scottish life
- Our future is one of the most culturally diverse and distinct areas in Scotland
- Our future has investment in jobs, learning, homes and leisure for all
- Our area is the place to be in the third millennium

To achieve this, the Community Planning Partnership has the following priorities:

Maintaining and developing further a thriving, sustainable and vibrant economy

- Our area will be recognised as having a culture and ethos of aspiration and ambition
- The wealth and prosperity of our area will increase
- Our workforce will be highly skilled
- The quality of our infrastructure will help promote the growth of the local economy

Continually improving the health, safety and wellbeing of our citizens and communities

- Our citizens will be supported to make positive health choices and lifestyles in order that they can live longer
- People will have equitable access to local health, support and care
- Our citizens and communities will be encouraged to take responsibility for their own health and well being
- Our citizens will be protected

Our efforts to tackle disadvantage and discrimination will increase

- Our citizens continue to access critical services that meet their needs
- Our housing continues to meet the needs of people who live and may wish to live in our area
- Vulnerable children and young people will be protected
- Disadvantaged communities will benefit from better services

Our environment will be enhanced and sustained making it an area in which people want to live, work and visit

- We will be greener
- We will improve the built environment
- Our open spaces will be attractive, accessible and safe
- Our profile will reflect our area as a destination of choice

Our Children's Commission has the remit to take forward multi-agency planning for children and young people. This group comprises of senior managers from all key agencies and Council Services. To ensure that planning leads to action and change, the Children's Commission has ensured this plan:

- links to the Single Outcome Agreement;
- is streamlined and strategic;
- has specific, measurable, achievable, relevant and timed indicators which are directly related to outcomes for children and young people.

The Integrated Children's Services Plan (ICSP) provides the plan through which the Children's Commission will monitor the contribution made to the local priorities which are directly relevant to children and young people.

The ICSP is a plan for **all** children and young people but it is important that we ensure progress for our most vulnerable groups. The Children’s Commission will therefore also monitor the specific outcomes for young people in vulnerable groups on a six monthly basis. This will include Looked After Children (LAC) and children who are Looked After Away from Home (LAAFH), children and young people who live in the worst 15% of deprived areas, children and young people with a disability, children and young people from minority communities, young carers, and children and young people on the Child Protection Register.

As detailed in Chapter 1 of the ICSP Falkirk Children’s Commission has three outcomes which we wish to achieve for all children and young people in our area. These are referred to throughout the document as Children’s Services Outcomes. These outcomes link to the wellbeing indicators as follows:

<u>Children’s Services Outcomes</u>	<u>Wellbeing Indicators</u>
<p>Outcome 1:</p> <p>All Falkirk children will be happy and healthy and enabled to make positive decisions about their own health and wellbeing.</p>	<ul style="list-style-type: none"> • Healthy • Active
<p>Outcome 2:</p> <p>All Falkirk children will achieve their potential through learning and creativity, developing the skills and knowledge to make them fulfilled, happy adults.</p>	<ul style="list-style-type: none"> • Achieving • Respected & Responsible
<p>Outcome 3:</p> <p>All Falkirk children will grow up in a safe environment where they are protected, loved and enabled to enjoy their lives.</p>	<ul style="list-style-type: none"> • Safe • Nurtured • Included

These specific outcomes for children and young people also impact on other local outcomes contained in our Single Outcome Agreement. These include:

- Our area will be recognised as having a culture of aspiration and ambition
- Our workforce will be highly skilled
- Our citizens will be supported to make positive health choices in order that they can live longer

- Disadvantaged communities will benefit from better services
- Vulnerable children will be protected
- People will have equitable access to local health, support and care
- Our citizens will be protected
- Citizens and communities will be encouraged to take responsibility for their own health and wellbeing
- Our citizens continue to access critical services that meet their needs

PERFORMANCE FRAMEWORK

We will agree a process for ensuring that all our services and agencies disseminate a summary of the plan and its priorities. This will ensure that the priorities are addressed in all aspects of planning our services. The Children’s Commission will take an overview and act as an advisory body to the Community Planning Partnership on these issues as part of its role as sub-group of the Community Planning Partnership. The Commission will want to consider how it raises the profile of the key priorities in the ICSP with young people, their families and communities.

The Children’s Commission will map out what agency or service should deliver on each of the priorities of the plan. This will ensure the priorities of the ICSP will be included in other agency and service plans. The ICSP would therefore link to many plans and form part of a “web” of plans.

It was stated in the plan that:

“The Children’s Commission will establish a monitoring and review process that extracts six monthly information from the planning web in relation to progress on each of the priorities. The Commission can then make judgments about the rate and effectiveness of progress and where there are concerns these can then be addressed. This will also provide the Commission with a basis for revising the ICSP over time. The Children’s Commission will report their findings to the Community Planning Partnership and relevant Committees and Boards.”

The mechanism for monitoring and review is still being developed and links closely to the work being carried out on the Integrated Assessment Framework. As part of the monitoring and review, it is hoped to use an outcomes based framework which can measure an improvement in outcomes at both individual and population level. This framework is currently being piloted and its use is currently being negotiated with a national Third Sector organisation.

The monitoring and review of the Integrated Children’s Services Plan is developing in line with the Quality Improvement Framework, agreed by the Child Protection Committee. It is based on the model of Validated Self Evaluation (VSE). VSE is a process which aims to support and challenge the work within children’s services to improve the quality of provision and outcomes for young people. It recognises that self-evaluation is increasingly well embedded across the Scottish landscape and that high quality self-evaluation can lead to continuous improvement and the achievement of excellence in practice and provision. VSE acknowledges that the responsibility for improving services and outcomes lies with the self-evaluator. The role of the validator is to support, extend and challenge the self-

evaluation at both school and service levels, and so affirm (or otherwise) and strengthen outcomes for learners. VSE now provides the context in which the Service's quality improvement and quality assurance systems operate. At its heart lies the gathering of evidence and its interpretation: an ongoing process of evaluation, validation and improvement planning.

In 2010 Education Services requested that HM Inspectorate of Education (HMIE) work alongside the Council to undertake a VSE. Throughout the VSE, Council staff worked alongside HM Inspectors. This joint report includes HMIE's assessment of the rigour of Falkirk's self-evaluation process. It describes how the VSE will continue to influence ongoing self-evaluation of Falkirk Education Services and provides a summary of the agreed key strengths and future actions.

As part of its Validated Self-Evaluation (VSE), an in-depth evaluation was undertaken on services for Looked After Children (LAC).

The multiagency task group evaluating services for LAC had a substantial amount of performance data available which showed trends over time including 5-14 data, SQA tariff scores, attendance, absence, exclusions and leaver destination figures for Looked After Children.

Analysis of data included comparisons of gender, tariff scores, highest qualification gained, current status and details of the first two destinations taken after school. The data was further analysed by Looked After at Home (LAAH) groupings and Looked After Away from Home (LAAFH). The group had also looked at a sample of case files to provide more qualitative information about the experiences of Looked After Children in Falkirk. HMIE worked closely with all of the lead officers of the task group to ensure that the data sources were used effectively to identify key areas for improvement and to triangulate evidence from a range of sources. At times too much information was available which made it difficult to focus on the key messages. The work identified scope to improve efficiency in relation to the amount of data required to inform future improvements.

Actions to meet the need of this group of vulnerable children and young people will be taken forward through the Corporate Parenting Action Plan.

Preparation for the CP inspection in May 2011 allowed Education Services to self-evaluate services for children and young people on the CP register. Areas for improvement identified from the inspection will inform the ongoing work of the Commission and will be captured in future updates of the plan.

In 2011/12 there will be a focus on young carers and children and young people who live in our lowest 15% SIMD.

In 2012/13 the focus will be on ethnic minority children and young people and children and young people with a disability.

In 2013/14 the focus will return to LAC and children and young people on the child protection register.

In line with the Council's review of Performance Indicators and as part of the development of the Children's Services Hub, it is intended to rationalise data collection concerning young people across partner agencies in order to embed a culture of continuous improvement.

CHAPTER 3 – IMPLEMENTING GIRFEC IN FALKIRK

OVERVIEW

Falkirk's Children's Commission is committed to improving the life chances of all Falkirk children and young people and, in particular, vulnerable children and young people living in the Falkirk Council area. It continues to invest heavily in early intervention services to improve outcomes for our most vulnerable children and young people.

A new model for the delivery of services to children, young people and families was agreed in principle by Falkirk Council in June 2009.

As a result of detailed work on needs analysis, Co-ordinated Children's Services arrangements have been put in place, providing a strategic framework for early and effective intervention within the Falkirk Council area. From 2008 to 2010, two different models of Locality delivery were piloted. One of these models focused on having a multi-disciplinary co-located team providing services to children and young people; whilst the second took an approach to building virtual teams around the child.

At the same time, Falkirk became one of the sites of a Domestic Abuse Pathfinder Pilot. This pilot, which ran from 2008 to 2010, operated on a single trigger of need in one geographical area. The Pilot was led by Central Scotland Police and the Co-ordinator was based within the Children's Services Team.

The national review of the Pathfinders across Scotland indicated that, in terms of outcomes for professionals, there were changes around:

- Levels of awareness about domestic abuse generally
- Professional practice, for example the police were much more aware of the need to observe and assess the risks to children and young people when attending incidents of domestic abuse
- The involvement of universal services as part of the overall response and support for children and young people affected by domestic abuse
- The levels of inappropriate referrals received by SCRA and Social Work which allowed practitioners in these two services to concentrate on the families that most needed the inputs
- Improved information sharing across agencies
- Improved action planning with a much greater awareness of children and young people's needs within families affected by domestic abuse

The broad outcomes for children, young people and families included the following:

- Women, children and young people are safer
- Families are emotionally supported and practically supported by the multi-agency approach
- Children and young people are more supported at school

- Children and young people's broader needs (emotional, social, physical) are being addressed as a result of coming to the attention of service providers through the single issue of domestic abuse

Based on evidence from all three pilots and the strong history of integrated working through New Community Schools and Integrated Learning Communities and the Education and Social Work Liaison Officers based in SCRA, it was decided by the Commission that to truly embed the principles of GIRFEC across all agencies and staff, a model of delivery of co-ordinated services should be adopted. This gave the best opportunity to change systems, practice and culture, which would lead to improved outcomes for children and young people.

The model of co-ordinated services was well researched and evidence of the value of co-ordinated services was taken into consideration.

The model and processes within this have been clearly developed in line with the principles of GIRFEC and the lessons learned from the Highland Pathfinder and from the Falkirk Domestic Abuse Pathfinder. Extensive work has been carried out on the Locality model to:

- Re-structure and focus the previous Integrated Learning Community Teams
- Re-appoint staff and integrate into new teams
- Financially model and cost out all suggested structures
- Re-structure the financial ledger to meet the needs of the Locality Team

As a result, the model now provides Locality based front line service delivery; the Intensive Family Support Service and a developing strategic Co-ordination and Communication System ('Children's Services Hub'). The Children's Services Hub is also developing a robust commissioning framework based on the work of the Public Social Partnership.

Co-ordinated Children's Services at a local level provides early intervention for those young people who are not at immediate risk of harm, but who have unmet needs. Multi-Agency Groups (MAGs) in each local area determine the needs of individual children and young people using the Integrated Assessment Framework (IAF) and, where appropriate, undertake an integrated assessment and/or appoint a lead professional and a team around the child. With this model children, young people and their families receive a locally delivered service embedded in mainstream service delivery. The MAGs interface with well developed child protection procedures identifying children and young people who are in need, but not at immediate risk, and who might never reach the threshold for child protection concerns to be raised. This provides another forum where local professionals, with knowledge of the family, can ensure that children and young people are safe. The support services which families receive are co-ordinated and based on the identified unmet needs of the child.

The MAGs also have the remit to examine trends in relation to concerns being raised to determine any local need which may be emerging at a general population level. This part of the model is specifically designed to ensure that young people have their needs met at an early point before they escalate and require intervention through traditional child protection routes.

The previous history of the development of the model is contained in **Appendix 4**.

CO-ORDINATED CHILDREN'S SERVICES

LOCALITIES

In the Falkirk Council area, we have adopted a Locality approach to the co-ordination of services for children and young people. This approach is designed to facilitate delivery of the GIRFEC principles, with the aim of improving outcomes for our children and young people. The localities are designed to take an early intervention approach to help prevent children and young people moving towards being at risk.

MAG Processes

Following the launch of Co-ordinated Children's Services (CCS) in September 2010, the Locality Co-ordinators have been monitoring the progress of new working practices, and in particular, the Multi-Agency Group (MAG) meetings. The key points to note are as follows:

- CCS was launched on 1st September 2010, and, consequently, ILCs ceased to exist on 31st August 2010.
- Children's Services operate in each of four geographical localities across the Falkirk Council area as follows:
 - Bo'ness/Grangemouth
 - Falkirk East/Braes
 - Falkirk West/St Mungo's HS
 - Denny/Larbert
- Multi-Agency Groups (MAGs) meet fortnightly in each Locality to discuss concerns for children and young people living or attending school in that Locality.
- The purpose of the MAG meeting is to enable consideration and discussion of relevant information from multiple sources, and to agree appropriate collaborative actions with the aim of delivering positive outcomes for children and young people.
- MAG discussions focus on the needs of children and young people. Requests for specific services should not be made.
 - Discussion of the child/young person's needs focuses on the GIRFEC wellbeing indicators i.e. the MAG members consider the evidence to support whether or not the child or young person is:
 - Safe
 - Healthy
 - Achieving
 - Nurtured
 - Active
 - Respected
 - Responsible
 - Included

- Concerns should be forwarded to the MAG at the earliest possible stage if the single agency's interventions have not been sufficient to meet the child or young person's needs.
 - Relevant information held by any of the services represented at the MAG are shared as appropriate to the needs of the child/young person.
 - Information shared includes evidence of strengths and needs.
 - Decisions regarding the most appropriate local service(s) to meet the child or young person's needs are made at the MAG meeting.
 - The MAG may determine if there should be a team around the child, and in that situation decide who the lead agency should be.
 - Feedback is provided to the agency/individual that originally raised the concern.
- With the key principles of GIRFEC very much in mind, consent to share information is established prior to concerns being raised with the MAG.
 - The Co-ordinated Children's Services consent form is completed.
 - Parents'/Carers' information leaflet is discussed in conjunction with the consent form.
 - Concerns are raised with the MAG using the Integrated Assessment Framework forms 1a,1b and 2b (CCS Consent Form, Parent's Leaflet, IAF forms 1a, 1b, 2b can be found on GLOW for Education staff and on shared drives for all other Falkirk Council services and partner services/agencies)
 - An important point to note is that MAG meetings are not intended to replace or undermine day to day practical conversations between colleagues on how best to approach or organise immediate interventions and support. These conversations continue as a matter of course.
 - 'Business' MAG meetings are to be held 3 times per year to reflect on practice, evaluate outcomes, review progress and discuss local themes.
 - The first round of Business MAG meetings took place in April/May 2011
 - Feedback / input from all stakeholders within Children's Services in a Locality is welcome

VULNERABLE PERSON REPORTS VPRs

It should also be noted that there is an inconsistency in the number of VPRs which are being considered at MAGs. For Larbert, more than half the concerns raised are VPRs, whereas Denny have not yet considered any. This evidences the positive effect that the GIRFEC Domestic Abuse Pathfinder has had on relationships and the process for dealing with VPRs. It is expected that the ongoing development of the Multi-Agency Screening Hub (MASH) in Larbert will provide a consistent process for triage directing VPRs directly to Localities, where appropriate.

Number of Concerns

The number of concerns raised with MAGs varies greatly between Localities. This is potentially due to a number of factors:

- local existing infrastructure
- number of children and young people who are identified as having unmet need
- resistance to change – MAGs are still relatively new
- lack of understanding of role of MAGs

Attendance at MAGs

The role of the Co-ordinators and Clerical Assistants in chairing and supporting the MAGs is highly valued.

There is not a consistent model of Education engagement in the MAGs – some localities have a rota system, whilst some always have a representative from early years, primary and secondary.

It should be noted that often when an agency is unable to attend, the relevant information is provided prior to the meeting.

The role of the Social Work representative at the MAG is key to ensuring processes are effective.

Feedback on MAG Processes

There is positive feedback from MAG members regarding the benefits of information sharing. The first round of Business MAGs has taken place. These will be held three times per year to review the operations of each MAG. This includes developing ideas for continuous improvement and review effectiveness, as well as identifying the key themes to be addressed.

Eight children and young people have required integrated assessment and planning. Some cases which have been referred to the MAG involve children and young people who require more complex interventions and, as they do not meet the criteria of early intervention, no further action has been taken. Instead a decision has been taken in relation to the most appropriate agencies to become the team around the child and the information forwarded to the lead agency.

There is a developing ethos and culture at the MAGs which allow individuals to feel more comfortable about sharing information.

SWOT analysis at the Child Protection Practitioners Forum highlighted the MAG process as a key strength. Many individuals agree that there is strength in using the IAF paperwork to assess the needs of a child. A minority still feel that the IAF paperwork is a barrier to passing on concerns. Almost all agree that the IAF paperwork requires, at minimum, some changes. There is a review process in place for the IAF starting in June 2011, where changes will be made.

MAG members are all very aware that it is early days and a process of continual learning is taking place. There is, however, a full commitment to making the processes work. MAG members are keen to build the relationships necessary to do this.

A more detailed report from the Business MAGs held in April 2011 is attached at **Appendix 5**.

Domestic Abuse

The GIRFEC Domestic Abuse Pathfinder concluded in June 2010. The pilot was one of four national pilots and was led by Central Scotland Police.

The pilot was based in the Larbert area. It tested the GIRFEC principles in relation to multi-agency sharing of information and earlier intervention to reduce referrals to the Reporter, specifically in relation to children and young people affected by domestic abuse. The pilot also considered addressing other 'concerns' in relation to children and young people in the Larbert area. This work informed procedures for multi-agency working. The Project was key to informing the development of the Co-ordinated Children's Services model and the implementation of GIRFEC in the Falkirk Council area; the developing model was designed to incorporate the key lessons learned. It is envisaged that the MAGs will build on the finding that regular meetings allowed for more meaningful multi-agency work through a greater understanding of individual roles and remits. The Children's Services Hub and collaboration of the Multi-Agency Screening Hub with Central Scotland Police also incorporates elements of centralised information gathering.

Family Support Service

During the development of Co-ordinated Children's Services, work was undertaken with the Family Support Service delivered at Locality level. This created the post of Senior Family Support Worker for each Locality. The remaining complement of 12 Family Support Workers was allocated on the basis of population and FSME.

Induction with all Family Support Workers focused on case recording and the implementation of GIRFEC. Their role in early intervention was also emphasised.

The following comments have been received regarding the Family Support Service in the Denny/Larbert Locality.

Comment from Primary Head Teacher re a Family Support Worker:

Over the past couple of years C has provided outstanding support for a number of our children. Apart from the fact she is a genuinely decent individual who brings an exemplary level of professionalism and commitment to her post, she does so along with compassion and concern for the needs of others. I have been a Head Teacher for over 16 years and have come across few individuals who impress me both on a personal level as well as a professional level. C stands out as one of the few. I consider her to be truly suited to her post.

Evaluation of Family Support Worker input by a referrer (Head Teacher):

- K and her mother have been supported through a very difficult time.
- K is more settled in school
- Mum has established consistent routines at home
- K is more able to access the curriculum
- Mum has self-confidence to deal with difficult situations

‘This has been an exemplary piece of work.’

Evaluation of Family Support Worker input by a parent:

‘M has helped my wee girl very much and has also helped her to bond with her mummy. She has gone from being quite sad and lost to a beautiful, happy and bubbly wee girl.’

Comment from retiring Principal Teacher:

‘It has been a real pleasure to work with you over the last few years and I really value the help you gave me with getting A through school.’

Feedback received from parents during an ongoing piece of work with a Family Support Worker:

‘Both mum and dad feel that since A started meeting with me his mood swings have become less frequent and he also deals with his anger more appropriately. Relationships in the family home are more relaxed. Also A appears happier and more relaxed.’

Evidence of engagement with young people who are hard to reach:

‘I became involved with D in November 2010. From November through to April D only engaged with me on 7 occasions. I didn’t feel 7 contacts in 6 months was enough, so took his case back to the MAG to consider alternative options, due to his lack of engagement with the Family Support Service. It was decided at the MAG that although he had only engaged with me 7 times I should continue to work with him, as this was more than he had engaged with anyone else.’

D has said I do not lecture him and that I let him talk and listen to what he says, this is the reason he agrees to see me. He has begun to make progress, and has recently agreed to return to school on a part-time timetable. Since the MAG in April I have met with D on 3 occasions and hope to continue to meet weekly.’

A young person recently requested another session with her Family Support Worker within the same week, as she did not want her support session to end.

Comments from parents:

Parents whose son was part of the Seasons for Growth group both said they had noticed a huge difference in their son's outlook and behaviour saying "The difference is like night and day."

Parent commented that she is happy with the input she is receiving from the Family Support Service, and the delivery of this service. She feels her family is benefiting from the service.

CHILDREN'S SERVICES HUB

It was agreed by Falkirk Council in June 2010 that in order to ensure that the remit of the Children's Services Hub be achieved, that the Change Manager be appointed by CVS Falkirk and District. It was agreed that this would give the candidate the necessary independence across all the partners to ensure that appropriate new business processes are adopted.

The Change Manager and the administrative support for the Children's Services Hub took up their posts in December 2010.

The Children's Services Hub describes a visionary commitment to moving towards more co-ordinated, effective and efficient service delivery systems. The aim is to have built in assessment procedures to ensure sustained and ongoing development to maintain fitness of purpose in response to continual changes in need. The functions include: multi-agency training, referral pathways, the interface between Locality based services and central intensive services, data collection of all referrals across partnerships to develop consistent mechanisms to compare service delivery against ever changing need, commissioning frameworks which are fit for purpose with regard to need.

How this will be achieved is the subject of two development days scheduled for April and May 2011.

The Co-ordinator's post for the Children's Services Hub is currently being developed in line with the output of the development days.

Public Social Partnership (PSP)

In order to develop a robust commissioning framework for services for children and young people, Falkirk Council and CVS Falkirk and District developed a Public Social Partnership (PSP). This was one of ten national pilots supported by the Scottish Government. The outcomes of the project were to:

- Develop a cohort of advocates and raise awareness of the concept of commissioning across the Public Sector and Third Sector.
- Produce a commissioning framework in relation to Children's Services for the public and Third Sector in Falkirk.
- Using the appropriate commissioning opportunities during the life of the pilot we will incorporate the lessons learned into the development of the framework.

The PSP approach was used over the last 18 months in our approach to commissioning external fostering services, homelessness services and advocacy services. A more detailed project report is available at **Appendix 6**.

Beyond the life of the project we are using the PSP approach to:

- Redesign support for families with substance misuse across the Forth Valley
- Adopt the PSP approach as a preferred method, through appropriate governance procedures
- Method of commissioning “people services” within the Falkirk and Council area with colleagues across the Forth Valley
- Continue to develop the PSP approach and embed in our ongoing practice

Between April 2011 and Autumn 2011, two evaluative SROI studies will be carried out around two separate early intervention Family Support Services – one provided by Education Services the other provided by a small Third Sector organisation. The lessons learned from these studies will not only be used to inform the development of Family Support but also how we might link with Social Return on Investment (SROI) into the commissioning framework.

INTENSIVE FAMILY SUPPORT SERVICE (IFSS)

In addition to Family Support Workers working in Education Services providing “early intervention” support for families, a need was identified to develop support for young people in crisis who were at risk of becoming Looked After Away from Home (LAAFH).

The Intensive Family Support Service has therefore been developed on an incremental basis since March 2010, reaching full strength in 2011.

The team currently comprises qualified social work staff and specialist Family Support Workers with a variety of different skills. Work is ongoing to try and recruit a clinical psychologist who would also be based in this team. It has also been agreed that as any post becomes vacant a review will be undertaken in relation to the skills mix within the team to determine how the post should be used.

The service has been developed by a multi-agency group with input from the Young People's Focus Group and the Parents' Reference Group. The budget to create the team was identified through the redesign of an existing service.

Since March 2010 the Intensive Family Support Service has worked with 50 families with 57 young people. The 57 young people were at home at the point of referral and 50 of these remained at home.

A robust monitoring system still requires to be put in place to measure the impact on outcomes for children and young people. It is intended to develop Viewpoint specifically for use in the Intensive Family Support Service.

INTEGRATED ASSESSMENT FRAMEWORK (IAF)

The Falkirk Children's Commission recognised the need for a robust approach to assessment and information sharing and has developed a draft framework for an Integrated Assessment along with practice guidelines. The Integrated Assessment Framework (IAF) is a tool which assists appropriate information sharing, across agencies, consistency in assessment and integrated planning and reviewing. The framework requires a child-centered approach and the assessments are carried out "*with*" the child and family not '*to*' the child or young person and family.

A multi-agency IAF Steering Group is leading the developments and has representation from all agencies working with children and young people. There are also individual implementation groups for Health, Social Work, Education and the Voluntary Sector. Initial awareness raising training was delivered to 185 participants and a further 247 participants attended training in June 2009. The draft framework is being piloted within:

- Children & Families Social Work Teams
- Co-ordinated Children's Services
- Family Support Service
- Education referrals to the Attendance Panel
- Referrals to CLASP (Voluntary Sector project)

In addition to the work undertaken in Falkirk, testing and piloting has spread across the Forth Valley area, with all three Councils, NHS Forth Valley and Central Scotland Police working together to implement and use a common tool to record and assess the needs of children and young people. The Forth Valley Integrated Assessment Framework is based on improving outcomes for children and young people, embedding the principles of GIRFEC in service delivery and planning. It is expected that the framework will be in place by the end of 2011.

Training in Falkirk

To link with the development of the IAF in Falkirk a multi-agency group is determining what training needs to be delivered to ensure that the changes in culture, systems and practice required are fully supported. This work links to the development of an overall training strategy for GIRFEC in Falkirk and builds on the successful model of multi-agency child protection training which has been delivered across Falkirk. Appropriate links will be made to the Forth Valley agenda.

Information Sharing

The next steps are to ensure that there are appropriate electronic solutions to sharing information and case recording. Localities are being set up as individual teams on the Children and Family Information System and investigations are ongoing into the e-care module being developed by SEEMIS and the development, at a national level, of i-ACT.

Following implementation of Locality working and the Multi-agency groups across the Falkirk Council area as part of implementing GIRFEC some colleagues in the NHS highlighted particular points that needed to be addressed in relation to governance. In summary there were three key points that colleagues wished to be addressed to protect confidentiality of personal information and ensure staff are not left vulnerable in information handling matters. These areas were:

- Email security
- Procedural guidance
- Consent to share information

In order to address these points and to resolve the concerns expressed, a short life task was established comprising representatives from across the Commission partners. The group was tasked to develop specific responses to those concerns and to ensure that these are communicated to partners. The task group has now developed the following responses to address those concerns:

1. Email security; secure email boxes have been provided for each Locality team using GSX configuration and these can exchange information securely with NHS.NET mailbox accounts. Where voluntary sector partners do not have GSX mailboxes it has been agreed that secure mail boxes will be provided via the NHS.NET system. This will be set up by NHS Forth Valley, co-ordinated through the Children's Services Hub.
2. Procedural guidance; an information sharing procedure has been jointly developed and agreed. This is being circulated to information governance managers for final ratification/confirmation before passing to organisational signatories for adoption. This will be briefed to the Children's Commission for ratification and adoption and passed to the Implementation Team for briefing to staff groups and implementation.
3. Consent forms and process; an amended consent form has been prepared and checked, and will be incorporated into the procedure. This incorporates the points made in relation to securing informed consent, including identifying with whom information may be shared, what information may be shared and for what purposes.
4. In addition a series of interim measures have been agreed, which confirm and identify the steps outlined above, prior to full implementation and related training through the GIRFEC training strategy. The interim measure incorporates a staff briefing through the Commission and Implementation Team for all partners and key professional groupings to all staff which will set out the progress that has been made by way of developing a procedure, clarifying consent processes, securing email etc. as well as an interim authority to share information supported by input and confirmation from the NHS information governance manager.
5. Senior colleagues from the NHS have met and briefed NHS staff to guide them towards continued engagement in Locality processes and information sharing appropriately on this basis and in line with the agreements reached as outlined above. Colleagues from other partner agencies are available to provide support as needed/requested by senior NHS colleagues to support efforts in meeting with NHS staff. Health colleagues have confirmed that public health nurses/school nurses strive to return to the multi-agency groups shortly. Some health professionals have been attending the MAGs, following the progress that has been made to date. This is both encouraging and most welcome.

The Commission would like to take this opportunity to thank all colleagues for their efforts in this regard. Throughout this challenge, there has been a clear commitment to problem solving from all parties reflecting the shared partnership goal of improvements in services for children, young people and families.

INVOLVEMENT OF STAKEHOLDERS

Involvement of the Voluntary Sector in the redesign process has been achieved through the Voluntary Sector Children's Forum. This Forum was established specifically at the request of voluntary sector providers. This Forum provides members the opportunity to share information and input to the whole service redesign process. The Voluntary Sector has participated in all information and awareness raising events. The Forum continues to define their role in relation to agreed outcomes for children and young people.

Involvement of children, young people, parents and carers has been integral to the development process. This has been achieved through the Young People's Focus Group and the Parents' Reference Group. These groups meet on a regular basis and have undertaken work around all the service redesign activity and will continue to be involved in future developments.

The engagement and participation with children and young people has been and continues to play an intrinsic part in the planning and delivery of our services for children and young people.

Children and young people have actively participated in the development of the plan and this work is recognised and encouraged by the Children's Commission with a structure in place to ensure that ideas and issues are communicated effectively.

The children and young people's focus group is a small group of 10 young people representative of both geographical and social areas across the district which has undertaken work around all of the service redesign activity. Supported by staff, programmes and meetings are designed to ensure that they are meaningful and provide a vehicle for their voices to be heard.

Work Undertaken:

- Participation in the launch of Falkirk's first Integrated Children's Service Plan
- Involvement in the Matching Needs and Service Audit
- Participation in the Multi-Agency consultation
- "For Falkirk's Bairns" DVD which demonstrates some of the outcomes achieved from the plan
- Community Planning consultation
- Assisted in the development of the Locality Model Practice Manual
- Design and production of information leaflet
- Input into Integrated Assessment Framework
- Delivering workshop at Participation Conference
- Attending residential team building event
- Recruitment Training

- Involvement in recruitment of Locality, IFSS, residential care and Caledonia Project posts
- Planning & facilitating Youth Participation Community Planning event
- Involvement in informing NHS planning on access to sexual health services
- Involvement in forum to share views and experiences of support
- Who Cares? Training
- Young people's input to DVD on views about their involvement in service development on HMle website
- Planning and facilitating at Youth Participation Community Planning event
- Involvement of foster carers' own children in developing a welcome pack for young people coming into fostering

All of the young people involved in the focus group have gained a Youth Achievement award and have been presented with volunteer's awards. A number of the young people have gone on to volunteer in local projects, have become peer educators and one is currently putting herself forward for MSYP elections.

Through their participation the young people have gained self confidence and self esteem, they have built positive relationships with both peers and adults and learned to respect the views of others. They feel a sense of empowerment, purposefulness and have built a substantial knowledge of services and agencies together with their processes. They also have a clearer understanding of services available in their own area.

To ensure the continued participation and engagement of our young people resourcing and recruitment is key. Future plans to include a wider representation of young people will be developed through the Locality model where each area will have a local children and young people focus group to feed into the established central group and in turn to the Children's Commission.

The Parents' Reference Group has continued to participate in all aspects of service redesign and has been involved in the recruitment process for Locality posts. Foster Carers were involved in the development of a protocol for young people leaving care.

The Third Sector, parents, carers and young people have continued to contribute greatly to all the initiatives outlined above, with all being involved in the recruitment of staff for each part of the model. The work of the Voluntary Sector Children's Services Forum must, in particular, be commended for their participation in ensuring that all sectors are working towards a single business process.

CHILD PROTECTION

A standing item on each Commission agenda is a report from the Child Protection Committee (CPC). This ensures that all Commission members are aware of the work of the CPC and ensures that the key role early intervention services play in keeping children and young people safe is understood by all.

Although Co-ordinated Children's Services focuses on early intervention, each member of staff is very aware of the key role they play in keeping children and young people safe. This involves staff in initiatives for all children and young people, e.g. internet safety and the promotion of good sexual health.

In accordance with the Scottish Action Plan on Child Internet Safety and Responsible Use 2011/12, the Commission is working with the Child Protection Committee to ensure child internet safety and responsible use is embedded into local practice.

Staff also promote the work of the Falkirk Council Sexual Health Implementation Group. This partnership aims to improve sexual health outcomes for the community using local knowledge and information. One of the key areas of work is services for young people and, as such, a new young person's sexual health clinic has been set up – "Sorted on Sex". There is also development underway of a holistic health drop in service aimed specifically at young people. Consultation is taking place with them on what this should look like.

Private Fostering

Falkirk Council has developed a procedure for private fostering which is available on the council website. An annual advert is placed in the local paper to remind the public of their responsibilities and since December 2010, our new Kinship Care social worker post has undertaken the key role of raising awareness of private fostering. As well as updating the website and drawing up new leaflets and posters, the postholders have undertaken a pilot in Bo'ness schools to raise awareness, and are planning to repeat this in the Denny area. A leaflet drop will be undertaken for all P6 to S4 pupils and all Pastoral Heads and primary Head Teachers across the Council.

FORTH VALLEY

OVERVIEW

Although the work to implement GIRFEC was initially very much focused in Falkirk, over the past 12 months increasingly, developments have been taken forward on a Forth Valley basis.

FORTH VALLEY GIRFEC GROUP

The Forth Valley Regional GIRFEC Group reports to G5 and has the following roles and responsibilities:

- To develop and propose a set of strategic priorities to underpin regional development of GIRFEC for G5 to agree
- To have oversight of aspects of the implementation of GIRFEC that are being developed at Forth Valley level
- To commission work through regional sub-groups on agreed priorities
- To oversee the allocation of funding from the Scottish Government to support regional work related to GIRFEC
- To liaise with the Scottish Government as required on behalf of G5 regarding regional GIRFEC issues
- To monitor the progress of regional developments and to address any delay and barriers
- To identify, commission and oversee the delivery of Forth Valley wide training where appropriate
- To provide advice to G5 on the overarching strategic oversight of services in issues related to GIRFEC where they are relevant in a Forth Valley wide context

The Forth Valley Regional Group has an overall strategic view of services that relate to all children and young people in the Forth Valley area. It has a strong link to the G5 Reporting Group which focuses on issues primarily related to child protection to ensure that there is synergy between the work of the two groups to address any gaps or overlaps.

They are currently working on a plan which has a focus on using the electronic exchange of information to speed up the processes of early identification and intervention. This piece of work, supported directly by additional resources from the Scottish Government, will cut down the need for professionals to attend Locality MAGs simultaneously.

MULTI-AGENCY SCREENING HUB (MASH)

In Falkirk in the last quarter, 1102 VPRs were raised on non-offence grounds. Currently these VPRs are, in the main, sent to Social Work or SCRA.

The use of the Ministerial Framework for non-offence referrals had not brought the desired reduction in referrals to SCRA, however, the work which Education and Social Work Liaison Officers undertake in SCRA ensures that a more holistic set of information is provided to the Reporter.

As there is a need to build on the lessons learned from the Domestic Abuse Pathfinder, Falkirk Council and its partners are involved in the development of a Multi-Agency Screening Hub based within the Public Protection Unit in Larbert Police Office.

As part of the Improvement Plan for Child Protection Services and the commitment to implementing Getting it Right for Every Child (GIRFEC), Falkirk Council has agreed to work with colleagues in the Public Protection Unit, based at Larbert Police Office, to further develop appropriate processes for routing VPRs in line with the Ministerial Framework for non-offence referrals to adopt the principles of GIRFEC.

To enable this to happen Social Work Services and Education Services have jointly agreed to input staff time, equivalent to a full-time equivalent post. This builds in some resilience to the project as the two staff can provide appropriate cover for each other. Both workers will be based within Larbert Police Station 17.5 hours per week, whilst still working in the Reporter's Service for the other 17.5 hours.

They will both require access to SWIS, SEEMIS and RAD. The task will be to triage VPRs. Triage VPRs requires the following to take place:

- SWIS/SEEMIS/RAD checks will be undertaken
- VPRs will be discussed between the Council Officers and current staff within the PPU
- If the child is already an open case to Social Work, then VPR will automatically go to Social Work

- Some VPRs, although not previously known to Social Work, may require an immediate statutory response and would therefore be referred directly to Social Work
- Screening would include the staff making decisions about which concerns would be forwarded directly to (as alternatives to going to Social Work and Reporter):
 - Locality Co-ordinators
 - Named person in Health
 - Named person in Education
 - No further action (in line with the Ministerial Framework on non-offence referrals)
- Some VPRs will require to go to more than one source

The system, as it develops, will require to interface and link with the appropriate components of the Co-ordinated Children's Services model, in particular, the Locality MAGs where, for children and young people who are not at risk of immediate harm, local information will be sought.

Work will also require to be undertaken to link the development around adult services, including the protection of vulnerable adults.

Discussions are underway to align the Forth Valley Early and Effective Intervention (EEI) Project, based in the Multi-Agency Screening Hub, with the approach being taken in Falkirk to implementing GIRFEC in order to ensure effective co-ordination and delivery of appropriate interventions to children and young people. This includes consultation between Falkirk Council Social Work and Education colleagues and the EEI Co-ordinator on developing a protocol, to enable routing of concerns accurately to destinations that will support earlier intervention.

Training

The implementation of GIRFEC brings with it a huge training agenda affecting all services involved with children, young people and families across the Forth Valley area. The success of the training programme will depend upon an integrated approach being taken to the rollout of training.

A Forth Valley GIRFEC Training Group has been established with representatives from services/agencies across Forth Valley. The Group will progress the following:

- undertake a scoping exercise in relation to training requirements for GIRFEC
- develop a multi-agency integrated training strategy for all children, young people and families related to training being delivered across the Forth Valley area
- develop a communication strategy related to the implementation of GIRFEC in the Forth Valley area
- develop a PR strategy regarding the implementation of the Integrated Assessment Framework across Forth Valley

CHAPTER 4 – IMPROVING OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

The ICSP 2010-2015 links the ideal journey for a child in Falkirk to the wellbeing indicators eg Safe, Healthy, etc. For each wellbeing indicator in the plan there was a description of that indicator. In addition to priorities for action and vulnerable groups, the principal and contributing plans were stated under each action. These are outlined for each indicator throughout the next chapter:

SAFE	<p>Keeping children safe has many facets. It includes practical care through the prevention of accidents in the home; protection from physical, social and emotional dangers; and taking an interest in a child's friends and associates and recognising where exposure to situations can put a young person at risk of, for example, sexual exploitation or substance misuse.</p> <p>It is recognised that keeping children and young people safe in Falkirk is everyone's responsibility.</p>	
<u>Our Priorities for action are:</u>	<ul style="list-style-type: none"> • Improve outcomes for children where there is parental substance misuse. • Ensure that children are in an environment in which they feel safe and are safe. • Reducing unplanned teenage pregnancies. • Reducing unintentional injuries in the home. • Increasing access to appropriate support for teenagers in crisis. • Internet safety 	<u>Principal Plan</u>
<u>For a child/young person in Falkirk, 'Safe' means:</u>	<ul style="list-style-type: none"> • My life before birth is safe. • My birth is safe. • As a very young child I will grow up in a safe environment where I am protected and enabled to enjoy myself. • As a young child I will grow up in a safe environment where I am protected and enabled to enjoy myself and have a basic understanding of right and wrong and a basic awareness of danger. • As a child I will grow up in a safe environment where I am protected and enabled to enjoy myself and will develop strategies which enable me to look after myself and am supported to manage and assess risks. • As a young person I have the skills and strategies which enable me to keep myself safe and enjoy myself. 	<u>Contributing Plans</u>

SAFE

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Number of pre-birth case conferences and percentage registered	Social Work Services	22 (13%)	18 (94%) (2009/2010)
Number of children placed on Child Protection Register from birth.	Social Work Services	3	17 (2009/2010)
The number of children killed or seriously injured per million vehicle kilometers.	Central Scotland Police	2004-2008 0.048	TBC
Number of children and young people on the Child Protection Register.	Social Work Services	93	59 (at 31/03/11)
Number of children and young people deregistered.	Social Work Services	92	128 (2009/2010)
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being safe: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record
Teenage pregnancy rate per 1000 13-15 year olds.	NHS Forth Valley	8.8 (2004/06)	7.5 (2008)

HEALTHY	Being healthy includes all aspects of a child's health and development relevant to age and stage. It also includes aspects of health care such as nutrition, exercise, physical and mental health issues, sexual health and substance misuse.		
<u>Our Priorities for action are:</u>	<u>Principal Plan</u>		
<ul style="list-style-type: none"> • The health of our most vulnerable young people. • Mental health and wellbeing for all children. • Substance misuse in young people. • Childhood obesity. 	<ul style="list-style-type: none"> • The Falkirk Joint Health Improvement Plan 2008. 		
<u>For a child/young person in Falkirk, 'Healthy' means:</u>	<u>Contributing Plans</u>		
<ul style="list-style-type: none"> • My life before birth is healthy. • My birth is healthy and without complications. • As a very young child I have the care and nutrition I need to keep me healthy. • As a young child I have the care I need to keep me healthy. • As a child I have the knowledge which will enable me to make healthy decisions for myself. • As a young person I have the knowledge which will enable me to make healthy decisions for myself. 	<ul style="list-style-type: none"> • Education Local Improvement Priorities 2010-2013. • Forth Valley Sexual Health Strategy. • Forth Valley Framework for Mental Health and Wellbeing. • Social Work Service Performance Plan 2008/11. 		

HEALTHY			
Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Percentage of women smoking during pregnancy.	NHS Forth Valley	24.8% (2007)	18.6 (2010)
Proportion of low birth weights per 1000 live singleton births – full term babies.	NHS Forth Valley	23.6	24.2 (2010)
Proportion of new born babies exclusively breast fed at 6-8 weeks.	NHS Forth Valley	21.3%	22.4 (2010)
Primary immunisation uptake rates % completed primary course at 24 months	NHS Forth Valley	Diphtheria 98.3 Tetanus 98.3 Pertussis 98.3 Polio 98.2 Hib 98 MMR1 92.7 Men C 97	98.4 98.4 98.4 98.4 98.2 93.7 96.4
% children free of dental decay in P1	NHS Forth Valley	62.9	73.2

HEALTHY

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
% of children in P1 receiving a review who have a high BMI	NHS Forth Valley	16.8% (07/08)	19.5 (2010)
School meals taken as a % of the school roll: <ul style="list-style-type: none"> • Primary • Secondary 	Corporate and Neighborhood Services	59% 50%	56% 52%
% of eligible children who take up free school meals – registered and present: <ul style="list-style-type: none"> • Primary • Secondary 	Corporate and Neighborhood Services	97% 73%	97% 87%
Number of children and young people for whom Child & Adolescent Mental Health Services (CAMHS) provide consultation to other services.	NHS Forth Valley	--	TBC
Number of admissions of children and young people for CAMHS to adult beds	NHS Forth Valley	--	TBC
Access to specialist CAMHS	NHS Forth Valley	--	TBC
Chlamydia testing in 15-24 age group. Males Female (percentage positive in brackets)	NHS Forth Valley	66/1000 (20%) 243/1000 (12%)	84/1000 (16%) 276/1000 (11%)
Percentage of schools which are health promoting schools: <ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 	Education Services	100% 20(32%) 43(78%) 0	100% 91% 9%
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being healthy: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

ACTIVE	It is recognised that young people who are active are more likely to achieve and be included in their community.	
<p><u>Our Priorities for action are:</u></p> <ul style="list-style-type: none"> • Ensure an awareness in young people that each individual has choices with regard to levels of physical activity and that there are significant lifelong holistic health gains from undertaking an active lifestyle • Ensuring young people have appropriate access to play, sport and leisure activities. • Ensuring young people have appropriate opportunity to access arts, culture and heritage activities. • Increasing pupils' activity levels throughout the school day and in out-of-school hours activities. 	<p><u>Principal Plan</u></p> <p>The Physical Education, Physical Activity & School Sport.</p>	
<p><u>For a child/young person in Falkirk, 'Active' means:</u></p> <ul style="list-style-type: none"> • As a very young child I have opportunities to socialise and play with other children and have fun. • As a young child I am entitled to and encouraged to play and have fun independently. • As a child I am supported by my family and community to experience a wide range of activities and achievements. • As a young person I am supported by my family and community to experience a wide range of activities and achievements. 	<p><u>Contributing Plans</u></p> <ul style="list-style-type: none"> • Let's Make Falkirk More Active. • Falkirk Joint Health Improvement Plan 2008. • Education Local Improvement Priorities 2010-2013. • Community Learning and Development Strategy • Development Services Performance Plan 2008-2011. 	

ACTIVE

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Number and percentage of children walking or cycling to school: <ul style="list-style-type: none"> • Primary • Secondary 	Development Services	63.4% 74.3% (06/07)	} 49%
Number of young people involved in arts, culture and heritage activities.	Education Services, Community Services	--	TBC
Number of Leisure Centre Admissions for young people	Community Services	399,960	373,709
Number of children and young people taking part in active school programmes	Education Services	--	151
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being active: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

NURTURED	All children and young people deserve to be loved and cared for within their family. However where this is not possible children require high quality care within an appropriate setting. This should be as often as possible within a family home within the Falkirk area. Too many of our young people are still placed outwith our local authority area. Evidence suggests that outcomes are not positive for these young people. A Best Value Review of Residential Services reported early in 2009.	
<p><u>Our Priorities for action are:</u></p> <p>Reduce the number of young people who are placed outwith the community and to ensure that there is adequate nursery provision for vulnerable children from 0-3 years. We will do this by:</p> <ul style="list-style-type: none"> • Implementing the Early Years Framework. • Implementing our model of local delivery of children’s services including specialist family support. • Increasing our in-house provision of both residential and foster-care placements. 	<p><u>Principal Plan</u></p> <ul style="list-style-type: none"> • The Social Work Service Performance Plan 2008-2011. 	
<p><u>For a child/young person in Falkirk, ‘Nurtured’ means:</u></p> <ul style="list-style-type: none"> • As a very young child I have positive experiences of family life. • As an infant I am enabled to build attachments with primary care-givers. • As a young child I have positive experiences of family life. • As a child I have positive experiences of family life. • As a young person I will leave home in a positive way. 	<p><u>Contributing Plans</u></p> <ul style="list-style-type: none"> • Education Services Improvement Priorities 2010-2013. • Community Learning and Development Strategy • Falkirk Joint Health Improvement Plan 2008. • Corporate Parenting Strategy. 	

NURTURED

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
The number of young people who require services from Localities.	Localities	387	313 (from Sept to Mar)
Number of parent hours contributed towards Integrated Children's Services planning.	Localities	296	110
Number of parents attending parenting classes or courses.	Education Services, Community Services	To be collected	Scoping Exercise
Number of young people registered as homeless (18-24)	Corporate and Neighbourhood Services	--	TBC
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being nurtured: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	Systems not yet in place to record
Provision of a suitable mix of affordable, accessible and high quality of early learning and childcare (0-4): <ul style="list-style-type: none"> a) Pre-school education b) Toddler places c) Baby places d) Wraparound care 	Education Services	100% 101 24 254	100% 127 48 306
Number of 0-2 yrs attending playgroups	SPPA	--	TBC

ACHIEVING	In Falkirk we are committed to improving pre-school education and implementing the Early Years Framework to ensure that opportunities are provided for those who are most disadvantaged so that all five year old children are ready for formal education. Our attainment is steadily increasing, however some aspects of our secondary schools' Scottish Qualifications Authority (SQA) results require further improvement. Education Services continue to tackle these important aspects through their local improvement priorities. In addition pupil attendance at schools and improving school leaver destinations need to be tackled. These require a multi-agency response to ensure improved outcomes.		
<u>Our Priorities for action are:</u>	<ul style="list-style-type: none"> • Entitlement to full time education. • Continuing to raise attainment and achievement. • Improving school leaver destinations. 		<u>Principal Plan</u>
<u>For a child/young person in Falkirk, 'Achieving' means:</u>	<ul style="list-style-type: none"> • As a very young child I should have opportunities for engagement with adults and be in an environment which encourages the development of language, physical and early social skills. • As a young child I have a good quality structured learning experience at home and in other environments. • As a child I am provided with an environment at home, school and in the community which enables me to become a confident learner, responsible citizen, effective contributor and a healthy individual. • As a young person I have a level of skills and competencies that enables me to progress to a positive and independent adult life. 		<u>Contributing Plans</u>
<ul style="list-style-type: none"> • The Education Local Improvement Priorities 2010-2013. 			
<ul style="list-style-type: none"> • Community Learning and Development Strategy. • Social Work Service Performance Plan 2008–2011. 			

ACHIEVING			
Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
The % of pupils in P3, P4, P6 and P7 attaining or exceeding the appropriate levels for their stage in: <ul style="list-style-type: none"> • Reading • Writing • Mathematics 	Education Services	85% 82% 88%	86% 82% 88%

ACHIEVING

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Cumulative Attainment of National Qualifications by all pupils in publicly funded schools for S4: <ul style="list-style-type: none"> • % of the S4 roll level 3 or better in English and Mathematics • % of the S4 roll gaining 5 or more awards at SCQF level 3 or better • % of the S4 roll gaining 5 or more awards at SCQF level 4 or better • % of the S4 roll gaining 5 or more awards at SCQF level 5 or better 	Education Services	94% 91% 77% 35%	95% 93% 79% 35%
Cumulative Attainment of National Qualifications by all pupils in publicly funded schools for S5: <ul style="list-style-type: none"> • % of the original S4 roll gaining 1 or more awards at SCQF level 6 or better • % of the S4 roll gaining 3 or more awards at SCQF level 6 or better • % of the S4 roll gaining 5 or more awards at SCQF level 6 or better 	Education Services	39% 20% 8%	44% 25% 12%
% of pupils attendance at school: <ul style="list-style-type: none"> • Primary • Secondary 	Education Services	95.6% 91.7%	95.4% 91.3%

RESPECTED & RESPONSIBLE	<p>It is understood that children and young people are individuals who should be treated with respect and have their views taken into account. Children and young people must learn appropriate skills and behaviour; have consideration for others; have a sense of right and wrong; these elements all contribute to a child and young person's sense of responsibility.</p>	
<p><u>Our Priorities for action are:</u></p> <ul style="list-style-type: none"> • Involving young people in community and/or Locality planning. • Ensuring that children's views are sought and considered on a case by case basis. <p>We will do this by:</p> <ul style="list-style-type: none"> • Continued development of Children's Rights Service. • Continued implementation of Falkirk Youth Justice Partnership Plan. • Establishment of a reference group for young people who are looked after. 	<p><u>Principal Plan</u></p> <ul style="list-style-type: none"> • Education Local Improvement Priorities 2010-2013. 	
<p><u>For a child/young person in Falkirk, 'Respected & Responsible' means:</u></p> <ul style="list-style-type: none"> • As a young child I have a sense of belonging and know my role in the family and be able to express my own needs and wishes. • As a child I have the everyday care and help I need to begin to take responsibility for my own wellbeing. • As a child/young person I have my views heard and taken into account • As a young person I have the skills I need to take responsibility for my own wellbeing. 	<p><u>Contributing Plans</u></p> <ul style="list-style-type: none"> • Falkirk Joint Health Improvement Plan 2008. • Community Learning and Development Strategy. • Social Work Service Plan 2008-2011. • Falkirk Youth Justice Partnership Plan. 	

RESPECTED & RESPONSIBLE

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
% of educational establishments achieving Eco school awards: <ul style="list-style-type: none"> • Bronze awards • Silver awards • Green flags 	Education Services	81% 67% 37%	86% 77% 60%
Number of parental complaints received concerning bullying.	Education Services	43	45 (2009/10)
Number of young people in secondary schools involved in pupil councils.	Education Services	429	503
Number of young people accessing Children's Rights Service: <ul style="list-style-type: none"> • Referrals • Drop in/phone enquires 	Social Work Services	29 20	TBC TBC
Number of young people participant hours involved in children's services planning.	Localities	698 hrs	717 hrs
% of staff interviews in Council Services which involved young people in recruitment.	Education Services / Voluntary Sector Social Care	TBC	TBC
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being respected and responsible: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

INCLUDED	Some children and young people are excluded from participating fully in society. They can be isolated from their peer group and community through difficulty accessing services through poverty, disability, language and or culture.		
Our Priorities for action are:	<ul style="list-style-type: none"> To reduce the number of children living in poverty. 		Principal Plan <ul style="list-style-type: none"> Fairer Scotland. Community Learning and Development Strategy 2008. Development Services Performance Plan 2008-2011. Equalities Action Plan.
For a child/young person in Falkirk, 'Included' means:	<ul style="list-style-type: none"> As a young child I have the opportunity to experience a range of environments and belong to my community. As a child I have the right to know and appreciate my family history and culture and be accepted, valued and participate in my community. As a young person I have the right to know and appreciate my family history and culture and be accepted, valued and participate in my community. 		Contributing Plans <ul style="list-style-type: none"> Social Work Service Plan 2008-2011. Education Local Improvement Priorities 2010-2013.

INCLUDED			
Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Proportion of children living in households that are dependant on out of work benefits or child tax credits where more than the family element (finalised awards) number per 1000 children aged 0-16.	Corporate and Neighbourhood Services	172 Child tax credit 543	570
Public Access: % of schools that are fully or mostly accessible to disabled people.	Development Services	89%	89%
The proportion of children with additional support needs who are educated outwith Falkirk.	Education Services	5.1/1000	3.6/100
Percentage of requests which are met for the provision of information on council services in a range of languages/mediums to meet the needs of children, young people and their families.	Falkirk Council	100%	100%
Number of racial incidents reported in schools.	Education Services	46	29
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being included: <ul style="list-style-type: none"> Pre-intervention Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

The ICSP stated that measures of the outcomes would only exist in the plan where they were meaningful and collectable. Falkirk Council is, at the time of writing, trying to revise the suite of indicators which are used to measure performance. The indicators in the ICSP will continue to be revised in line with these developments.

The performance indicators in the previous pages gave a quantitative picture of progress being made. However, it has always been the Commission's intent in all its work to focus on outcomes relating to the wellbeing indicators.

Barnardo's have developed nationally an outcomes reporting framework which allows reporting at an individual group or population level on each of the outcomes: safe, healthy, active, nurtured, achieving, respected & responsible and included.

The Commission and Child Protection Committee are keen to adopt the framework for use in Falkirk. We are at the early stages for investigating its use for children and young people:

- on the child protection register
- who are looked after and accommodated
- who receive services through the Locality based Family Support Service

Until this is fully implemented, it is felt that the best way of evidencing the impact that Co-ordinated Children's Services are having on children and young people's lives are by the use of case studies. **(Appendix 7)**.

CHAPTER 5 – IMPROVING OUTCOMES FOR OUR MOST VULNERABLE CHILDREN AND YOUNG PEOPLE

Although the Integrated Children’s Services Plan is a plan for all Falkirk children and young people, there are certain groups of children and young people which the Commission have deemed to be the most vulnerable:

- Children and young people who are looked after
- Young carers
- Children and young people with a disability
- Children and young people who live in our 15% most deprived areas – this group of children and young people will now be referred to as children and young people affected by poverty
- Children and young people who are on/or who have been on the Child Protection Register

Every effort is being made to develop the collection of indicators for these particular groups. It is important that we understand why indicators for these particular disadvantaged groups will differ from the population as a whole.

Further information will be gathered for each of these groups on a triennial basis using self-evaluation.

In 2011/12 there will be a focus on young carers and children and young people who live in our lowest 15% SIMD.

In 2012/13 the focus will be on ethnic minority children and young people and children and young people with a disability.

In 2013/14 the focus will return to LAC and children and young people on the Child Protection Register.

CHAPTER 6 – THE WAY FORWARD

As part of reviewing its remit the Commission is developing a draft workplan to ensure that it meets its objectives. In order to mitigate against the challenges identified in Chapter 2, the Commission has identified the following priorities:

- an increasing population of children and young people, which is at odds with the national trend across Scotland
- increasing pressure on resources across all partners in the Public Sector, which necessitates even more effective partnership working
- potential new legislation associated with GIRFEC and early years
- the pressure of maintaining complex packages of services for our most vulnerable children and young people
- the factors which impinge on all children and young people, in particular, those who are looked after

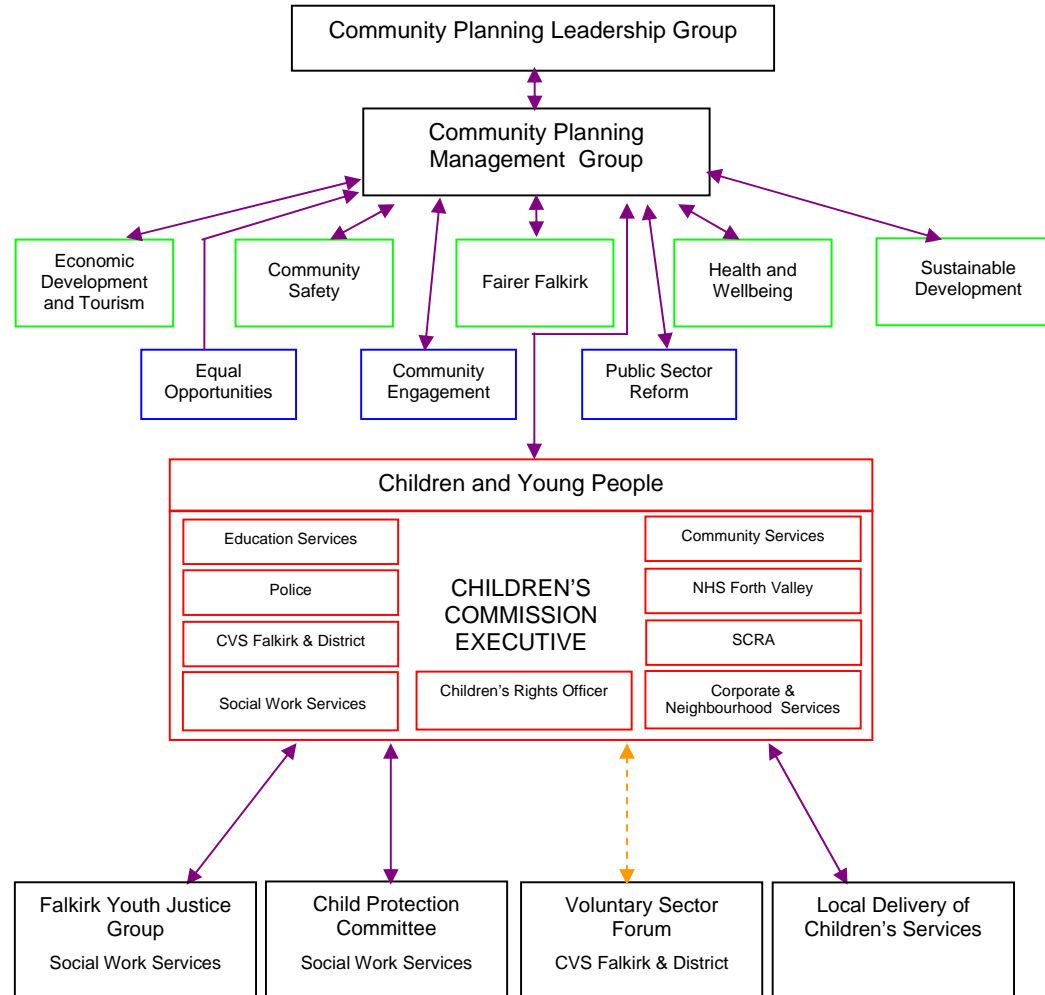
The initial draft workplan, which will track the work of the Commission over the coming year is noted below:

No	Workstream	Area for Development or Improvement	Action to be taken
1.	Sub group in Community Planning Process	Participation and Engagement of Young People	Provide direct support
			Approval and implementation of Strategy
			Future involvement in decision making about their lives
		Participation and Engagement of Parents and Carers/Young People	Provide direct support
			Approval and implementation of Strategy
			Future involvement in decision making about their lives
		Wider Commission	Development and Approval of Function and Role
			Planning meetings
		Considering Regular Reports	Corporate Parenting Strategy Group
			Child Protection Committee
			Implementation Team
			Children's Rights Service
		Commission Role and membership	Annual review
		Links with 3 rd Sector	Attendance at VSCSF
		Consultation Responses	Co-ordination
Approval			
Submission			

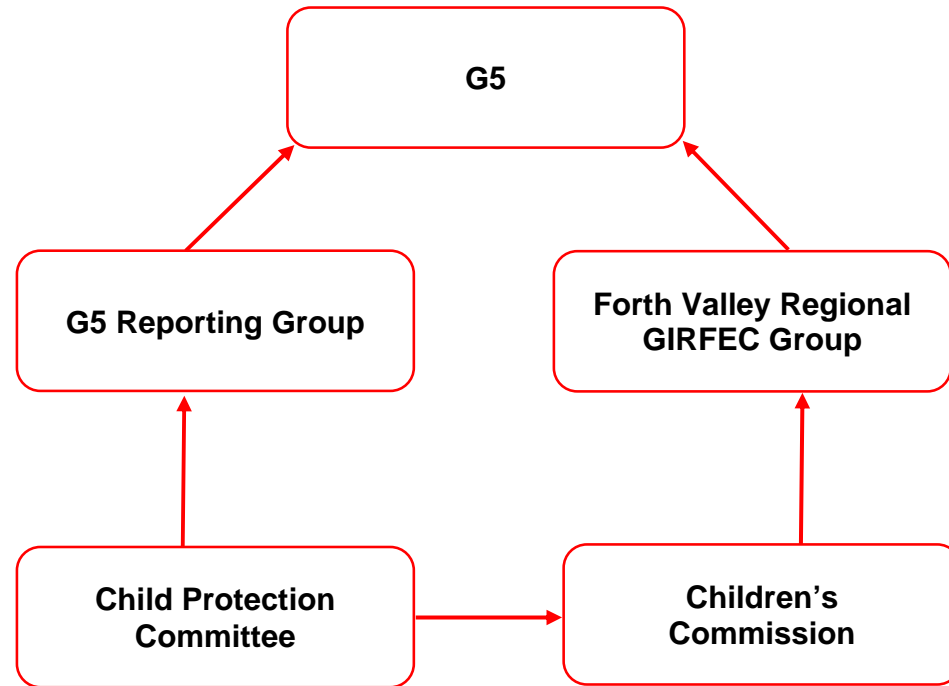
No	Workstream	Area for Development or Improvement	Action to be taken
2.	Monitoring & Evaluation	Developing an agreed approach to measuring outcomes	Scoping and testing Barnardo's outcomes model
		Continuous improvement	Responses to inspections, self-evaluation, service reviews, etc
3.	Monitoring and review of ICSP		
4.	Commissioning and Decommissioning of targeted services for children	PSP	Develop commissioning strategy
5.	Leading on Implementation of GIRFEC and other national strategies	Integrated Framework	
		Early Years Framework	
		Implementation of New Model	
		Embedding GIRFEC	Children's Services Hub
			Localities
			Workforce Development Strategy
			Communication Strategy
		Curriculum for Excellence	
		UN Convention on the Rights of the Child	
		Equally Well	Mental Health and Wellbeing Early Years and Young People Alcohol Drugs Domestic Abuse Big Killer Diseases
		Sexual Health Strategy	
		Forth Valley Interfaces and Strategy	MASH
			FV GIRFEC Group
Integrated Assessment			
Training			
IT			
	Information Sharing		

APPENDIX 1 – REPORTING STRUCTURES

Falkirk Children’s Commission



Interfaces with Forth Valley



APPENDIX 2 – MEMBERSHIP OF FALKIRK CHILDREN’S COMMISSION

- Margaret Anderson, Acting Director/Chair of Falkirk CPC, Social Work Services (Joint Chair)
- Julia Swan, Director, Education Services (Joint Chair)
- Rosie Bolton, Acting Head of Service, Social Work Services
- Maureen Campbell, Director, Community Services
- Fiona Campbell, Head of Policy & Performance, Corporate & Neighbourhood Services
- Detective Superintendent Cameron Cavin, Central Scotland Police
- Elaine Costello, Integration Support Manager, Education Services
- Sue Dow, General Manager, Falkirk CHP
- Dr Graham Foster, Child Health Commissioner, NHS Forth Valley
- Eddie Kane, Chair, VSCSF
- Kathy McCarroll, Acting Head of Service, Social Work Services
- John McDonald, Children’s Services Hub Change Manager, CVS Falkirk & District
- Superintendent Robert McGregor, Central Scotland Police
- Kenny Murphy, Chief Executive, CVS Falkirk & District
- Pauline Proudfoot, Authority Reporter, SCRA
- Anne Stewart, Locality Co-ordinator, Falkirk East/Braes Co-ordinated Children's Service

APPENDIX 3 – EARLY YEARS FRAMEWORK – JOINT ACTION PLANS

Area:	Progress to Date:	Next Steps:
<p>1 Workforce Development</p> <p>(ref: Eileen Hutton)</p>	<ul style="list-style-type: none"> • All permanent Early Years Officers & Nursery Managers now registered with SSSC. • Nine employees will graduate with BA in Childhood Practice in June 2011. 	<ul style="list-style-type: none"> • Ensure that all future employees register with SSSC, will require to be a condition of employment. • Ensure that all Nursery Managers have achieved the required qualification for registration as a Lead Practitioner.
<p>2 Parenting Skills</p> <p>(ref: Lynn Brewster)</p>	<ul style="list-style-type: none"> • Sub-group of the Early Years Framework Advisory Group formed to take forward review of parental support. • Stakeholder Session on <i>Reviewing Parenting Education & Support in Falkirk</i> held on 31st March 2011 to begin mapping of current provision and shape future direction. 	<ul style="list-style-type: none"> • Build on mapping and themes identified through stakeholder session through wider cascading of pro-forma • Explore options to engage with young people, parents and families on parental skills and support needs • Prepare report with recommendations for Children’s Commission
<p>3 Development of Early Years Provision</p> <p>(ref: Eileen Hutton)</p>	<ul style="list-style-type: none"> • Denny & Camelon Nurseries now providing an increased number of baby, toddler and extended day places for working parents, parents undertaking further education and children from vulnerable families. • Work on the amalgamation of Inchyra Nursery School & Grangemouth Day Nursery will be completed during Summer 2011. • Agreement reached that the nursery classes based at Greenpark Centre & St Margaret’s Primary school to be relocated to modular accommodation within the school grounds. • Admission policy changed to include consideration of the school catchment area. 	<ul style="list-style-type: none"> • Work to be completed on the modular accommodation within St Margaret’s Primary School grounds to enable the two classes to amalgamate from August 2011. • Work with Architectural Services to plan for the amalgamation of Queen Street Nursery School and Woodburn Day Nursery. • A nursery class to be developed at Denny Primary School in session 2011/12. • Consider amalgamation of Inchlair Nursery School and Larbert Day Nursery.

Area:	Progress to Date:	Next Steps:
<p>4 Curriculum for Excellence</p> <p>(ref: Eileen Hutton / Lorraine McFarlane)</p>	<ul style="list-style-type: none"> • CPD provided for Active Learning, Literacy, Numeracy, Health & Wellbeing. • Family Learning Programmes provided. 	<ul style="list-style-type: none"> • Continue to develop the experiences and outcomes of other curricular areas at the Early Level. • Evaluate base-line assessment and profiling in line with Curriculum for Excellence.
<p>5 Childcare Information Service</p> <p>(ref: Eileen Hutton)</p>	<ul style="list-style-type: none"> • Await the national outcome. 	<ul style="list-style-type: none"> • The development of the Childcare Information Service to a Family Information Service is currently under consideration nationally.
<p>6 Quality Assurance</p> <p>(ref: Lorraine McFarlane)</p>	<ul style="list-style-type: none"> • On a yearly basis a sample of nursery and primary schools are reviewed by the Educational Support and Improvement Team. • Peripatetic team provided targeted support to nursery classes if necessary. • Action plans implemented to secure improvement in schools where there are concerns. • Analysis of all relevant information and data. 	<ul style="list-style-type: none"> • Continue to implement quality assurance procedures. • Continue to analyse information and data to influence future plans for improvement. • Continue to support and challenge schools to secure improvement.
<p>7 Additional Support for Learning</p> <p>(ref: Sandra Brown)</p>	<ul style="list-style-type: none"> • Handbook discussed at Head Teachers' meeting on 24/11/10. • Service level agreement revised in December 2010 and ready for publication on 1/4/11. • First universal version of Integrated Assessment Framework published 1/1/11. 	<ul style="list-style-type: none"> • Handbook expected to be ready for issue in August 2011.
<p>8 Play Strategy</p> <p>(ref: Mike Joyce)</p>	<ul style="list-style-type: none"> • No in-house strategy document for outdoor play. • Steerage for play spaces in Greenspaces guided by Parks. • Development Plan & Open Spaces Strategy. 	<ul style="list-style-type: none"> • Continue to deliver opportunities to play outdoors ie within Parks & Greenspaces. • Raise the qualitative value of existing playspaces. • Create new playspaces where none exist.

APPENDIX 4 – HISTORY OF IMPLEMENTATION

In our current plan, we indicated our intention to deliver services for children, young people and their families in the way that best meets their needs, at as local a level as possible. We committed therefore, during the life of the first Children's Service Plan, to develop a model of local management and delivery of integrated children's services which will co-ordinate and build on existing services.

PROGRESS TO DATE

From February to November 2006 the Children's Commission agreed a project plan that covered the following areas:

- Matching Needs and Services audit of vulnerable groups of young people
- Survey of young people's mental well-being through universal provision
- A series of events to engage staff in the process

MATCHING NEEDS AND SERVICES

The Matching Needs and Services is a Dartington-i Social Research Unit practice tool. The tool assists practitioners to audit how effective current services are in relation to meeting children and young people's needs, and then to plan more effective services based on the data to improve the outcomes for children and young people.

PROCESS

- The audit exercise was undertaken in relation to a sample of 306 cases. Sample cases were to have been referred to the agency between 1st January 2005 to 30th June 2005 so that there would be some information about the young person's current situation in June 2006 to enable us to see whether needs had been effectively met.
- The files came from Social Work Services, Education Services, Police, Health and Community Services, with the focus being "children in need".
- A multi-disciplinary audit group met over a 3 week period in June 2006 to study anonymised audit forms completed by service core groups. The multi-disciplinary audit group considered whether the child or young person's needs had been met.

- Three consumer groups “shadowed” the work of the audit group:
 - The Voluntary Sector Children’s Services Forum sampled 120 cases. Eight different local voluntary organisations were involved in this process;
 - A young people’s group sampled 30 cases, supported by a member of staff;
 - A parents’ group sampled 100 cases, supported by a member of staff.
- There was very little disagreement across all 4 groups in relation to met and unmet needs.
- Throughout July and August 2006, the data was aggregated and was then passed to Forth Valley GIS (Geographical Information Service) for further analysis.
- This produced a comprehensive profile in terms of strengths and weaknesses, on which to build. This highlighted the need to:
 - Concentrate on the development of the Locality Model for service delivery
 - Concentrate on the development of services to vulnerable teenagers at points of crisis
 - Reassess all support to families services to reduce duplication, plug gaps and ensure consistency of provision.
- Unfortunately, it was not possible to progress the SDQ (Strengths and Difficulties Questionnaire) in universal settings because of copyright issues.
- 17 information sessions for staff were held between May and June 2006. The sessions were well attended by staff from all agencies.

LOGIC MODELLING

A group of key strategic stakeholders then met to undertake 3 days of logic modelling, considering the themes emerging from the audit and identifying potential gaps in services. From this meeting the following tasks were agreed:

- A wide consultation process to be undertaken with children, young people, parents and carers around the types of services they wanted to access as well as how, where and when;
- A service design/redesign process to be undertaken based on the audit and consultation results;
- A wide staff consultation process to be undertaken to engage staff in the service design process;
- All agencies agreed to second a member of staff to the Children’s Services team on a day a week basis to be involved in this stage of the process;

- Consequently, 25 members of staff were involved in the consumer consultation throughout December 2006 to March 2007. 426 people attended in total:-
 - 8 to 11 year olds
 - 12 to 16 year olds
 - 17 to 19 year olds (young adults)
 - Parents/carers
- A further consultation took place with staff in May/June 2007 to share the findings with them from both the audit and consumer consultations. 290 staff from across agencies attended, and contributed to the development of the Locality Model.

SERVICE REDESIGN PROCESS

This led to the establishment of a variety of working groups, outlined in the diagram attached at Appendix 2:

- Locality Model Implementation Group
- Support to Families Working Group
- Crisis Support to Teenagers Working Group
- Integrated Assessment Working Group
- Voluntary Sector Children's Services
- GIRFEC Domestic Abuse Pathfinder Pilot Project Board
- Children and Young People's Focus Group
- Parents' Reference Group

- Locality model Implementation Group:
 This working group comprised 25 people from across all partner agencies. The group met from July 2007 and produced a detailed practice manual (as per Dartington's recommendation). Two Locality Managers were appointed and took up post in March 2008. One pilot operated in the Denny area and was a co-located multi-agency team. The other pilot operated across the Faith community and therefore across the whole of the Council area. This comprised a small core team of staff who built up networks with staff in other geographical areas.

- Support to Families Service Working Group:
 This multi-agency group was facilitated by an independent consultant. The group completed an audit of existing provision and provided a series of options for service delivery to the Children's Commission.

- Crisis Support to Teenagers Working Group:
This multi-agency group was led by Health. This group provided an interim and final report to the Commission with some suggested options which needed to be explored in more detail. Clearly there was some crossover between the work of this group and the Support to Families Working Group that needed to be taken account of.
- Integrated Assessment Working Groups:
In 2008 a draft framework for Integrated Assessment was developed with practice guidelines. This was achieved through wide consultation with agencies and partners. Initially, 2 working groups were formed (ie Social Work and Education Services) to look at referral, recording, assessing and reviewing procedures within their own organisations. Similarly, a multi-agency group was formed, tasked with the same remit. A draft Framework for Integrated Assessment was agreed which comprised of an Initial Concern/Assessment, an Integrated Assessment and a Child's Plan. The framework was initially piloted within:
 - Children and Families Social Work Teams
 - GIRFEC Domestic Abuse Pathfinder Pilot
 - Denny and St Mungo's Locality Pilots

Further dedicated working groups were then established including a Falkirk multi-agency group to deliver multi-agency training in the Integrated Assessment Framework. At that time training was delivered to 185 participants. Since then, in relation to the feedback, it was agreed to redesign the entire pack and this has been a work in progress throughout 2010.

- Voluntary Sector's Children's Services Forum:
This Forum was established specifically at the request of Voluntary Sector providers. Members sit on all the other working groups. This Forum provides them with the opportunity to share information from the other working groups and input to the whole service redesign process. There are clearly challenges for the Voluntary Sector in working collaboratively as opposed to competing for Local Authority resources.
- GIRFEC Domestic Abuse Pathfinder Pilot:
This was one of the 4 national pilots led by Central Scotland Police. The pilot was based in the Larbert area and tested the principles of GIRFEC in relation to multi-agency sharing of information and earlier intervention to reduce referrals to the Reporter specifically in relation to children and young people affected by domestic abuse.
- The Children and Young People's Focus Group and the Parents' Reference Group had an input to all of the other working groups and helped to shape the design of the services.

APPENDIX 5 – BUSINESS MAG REPORT (APRIL 2011)

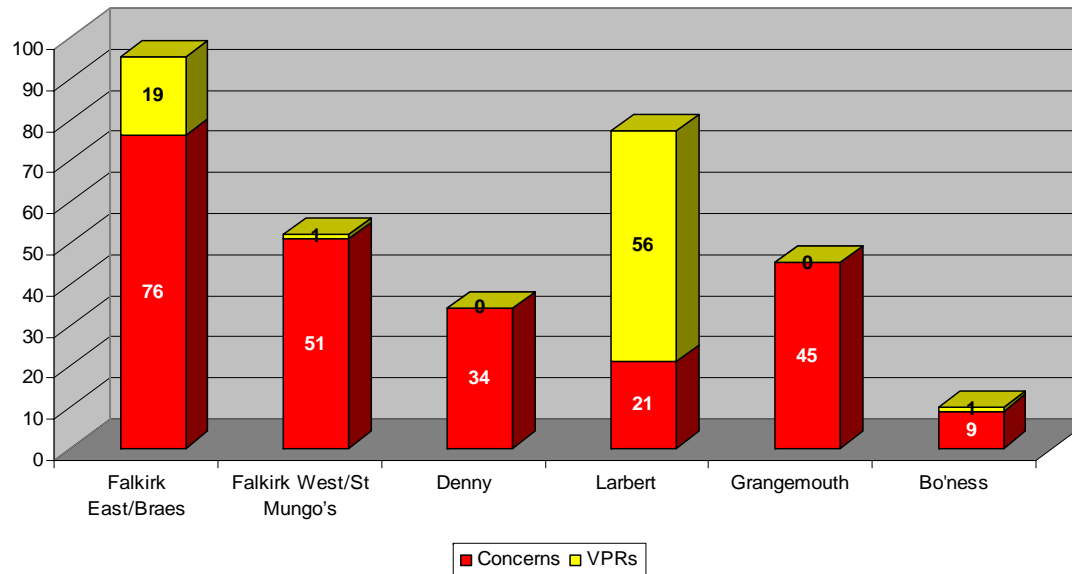
Falkirk East/Braes – 28th October 2010 to 21st April 2011

Falkirk West/St Mungo's – 27th October 2010 to 23rd March 2011

Denny/Larbert – 26th October 2010 to 21st April 2011

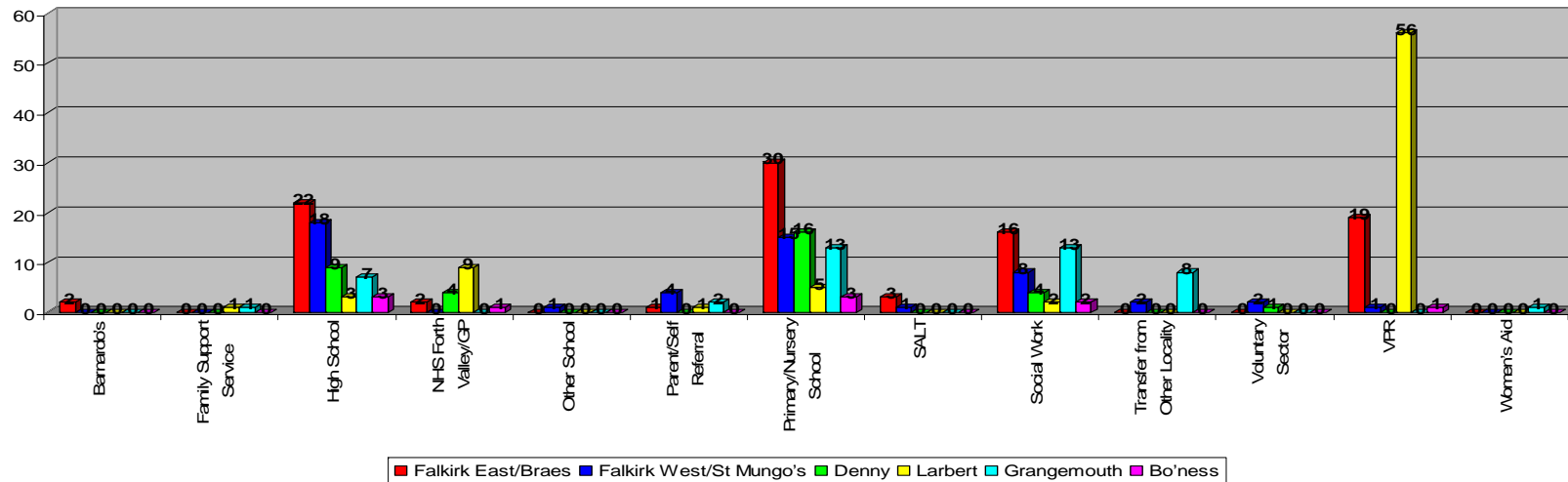
Grangemouth/Bo'ness – 26th October 2010 to 20th April 2011

NUMBER OF REFERRALS			
Locality	Concerns	VPRs	TOTAL
Falkirk East/Braes	76	19	95
Falkirk West/St Mungo's	51	1	52
Denny	34	0	34
Larbert	21	56	77
Grangemouth	45	0	45
Bo'ness	9	1	10
	236	77	313



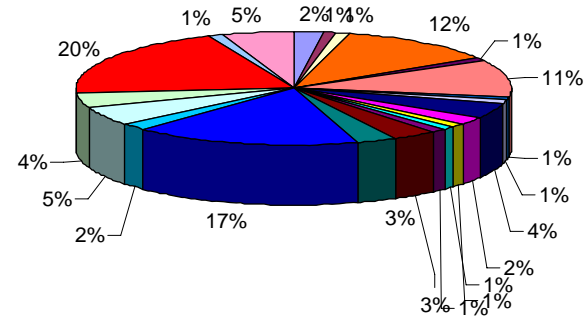
SOURCE OF REFERRALS

	Barnardo's	Family Support Service	High School	NHS Forth Valley/GP	Other School	Parent/Self Referral	Primary/Nursery School	SALT	Social Work	Transfer from Other Locality	Voluntary Sector	VPR	Women's Aid	TOTAL
Falkirk East/Braes	2	0	22	2	0	1	30	3	16	0	0	19	0	95
Falkirk West/St Mungo's	0	0	18	0	1	4	15	1	8	2	2	1	0	52
Denny	0	0	9	4	0	0	16	0	4	0	1	0	0	34
Larbert	0	1	3	9	0	1	5	0	2	0	0	56	0	77
Grangemouth	0	1	7	0	0	2	13	0	11	8	0	2	1	45
Bo'ness	0	0	3	1	0	0	3	0	2	0	0	1	0	10
TOTAL	2	2	62	16	1	8	82	4	45	10	3	77	1	313



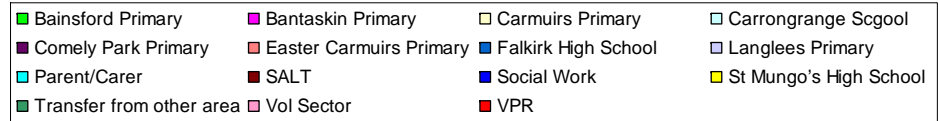
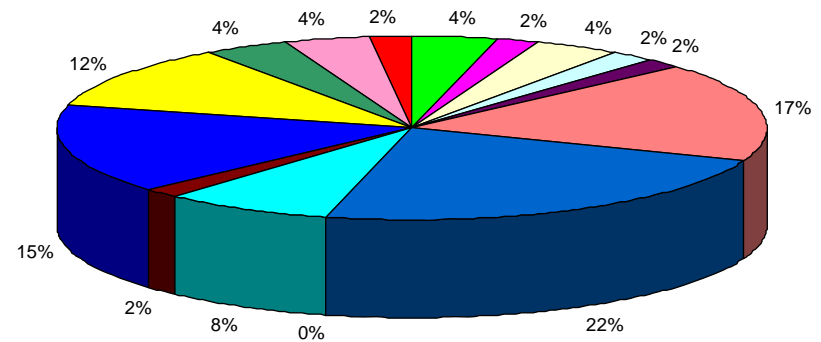
SOURCE OF REFERRALS (AREA BREAKDOWN)

FALKIRK EAST/BRAES	
Avonbridge Primary School	2
Barnardo's AXIS	1
Barnardo's Education & Family Support Service	1
Braes High School	11
GP	1
Graeme High School	10
Grange Primary School	1
Grangemouth High School	1
Hallglen Primary	4
Maddiston Primary	2
NHS – Health Visitors	1
Parent Referral	1
Queen Street Nursery	1
SALT	3
Shieldhill Primary School	3
Social Work	16
St Andrews Primary School	2
St Margaret's Primary	5
Victoria Primary School	4
VPR	19
Wallacestone Primary School	1
Westquarter Primary School	5
TOTAL	95

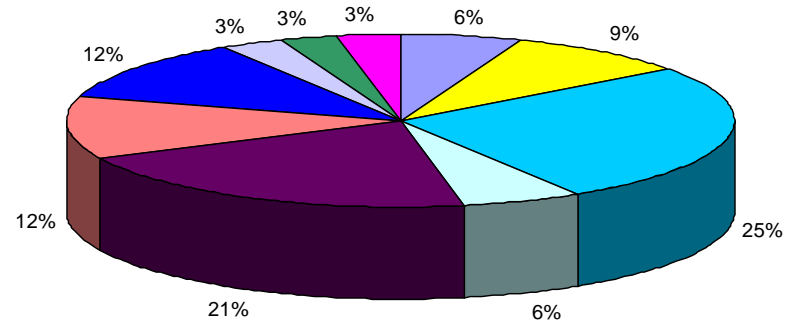


Avonbridge Primary School	Barnardo's AXIS
Barnardo's Education & Family Support Service	Braes High School
GP	Graeme High School
Grange Primary School	Grangemouth High School
Hallglen Primary	Maddiston Primary
NHS – Health Visitors	Parent Referral
Queen Street Nursery	SALT
Shieldhill Primary School	Social Work
St Andrews Primary School	St Margaret's Primary
Victoria Primary School	VPR
Wallacestone Primary School	Westquarter Primary School

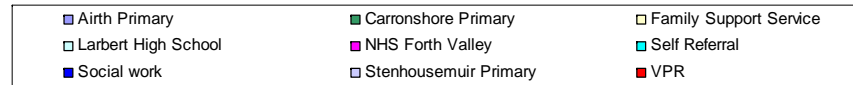
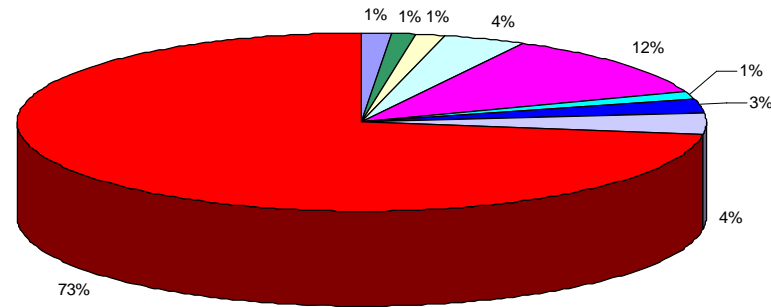
FALKIRK WEST/ST MUNGO'S	
Bainsford Primary	2
Bantaskin Primary	1
Carmuir's Primary	2
Carrongrange School	1
Comely Park Primary	1
Easter Carmuir's Primary	9
Falkirk High School	12
Langlees Primary	0
Parent/Carer	4
SALT	1
Social Work	8
St Mungo's High School	6
Transfer from other area	2
Vol Sector	2
VPR	1
TOTAL	52



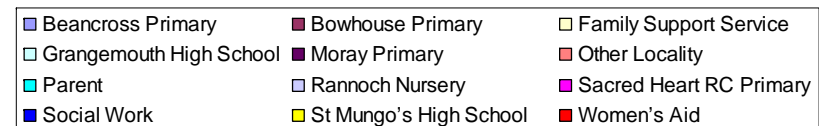
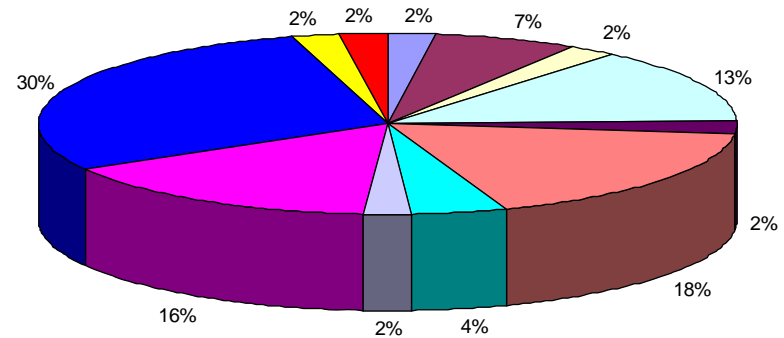
DENNY	
Antonine Primary	2
Bankier Primary	3
Denny High School	9
Denny Primary	2
Family Support Service	0
Nethermain's Primary	7
NHS Forth Valley	4
Self Referral	0
Social work	4
St Joseph's Primary	1
St Patrick's Primary	1
Voluntary Sector	1
VPR	0
TOTAL	34



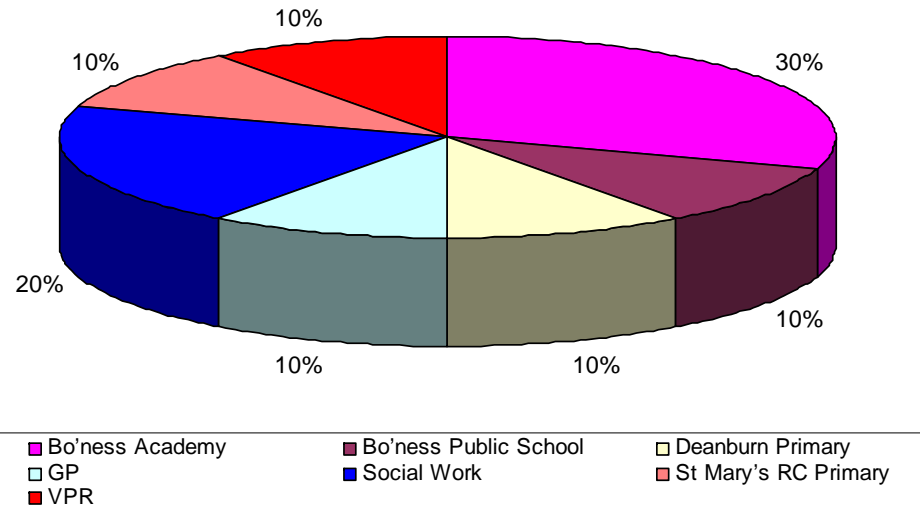
LARBERT	
Airth Primary	1
Carronshore Primary	1
Family Support Service	1
Larbert High School	3
NHS Forth Valley	9
Self Referral	1
Social Work	2
Stenhousemuir Primary	3
Voluntary Sector	0
VPR	56
TOTAL	77



GRANGEMOUTH	
Beancross Primary	1
Bowhouse Primary	3
CL&D	0
CLASP	0
Family Support Service	1
Grangemouth High School	6
Health Visitors	0
Housing	0
Moray Primary	1
Other Locality	8
Parent	2
Rannoch Nursery	1
SALT	0
Sacred Heart RC Primary	7
School Nursing Service	0
SCRA	0
Social Work	13
St Mungo's RC High School	1
VPR	0
Women's Aid	1
Young Carers	0
Young Person	0
TOTAL	45



BO'NESS	
Barnardo's Education & Family Support Service	0
Blackness Primary	0
Bo'ness Academy	3
Bo'ness Public School	1
CL&D	0
Deanburn Primary	1
GP	1
Grange Primary	0
Health Visitor	0
Housing	0
Kinneil Primary	0
Parent	0
SALT	0
School Nursing Service	0
SCRA	0
Social Work	2
St Andrew's Church, Bo'ness	0
St Mary's RC Primary	1
St Mungo's RC High School	0
VPR	1
Women's Aid	0
Young Carers	0
Young Person	0
TOTAL	10



MAG DECISIONS (LEAD AGENCY)

	Integrated Assessment	Aberlour	Barnardo's	Braes Family Centre	Bring Back	Cedar Project	CL&D	Home-start	Consent Declined	Education	Family Support Service	Housing	Info Sharing Only	Joint Action	Multi-Disciplinary Meeting	NHS Forth Valley	No Further Action	Not Appropriate	Not yet discussed	Referral to Other Agency	Skills Development Scotland	Social Work	St Andrew's Church, Bo'ness	Strathcarron	Transfer to Other Locality	Women's Aid	Young Carers	TOTAL
Falkirk East/Braes	4	0	12	6	9	0	2	0	1	0	30	0	0	2	0	3	7	0	0	5	0	7	0	0	2	5	0	95
Falkirk West/St Mungo's	0	1	0	0	7	2	0	0	0	1	17	1	2	0	0	0	10	4	0	0	2	4	0	0	0	0	5	56*
Denny	0	0	1	0	0	0	0	2	0	0	7	0	0	6	3	5	0	0	0	0	0	8	0	1	1	0	0	34
Larbert	1	2	0	0	0	0	0	0	2	11	5	0	15	8	0	8	0	0	2	0	0	21	0	0	0	2	0	77
Bo'ness	0	0	3	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	10
Grangemouth	3	1	0	0	3	0	2	0	0	3	15	0	0	0	0	1	0	0	6	0	0	10	0	0	0	1	0	45
TOTAL	8	4	16	6	19	2	4	2	3	16	77	1	17	16	3	17	17	4	8	5	2	52	1	1	3	8	5	317

* individual actions taken by more than one agency

Comments

Falkirk East/Braes:

- MAG attendance has been good
- Productive discussions have taken place with Social Work Team Managers re the role of the MAG in responding to VPRs
- Positive feedback received from MAG members re benefits of sharing information and coordinating decision-making
- At present 4 referrals have been allocated to more than one service which has or will result in an integrated assessment taking place:
 - Case one:
 - Family Support Service, Barnardos and Women's Aid

- Case two:
Family Support Service and Braes Family Service
 - Case three:
Family Support Service carried out an action, subsequently allocated but with thought in mind to pull services involved together to carry out an integrated assessment.
 - Case Four:
Social Work, Braes Family Centre, Family Support Service and Health Visitor.
- Two cases within Falkirk East/Braes were first allocated to Women's Aid, brought back and referred on to Barnardo's
 - It should be noted that 3 out of the 5 no further actions refer to one family involving 3 siblings. The situation was considered too complex for the MAG process. It was evidenced that the children's needs were being met by more appropriate services. Another no action was as a result of a task being undertaken by a MAG member which resulted in a young person's needs immediately being met. That young person will, however, be picked up by the Family Support Service Transition programme 2011/2012.
 - The Liaison to the Reporter in undertaking an action which is to be brought back to the meeting on 2nd June. It was recommended that statutory measures be considered relating to the young person's lack of school attendance.
 - As is evident from the above information referrals may not be allocated immediately on presentation to the MAG. From the discussion which takes place actions may have to be carried out which could involve a variety of tasks.
 - Co-ordinator leading on professionals meetings (with or without MAG meeting taking place)
 - Fortnightly meetings allow for quick decision making
 - Locality Co-ordinator has been important in establishing ethos of the meeting to feel comfortable sharing information.
 - It is evident that gathering information from services prior to and during the MAG meeting helps create a more holistic picture of a young person's needs.
 - Flexibility within the agenda to allow for professionals who are not MAG members to leave once the needs of a child has been discussed.
 - Members endeavour to send written information if they cannot attend.
 - Those raising concerns can attend the MAG which adds value to the information received and recorded.
 - MAG members are all very aware that it early days and a process of continual learning is taking place. There is, however, a full commitment to making the processes work. MAG members are keen to build the relationships necessary to do this.
 - 3 young people have been assessed as young carers via the MAG process. The cases were originally allocated to Family Support and were referred on to the organisation. A direct allocation is likely to be made at the meeting on the 19th May 2011 as a result of information being gathered.
 - MAG members are committed to the change in culture which is taking place. This is being explored during MAG business meetings, for example encouraging referrers to think "needs not services."
 - Agencies have commented that they like that fact that mistakes can and will be made but that they can be built on positively. The process is dynamic.
 - From a SWOT analysis carried out at the CP Practitioners Forum the MAG process was highlighted as a key strength with opportunities to build on the practice. Aware of weaknesses around the referral paperwork.

Falkirk West/St Mungo's:

- Co-ordinator leading on professionals meetings (with or without MAG meeting taking place).
- Fortnightly meetings allow for quick decision making.
- Locality Co-ordinator has been important in establishing ethos of the meeting to feel comfortable sharing information.
- Flexibility within the agenda to allow for professionals who are not MAG members to leave once the needs of a child has been discussed.

- Members endeavour to send written information if cannot attend.
- Those raising concerns often attend the MAG which is highly valuable.
- Some services not clear if strategic representation or operational is better at the MAG, this can affect decisions being made.
- Uncertainty around how MAG processes articulate with single service processes – these issues are being resolved on an ongoing basis.

Falkirk West:

- High School rep fed back after MAG that the experience had been very positive and informative as, in relation to one young person, they had got a lot of information that the school had been completely unaware of and since the first MAG this experience has been replicated for other school reps.
- Primary rep has fed back that they think that the MAG process is very good, helpful and the way forward but is dependent on consistent attendance by reps.
- Agencies have commented that they like the fact that mistakes can and will be made but that they can be built on positively. The process is dynamic.
- Some reps have fed back that it is good to be focusing on individual children and not money which had been their previous experience.

Feedback from CP Forum:

- MAGs a strength
- Highlight FSS not only support available locally.
- Discussions are around needs not services
- MAG information shared gives wider knowledge allowing education and health to have an holistic picture of children's needs and circumstances.
- Less formal meeting structure – more comfortable sharing information.

MAG ATTENDANCE (% OF MEETING DATES WITH REPRESENTATION)

	NUMBER OF MEETINGS	Aberlour	Barnardo's	Braes Family Centre	CAMHS	Central Scotland Police	CL&D	CVS Falkirk & District	Ed Psych	Family Support Service	High Schools	Home-Start	Housing	NHS Forth Valley	Other	Other Education	Primary/Nursery School	SCRA	St Andrew's Church	Social Work	Skills Development Scotland	Women's Aid	Young Carers
Falkirk East/Braes	12		100%	83%	0%	8%	67%	0%	8%	100%	33%		25%	42%			50%	17%		58%		42%	42%
Falkirk West/St Mungo's	12*	42%			0%	25%	0%	8%	8%	100%	92%		33%	42%		58% ¹	75%	8%		83%	67%	33%	17%
Denny	12				0%	17%	0%	0%	8%	100%	0%	92%	0%	33%			50%	0%		50%		17%	0%
Larbert	12	42%			0%	17%	8%	0%	8%	100%	8%		50%	8%			50%	58%		75%		58%	0%
Bo'ness	12*		92%		8%	8%	25%	8%	17%	92%	42%		17%	25%	8% ²		75%	17%	67%	83%		8%	8%
Grangemouth	12*	67%			8%	17%	17%	8%	8%	100%	92%		25%	25%	17% ³		92%	42%		75%		42%	17%

* Includes 1 Business MAG

¹ Windsor Park School

² Weslow Housing

³ Conflict Resolution and Community Warden Services

NB If the Central Scotland Police rep submits apologies, they provide relevant information/reports prior to each MAG meeting for every child

Attendance Notes/comments

Falkirk East/Braes:

- The Locality Co-ordinator is present to facilitate each of the meetings.
- Clerical support is present to record minutes and relevant actions.
- Primary Schools agreed via Cluster meetings that representation takes place on a rotational basis. This representation also involves St. Andrew's Primary School .
- Social Work is represented via Laurieston and Grahamston Children and Families Teams.
- Meeting on 9th December 2010 altered to 16th December due to adverse weather conditions. This had a negative impact on attendance.
- Housing representatives submit apologies if unable to attend but regularly respond to RFIs.
- The Central Scotland Police representative submits apologies but provides relevant information.
- The Social work representative via Laurieston Children and Families will link with Locality Co-ordinator to provide relevant information if unable to attend.
- With effect from 24th March 2011 the Nurses for Schools have provided relevant information if unable to attend.

Bo'ness:

- Education
 - Primary - HT at Bo'ness Public School is the primary rep for all Bo'ness Primary Schools. Other staff at times attend if a child's needs from their establishment are being discussed.
 - Secondary - Depute Head Teacher at Bo'ness Academy regularly attends and other pastoral staffs attend if they wish to provide information about specific children known to them.
- CAMHS happy to attend to discuss specific children where possible or can provide written advice/information. Locality Co-ordinators now have direct referral route to early access CAMHS.
- Barnardos – Bo'ness Education and Family Service (BEFS) attend meetings consistently giving information and providing services.
- Community Learning & Development do not often attend meetings. Promotion of work and groups available was done at the MAG and has resulted in discussion outwith regarding specific joint pieces of work and issues needing addressed locally. It has been agreed that CLD will link in through Business MAGs.
- Family Support Service is represented consistently by the Senior Family Support Worker, other Family Support Workers attend when required to discuss specific children.
- Health – Health Visitors and School Nursing have not attended the meetings, except for 1. Discussions are ongoing with health managers to encourage staff back to the MAG.
- FC Housing – have not attended since early MAG meetings, they do at times provide written information regarding families known to them.
- Social Work – SW senior attends regularly following staff changes.
- St. Andrew's Church – 2 reps regularly attend and have provided information and taken on lead professional role.
- Weslow Housing – attended the business MAG and are keen to be involved to provide information and raise concerns identified by their workers.

Grangemouth:

- Education
 - Primary - HT at Beancross is the primary schools rep for Grangemouth primaries although is finding it difficult to attend all meetings due to workload. Other staff at times attend if a child's needs from their establishment are being discussed.
 - Secondary - DHT at High school consistently attends, other pastoral staff attend to provide information regarding specific children known to them.
- CAMHS happy to attend to discuss specific children where possible or can provide written advice/information. Locality Co-ordinators now have direct referral to early access CAMHS.
- CLASP aim to have a rep at each meeting, this rep is one of two identified people. CLASP gives info and provides services.
- Community Learning & Development do not often attend meetings although do receive referrals for positive parenting and other groups locally from the MAG. Workers are also involved in multi-agency pieces of work taking place within Grangemouth ie boys group and positive transitions work.
- Family Support Service is represented consistently by the Senior Family Support Worker, other Family Support Workers attend when required to discuss specific children.
- Health – Health Visitors and School Nursing have provided information and services and endeavour to return to the MAG meeting.
- Housing – have not attended since early MAG meetings, they do at times provide written information regarding families known to them.
- Social Work – SW Acting Team Manager now attends regularly following staff changes. Other SW staff do attend at times to discuss specific children.

APPENDIX 6 – DETAILED PSP PROJECT REPORT

The outcomes of the PSP Project were to:

- Develop a cohort of advocates and raise awareness of the concept of commissioning across the Public Sector and Third Sector.

As at 8th April we have:

- 34 advocates identified who will promote and support the use of the PSP approach across the third and Public Sector
- 218 individuals attending four co-creation events. All of these attendees had increased their knowledge of commissioning

- Produce a Commissioning Framework in relation to Children’s Services for the public and Third Sector in Falkirk.

As at 8th April:

- Our framework, which is relevant for all commissioning opportunities, is being finalised. The final copy will be distributed
- A local PSP website and the framework which has been designed as an electronic resource is being progressed
- The framework contains the theory and practice of commissioning; case studies of the prototypes and all the materials used at the advocate and co-creation events

- We will have used the appropriate commissioning opportunities to incorporate the PSP commissioning approach and draw together the lessons learned.

As at 8th April:

- We have used three major opportunities to develop our approach and the lessons learned.
 - Adult Advocacy Services
 - Homelessness
 - Fostering Services

- Beyond the life of the project we are using the PSP approach to:

- Redesign support for families with substance misuse across the Forth Valley
- Through appropriate governance procedures adopt the PSP approach as a preferred
- Method of commissioning “people services” within the Falkirk and Council area with colleagues across the Forth Valley
- Continue to develop the PSP approach and embed in our ongoing practice

- The project would be appropriately managed throughout its lifetime:
 - The project was managed appropriately at local and national level.
 - The method of support offered through the pilot in terms of support through PricewaterhouseCoopers (PwC) and Forth Sector has left local sustainable skills and knowledge.
 - There has been ongoing commitment from senior level in the Third Sector and also the Public Sector to release staff time on an ongoing basis. This will continue until at least June 2012.

What have we not achieved:

- In Falkirk we have tried to incorporate Social Return on Investment (SROI) into our prototypes in a meaningful way. At a strategic level individuals still need to be convinced that the value added by SROI is commensurate with the resources expended by carrying out an evaluation or forecast SROI.

How we plan to overcome this

- Between now and autumn we plan to carry out two evaluative SROI studies around two separate early intervention Family Support Services – one provided by Education Services the other provided by a small Third Sector organisation. The lessons learned from these studies will not only be used to inform the development of Family Support but also how we might link with SROI into the commissioning framework.

APPENDIX 7 – CASE STUDIES

This appendix illustrates the MAG process

Co-ordinated Children's Services Falkirk West/St Mungo's MAG Agenda, 6th April 2011, St Mungo's High School

- Welcome and Introductions
- Apologies
- Confidentiality Agreement
- Notes of last meeting
- Update on Actions from previous meetings:
 - **CCSF2011/027 – A – Easter Carmuir PS – MS to update**
SHANARRI (unmet needs) – Healthy, Achieving, Nurtured, Respected and Responsible and Included. Concerns raised by Head Teacher on 23.03.11. The school reported that 'A is inappropriate with his peers and adults at school, as he feels that everyone wants to fight with him. He has experienced domestic violence in the past and mum is concerned about his obsession with guns and violent video games. He has good relationship with gran but can be disrespectful at times. He lives with mum and has limited contact with dad. Behaviour can be bizarre at times'. A's social and communication difficulties – A is obsessed with computer games.

The Requests for Information highlighted the following:

- Family have moved to several locations in 2 years and no consistent assessment has been possible.
- There is a need for clarification of his social and communication difficulties.
- Differences between mum and dad.
- A was referred to Educational Psychologist in January 2011.
- Social Work have been involved because of domestic abuse in past.

DECISION TAKEN:

- **Locality Co-ordinator to receive update and feedback from Educational Psychologist, regarding referral to CAMHS and support for mum to manage his behaviour at home.**
- **Update at meeting on 06.04.11**

06.04.11

- **Educational Psychologist met with A and family to review his involvement. However, he was informed that the family are moving again, this time to North Lanarkshire. It was agreed that direct contact will be made with North Lanarkshire Psychological Services to transfer information.**
- **Locality Co-ordinator will contact Head Teacher to update.**
- **Concern is closed to the Multi-Agency Group.**

➤ **CCSF2011/025 – L – St Francis PS – School and FSS to update**

SHANARRI (unmet needs) – initial assessment not done by mum.

Concern raised by parent on 09.03.11. Mum is requesting support and guidance to manage L's angry outbursts. L wears glasses and has a glue ear. Mum reports that his behaviour has always been a challenge in school. Parents have split and this is acrimonious and communication is difficult between them. Dad has no parental rights. There is a step-dad at home. Mum also says that the school suspects that L has ADHD and advised mum to arrange a referral to CAMHS. GP made the referral but CAMHS did not progress it. GP then advised the referral to the MAG.

The Requests for Information highlighted the following:

- School is clear that this is not a referral from them as his behaviour and anger is managed within school and he is engaging in class. Mum is finding L difficult to manage at home due to his unpredictable and violent behaviour.
- School suspects that one of the issues is that L is getting mixed messages from mum and dad.
- School nurse is not involved, however she may be able to re-refer to CAMHS and get further information from the GP.
- Regarding his glue ear, the school do not think it is a contributing factor, but Windsor Park School could provide a sound field in class if one is not already in place.

DECISION TAKEN :

- **School to contact School Nurse to make referral to CAMHS**
- **Family Support Service to contact mum to offer support**
- **Update at MAG meeting on 06/04/11**

06.04.11

- **School Nurse has made a referral to CAMHS.**
- **A Family Support Worker has been allocated to support mum to attend CAMHS consultation meetings and complete an assessment.**
- **Review progress at meeting on 01.06.11.**

➤ **CCSF2011/019 – K – Easter Carmuir – FSS to update**

SHANARRI (unmet needs) – initial assessment not done by school.

Concern raised by the Head Teacher on 23.02.11. K has lived with her gran for over 2 years because of mum's ill health. This is a voluntary agreement with mum, who maintains her parental rights. Last year gran received treatment for cancer and K stayed with her other gran for approximately 6 months. She returned to gran in November 2010.

The Requests for Information highlighted the following:

- K is known to Social Work and has an allocated social worker.
- K has regular contact with her mum, but due to ill health visits can be cancelled.
- K is a bright able pupil in school, who has recently become more withdrawn, lethargic at times and emotional. She complains of sore tummys and will put her head down on her desk. This is most unlike K. At home K will say she wants to stay with mum, then that she wants to stay with Gran. She seems confused and does not want to hurt anyone's feelings.
- K has been anxious and teary. At home she says she does not want to go to school. In school she is lethargic and anxious. The school monitor K in class and the lunch hall and have regular contact with gran and mum.
- K is quite a quiet girl and does not want to cause a fuss. She does not eat a lot for lunch, and will complain of sore tummys. She does have difficulty with her bowels at times.

DECISION TAKEN

- **Allocated to Family Support Service.**
- **Senior Family Support Worker to contact Social Worker.**
- **Review progress at meeting on 06/04/11**

06.04.11

- **Family Support Service and Social Worker agreed on an Integrated Plan and Initial Assessment.**
- **Review progress at meeting on 01.06.11.**

➤ **CCSF2011/020 – M – Falkirk High School – FSS and Housing to update**

SHANARRI (unmet needs) – Achieving and Responsible.

Concerns raised by Head of House on 23.02.11. There are major concerns regarding M in terms of behaviour and failure to follow instructions in class. M is an extremely disruptive influence in almost all subject areas and a number of teachers have raised concerns regarding M's aggressiveness towards them. M has been described as very disruptive in class and constantly seeking attention. Relationships with teacher are negative where M fails to follow instructions and can act in an aggressive manner. M has also been involved in a number of bullying incidents since attending Falkirk High School. Mum has identified that she requires further support with regards to M's behaviour at home. She wants M to behave whilst he is in school and at home.

The Requests for Information highlighted the following:

- M is known to the Reporter's Department but is not currently on supervision.
- The family are known to Housing and there are concerns regarding rent arrears/court action, which may lead to homelessness. Family won't engage with the Service. No housing assistance received at present.

- M has received support from the Extended Pupil Support department within Falkirk High School and has also received support from the ILC in 09/10 for anger management. This was successful in the past. M now has current involvement with Educational Psychologist. There are regular meetings within school and regular contact with mum at home.
- M has agreed that he needs further support to enable him to do better in school and his parents are supportive of this referral.
- Dad has recently been registered blind.

DECISION TAKEN:

- **FSS to work with M in school**
- **Senior Family Support Worker and Housing Manager to link with mum in relation to Housing Benefit.**
- **Consider referral to income maximiser after discussion with mum.**
- **Consider referral to Young Carers.**
- **Review progress at meeting on 06/04/11**

06.04.11

- **FSS link with Housing.**
- **Educational Psychologist has previously met with M and parents. A one to one meeting was arranged with M but didn't appear.**
- **M to liaise with FSS to see Educational Psychologist.**
- **Senior Family Support Worker to feedback about referral to Young Carers**
- **M will continue to be supported by FSS & Educational Psychologist.**
- **Review progress at meeting on 01.06.11.**

- Reviews:

- **CCSFW2010/012 – C – Carmuir PS – MS to update**

SHANARRI (unmet needs) – Achieving, Nurtured, Respected, Responsible and Included.

The concerns were originally discussed on 09.02.11 and they centred around parent's mental health issues and C's poor behaviour at school, her struggle to form or sustain positive relationships with her peer group as well as demanding her own way, calling the other children names and hitting them. There is a history of domestic abuse and after further consideration involving two more meetings (23rd February and 6th April 2011) it was agreed that the best way to meet her needs was to make a referral to the Cedar Project. However, as this service's funding is coming to an end, it was agreed to refer to the Children's Worker within Women's Aid if Cedar were unable to offer a place. If this does happen it was agreed to bring it back for a further review.

- **CCSFW2011/002 – J – Bainsford PS - Falkirk HS – FSS to update**

SHANARRI (unmet needs) – Safe, Achieving, Responsible and Included.

The concerns were first discussed on 09.02.11. There were concerns around his deteriorating behaviour in school and at home. J has an IEP for PSD, Communication and language and has attended Speech and Language Therapy. Previous work was done by Family Support which was agreed and completed. It was agreed that the Family Support Service was the most appropriate service and that they

would complete the assessment and agree a plan. In reviewing this case FSS informed the MAG that they are positively working with the family and supporting the Home School Link. A single agency plan is in place. This is now closed to the MAG.

➤ **CCSFW2011/011 – J – St Mungo's High School - FSS to update**

SHANARRI (unmet needs) – Healthy, Achieving, Nurtured, Respected and Responsible.

The concerns were first discussed on 09.02.11. The concerns were raised by J's dad as the relationship between J and his mum has broken down and has resulted in J moving in with his dad, partner and family. The main concern is around his anger as J lets things build up then has outbursts which he is unable to control. Dad is concerned about J's mental health. It was agreed that the most appropriate way to meet J's needs would be to allocate to FSS who will identify and signpost to other services if required. Consideration to be given to Family Mediation.

➤ **CCSFW2011/005 – N – Falkirk High School – School to update**

SHANARRI (unmet needs) – Healthy, Achieving, Active, Respected, Responsible and Included.

The concerns were first raised at the MAG meeting on 26.01.11 and they focussed on the school's around his isolation. N has been diagnosed with Aspergers and has been absent from school for some time with severe anxiety. He has broken down on numerous occasions and this has had a severe impact on his self-esteem. N is a very isolated boy who does not mix with peers and has low self-esteem. N is on a phased timetable. His parents are very supportive. N would benefit from any outside/internal groups in order that relationships can be formed and his self-esteem raised. After some discussion it was agreed that further information was required from Educational Psychology, Speech and Language Therapy and possible referral to Community Mental Health. On 23.02.11 the MAG were informed that Community Mental Health and Speech and Language Therapy were not appropriate at this stage. It was agreed that the most appropriate course of action was to ask Skills Development Scotland to engage with N around preparing him for life after school and to continue with input from Educational Psychology. The action was reviewed and it was feedback by the school that the plan was in place. This is now closed to the MAG.

➤ **CCSFW2011/015 – R – Falkirk High School – FSS to update**

SHANARRI (unmet needs) – Respected.

The concerns were first discussed on 09.02.11. R has lived with her grandmother since she was young. There has been various input including Aberlour Outreach who felt they could not do any more for R. Children and Disabilities Team are involved with her sibling. R needs someone to talk to after being told by her mother of an incident which her mother was involved in. This disclosure has negatively affected R. Mum is on a rehab programme and has recently been charged with assaulting R. Information was requested from Social Work and Aberlour which was then discussed at the MAG on 23.02.11. At this meeting it was agreed to allocate to FSS and review on 06.04.11. R is engaging well with service and a plan is in place for a specific time limited piece of work. This is now closed to the MAG.

➤ **CCSFW2011/007 – S – Carrongrange School – Connect Services to update**

SHANARRI (unmet needs) – Safe, Healthy and Responsible.

The concerns were first discussed on 26.01.11 and were raised by the school who were concerned about his behaviour in the Community. S is in 5th year, is offending in the community, self harms and uses alcohol on occasions. S is vulnerable within his community peer group and has additional support needs due to learning difficulties. CONNECT has been involved since November 2010 and feel that they are only now just getting to know S who is now in the adult system of the Criminal Justice Service and is tagged. CONNECT will continue to support him but recognition has to be given to his needs and the fact that he is still a pupil at Carrongrange

who is a vulnerable young person requiring support. Over two meetings several services were identified as appropriate, CONNECT, Criminal Justice Worker, Larbert School Based Police Officer, Advocacy in Action, Skills Development Scotland and FSS. The CONNECT worker was identified as the Lead Professional who would engage and co-ordinate an appropriate response for S. The MAG received further information on 23.02.11 in relation to his girlfriend being pregnant, a recent school exclusion and mum feeling that he is not ready to leave school. The following was agreed:

- CONNECT to organise professionals meeting and implement an Integrated Plan.
- Review 06.04.11

The review did not take place as the Lead Professional was unable to attend the meeting. The review will now take place at a MAG in May.

- New Concerns:

- **CCSFW2011/036 – C – Falkirk High School**

SHANARRI (unmet needs) – not completed by mum.

The concerns were raised by C's mum. There are a number of family issues affecting C. Her younger sibling is very aggressive and lashes out at C. Her attendance is a cause for concern. She suffers from migraines and is on anti-depressants. C has very low self-esteem and although she has a good support network from friends she has no support from dad and his family. Skills Development Scotland met with C and she came across as a very focused girl. She has asked for extra work so she can achieve her goals.

DECISION TAKEN:

- **FSS to meet with mother to complete the IAF paperwork in more detail and discuss the issues in more detail.**
- **FSS to collect information needed from Carrongrange in regards to younger sister.**
- **BRING BACK 04.05.11**

- **CCSFW2011/035 – C – Falkirk High School**

SHANARRI (unmet needs) – Achieving, Nurtured, Respected, Responsible and Included.

C lives with her Dad and his girlfriend in Denny. Concerns were raised by her Dad on the advice of their GP as she was unhappy and very emotional. She misses contact with her mother and siblings and feels her school work is suffering because of this. She feels mum has little time for her now and that she is blaming her for all the problems in the family. Dad is unsure how to support her. In the information available to the MAG it was clear that a CP1 had been completed by the school and that CAMHS were involved with C but more detail was needed.

DECISION TAKEN:

- **More information required from CAMHS.**
- **Family Mediation to be considered.**
- **More information required about the CPI from school.**
- **Information to be gathered from Educational Psychology.**
- **BRING BACK 04.05.11**

➤ **CCSFW2011/037 – R – St Mungo's High School**

SHANARRI (unmet needs) – Respected and Included.

Concerns were raised by the school. R lives with her Dad but she is struggling without mum whom she lived with for the first 11 years of her life and who now lives abroad. She has good school attendance but she does not seem to be aware of how to take care of herself. She has been making up rumours about being pregnant and has been suffering from bullying from other children who refer to her as "smelly". She is suffering from low self-esteem. The school nurse has spoken to dad about various issues affecting her at school but he admits that he is struggling to know how best to parent his teenage daughter.

DECISION TAKEN:

- **Allocate to FSS**
- **FSS to check with school nurse re: joint working.**
- **Information from meeting to be passed to Educational Psychology and feedback at next meeting.**
- **BRING BACK 04.05.11.**

- Agree Actions
Actions recorded above are agreed and correct.
- AOCB – New CCS numbers – errors in CCS numbering has now been rectified and accepted by the MAG.
- Date of next meeting : 20th April 2011 (Business MAG)
- Venue: Conference Room, St Mungo's High School @ 2.00pm
- Close of meeting

The following two case studies are from the Falkirk West/St Mungo's MAG:

Case Study – Family Support Service

L is 4 years old and is one of 6 children who lives at home with his mum and Dad. At present L is not in nursery due to a recent disagreement with the school. L is due to go in to Enhanced Provision in Victoria Primary School in August 2011.

Concerns around L's parents requiring support to parent were raised at the Falkirk East/Braes MAG in September 2010 by Speech and Language. Due to Family Support already being involved with an older sibling who attends Falkirk High School it was decided that Family support in Falkirk West/St Mungo's would be best placed to offer a service to L as well as the older sibling. This would help minimise the number of staff involved and ensure easy and effective communication links with the family.

Through the Falkirk East/Braes MAG process, information was gathered and shared by the relevant services. The family were not known to Social Work and the Police were involved in August 2010 when the older sibling was reported missing. It was agreed that Family Support would be an appropriate service. This information was passed to Falkirk West/St Mungo's MAG who agreed and the concern was passed to the Family Support Service.

A home visit was arranged with mum and dad to begin the process of providing appropriate support to the family. Both parents agreed that they were finding L's behaviour difficult to manage. Day to day tasks like shopping or going to the park are exceptionally difficult. L has no sense of danger and is unaware of the world around him, L needs constant supervision. Dad has recently given up work to help mum with the children; mum does not keep in good health and will often be awake at night due to extreme pain. L's speech can be difficult to understand only adding to the difficulties with L.

Due to the level of support needed for L, the older siblings have assumed a parenting role with the younger siblings.

Plan Created:

- To build on the parents confidence in parenting L.
- Arranged outings with L, mum and Dad to build on confidence.
- Contact Social Work for a place on the Children with Disability Activity Playscheme.
- Referral to Young Carers for older children.
- Advice and assistance to family to apply for mobility allowance.
- Contact Community Service Team regarding support to clean up the garden allowing L access to out door space.
- Update Speech and Language (referrer).
- Encourage and advise the family to attend the GP regarding a referral to Children and Adolescent Mental Health Service (CAMHS).
- Transition for L to Victoria Primary School.

Actions Taken

Regular home visits have taken place. Both mum and dad have taken L on outings and shopping trips which have increased the confidence of the parents. Both mum and dad are now beginning to parent L more effectively as they are now clearer and firmer with L. L has also been given a place on the Activity Playscheme. The older children have been offered support from Young Carers with their first activity being in May 2011. The family were given disability living allowance allowing a car to be purchased. Having transport has allowed the family to be more mobile L is now visiting parks and other areas of interest giving him opportunities to explore the world around him. An appointment has been made with the GP for L to be referred to CAMHS. The garden has also been tidied allowing access.

The parents have recently fed back that their knowledge of the MAG process was from the information given to them from Speech and Language and although they were not specifically aware of the process they were pleased with the service allocated to them. They now feel that since receiving support their circumstances have improved because of a better relationship with their eldest child, access to the garden and motability as well as more knowledge eg Children's Disability Team.

Ongoing Outcomes:

Parents to be more confident in parenting L.
L to continue with Speech and Language Therapist.
L to be supported with transition to primary school.
Support family with referral to CAMHS.
Empower and encourage parents to take control of their lives.

Case Study – Family Support Service

J is 13 years of age, attends St Mungo's High School and lives with his father, younger sibling and father's partner.

His parent's marriage ended in October 2009 and J lived with his Mum. Contact with his father was very erratic due to his mother's attitude towards contact. J moved in with his father in Oct 2010 after running away from his mum's home as he did not get on with his mum's partner and his 2 siblings.

Contact was made to the Family Support Service in February 2011 by dad, due to concerns that had been raised by St Mungo's High School. J had been involved in hitting a female pupil and when spoken to he had a lot of anger issues focused on his mum. Dad had heard of the Family Support Service through another member of the family who advised him to contact the service for support.

An initial home visit was arranged to help with the completion of the IAF paper work and gather as much information on the family as possible to allow this to be discussed at the next MAG. The information shared by relevant services at the meeting included the following –

- J was known to Duty Social Work (He had run away in Oct 2010)
- Parents have been advised to attend Family Mediation.

It was agreed by the MAG that the Family Support Service would be the most appropriate service and that Family Mediation should be progressed if the parents were willing to engage.

Plan created:

- Raise J's confidence and self esteem
- J to be able to express his feelings in a positive manner rather than anger
- J to understand that he is not the cause of the unrest between his parents

Actions Taken:

Weekly meetings with J have taken place for the following reasons:-

- encouraging J to talk about his feelings and any worries he has
- to make him feel at ease and able to talk openly and freely about his family
- to reassure him he is not the cause of the issues between his parents.

Parents have both attended Family Mediation on separate occasions and are awaiting an appointment together.

The father has recently fed back that his knowledge of the MAG process was from the information given to him by the Family Support Service and although he was not specifically aware of the process he was just grateful that his son was getting some help. He had no preconceived ideas of what help would be appropriate and to date, he has no concerns about the decision taken. Although it is early days to comment on any significant change the father does state that 'I feel that an important change is that J knows he has a neutral, non judgmental ear and voice he can turn to'.

Ongoing Outcomes:

- J to be a more confident and outgoing young person
- J to have a better understanding of his anger issues and develop an ability to channel these feelings into positives rather than negatives.
- Family to be able to communicate more openly and be able to reassure J that the breakdown of the family relationship is not his fault.

The following three case studies are from the Grangemouth/Bo'ness MAG which evidences the improvement in outcomes for a child following a MAG where a multi-agency intervention was agreed:

Case Study – Family Support Service

BACKGROUND:

C is 15yrs and lives at home with his parents and his elder sister who is at university. C has had a stable home environment has not come to the attention of non universal services. He has been achieving his full potential within education has excellent attendance and actively participates in school and extra curricular activities. C hopes to attend university. C is a member of a local football team and trains regularly. C's parents began to notice marked changes in his behaviour and attitude in December 2010. He was involved in organizing group fights. His peer group changed dramatically, he refused to go to football and challenged boundaries with angry outbursts stating he wished to be removed from the family home by social work. He was attending school but disengaged and stating he no longer wished to go to university and wanted to be a plumber. C also experimented with drink around this time. His parents were increasingly concerned for his wellbeing and that he may self harm. C was the subJct of a VPR due to running away following an argument with parents. Mum contacted the Locality Co-ordinator seeking support and through a home visit the integrated assessment forms 1A, 1B and 2B were completed and consent given for information to be shared at the MAG. Concerns were highlighted in all of the wellbeing indicators (SHANARRI).

C's parent's desired outcomes were a workable family environment, C to feel less angry and C to communicate with them if things were worrying him. C wanted support as he felt 'his life is miserable and he hates his life'

MAG:

C was discussed on 25.08.11 by the MAG the outcomes were:

- Family Support Service to meet with C and family to develop a plan to meet his emotional needs
- Social Work to offer a duty appointment for C to discuss his wish to be removed from family home
- Locality co-ordinator to signpost family to Family Mediation Scotland and Children's Rights Officer
- Education to offer a male mentor to C to provide support at school

It was agreed by the group that this required swift action to prevent further escalation and ensure C remains at home.

The Family Support Service were identified as the Lead Agency.

ACTIONS:

03.02.11 Family Support Worker has initial meeting with C and Family and agree 1 to 1 session work at home to be done focusing on feelings and emotions, peer and social interactions within the community, appropriate expectations and boundaries at home, and relationships with parents. FSW discussed with mum realistic boundaries and expectations for an adolescent boy. FSW encouraged discussion and negotiation of boundaries within the family. Mum was contacted throughout the 6 weeks programme regularly and encouraged to contact FSW if required.

08.02.11 Social work met with C & Mum and offered support, the identified worker who was due to meet with C did not and Mum felt this meeting could have been an opportunity to better explain to C that he would not be removed by social work. Mum was also given signposting to AXIS if she felt the substance use was becoming an issue.

Locality Co-ordinator spoke with Family Mediation Scotland who was happy to be given C and parent's contact details should they wish to pursue mediation. Children's rights officer contacted and leaflet given to C should he need this support.

Education identified young male PE teacher to mentor C and provide support within school.

08.02.11 C reviewed at MAG meeting, no further action for the MAG unless C's needs change.

03.03.11 – planned session completed by Family Support Worker, a review took place where both C and parent's felt support was no longer required. Evaluations were completed and the case was closed.

OUTCOMES:

- Wellbeing indicators (SHANARRI) now met.
- C felt working with the Family Support Worker helped him and he feels better about himself.
- C is back at football training.
- C is adhering to realistic boundaries within the home.
- C is managing to control his emotions more appropriately.
- C and his parents are communicating more positively.
- C's relationship with his sister has improved.
- There has been no further VPR's regarding C.
- Parents report C benefited from impartial person to provide support, support worker gave appropriate advice and guidance which assisted family when things were fragile and helped improve relationships within the family.
- Mum contacted Locality Co-ordinator to thank for the significant positive impact the process had had on C and the family and how quickly appropriate support had been put in place.

TIMESCALES:

- Concern received 18.01.11
- MAG 25.01.11
- Allocated to FSW 28.11.11
- FSW contacted Mum 28.01.11
- First meeting at home 03.02.11
- SW Duty appointment 08.02.11
- MAG Review 08.02.11
- FSS close case 08.03.11

Case Study – Education

BACKGROUND:

R is 7 yrs old she lives at home with her Mum, sister 10yrs old and recently mums partner. Family split in 2008 and mum and daughters moved to Edinburgh to stay with maternal grandmother for a short period until re-housed in Bo'ness. Dad shares some care of his daughters. He was living in homeless accommodation until securing his own tenancy and the girls now stay over at his house regularly. R & her sister are well presented and their material needs are met. Mum has a new partner and is engaged however the relationship has been turbulent and 2 VPR's have been submitted regarding domestic abuse incidents albeit low level.

R's parents reported a significant deterioration in her behaviour at home and in most social situations out with. They are finding R very difficult to manage and when disciplined at home they report she is self harming (pulling hair out). School has no major concerns re R's behaviour or ability and she is achieving however they do have worries about her emotional wellbeing in relation to home circumstances. A meeting with school to discuss parent's concerns took place and it was agreed that the Head Teacher would raise the concern through the MAG to facilitate a multi-agency discussion regarding the concerns and Mum would ask GP for a re-referral to CAMHS for further assessment.

Concerns were highlighted in the 'Included' wellbeing indicator (SHANARRI).

R's parents' desired outcomes were that R's behaviour would improve so she could experience positive relationships at home and at school. And that her behaviour would be within the normal parameters of social behaviour.

R's views were not recorded.

MAG

R's needs were discussed on 09.02.11 by the MAG, the outcomes were:

- Barnardos Family Centre to provide support and assessment of behaviour at Nurture Group.
- Locality Co-ordinator to contact CAMHS and gather more information.
- Bring Back for further discussion on 23.03.11
- Barnardos were identified as the Lead Agency.

Discussion at the MAG and information from the Requests for information (RFI) highlighted further concerns about the pattern of referral and re-referral at the request of Mum for R. R's sister has various diagnosis based largely on Mum's accounts and knowledge of conditions and has 11 professionals involved in either assessment or ongoing support. This clear pattern of referral and requests for diagnosis seem to be emerging for R and the MAG had further concerns re emotional wellbeing.

R's needs were reviewed on 23.03.11 by the MAG, the outcomes were:

- Nurture group to continue
- Locality Co-ordinator to convene a Team Around the Child (TAC) meeting and GP to be invited
- Bring Back for further discussion on 04.05.11

Discussion at the MAG highlighted CAMHS referral rejected as no grounds and subsequent referral to Educational psychology made via GP at Mum's request. This confirmed concerns re pattern of referral and MAG felt TAC meeting required to ensure all professionals aware of pattern and concerns.

R's needs were reviewed on 04.05.11

- Decision made Bo'ness Family Centre/Barnardos to continue with nurture group.
- Barnardos Family Centre to meet with Mum and provide feedback and support regarding R's positive behaviour at the group.
- Barnardos Family Centre to feedback outcomes to MAG.
- No further action for the MAG unless R's needs change or further referrals are made for support elsewhere.

All agencies now well aware of R's needs, social work aware of concerns and VPR's and will monitor the situation as agree pattern is concerning. SW would require support from CAMHS and Paediatrics if statutory action were to be taken. CAMHS noted that for R and her sister, Disability Living Allowance (DLA) forms were sent to CAMHS even before diagnosis were made, forms were sent back to Mum. DLA is now received for R's sister.

Team Around the Child (TAC)

1st April TAC Meeting convened to discuss needs; GP, Educational Psychologist, Head Teacher, Family Support Service and Locality Co-ordinator (Barnardos Family Centre gave apologies).

Discussion took place around mum pursuing a diagnosis when no other professionals had concerns re behaviour. GP had seen Mum and R re mum's concerns surrounding ADHD and R did not appear to display behaviours as sat quietly while Mum openly discussed how unmanageable R's behaviour could be. TAC decided GP would contact Paediatrics for confirmation of sister's diagnosis and concerns, and speak to Mum regarding Educational Psychology not being an appropriate support as no behavioural concerns at school. Locality Co-ordinator to contact CAMHS to update, and Social Work regarding concerns relating to child protection and emotional neglect. Outcomes to be fed back to the MAG meeting.

OUTCOMES:

- MAG discussion has ensured R and her sister are not subject to continuous unnecessary re-referrals to various services.
- CAMHS are now aware of a pattern, reviewed files and happy to be involved in TAC if further concerns are raised.
- GP aware of concerns and patterns and spoke to mum re lack of concerns from professionals following several assessments and advised her to let things settle.
- Education feel MAG was crucial in sharing concerns and information and allowed action to be taken that could not have happened in isolation within education.
- R has enjoyed being part of the nurture group. Group has allowed further assessment of behaviour and there are no issues.
- Mum has access to support through Barnardos and the MAG.
- Potentially safeguarded R with regards to further unnecessary assessments and interventions.

Work is ongoing with R and her Mum by Barnardos who will review R's needs and evaluate outcomes in June when the nurture group ends using the wellbeing indicators (SHANARRI).

Case Study – Local Church

BACKGROUND:

D is 17 yrs old and lives at home with his Mum and Dad. D has not had the most settled of upbringings, there are questions around mums alcohol use. D is in S5 in High School and has 97% attendance. He has 2 good friends who he sees regularly out with school. He believes he has impaired bond with his mum due to his birth being a caesarian section. D feels angry most of the time.

D attended the GP accompanied by his Dad with concerns that his behaviour is not appropriate. He feels he is quick to react and jump to conclusions which have resulted in violent encounters. D feels this causes problems in his personal relationships and schooling. The GP completed forms 1A, 1B and Consent Form giving consent to discuss concerns at the MAG. The wellbeing indicators were not completed.

The desired outcome identified by D and his father was support with anger management. Dad's views were noted and he commented that he was the same at D's age.

MAG

D's needs were discussed on 29.01.11 by the MAG, the outcomes were:

- Locality Co-ordinator to contact school for more information
- Bring back 09.02.11

It was clear from discussions that D was described differently by school than other agencies.

D's needs were discussed on 09.02.11 by the MAG, the outcomes were:

- Lead Agency identified as Local Church
- Family worker from Church to contact D to discuss supports
- Bring Back 23.03.11

D's needs were discussed on 23.03.11 by the MAG, the outcomes were:

- Family worker to work with D accessing Anger Management resources from Social Work and arrange meeting with health visitor to allow D to discuss concerns re his bonding and birth.
- School to establish if D leaving school in May.
- Bring back 04.05.11.

School described D as argumentative, disruptive and put little effort into his education. School found this surprising as it was not the attitude of someone who had chosen to stay on. D met with guidance teacher to establish his plans for leaving. D is a summer leaver and has no secure plans.

Immediate action was deemed necessary by the MAG who agreed that should D leave in May with no supports, it was unlikely he would sustain a positive transition to college or work. Locality Co-ordinator contacted education services 16+ co-ordinator who gave advice which was passed to Lead professional.

Following information that D was leaving early May Locality Co-ordinator brought discussion forward to next MAG meeting.

D's needs were discussed on 06.04.11 by the MAG, the outcomes were:

- Family Worker from Church to continue working with D and support transition from school to a positive destination.
- Locality Co-ordinator to contact Education Services to identify supports.
- Bring back 04.05.11

D's needs were discussed on 04.05.11 by the MAG, the outcomes were:

- Family worker from Church to continue to support D with accessing careers and transition and anger management.
- No further action (NFA) for the MAG unless D's needs change.

ACTIONS:

Family worker had known D from youth club and described him as a nice young man with no behavioural issues but was aware that home circumstances were difficult. Due to existing relationship Local Church was identified as Lead Agency and Family Worker was identified as Lead Professional. Family Worker (FW) met with D to discuss his needs he wants support managing his anger. D would also like the opportunity to meet with a health visitor to talk about his perceptions of his bond with his mum. This has been arranged. D agreed to attend the youth club as a helper and was interested in exploring other volunteering opportunities. This responsibility could help build his resilience and give him work experience. Family Worker has begun sessions on anger management and will continue to support D. Family worker will meet with mum in the foreseeable future. Family worker will support D with his transition from high school and accompany to career appointments.

OUTCOMES:

- D feels supported
- D feels he is better able to control his anger
- D has a clear plan in place for leaving school supported by Lead Professional and Careers.
- D has opportunity to explore relationship with Mum.
- D has opportunity to develop skill via voluntary work.
- D is taking on responsibility through voluntary work.
- D has more opportunity to have an active and valued role within the community.

Work is ongoing with D and Family Worker is hoping to build a relationship with Mum to progress this further. Local church will evaluate D's needs and outcomes using the wellbeing indicators (SHANARRI) and feedback to the MAG.

The following two case studies again show improvement in outcomes for two children considered by the Falkirk East/Braes MAG:

Barnardo's

M aged 14 attends Graeme High School. She lives at home with her Mother, Step Father and younger half brother. She has lived with her Mother and Step Father since she was a baby, her own Father resides a distance away but she still has some contact with him, although in the past few months he has not been keeping in touch with her.

Referred November 2010:

- VPR – reported missing on 1 occasion by parent
- Low level disruption in school and has on occasion told school staff lies about her circumstance
- M's abusive behaviour at home mainly towards Mother

Through discussion with the family they identified and agreed that they needed to begin to work at improving communication between them ie listening to each other and sharing their feelings with each other in more positive and productive ways.

Agreed Outcome – Reduction in family conflict

M and her Mother and Step Father are beginning to use suggested strategies and are all reporting being more aware of de-escalating situations and taking time out to let things cool down before continuing emotive discussions with each other.

M is still pushing boundaries at home to the limit but with encouragement and support her Mother is addressing this in ways that are less confrontational than before and more through calm discussion or explanation of the consequences of continuing those unwanted behaviours.

At the recent BEFSS 3 month Family Review:

- M's Mother and Step Father reported that M's angry outbursts at home had reduced in recent months. They were still struggling to get M to adhere to limits and boundaries but were continuing to consistently put consequences in place ie grounding but M's Mother felt that overall family conflict had reduced
- M talked about her disruptive behaviour in some classes in school and agreed that she needed to discuss with her Teacher what she needed to do to get back on track as she had ambitions to go to university. It was agreed that she could get support from her BEFSS worker to help her to have this discussion with her Teacher if required.
- M acknowledged that some of her behaviour at home was risky and could be harmful to her ie telling her parent/s she was in one place but actually somewhere else; not adhering to curfews set by parent/s. M scored herself at 4 on the following scale:

1	2	3	4	5
Taking very few risks				Taking lots of risks

Ongoing plans for the coming 3 months:

- M has agreed to working on reducing her risky behaviour which may include changing her group of friends; use strategies that will enable her to adhere to curfew times set by parent/s which will help to reduce some of the family conflict; address and improve her behaviour in school to enable her to concentrate on getting the qualifications she will require for university
- M's Mother and Step Father have agreed to continue to be consistent in their approach to setting limits and boundaries M
- The family will discuss identifying a regular time to spend together to rebuild relationships and improve communication

Agreed outcomes:

- Reduction in family conflict (Family)
- Reduction of risk/harm (M)

Falkirk East and Braes MAG Business Meeting – Family Support Service Case Study

J is 15 years of age and attends Braes High School. She lives with her Grandmother, who is her main carer, and her other two siblings. Mum has a drug problem therefore all family members have little contact. The family has a history of moving both within and out with the local area. Referral took place in December 2010 for attendance issues. Attendance was at 55%, a lower figure that would have been preferred for the referral to be presented to the MAG.

As is the established MAG process information was shared by relevant services. J was known to Police, Social Work (non-statutory) and school (referrer). The decision was made by MAG members at the time that a home visit take place to assess the situation at home in further detail and gather more information on what was happening within the family home. It was agreed that this visit be undertaken by representatives from the Family Support Service. The information brought back to the following meeting was that Gran was the sole carer and that J did not see Mum because of her involvement with drugs. Gran admitted to keeping J off school to help move house but stated that she was willing to accept any support to get J back into school. The information was brought back to the following MAG and a decision was made to allocate to the Family Support Service.

Plan created:

- To monitor and improve J's attendance.
- To provide Gran with the relevant parenting support.

Actions taken:

Meeting J in school and providing encouragement and praise; listening to J about her worries and feelings relating to school and liaising with school in order to alter timetable to make it more responsive to her learning needs; CP referral was made relating to J being hit by Gran which was responded to by all parties concerned in a constructive and positive manner; ensuring that J accesses the relevant support mechanisms available in school eg Nurse for Schools and Listening Service

Outcomes:

J reports as feeling included and respected. She is being listened to and is articulating her needs which is building her confidence.

J has been attending school (she has not had a day off since the support was put in place) which is having a positive impact on her ability to achieve.

Together with feeling better about herself she is losing weight (as a result of the referral to the Nurse for Schools) and, as a result is feeling healthier.

Gran reports as feeling more supported and has taken on board advice provided re parenting for example, she is striving to not “fly off the handle”. She also reports that family relationships have improved.

The support is about to cease but will be monitored closely to ensure J’s attendance and her ability to access the relevant support in school is maintained.

Denny/Larbert Family Support Service Case Study

Background:

T is a 16 year-old boy, who lives in rented accommodation with his mother and younger brother, and attends Denny High School. T also has an older brother who lives with his father in South Africa.

T’s mother, L, contacted the Locality Co-ordinator on the advice of her GP. T had expressed the need to talk to someone regarding issues he was finding difficult to deal with in his life.

T and his family had moved to South Africa in 2008. T, his mother and his brothers returned to Scotland in 2010, as the boys found it difficult to settle in their new home. T’s father remained in South Africa to sell the family business and home. T and his brothers were finding it difficult to adapt to the change in financial circumstances on their return to Scotland, and his elder brother has returned to live with his father in South Africa.

The MAG process was discussed with L. She felt that the issues concerning her son did not warrant a multi-agency discussion, and declined to consent to a MAG discussion taking place. The Locality Co-ordinator agreed to arrange for a Family Support Worker to visit the family home to complete an initial assessment of T’s needs.

Assessment:

T presented as being anxious about his family situation. He was concerned about his father’s alcohol consumption, and this anxiety was worse as his father lived so far away. T was having difficulty keeping up in with his peers in school. T is physically healthy and active both in and out of school, playing in a local football team and enjoying PE in school. T also has friends in school and in the community.

The Family Support Worker’s assessment was that T had unmet needs relating to his mental health (anxiety), and his ability to achieve his academic potential.

Plan:

On discussion with the Senior Family Support Worker and the Locality Co-ordinator, agreement was reached that a Family Support Worker would work with T to address his needs. The desired outcomes were that T would be able to discuss issues troubling him in the family home, and that T would be able to cope with school issues.

Actions Taken:

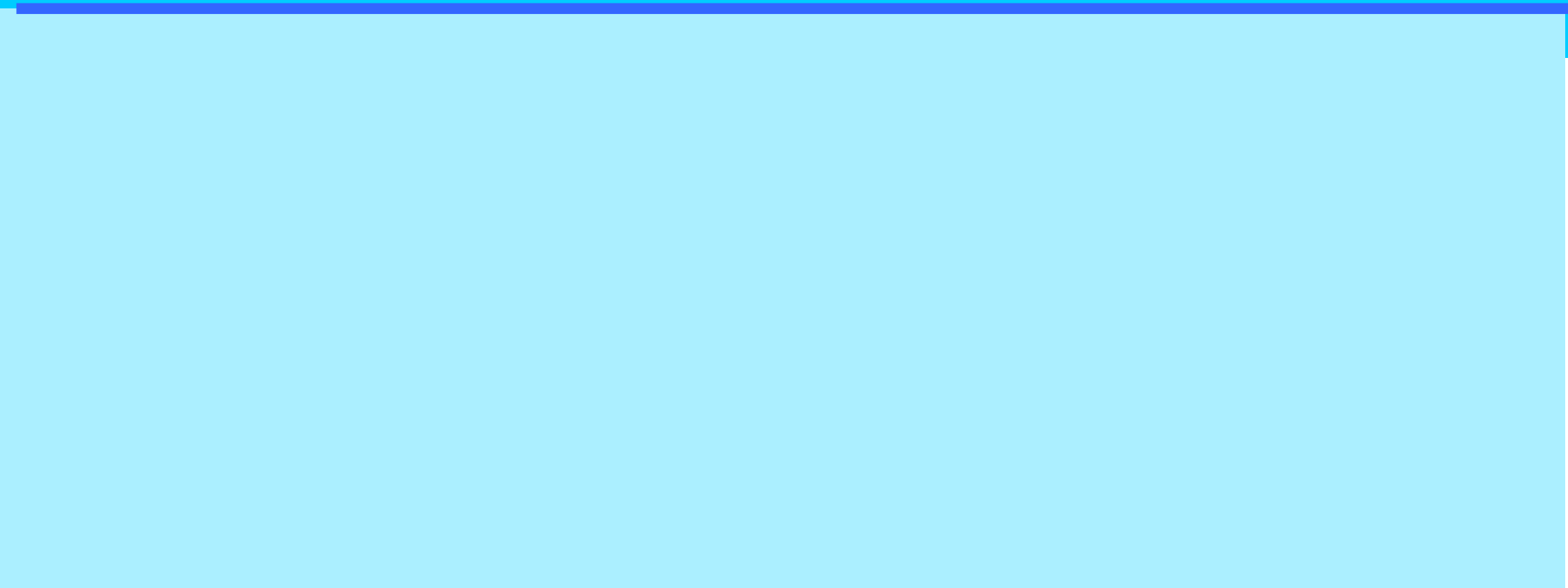
A Family Support Worker met with T on a one-to-one basis for six weeks. During that time, T engaged well with the Family Support Worker, used the service appropriately, and acted on advice given to help resolve issues. The Family Support Worker facilitated meetings between T and his Pastoral Head in school. This enabled him to accept support from school staff to help him cope in classes. This was achieved by moving T into class groups that were more suited to his needs, (eg moving him from the accelerated English Standard Grade set to the 2-year Standard Grade course). The Family Support Worker supported T attending Al Anon meetings with his mother, and suggested some self-help resources to enable him to work through his emotions.

Outcomes:

The outcomes for T were that his confidence in school improved. Relationships at home improved, with much better communication. His father returned to Scotland and T and his mother were able to discuss the impact of his alcohol issues on the whole family. T's confidence in general improved, enabling him to feel relaxed. The case was closed, as agreement was reached that the desired outcomes had been met.

APPENDIX 8 – GLOSSARY OF ACRONYMS

BMI	Body Mass Index
CAMHS	Child & Adolescent Mental Health Service
CCS	Co-ordinated Children's Services
CP	Child Protection
CPC	Child Protection Committee
CPD	Continuous Professional Development
CVS	Council for Voluntary Service
EEI	Early and Effective Intervention
FSS	Family Support Service
FV	Forth Valley
GIRFEC	Getting it Right for Every Child
GIS	Geographical Information Services
HMIe	Her Majesty's Inspectorate of Education
i-ACT	Information and Communication Tool
IAF	Integrated Assessment Framework
ICSP	Integrated Children's Services Plan
IFSS	Intensive Family Support Service
LAAFH	Looked After Away from Home
LAC	Looked After Children
MAG	Multi-Agency Group
MASH	Multi-Agency Screening Hub
PSP	Public Social Partnership
PwC	PricewaterhouseCooper
RAD	SCRA database
SCQF	Scottish Credit and Qualifications Framework
SCRA	Scottish Children's Reporter Administration
SDQ	Strengths and difficulties questionnaire
SEEMIS	School management information system
SHANARRI	Safe, Healthy, Active, Nurtured, Achieving, Respected & Responsible, Included
SIMD	Scottish Index of Multiple Deprivation
SOA	Single Outcome Agreement
SQA	Scottish Qualifications Authority
SROI	Social Return on Investment
SSSC	Scottish Social Services Council
SW	Social Work
SWIS	Social Work Information System
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAC	Team Around the Child
VPR	Vulnerable Persons' Report
VSE	Validated Self Evaluation



REVIEW OF PROGRESS – May 2011



2010 – 2015
Falkirk's Integrated Children's
Services Plan



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CHAPTER 1 – INTRODUCTION

Falkirk's second Integrated Children's Services Plan was prepared in accordance with guidance issued by the Scottish Government in March 2008. It takes account of the local outcomes which contribute to Falkirk's Single Outcome Agreement. The Plan was agreed by Community Planning Partners in March 2010.

Since the plan was approved, partners have been working together to improve outcomes for our young people as described in the plan:

- **Outcome 1** – All Falkirk children will be happy and healthy and enabled to make positive decisions about their own health and well-being.
- **Outcome 2** – All Falkirk children will achieve their potential through learning and creativity, developing the skills and knowledge to make them fulfilled, happy adults.
- **Outcome 3** – All Falkirk children will grow up in a safe environment where they are protected, loved and enabled to enjoy their lives.

Progress has been made on implementing the key priority areas as indicated below:

- **Early Years Framework**
Multi-agency work has been undertaken to develop and implement the Early Years Framework. Progress to date is attached. **(See Appendix 3)**
- **Corporate Parenting**

The Council has developed a Corporate Parenting Strategy to ensure support from all services for Looked After Children while they are in care and when they make the transition to adult life. There is a comprehensive Action Plan covering a range of issues, including health, education, moving into work or further education and accommodation, which are intended to ensure Looked After Children achieve the same outcomes as other children and young people.

Actions include:

- carrying out audits of the children and young people's individual care plans to make sure they are being fulfilled
- ensuring effective practices in school including raising staff awareness of Looked After Children's particular issues and needs
- improving their educational attainment and reducing exclusions
- celebrating their achievements
- making sure there is a choice of sports, leisure and community learning available
- gathering their views on their experiences in care to improve the service and

- identifying any gaps in housing support for young people leaving care

During 2008-09, the appointment of permanent, dedicated staff to monitor the educational planning and outcomes for Looked After Children allowed Education Services to anticipate the demands of Scottish Government guidance. The Service tracks the attendance, progress and outcomes for all Looked After Children, and has established support networks for designated senior managers in schools with responsibility for Looked After Children in line with the Corporate Parenting policy.

It was agreed by Education Committee in May 2011 that a new school to provide Social, Emotional and Behavioural Support Services would formally open at Camelon on 1 July 2012. The new provision will bring together the currently separate provision for young people in S1-S3 with provision for those in S3-S5. The proposed services will have specific responsibilities for supporting the education of Looked After Children. As is the case across Scotland, Falkirk Council's Looked After Children do particularly poorly at school. Their academic achievements are much poorer than other children and young people and they are more likely to be excluded. The Looked After Children Support Team would work in mainstream schools, in home settings and in the community to help ensure that Looked After Children have an educationally rich experience out of school and have access to additional support, where necessary, to maintain school attendance.

- **Equally Well in Falkirk: A Framework for Improving Health and Reducing Inequalities 2011-2015**

Work has been undertaken to develop Equally Well in Falkirk. The Children's Commission was particularly interested in this outcomes based approach in relation to the Early Years and Young People's section.

- **Poverty Strategy**

"Towards a Fairer Falkirk – Tackling Poverty and Inequalities within the Falkirk Council Area" was approved by Falkirk Council on 2nd March 2011. The strategy details the Council's approach to addressing both the causes of poverty and the issues which result from poverty. The strategy recognises Falkirk's Integrated Children's Services Plan and Early Years Framework as the key strategies for improving outcomes for all children and young people in Falkirk. It also identifies the impact of adult poverty on children and young people and envisages that action taken to increase employability in the wider community will have a positive impact on children and young people.

Falkirk's Children's Commission has also reviewed its role and remit to ensure that it is consistent with our approach to outcomes for young people.

It was noted in the plan that partners would have to work more efficiently and effectively in time of decreasing resources and increasing population in order to deliver services which make a positive impact on individual young people. Much of the development work undertaken over the past 12 months has focused on ensuring that resources are used in the most efficient manner.

CHAPTER 2 - THE PLANNING PROCESS

This review of the ICSP has come at a time of rapid change, where there are several challenges which need to be met. These include:

- an increasing population of children and young people, which is at odds with the national trend across Scotland
- increasing pressure on resources across all partners in the Public Sector, which necessitates even more effective partnership working
- potential new legislation associated with GIRFEC and early years
- the pressure of maintaining complex packages of services for our most vulnerable children and young people
- the factors which impinge on all children and young people, in particular, those who are looked after

The priorities for the Commission workplan will be determined by the need to mitigate against such identified challenges.

STRATEGIC COMMUNITY PLAN 2010-2015

The Falkirk Strategic Community Plan 2010-2015, 'Moving Forward Together' sets out the things we need to do to ensure we meet our vision for our area. Over the last 10 years the area has changed significantly, with a growing population, becoming one of the safest areas in the country, more visitors coming to the area and increasingly being seen as a place to do business.

This Strategic Community Plan:

- Re-affirms our 20 year vision for our area
- Sets out the nature and scale of challenges and change which the area faces in the years ahead
- Highlights our high level outcomes and priorities for the next 5 years
- Clearly specifies and recognises the contribution our communities and the Third Sector can make towards the attainment of our vision

Our aspirations for the area remain high with our vision remaining valid. The vision includes:

- The legacy of our past and the potential of our future are protected
- Our area is at the centre of Scottish life
- Our future is one of the most culturally diverse and distinct areas in Scotland
- Our future has investment in jobs, learning, homes and leisure for all
- Our area is the place to be in the third millennium

To achieve this, the Community Planning Partnership has the following priorities:

Maintaining and developing further a thriving, sustainable and vibrant economy

- Our area will be recognised as having a culture and ethos of aspiration and ambition
- The wealth and prosperity of our area will increase
- Our workforce will be highly skilled
- The quality of our infrastructure will help promote the growth of the local economy

Continually improving the health, safety and wellbeing of our citizens and communities

- Our citizens will be supported to make positive health choices and lifestyles in order that they can live longer
- People will have equitable access to local health, support and care
- Our citizens and communities will be encouraged to take responsibility for their own health and well being
- Our citizens will be protected

Our efforts to tackle disadvantage and discrimination will increase

- Our citizens continue to access critical services that meet their needs
- Our housing continues to meet the needs of people who live and may wish to live in our area
- Vulnerable children and young people will be protected
- Disadvantaged communities will benefit from better services

Our environment will be enhanced and sustained making it an area in which people want to live, work and visit

- We will be greener
- We will improve the built environment
- Our open spaces will be attractive, accessible and safe
- Our profile will reflect our area as a destination of choice

Our Children's Commission has the remit to take forward multi-agency planning for children and young people. This group comprises of senior managers from all key agencies and Council Services. To ensure that planning leads to action and change, the Children's Commission has ensured this plan:

- links to the Single Outcome Agreement;
- is streamlined and strategic;
- has specific, measurable, achievable, relevant and timed indicators which are directly related to outcomes for children and young people.

The Integrated Children's Services Plan (ICSP) provides the plan through which the Children's Commission will monitor the contribution made to the local priorities which are directly relevant to children and young people.

The ICSP is a plan for all children and young people but it is important that we ensure progress for our most vulnerable groups. The Children's Commission will therefore also monitor the specific outcomes for young people in vulnerable groups on a six monthly basis. This will include Looked After Children (LAC) and children who are Looked After Away from Home (LAAFH), children and young people who live in the worst 15% of deprived areas, children and young people with a disability, children and young people from minority communities, young carers, and children and young people on the Child Protection Register.

As detailed in Chapter 1 of the ICSP Falkirk Children's Commission has three outcomes which we wish to achieve for all children and young people in our area. These are referred to throughout the document as Children's Services Outcomes. These outcomes link to the wellbeing indicators as follows:

<u>Children's Services Outcomes</u>	<u>Wellbeing Indicators</u>
<p>Outcome 1:</p> <p>All Falkirk children will be happy and healthy and enabled to make positive decisions about their own health and wellbeing.</p>	<ul style="list-style-type: none"> • Healthy • Active
<p>Outcome 2:</p> <p>All Falkirk children will achieve their potential through learning and creativity, developing the skills and knowledge to make them fulfilled, happy adults.</p>	<ul style="list-style-type: none"> • Achieving • Respected & Responsible
<p>Outcome 3:</p> <p>All Falkirk children will grow up in a safe environment where they are protected, loved and enabled to enjoy their lives.</p>	<ul style="list-style-type: none"> • Safe • Nurtured • Included

These specific outcomes for children and young people also impact on other local outcomes contained in our Single Outcome Agreement. These include:

- Our area will be recognised as having a culture of aspiration and ambition
- Our workforce will be highly skilled
- Our citizens will be supported to make positive health choices in order that they can live longer

- Disadvantaged communities will benefit from better services
- Vulnerable children will be protected
- People will have equitable access to local health, support and care
- Our citizens will be protected
- Citizens and communities will be encouraged to take responsibility for their own health and wellbeing
- Our citizens continue to access critical services that meet their needs

PERFORMANCE FRAMEWORK

We will agree a process for ensuring that all our services and agencies disseminate a summary of the plan and its priorities. This will ensure that the priorities are addressed in all aspects of planning our services. The Children’s Commission will take an overview and act as an advisory body to the Community Planning Partnership on these issues as part of its role as sub-group of the Community Planning Partnership. The Commission will want to consider how it raises the profile of the key priorities in the ICSP with young people, their families and communities.

The Children’s Commission will map out what agency or service should deliver on each of the priorities of the plan. This will ensure the priorities of the ICSP will be included in other agency and service plans. The ICSP would therefore link to many plans and form part of a “web” of plans.

It was stated in the plan that:

“The Children’s Commission will establish a monitoring and review process that extracts six monthly information from the planning web in relation to progress on each of the priorities. The Commission can then make judgments about the rate and effectiveness of progress and where there are concerns these can then be addressed. This will also provide the Commission with a basis for revising the ICSP over time. The Children’s Commission will report their findings to the Community Planning Partnership and relevant Committees and Boards.”

The mechanism for monitoring and review is still being developed and links closely to the work being carried out on the Integrated Assessment Framework. As part of the monitoring and review, it is hoped to use an outcomes based framework which can measure an improvement in outcomes at both individual and population level. This framework is currently being piloted and its use is currently being negotiated with a national Third Sector organisation.

The monitoring and review of the Integrated Children’s Services Plan is developing in line with the Quality Improvement Framework, agreed by the Child Protection Committee. It is based on the model of Validated Self Evaluation (VSE). VSE is a process which aims to support and challenge the work within children’s services to improve the quality of provision and outcomes for young people. It recognises that self-evaluation is increasingly well embedded across the Scottish landscape and that high quality self-evaluation can lead to continuous improvement and the achievement of excellence in practice and provision. VSE acknowledges that the responsibility for improving services and outcomes lies with the self-evaluator. The role of the validator is to support, extend and challenge the self-

evaluation at both school and service levels, and so affirm (or otherwise) and strengthen outcomes for learners. VSE now provides the context in which the Service's quality improvement and quality assurance systems operate. At its heart lies the gathering of evidence and its interpretation: an ongoing process of evaluation, validation and improvement planning.

In 2010 Education Services requested that HM Inspectorate of Education (HMIE) work alongside the Council to undertake a VSE. Throughout the VSE, Council staff worked alongside HM Inspectors. This joint report includes HMIE's assessment of the rigour of Falkirk's self-evaluation process. It describes how the VSE will continue to influence ongoing self-evaluation of Falkirk Education Services and provides a summary of the agreed key strengths and future actions.

As part of its Validated Self-Evaluation (VSE), an in-depth evaluation was undertaken on services for Looked After Children (LAC).

The multiagency task group evaluating services for LAC had a substantial amount of performance data available which showed trends over time including 5-14 data, SQA tariff scores, attendance, absence, exclusions and leaver destination figures for Looked After Children.

Analysis of data included comparisons of gender, tariff scores, highest qualification gained, current status and details of the first two destinations taken after school. The data was further analysed by Looked After at Home (LAAH) groupings and Looked After Away from Home (LAAFH). The group had also looked at a sample of case files to provide more qualitative information about the experiences of Looked After Children in Falkirk. HMIE worked closely with all of the lead officers of the task group to ensure that the data sources were used effectively to identify key areas for improvement and to triangulate evidence from a range of sources. At times too much information was available which made it difficult to focus on the key messages. The work identified scope to improve efficiency in relation to the amount of data required to inform future improvements.

Actions to meet the need of this group of vulnerable children and young people will be taken forward through the Corporate Parenting Action Plan.

Preparation for the CP inspection in May 2011 allowed Education Services to self-evaluate services for children and young people on the CP register. Areas for improvement identified from the inspection will inform the ongoing work of the Commission and will be captured in future updates of the plan.

In 2011/12 there will be a focus on young carers and children and young people who live in our lowest 15% SIMD.

In 2012/13 the focus will be on ethnic minority children and young people and children and young people with a disability.

In 2013/14 the focus will return to LAC and children and young people on the child protection register.

In line with the Council's review of Performance Indicators and as part of the development of the Children's Services Hub, it is intended to rationalise data collection concerning young people across partner agencies in order to embed a culture of continuous improvement.

CHAPTER 3 – IMPLEMENTING GIRFEC IN FALKIRK

OVERVIEW

Falkirk's Children's Commission is committed to improving the life chances of all Falkirk children and young people and, in particular, vulnerable children and young people living in the Falkirk Council area. It continues to invest heavily in early intervention services to improve outcomes for our most vulnerable children and young people.

A new model for the delivery of services to children, young people and families was agreed in principle by Falkirk Council in June 2009.

As a result of detailed work on needs analysis, Co-ordinated Children's Services arrangements have been put in place, providing a strategic framework for early and effective intervention within the Falkirk Council area. From 2008 to 2010, two different models of Locality delivery were piloted. One of these models focused on having a multi-disciplinary co-located team providing services to children and young people; whilst the second took an approach to building virtual teams around the child.

At the same time, Falkirk became one of the sites of a Domestic Abuse Pathfinder Pilot. This pilot, which ran from 2008 to 2010, operated on a single trigger of need in one geographical area. The Pilot was led by Central Scotland Police and the Co-ordinator was based within the Children's Services Team.

The national review of the Pathfinders across Scotland indicated that, in terms of outcomes for professionals, there were changes around:

- Levels of awareness about domestic abuse generally
- Professional practice, for example the police were much more aware of the need to observe and assess the risks to children and young people when attending incidents of domestic abuse
- The involvement of universal services as part of the overall response and support for children and young people affected by domestic abuse
- The levels of inappropriate referrals received by SCRA and Social Work which allowed practitioners in these two services to concentrate on the families that most needed the inputs
- Improved information sharing across agencies
- Improved action planning with a much greater awareness of children and young people's needs within families affected by domestic abuse

The broad outcomes for children, young people and families included the following:

- Women, children and young people are safer
- Families are emotionally supported and practically supported by the multi-agency approach
- Children and young people are more supported at school

- Children and young people's broader needs (emotional, social, physical) are being addressed as a result of coming to the attention of service providers through the single issue of domestic abuse

Based on evidence from all three pilots and the strong history of integrated working through New Community Schools and Integrated Learning Communities and the Education and Social Work Liaison Officers based in SCRA, it was decided by the Commission that to truly embed the principles of GIRFEC across all agencies and staff, a model of delivery of co-ordinated services should be adopted. This gave the best opportunity to change systems, practice and culture, which would lead to improved outcomes for children and young people.

The model of co-ordinated services was well researched and evidence of the value of co-ordinated services was taken into consideration.

The model and processes within this have been clearly developed in line with the principles of GIRFEC and the lessons learned from the Highland Pathfinder and from the Falkirk Domestic Abuse Pathfinder. Extensive work has been carried out on the Locality model to:

- Re-structure and focus the previous Integrated Learning Community Teams
- Re-appoint staff and integrate into new teams
- Financially model and cost out all suggested structures
- Re-structure the financial ledger to meet the needs of the Locality Team

As a result, the model now provides Locality based front line service delivery; the Intensive Family Support Service and a developing strategic Co-ordination and Communication System ('Children's Services Hub'). The Children's Services Hub is also developing a robust commissioning framework based on the work of the Public Social Partnership.

Co-ordinated Children's Services at a local level provides early intervention for those young people who are not at immediate risk of harm, but who have unmet needs. Multi-Agency Groups (MAGs) in each local area determine the needs of individual children and young people using the Integrated Assessment Framework (IAF) and, where appropriate, undertake an integrated assessment and/or appoint a lead professional and a team around the child. With this model children, young people and their families receive a locally delivered service embedded in mainstream service delivery. The MAGs interface with well developed child protection procedures identifying children and young people who are in need, but not at immediate risk, and who might never reach the threshold for child protection concerns to be raised. This provides another forum where local professionals, with knowledge of the family, can ensure that children and young people are safe. The support services which families receive are co-ordinated and based on the identified unmet needs of the child.

The MAGs also have the remit to examine trends in relation to concerns being raised to determine any local need which may be emerging at a general population level. This part of the model is specifically designed to ensure that young people have their needs met at an early point before they escalate and require intervention through traditional child protection routes.

The previous history of the development of the model is contained in **Appendix 4**.

CO-ORDINATED CHILDREN'S SERVICES

LOCALITIES

In the Falkirk Council area, we have adopted a Locality approach to the co-ordination of services for children and young people. This approach is designed to facilitate delivery of the GIRFEC principles, with the aim of improving outcomes for our children and young people. The localities are designed to take an early intervention approach to help prevent children and young people moving towards being at risk.

MAG Processes

Following the launch of Co-ordinated Children's Services (CCS) in September 2010, the Locality Co-ordinators have been monitoring the progress of new working practices, and in particular, the Multi-Agency Group (MAG) meetings. The key points to note are as follows:

- CCS was launched on 1st September 2010, and, consequently, ILCs ceased to exist on 31st August 2010.
- Children's Services operate in each of four geographical localities across the Falkirk Council area as follows:
 - Bo'ness/Grangemouth
 - Falkirk East/Braes
 - Falkirk West/St Mungo's HS
 - Denny/Larbert
- Multi-Agency Groups (MAGs) meet fortnightly in each Locality to discuss concerns for children and young people living or attending school in that Locality.
- The purpose of the MAG meeting is to enable consideration and discussion of relevant information from multiple sources, and to agree appropriate collaborative actions with the aim of delivering positive outcomes for children and young people.
- MAG discussions focus on the needs of children and young people. Requests for specific services should not be made.
 - Discussion of the child/young person's needs focuses on the GIRFEC wellbeing indicators i.e. the MAG members consider the evidence to support whether or not the child or young person is:
 - Safe
 - Healthy
 - Achieving
 - Nurtured
 - Active
 - Respected
 - Responsible
 - Included

- Concerns should be forwarded to the MAG at the earliest possible stage if the single agency's interventions have not been sufficient to meet the child or young person's needs.
 - Relevant information held by any of the services represented at the MAG are shared as appropriate to the needs of the child/young person.
 - Information shared includes evidence of strengths and needs.
 - Decisions regarding the most appropriate local service(s) to meet the child or young person's needs are made at the MAG meeting.
 - The MAG may determine if there should be a team around the child, and in that situation decide who the lead agency should be.
 - Feedback is provided to the agency/individual that originally raised the concern.
- With the key principles of GIRFEC very much in mind, consent to share information is established prior to concerns being raised with the MAG.
 - The Co-ordinated Children's Services consent form is completed.
 - Parents'/Carers' information leaflet is discussed in conjunction with the consent form.
 - Concerns are raised with the MAG using the Integrated Assessment Framework forms 1a,1b and 2b (CCS Consent Form, Parent's Leaflet, IAF forms 1a, 1b, 2b can be found on GLOW for Education staff and on shared drives for all other Falkirk Council services and partner services/agencies)
 - An important point to note is that MAG meetings are not intended to replace or undermine day to day practical conversations between colleagues on how best to approach or organise immediate interventions and support. These conversations continue as a matter of course.
 - 'Business' MAG meetings are to be held 3 times per year to reflect on practice, evaluate outcomes, review progress and discuss local themes.
 - The first round of Business MAG meetings took place in April/May 2011
 - Feedback / input from all stakeholders within Children's Services in a Locality is welcome

VULNERABLE PERSON REPORTS VPRs

It should also be noted that there is an inconsistency in the number of VPRs which are being considered at MAGs. For Larbert, more than half the concerns raised are VPRs, whereas Denny have not yet considered any. This evidences the positive effect that the GIRFEC Domestic Abuse Pathfinder has had on relationships and the process for dealing with VPRs. It is expected that the ongoing development of the Multi-Agency Screening Hub (MASH) in Larbert will provide a consistent process for triage directing VPRs directly to Localities, where appropriate.

Number of Concerns

The number of concerns raised with MAGs varies greatly between Localities. This is potentially due to a number of factors:

- local existing infrastructure
- number of children and young people who are identified as having unmet need
- resistance to change – MAGs are still relatively new
- lack of understanding of role of MAGs

Attendance at MAGs

The role of the Co-ordinators and Clerical Assistants in chairing and supporting the MAGs is highly valued.

There is not a consistent model of Education engagement in the MAGs – some localities have a rota system, whilst some always have a representative from early years, primary and secondary.

It should be noted that often when an agency is unable to attend, the relevant information is provided prior to the meeting.

The role of the Social Work representative at the MAG is key to ensuring processes are effective.

Feedback on MAG Processes

There is positive feedback from MAG members regarding the benefits of information sharing. The first round of Business MAGs has taken place. These will be held three times per year to review the operations of each MAG. This includes developing ideas for continuous improvement and review effectiveness, as well as identifying the key themes to be addressed.

Eight children and young people have required integrated assessment and planning. Some cases which have been referred to the MAG involve children and young people who require more complex interventions and, as they do not meet the criteria of early intervention, no further action has been taken. Instead a decision has been taken in relation to the most appropriate agencies to become the team around the child and the information forwarded to the lead agency.

There is a developing ethos and culture at the MAGs which allow individuals to feel more comfortable about sharing information.

SWOT analysis at the Child Protection Practitioners Forum highlighted the MAG process as a key strength. Many individuals agree that there is strength in using the IAF paperwork to assess the needs of a child. A minority still feel that the IAF paperwork is a barrier to passing on concerns. Almost all agree that the IAF paperwork requires, at minimum, some changes. There is a review process in place for the IAF starting in June 2011, where changes will be made.

MAG members are all very aware that it is early days and a process of continual learning is taking place. There is, however, a full commitment to making the processes work. MAG members are keen to build the relationships necessary to do this.

A more detailed report from the Business MAGs held in April 2011 is attached at **Appendix 5**.

Domestic Abuse

The GIRFEC Domestic Abuse Pathfinder concluded in June 2010. The pilot was one of four national pilots and was led by Central Scotland Police.

The pilot was based in the Larbert area. It tested the GIRFEC principles in relation to multi-agency sharing of information and earlier intervention to reduce referrals to the Reporter, specifically in relation to children and young people affected by domestic abuse. The pilot also considered addressing other 'concerns' in relation to children and young people in the Larbert area. This work informed procedures for multi-agency working. The Project was key to informing the development of the Co-ordinated Children's Services model and the implementation of GIRFEC in the Falkirk Council area; the developing model was designed to incorporate the key lessons learned. It is envisaged that the MAGs will build on the finding that regular meetings allowed for more meaningful multi-agency work through a greater understanding of individual roles and remits. The Children's Services Hub and collaboration of the Multi-Agency Screening Hub with Central Scotland Police also incorporates elements of centralised information gathering.

Family Support Service

During the development of Co-ordinated Children's Services, work was undertaken with the Family Support Service delivered at Locality level. This created the post of Senior Family Support Worker for each Locality. The remaining complement of 12 Family Support Workers was allocated on the basis of population and FSME.

Induction with all Family Support Workers focused on case recording and the implementation of GIRFEC. Their role in early intervention was also emphasised.

The following comments have been received regarding the Family Support Service in the Denny/Larbert Locality.

Comment from Primary Head Teacher re a Family Support Worker:

Over the past couple of years C has provided outstanding support for a number of our children. Apart from the fact she is a genuinely decent individual who brings an exemplary level of professionalism and commitment to her post, she does so along with compassion and concern for the needs of others. I have been a Head Teacher for over 16 years and have come across few individuals who impress me both on a personal level as well as a professional level. C stands out as one of the few. I consider her to be truly suited to her post.

Evaluation of Family Support Worker input by a referrer (Head Teacher):

- K and her mother have been supported through a very difficult time.
- K is more settled in school
- Mum has established consistent routines at home
- K is more able to access the curriculum
- Mum has self-confidence to deal with difficult situations

‘This has been an exemplary piece of work.’

Evaluation of Family Support Worker input by a parent:

‘M has helped my wee girl very much and has also helped her to bond with her mummy. She has gone from being quite sad and lost to a beautiful, happy and bubbly wee girl.’

Comment from retiring Principal Teacher:

‘It has been a real pleasure to work with you over the last few years and I really value the help you gave me with getting A through school.’

Feedback received from parents during an ongoing piece of work with a Family Support Worker:

‘Both mum and dad feel that since A started meeting with me his mood swings have become less frequent and he also deals with his anger more appropriately. Relationships in the family home are more relaxed. Also A appears happier and more relaxed.’

Evidence of engagement with young people who are hard to reach:

‘I became involved with D in November 2010. From November through to April D only engaged with me on 7 occasions. I didn’t feel 7 contacts in 6 months was enough, so took his case back to the MAG to consider alternative options, due to his lack of engagement with the Family Support Service. It was decided at the MAG that although he had only engaged with me 7 times I should continue to work with him, as this was more than he had engaged with anyone else.’

D has said I do not lecture him and that I let him talk and listen to what he says, this is the reason he agrees to see me. He has begun to make progress, and has recently agreed to return to school on a part-time timetable. Since the MAG in April I have met with D on 3 occasions and hope to continue to meet weekly.’

A young person recently requested another session with her Family Support Worker within the same week, as she did not want her support session to end.

Comments from parents:

Parents whose son was part of the Seasons for Growth group both said they had noticed a huge difference in their son's outlook and behaviour saying "The difference is like night and day."

Parent commented that she is happy with the input she is receiving from the Family Support Service, and the delivery of this service. She feels her family is benefiting from the service.

CHILDREN'S SERVICES HUB

It was agreed by Falkirk Council in June 2010 that in order to ensure that the remit of the Children's Services Hub be achieved, that the Change Manager be appointed by CVS Falkirk and District. It was agreed that this would give the candidate the necessary independence across all the partners to ensure that appropriate new business processes are adopted.

The Change Manager and the administrative support for the Children's Services Hub took up their posts in December 2010.

The Children's Services Hub describes a visionary commitment to moving towards more co-ordinated, effective and efficient service delivery systems. The aim is to have built in assessment procedures to ensure sustained and ongoing development to maintain fitness of purpose in response to continual changes in need. The functions include: multi-agency training, referral pathways, the interface between Locality based services and central intensive services, data collection of all referrals across partnerships to develop consistent mechanisms to compare service delivery against ever changing need, commissioning frameworks which are fit for purpose with regard to need.

How this will be achieved is the subject of two development days scheduled for April and May 2011.

The Co-ordinator's post for the Children's Services Hub is currently being developed in line with the output of the development days.

Public Social Partnership (PSP)

In order to develop a robust commissioning framework for services for children and young people, Falkirk Council and CVS Falkirk and District developed a Public Social Partnership (PSP). This was one of ten national pilots supported by the Scottish Government. The outcomes of the project were to:

- Develop a cohort of advocates and raise awareness of the concept of commissioning across the Public Sector and Third Sector.
- Produce a commissioning framework in relation to Children's Services for the public and Third Sector in Falkirk.
- Using the appropriate commissioning opportunities during the life of the pilot we will incorporate the lessons learned into the development of the framework.

The PSP approach was used over the last 18 months in our approach to commissioning external fostering services, homelessness services and advocacy services. A more detailed project report is available at **Appendix 6**.

Beyond the life of the project we are using the PSP approach to:

- Redesign support for families with substance misuse across the Forth Valley
- Adopt the PSP approach as a preferred method, through appropriate governance procedures
- Method of commissioning “people services” within the Falkirk and Council area with colleagues across the Forth Valley
- Continue to develop the PSP approach and embed in our ongoing practice

Between April 2011 and Autumn 2011, two evaluative SROI studies will be carried out around two separate early intervention Family Support Services – one provided by Education Services the other provided by a small Third Sector organisation. The lessons learned from these studies will not only be used to inform the development of Family Support but also how we might link with Social Return on Investment (SROI) into the commissioning framework.

INTENSIVE FAMILY SUPPORT SERVICE (IFSS)

In addition to Family Support Workers working in Education Services providing “early intervention” support for families, a need was identified to develop support for young people in crisis who were at risk of becoming Looked After Away from Home (LAAFH).

The Intensive Family Support Service has therefore been developed on an incremental basis since March 2010, reaching full strength in 2011.

The team currently comprises qualified social work staff and specialist Family Support Workers with a variety of different skills. Work is ongoing to try and recruit a clinical psychologist who would also be based in this team. It has also been agreed that as any post becomes vacant a review will be undertaken in relation to the skills mix within the team to determine how the post should be used.

The service has been developed by a multi-agency group with input from the Young People's Focus Group and the Parents' Reference Group. The budget to create the team was identified through the redesign of an existing service.

Since March 2010 the Intensive Family Support Service has worked with 50 families with 57 young people. The 57 young people were at home at the point of referral and 50 of these remained at home.

A robust monitoring system still requires to be put in place to measure the impact on outcomes for children and young people. It is intended to develop Viewpoint specifically for use in the Intensive Family Support Service.

INTEGRATED ASSESSMENT FRAMEWORK (IAF)

The Falkirk Children's Commission recognised the need for a robust approach to assessment and information sharing and has developed a draft framework for an Integrated Assessment along with practice guidelines. The Integrated Assessment Framework (IAF) is a tool which assists appropriate information sharing, across agencies, consistency in assessment and integrated planning and reviewing. The framework requires a child-centered approach and the assessments are carried out "*with*" the child and family not '*to*' the child or young person and family.

A multi-agency IAF Steering Group is leading the developments and has representation from all agencies working with children and young people. There are also individual implementation groups for Health, Social Work, Education and the Voluntary Sector. Initial awareness raising training was delivered to 185 participants and a further 247 participants attended training in June 2009. The draft framework is being piloted within:

- Children & Families Social Work Teams
- Co-ordinated Children's Services
- Family Support Service
- Education referrals to the Attendance Panel
- Referrals to CLASP (Voluntary Sector project)

In addition to the work undertaken in Falkirk, testing and piloting has spread across the Forth Valley area, with all three Councils, NHS Forth Valley and Central Scotland Police working together to implement and use a common tool to record and assess the needs of children and young people. The Forth Valley Integrated Assessment Framework is based on improving outcomes for children and young people, embedding the principles of GIRFEC in service delivery and planning. It is expected that the framework will be in place by the end of 2011.

Training in Falkirk

To link with the development of the IAF in Falkirk a multi-agency group is determining what training needs to be delivered to ensure that the changes in culture, systems and practice required are fully supported. This work links to the development of an overall training strategy for GIRFEC in Falkirk and builds on the successful model of multi-agency child protection training which has been delivered across Falkirk. Appropriate links will be made to the Forth Valley agenda.

Information Sharing

The next steps are to ensure that there are appropriate electronic solutions to sharing information and case recording. Localities are being set up as individual teams on the Children and Family Information System and investigations are ongoing into the e-care module being developed by SEEMIS and the development, at a national level, of i-ACT.

Following implementation of Locality working and the Multi-agency groups across the Falkirk Council area as part of implementing GIRFEC some colleagues in the NHS highlighted particular points that needed to be addressed in relation to governance. In summary there were three key points that colleagues wished to be addressed to protect confidentiality of personal information and ensure staff are not left vulnerable in information handling matters. These areas were:

- Email security
- Procedural guidance
- Consent to share information

In order to address these points and to resolve the concerns expressed, a short life task was established comprising representatives from across the Commission partners. The group was tasked to develop specific responses to those concerns and to ensure that these are communicated to partners. The task group has now developed the following responses to address those concerns:

1. Email security; secure email boxes have been provided for each Locality team using GSX configuration and these can exchange information securely with NHS.NET mailbox accounts. Where voluntary sector partners do not have GSX mailboxes it has been agreed that secure mail boxes will be provided via the NHS.NET system. This will be set up by NHS Forth Valley, co-ordinated through the Children's Services Hub.
2. Procedural guidance; an information sharing procedure has been jointly developed and agreed. This is being circulated to information governance managers for final ratification/confirmation before passing to organisational signatories for adoption. This will be briefed to the Children's Commission for ratification and adoption and passed to the Implementation Team for briefing to staff groups and implementation.
3. Consent forms and process; an amended consent form has been prepared and checked, and will be incorporated into the procedure. This incorporates the points made in relation to securing informed consent, including identifying with whom information may be shared, what information may be shared and for what purposes.
4. In addition a series of interim measures have been agreed, which confirm and identify the steps outlined above, prior to full implementation and related training through the GIRFEC training strategy. The interim measure incorporates a staff briefing through the Commission and Implementation Team for all partners and key professional groupings to all staff which will set out the progress that has been made by way of developing a procedure, clarifying consent processes, securing email etc. as well as an interim authority to share information supported by input and confirmation from the NHS information governance manager.
5. Senior colleagues from the NHS have met and briefed NHS staff to guide them towards continued engagement in Locality processes and information sharing appropriately on this basis and in line with the agreements reached as outlined above. Colleagues from other partner agencies are available to provide support as needed/requested by senior NHS colleagues to support efforts in meeting with NHS staff. Health colleagues have confirmed that public health nurses/school nurses strive to return to the multi-agency groups shortly. Some health professionals have been attending the MAGs, following the progress that has been made to date. This is both encouraging and most welcome.

The Commission would like to take this opportunity to thank all colleagues for their efforts in this regard. Throughout this challenge, there has been a clear commitment to problem solving from all parties reflecting the shared partnership goal of improvements in services for children, young people and families.

INVOLVEMENT OF STAKEHOLDERS

Involvement of the Voluntary Sector in the redesign process has been achieved through the Voluntary Sector Children's Forum. This Forum was established specifically at the request of voluntary sector providers. This Forum provides members the opportunity to share information and input to the whole service redesign process. The Voluntary Sector has participated in all information and awareness raising events. The Forum continues to define their role in relation to agreed outcomes for children and young people.

Involvement of children, young people, parents and carers has been integral to the development process. This has been achieved through the Young People's Focus Group and the Parents' Reference Group. These groups meet on a regular basis and have undertaken work around all the service redesign activity and will continue to be involved in future developments.

The engagement and participation with children and young people has been and continues to play an intrinsic part in the planning and delivery of our services for children and young people.

Children and young people have actively participated in the development of the plan and this work is recognised and encouraged by the Children's Commission with a structure in place to ensure that ideas and issues are communicated effectively.

The children and young people's focus group is a small group of 10 young people representative of both geographical and social areas across the district which has undertaken work around all of the service redesign activity. Supported by staff, programmes and meetings are designed to ensure that they are meaningful and provide a vehicle for their voices to be heard.

Work Undertaken:

- Participation in the launch of Falkirk's first Integrated Children's Service Plan
- Involvement in the Matching Needs and Service Audit
- Participation in the Multi-Agency consultation
- "For Falkirk's Bairns" DVD which demonstrates some of the outcomes achieved from the plan
- Community Planning consultation
- Assisted in the development of the Locality Model Practice Manual
- Design and production of information leaflet
- Input into Integrated Assessment Framework
- Delivering workshop at Participation Conference
- Attending residential team building event
- Recruitment Training

- Involvement in recruitment of Locality, IFSS, residential care and Caledonia Project posts
- Planning & facilitating Youth Participation Community Planning event
- Involvement in informing NHS planning on access to sexual health services
- Involvement in forum to share views and experiences of support
- Who Cares? Training
- Young people's input to DVD on views about their involvement in service development on HMle website
- Planning and facilitating at Youth Participation Community Planning event
- Involvement of foster carers' own children in developing a welcome pack for young people coming into fostering

All of the young people involved in the focus group have gained a Youth Achievement award and have been presented with volunteer's awards. A number of the young people have gone on to volunteer in local projects, have become peer educators and one is currently putting herself forward for MSYP elections.

Through their participation the young people have gained self confidence and self esteem, they have built positive relationships with both peers and adults and learned to respect the views of others. They feel a sense of empowerment, purposefulness and have built a substantial knowledge of services and agencies together with their processes. They also have a clearer understanding of services available in their own area.

To ensure the continued participation and engagement of our young people resourcing and recruitment is key. Future plans to include a wider representation of young people will be developed through the Locality model where each area will have a local children and young people focus group to feed into the established central group and in turn to the Children's Commission.

The Parents' Reference Group has continued to participate in all aspects of service redesign and has been involved in the recruitment process for Locality posts. Foster Carers were involved in the development of a protocol for young people leaving care.

The Third Sector, parents, carers and young people have continued to contribute greatly to all the initiatives outlined above, with all being involved in the recruitment of staff for each part of the model. The work of the Voluntary Sector Children's Services Forum must, in particular, be commended for their participation in ensuring that all sectors are working towards a single business process.

CHILD PROTECTION

A standing item on each Commission agenda is a report from the Child Protection Committee (CPC). This ensures that all Commission members are aware of the work of the CPC and ensures that the key role early intervention services play in keeping children and young people safe is understood by all.

Although Co-ordinated Children's Services focuses on early intervention, each member of staff is very aware of the key role they play in keeping children and young people safe. This involves staff in initiatives for all children and young people, e.g. internet safety and the promotion of good sexual health.

In accordance with the Scottish Action Plan on Child Internet Safety and Responsible Use 2011/12, the Commission is working with the Child Protection Committee to ensure child internet safety and responsible use is embedded into local practice.

Staff also promote the work of the Falkirk Council Sexual Health Implementation Group. This partnership aims to improve sexual health outcomes for the community using local knowledge and information. One of the key areas of work is services for young people and, as such, a new young person's sexual health clinic has been set up – "Sorted on Sex". There is also development underway of a holistic health drop in service aimed specifically at young people. Consultation is taking place with them on what this should look like.

Private Fostering

Falkirk Council has developed a procedure for private fostering which is available on the council website. An annual advert is placed in the local paper to remind the public of their responsibilities and since December 2010, our new Kinship Care social worker post has undertaken the key role of raising awareness of private fostering. As well as updating the website and drawing up new leaflets and posters, the postholders have undertaken a pilot in Bo'ness schools to raise awareness, and are planning to repeat this in the Denny area. A leaflet drop will be undertaken for all P6 to S4 pupils and all Pastoral Heads and primary Head Teachers across the Council.

FORTH VALLEY

OVERVIEW

Although the work to implement GIRFEC was initially very much focused in Falkirk, over the past 12 months increasingly, developments have been taken forward on a Forth Valley basis.

FORTH VALLEY GIRFEC GROUP

The Forth Valley Regional GIRFEC Group reports to G5 and has the following roles and responsibilities:

- To develop and propose a set of strategic priorities to underpin regional development of GIRFEC for G5 to agree
- To have oversight of aspects of the implementation of GIRFEC that are being developed at Forth Valley level
- To commission work through regional sub-groups on agreed priorities
- To oversee the allocation of funding from the Scottish Government to support regional work related to GIRFEC
- To liaise with the Scottish Government as required on behalf of G5 regarding regional GIRFEC issues
- To monitor the progress of regional developments and to address any delay and barriers
- To identify, commission and oversee the delivery of Forth Valley wide training where appropriate
- To provide advice to G5 on the overarching strategic oversight of services in issues related to GIRFEC where they are relevant in a Forth Valley wide context

The Forth Valley Regional Group has an overall strategic view of services that relate to all children and young people in the Forth Valley area. It has a strong link to the G5 Reporting Group which focuses on issues primarily related to child protection to ensure that there is synergy between the work of the two groups to address any gaps or overlaps.

They are currently working on a plan which has a focus on using the electronic exchange of information to speed up the processes of early identification and intervention. This piece of work, supported directly by additional resources from the Scottish Government, will cut down the need for professionals to attend Locality MAGs simultaneously.

MULTI-AGENCY SCREENING HUB (MASH)

In Falkirk in the last quarter, 1102 VPRs were raised on non-offence grounds. Currently these VPRs are, in the main, sent to Social Work or SCRA.

The use of the Ministerial Framework for non-offence referrals had not brought the desired reduction in referrals to SCRA, however, the work which Education and Social Work Liaison Officers undertake in SCRA ensures that a more holistic set of information is provided to the Reporter.

As there is a need to build on the lessons learned from the Domestic Abuse Pathfinder, Falkirk Council and its partners are involved in the development of a Multi-Agency Screening Hub based within the Public Protection Unit in Larbert Police Office.

As part of the Improvement Plan for Child Protection Services and the commitment to implementing Getting it Right for Every Child (GIRFEC), Falkirk Council has agreed to work with colleagues in the Public Protection Unit, based at Larbert Police Office, to further develop appropriate processes for routing VPRs in line with the Ministerial Framework for non-offence referrals to adopt the principles of GIRFEC.

To enable this to happen Social Work Services and Education Services have jointly agreed to input staff time, equivalent to a full-time equivalent post. This builds in some resilience to the project as the two staff can provide appropriate cover for each other. Both workers will be based within Larbert Police Station 17.5 hours per week, whilst still working in the Reporter's Service for the other 17.5 hours.

They will both require access to SWIS, SEEMIS and RAD. The task will be to triage VPRs. Triageing VPRs requires the following to take place:

- SWIS/SEEMIS/RAD checks will be undertaken
- VPRs will be discussed between the Council Officers and current staff within the PPU
- If the child is already an open case to Social Work, then VPR will automatically go to Social Work

- Some VPRs, although not previously known to Social Work, may require an immediate statutory response and would therefore be referred directly to Social Work
- Screening would include the staff making decisions about which concerns would be forwarded directly to (as alternatives to going to Social Work and Reporter):
 - Locality Co-ordinators
 - Named person in Health
 - Named person in Education
 - No further action (in line with the Ministerial Framework on non-offence referrals)
- Some VPRs will require to go to more than one source

The system, as it develops, will require to interface and link with the appropriate components of the Co-ordinated Children's Services model, in particular, the Locality MAGs where, for children and young people who are not at risk of immediate harm, local information will be sought.

Work will also require to be undertaken to link the development around adult services, including the protection of vulnerable adults.

Discussions are underway to align the Forth Valley Early and Effective Intervention (EEI) Project, based in the Multi-Agency Screening Hub, with the approach being taken in Falkirk to implementing GIRFEC in order to ensure effective co-ordination and delivery of appropriate interventions to children and young people. This includes consultation between Falkirk Council Social Work and Education colleagues and the EEI Co-ordinator on developing a protocol, to enable routing of concerns accurately to destinations that will support earlier intervention.

Training

The implementation of GIRFEC brings with it a huge training agenda affecting all services involved with children, young people and families across the Forth Valley area. The success of the training programme will depend upon an integrated approach being taken to the rollout of training.

A Forth Valley GIRFEC Training Group has been established with representatives from services/agencies across Forth Valley. The Group will progress the following:

- undertake a scoping exercise in relation to training requirements for GIRFEC
- develop a multi-agency integrated training strategy for all children, young people and families related to training being delivered across the Forth Valley area
- develop a communication strategy related to the implementation of GIRFEC in the Forth Valley area
- develop a PR strategy regarding the implementation of the Integrated Assessment Framework across Forth Valley

CHAPTER 4 – IMPROVING OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

The ICSP 2010-2015 links the ideal journey for a child in Falkirk to the wellbeing indicators eg Safe, Healthy, etc. For each wellbeing indicator in the plan there was a description of that indicator. In addition to priorities for action and vulnerable groups, the principal and contributing plans were stated under each action. These are outlined for each indicator throughout the next chapter:

SAFE	<p>Keeping children safe has many facets. It includes practical care through the prevention of accidents in the home; protection from physical, social and emotional dangers; and taking an interest in a child's friends and associates and recognising where exposure to situations can put a young person at risk of, for example, sexual exploitation or substance misuse.</p> <p>It is recognised that keeping children and young people safe in Falkirk is everyone's responsibility.</p>	
<u>Our Priorities for action are:</u>	<ul style="list-style-type: none"> • Improve outcomes for children where there is parental substance misuse. • Ensure that children are in an environment in which they feel safe and are safe. • Reducing unplanned teenage pregnancies. • Reducing unintentional injuries in the home. • Increasing access to appropriate support for teenagers in crisis. • Internet safety 	<u>Principal Plan</u>
<u>For a child/young person in Falkirk, 'Safe' means:</u>	<ul style="list-style-type: none"> • My life before birth is safe. • My birth is safe. • As a very young child I will grow up in a safe environment where I am protected and enabled to enjoy myself. • As a young child I will grow up in a safe environment where I am protected and enabled to enjoy myself and have a basic understanding of right and wrong and a basic awareness of danger. • As a child I will grow up in a safe environment where I am protected and enabled to enjoy myself and will develop strategies which enable me to look after myself and am supported to manage and assess risks. • As a young person I have the skills and strategies which enable me to keep myself safe and enjoy myself. 	<u>Contributing Plans</u>

SAFE

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Number of pre-birth case conferences and percentage registered	Social Work Services	22 (13%)	18 (94%) (2009/2010)
Number of children placed on Child Protection Register from birth.	Social Work Services	3	17 (2009/2010)
The number of children killed or seriously injured per million vehicle kilometers.	Central Scotland Police	2004-2008 0.048	TBC
Number of children and young people on the Child Protection Register.	Social Work Services	93	59 (at 31/03/11)
Number of children and young people deregistered.	Social Work Services	92	128 (2009/2010)
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being safe: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record
Teenage pregnancy rate per 1000 13-15 year olds.	NHS Forth Valley	8.8 (2004/06)	7.5 (2008)

HEALTHY	Being healthy includes all aspects of a child's health and development relevant to age and stage. It also includes aspects of health care such as nutrition, exercise, physical and mental health issues, sexual health and substance misuse.		
<u>Our Priorities for action are:</u>	<u>Principal Plan</u>		
<ul style="list-style-type: none"> • The health of our most vulnerable young people. • Mental health and wellbeing for all children. • Substance misuse in young people. • Childhood obesity. 	<ul style="list-style-type: none"> • The Falkirk Joint Health Improvement Plan 2008. 		
<u>For a child/young person in Falkirk, 'Healthy' means:</u>	<u>Contributing Plans</u>		
<ul style="list-style-type: none"> • My life before birth is healthy. • My birth is healthy and without complications. • As a very young child I have the care and nutrition I need to keep me healthy. • As a young child I have the care I need to keep me healthy. • As a child I have the knowledge which will enable me to make healthy decisions for myself. • As a young person I have the knowledge which will enable me to make healthy decisions for myself. 	<ul style="list-style-type: none"> • Education Local Improvement Priorities 2010-2013. • Forth Valley Sexual Health Strategy. • Forth Valley Framework for Mental Health and Wellbeing. • Social Work Service Performance Plan 2008/11. 		

HEALTHY			
Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Percentage of women smoking during pregnancy.	NHS Forth Valley	24.8% (2007)	18.6 (2010)
Proportion of low birth weights per 1000 live singleton births – full term babies.	NHS Forth Valley	23.6	24.2 (2010)
Proportion of new born babies exclusively breast fed at 6-8 weeks.	NHS Forth Valley	21.3%	22.4 (2010)
Primary immunisation uptake rates % completed primary course at 24 months	NHS Forth Valley	Diphtheria 98.3 Tetanus 98.3 Pertussis 98.3 Polio 98.2 Hib 98 MMR1 92.7 Men C 97	98.4 98.4 98.4 98.4 98.2 93.7 96.4
% children free of dental decay in P1	NHS Forth Valley	62.9	73.2

HEALTHY

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
% of children in P1 receiving a review who have a high BMI	NHS Forth Valley	16.8% (07/08)	19.5 (2010)
School meals taken as a % of the school roll: <ul style="list-style-type: none"> • Primary • Secondary 	Corporate and Neighborhood Services	59% 50%	56% 52%
% of eligible children who take up free school meals – registered and present: <ul style="list-style-type: none"> • Primary • Secondary 	Corporate and Neighborhood Services	97% 73%	97% 87%
Number of children and young people for whom Child & Adolescent Mental Health Services (CAMHS) provide consultation to other services.	NHS Forth Valley	--	TBC
Number of admissions of children and young people for CAMHS to adult beds	NHS Forth Valley	--	TBC
Access to specialist CAMHS	NHS Forth Valley	--	TBC
Chlamydia testing in 15-24 age group. Males Female (percentage positive in brackets)	NHS Forth Valley	66/1000 (20%) 243/1000 (12%)	84/1000 (16%) 276/1000 (11%)
Percentage of schools which are health promoting schools: <ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 	Education Services	100% 20(32%) 43(78%) 0	100% 91% 9%
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being healthy: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

ACTIVE	It is recognised that young people who are active are more likely to achieve and be included in their community.	
<p><u>Our Priorities for action are:</u></p> <ul style="list-style-type: none"> • Ensure an awareness in young people that each individual has choices with regard to levels of physical activity and that there are significant lifelong holistic health gains from undertaking an active lifestyle • Ensuring young people have appropriate access to play, sport and leisure activities. • Ensuring young people have appropriate opportunity to access arts, culture and heritage activities. • Increasing pupils' activity levels throughout the school day and in out-of-school hours activities. 	<p><u>Principal Plan</u></p> <p>The Physical Education, Physical Activity & School Sport.</p>	
<p><u>For a child/young person in Falkirk, 'Active' means:</u></p> <ul style="list-style-type: none"> • As a very young child I have opportunities to socialise and play with other children and have fun. • As a young child I am entitled to and encouraged to play and have fun independently. • As a child I am supported by my family and community to experience a wide range of activities and achievements. • As a young person I am supported by my family and community to experience a wide range of activities and achievements. 	<p><u>Contributing Plans</u></p> <ul style="list-style-type: none"> • Let's Make Falkirk More Active. • Falkirk Joint Health Improvement Plan 2008. • Education Local Improvement Priorities 2010-2013. • Community Learning and Development Strategy • Development Services Performance Plan 2008-2011. 	

ACTIVE

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Number and percentage of children walking or cycling to school: <ul style="list-style-type: none"> • Primary • Secondary 	Development Services	63.4% 74.3% (06/07)	} 49%
Number of young people involved in arts, culture and heritage activities.	Education Services, Community Services	--	TBC
Number of Leisure Centre Admissions for young people	Community Services	399,960	373,709
Number of children and young people taking part in active school programmes	Education Services	--	151
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being active: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

NURTURED	All children and young people deserve to be loved and cared for within their family. However where this is not possible children require high quality care within an appropriate setting. This should be as often as possible within a family home within the Falkirk area. Too many of our young people are still placed outwith our local authority area. Evidence suggests that outcomes are not positive for these young people. A Best Value Review of Residential Services reported early in 2009.	
<p><u>Our Priorities for action are:</u></p> <p>Reduce the number of young people who are placed outwith the community and to ensure that there is adequate nursery provision for vulnerable children from 0-3 years. We will do this by:</p> <ul style="list-style-type: none"> • Implementing the Early Years Framework. • Implementing our model of local delivery of children’s services including specialist family support. • Increasing our in-house provision of both residential and foster-care placements. 	<p><u>Principal Plan</u></p> <ul style="list-style-type: none"> • The Social Work Service Performance Plan 2008-2011. 	
<p><u>For a child/young person in Falkirk, ‘Nurtured’ means:</u></p> <ul style="list-style-type: none"> • As a very young child I have positive experiences of family life. • As an infant I am enabled to build attachments with primary care-givers. • As a young child I have positive experiences of family life. • As a child I have positive experiences of family life. • As a young person I will leave home in a positive way. 	<p><u>Contributing Plans</u></p> <ul style="list-style-type: none"> • Education Services Improvement Priorities 2010-2013. • Community Learning and Development Strategy • Falkirk Joint Health Improvement Plan 2008. • Corporate Parenting Strategy. 	

NURTURED

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
The number of young people who require services from Localities.	Localities	387	313 (from Sept to Mar)
Number of parent hours contributed towards Integrated Children's Services planning.	Localities	296	110
Number of parents attending parenting classes or courses.	Education Services, Community Services	To be collected	Scoping Exercise
Number of young people registered as homeless (18-24)	Corporate and Neighbourhood Services	--	TBC
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being nurtured: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	Systems not yet in place to record
Provision of a suitable mix of affordable, accessible and high quality of early learning and childcare (0-4): <ul style="list-style-type: none"> a) Pre-school education b) Toddler places c) Baby places d) Wraparound care 	Education Services	100% 101 24 254	100% 127 48 306
Number of 0-2 yrs attending playgroups	SPPA	--	TBC

ACHIEVING	In Falkirk we are committed to improving pre-school education and implementing the Early Years Framework to ensure that opportunities are provided for those who are most disadvantaged so that all five year old children are ready for formal education. Our attainment is steadily increasing, however some aspects of our secondary schools' Scottish Qualifications Authority (SQA) results require further improvement. Education Services continue to tackle these important aspects through their local improvement priorities. In addition pupil attendance at schools and improving school leaver destinations need to be tackled. These require a multi-agency response to ensure improved outcomes.		
<u>Our Priorities for action are:</u>	<ul style="list-style-type: none"> • Entitlement to full time education. • Continuing to raise attainment and achievement. • Improving school leaver destinations. 		<u>Principal Plan</u>
			<ul style="list-style-type: none"> • The Education Local Improvement Priorities 2010-2013.
<u>For a child/young person in Falkirk, 'Achieving' means:</u>	<ul style="list-style-type: none"> • As a very young child I should have opportunities for engagement with adults and be in an environment which encourages the development of language, physical and early social skills. • As a young child I have a good quality structured learning experience at home and in other environments. • As a child I am provided with an environment at home, school and in the community which enables me to become a confident learner, responsible citizen, effective contributor and a healthy individual. • As a young person I have a level of skills and competencies that enables me to progress to a positive and independent adult life. 		<u>Contributing Plans</u>
			<ul style="list-style-type: none"> • Community Learning and Development Strategy. • Social Work Service Performance Plan 2008–2011.

ACHIEVING			
Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
The % of pupils in P3, P4, P6 and P7 attaining or exceeding the appropriate levels for their stage in: <ul style="list-style-type: none"> • Reading • Writing • Mathematics 	Education Services	85% 82% 88%	86% 82% 88%

ACHIEVING

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Cumulative Attainment of National Qualifications by all pupils in publicly funded schools for S4: <ul style="list-style-type: none"> • % of the S4 roll level 3 or better in English and Mathematics • % of the S4 roll gaining 5 or more awards at SCQF level 3 or better • % of the S4 roll gaining 5 or more awards at SCQF level 4 or better • % of the S4 roll gaining 5 or more awards at SCQF level 5 or better 	Education Services	94%	95%
Cumulative Attainment of National Qualifications by all pupils in publicly funded schools for S5: <ul style="list-style-type: none"> • % of the original S4 roll gaining 1 or more awards at SCQF level 6 or better • % of the S4 roll gaining 3 or more awards at SCQF level 6 or better • % of the S4 roll gaining 5 or more awards at SCQF level 6 or better 	Education Services	39%	44%
% of pupils attendance at school: <ul style="list-style-type: none"> • Primary • Secondary 	Education Services	95.6%	95.4%
		91.7%	91.3%

RESPECTED & RESPONSIBLE	<p>It is understood that children and young people are individuals who should be treated with respect and have their views taken into account. Children and young people must learn appropriate skills and behaviour; have consideration for others; have a sense of right and wrong; these elements all contribute to a child and young person's sense of responsibility.</p>	
<p><u>Our Priorities for action are:</u></p> <ul style="list-style-type: none"> • Involving young people in community and/or Locality planning. • Ensuring that children's views are sought and considered on a case by case basis. <p>We will do this by:</p> <ul style="list-style-type: none"> • Continued development of Children's Rights Service. • Continued implementation of Falkirk Youth Justice Partnership Plan. • Establishment of a reference group for young people who are looked after. 	<p><u>Principal Plan</u></p> <ul style="list-style-type: none"> • Education Local Improvement Priorities 2010-2013. 	
<p><u>For a child/young person in Falkirk, 'Respected & Responsible' means:</u></p> <ul style="list-style-type: none"> • As a young child I have a sense of belonging and know my role in the family and be able to express my own needs and wishes. • As a child I have the everyday care and help I need to begin to take responsibility for my own wellbeing. • As a child/young person I have my views heard and taken into account • As a young person I have the skills I need to take responsibility for my own wellbeing. 	<p><u>Contributing Plans</u></p> <ul style="list-style-type: none"> • Falkirk Joint Health Improvement Plan 2008. • Community Learning and Development Strategy. • Social Work Service Plan 2008-2011. • Falkirk Youth Justice Partnership Plan. 	

RESPECTED & RESPONSIBLE

Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
% of educational establishments achieving Eco school awards: <ul style="list-style-type: none"> • Bronze awards • Silver awards • Green flags 	Education Services	81% 67% 37%	86% 77% 60%
Number of parental complaints received concerning bullying.	Education Services	43	45 (2009/10)
Number of young people in secondary schools involved in pupil councils.	Education Services	429	503
Number of young people accessing Children's Rights Service: <ul style="list-style-type: none"> • Referrals • Drop in/phone enquires 	Social Work Services	29 20	TBC TBC
Number of young people participant hours involved in children's services planning.	Localities	698 hrs	717 hrs
% of staff interviews in Council Services which involved young people in recruitment.	Education Services / Voluntary Sector Social Care	TBC	TBC
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being respected and responsible: <ul style="list-style-type: none"> • Pre-intervention • Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

INCLUDED	Some children and young people are excluded from participating fully in society. They can be isolated from their peer group and community through difficulty accessing services through poverty, disability, language and or culture.		
<u>Our Priorities for action are:</u>	<ul style="list-style-type: none"> To reduce the number of children living in poverty. 		<u>Principal Plan</u> <ul style="list-style-type: none"> Fairer Scotland. Community Learning and Development Strategy 2008. Development Services Performance Plan 2008-2011. Equalities Action Plan.
<u>For a child/young person in Falkirk, 'Included' means:</u>	<ul style="list-style-type: none"> As a young child I have the opportunity to experience a range of environments and belong to my community. As a child I have the right to know and appreciate my family history and culture and be accepted, valued and participate in my community. As a young person I have the right to know and appreciate my family history and culture and be accepted, valued and participate in my community. 		<u>Contributing Plans</u> <ul style="list-style-type: none"> Social Work Service Plan 2008-2011. Education Local Improvement Priorities 2010-2013.

INCLUDED			
Relevant Indicators	Responsibility for reporting	Baseline (2008/09)	2010/2011
Proportion of children living in households that are dependant on out of work benefits or child tax credits where more than the family element (finalised awards) number per 1000 children aged 0-16.	Corporate and Neighbourhood Services	172 Child tax credit 543	570
Public Access: % of schools that are fully or mostly accessible to disabled people.	Development Services	89%	89%
The proportion of children with additional support needs who are educated outwith Falkirk.	Education Services	5.1/1000	3.6/100
Percentage of requests which are met for the provision of information on council services in a range of languages/mediums to meet the needs of children, young people and their families.	Falkirk Council	100%	100%
Number of racial incidents reported in schools.	Education Services	46	29
Using the Integrated Assessment Framework the number of young people who are identified as not having their needs met in terms of being included: <ul style="list-style-type: none"> Pre-intervention Post-intervention 	Localities	Not recorded Not recorded	System not yet in place to record

The ICSP stated that measures of the outcomes would only exist in the plan where they were meaningful and collectable. Falkirk Council is, at the time of writing, trying to revise the suite of indicators which are used to measure performance. The indicators in the ICSP will continue to be revised in line with these developments.

The performance indicators in the previous pages gave a quantitative picture of progress being made. However, it has always been the Commission's intent in all its work to focus on outcomes relating to the wellbeing indicators.

Barnardo's have developed nationally an outcomes reporting framework which allows reporting at an individual group or population level on each of the outcomes: safe, healthy, active, nurtured, achieving, respected & responsible and included.

The Commission and Child Protection Committee are keen to adopt the framework for use in Falkirk. We are at the early stages for investigating its use for children and young people:

- on the child protection register
- who are looked after and accommodated
- who receive services through the Locality based Family Support Service

Until this is fully implemented, it is felt that the best way of evidencing the impact that Co-ordinated Children's Services are having on children and young people's lives are by the use of case studies. **(Appendix 7)**.

CHAPTER 5 – IMPROVING OUTCOMES FOR OUR MOST VULNERABLE CHILDREN AND YOUNG PEOPLE

Although the Integrated Children’s Services Plan is a plan for all Falkirk children and young people, there are certain groups of children and young people which the Commission have deemed to be the most vulnerable:

- Children and young people who are looked after
- Young carers
- Children and young people with a disability
- Children and young people who live in our 15% most deprived areas – this group of children and young people will now be referred to as children and young people affected by poverty
- Children and young people who are on/or who have been on the Child Protection Register

Every effort is being made to develop the collection of indicators for these particular groups. It is important that we understand why indicators for these particular disadvantaged groups will differ from the population as a whole.

Further information will be gathered for each of these groups on a triennial basis using self-evaluation.

In 2011/12 there will be a focus on young carers and children and young people who live in our lowest 15% SIMD.

In 2012/13 the focus will be on ethnic minority children and young people and children and young people with a disability.

In 2013/14 the focus will return to LAC and children and young people on the Child Protection Register.

CHAPTER 6 – THE WAY FORWARD

As part of reviewing its remit the Commission is developing a draft workplan to ensure that it meets its objectives. In order to mitigate against the challenges identified in Chapter 2, the Commission has identified the following priorities:

- an increasing population of children and young people, which is at odds with the national trend across Scotland
- increasing pressure on resources across all partners in the Public Sector, which necessitates even more effective partnership working
- potential new legislation associated with GIRFEC and early years
- the pressure of maintaining complex packages of services for our most vulnerable children and young people
- the factors which impinge on all children and young people, in particular, those who are looked after

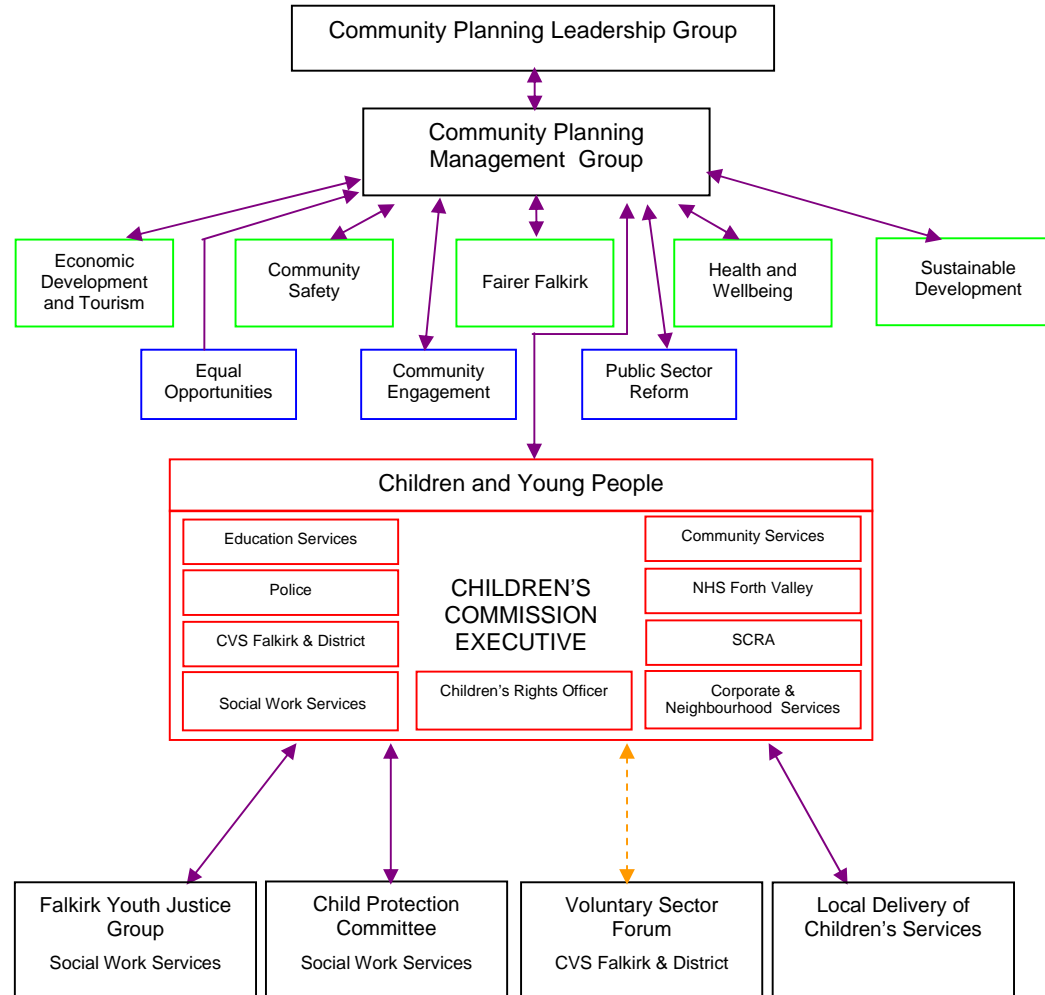
The initial draft workplan, which will track the work of the Commission over the coming year is noted below:

No	Workstream	Area for Development or Improvement	Action to be taken
1.	Sub group in Community Planning Process	Participation and Engagement of Young People	Provide direct support
			Approval and implementation of Strategy
			Future involvement in decision making about their lives
		Participation and Engagement of Parents and Carers/Young People	Provide direct support
			Approval and implementation of Strategy
			Future involvement in decision making about their lives
		Wider Commission	Development and Approval of Function and Role
			Planning meetings
		Considering Regular Reports	Corporate Parenting Strategy Group
			Child Protection Committee
			Implementation Team
			Children's Rights Service
		Commission Role and membership	Annual review
		Links with 3 rd Sector	Attendance at VSCSF
		Consultation Responses	Co-ordination
Approval			
Submission			

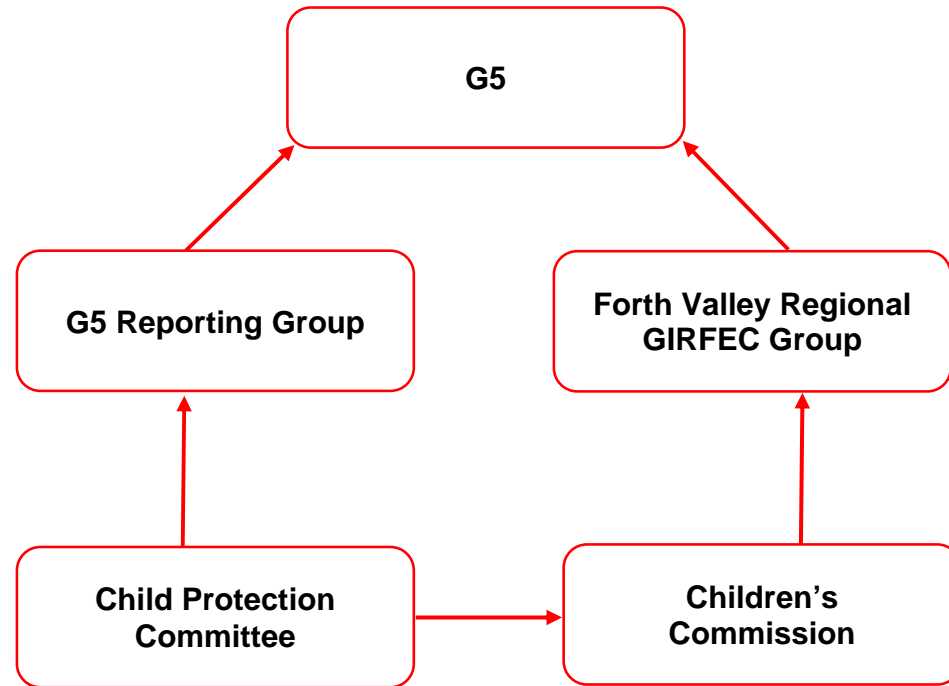
No	Workstream	Area for Development or Improvement	Action to be taken
2.	Monitoring & Evaluation	Developing an agreed approach to measuring outcomes	Scoping and testing Barnardo's outcomes model
		Continuous improvement	Responses to inspections, self-evaluation, service reviews, etc
3.	Monitoring and review of ICSP		
4.	Commissioning and Decommissioning of targeted services for children	PSP	Develop commissioning strategy
5.	Leading on Implementation of GIRFEC and other national strategies	Integrated Framework	
		Early Years Framework	
		Implementation of New Model	
		Embedding GIRFEC	Children's Services Hub
			Localities
			Workforce Development Strategy
			Communication Strategy
		Curriculum for Excellence	
		UN Convention on the Rights of the Child	
		Equally Well	Mental Health and Wellbeing Early Years and Young People Alcohol Drugs Domestic Abuse Big Killer Diseases
		Sexual Health Strategy	
		Forth Valley Interfaces and Strategy	MASH
FV GIRFEC Group			
Integrated Assessment			
Training			
IT			
	Information Sharing		

APPENDIX 1 – REPORTING STRUCTURES

Falkirk Children’s Commission



Interfaces with Forth Valley



APPENDIX 2 – MEMBERSHIP OF FALKIRK CHILDREN’S COMMISSION

- Margaret Anderson, Acting Director/Chair of Falkirk CPC, Social Work Services (Joint Chair)
- Julia Swan, Director, Education Services (Joint Chair)
- Rosie Bolton, Acting Head of Service, Social Work Services
- Maureen Campbell, Director, Community Services
- Fiona Campbell, Head of Policy & Performance, Corporate & Neighbourhood Services
- Detective Superintendent Cameron Cavin, Central Scotland Police
- Elaine Costello, Integration Support Manager, Education Services
- Sue Dow, General Manager, Falkirk CHP
- Dr Graham Foster, Child Health Commissioner, NHS Forth Valley
- Eddie Kane, Chair, VSCSF
- Kathy McCarroll, Acting Head of Service, Social Work Services
- John McDonald, Children’s Services Hub Change Manager, CVS Falkirk & District
- Superintendent Robert McGregor, Central Scotland Police
- Kenny Murphy, Chief Executive, CVS Falkirk & District
- Pauline Proudfoot, Authority Reporter, SCRA
- Anne Stewart, Locality Co-ordinator, Falkirk East/Braes Co-ordinated Children's Service

APPENDIX 3 – EARLY YEARS FRAMEWORK – JOINT ACTION PLANS

Area:	Progress to Date:	Next Steps:
<p>1 Workforce Development</p> <p>(ref: Eileen Hutton)</p>	<ul style="list-style-type: none"> • All permanent Early Years Officers & Nursery Managers now registered with SSSC. • Nine employees will graduate with BA in Childhood Practice in June 2011. 	<ul style="list-style-type: none"> • Ensure that all future employees register with SSSC, will require to be a condition of employment. • Ensure that all Nursery Managers have achieved the required qualification for registration as a Lead Practitioner.
<p>2 Parenting Skills</p> <p>(ref: Lynn Brewster)</p>	<ul style="list-style-type: none"> • Sub-group of the Early Years Framework Advisory Group formed to take forward review of parental support. • Stakeholder Session on <i>Reviewing Parenting Education & Support in Falkirk</i> held on 31st March 2011 to begin mapping of current provision and shape future direction. 	<ul style="list-style-type: none"> • Build on mapping and themes identified through stakeholder session through wider cascading of pro-forma • Explore options to engage with young people, parents and families on parental skills and support needs • Prepare report with recommendations for Children’s Commission
<p>3 Development of Early Years Provision</p> <p>(ref: Eileen Hutton)</p>	<ul style="list-style-type: none"> • Denny & Camelon Nurseries now providing an increased number of baby, toddler and extended day places for working parents, parents undertaking further education and children from vulnerable families. • Work on the amalgamation of Inchyra Nursery School & Grangemouth Day Nursery will be completed during Summer 2011. • Agreement reached that the nursery classes based at Greenpark Centre & St Margaret’s Primary school to be relocated to modular accommodation within the school grounds. • Admission policy changed to include consideration of the school catchment area. 	<ul style="list-style-type: none"> • Work to be completed on the modular accommodation within St Margaret’s Primary School grounds to enable the two classes to amalgamate from August 2011. • Work with Architectural Services to plan for the amalgamation of Queen Street Nursery School and Woodburn Day Nursery. • A nursery class to be developed at Denny Primary School in session 2011/12. • Consider amalgamation of Inchlair Nursery School and Larbert Day Nursery.

Area:	Progress to Date:	Next Steps:
<p>4 Curriculum for Excellence</p> <p>(ref: Eileen Hutton / Lorraine McFarlane)</p>	<ul style="list-style-type: none"> • CPD provided for Active Learning, Literacy, Numeracy, Health & Wellbeing. • Family Learning Programmes provided. 	<ul style="list-style-type: none"> • Continue to develop the experiences and outcomes of other curricular areas at the Early Level. • Evaluate base-line assessment and profiling in line with Curriculum for Excellence.
<p>5 Childcare Information Service</p> <p>(ref: Eileen Hutton)</p>	<ul style="list-style-type: none"> • Await the national outcome. 	<ul style="list-style-type: none"> • The development of the Childcare Information Service to a Family Information Service is currently under consideration nationally.
<p>6 Quality Assurance</p> <p>(ref: Lorraine McFarlane)</p>	<ul style="list-style-type: none"> • On a yearly basis a sample of nursery and primary schools are reviewed by the Educational Support and Improvement Team. • Peripatetic team provided targeted support to nursery classes if necessary. • Action plans implemented to secure improvement in schools where there are concerns. • Analysis of all relevant information and data. 	<ul style="list-style-type: none"> • Continue to implement quality assurance procedures. • Continue to analyse information and data to influence future plans for improvement. • Continue to support and challenge schools to secure improvement.
<p>7 Additional Support for Learning</p> <p>(ref: Sandra Brown)</p>	<ul style="list-style-type: none"> • Handbook discussed at Head Teachers' meeting on 24/11/10. • Service level agreement revised in December 2010 and ready for publication on 1/4/11. • First universal version of Integrated Assessment Framework published 1/1/11. 	<ul style="list-style-type: none"> • Handbook expected to be ready for issue in August 2011.
<p>8 Play Strategy</p> <p>(ref: Mike Joyce)</p>	<ul style="list-style-type: none"> • No in-house strategy document for outdoor play. • Steerage for play spaces in Greenspaces guided by Parks. • Development Plan & Open Spaces Strategy. 	<ul style="list-style-type: none"> • Continue to deliver opportunities to play outdoors ie within Parks & Greenspaces. • Raise the qualitative value of existing playspaces. • Create new playspaces where none exist.

APPENDIX 4 – HISTORY OF IMPLEMENTATION

In our current plan, we indicated our intention to deliver services for children, young people and their families in the way that best meets their needs, at as local a level as possible. We committed therefore, during the life of the first Children's Service Plan, to develop a model of local management and delivery of integrated children's services which will co-ordinate and build on existing services.

PROGRESS TO DATE

From February to November 2006 the Children's Commission agreed a project plan that covered the following areas:

- Matching Needs and Services audit of vulnerable groups of young people
- Survey of young people's mental well-being through universal provision
- A series of events to engage staff in the process

MATCHING NEEDS AND SERVICES

The Matching Needs and Services is a Dartington-i Social Research Unit practice tool. The tool assists practitioners to audit how effective current services are in relation to meeting children and young people's needs, and then to plan more effective services based on the data to improve the outcomes for children and young people.

PROCESS

- The audit exercise was undertaken in relation to a sample of 306 cases. Sample cases were to have been referred to the agency between 1st January 2005 to 30th June 2005 so that there would be some information about the young person's current situation in June 2006 to enable us to see whether needs had been effectively met.
- The files came from Social Work Services, Education Services, Police, Health and Community Services, with the focus being "children in need".
- A multi-disciplinary audit group met over a 3 week period in June 2006 to study anonymised audit forms completed by service core groups. The multi-disciplinary audit group considered whether the child or young person's needs had been met.

- Three consumer groups “shadowed” the work of the audit group:
 - The Voluntary Sector Children’s Services Forum sampled 120 cases. Eight different local voluntary organisations were involved in this process;
 - A young people’s group sampled 30 cases, supported by a member of staff;
 - A parents’ group sampled 100 cases, supported by a member of staff.
- There was very little disagreement across all 4 groups in relation to met and unmet needs.
- Throughout July and August 2006, the data was aggregated and was then passed to Forth Valley GIS (Geographical Information Service) for further analysis.
- This produced a comprehensive profile in terms of strengths and weaknesses, on which to build. This highlighted the need to:
 - Concentrate on the development of the Locality Model for service delivery
 - Concentrate on the development of services to vulnerable teenagers at points of crisis
 - Reassess all support to families services to reduce duplication, plug gaps and ensure consistency of provision.
- Unfortunately, it was not possible to progress the SDQ (Strengths and Difficulties Questionnaire) in universal settings because of copyright issues.
- 17 information sessions for staff were held between May and June 2006. The sessions were well attended by staff from all agencies.

LOGIC MODELLING

A group of key strategic stakeholders then met to undertake 3 days of logic modelling, considering the themes emerging from the audit and identifying potential gaps in services. From this meeting the following tasks were agreed:

- A wide consultation process to be undertaken with children, young people, parents and carers around the types of services they wanted to access as well as how, where and when;
- A service design/redesign process to be undertaken based on the audit and consultation results;
- A wide staff consultation process to be undertaken to engage staff in the service design process;
- All agencies agreed to second a member of staff to the Children’s Services team on a day a week basis to be involved in this stage of the process;

- Consequently, 25 members of staff were involved in the consumer consultation throughout December 2006 to March 2007. 426 people attended in total:-
 - 8 to 11 year olds
 - 12 to 16 year olds
 - 17 to 19 year olds (young adults)
 - Parents/carers
- A further consultation took place with staff in May/June 2007 to share the findings with them from both the audit and consumer consultations. 290 staff from across agencies attended, and contributed to the development of the Locality Model.

SERVICE REDESIGN PROCESS

This led to the establishment of a variety of working groups, outlined in the diagram attached at Appendix 2:

- Locality Model Implementation Group
- Support to Families Working Group
- Crisis Support to Teenagers Working Group
- Integrated Assessment Working Group
- Voluntary Sector Children's Services
- GIRFEC Domestic Abuse Pathfinder Pilot Project Board
- Children and Young People's Focus Group
- Parents' Reference Group

- Locality model Implementation Group:
This working group comprised 25 people from across all partner agencies. The group met from July 2007 and produced a detailed practice manual (as per Dartington's recommendation). Two Locality Managers were appointed and took up post in March 2008. One pilot operated in the Denny area and was a co-located multi-agency team. The other pilot operated across the Faith community and therefore across the whole of the Council area. This comprised a small core team of staff who built up networks with staff in other geographical areas.

- Support to Families Service Working Group:
This multi-agency group was facilitated by an independent consultant. The group completed an audit of existing provision and provided a series of options for service delivery to the Children's Commission.

- **Crisis Support to Teenagers Working Group:**
This multi-agency group was led by Health. This group provided an interim and final report to the Commission with some suggested options which needed to be explored in more detail. Clearly there was some crossover between the work of this group and the Support to Families Working Group that needed to be taken account of.
- **Integrated Assessment Working Groups:**
In 2008 a draft framework for Integrated Assessment was developed with practice guidelines. This was achieved through wide consultation with agencies and partners. Initially, 2 working groups were formed (ie Social Work and Education Services) to look at referral, recording, assessing and reviewing procedures within their own organisations. Similarly, a multi-agency group was formed, tasked with the same remit. A draft Framework for Integrated Assessment was agreed which comprised of an Initial Concern/Assessment, an Integrated Assessment and a Child's Plan. The framework was initially piloted within:
 - Children and Families Social Work Teams
 - GIRFEC Domestic Abuse Pathfinder Pilot
 - Denny and St Mungo's Locality Pilots

Further dedicated working groups were then established including a Falkirk multi-agency group to deliver multi-agency training in the Integrated Assessment Framework. At that time training was delivered to 185 participants. Since then, in relation to the feedback, it was agreed to redesign the entire pack and this has been a work in progress throughout 2010.

- **Voluntary Sector's Children's Services Forum:**
This Forum was established specifically at the request of Voluntary Sector providers. Members sit on all the other working groups. This Forum provides them with the opportunity to share information from the other working groups and input to the whole service redesign process. There are clearly challenges for the Voluntary Sector in working collaboratively as opposed to competing for Local Authority resources.
- **GIRFEC Domestic Abuse Pathfinder Pilot:**
This was one of the 4 national pilots led by Central Scotland Police. The pilot was based in the Larbert area and tested the principles of GIRFEC in relation to multi-agency sharing of information and earlier intervention to reduce referrals to the Reporter specifically in relation to children and young people affected by domestic abuse.
- **The Children and Young People's Focus Group and the Parents' Reference Group** had an input to all of the other working groups and helped to shape the design of the services.

APPENDIX 5 – BUSINESS MAG REPORT (APRIL 2011)

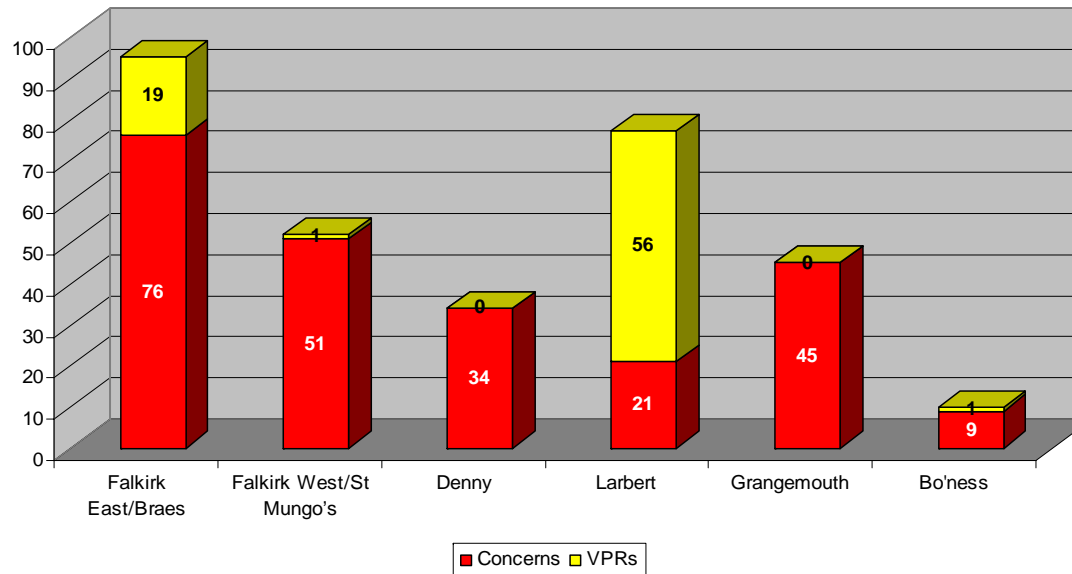
Falkirk East/Braes – 28th October 2010 to 21st April 2011

Falkirk West/St Mungo's – 27th October 2010 to 23rd March 2011

Denny/Larbert – 26th October 2010 to 21st April 2011

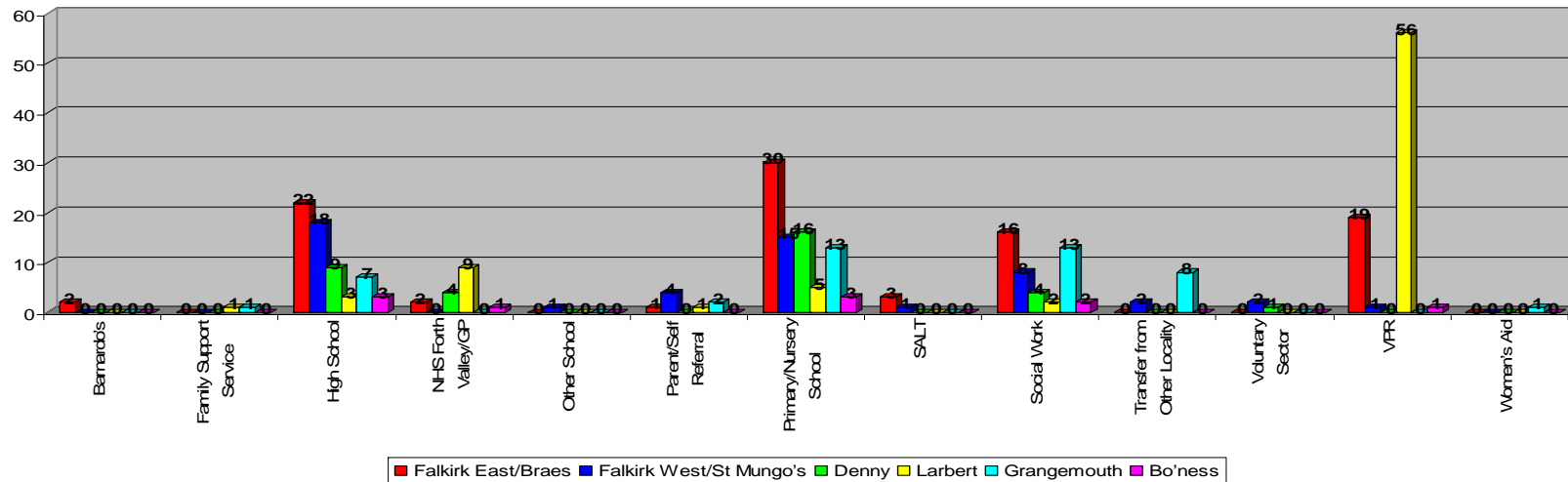
Grangemouth/Bo'ness – 26th October 2010 to 20th April 2011

NUMBER OF REFERRALS			
Locality	Concerns	VPRs	TOTAL
Falkirk East/Braes	76	19	95
Falkirk West/St Mungo's	51	1	52
Denny	34	0	34
Larbert	21	56	77
Grangemouth	45	0	45
Bo'ness	9	1	10
	236	77	313



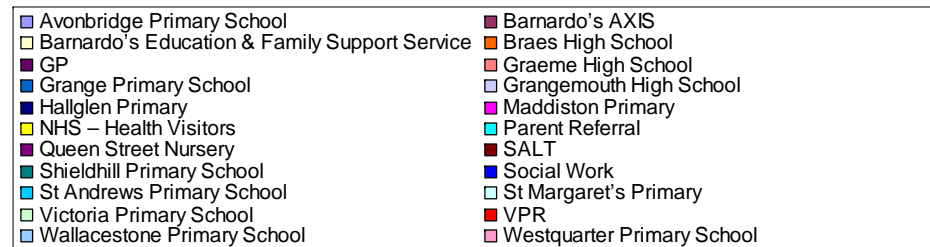
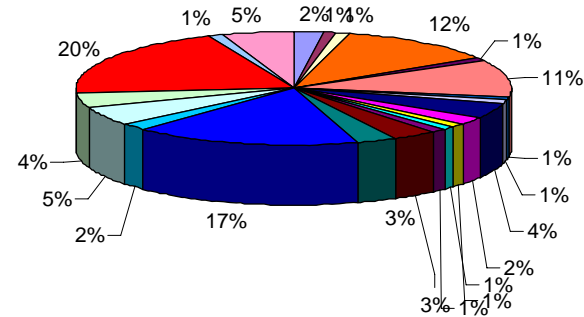
SOURCE OF REFERRALS

	Barnardo's	Family Support Service	High School	NHS Forth Valley/GP	Other School	Parent/Self Referral	Primary/Nursery School	SALT	Social Work	Transfer from Other Locality	Voluntary Sector	VPR	Women's Aid	TOTAL
Falkirk East/Braes	2	0	22	2	0	1	30	3	16	0	0	19	0	95
Falkirk West/St Mungo's	0	0	18	0	1	4	15	1	8	2	2	1	0	52
Denny	0	0	9	4	0	0	16	0	4	0	1	0	0	34
Larbert	0	1	3	9	0	1	5	0	2	0	0	56	0	77
Grangemouth	0	1	7	0	0	2	13	0	11	8	0	2	1	45
Bo'ness	0	0	3	1	0	0	3	0	2	0	0	1	0	10
TOTAL	2	2	62	16	1	8	82	4	45	10	3	77	1	313

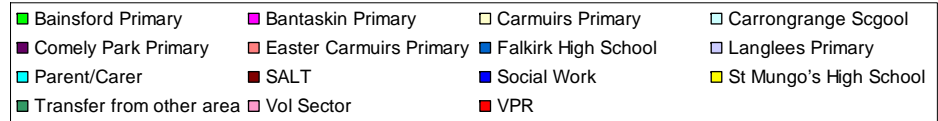
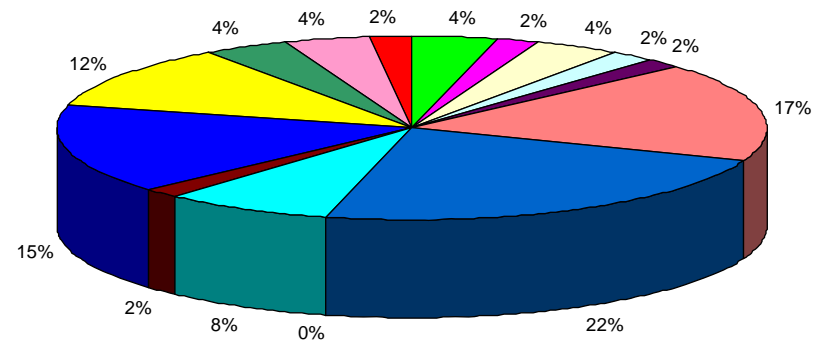


SOURCE OF REFERRALS (AREA BREAKDOWN)

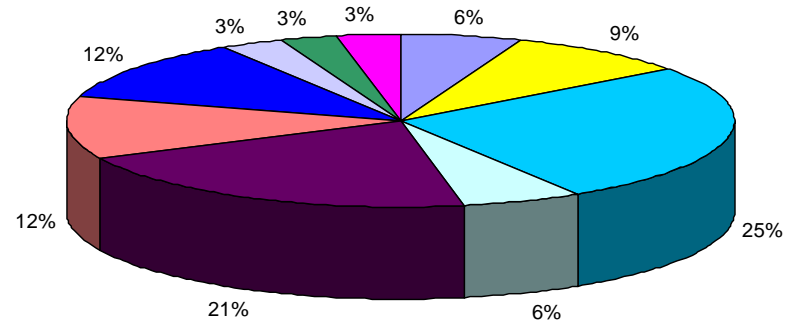
FALKIRK EAST/BRAES	
Avonbridge Primary School	2
Barnardo's AXIS	1
Barnardo's Education & Family Support Service	1
Braes High School	11
GP	1
Graeme High School	10
Grange Primary School	1
Grangemouth High School	1
Hallglen Primary	4
Maddiston Primary	2
NHS – Health Visitors	1
Parent Referral	1
Queen Street Nursery	1
SALT	3
Shieldhill Primary School	3
Social Work	16
St Andrews Primary School	2
St Margaret's Primary	5
Victoria Primary School	4
VPR	19
Wallacestone Primary School	1
Westquarter Primary School	5
TOTAL	95



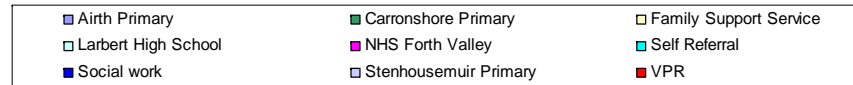
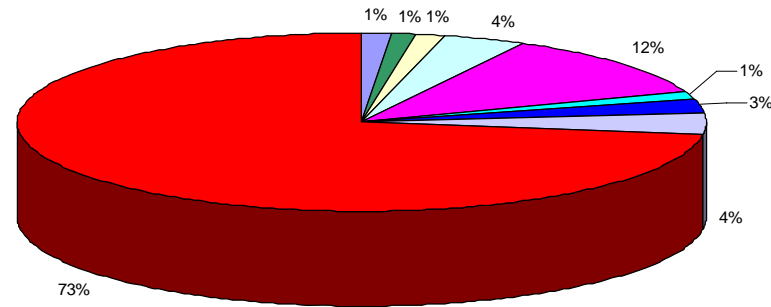
FALKIRK WEST/ST MUNGO'S	
Bainsford Primary	2
Bantaskin Primary	1
Carmuir's Primary	2
Carrongrange School	1
Comely Park Primary	1
Easter Carmuir's Primary	9
Falkirk High School	12
Langlees Primary	0
Parent/Carer	4
SALT	1
Social Work	8
St Mungo's High School	6
Transfer from other area	2
Vol Sector	2
VPR	1
TOTAL	52



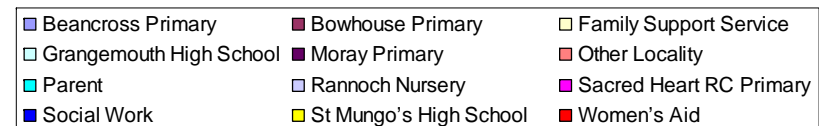
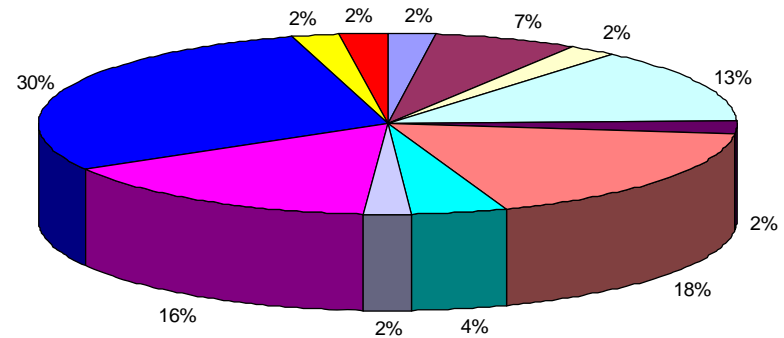
DENNY	
Antonine Primary	2
Bankier Primary	3
Denny High School	9
Denny Primary	2
Family Support Service	0
Nethermain's Primary	7
NHS Forth Valley	4
Self Referral	0
Social work	4
St Joseph's Primary	1
St Patrick's Primary	1
Voluntary Sector	1
VPR	0
TOTAL	34



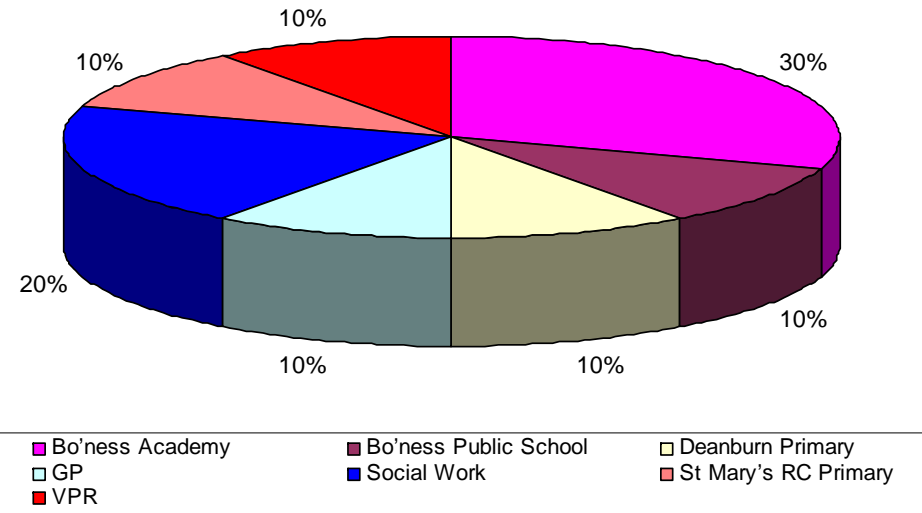
LARBERT	
Airth Primary	1
Carronshore Primary	1
Family Support Service	1
Larbert High School	3
NHS Forth Valley	9
Self Referral	1
Social Work	2
Stenhousemuir Primary	3
Voluntary Sector	0
VPR	56
TOTAL	77



GRANGEMOUTH	
Beancross Primary	1
Bowhouse Primary	3
CL&D	0
CLASP	0
Family Support Service	1
Grangemouth High School	6
Health Visitors	0
Housing	0
Moray Primary	1
Other Locality	8
Parent	2
Rannoch Nursery	1
SALT	0
Sacred Heart RC Primary	7
School Nursing Service	0
SCRA	0
Social Work	13
St Mungo's RC High School	1
VPR	0
Women's Aid	1
Young Carers	0
Young Person	0
TOTAL	45



BO'NESS	
Barnardo's Education & Family Support Service	0
Blackness Primary	0
Bo'ness Academy	3
Bo'ness Public School	1
CL&D	0
Deanburn Primary	1
GP	1
Grange Primary	0
Health Visitor	0
Housing	0
Kinneil Primary	0
Parent	0
SALT	0
School Nursing Service	0
SCRA	0
Social Work	2
St Andrew's Church, Bo'ness	0
St Mary's RC Primary	1
St Mungo's RC High School	0
VPR	1
Women's Aid	0
Young Carers	0
Young Person	0
TOTAL	10



MAG DECISIONS (LEAD AGENCY)

	Integrated Assessment	Aberlour	Barnardo's	Braes Family Centre	Bring Back	Cedar Project	CL&D	Home-start	Consent Declined	Education	Family Support Service	Housing	Info Sharing Only	Joint Action	Multi-Disciplinary Meeting	NHS Forth Valley	No Further Action	Not Appropriate	Not yet discussed	Referral to Other Agency	Skills Development Scotland	Social Work	St Andrew's Church, Bo'ness	Strathcarron	Transfer to Other Locality	Women's Aid	Young Carers	TOTAL
Falkirk East/Braes	4	0	12	6	9	0	2	0	1	0	30	0	0	2	0	3	7	0	0	5	0	7	0	0	2	5	0	95
Falkirk West/St Mungo's	0	1	0	0	7	2	0	0	0	1	17	1	2	0	0	0	10	4	0	0	2	4	0	0	0	0	5	56*
Denny	0	0	1	0	0	0	0	2	0	0	7	0	0	6	3	5	0	0	0	0	0	8	0	1	1	0	0	34
Larbert	1	2	0	0	0	0	0	0	2	11	5	0	15	8	0	8	0	0	2	0	0	21	0	0	0	2	0	77
Bo'ness	0	0	3	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	10
Grangemouth	3	1	0	0	3	0	2	0	0	3	15	0	0	0	0	1	0	0	6	0	0	10	0	0	0	1	0	45
TOTAL	8	4	16	6	19	2	4	2	3	16	77	1	17	16	3	17	17	4	8	5	2	52	1	1	3	8	5	317

* individual actions taken by more than one agency

Comments

Falkirk East/Braes:

- MAG attendance has been good
- Productive discussions have taken place with Social Work Team Managers re the role of the MAG in responding to VPRs
- Positive feedback received from MAG members re benefits of sharing information and coordinating decision-making
- At present 4 referrals have been allocated to more than one service which has or will result in an integrated assessment taking place:
 - Case one:
Family Support Service, Barnardos and Women's Aid

- Case two:
Family Support Service and Braes Family Service
 - Case three:
Family Support Service carried out an action, subsequently allocated but with thought in mind to pull services involved together to carry out an integrated assessment.
 - Case Four:
Social Work, Braes Family Centre, Family Support Service and Health Visitor.
- Two cases within Falkirk East/Braes were first allocated to Women's Aid, brought back and referred on to Barnardo's
 - It should be noted that 3 out of the 5 no further actions refer to one family involving 3 siblings. The situation was considered too complex for the MAG process. It was evidenced that the children's needs were being met by more appropriate services. Another no action was as a result of a task being undertaken by a MAG member which resulted in a young person's needs immediately being met. That young person will, however, be picked up by the Family Support Service Transition programme 2011/2012.
 - The Liaison to the Reporter in undertaking an action which is to be brought back to the meeting on 2nd June. It was recommended that statutory measures be considered relating to the young person's lack of school attendance.
 - As is evident from the above information referrals may not be allocated immediately on presentation to the MAG. From the discussion which takes place actions may have to be carried out which could involve a variety of tasks.
 - Co-ordinator leading on professionals meetings (with or without MAG meeting taking place)
 - Fortnightly meetings allow for quick decision making
 - Locality Co-ordinator has been important in establishing ethos of the meeting to feel comfortable sharing information.
 - It is evident that gathering information from services prior to and during the MAG meeting helps create a more holistic picture of a young person's needs.
 - Flexibility within the agenda to allow for professionals who are not MAG members to leave once the needs of a child has been discussed.
 - Members endeavour to send written information if they cannot attend.
 - Those raising concerns can attend the MAG which adds value to the information received and recorded.
 - MAG members are all very aware that it early days and a process of continual learning is taking place. There is, however, a full commitment to making the processes work. MAG members are keen to build the relationships necessary to do this.
 - 3 young people have been assessed as young carers via the MAG process. The cases were originally allocated to Family Support and were referred on to the organisation. A direct allocation is likely to be made at the meeting on the 19th May 2011 as a result of information being gathered.
 - MAG members are committed to the change in culture which is taking place. This is being explored during MAG business meetings, for example encouraging referrers to think "needs not services."
 - Agencies have commented that they like that fact that mistakes can and will be made but that they can be built on positively. The process is dynamic.
 - From a SWOT analysis carried out at the CP Practitioners Forum the MAG process was highlighted as a key strength with opportunities to build on the practice. Aware of weaknesses around the referral paperwork.

Falkirk West/St Mungo's:

- Co-ordinator leading on professionals meetings (with or without MAG meeting taking place).
- Fortnightly meetings allow for quick decision making.
- Locality Co-ordinator has been important in establishing ethos of the meeting to feel comfortable sharing information.
- Flexibility within the agenda to allow for professionals who are not MAG members to leave once the needs of a child has been discussed.

- Members endeavour to send written information if cannot attend.
- Those raising concerns often attend the MAG which is highly valuable.
- Some services not clear if strategic representation or operational is better at the MAG, this can affect decisions being made.
- Uncertainty around how MAG processes articulate with single service processes – these issues are being resolved on an ongoing basis.

Falkirk West:

- High School rep fed back after MAG that the experience had been very positive and informative as, in relation to one young person, they had got a lot of information that the school had been completely unaware of and since the first MAG this experience has been replicated for other school reps.
- Primary rep has fed back that they think that the MAG process is very good, helpful and the way forward but is dependent on consistent attendance by reps.
- Agencies have commented that they like the fact that mistakes can and will be made but that they can be built on positively. The process is dynamic.
- Some reps have fed back that it is good to be focusing on individual children and not money which had been their previous experience.

Feedback from CP Forum:

- MAGs a strength
- Highlight FSS not only support available locally.
- Discussions are around needs not services
- MAG information shared gives wider knowledge allowing education and health to have an holistic picture of children's needs and circumstances.
- Less formal meeting structure – more comfortable sharing information.

MAG ATTENDANCE (% OF MEETING DATES WITH REPRESENTATION)

	NUMBER OF MEETINGS	Aberlour	Barnardo's	Braes Family Centre	CAMHS	Central Scotland Police	CL&D	CVS Falkirk & District	Ed Psych	Family Support Service	High Schools	Home-Start	Housing	NHS Forth Valley	Other	Other Education	Primary/Nursery School	SCRA	St Andrew's Church	Social Work	Skills Development Scotland	Women's Aid	Young Carers
Falkirk East/Braes	12		100%	83%	0%	8%	67%	0%	8%	100%	33%		25%	42%			50%	17%		58%		42%	42%
Falkirk West/St Mungo's	12*	42%			0%	25%	0%	8%	8%	100%	92%		33%	42%		58% ¹	75%	8%		83%	67%	33%	17%
Denny	12				0%	17%	0%	0%	8%	100%	0%	92%	0%	33%			50%	0%		50%		17%	0%
Larbert	12	42%			0%	17%	8%	0%	8%	100%	8%		50%	8%			50%	58%		75%		58%	0%
Bo'ness	12*		92%		8%	8%	25%	8%	17%	92%	42%		17%	25%	8% ²		75%	17%	67%	83%		8%	8%
Grangemouth	12*	67%			8%	17%	17%	8%	8%	100%	92%		25%	25%	17% ³		92%	42%		75%		42%	17%

* Includes 1 Business MAG

¹ Windsor Park School

² Weslow Housing

³ Conflict Resolution and Community Warden Services

NB If the Central Scotland Police rep submits apologies, they provide relevant information/reports prior to each MAG meeting for every child

Attendance Notes/comments

Falkirk East/Braes:

- The Locality Co-ordinator is present to facilitate each of the meetings.
- Clerical support is present to record minutes and relevant actions.
- Primary Schools agreed via Cluster meetings that representation takes place on a rotational basis. This representation also involves St. Andrew's Primary School .
- Social Work is represented via Laurieston and Grahamston Children and Families Teams.
- Meeting on 9th December 2010 altered to 16th December due to adverse weather conditions. This had a negative impact on attendance.
- Housing representatives submit apologies if unable to attend but regularly respond to RFIs.
- The Central Scotland Police representative submits apologies but provides relevant information.
- The Social work representative via Laurieston Children and Families will link with Locality Co-ordinator to provide relevant information if unable to attend.
- With effect from 24th March 2011 the Nurses for Schools have provided relevant information if unable to attend.

Bo'ness:

- Education
 - Primary - HT at Bo'ness Public School is the primary rep for all Bo'ness Primary Schools. Other staff at times attend if a child's needs from their establishment are being discussed.
 - Secondary - Depute Head Teacher at Bo'ness Academy regularly attends and other pastoral staffs attend if they wish to provide information about specific children known to them.
- CAMHS happy to attend to discuss specific children where possible or can provide written advice/information. Locality Co-ordinators now have direct referral route to early access CAMHS.
- Barnardos – Bo'ness Education and Family Service (BEFS) attend meetings consistently giving information and providing services.
- Community Learning & Development do not often attend meetings. Promotion of work and groups available was done at the MAG and has resulted in discussion outwith regarding specific joint pieces of work and issues needing addressed locally. It has been agreed that CLD will link in through Business MAGs.
- Family Support Service is represented consistently by the Senior Family Support Worker, other Family Support Workers attend when required to discuss specific children.
- Health – Health Visitors and School Nursing have not attended the meetings, except for 1. Discussions are ongoing with health managers to encourage staff back to the MAG.
- FC Housing – have not attended since early MAG meetings, they do at times provide written information regarding families known to them.
- Social Work – SW senior attends regularly following staff changes.
- St. Andrew's Church – 2 reps regularly attend and have provided information and taken on lead professional role.
- Weslow Housing – attended the business MAG and are keen to be involved to provide information and raise concerns identified by their workers.

Grangemouth:

- Education
 - Primary - HT at Beancross is the primary schools rep for Grangemouth primaries although is finding it difficult to attend all meetings due to workload. Other staff at times attend if a child's needs from their establishment are being discussed.
 - Secondary - DHT at High school consistently attends, other pastoral staff attend to provide information regarding specific children known to them.
- CAMHS happy to attend to discuss specific children where possible or can provide written advice/information. Locality Co-ordinators now have direct referral to early access CAMHS.
- CLASP aim to have a rep at each meeting, this rep is one of two identified people. CLASP gives info and provides services.
- Community Learning & Development do not often attend meetings although do receive referrals for positive parenting and other groups locally from the MAG. Workers are also involved in multi-agency pieces of work taking place within Grangemouth ie boys group and positive transitions work.
- Family Support Service is represented consistently by the Senior Family Support Worker, other Family Support Workers attend when required to discuss specific children.
- Health – Health Visitors and School Nursing have provided information and services and endeavour to return to the MAG meeting.
- Housing – have not attended since early MAG meetings, they do at times provide written information regarding families known to them.
- Social Work – SW Acting Team Manager now attends regularly following staff changes. Other SW staff do attend at times to discuss specific children.

APPENDIX 6 – DETAILED PSP PROJECT REPORT

The outcomes of the PSP Project were to:

- Develop a cohort of advocates and raise awareness of the concept of commissioning across the Public Sector and Third Sector.

As at 8th April we have:

- 34 advocates identified who will promote and support the use of the PSP approach across the third and Public Sector
- 218 individuals attending four co-creation events. All of these attendees had increased their knowledge of commissioning

- Produce a Commissioning Framework in relation to Children’s Services for the public and Third Sector in Falkirk.

As at 8th April:

- Our framework, which is relevant for all commissioning opportunities, is being finalised. The final copy will be distributed
- A local PSP website and the framework which has been designed as an electronic resource is being progressed
- The framework contains the theory and practice of commissioning; case studies of the prototypes and all the materials used at the advocate and co-creation events

- We will have used the appropriate commissioning opportunities to incorporate the PSP commissioning approach and draw together the lessons learned.

As at 8th April:

- We have used three major opportunities to develop our approach and the lessons learned.
 - Adult Advocacy Services
 - Homelessness
 - Fostering Services

- Beyond the life of the project we are using the PSP approach to:

- Redesign support for families with substance misuse across the Forth Valley
- Through appropriate governance procedures adopt the PSP approach as a preferred
- Method of commissioning “people services” within the Falkirk and Council area with colleagues across the Forth Valley
- Continue to develop the PSP approach and embed in our ongoing practice

- The project would be appropriately managed throughout its lifetime:
 - The project was managed appropriately at local and national level.
 - The method of support offered through the pilot in terms of support through PricewaterhouseCoopers (PwC) and Forth Sector has left local sustainable skills and knowledge.
 - There has been ongoing commitment from senior level in the Third Sector and also the Public Sector to release staff time on an ongoing basis. This will continue until at least June 2012.

What have we not achieved:

- In Falkirk we have tried to incorporate Social Return on Investment (SROI) into our prototypes in a meaningful way. At a strategic level individuals still need to be convinced that the value added by SROI is commensurate with the resources expended by carrying out an evaluation or forecast SROI.

How we plan to overcome this

- Between now and autumn we plan to carry out two evaluative SROI studies around two separate early intervention Family Support Services – one provided by Education Services the other provided by a small Third Sector organisation. The lessons learned from these studies will not only be used to inform the development of Family Support but also how we might link with SROI into the commissioning framework.

APPENDIX 7 – CASE STUDIES

This appendix illustrates the MAG process

Co-ordinated Children's Services Falkirk West/St Mungo's MAG Agenda, 6th April 2011, St Mungo's High School

- Welcome and Introductions
- Apologies
- Confidentiality Agreement
- Notes of last meeting
- Update on Actions from previous meetings:
 - **CCSF2011/027 – A – Easter Carmuir PS – MS to update**
SHANARRI (unmet needs) – Healthy, Achieving, Nurtured, Respected and Responsible and Included. Concerns raised by Head Teacher on 23.03.11. The school reported that 'A is inappropriate with his peers and adults at school, as he feels that everyone wants to fight with him. He has experienced domestic violence in the past and mum is concerned about his obsession with guns and violent video games. He has good relationship with gran but can be disrespectful at times. He lives with mum and has limited contact with dad. Behaviour can be bizarre at times'. A's social and communication difficulties – A is obsessed with computer games.

The Requests for Information highlighted the following:

- Family have moved to several locations in 2 years and no consistent assessment has been possible.
- There is a need for clarification of his social and communication difficulties.
- Differences between mum and dad.
- A was referred to Educational Psychologist in January 2011.
- Social Work have been involved because of domestic abuse in past.

DECISION TAKEN:

- **Locality Co-ordinator to receive update and feedback from Educational Psychologist, regarding referral to CAMHS and support for mum to manage his behaviour at home.**
- **Update at meeting on 06.04.11**

06.04.11

- Educational Psychologist met with A and family to review his involvement. However, he was informed that the family are moving again, this time to North Lanarkshire. It was agreed that direct contact will be made with North Lanarkshire Psychological Services to transfer information.
- Locality Co-ordinator will contact Head Teacher to update.
- Concern is closed to the Multi-Agency Group.

➤ **CCSFW2011/025 – L – St Francis PS – School and FSS to update**

SHANARRI (unmet needs) – initial assessment not done by mum.

Concern raised by parent on 09.03.11. Mum is requesting support and guidance to manage L's angry outbursts. L wears glasses and has a glue ear. Mum reports that his behaviour has always been a challenge in school. Parents have split and this is acrimonious and communication is difficult between them. Dad has no parental rights. There is a step-dad at home. Mum also says that the school suspects that L has ADHD and advised mum to arrange a referral to CAMHS. GP made the referral but CAMHS did not progress it. GP then advised the referral to the MAG.

The Requests for Information highlighted the following:

- School is clear that this is not a referral from them as his behaviour and anger is managed within school and he is engaging in class. Mum is finding L difficult to manage at home due to his unpredictable and violent behaviour.
- School suspects that one of the issues is that L is getting mixed messages from mum and dad.
- School nurse is not involved, however she may be able to re-refer to CAMHS and get further information from the GP.
- Regarding his glue ear, the school do not think it is a contributing factor, but Windsor Park School could provide a sound field in class if one is not already in place.

DECISION TAKEN :

- **School to contact School Nurse to make referral to CAMHS**
- **Family Support Service to contact mum to offer support**
- **Update at MAG meeting on 06/04/11**

06.04.11

- **School Nurse has made a referral to CAMHS.**
- **A Family Support Worker has been allocated to support mum to attend CAMHS consultation meetings and complete an assessment.**
- **Review progress at meeting on 01.06.11.**

➤ **CCSFW2011/019 – K – Easter Carmuir – FSS to update**

SHANARRI (unmet needs) – initial assessment not done by school.

Concern raised by the Head Teacher on 23.02.11. K has lived with her gran for over 2 years because of mum's ill health. This is a voluntary agreement with mum, who maintains her parental rights. Last year gran received treatment for cancer and K stayed with her other gran for approximately 6 months. She returned to gran in November 2010.

The Requests for Information highlighted the following:

- K is known to Social Work and has an allocated social worker.
- K has regular contact with her mum, but due to ill health visits can be cancelled.
- K is a bright able pupil in school, who has recently become more withdrawn, lethargic at times and emotional. She complains of sore tummys and will put her head down on her desk. This is most unlike K. At home K will say she wants to stay with mum, then that she wants to stay with Gran. She seems confused and does not want to hurt anyone's feelings.
- K has been anxious and teary. At home she says she does not want to go to school. In school she is lethargic and anxious. The school monitor K in class and the lunch hall and have regular contact with gran and mum.
- K is quite a quiet girl and does not want to cause a fuss. She does not eat a lot for lunch, and will complain of sore tummys. She does have difficulty with her bowels at times.

DECISION TAKEN

- **Allocated to Family Support Service.**
- **Senior Family Support Worker to contact Social Worker.**
- **Review progress at meeting on 06/04/11**

06.04.11

- **Family Support Service and Social Worker agreed on an Integrated Plan and Initial Assessment.**
- **Review progress at meeting on 01.06.11.**

➤ **CCSF2011/020 – M – Falkirk High School – FSS and Housing to update**

SHANARRI (unmet needs) – Achieving and Responsible.

Concerns raised by Head of House on 23.02.11. There are major concerns regarding M in terms of behaviour and failure to follow instructions in class. M is an extremely disruptive influence in almost all subject areas and a number of teachers have raised concerns regarding M's aggressiveness towards them. M has been described as very disruptive in class and constantly seeking attention. Relationships with teacher are negative where M fails to follow instructions and can act in an aggressive manner. M has also been involved in a number of bullying incidents since attending Falkirk High School. Mum has identified that she requires further support with regards to M's behaviour at home. She wants M to behave whilst he is in school and at home.

The Requests for Information highlighted the following:

- M is known to the Reporter's Department but is not currently on supervision.
- The family are known to Housing and there are concerns regarding rent arrears/court action, which may lead to homelessness. Family won't engage with the Service. No housing assistance received at present.

- M has received support from the Extended Pupil Support department within Falkirk High School and has also received support from the ILC in 09/10 for anger management. This was successful in the past. M now has current involvement with Educational Psychologist. There are regular meetings within school and regular contact with mum at home.
- M has agreed that he needs further support to enable him to do better in school and his parents are supportive of this referral.
- Dad has recently been registered blind.

DECISION TAKEN:

- **FSS to work with M in school**
- **Senior Family Support Worker and Housing Manager to link with mum in relation to Housing Benefit.**
- **Consider referral to income maximiser after discussion with mum.**
- **Consider referral to Young Carers.**
- **Review progress at meeting on 06/04/11**

06.04.11

- **FSS link with Housing.**
- **Educational Psychologist has previously met with M and parents. A one to one meeting was arranged with M but didn't appear.**
- **M to liaise with FSS to see Educational Psychologist.**
- **Senior Family Support Worker to feedback about referral to Young Carers**
- **M will continue to be supported by FSS & Educational Psychologist.**
- **Review progress at meeting on 01.06.11.**

- **Reviews:**

- **CCSFW2010/012 – C – Carmuir PS – MS to update**

SHANARRI (unmet needs) – Achieving, Nurtured, Respected, Responsible and Included.

The concerns were originally discussed on 09.02.11 and they centred around parent's mental health issues and C's poor behaviour at school, her struggle to form or sustain positive relationships with her peer group as well as demanding her own way, calling the other children names and hitting them. There is a history of domestic abuse and after further consideration involving two more meetings (23rd February and 6th April 2011) it was agreed that the best way to meet her needs was to make a referral to the Cedar Project. However, as this service's funding is coming to an end, it was agreed to refer to the Children's Worker within Women's Aid if Cedar were unable to offer a place. If this does happen it was agreed to bring it back for a further review.

- **CCSFW2011/002 – J – Bainsford PS - Falkirk HS – FSS to update**

SHANARRI (unmet needs) – Safe, Achieving, Responsible and Included.

The concerns were first discussed on 09.02.11. There were concerns around his deteriorating behaviour in school and at home. J has an IEP for PSD, Communication and language and has attended Speech and Language Therapy. Previous work was done by Family Support which was agreed and completed. It was agreed that the Family Support Service was the most appropriate service and that they

would complete the assessment and agree a plan. In reviewing this case FSS informed the MAG that they are positively working with the family and supporting the Home School Link. A single agency plan is in place. This is now closed to the MAG.

➤ **CCSFW2011/011 – J – St Mungo's High School - FSS to update**

SHANARRI (unmet needs) – Healthy, Achieving, Nurtured, Respected and Responsible.

The concerns were first discussed on 09.02.11. The concerns were raised by J's dad as the relationship between J and his mum has broken down and has resulted in J moving in with his dad, partner and family. The main concern is around his anger as J lets things build up then has outbursts which he is unable to control. Dad is concerned about J's mental health. It was agreed that the most appropriate way to meet J's needs would be to allocate to FSS who will identify and signpost to other services if required. Consideration to be given to Family Mediation.

➤ **CCSFW2011/005 – N – Falkirk High School – School to update**

SHANARRI (unmet needs) – Healthy, Achieving, Active, Respected, Responsible and Included.

The concerns were first raised at the MAG meeting on 26.01.11 and they focussed on the school's around his isolation. N has been diagnosed with Aspergers and has been absent from school for some time with severe anxiety. He has broken down on numerous occasions and this has had a severe impact on his self-esteem. N is a very isolated boy who does not mix with peers and has low self-esteem. N is on a phased timetable. His parents are very supportive. N would benefit from any outside/internal groups in order that relationships can be formed and his self-esteem raised. After some discussion it was agreed that further information was required from Educational Psychology, Speech and Language Therapy and possible referral to Community Mental Health. On 23.02.11 the MAG were informed that Community Mental Health and Speech and Language Therapy were not appropriate at this stage. It was agreed that the most appropriate course of action was to ask Skills Development Scotland to engage with N around preparing him for life after school and to continue with input from Educational Psychology. The action was reviewed and it was feedback by the school that the plan was in place. This is now closed to the MAG.

➤ **CCSFW2011/015 – R – Falkirk High School – FSS to update**

SHANARRI (unmet needs) – Respected.

The concerns were first discussed on 09.02.11. R has lived with her grandmother since she was young. There has been various input including Aberlour Outreach who felt they could not do any more for R. Children and Disabilities Team are involved with her sibling. R needs someone to talk to after being told by her mother of an incident which her mother was involved in. This disclosure has negatively affected R. Mum is on a rehab programme and has recently been charged with assaulting R. Information was requested from Social Work and Aberlour which was then discussed at the MAG on 23.02.11. At this meeting it was agreed to allocate to FSS and review on 06.04.11. R is engaging well with service and a plan is in place for a specific time limited piece of work. This is now closed to the MAG.

➤ **CCSFW2011/007 – S – Carrongrange School – Connect Services to update**

SHANARRI (unmet needs) – Safe, Healthy and Responsible.

The concerns were first discussed on 26.01.11 and were raised by the school who were concerned about his behaviour in the Community. S is in 5th year, is offending in the community, self harms and uses alcohol on occasions. S is vulnerable within his community peer group and has additional support needs due to learning difficulties. CONNECT has been involved since November 2010 and feel that they are only now just getting to know S who is now in the adult system of the Criminal Justice Service and is tagged. CONNECT will continue to support him but recognition has to be given to his needs and the fact that he is still a pupil at Carrongrange

who is a vulnerable young person requiring support. Over two meetings several services were identified as appropriate, CONNECT, Criminal Justice Worker, Larbert School Based Police Officer, Advocacy in Action, Skills Development Scotland and FSS. The CONNECT worker was identified as the Lead Professional who would engage and co-ordinate an appropriate response for S. The MAG received further information on 23.02.11 in relation to his girlfriend being pregnant, a recent school exclusion and mum feeling that he is not ready to leave school. The following was agreed:

- CONNECT to organise professionals meeting and implement an Integrated Plan.
- Review 06.04.11

The review did not take place as the Lead Professional was unable to attend the meeting. The review will now take place at a MAG in May.

- New Concerns:

- **CCSFW2011/036 – C – Falkirk High School**

SHANARRI (unmet needs) – not completed by mum.

The concerns were raised by C's mum. There are a number of family issues affecting C. Her younger sibling is very aggressive and lashes out at C. Her attendance is a cause for concern. She suffers from migraines and is on anti-depressants. C has very low self-esteem and although she has a good support network from friends she has no support from dad and his family. Skills Development Scotland met with C and she came across as a very focused girl. She has asked for extra work so she can achieve her goals.

DECISION TAKEN:

- **FSS to meet with mother to complete the IAF paperwork in more detail and discuss the issues in more detail.**
- **FSS to collect information needed from Carrongrange in regards to younger sister.**
- **BRING BACK 04.05.11**

- **CCSFW2011/035 – C – Falkirk High School**

SHANARRI (unmet needs) – Achieving, Nurtured, Respected, Responsible and Included.

C lives with her Dad and his girlfriend in Denny. Concerns were raised by her Dad on the advice of their GP as she was unhappy and very emotional. She misses contact with her mother and siblings and feels her school work is suffering because of this. She feels mum has little time for her now and that she is blaming her for all the problems in the family. Dad is unsure how to support her. In the information available to the MAG it was clear that a CP1 had been completed by the school and that CAMHS were involved with C but more detail was needed.

DECISION TAKEN:

- **More information required from CAMHS.**
- **Family Mediation to be considered.**
- **More information required about the CPI from school.**
- **Information to be gathered from Educational Psychology.**
- **BRING BACK 04.05.11**

➤ **CCSFW2011/037 – R – St Mungo's High School**

SHANARRI (unmet needs) – Respected and Included.

Concerns were raised by the school. R lives with her Dad but she is struggling without mum whom she lived with for the first 11 years of her life and who now lives abroad. She has good school attendance but she does not seem to be aware of how to take care of herself. She has been making up rumours about being pregnant and has been suffering from bullying from other children who refer to her as "smelly". She is suffering from low self-esteem. The school nurse has spoken to dad about various issues affecting her at school but he admits that he is struggling to know how best to parent his teenage daughter.

DECISION TAKEN:

- **Allocate to FSS**
- **FSS to check with school nurse re: joint working.**
- **Information from meeting to be passed to Educational Psychology and feedback at next meeting.**
- **BRING BACK 04.05.11.**

- Agree Actions
Actions recorded above are agreed and correct.
- AOCB – New CCS numbers – errors in CCS numbering has now been rectified and accepted by the MAG.
- Date of next meeting : 20th April 2011 (Business MAG)
- Venue: Conference Room, St Mungo's High School @ 2.00pm
- Close of meeting

The following two case studies are from the Falkirk West/St Mungo's MAG:

Case Study – Family Support Service

L is 4 years old and is one of 6 children who lives at home with his mum and Dad. At present L is not in nursery due to a recent disagreement with the school. L is due to go in to Enhanced Provision in Victoria Primary School in August 2011.

Concerns around L's parents requiring support to parent were raised at the Falkirk East/Braes MAG in September 2010 by Speech and Language. Due to Family Support already being involved with an older sibling who attends Falkirk High School it was decided that Family support in Falkirk West/St Mungo's would be best placed to offer a service to L as well as the older sibling. This would help minimise the number of staff involved and ensure easy and effective communication links with the family.

Through the Falkirk East/Braes MAG process, information was gathered and shared by the relevant services. The family were not known to Social Work and the Police were involved in August 2010 when the older sibling was reported missing. It was agreed that Family Support would be an appropriate service. This information was passed to Falkirk West/St Mungo's MAG who agreed and the concern was passed to the Family Support Service.

A home visit was arranged with mum and dad to begin the process of providing appropriate support to the family. Both parents agreed that they were finding L's behaviour difficult to manage. Day to day tasks like shopping or going to the park are exceptionally difficult. L has no sense of danger and is unaware of the world around him, L needs constant supervision. Dad has recently given up work to help mum with the children; mum does not keep in good health and will often be awake at night due to extreme pain. L's speech can be difficult to understand only adding to the difficulties with L.

Due to the level of support needed for L, the older siblings have assumed a parenting role with the younger siblings.

Plan Created:

- To build on the parents confidence in parenting L.
- Arranged outings with L, mum and Dad to build on confidence.
- Contact Social Work for a place on the Children with Disability Activity Playscheme.
- Referral to Young Carers for older children.
- Advice and assistance to family to apply for mobility allowance.
- Contact Community Service Team regarding support to clean up the garden allowing L access to out door space.
- Update Speech and Language (referrer).
- Encourage and advise the family to attend the GP regarding a referral to Children and Adolescent Mental Health Service (CAMHS).
- Transition for L to Victoria Primary School.

Actions Taken

Regular home visits have taken place. Both mum and dad have taken L on outings and shopping trips which have increased the confidence of the parents. Both mum and dad are now beginning to parent L more effectively as they are now clearer and firmer with L. L has also been given a place on the Activity Playscheme. The older children have been offered support from Young Carers with their first activity being in May 2011. The family were given disability living allowance allowing a car to be purchased. Having transport has allowed the family to be more mobile L is now visiting parks and other areas of interest giving him opportunities to explore the world around him. An appointment has been made with the GP for L to be referred to CAMHS. The garden has also been tidied allowing access.

The parents have recently fed back that their knowledge of the MAG process was from the information given to them from Speech and Language and although they were not specifically aware of the process they were pleased with the service allocated to them. They now feel that since receiving support their circumstances have improved because of a better relationship with their eldest child, access to the garden and motability as well as more knowledge eg Children's Disability Team.

Ongoing Outcomes:

Parents to be more confident in parenting L.
L to continue with Speech and Language Therapist.
L to be supported with transition to primary school.
Support family with referral to CAMHS.
Empower and encourage parents to take control of their lives.

Case Study – Family Support Service

J is 13 years of age, attends St Mungo's High School and lives with his father, younger sibling and father's partner.

His parent's marriage ended in October 2009 and J lived with his Mum. Contact with his father was very erratic due to his mother's attitude towards contact. J moved in with his father in Oct 2010 after running away from his mum's home as he did not get on with his mum's partner and his 2 siblings.

Contact was made to the Family Support Service in February 2011 by dad, due to concerns that had been raised by St Mungo's High School. J had been involved in hitting a female pupil and when spoken to he had a lot of anger issues focused on his mum. Dad had heard of the Family Support Service through another member of the family who advised him to contact the service for support.

An initial home visit was arranged to help with the completion of the IAF paper work and gather as much information on the family as possible to allow this to be discussed at the next MAG. The information shared by relevant services at the meeting included the following –

- J was known to Duty Social Work (He had run away in Oct 2010)
- Parents have been advised to attend Family Mediation.

It was agreed by the MAG that the Family Support Service would be the most appropriate service and that Family Mediation should be progressed if the parents were willing to engage.

Plan created:

- Raise J's confidence and self esteem
- J to be able to express his feelings in a positive manner rather than anger
- J to understand that he is not the cause of the unrest between his parents

Actions Taken:

Weekly meetings with J have taken place for the following reasons:-

- encouraging J to talk about his feelings and any worries he has
- to make him feel at ease and able to talk openly and freely about his family
- to reassure him he is not the cause of the issues between his parents.

Parents have both attended Family Mediation on separate occasions and are awaiting an appointment together.

The father has recently fed back that his knowledge of the MAG process was from the information given to him by the Family Support Service and although he was not specifically aware of the process he was just grateful that his son was getting some help. He had no preconceived ideas of what help would be appropriate and to date, he has no concerns about the decision taken. Although it is early days to comment on any significant change the father does state that 'I feel that an important change is that J knows he has a neutral, non judgmental ear and voice he can turn to'.

Ongoing Outcomes:

- J to be a more confident and outgoing young person
- J to have a better understanding of his anger issues and develop an ability to channel these feelings into positives rather than negatives.
- Family to be able to communicate more openly and be able to reassure J that the breakdown of the family relationship is not his fault.

The following three case studies are from the Grangemouth/Bo'ness MAG which evidences the improvement in outcomes for a child following a MAG where a multi-agency intervention was agreed:

Case Study – Family Support Service

BACKGROUND:

C is 15yrs and lives at home with his parents and his elder sister who is at university. C has had a stable home environment has not come to the attention of non universal services. He has been achieving his full potential within education has excellent attendance and actively participates in school and extra curricular activities. C hopes to attend university. C is a member of a local football team and trains regularly. C's parents began to notice marked changes in his behaviour and attitude in December 2010. He was involved in organizing group fights. His peer group changed dramatically, he refused to go to football and challenged boundaries with angry outbursts stating he wished to be removed from the family home by social work. He was attending school but disengaged and stating he no longer wished to go to university and wanted to be a plumber. C also experimented with drink around this time. His parents were increasingly concerned for his wellbeing and that he may self harm. C was the subJct of a VPR due to running away following an argument with parents. Mum contacted the Locality Co-ordinator seeking support and through a home visit the integrated assessment forms 1A, 1B and 2B were completed and consent given for information to be shared at the MAG. Concerns were highlighted in all of the wellbeing indicators (SHANARRI).

C's parent's desired outcomes were a workable family environment, C to feel less angry and C to communicate with them if things were worrying him. C wanted support as he felt 'his life is miserable and he hates his life'

MAG:

C was discussed on 25.08.11 by the MAG the outcomes were:

- Family Support Service to meet with C and family to develop a plan to meet his emotional needs
- Social Work to offer a duty appointment for C to discuss his wish to be removed from family home
- Locality co-ordinator to signpost family to Family Mediation Scotland and Children's Rights Officer
- Education to offer a male mentor to C to provide support at school

It was agreed by the group that this required swift action to prevent further escalation and ensure C remains at home.

The Family Support Service were identified as the Lead Agency.

ACTIONS:

03.02.11 Family Support Worker has initial meeting with C and Family and agree 1 to 1 session work at home to be done focusing on feelings and emotions, peer and social interactions within the community, appropriate expectations and boundaries at home, and relationships with parents. FSW discussed with mum realistic boundaries and expectations for an adolescent boy. FSW encouraged discussion and negotiation of boundaries within the family. Mum was contacted throughout the 6 weeks programme regularly and encouraged to contact FSW if required.

08.02.11 Social work met with C & Mum and offered support, the identified worker who was due to meet with C did not and Mum felt this meeting could have been an opportunity to better explain to C that he would not be removed by social work. Mum was also given signposting to AXIS if she felt the substance use was becoming an issue.

Locality Co-ordinator spoke with Family Mediation Scotland who was happy to be given C and parent's contact details should they wish to pursue mediation. Children's rights officer contacted and leaflet given to C should he need this support.

Education identified young male PE teacher to mentor C and provide support within school.

08.02.11 C reviewed at MAG meeting, no further action for the MAG unless C's needs change.

03.03.11 – planned session completed by Family Support Worker, a review took place where both C and parent's felt support was no longer required. Evaluations were completed and the case was closed.

OUTCOMES:

- Wellbeing indicators (SHANARRI) now met.
- C felt working with the Family Support Worker helped him and he feels better about himself.
- C is back at football training.
- C is adhering to realistic boundaries within the home.
- C is managing to control his emotions more appropriately.
- C and his parents are communicating more positively.
- C's relationship with his sister has improved.
- There has been no further VPR's regarding C.
- Parents report C benefited from impartial person to provide support, support worker gave appropriate advice and guidance which assisted family when things were fragile and helped improve relationships within the family.
- Mum contacted Locality Co-ordinator to thank for the significant positive impact the process had had on C and the family and how quickly appropriate support had been put in place.

TIMESCALES:

- Concern received 18.01.11
- MAG 25.01.11
- Allocated to FSW 28.11.11
- FSW contacted Mum 28.01.11
- First meeting at home 03.02.11
- SW Duty appointment 08.02.11
- MAG Review 08.02.11
- FSS close case 08.03.11

Case Study – Education

BACKGROUND:

R is 7 yrs old she lives at home with her Mum, sister 10yrs old and recently mums partner. Family split in 2008 and mum and daughters moved to Edinburgh to stay with maternal grandmother for a short period until re-housed in Bo'ness. Dad shares some care of his daughters. He was living in homeless accommodation until securing his own tenancy and the girls now stay over at his house regularly. R & her sister are well presented and their material needs are met. Mum has a new partner and is engaged however the relationship has been turbulent and 2 VPR's have been submitted regarding domestic abuse incidents albeit low level.

R's parents reported a significant deterioration in her behaviour at home and in most social situations out with. They are finding R very difficult to manage and when disciplined at home they report she is self harming (pulling hair out). School has no major concerns re R's behaviour or ability and she is achieving however they do have worries about her emotional wellbeing in relation to home circumstances. A meeting with school to discuss parent's concerns took place and it was agreed that the Head Teacher would raise the concern through the MAG to facilitate a multi-agency discussion regarding the concerns and Mum would ask GP for a re-referral to CAMHS for further assessment.

Concerns were highlighted in the 'Included' wellbeing indicator (SHANARRI).

R's parents' desired outcomes were that R's behaviour would improve so she could experience positive relationships at home and at school. And that her behaviour would be within the normal parameters of social behaviour.

R's views were not recorded.

MAG

R's needs were discussed on 09.02.11 by the MAG, the outcomes were:

- Barnardos Family Centre to provide support and assessment of behaviour at Nurture Group.
- Locality Co-ordinator to contact CAMHS and gather more information.
- Bring Back for further discussion on 23.03.11
- Barnardos were identified as the Lead Agency.

Discussion at the MAG and information from the Requests for information (RFI) highlighted further concerns about the pattern of referral and re-referral at the request of Mum for R. R's sister has various diagnosis based largely on Mum's accounts and knowledge of conditions and has 11 professionals involved in either assessment or ongoing support. This clear pattern of referral and requests for diagnosis seem to be emerging for R and the MAG had further concerns re emotional wellbeing.

R's needs were reviewed on 23.03.11 by the MAG, the outcomes were:

- Nurture group to continue
- Locality Co-ordinator to convene a Team Around the Child (TAC) meeting and GP to be invited
- Bring Back for further discussion on 04.05.11

Discussion at the MAG highlighted CAMHS referral rejected as no grounds and subsequent referral to Educational psychology made via GP at Mum's request. This confirmed concerns re pattern of referral and MAG felt TAC meeting required to ensure all professionals aware of pattern and concerns.

R's needs were reviewed on 04.05.11

- Decision made Bo'ness Family Centre/Barnardos to continue with nurture group.
- Barnardos Family Centre to meet with Mum and provide feedback and support regarding R's positive behaviour at the group.
- Barnardos Family Centre to feedback outcomes to MAG.
- No further action for the MAG unless R's needs change or further referrals are made for support elsewhere.

All agencies now well aware of R's needs, social work aware of concerns and VPR's and will monitor the situation as agree pattern is concerning. SW would require support from CAMHS and Paediatrics if statutory action were to be taken. CAMHS noted that for R and her sister, Disability Living Allowance (DLA) forms were sent to CAMHS even before diagnosis were made, forms were sent back to Mum. DLA is now received for R's sister.

Team Around the Child (TAC)

1st April TAC Meeting convened to discuss needs; GP, Educational Psychologist, Head Teacher, Family Support Service and Locality Co-ordinator (Barnardos Family Centre gave apologies).

Discussion took place around mum pursuing a diagnosis when no other professionals had concerns re behaviour. GP had seen Mum and R re mum's concerns surrounding ADHD and R did not appear to display behaviours as sat quietly while Mum openly discussed how unmanageable R's behaviour could be. TAC decided GP would contact Paediatrics for confirmation of sister's diagnosis and concerns, and speak to Mum regarding Educational Psychology not being an appropriate support as no behavioural concerns at school. Locality Co-ordinator to contact CAMHS to update, and Social Work regarding concerns relating to child protection and emotional neglect. Outcomes to be fed back to the MAG meeting.

OUTCOMES:

- MAG discussion has ensured R and her sister are not subject to continuous unnecessary re-referrals to various services.
- CAMHS are now aware of a pattern, reviewed files and happy to be involved in TAC if further concerns are raised.
- GP aware of concerns and patterns and spoke to mum re lack of concerns from professionals following several assessments and advised her to let things settle.
- Education feel MAG was crucial in sharing concerns and information and allowed action to be taken that could not have happened in isolation within education.
- R has enjoyed being part of the nurture group. Group has allowed further assessment of behaviour and there are no issues.
- Mum has access to support through Barnardos and the MAG.
- Potentially safeguarded R with regards to further unnecessary assessments and interventions.

Work is ongoing with R and her Mum by Barnardos who will review R's needs and evaluate outcomes in June when the nurture group ends using the wellbeing indicators (SHANARRI).

Case Study – Local Church

BACKGROUND:

D is 17 yrs old and lives at home with his Mum and Dad. D has not had the most settled of upbringings, there are questions around mums alcohol use. D is in S5 in High School and has 97% attendance. He has 2 good friends who he sees regularly out with school. He believes he has impaired bond with his mum due to his birth being a caesarian section. D feels angry most of the time.

D attended the GP accompanied by his Dad with concerns that his behaviour is not appropriate. He feels he is quick to react and jump to conclusions which have resulted in violent encounters. D feels this causes problems in his personal relationships and schooling. The GP completed forms 1A, 1B and Consent Form giving consent to discuss concerns at the MAG. The wellbeing indicators were not completed.

The desired outcome identified by D and his father was support with anger management. Dad's views were noted and he commented that he was the same at D's age.

MAG

D's needs were discussed on 29.01.11 by the MAG, the outcomes were:

- Locality Co-ordinator to contact school for more information
- Bring back 09.02.11

It was clear from discussions that D was described differently by school than other agencies.

D's needs were discussed on 09.02.11 by the MAG, the outcomes were:

- Lead Agency identified as Local Church
- Family worker from Church to contact D to discuss supports
- Bring Back 23.03.11

D's needs were discussed on 23.03.11 by the MAG, the outcomes were:

- Family worker to work with D accessing Anger Management resources from Social Work and arrange meeting with health visitor to allow D to discuss concerns re his bonding and birth.
- School to establish if D leaving school in May.
- Bring back 04.05.11.

School described D as argumentative, disruptive and put little effort into his education. School found this surprising as it was not the attitude of someone who had chosen to stay on. D met with guidance teacher to establish his plans for leaving. D is a summer leaver and has no secure plans.

Immediate action was deemed necessary by the MAG who agreed that should D leave in May with no supports, it was unlikely he would sustain a positive transition to college or work. Locality Co-ordinator contacted education services 16+ co-ordinator who gave advice which was passed to Lead professional.

Following information that D was leaving early May Locality Co-ordinator brought discussion forward to next MAG meeting.

D's needs were discussed on 06.04.11 by the MAG, the outcomes were:

- Family Worker from Church to continue working with D and support transition from school to a positive destination.
- Locality Co-ordinator to contact Education Services to identify supports.
- Bring back 04.05.11

D's needs were discussed on 04.05.11 by the MAG, the outcomes were:

- Family worker from Church to continue to support D with accessing careers and transition and anger management.
- No further action (NFA) for the MAG unless D's needs change.

ACTIONS:

Family worker had known D from youth club and described him as a nice young man with no behavioural issues but was aware that home circumstances were difficult. Due to existing relationship Local Church was identified as Lead Agency and Family Worker was identified as Lead Professional. Family Worker (FW) met with D to discuss his needs he wants support managing his anger. D would also like the opportunity to meet with a health visitor to talk about his perceptions of his bond with his mum. This has been arranged. D agreed to attend the youth club as a helper and was interested in exploring other volunteering opportunities. This responsibility could help build his resilience and give him work experience. Family Worker has begun sessions on anger management and will continue to support D. Family worker will meet with mum in the foreseeable future. Family worker will support D with his transition from high school and accompany to career appointments.

OUTCOMES:

- D feels supported
- D feels he is better able to control his anger
- D has a clear plan in place for leaving school supported by Lead Professional and Careers.
- D has opportunity to explore relationship with Mum.
- D has opportunity to develop skill via voluntary work.
- D is taking on responsibility through voluntary work.
- D has more opportunity to have an active and valued role within the community.

Work is ongoing with D and Family Worker is hoping to build a relationship with Mum to progress this further. Local church will evaluate D's needs and outcomes using the wellbeing indicators (SHANARRI) and feedback to the MAG.

The following two case studies again show improvement in outcomes for two children considered by the Falkirk East/Braes MAG:

Barnardo's

M aged 14 attends Graeme High School. She lives at home with her Mother, Step Father and younger half brother. She has lived with her Mother and Step Father since she was a baby, her own Father resides a distance away but she still has some contact with him, although in the past few months he has not been keeping in touch with her.

Referred November 2010:

- VPR – reported missing on 1 occasion by parent
- Low level disruption in school and has on occasion told school staff lies about her circumstance
- M's abusive behaviour at home mainly towards Mother

Through discussion with the family they identified and agreed that they needed to begin to work at improving communication between them ie listening to each other and sharing their feelings with each other in more positive and productive ways.

Agreed Outcome – Reduction in family conflict

M and her Mother and Step Father are beginning to use suggested strategies and are all reporting being more aware of de-escalating situations and taking time out to let things cool down before continuing emotive discussions with each other.

M is still pushing boundaries at home to the limit but with encouragement and support her Mother is addressing this in ways that are less confrontational than before and more through calm discussion or explanation of the consequences of continuing those unwanted behaviours.

At the recent BEFSS 3 month Family Review:

- M's Mother and Step Father reported that M's angry outbursts at home had reduced in recent months. They were still struggling to get M to adhere to limits and boundaries but were continuing to consistently put consequences in place ie grounding but M's Mother felt that overall family conflict had reduced
- M talked about her disruptive behaviour in some classes in school and agreed that she needed to discuss with her Teacher what she needed to do to get back on track as she had ambitions to go to university. It was agreed that she could get support from her BEFSS worker to help her to have this discussion with her Teacher if required.
- M acknowledged that some of her behaviour at home was risky and could be harmful to her ie telling her parent/s she was in one place but actually somewhere else; not adhering to curfews set by parent/s. M scored herself at 4 on the following scale:

1	2	3	4	5
Taking very few risks				Taking lots of risks

Ongoing plans for the coming 3 months:

- M has agreed to working on reducing her risky behaviour which may include changing her group of friends; use strategies that will enable her to adhere to curfew times set by parent/s which will help to reduce some of the family conflict; address and improve her behaviour in school to enable her to concentrate on getting the qualifications she will require for university
- M's Mother and Step Father have agreed to continue to be consistent in their approach to setting limits and boundaries M
- The family will discuss identifying a regular time to spend together to rebuild relationships and improve communication

Agreed outcomes:

- Reduction in family conflict (Family)
- Reduction of risk/harm (M)

Falkirk East and Braes MAG Business Meeting – Family Support Service Case Study

J is 15 years of age and attends Braes High School. She lives with her Grandmother, who is her main carer, and her other two siblings. Mum has a drug problem therefore all family members have little contact. The family has a history of moving both within and out with the local area. Referral took place in December 2010 for attendance issues. Attendance was at 55%, a lower figure that would have been preferred for the referral to be presented to the MAG.

As is the established MAG process information was shared by relevant services. J was known to Police, Social Work (non-statutory) and school (referrer). The decision was made by MAG members at the time that a home visit take place to assess the situation at home in further detail and gather more information on what was happening within the family home. It was agreed that this visit be undertaken by representatives from the Family Support Service. The information brought back to the following meeting was that Gran was the sole carer and that J did not see Mum because of her involvement with drugs. Gran admitted to keeping J off school to help move house but stated that she was willing to accept any support to get J back into school. The information was brought back to the following MAG and a decision was made to allocate to the Family Support Service.

Plan created:

- To monitor and improve J's attendance.
- To provide Gran with the relevant parenting support.

Actions taken:

Meeting J in school and providing encouragement and praise; listening to J about her worries and feelings relating to school and liaising with school in order to alter timetable to make it more responsive to her learning needs; CP referral was made relating to J being hit by Gran which was responded to by all parties concerned in a constructive and positive manner; ensuring that J accesses the relevant support mechanisms available in school eg Nurse for Schools and Listening Service

Outcomes:

J reports as feeling included and respected. She is being listened to and is articulating her needs which is building her confidence.

J has been attending school (she has not had a day off since the support was put in place) which is having a positive impact on her ability to achieve.

Together with feeling better about herself she is losing weight (as a result of the referral to the Nurse for Schools) and, as a result is feeling healthier.

Gran reports as feeling more supported and has taken on board advice provided re parenting for example, she is striving to not “fly off the handle”. She also reports that family relationships have improved.

The support is about to cease but will be monitored closely to ensure J’s attendance and her ability to access the relevant support in school is maintained.

Denny/Larbert Family Support Service Case Study

Background:

T is a 16 year-old boy, who lives in rented accommodation with his mother and younger brother, and attends Denny High School. T also has an older brother who lives with his father in South Africa.

T’s mother, L, contacted the Locality Co-ordinator on the advice of her GP. T had expressed the need to talk to someone regarding issues he was finding difficult to deal with in his life.

T and his family had moved to South Africa in 2008. T, his mother and his brothers returned to Scotland in 2010, as the boys found it difficult to settle in their new home. T’s father remained in South Africa to sell the family business and home. T and his brothers were finding it difficult to adapt to the change in financial circumstances on their return to Scotland, and his elder brother has returned to live with his father in South Africa.

The MAG process was discussed with L. She felt that the issues concerning her son did not warrant a multi-agency discussion, and declined to consent to a MAG discussion taking place. The Locality Co-ordinator agreed to arrange for a Family Support Worker to visit the family home to complete an initial assessment of T’s needs.

Assessment:

T presented as being anxious about his family situation. He was concerned about his father’s alcohol consumption, and this anxiety was worse as his father lived so far away. T was having difficulty keeping up in with his peers in school. T is physically healthy and active both in and out of school, playing in a local football team and enjoying PE in school. T also has friends in school and in the community.

The Family Support Worker’s assessment was that T had unmet needs relating to his mental health (anxiety), and his ability to achieve his academic potential.

Plan:

On discussion with the Senior Family Support Worker and the Locality Co-ordinator, agreement was reached that a Family Support Worker would work with T to address his needs. The desired outcomes were that T would be able to discuss issues troubling him in the family home, and that T would be able to cope with school issues.

Actions Taken:

A Family Support Worker met with T on a one-to-one basis for six weeks. During that time, T engaged well with the Family Support Worker, used the service appropriately, and acted on advice given to help resolve issues. The Family Support Worker facilitated meetings between T and his Pastoral Head in school. This enabled him to accept support from school staff to help him cope in classes. This was achieved by moving T into class groups that were more suited to his needs, (eg moving him from the accelerated English Standard Grade set to the 2-year Standard Grade course). The Family Support Worker supported T attending Al Anon meetings with his mother, and suggested some self-help resources to enable him to work through his emotions.

Outcomes:

The outcomes for T were that his confidence in school improved. Relationships at home improved, with much better communication. His father returned to Scotland and T and his mother were able to discuss the impact of his alcohol issues on the whole family. T's confidence in general improved, enabling him to feel relaxed. The case was closed, as agreement was reached that the desired outcomes had been met.

APPENDIX 8 – GLOSSARY OF ACRONYMS

BMI	Body Mass Index
CAMHS	Child & Adolescent Mental Health Service
CCS	Co-ordinated Children's Services
CP	Child Protection
CPC	Child Protection Committee
CPD	Continuous Professional Development
CVS	Council for Voluntary Service
EEI	Early and Effective Intervention
FSS	Family Support Service
FV	Forth Valley
GIRFEC	Getting it Right for Every Child
GIS	Geographical Information Services
HMIe	Her Majesty's Inspectorate of Education
i-ACT	Information and Communication Tool
IAF	Integrated Assessment Framework
ICSP	Integrated Children's Services Plan
IFSS	Intensive Family Support Service
LAAFH	Looked After Away from Home
LAC	Looked After Children
MAG	Multi-Agency Group
MASH	Multi-Agency Screening Hub
PSP	Public Social Partnership
PwC	PricewaterhouseCooper
RAD	SCRA database
SCQF	Scottish Credit and Qualifications Framework
SCRA	Scottish Children's Reporter Administration
SDQ	Strengths and difficulties questionnaire
SEEMIS	School management information system
SHANARRI	Safe, Healthy, Active, Nurtured, Achieving, Respected & Responsible, Included
SIMD	Scottish Index of Multiple Deprivation
SOA	Single Outcome Agreement
SQA	Scottish Qualifications Authority
SROI	Social Return on Investment
SSSC	Scottish Social Services Council
SW	Social Work
SWIS	Social Work Information System
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAC	Team Around the Child
VPR	Vulnerable Persons' Report
VSE	Validated Self Evaluation

