How well are we improving the lives of children and young people in Falkirk?

Falkirk Community Planning Partnership

9 October 2015
(Updated 6 November 2015)
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**Our Vision for Children and Young People**

We want every child and young person to have an enjoyable, fulfilling life in a nurturing, healthy and safe environment. We will encourage children and young people to work to their potential and make a positive contribution to society. To make this possible all young people need to have different opportunities and experiences based around the Scottish Government’s vision and aims, to ensure we “Get it right for every child” (GIRFEC).

**Outcomes**

The outcomes we want for our children and young people are:

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

for Falkirk’s bairns, Falkirk’s Integrated Children’s Services Plan (2010-2015)
I Vision, Strategy and Planning

1.1 Introduction

1.1.1 Our Self Evaluation describes the collaborative work of services to meet the needs and improve the wellbeing outcomes for all of Falkirk’s children. This document describes our “golden thread”; the link between vision, strategic direction and the operational delivery of services, ensuring that Getting It Right For Every Child is understood, embedded and promoted by all. In Falkirk we recognise and employ the improvement cycle: Plan-Do-Study-Act and our Self Evaluation is structured accordingly. The document starts with our vision and strategic aims, followed by the operational delivery of services, with a final section dedicated to self-evaluation and improvement activity. This in turn informs service design and planning and establishes a cycle of continuous improvement.

1.1.2 There is significant improvement activity in Falkirk across all of our services and any attempt to capture the entirety of this would have resulted in an impenetrably large document. We have therefore chosen to be selective, only including content which demonstrates collaboration, participation and where we can evidence impact in the lives of children and their families. The document is structured in a narrative form providing an overview, with links to more detailed evidence and supporting documents. Whilst some initiatives are delivered by only one partner they are part of a greater partnership effort or vision to improve outcomes for children.

1.2 Environment

1.2.1 In our area we are experiencing unprecedented change and challenge. Falkirk enjoys growth in its population at both ends of the demographic and whilst this is welcome in terms of creating a vibrant and developing area, it also results in increased demand on all of our service areas. This demographic context coincides with applied austerity measures, transformation in welfare benefits and a reduction in local authority spending and significant changes in public services. Falkirk Council is tasked with saving £46m over the next three financial years; Police Scotland has to save £200m over three years; health services are considering measures to support 3% efficiency savings; consequently all of our services have and continue to be subject to scrutiny, review, restructuring and efficiencies. The transition to a national police force; health and social care integration; the integration of social work and education into Children’s Services within Falkirk Council; the move to a local model for the delivery of Criminal Justice Services combined with the implementation of the Children and Young People (Scotland) Act 2014 creates a dynamic and challenging environment.
### Quality Indicator Evidence

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<th>Indicator</th>
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<tr>
<td>1.2.2</td>
<td>Our partnership is committed to continuing to deliver high quality and effective services within this demanding context and we recognise the need for continued strong leadership and a clear vision relating to the delivery of services for children which gives clarity of direction. It has been necessary to establish governance and reporting arrangements for restructured services that steer and support the delivery of interventions and take account of our evaluative activity in service design.</td>
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<td>9.4</td>
<td>Report to external scrutiny committee 17 September 2015</td>
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<td>1.2.3</td>
<td>Falkirk’s history of strong effective partnership has allowed it to navigate this challenging environment and develop our services within this context. Falkirk’s geographically compact size is an advantage; as is its relatively stable workforce. Strategic leads, operational managers and practitioners have long standing professional relationships which result in high levels of trust and a shared understanding of local issues and priorities. Although the external factors impacting on services at the present time are highly challenging, our response has been to think together creatively about how we can make best use of reduced resources; capacity is developing for emerging opportunities e.g. we invited commissioned Family Support Services to participate and influence decisions regarding financial savings and scrutiny process for their ‘family of services’ during the last financial year. This has been a successful activity in that it has led to continued involvement in our next phase of financial planning, reporting and commissioning taking advantage of emerging opportunities.</td>
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<td>8.1 8.2 8.3</td>
<td>Report to external scrutiny committee 17 September 2015</td>
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<td>1.2.4</td>
<td>At a strategic level we have moved from a Forth Valley model of planning for public protection involving the G5 group to establishing the Falkirk Public Protection Chief Officer’s group</td>
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<td>6.2 8.1 9.2</td>
<td>VSCSF Representation map VSCSF Action Plan</td>
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<td>1.2.5</td>
<td>Our Third Sector partners are represented in strategic and decision-making forums including the Community Planning Leadership Board, the Children’s Commission and their sub-groups. This ensures that Third Sector Organisations are able to contribute to the vision for delivery of services and communicate the Community Planning Partnership’s vision to all relevant stakeholders. The local Third Sector Forum (known as the Children’s Services Voluntary Sector Forum) Action Plan identifies activities and tasks that progress Falkirk Council’s Children’s Service Plan through partnership, participation and influence, developing both their own and our collective competence and resources.</td>
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1.2.6 Voluntary Sector Organisations are represented on various multi agency learning and development groups and jointly deliver a range of training to staff in relation to GIRFEC implementation and Child Protection. This ensures integrated working towards common goals and or skill exchange between the statutory and voluntary sectors. In addition, approaches and resources are shared and, where appropriate, adapted and adopted into shared practice i.e. Outcomes framework.

1.2.7 The integration and co-operation between the Voluntary Sector and core services has facilitated an environment within which GIRFEC implementation has thrived, its principles widely adhered to, and the utilisation of the various forms within the Child’s Plan promoted. Our Voluntary Sector colleagues tell us that in this respect Falkirk is ahead of other community planning partnerships with whom they are engaged. Falkirk Council colleagues regularly attend Third Sector forum meetings to share information and invite feedback. Partners recognise and report high levels of inclusion and participation, influence and partnership.

1.3 Community

1.3.1 Our area’s population is rising and the proportion of children and young people in our area is higher than elsewhere in Scotland. In 2014, it was estimated that the council area’s population had reached almost 158,000 and the number of births increased from around 1500 in the early 2000s to over 1800 in 2012, an increase of double the Scottish average. This has resulted in an increasing number of children in early years’ services and primary schools, with the number of pupils in secondary schools rising in the next few years.

- The population of the Falkirk Council area is projected to increase from 156,800 to 164,223 between 2012 and 2022, an increase of 7,433 or 4.7%, slightly higher than the 3.9% increase projected for Scotland as a whole.
- The number of births each year peaked at 1,913 in 2008, which was the highest figure for over 15 years, then falling only marginally since. This peak is now resulting in an increase in the number of primary school age children and will affect school rolls for several years to come.
- The increase in annual birth rate has also resulted in an increasing number of children becoming accommodated and moving on to permanence.
- By 2016 there will be an 8% increase in the number of people aged 75 and over compared to 2012; by 2022 this increase will be 33%. These increases are greater than for Scotland as a whole and are having a growing impact on the demand for social work and other services for older people and thus the resources we have to deliver services.

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<td>Report on Practitioner Forum Events (May 2014)</td>
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<td>Outcomes Framework Good Practice example</td>
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<td>Email from Integration Support Manager to Chief Executive, 27-09-13</td>
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<td>Falkirk Council Children’s Services Performance Plan 2015-18</td>
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In recent years the natural population increase has also been bolstered by net migration; during 2011/12 this amounted to 601, a decrease from 1,021 in 2010/11. The average annual net migration since 2000 has been 850.

Larbert & Bonnybridge (21.7%) and Upper Braes (20.5%) have the highest percentage of the population who are children aged 0-15; Grangemouth (17.0%) and Lower Braes (16.6%) the smallest.

With the economic downturn, unemployment rose in 2008 when the number of unemployed in the Council area was 2,088. It rose to peak at 4,792 in 2011, but has declined slightly since with the latest reported figure for March 2014 being 3,623. Unemployment rates for all ages and among young people are slightly higher in Falkirk than Scotland as a whole.

Falkirk Council has 18 data zones in the most deprived 15% in Scotland according to The Scottish Index of Multiple Deprivation 2012. This is an increase of one compared to the previous Index published in 2009.

However, components of deprivation are not evenly spread across the Council area. Falkirk has 24 data zones in the most deprived 15% for income deprivation, 25 for employment deprivation, 27 for education deprivation, 20 for crime, 16 for access, but just 5 for health deprivation and 2 for housing.

**1.4 Principles of Partnership**

1.4.1 The current Strategic Community Plan ‘Moving Forward Together’ reaffirms the 20 year vision agreed for the Falkirk Council area in 1999; Falkirk is the ‘Place to Be’. The community plan focuses on six themes that reflect the Scottish Government’s strategic outcomes:
- Sustainability
- Health
- Economic Development
- Children and young people
- Safer communities
- Promoting a fairer society.

1.4.2 The responsibility for providing the strategic direction and setting the priorities for the community planning partnership lies with the Community Planning Leadership Board. The Board consists of non-executive Board members from a variety of organisations along with elected Members from Falkirk Council and other key senior officers. The Board is chaired by the Leader of Falkirk Council.
1.4.3 Falkirk’s Single Outcome Agreement 2013-2015 complements the Strategic Community Plan and details local outcomes to help deliver on the themes above:

- Prosperous businesses will underpin the success of our local economy, providing sustainable and quality employment;
- Children will be supported in early years so that they become young people who are confident and successful;
- Our area will be a safer place to live;
- We will be healthier and live longer;
- Older people will be able to be independent and have choice and control on services within supportive communities; and
- Our area will be a fairer and more equal place to live

1.4.4 Each of the local outcomes is being taken forward by a thematic group or through historical arrangements for partnership working. Issues which are cross cutting are dealt with by ensuring appropriate membership of the theme groups. The developed governance structure ensures effective delivery of outcomes and an ability to react to local needs. The golden thread ensures the partnership can address specific outcomes whilst taking account of the general and specific context; the partnership works to include changes in national policy and legislation. This also enables us to respond to issues identified by frontline services and other stakeholders. The work of all the theme groups impacts on children, young people and their families however the theme group tasked with driving the priority around children and young people is Falkirk Children’s Commission.

1.5 Falkirk’s Strategic Outcome and Local Delivery Plan

1.5.1 Currently the Community Planning Leadership Board is developing the Strategic Outcomes and Local Delivery (SOLD) plan in collaboration with partners and stakeholders. This plan will reflect a small number of significant issues which our area has to address i.e. priorities underpinned by an ongoing and continued focus on outcomes. It is expected that the Community Planning Leadership Board will consider the draft SOLD plan on 5 November 2015. There will then be a period of engagement and refinement with the new plan being presented for approval to the Board and individual partners in the new year.

1.5.2 The development of the SOLD plan is being influenced by the community context described previously.
1.6 **Falkirk Children’s Commission**

1.6.1 Falkirk Children’s Commission is charged with taking forward one of the strategic outcomes of the Community Planning Partnership and thus reports directly to the Community Planning Leadership Board. Established in 2003, the Children’s Commission is responsible for ensuring that any priorities in the Single Outcome agreement which impact or are of relevance to children are progressed efficiently and effectively. Its main aim is to improve wellbeing outcomes for children across the Falkirk Council area.

1.6.2 In 2014 the Children’s Commission reviewed its structure and operating arrangements to ensure that it provided the necessary leadership and could drive forward the emerging children’s services legislation. This resulted in creating a small leadership group, the Children’s Commission Leadership Group (CCLG) within the Children’s Commission and increasing the number of Wider Commission events to involve key stakeholders. The revised structure was approved by the Community Planning Leadership Board in June 2014. This review was highlighted by Audit Scotland in their Audit of the Community Planning process as an area of good practice in June 2014.

1.6.3 In addition to the Children’s Commission Leadership Group a Commission Improvement Group and Commission Planning group were established. Furthermore three work streams were set up covering Early Intervention and Prevention; Vulnerable Groups and GIRFEC. The latter was set up on a short term basis with the particular focus of implementing the GIRFEC aspect of the Children and Young People (Scotland) Act 2014.
1.7 **Children’s Commission Leadership Group**

1.7.1 The Children’s Commission Leadership Group is responsible for ensuring that both universal and targeted services meet the needs of children and young people, including those in need or at risk in Falkirk. It is responsible for reporting progress to the Community Planning Leadership Board on the delivery of the Single Outcome Agreement and Integrated Children’s Services Plan priorities and in improving wellbeing outcomes for children and young people.

1.7.2 The purpose of the Group is to implement the agreed vision. A strategic multi-agency group, it drives, reviews, revises and monitors the Integrated Children’s Services Plan, and reports directly to the Falkirk Community Planning Leadership Board. The group identifies and commissions new services for children and young people, and makes recommendations on service improvements to the appropriate governing bodies. A primary concern for the Group is ensuring that our combined resources are used efficiently and effectively to deliver and demonstrate improved outcomes for children and young people, families and carers. This is achieved through a variety of means, including early intervention and preventive spend at all levels and stages. There is recognition of the challenge of maintaining the focus on early intervention and prevention in times of fiscal constraint. This is exemplified by developing the work of the Early and Effective Intervention Project with fewer resources.

1.8 **Falkirk’s Integrated Children’s Services Plan**

1.8.1 ‘for falkirk’s bairns’ Falkirk’s Integrated Children’s Services Plan (2010-2015) has been reviewed and a new plan is in development which will reflect the strategic outcomes agreed for our Strategic Outcomes and Local Delivery (SOLD) Plan. The review and development of the plan, led by the Children’s Commission Planning Group has involved a wide range of stakeholders including children and young people.
Our Achievements since the last plan:

1.8.2 Our review of the Integrated Children’s Services Plan 2010-2015 has confirmed that we have made progress in:

- Our journey towards implementing GIRFEC
- Common language and shared tools and resources across the partnership
- Redesigning the Commission Structure
- Embedding the use of the Integrated Assessment Framework across agencies and services
- Developing a system which is already starting to allow us to measure improvement in outcomes for children
- Increased the use of evidence based programmes for service delivery – for example, Triple P, Incredible Years, Seasons for Growth and Nurture
- Taken an approach to commissioning collaboratively through the Family Support Public Social Partnership;
- Using resources more effectively to ensure that families receive support to help prevent them being at risk – for example, Early and Effective Intervention Project for youth offending
- Established Falkirk Families Information Service
- Changed systems, processes and culture using EYC tests of change
- Stakeholder engagement has influenced priorities through the extended commission
- Moved from GIRFEC “training” to an approach of sharing good practice at GIRFEC Learning cafes and practitioner forums
- The staff survey and stakeholder events showed our vision was shared and understood
- All staff have the commitment required to do the very best for children
- Extended our childcare and education places for 2 year olds
- Used the Multi Agency Screening and Assessment Hub to ensure vulnerable families receive appropriate and proportionate support in a timely manner
- Taken a partnership approach to pursue strategic issues e.g. child and commercial sexual exploitation; health and social care integration; domestic abuse; offenders in the community
- Developing a Family Nurse Partnership

1.8.3 Issues that still require further work:

- Improving outcomes for looked after children;
- The use of chronologies as tools for assessment;
- Quality assuring our GIRFEC processes in terms of consistency of practice
- Continuing the work of Learning and Development Group
- Mitigating the effects of children who live in poverty
### 1.9 Child Protection Committee

**1.9.1** The Falkirk Child Protection Committee (CPC) is the multi-agency partnership with responsibility for child protection across the Falkirk Council area. The CPC currently reports to the Children’s Commission. This ensures that the Children’s Commission and the CPC drive key safety and protection issues such as child sexual exploitation, the PREVENT agenda and online safety.

**1.9.2** Child protection governance arrangements have recently been reviewed in light of the planned transition from a Forth Valley model of child protection governance (G5 and G5 Reporting Group) to the three Forth Valley Community Planning Partnerships becoming the driving force for the wider community and public protection agenda within each area.

**1.9.3** We have recently established a Falkirk Public Protection Chief Officer’s group to ensure that wider public protection strategies and plans are delivering improved outcomes to our most vulnerable communities and groups across the Council area. The group, chaired by Falkirk Council Chief Executive, provides leadership and direction to all public protection partnerships, including the CPC. The CPC Chair will in future report directly to the Chief Officers Public Protection group whilst reporting to the Children’s Commission matters relating to the protection of children. The CPC is currently chaired by the Chief Social Work Officer/Head of Service, Children’s Services. We are in the process of recruiting to the post of Independent Chairperson, who will chair both the CPC and the Adult Support and Protection Committee.

**1.9.4** The CPC meets 2 monthly and progresses an active agenda, which focuses on ensuring that we are collectively delivering effective child protection services. Robust quality assurance processes and self-evaluation inform the continuous improvement agenda of the CPC. A recent example of this in practice would be the review of the IRD process and guidance.

**1.9.5** The CPC’s bi-annual report (2012-14) sets out the achievements together with the Business Plan for 2014-16. Both the report and the Plan link directly to the priorities and outcomes contained within the Integrated Children’s Services Plan. The work of the CPC is supported by a number of working groups – some of the working groups are Falkirk specific - others reflect the positive working relationships we have with partners across Forth Valley. These groups report to the CPC and ensure that the CPC delivers on identified outcomes within the Business Plan.
1.10 **Falkirk Alcohol and Drugs Partnership**

1.10.1 The FADP recognises the negative impact that the misuse of substances (Alcohol, Drugs, Tobacco, Volatile Substances and New Psychoactive Substances (“legal highs”)) have on people’s lives; and works with partners to reduce this impact through the provision of treatment and other interventions. This includes early intervention, workforce development, the management of anti-social behaviour, education, and the care and protection of children affected by parental substance misuse.

1.10.2 The Partnership supports the strategic priorities of Falkirk’s Single Outcome Agreement with particular emphasis on the outcomes:
   - Children will be supported in early years so that they become young people who are confident and successful
   - Our area will be a safer place to live
   - We will be healthier and live longer

1.10.3 The Partnership reports to Falkirk Community Planning Leadership Board and presents its Annual Review to this body and the Falkirk Council Executive as well as portfolio holders (elected members) in relation to Public Protection and Health. Its Chair is a member of the:
   - Children’s Commission Leadership Group
   - Chief Officers Group on Public Protection
   - Community Planning Leadership Board
   - Strategic Planning Group for Health and Social Care Integration.

1.10.4 Over the last five years this group has focused on the role adult services have supporting children and young people with a variety of significant initiatives – for example, social norms, child protection work.
2 Getting It Right for Every Child

2.1 A Principled Approach

2.1.1 Across the Falkirk Council partnership the principles of GIRFEC provide a consistent way for people to work with all children and young people. It’s the foundation for all the work we do across children’s services. The approach helps our practitioners focus on what makes a positive difference for children and young people and how they can act to deliver these improvements. Getting it right for every child is being threaded through all our existing policy and practice and we are currently preparing to meet our legislative duties under the Children and Young People (Scotland) Act 2014.

2.1.2 The role of the Named Person is a key part of the Children and Young People (Scotland) Act 2014 which sets out the duty to make available the Named Person Service to every child and young person in Scotland up to the age of 18.

2.1.3 The Named Person will ensure that any support provided is coordinated, child-centred, efficient and responsive. This means that the child or young person and their family have a single point of contact who can work with them to sort out any help, advice or support if they need it. The introduction of the Named Person Service will enable emerging signs of potential concern to be picked up and support offered earlier and more effectively.

2.1.4 Every child in Falkirk will have a Named Person who will be responsible for making sure they will have the right help in place to support their development and wellbeing. For children under school age the Named Person will normally be the allocated Health Visitor who will work closely with Midwifery and Early Years services if the need for a targeted intervention is identified. For children whose mother is receiving a service from the Family Nurse Partnership the named person will be the Family Nurse until the child is 2 years old. When a child starts school the Named Person will be the Head Teacher or other designated, promoted members of staff. For children who are home educated, from the Gypsy/Traveller community and who are school leavers up to the age of 18 years old the Named Person will be a Senior Officer from Children’s Services Headquarters. Across the Falkirk partnership this is well underway with the named person services in health and education well developed.
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<td>2.1.5 Most children and young people get all the help and support they need from their families, their teachers, from health practitioners and from their wider communities. The Named Person does not change these roles. However if a concern is raised or identified the Named Person will consider the need to take action, help or arrange for the right help in order to promote, support and safeguard the child or young person’s development and wellbeing. The response should be proportionate and take into account the child or young person and their family members’ views.</td>
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<td>2.1.6 Falkirk’s Children’s Commission pioneered the GIRFEC approach before it was enshrined in policy. The chronology of their work since 2005 is well documented. The matching needs and services audit using the Dartington-i Social Research practice tool undertaken in 2005 provided the basis for services being designed around need. This work led to the development and implementation of the “Locality Model” in 2010 to co-ordinate service delivery using Multi Agency Groups (MAGs) to allocate services to children on the basis of needs.</td>
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<td>2.1.7 This model incorporated the approaches to GIRFEC which were current at the point of its implementation. This model involved almost all services across the partnership using the Integrated Assessment Framework which included the GIRFEC practice model.</td>
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<td>2.1.8 In 2013, it was agreed to externally evaluate the model and consider its readiness for the emerging legislation, in particular that relating to GIRFEC. The report provided actions for improvement but in particular recommended moving away from MAGs where the needs of a series of children were considered by representative professionals towards the implementation of Team Around the Child (TAC). TACs consider one child’s needs and are attended by the family and the child’s Named Person. The use of TACs is embedded in practice.</td>
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<td>2.1.9 We are now at the stage where we need to quality assure the processes to ensure that there is a consistency of practise and assessments of risk and need are robust.</td>
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</table>
### 2.2 Investment in learning and development is prioritised

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<tr>
<th>Quality Indicator</th>
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<tr>
<td>2.2.1</td>
<td>Falkirk’s Children's Commission Learning and Development Group with membership across GIRFEC partners has started reporting via the Children’s Commission Planning Group. The group has a revised ‘terms of reference’ and is an action oriented group, working to support Staff across partners in the implementation of the GIRFEC approach. Chaired by the Workforce Development Manager the group involves key leads in learning and development across partners and continues to embed child protection, welfare and wellbeing as part of the continuum of assessment of needs and risks.</td>
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<tr>
<td>3.1</td>
<td>Forth Valley Services and Workforce Learning and Development Strategy</td>
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<td>2.2.2</td>
<td>Developing the Forth Valley Learning and Development Strategy has become a key priority for the Falkirk Children’s Commission Multi-agency L&amp;D group and work is underway to turn this into a Falkirk strategy. Steps are also being taken by group members to consider how this strategy will relate to existing requirements in relation to each service in terms of professional standards, codes and ethics. Specifically, agreement has been reached to reference the Common Core of Skills, Knowledge &amp; Understanding and Values for the &quot;Children's Workforce&quot; in Scotland in all future training, learning and development opportunities.</td>
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<tr>
<td>2.2.3</td>
<td>A mapping of all training, learning and development in relation to working with children and families and available to practitioners working within children’s and adults services, is currently being undertaken. A collation of this information is expected to be available in due course.</td>
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<td>7.2</td>
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<td>2.2.4</td>
<td>Partners have promoted innovative approaches to learning and development including learning cafes, where practitioners take ownership of delivering presentations on their practice, and multi-agency discussions focus on topics such as: good practice in completing assessments and chronologies, and supporting the roles of ‘Named Person’ and ‘Lead Professional’. Currently the group is working towards producing short videos and other learning objects to support staff in their practice. Practitioners and young people will be engaged in producing these learning tools.</td>
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<td>7.2</td>
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<tr>
<td>2.2.5</td>
<td>Building on previous work the group will employ ‘Powtoons’ and visual representations of key information for staff. The group has recently adopted the ‘Common Care ‘as a framework to underpin future learning, development material and activity. Recognising how it can support staff in delivering the GIRFEC approach and linking it to key training themes within the ‘Touch Point’ materials. (Common Core of Skills, Knowledge &amp; Understanding and Values for the Children’s Workforce” In Scotland’)</td>
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2.2.6 WithScotland ran a national practitioner event recently in relation to professional judgement. One of the findings was that practitioners were looking for learning from good practice as well as learning from significant case reviews. In Falkirk we support this model as we use examples of good practice within our Practitioner Forums and GIRFEC Learning Cafes.

2.2.7 The GIRFEC approach underpins all practice, systems and culture across the partnership. This is evident throughout our Self Evaluation document and supporting evidence.

2.2.8 Falkirk Council is currently working in partnership with Forth Valley College to improve the Early Learning and Child Care qualification to ensure newly qualified staff are equipped with the expectations of the practitioners role. The Early Years Development Officer has been delivering training to the College Lecturers to ensure that they are aware of current initiatives and developments within the Service and School Improvement Team. This has ranged from Cycle of Planning (for lecturers and students) to Outdoor Learning.

2.2.9 The workstreams that form the delivery part of Falkirk’s Children’s Commission are:
- GIRFEC implementation
- Early Intervention and Prevention
- Corporate Parenting and Vulnerable Groups

2.2.10 Consequently we have adopted this structure to help organise our self-evaluation:
- Chapter 2 – Getting it Right for Every Child
- Chapter 3 – Early Intervention and Prevention
- Chapter 5 – Corporate Parenting and Vulnerable Groups

2.3 Next Steps

2.3.1 We need to quality assure our GIRFEC procedures to ensure that the GIRFEC practice model is being applied consistently and that the assessments of need are robust.

2.3.2 Continuing to progress the work of the Children’s Commission Learning and Development Group to ensure that we have an effective and efficient workforce.
# Early Intervention and Prevention

## Early Intervention

### 3.1 Early Intervention

#### 3.1.1

Our Integrated Children’s Services Plan recognises that we work together to improve wellbeing outcomes for all children not only those who are traditionally considered vulnerable. We know that most children and young people face challenges which, if dealt with proportionately at that stage, can stop them becoming vulnerable. These interventions are labelled early intervention and prevention and complement the universal services offered through health and education.

<table>
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<tr>
<th>Quality Indicator</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Integrated Children’s Services Plan 2010-15</td>
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<tr>
<td>5.1</td>
<td>Terms of reference for Children’s Commission Groups</td>
</tr>
<tr>
<td>6.2</td>
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#### 3.1.2

The Early Intervention and Prevention Workstream pulls together the work of several key partnerships including the Early Years Collaborative, Falkirk Parenting Partnerships and Maternal Health and Infant Nutrition. It co-ordinates areas of work which help mitigate against children becoming vulnerable.

| 9.2               |

#### 3.1.3

In Falkirk an extensive range of universal and targeted services has been developed to support families and strengthen their wellbeing by developing family resilience, supporting confident parenting and intervening at the earliest point.

| 2.2               |

#### 3.1.4

Early intervention and prevention can take place at any point in a child’s life. To allow us consider this area, which is the largest part of our work, we have provided examples throughout the self-evaluation which illustrate this in relation to the life stages of a child. This is in accordance with our Integrated Children’s Services Plan.

| 5.1               |

## Support to Families

### 3.2 Support to Families

#### 3.2.1

We recognise in Falkirk that to improve outcomes for children work with families is essential. We have a wide range of family support services across Falkirk some of which are commissioned and provided by external agencies. These agencies, Third Sector Partners, have proved to be flexible and accessible for parents across the Council area and can evidence improved wellbeing outcomes for children and young people.

| 2.2               |

| 2.1               |

| 5.1               |

#### 3.2.2

Early intervention family support services are supplemented by the Family Support Service run by the former Education Service. A Social return on investment study undertaken in 2013 estimated that for every £1 spent locally in this service it led to £11.48 in future savings to the public sector.

| 5.1               | SROI case study |
3.2.3 In 2014 all these family support services were part of a public social partnership (PSP) which tested the accessibility of family support across the Falkirk Council area. Evaluation highlighted some gaps in process and provision and provided constructive learning in relation to collaboration, partnership and implementing and managing change. Many assumptions were challenged, Service boundaries put to the test and Service provision creatively extended.

3.2.4 The PSP has been viewed within the context of a much greater journey of partnership and service development. Its legacy includes closer collaboration across the Third Sector and with statutory partners. Continued engagement and influence in Service planning, responsive workforce development, shared resources and adopting a common outcome and reporting framework have all come through our shared PSP learning experience.

3.3 Pre–Birth

*Early Years Collaborative Workstream 1*

3.3.2 This interagency work to improve outcomes for children, preconception – one year of age has four key change areas:
- Improving access to maternity services
- Attachment and child development – by age and stage
- Point of contact and transfer of care to next service
- Smoking cessation – delivering interventions

3.3.3 Individual tests of change have resulted in the Maternity Services Antenatal Tracker Tool being used in 100% of cases within four months of its introduction. The methodology has also been used to track the development of information sharing procedures between Police Scotland and Pre-birth Planning Services.

### Quality Indicator | Evidence
---|---
3.2.3 | 2.1. 2.2, 6.2, 8.3
3.2.4 | 6.2, 7.1, 8.2, 8.3
3.3 | 1.1, 2.1, 2.2, 5.1, 5.2, 5.3, 6.4
### 3.4 Maternity Services

3.4.1 Maternity Services within NHS Forth Valley work collaboratively with other health professionals and with partners to provide an extensive range of support for families to access or be referred to.

3.4.2 The need to support the unborn child and the mother at the earliest stage during pregnancy is recognised by the Scottish Government and a national target of 80% for access to midwifery services by 12 weeks gestation has been set. In Forth Valley the maternity service is achieving 95% in relation to this target demonstrating that improving access to maternity services is being achieved. Assessment of the wellbeing of the mother and child begins at this stage and families are actively encouraged to participate in the assessment and planning of care and support provision. Assessments are informed by the use of the wellbeing indicators ensuring plans and interventions are pertinent and individual to the family circumstances.

3.4.3 This pre-birth planning process supports the identification of needs and risks at an early stage and facilitates appropriate interventions and referrals. For example where parental substance misuse is identified partners work together to mitigate any risks to the mother and to the unborn baby. The multiagency maternity liaison group will review the circumstance monthly and ensure appropriate planning takes place to meet the identified needs and to reduce risks.

3.4.4 One to one antenatal education is also offered to young parents who may find attending larger group sessions intimidating. These sessions are delivered by both midwives and maternity care assistants.

### 3.5 Smoking in Pregnancy

3.5.1 The percentage of mothers recorded as smoking at their first antenatal booking in Falkirk has seen a decrease over the last few years to below the Scottish average. Interventions by midwives ensure every woman has CO$_2$ levels checked at the booking visit and if a smoker they are offered the support of smoking cessation services. Smoking during pregnancy and CO$_2$ measurement is again carried out at the 12-13 week scanning visit with support options made available.

3.5.2 To ensure the risks associated with smoking during pregnancy maintains a high profile, a roll out of the education programme will continue which will ensure all pregnant women are offered a further CO$_2$ check at 28 weeks gestation with advice being offered to women who require smoking cessation support.
3.6 **Alcohol Misuse in Pregnancy**

3.6.1 To address the rise in the numbers of pregnant women presenting with alcohol misuse issues midwives use antenatal appointments to discuss alcohol consumption with all pregnant women and ensure alcohol brief interventions (ABI) take place when required to address health issues for the unborn baby and the mother which are linked to alcohol consumption. Training is also delivered to multidisciplinary health professionals relating to foetal alcohol spectrum disorder (FASD) and foetal alcohol syndrome (FAS).

3.7 **Named Person Service – Pre-school Children**

3.7.1 The Named Person Service for preschool children is Health with health visitors taking on the role of named person. Single agency chronologies of significant events are kept by health visitors. Ongoing single and multiagency training is improving the use of chronologies by HV’s to inform single and multiagency assessment and interventions. For children of the teenage mothers who are referred to the Family Nurse Partnership the Family Nurse is the Named Person until the child becomes 2.

3.7.2 Each child is allocated a Health Plan Indicator (HPI) by their Named Person by age 6 months. This follows a period of assessment which enables an appropriate programme of support to be offered to the family depending on assessed level of need. Locally we have developed a vulnerable health plan indicator which is used to identify children where there are child welfare and/or protection concerns. This ensures that health visitors, family nurses and their managers have clarity within their caseloads on the level of vulnerability that they are working with. Assessments are carried out using the GIRFEC Practice Model.

3.8 **Health Visitors**

3.8.1 Training is provided to Health Visitors relating to the routine enquiry about domestic abuse to assist in supporting and advising women who disclose or are suspected of being victims of Gender Based Violence or domestic abuse.

3.8.2 National development of a standard universal programme of health visiting applicable to all children, including contact guidelines for increased contact for all children with Health Visitors in the first 12 months is underway. It will be introduced gradually during the last quarter of 2015. This programme includes a National recruitment programme to build the numbers of Health Visitors.

3.8.3 Health Visitors complete routine SHANARRI observation recordings for all children which are complemented by My World Triangle assessment where unmet need is identified allowing for early identification of concern and effective intervention.
3.8.4 Health Visitors assess all children’s wellbeing and needs within the context of their family and wider environment as a fundamental part of the child’s 27-30 month developmental review. Uptake of the 27 month review for Falkirk children for the period April 2013 – March 2014 is 79.5%, above Scottish average of 73.2%. This health review facilitates parental involvement and communication between parents and professionals around a child’s development. Follow up may include discussing and agreeing strategies to promote development in relevant areas, monitoring and/or referral to other services.

3.9 Audit Training Evaluation

3.9.1 Police concern reports relating to preschool children are routinely received by all Named Persons in Health from the Multiagency Assessment and Screening Hub (MAASH) ensuring children get the help they need at the earliest opportunity. Findings from the recent Falkirk audit of Police Concern Forms highlighted high level of liaison with other agencies and assessment of need/risk being carried out by Health Visitors following the sharing of police concern reports. A recent development over the last year has been that police concern reports have been routinely shared with midwives pre-birth. In 2014 Health Visitors received 1,395 concerns; family nurses 7; and since May 2015 (when the process was initiated) midwives have received 56 reports.

3.10 Breastfeeding

3.10.1 Breastfeeding rates in Falkirk remain lower than the Scottish average despite significant efforts from partners. To ensure Falkirk mothers and babies enjoy the wide reaching and long lasting benefits of breastfeeding and to support an overall shift in culture NHS Forth Valley is supporting the implementation of the WHO Baby Friendly Standards (BFI) both within hospital and community services. Infant Feeding Coordinators (IFC) are employed to lead on the maintenance of the BFI award in hospital and to implement in the community.

3.10.2 In Falkirk there are four Breast Feeding support groups (facilitated by Health Visitors) where possible in areas of deprivation to increase access to support.

3.10.3 These groups have recently been evaluated and showed that parent experiences were very positive it extended the time frame of breast feeding for babies. The next steps are to audit parents in order to establish their experiences and ensure staff training has improved outcomes for breast feeding parents.

3.10.4 This work is also a key component of the Maternal and Infant Nutrition Framework and Health Promoting Health Service (cel01). Evidence of local programmes are reported to the National Maternal and Infant Nutrition Coordinator on a quarterly basis.
3.10.5 To build on the action points from the successful national Maternal and Infant nutrition framework and the practical weaning programme NHS Forth Valley has ensured dedicated staff time to support a practical weaning programme for parents. The practical weaning programme has a focus on addressing barriers for parents, attitudes, beliefs and timing, (knowing signs when a baby is ready to wean) what foods and textures are suitable for a child under 1 year old, challenging culture by overcoming ingrained habits and improving confidence and skills in parents when planning, budgeting, shopping and cooking.

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<thead>
<tr>
<th>Quality Indicator</th>
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<tbody>
<tr>
<td>National Maternal and Infant nutrition framework</td>
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</table>

3.11 Child Healthy Weight

3.11.1 The proportion of children in Falkirk who present as overweight remains below the Scottish average and partners are working together to deliver interventions and behavioural change strategies to support the continuation of this trend. Together with partners NHS Forth Valley has developed a range of Child Health Weight interventions across our key settings of home, school, early years and community venues.

3.11.2 Midwives and Health Visitors provide information to parents regarding the UK wide Healthy Start nutrition improvement programme which aims to improve the health and wellbeing of pregnant women and families on a low income. Beneficiaries of this scheme are sent vouchers that can be used to buy liquid cow’s milk, plain fresh or frozen fruit and vegetables, and infant formula milk, plus coupons that can be exchanged for free vitamins (for pregnant women, new mums and children) to support a healthy balanced family diet.

3.11.3 As part of a wide range of initiatives through the Early Years Collaborative aimed at improving children’s nutrition, Kersiebank Community Learning and Development in partnership with NHS Forth Valley Dietetics and Grangemouth’s Health Visiting team delivered family cooking and weaning sessions to engage and support parents.

3.12 One year to 30 months

3.12.1 Various health promotion opportunities are used by front line staff to share safety information with parents – Sudden Unexpected Death in Infancy, infant and child nutrition, and prevention of childhood accidents as per the Hall 4 Health Promotion Programme.

*Early Years Collaborative Workstream 2*

3.12.2 Workstream 2 of the Early Years Collaborative in Falkirk has focussed on the following tests and has achieved:
- Focus on attachment
- Bed time reading
3.12.3 NHS Forth Valley paediatric physiotherapists and Falkirk Preschool Education Service jointly run a weekly movement group for children under 3 years of age with additional support needs and motor needs to encourage development, confidence and ability. Through the development of assessment clinics, therapists providing clinics in specialist educational units and are upskilling other professionals. The waiting time to see specialist occupational therapists has been reduced from 101 weeks in 2011 to 12 weeks in 2015. Fun, goal focussed sessions are leading to increased child motor skill ability and parent/child confidence.

3.13 30 months to School age

Oral Health

3.13.2 Children’s oral health is of vital importance and it is known that parental involvement in promoting good dental habits has a significant impact. Oral health education is offered to families at the earliest opportunity with the Childsmile core tooth brushing programme which has been embedded in our early years’ establishments. This programme has been fully implemented locally and delivers a blend of universal and targeted dental health promotion. NHS Forth Valley Public Dental Service is working towards the implementation of the Modernising NHS Dental Health Services in Scotland, 2015.

Parenting Support and Child Development

3.13.3 There has been a roll out of Incredible Years and Triple P parenting groups via the Scottish Government Psychology of Parenting project. Groups are offered to parents with courses facilitated by professionals from all partner agencies. These groups are aimed at supporting families to experience relationships rich in warmth, love and encouragement within safe boundaries.

3.13.4 The project used a Strength and Difficulties Questionnaire (SDQ) to identify priority families, assess needs and provide evaluative data.

3.13.5 The evidence indicates that 83% of Falkirk families have an improved SDQ score at the end of a Psychology of Parenting Programme group compared to the national average of 81%. Also 50% of our families whose SDQ scores were categorised as high risk of developing a conduct disorder are now within the normal range of child behaviours by the end of the groups. This is a huge achievement made possible through effective targeting of families.

3.13.6 NHS Forth Valley Speech and Language Therapists are working with parents to build their skills as therapy partners. The aim is to empower families to have the skills that they require to support their children’s continued language and communication development. The move is to support self-management and decrease dependence on specialist services.
3.13.7 Speech and Language Therapists and Falkirk Council education staff delivered a programme of narrative intervention within Maddiston Nursery in 2015. This is an evidence-based approach to supporting children’s oral language. It breaks down the essential components of a story: ‘who’, ‘where’, ‘when’ and ‘what happened’, and builds small group sessions around these elements. The intervention also works on developing each child’s skills in listening, attention and understanding which supports the child’s ability to socially interact and to access the curriculum. The evidence gathered shows that prior to the intervention, only 26% of the children’s scores were at or above the level expected for their age. After the intervention this number rose to 79%. We can be confident that the children involved will be better equipped for starting school in August 2015 in the areas targeted by the intervention in the areas of listening, turn taking, understanding and expressive language skills.

3.13.8 Play which is an essential part of children’s physical, cognitive and social development is encouraged in families by Health Visitor Teams and education colleagues to promote positive attachment and child development using resources such as Play @Home and “Book Bug”.

3.13.9 Places are available at 9 establishments across the Council area. As at 2/10/15 there are 150 places available for children and currently 104 enrolled and attending. 3 of these establishments are partnership establishments (Creche Matters, Braes Family Centre and Langlees Family Centre).

**Maternal Mental Health**

3.13.10 Improved access is available via Health Visitors for parents to Aberlour Finding A Balance Group (FAB Group) which supports parents with mild-moderate mental health issues such as stress, negative thought, anxiety, depression, low self-esteem, recovery from abuse, domestic abuse etc. These parental mental health issues can affect all aspects of the child’s wellbeing. Health Visitor’s are referring with confidence to the FAB Group, in the knowledge that parents are verbalising improvements in their mental health and wellbeing, this is positively affecting their parenting ability and coping strategies. Although this service has still to be formally evaluated, it is being positively received by mothers.

3.13.11 Buggy walking activities have been developed in Falkirk (Bonnybridge, Polmont and The Helix) by Health Visitors, Falkirk Community Trust and Step Forth the activities which have encourages physical activity, peer support, improved maternal emotional wellbeing and provides opportunity for inclusion and informal discussion about wellbeing and parenting with Health Visitor.
3.13.12 An evaluation report of this initiative and parental questionnaires evidence positive impact on attendees, in particular
- improved mental health
- parent-child attachment
- reduced feelings of isolation.

3.13.13 Stirling University is undertaking a formal evaluation. One parent has uploaded a YouTube Video of her views on the benefits of the group and the positive impact experienced.

**Early Years Collaborative Workstream 3**

3.13.14 Workstream 3 within the Early Years Collaborative has explored a number of themes related to early learning, partnership and information sharing, pre-school assessment and play.

3.13.15 Test of change have included information sharing between health visitors and nursery staff in relation to developmental assessments, Vulnerable Person Database have been shared with nursery staff where there has been a nursery child involved in a domestic abuse incident and pre-school development assessment ‘tools’ have been tested and evaluated.

3.13.16 In order to support, encourage and increase parents and carers participation in their child’s learning and play, resources such as the ‘Every day is a learning day’ Powtoons video has been created and shared. Our creative ‘Bairns in the Wood’ outdoor play initiative for nursery children and the their families has been tested and promoted and families feedback sought and incorporated.

3.13.17 The early years collaborative is leading a whole system learning programme to adopt and embed a shared understanding and use of language around attachment using the Five to Thrive approach across Falkirk CPP. This will raise our collective awareness and practice in relation to attachment and go some way to increasing evidence within our single and multi-agency assessments and plans.

3.13.18 In August 2015, 264 Early Years Officers attended Five to Thrive Training as part of the rolling programme to train all practitioners across Falkirk Council. There were representatives from Forth Valley College (Early Learning and Childcare Lecturers), NHS Dental Service and Educational Psychology at this event. From the evaluations, on average those who attended have noted that their knowledge prior to the session has increased since the input (from 3.16-4.82 on a rating scale of 6).
3.13.19 Larbert Cluster are currently piloting a procedure to ensure that relevant information is being passed to Nursery staff from the 27-30 month assessment. Early Years Practitioners are asking parents to bring along the Red Book with a copy of the 27-30 month assessment at the induction visit to obtain an early indication of any additional concerns raised during this assessment. Staff are now trialling an assessment tool to identify needs and plan for interventions and will revisit the assessment tool each term to record progress. Data for this will be captured at the end of October.

### 3.14 Primary

**Named Person Service – Education**

3.14.2 All children in school have a Named Person within their school. It is evident that 57% of parents know who their child's Named Person is and 91% of primary children know who to speak to if they have a problem. This is before we have undertaken any publicity around the role of the Named Person.

3.14.3 All police concerns for school aged children are routed through the Multi-Agency Assessment and Screening Hub to the Named Person where they assess the need for intervention and note actions on the chronology. This was implemented using the improvement science learned through the Early Years Collaborative. By using small tests of change this major initiative was implemented within a year. Staff survey results indicate that staff are confident in their role as Named Person.

3.14.4 Using the experience of routing police concerns to the Named Person a protocol was developed with dental health colleagues to ensure that they had appropriate communication with the Named Person. Although recently implemented this has already in at least one case this has a significant positive impact on the life of a child. Training to dental staff across Forth Valley regarding indicators of domestic abuse has been delivered. This is being facilitated by NHS Forth Valley Gender Based Violence Operational Lead and the NHS Forth Valley Gender-Based Violence Steering Group.

3.14.5 School Nurses attend Team Around the Child meetings and actively contribute to the child’s action plans based on assessment using the GIRFEC practice model.
3.15 **Childhood Immunisation**

3.15.1 Uptake of childhood immunisations in Falkirk remains high and is generally above the Scottish average for both primary and booster immunisations.

3.15.2 The School Nursing Service ensure that every child has the opportunity to be fully vaccinated in accordance with the Childhood Immunisation Schedule. To complement immunisation sessions in all secondary schools, programmes are planned and delivered to meet the needs of young people who are in alternative education settings e.g. Cluaran and the Mariner Support Service.

3.15.3 A new programme of health protection in Falkirk is the phased ‘expanded flu programme’. The first phase of this program took place in 2014-15 and required vaccination of over 24,000 children in 138 Primary Schools across Forth Valley and was developed in partnership with schools and Education Services.

3.15.4 In the last two years the Scottish Government announced changes and additions to the Immunisation programme which will in the coming years, increase the number of vaccines offered to children within Forth Valley by a further 63,000. Of these, more than 50,000 will be offered in the school setting. In the coming years the next phase will see the planned expansion of this programme to include a further 21,000 secondary school children being offered the vaccine in the 18 Secondary Schools across Forth Valley.

3.16 **Allied Health Professionals**

3.16.1 Throughout Falkirk teachers and speech and language therapists provide support to children with additional support needs. The Focussing on Communication and Learning Programme has led to pupils not only reaching age appropriate progress rates but in some cases showing complete catch up. One school, Denny Primary, showed an average gain in spoken language skills of 22 months in an academic year.

3.16.2 The Motor Skills Therapy Service is a joint occupational therapy and physiotherapy service that was established to meet the needs of primary school children in Forth Valley with motor coordination difficulties. School staff are trained by health professionals to carry out the programme with children who are identified as having motor coordination difficulties and evaluation has found the programme to be an effective approach to improve children’s coordination, muscular stability and visual perception.
### Quality Indicator

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<th>Quality Indicator</th>
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<tr>
<td>3.16.3 A range of interagency measures are supported by NHS Forth Valley to support children to maintain a healthy weight and exercise. Included in these interventions is the “Max in the Middle” and “Max in the Class” programmes – innovative school-based sessions which aim to empower children in relation to healthy eating, physical activity and life choices. This work complements ongoing health promotion work to support the Curriculum for Excellence Health and Wellbeing experiences and outcomes.</td>
<td>Max in the middle Summary Review</td>
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<td>3.16.4 These are continuing into 2015-16 with over 1500 P6 pupils participating in Forth Valley each year, and plans are in place to extend this programme into early years’ settings. Social cohesion and inclusion is evidenced by the numbers of pupils with additional needs who participate and thrive on the experience.</td>
<td>Minimovers Falkirk Report</td>
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<tr>
<td>3.16.5 NHS Forth Valley children’s occupational therapy service has made significant improvements in ensuring access to their service for children with motor skills problems ensuring the therapy needs of a child are met in a timely manner.</td>
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<tr>
<td>3.16.6 There is a dedicated school nurse for children and young people who have additional support needs. The nurse works closely with paediatric complex care staff, medical staff, the voluntary sector and multiagency colleagues to support families and provide holistic, child centred care, social and emotional wellbeing.</td>
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### Further Initiatives in Schools

3.17.1 Sport Leaders from Carrongrange School supported by Falkirk Community Trust delivered PE to P4-P5 pupils at Whitecross Primary. This resulted in enhanced fitness and enthusiasm for PE for the primary pupils and increased confidence for the pupils in Carrongrange.  

3.17.2 Moray Primary School has a well-established partnership with ASDA. They provide food for targeted children to attend the Sunshine Club to give them a positive start to the day and prepare them for learning. In addition they have provided funding for tree planting to enhance the development of the school grounds. This project mainly funded through Grounds for Learning involved parents in the design and maintenance of the grounds. The improvement in the school grounds resulted in fewer behaviour incidents during breaks.  

3.17.3 Nethermains Primary School in partnership with Jupiter Wildlife Centre and Police Scotland developed a Dads and Lads Groups to encourage positive relationships between older boys and a significant male adult (Dad, carer or other). This led to greater engagement of the significant adult in the life of the school and in the child’s work.
3.17.4 Stenhousemuir Primary School have been working with a small group of children since P1 who, when CEM tested, were found to be below average in comparison to their peers. One child was, in fact, scored as being lowest in the year.

3.17.5 A structured and paced approach was used in their learning. In P1, for example, the more structured learning environment was removed and an informal, nursery approach used. When the group of children reached P2 learning support resources focussed on their learning needs and at P3 careful thought was given to the class each individual child was placed within.

3.17.6 Various summative assessments were carried out at each stage to closely monitor the progress and make any required adaptations. By P3 the child who had the lowest score at the beginning of P1 had reached the average line on her CEM test.

3.17.7 3 years of data has been collected which evidences the progress made.

*Carronshore Primary: Development of staff’s understanding of attachment and nurture.*

3.17.8 To complement the work taking place with five to Thrive time has been spent with the staff in school to develop an understanding of attachment and nurture to enable a change in attitude towards children’s behaviour and developmental needs. Evidence has been obtained which demonstrates a change in the attitude and understanding of staff.

*Provision for children in receipt of free school meals during the summer holidays.*

3.17.9 During a meeting with social work and education colleagues concerns were raised about the numbers of children in receipt of free school meals who would, over the lengthy summer holidays, possibly go without food. This coupled with evidence of increasing numbers of families accessing food banks led us to look at the need for food programmes over the summer holidays. In addition to this practitioners often found that families didn’t have the basic utensils or mechanisms to cook a meal. It was agreed that we would look to develop a programme which would incorporate all of our ideas and pilot this in the summer of 2014.
3.18 Primary Nurture

3.18.1 In 2014-15 a Level One training approach for all schools was developed. In April to June 2015 training was provided to thirty schools in the primary sector.

3.18.2 The model for the whole school approach has required careful consideration. Teams of three from primary schools (including one manager) were able to attend 3 training sessions focusing on:
- Attachment
- Nurturing principles
- Nurturing in Practice – approaches

3.18.3 The schools were asked to complete a Readiness for Nurture analysis prior to attending and were offered places on the course if it was included on their school improvement plan. During the training phase a series of reflective exercises were completed and collated. In addition, the identified working party in each school were tasked with disseminating key themes from the training to all staff in their respective schools.

3.18.4 Link psychologists have supported these schools in consultation and the development of a nurture action plan at the beginning of this academic session. Link psychologists will review and support continued development and track and monitor impact in 2015/16. A re-connector session is planned for the thirty schools this term to provide further opportunity to consolidate learning and engage in peer reflection and support.

3.18.5 Successful completion and assessment of impact will form part of the accreditation process. It will also provide schools with opportunity to access more specialised input (Level 2) which is currently under development by the Educational Psychology Service.

3.18.6 In 2015-16 it is also proposed to offer training to the remaining 20 primary schools and to include level 1 training for Nurseries, Secondary Schools and Special Schools in this academic session.

3.18.7 The Aim of the Nurture Approach in all schools is to allow schools to develop core nurturing practices based on the Key principles. There are a range of methods that are described:
- Nurture Classes (small group every morning)
- Nurture Groups (small group once or twice per week)
- Nurture Spaces (nurture room timetabled for different groups or classes)
- Nurture Nooks (nurturing spaces created in mainstream classes or Nurseries).
- Nurture practices in mainstream classes.
3.19 Closing the Gap Initiative

3.19.1 Education Scotland School Improvement Partnership Programme supports innovative approaches to closing the gap and tackling inequality in education. 7 primaries and 2 high schools trained in a targeted literacy intervention together with Community Learning and Development supporting their families. Schools and Community Learning and Development aligned their efforts to focus upon a shared goal of raising literacy in our two clusters with the highest levels of deprivation in order to improve access to the secondary curriculum and ultimately improve life chances. The project coordinated and directed resources to increase impact and value for money. Rather than the previous activities which were operating independently in the same communities, the project supported the development of the partnership working ultimately aligning the activity in order that the service users experienced a more joined up and effective engagement.

3.19.2 The project evidenced dramatic impact in terms of pupil literacy, confidence and enjoyment of the written word, alongside increased parental engagement and empowerment. Also all practitioners have increased skills and confidence, leaving an ongoing legacy in terms of continuing professional development and also the future of the partnership working. The journey was shaped by learning how to more effectively meet their needs and respond to their views and concerns. We have worked in a concerted way across Education Services linking with other colleagues according to the needs of each family, however as a national project we worked with Education Scotland, The University of Glasgow, and colleagues from other local authorities.

3.19.3 In our report to Education Scotland we cite evidence of positive feedback from a wealth of sources/data which reflect the value of this project to pupils, families and schools. Our project is published on the Education Scotland website as an example of outstanding practice. However, the greatest reward was the inspiring and emotional pupil presentations at the pupil conference, highlighted by attendees. This project is nationally recognized and has had significant impact for some of our most vulnerable children in Falkirk, enabling them to now move forward in their secondary school life with renewed confidence, self-belief, literacy skills and aspiration for their future. Falkirk’s Closing the Gap project is the only School Improvement Partnership which has been invited to join the University of Glasgow to present at the Scottish Learning Festival in September 2015.
3.20 **Secondary**

3.20.1 Dedicated sexual health services for young people within Falkirk ensure that all children and young people are provided with accurate and age-appropriate information on how to protect their sexual health and well-being and practice healthy sexual behaviour. NHS sexual health services has direct links to the NHSFV child protection database enabling them to access information regarding vulnerable children who present at the service. This facilitates appropriate supportive intervention in relation to the wellbeing of these young people.

3.21 **Early Identification of Risk**

3.21.1 Police Scotland has developed strong collaborative relationships with its partners in Falkirk and is considered to be one of the main 'eyes and ears' on behalf of the partners. Police Officers undergo training on Domestic Abuse, Child Sexual Exploitation, Child Protection, GIRFEC and emerging threats and trends. They also participate along with partners in general training and 'learning cafes'. All police supervisors and managers have undergone specific training at the Public Protection Unit to seek out and identify any risk and harm which may be adversely impacting on children, young people or their families. The newly developed Crime Management Unit section have identified experienced staff who review all incidents reported over the previous 24 hours on the command and control system to ensure any signs of risk and harm are thoroughly examined. Any identified concerns are captured on concern forms in the Vulnerable Person’s Database (VPD) for assessment by a manager who will again assess the information and as appropriate task any additional enquiries which need to be progressed. Throughout this process officers and managers are actively looking into the various circumstances of an incident to identify areas of multiple risk and concern. This involves going beyond the obvious and looking behind the background of an incident.

3.21.2 All officers are trained to identify risks and a significant benefit of the newly developed VPD system is that it allows for the multiple recording of risks or concerns which enables partners to make a more in depth assessment of the information collected. Where appropriate these forms are fast tracked via tactical meetings and through allocated assessors to ensure that all concerns are shared in a timely manner with partners, to enable early interventions to be put in place. Often, after a VPD concern report has been shared with partners, this is followed by a phone call to support this initial process.
### 3.22 Tasking and Co-ordination Meeting

3.22.1 The monthly Community Safety Tasking and Coordination meeting identified in the early part of 2015 the need for a more regular Tasking and Coordinating process to improve the response to emerging issues within the Community. This led to the development of the Daily Tasking and Coordinating Group. This multi-agency group comprises representation from:
- Police Scotland
- Scottish Fire and Rescue Service (SFRS)
- Falkirk Council Conflict Resolution Service
- Falkirk Council Housing
- Falkirk Council Community Safety
- Falkirk Council Environmental Health
- Detached Youth Work
- SACRO (Safeguarding Our Communities, Reducing Offending)

3.22.2 Police chair this group meeting every Monday and Friday and produce a combined report on a daily basis consisting of the calls made to Police Scotland, Falkirk Council Anti-Social Behaviour Helpline and SFRS.

3.22.3 The primary aim of the group is to highlight and task resources towards ongoing and emerging antisocial behaviour and safety threats. These are often centred on youth disorder or other concerns whereby young people may be at risk of harm such as a congregation in dangerous areas, water and fire safety or exposure to drugs.

3.22.4 The tasking of joint resources to such emerging threats seeks to minimise the risk to the public, as well as any children and young people who may be involved or at risk. This is achieved by utilising our:
- Anti-Social Behaviour Investigation Team
- Operational Support Unit patrols
- Detached Youth Work engagement and education
- Scottish Fire and Rescue Service education and social group interaction

3.22.5 Where young people are identified as being involved in anti-social behaviour they are referred to SACRO for early and effective intervention programs. This process allows for early targeted interventions in matters where there is a risk of potential harm to child or young person and their families.

3.22.6 One of the subsequent aims of the group is to provide a diversion from anti-social behaviour and risk of harm to young persons in the community.
3.23 School-Based Officers

3.23.1 Four large secondary schools in Falkirk have school based officers who provide services to pupils in those schools, their communities and the cluster primaries that serve them. These posts were developed collaboratively, are jointly funded and designed to:

- provide a visible police presence and focus on preventing offending and to creating a safer school environment and reassurance for local communities
- develop positive relations between the police and young people and the local community as well as supporting the development of positive relationships within and between the school and wider community
- work in partnership with school staff, education services and partner agencies to identify and co-ordinate responses to children and young people who are at risk or vulnerable or have emotional and behavioural difficulties, and provide direct support as part of a multi-agency team, where appropriate

3.23.2 School-Based Officers (SBOs) are able to identify and intervene in partnership at the earliest opportunity with children, young people and their families to prevent the escalation of offending and support children when vulnerability is identified. Issues in the community which could develop further in school, and incidents in school which could become a greater issue in the community can be identified and prevented at an early stage. Examples range from criminal activity such as serious sexual assaults, domestic incidents and antisocial behaviour, to problems relating to social media, neglect and wellbeing.

3.23.3 These are valued by school staff and the wider community:

“Campus cops are hugely important to schools and partnership working in the community. I have worked in schools before the arrival of campus cops and therefore have directly witnessed the benefits of a school having a school-based officer. They are immensely valuable and promote an improved school ethos, increased feelings of safety (for pupils and parents) as well as providing a source of intelligence for the police. The role of our campus cop is essential in delivering the GIRFEC agenda and working in partnership with the Police and identifying and supporting young people.”

3.23.4 It is our intention, based upon the evaluation of the effectiveness of the service to roll out the model to the eight secondary schools within Falkirk.
3.24 **Teenage Pregnancy**

3.24.1 Teenage pregnancies in Falkirk have, in recent years, been reducing in number and are now close to the Scottish average figure. All teenage pregnancies are identified and the young people offered support via the Pre-birth Planning Service. Interagency training on Pre-birth Planning Service is delivered annually using a scenario based approach. Positive evaluation of this training is shared with all agencies.

3.24.2 Midwifery Services liaise closely with the Family Nurse Partnership Service (FNP) when teenage pregnancies are identified. This is a preventative programme offered to all young mothers aged 19 years and under having their first baby. It begins in early pregnancy until the child's second birthday and is orientated to the future health and wellbeing of the mother and child. Evidence based long & short term benefits of participation in the programme include reductions in smoking during pregnancy, greater intervals between and fewer subsequent births, fewer child accidents, reduction in child abuse & neglect, better language development in children and an increase in employment and greater involvement of fathers.

3.25 **School Health Initiatives**

3.25.1 In order to help combat the anxieties that pupils feel after transition from P7 Larbert High School held an event titled ‘Me, Myself and I’ designed to promote good mental health for S1 pupils. This resulted in increased attendance figures for the cohort. Only 4% of referrals to Educational Psychology were from S1 which indicated that they were experiencing fewer anxiety related issues. The session was delivered in partnership with Social Work, NHS Forth Valley, Educational Psychologists, and Women’s Aid. The initiative also led to a group of senior pupils undertaking Mental Health First Aid Training and subsequently acting as mentors for younger pupils. The efficacy of this part of the initiative has still to be evaluated.

3.25.2 All the schools in the Braes Cluster have been involved in a 28 day challenge to improve their health. Working in partnership with parents and teaching, janitorial, clerical and kitchen staff over 150 people have made sustainable changes to their lifestyle.
3.26 Community Learning and Development

3.26.1 Youth Scotland currently has 41 member organisations in Falkirk, representing 72 different clubs working with a total of 3372 young people between the ages of 5 to 18. A number of these groups are independent, with voluntary management committees of local people. Some of these youth clubs and groups are located in areas that are high on the Single Index of Multiple Deprivation, including:
- Denny Community Flat
- Camelon Youth Club
- Kersiebank Youth Club

3.26.2 Other clubs and groups meet in locations directly adjacent to some of the most disadvantaged data zones (top 5 to 10%) and therefore likely to attract young people from these areas, including:
- Carronshore Youth Club
- Beancross Youth Club

3.26.3 Young people attending these clubs and groups are less likely to have the resources to engage in learning or access further education and training.

3.26.4 From this work a group of young people has emerged who want to move from participating in programmes to leading activities within and out with their own youth groups. These young people come from a range of communities across Falkirk. They are not 'traditional' leaders who have excelled in formal education, but are young people who have been involved in their youth group and, through this experience, have developed positive attitudes and leadership potential. Over 75 young people from the 14-21 years age range have participated in training programmes and activities and have achieved more than 100 recognised qualifications and awards. 45% are young men and 55% are young women.

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<td>Get On and Lead (GOAL) Evaluation Report</td>
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3.27 Secondary Nurture

3.27.1 Falkirk High School recognised that some of their pupils were not ready for the secondary environment. The Den is an innovative initiative that supports and meets the needs of their most vulnerable pupils. The work in the Den seeks to provide a supportive positive ‘family’ atmosphere allowing pupils to build social skills and competencies both formally and informally. Pupils build their emotional literacy through a fun, caring environment where they are given the opportunity to replicate early learning experiences and development milestones that they may have missed. The pupils have bespoke timetables and are supported into mainstream classes while retaining the identity of their own form class and of the school itself. The Den initially catered for a target group of 7 pupils however we have extended its reach and have supported a further 13 pupils in S2, S3 and S4 through targeted nurture support.

3.27.2 There were a number of partners involved in the setting up of the Den, including Educational Psychology, Family Support and ASLOT Team. The most significant improvement has been the school’s relationships with parents. Parents are kept in regular contact facilitated through regular drop in sessions, telephone calls and achievement meetings.

3.27.3 We have strong evidence that demonstrates improved outcomes for the pupils who have been supported through reduced S1 exclusions by 50% and improved relationships with pupils and parents. The work of the Den has been described externally as being ‘Excellent’.

3.28 Developing the Young Workforce

3.28.1 In Falkirk our initiatives around developing the young workforce have been taken forward in the context of GIRFEC. We have strong consortium arrangements with Falkirk College which have been in place since 2001. These arrangements allow young people opportunities to attend college during the school day to gain qualifications in subjects that schools have been unable to deliver.

3.28.2 In addition the SCOTS Course (Schools-College Opportunities to Succeed Course) is designed for young people who are unsure if further education is the choice for them. Young people are now able to access HNCs whilst still at school as part of the senior phase.

3.28.3 As part of Curriculum for Excellence schools have been working in partnership with Education Scotland and the Employment Training Unit to ensure that more cohesive pathways are created for young people who move on to training rather than Further or Higher Education.
3.28.4 Carrongrange School in partnership with local businesses, Real Jobs and Forth Valley College support pupils through the Learning Works programme. This has resulted in a pupil gaining a job in Forth Valley Royal as a porter and others employed in food production.

3.29 **Next Steps**

3.29.1 The national development of a standard universal programme of health visiting applicable to all children, including contact guidelines for increased contact for all children with Health Visitor in the first 12 months, is underway at present time and will be introduced early 2016. This programme includes a National recruitment programme to build numbers of Health Visitors.

3.29.2 Formally evaluate the impact on children of parents attending the Aberlour Finding a Balance groups.

3.29.3 The planned roll out of sessions aimed at improving children and family nutrition across Falkirk will take parents through a food journey with the aim to improve parents skill in making snacks/meals with their children at home (improved attachment) and consequently improve staff skills and confidence to support parents and use food activity in the early years setting.

3.29.4 There is a need to implement a quality assurance framework in relation to GIRFEC procedures. This will be fully implemented when the final guidance on the Named Person Service and the Child’s Plan is issued by the Scottish Government.

3.29.5 Evaluate the efficacy of the Mental Health First Aid Programme delivered in Larbert High School.
4 Transitions Based on Need

4.1 Transitions

4.1.1 Transition from universal, preventative and early intervention services into services for more vulnerable children is informed by assessment of risk and need. The global adoption of the GIRFEC principles and the embedding of the Child’s Plan materials ensure a more consistent approach to determining that children and their families engage with the right service at the right time and that transition between services is managed effectively.

4.1.2 The application of the Child’s Plan is supported by user guidance and a range of assessment tools. Interagency training relating to the material is a component of our employee development programme. The materials have been used for a number of years within our statutory settings, Children’s Hearings and the Looked After/ Child Protection review arenas, but increasingly, elements of the Child’s Plan are informing transitions into non statutory services, Cuaran, Axis and the family support services.

4.1.3 Feedback from training events and recent audit activity provides an improving picture relating to the quality of assessment of risk and need. Social Workers’ reports are increasingly evidence based, supported by recognised risk assessment tools and reference the child’s chronology. Our recording guidance includes content which reinforces the use of chronologies by practitioners in determining risk, neglect and permanence decisions and changes have been made in Social Work to ensure that the format for the child’s chronology held on the Children and Families Information System is the same as that contained in version 3 of the Child’s Plan.

4.1.4 GIRFEC and the Child’s Plan are similarly integral to the processes and gatekeeping forums which support decision making for vulnerable children in need of additional support.

4.1.5 Police Concern Forms are structured around the wellbeing indicators and Vulnerable Person’s Database screening, the processes and signposting of police information to the Named Person’s/Early and Effective Intervention Co-ordinator through the Multi Agency Assessment and Screening Hub has and continues to be informed by GIRFEC.
Falkirk has a range of multi-agency gatekeeping forums with responsibility for resource allocation, information sharing and evaluation. For example, the Specialist Service Request Group (SSRG), which considers the potential involvement of Cluaran and Mariner Support Service and is attended by service managers or Heads, the manager of the Intensive Family Support Service (IFSS), Social Work Manager and Head Teacher representation. The use of the Child’s Plan materials ensures a common language and understanding relating to a child’s needs and improved clarity relating to the proposed interventions. Similarly the Joint Child Care Resource Allocation Group, Pupil Support Resources Group, Children and Family Resource Group and Youth Justice Referral Groups benefit from the adoption of a single plan for children which are informed by recognised assessment tools.

4.2 Independent Living Plan

4.2.1 The Independent Living Plan was introduced by Tremanna residential young person’s home in 2013 in response to an acknowledgment that young people were often leaving long term residential placements under prepared for the challenges that they faced. This resulted in young people struggling to maintain their own tenancies and moving on to homeless accommodation.

4.2.2 The Independent living plan was designed in collaboration with relevant stakeholders, including Who Cares? Scotland and Young people, to assist them develop the skills necessary to manage their own tenancy successfully. It covers areas identified in the Falkirk Council care leaver’s and support needs evaluation matrix and aims to:

- Maintain their safety both at home and in the community they live
- Develop an awareness of health needs and identify how to get support from professionals if required
- Develop an understanding of mental health matters.
- Understand friends and family, their importance in our lives and ways to widen social circles
- Better understand finance and budgeting issues and learn the necessary skills.
- Appreciate the benefits of education in helping achieve our goals in life, offer support and collaborative working with other agencies to help the young person achieve good outcomes in education or the workplace.
- Prepare to live independently, gaining knowledge of day to day tasks through to contacting utility companies.
- Have a good understanding of the effects of alcohol and substances and the legalities surrounding their use.
4.2.3 Early indications point to improved outcomes for young people with whom the tool has been applied. This has resulted in the ILP being adopted in all residential placements and by foster carers where appropriate for children Looked After by Falkirk Council and a consequent increase in the age of children leaving care in our area. A further related development was the creation of a semi-independent supported flat next door to Tremanna, T-MOR.

4.2.4 A jointly funded post hosted by NHS Forth Valley of Through Care and After Care Nurse for Looked After Children has been in place since March 2014. The role of this nurse supports all the above processes.

4.3 Next Steps

4.3.1 Changes in statutory responsibility arising from the Children and Young People (Scotland) Act 2014 and restructuring of adult care services associated with Health and Social Care integration has brought into sharp focus the relationship between Children’s Services and Adult Care Services. Transitions between these services, on occasion, proved problematic in the past and despite the development of a Transitions Coordinating Group and the co-location of our Children With Disability Team and the equivalent adult team, delays have occurred when young people have reached their transition point or young people have not met the eligibility criteria for the adult service.

4.3.2 Transitions were identified as an area for improvement and a Public Service Improvement Framework review was undertaken during the early part of 2015.

4.3.3 The review was cross service and included representatives from Children and Families, Community Care and Criminal Justice. The report and recommendations arising from this exercise are about to be shared with the Corporate Management Team and will include recommendations relating to a jointly developed eligibility criteria, the determination of timescales for service delivery and the application of GIRFEC principles to adult services, Getting It Right for Every Adult. This would provide a single transition plan around agreed and commonly understood well-being indicators.

4.3.4 The experience of transition for children in the Aftercare system into supported or independent accommodation has also been subject to scrutiny and our Social Work and Housing services are currently developing procedures in response to the “Staying Put” guidance. Our Leaving Care Service and Housing adopt a shared matrix which informs the assessment relating to appropriate housing options for young people leaving Care, and in addition to the existing Housing/Social Work Strategy Group, consideration is being given to the development of a Leaving Care Resource Group.
5 Corporate Parenting and Vulnerable Groups

5.1 Strategic

5.1.1 Our Integrated Children’s Services Plan 2010-15 is a plan for all children and recognises that we need to ensure progress for our most vulnerable groups. The vulnerable groups identified in the plan are:
- Looked after children
- Children who live in the worst 15% of deprived areas
- Children with a disability
- Children from minority communities
- Young carers
- Children on the child protection register

5.1.2 The plan was developed collaboratively with stakeholders through wider commission events and continues to be reported up through newsletters and further wider commission events.

5.1.3 These priority groups were reaffirmed when the Corporate Parenting and Vulnerable Groups’ Workstream was established as part of the Children’s Commission structure in 2014.

5.1.4 Across the Falkirk Council area, to ensure that we keep children safe, child protection and services for vulnerable children are delivered within the context of children’s services and under the umbrella of Getting It Right For Every Child (GIRFEC). Our services are developed to ensure that we take a proportionate, measured and targeted approach and that every child has their needs addressed, are safe from harm and able to achieve their full potential.

5.2 Health of Looked After Children

5.2.1 The Health of Looked After Children (HOLAC) Group provides a forum for the multiagency, strategic overview, of the procedures and reporting processes related to the health and wellbeing of all looked after children in Forth Valley. The HOLAC Group is responsible for ensuring that national and local, multiagency guidance relating to the health and wellbeing of looked after children is adhered to, this includes the appropriate sharing of information.
5.3 **Children’s Commission Vulnerable Groups Workstream**

5.3.1 The Corporate Parenting and Vulnerable Groups’ work stream is one of three work streams within the Children’s Commission Planning Structure alongside the GIRFEC Implementation, Early Intervention and Prevention Workstream. The Vulnerable Groups’ work stream remit is to progress the agenda in relation to all vulnerable groups. With the agreement of the Commission Planning Group, the primary focus of its work is currently the progression of the Corporate Parenting Agenda and the development of a Champions Approach.

5.4 **Operational**

5.4.1 The development of the Multi-Agency Assessment and Screening Hub (MAASH) and associated systems ensures the early identification of children and young people at risk and appropriate action to address assessed risk. The Vulnerable Persons’ Database Forms (renamed Police Concern Forms) have been developed in response to the application of GIRFEC and are structured to allow front line officers to give consideration to children’s needs being met under the Wellbeing Indicators. Corresponding training has been provided to front line officers to ensure that they are alert to the need to consider child welfare when responding to incidents. The Police Scotland Vulnerable Persons Database (VPD) was introduced in March 2014 allowing for the aggregation of information, the production of chronologies and the analysis of trends.

5.4.2 Police Concern Forms record five thematic areas:
- Adult Concerns (including Adult Support and Protection)
- Child Concerns (including Child Protection)
- Domestic Abuse
- Youth Offending
- Hate Concerns

5.4.3 Officers throughout the Division have completed Interim Vulnerable Persons Database (VPD) training and they have access to guidance documents on the Force Intranet

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<td>Commission Groups Terms of Reference</td>
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<td>5.3.1</td>
<td>Review of FV Child Protection &amp; Multi Agency Assessment and Screening Hub, 2014</td>
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<td>iVPD Rules, Conventions and Data Input Standards</td>
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<tr>
<td>5.4.4 The Multi-Agency Assessment and Screening Hub (MAASH) includes screening officers all of whom have previous crime management or child protection experience and have completed Public Protection Unit VPD training. Police Concern Forms are assessed by hub staff and then issued to relevant agencies to ensure that identified needs are addressed. This includes one or more of the following agencies, depending on the child’s circumstances:</td>
<td>5.1 VPD Process Map</td>
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<td>• The Named Person from Children’s Services or NHS Forth Valley (including midwives)</td>
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<td>• Early and Effective Intervention Co-ordinator based at the Public Protection Unit</td>
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<td>• The Children’s Reporter</td>
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<td>5.4.5 The MAASH has been subject to continual development and most recently following a comprehensive partnership review which made 29 recommendations for improvement. A key development since the review has been the formation of a Vulnerabilities Unit which encompasses an EEI Officer, the reinstatement of the role of Young Runaways Co-ordinator, the Child Protection Case Conference officers and a new Missing Persons Co-ordinator. These individuals work together and provide a high level of resilience across these key areas by developing high level competencies. These roles all involve working with partners as part of multi-agency processes. An updated Young Runaways Protocol has been agreed with partners and is now in operation.</td>
<td>8.3 Review of FV Child Protection &amp; Multi Agency Assessment and Screening Hub, 2014</td>
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<td>5.4.6 The Vulnerabilities Unit staff attend Child Protection Case Conferences and provide partners with a dedicated and experienced police officer who provides information so that joint partnership decisions can be informed by a more complete picture of a child’s circumstances. This is a key multi-agency process. If a child is placed on the Child Protection Register then an occurrence marker will be placed on the home address.</td>
<td>5.1 MAASH Developments since 2014</td>
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<td>5.4.7 Following the introduction of GIRFEC, the Early and Effective Intervention Officer ensures that young people who are involved in low level offending, and are not already known to the Children’s Reporter, are diverted to Multi Agency Screening Groups. Partner agencies (Social Work, Health, Youth Justice, Education) bring information regarding the young person to the meeting, to make an informed decision on how best to address/deal with the offending behaviour without criminalising the young person. EEI and Diversion From Prosecution has been extended to 16 and 17 year olds in the Forth Valley Area.</td>
<td>5.2 Falkirk Young Runaways Protocol</td>
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<td>Forth Valley EEI Protocol</td>
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5.4.8 The development of the Multi-Agency Assessment and Screening Hub and systems which support it ensure that partners routinely share information quickly and effectively. This results in improved assessment of risk to children and young people and a timeous response to these risks. Further benefits have been:

- a reduction in referrals to the Scottish Reporter’s Administration ensuring that children in need of compulsory measures of care are identified at an earlier stage
- improved information sharing and collaborative working in respect of child protection investigations
- development of innovative information technology solutions
- development of an integrated approach to public protection which has provided an exemplar for public protection services throughout Scotland.

5.5 Initial Referral Discussion

5.5.1 The Initial Referral Discussion (IRD) processes ensure that child protection concerns are discussed and information shared across core services (Health, Social Work, Education and Police). All services involved in IRDs in Falkirk have an equal and active role in the process and decisions are taken on a joint basis. Unlike a number of other local authority areas Education have been consistently involved in Initial Referral Discussions in Falkirk from the beginning.

5.5.2 The IRD processes have been refined following a multi-agency review ensuring pre-decision making transparency and consistency. The IRD Guidance, Terms of reference for the Steering and Review Groups and Information Sharing Procedures were also reviewed and updated.

5.6 Area Based Social Work Teams

5.6.1 A process of service redesign within Social Work Services led to a review of how we deliver our front line Social Work services to vulnerable children and their families. The review took into account the findings of an extensive public and stakeholder consultation which had taken place some years previously and an analysis of data relating to services provided by the then 7 area based teams.
5.6.2 The review concluded that 6 area based operational teams should be maintained. The teams comprise a Team Manager, a Senior Worker, Social Workers, Social Work Assistants and Administrative staff and cover all aspects of Child Protection and Child Welfare concerns, including pre-birth, initial investigation and assessment of risk and need, short and long term interventions including Section 25, Looked After Children and Permanence. VPD information sharing has been developed in accordance with this model of service delivery.

5.6.3 The strengths of this model include; local accessibility for service-users, enduring relationships between staff and children and their families, fewer transitions for young people, local knowledge developed by staff and managers, good working relationships built up over time with partner agencies supporting the GIRFEC agenda and professional development opportunities for staff in maintaining varied, generic caseloads.

5.6.4 Despite high demand, our CP1 audit activity has demonstrated that, concerns are responded to quickly/proportionately and permanence plans progressed appropriately. Staff turn-over and vacancies within the teams are low and staff are committed and well supported by an experienced and well established team manager group.

5.7 Intensive Family Support

5.7.1 Family Support provision is currently deployed to meet the needs of children and families across a wide spectrum of need and risk. For our most vulnerable children, we have established Services, both statutory and commissioned, to respond to immediate crisis and risk and to provide intensive, holistic education and family support. Review and scrutiny of Services is regular and on-going and outcomes reported and evaluated routinely.

5.7.2 Resource management and children and families' transactions are key activities supported by

- multi-agency resource allocation processes and groups (for example, Specialist Service Request Group)
- GIRFEC-framed activities, including Lead Professional roles and tasks and Team Around the Child meetings and plans.

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5.8 **Children With Disabilities Team**

5.8.1 The six generic area Social Work teams are supported by a specialist Children with Disabilities (CWD) team. This is comprised of Social Workers and Paediatric Occupational Therapists, working closely with NHS colleagues and providing befriending, short breaks and an activities scheme for approximately 150 children with complex needs in the age range 4-18 years as well as specialist assessments.

5.8.2 Activities are based on the young person’s choice, allowing them opportunities to exercise a degree of control and to develop decision making skills. The team has been successful in securing some additional Scottish Government funding from the Autism Development Fund and have been working on a number of innovative approaches to promote the inclusion and self-efficacy of young disabled people. This includes the development of an App with the young people themselves which allows young people to independently operate a range of devices including TV, music systems and toys.

5.9 **Youth Justice Services**

5.9.1 A non-statutory Youth Justice Team, co-located with SACRO Restorative Justice staff and managed by an area team manager, provides additional expertise in assessing young people who have engaged in sexually harmful or violent behaviours using AIM2 and SAVRY. In addition to offering direct assessment and intervention to these young people and their families, this service provides the court with a viable alternative to the adult Criminal Justice System for vulnerable young people and ensures good transition through Care and Risk Management and Multi Agency Public Protection Arrangements processes. The decision that the team should not hold statutory responsibility ensures that it can deliver programmes of work to young people unencumbered by the system activity associated with being statutory case holders.
### 5.10 Youth Justice Referral Group

5.10.1 Falkirk has well established youth justice referral routes which pre date the developments associated with Early and Effective Intervention and Whole Systems Approach (WSA). The Youth Justice Referral Group, is a multi-agency group, chaired by the Senior Practitioner, Early and Effective Intervention (EEI). The Group now includes representation from the Named Person as well as youth justice and substance services. It meets fortnightly and considers Police Concern Forms relating to children and young people involved in anti-social and offending behaviour. This ensures that young people and their families are offered proportionate support and interventions quickly with a consequent reduction in offence referrals to SCRA. The group is supported by established information sharing protocols and procedures developed during the period that Falkirk participated in the national roll out of EEI and WSA.

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<td>5.1</td>
<td>Forth Valley Early and Effective Intervention Protocol</td>
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<td>Scottish Children’s Reporter Administration Data Local Analysis</td>
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<td>5.3</td>
<td>WithScotland Evaluation and summary report.</td>
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### 5.11 Joint Planning and Decision Making – Reviewing Progress

5.11.1 The application of the Outcomes Framework renamed Measuring Progress to children on the Child Protection Register provides a framework to allow partner agencies working with families to describe the risks, needs and concerns for children and develop plans to address these. The Outcomes Framework was established through collaboration with Third Sector Partner and evaluated independently by WithScotland (Stirling University). The WithScotland report determined that the framework improved the consistency of planning for children and facilitated improved engagement with families in relation to those plans.

5.11.2 Initially applied in the Child Protection arena and subsequently with children moving from the Child Protection arena to being Looked After, a revised version of the framework has been launched and will be applied to all looked after children from October 2015.

5.11.3 The ability of the tool to provide aggregate data relating to families progress provides management information relating to the effectiveness of delivered interventions and overall trends in terms of the management of risk to children and meeting their needs.

5.11.4 Falkirk have semi-independent Looked After and Child Protection Review co-ordinators who ensure that all children subject to Statutory Measures or on the Child Protection Register are reviewed according to required timescales. The appointment of a Looked After Review Co-ordinator for children living at home ensures the same level of scrutiny for planning for these children as applies to children Looked After Away from Home and on the Child Protection Register.
The review co-ordinators have a clear quality assurance function both within the context of reviews but also from a wider service perspective, core to their function being the challenge of allied professionals in terms of delivery of service to children. Notably the co-ordinators routinely complete issues logs which are considered by the Children & Families Continuous Improvement Group and undertake audit activity relating to information coming to reviews and Child Protection Case Conferences. Team Around the Child Meetings and Core Groups are similarly embedded in practice and the mechanisms which support these groups are being enhanced.

The Measuring Progress Framework is referenced at the key touch points of Looked After Reviews, Child Protection Case Conferences, Core Groups and Team Around the Child Meetings. We were keen to ensure that the adoption of the Measuring Progress Framework did not necessitate additional meetings and therefore the tool was built into existing processes.

**The Child’s Plan**

The Integrated Assessment Framework, now renamed the Child’s Plan, has been subject to 3 revisions since it was launched in January 2008, with the third version of the plan being available for use across services from 1 October 2015. A Forth Valley Multi-Agency Integrated Assessment Framework group has ensured continual improvement of the tool which has taken account of practitioner and other stakeholder feedback. The guidance for the use of the Child’s plan is extensive and incorporates a range of assessment tools. The delivery of practitioner (Learning Cafes and Practitioner forums) training relating to the use of the materials combined with the quality assure and improvement agenda promoted through the review co-ordinator’s team has ensured positive progress in the quality of plans for children with reports being increasingly analytical in nature and plans for children smarter and more integrated.

**Looked After Children Psychology Service**

10% of children within the general population will be diagnosed with a mental disorder. The figure for those accommodated in foster care stands at 50% and for those in residential care up to 75%. The types of mental disorders identified cover a wide range of problems including hyperactivity disorders, emotional disorders and behavioural/conduct problems.
5.13.2 Meeting the needs of Looked After Children requires a complex systemic perspective that considers all areas of the child’s life and takes account of all their wellbeing needs. Looked After Children often sit outside the CAMHS criterion as their needs do not fit within the treatment focussed models. The British Association of Adoption and Fostering advocate a bio-psychosocial model of assessment and intervention, even when diagnostic criteria are not reached. This takes into account the social systems in which the child lives and the interaction of this with their social, emotional and psychological wellbeing. Additionally, it provides Looked After Children and their carers with a range of interventions that provide support, training and advice for the entire network around the child. The priority being to provide a secure base to enable Looked After Children to develop healthy relationships and reduce risk factors. Those that have been traumatised or experience mental health difficulties or concerns may benefit from direct interventions.

5.13.3 Falkirk Council developed a joint working agreement with Forth Valley NHS and employed a full time Clinical Psychologist in January 2012.

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5.14 Therapeutic Crisis Intervention

5.14.1 Falkirk adopt Therapeutic Crisis Intervention (TCI) in our local children’s homes and promote its use within third sector homes in our local authority area. TCI is a whole system approach for managing children’s behaviour within our care settings, de-escalating and reducing risk to children and young people though the development of individual care management plans. These are reviewed with the young person, post incident, using Life Space Interviews and adapted accordingly to reduce the risk of future episodes. All TCI forms are reviewed by a multi-agency TCI review group on a monthly basis and annual data is collated and fed into the Children and Families Continuous Improvement Group to inform service design. All residential staff in Local Authority and FTS children’s homes are trained in TCI and the service has developed a cohort of trained trainers. Our TCI action Plan is reviewed at intervals to ensure that the approach takes account of changing local need, legislative and other developmental factors. TCI training has been delivered to Education colleagues to allow the system to be utilised in Mariner Support Service, Ladeside Wing, Kinnaird Thistle Wing, a unit within Carrongrange School and will soon be rolled out to Oxgang School. This provides continuity of approach and language across resources in the support for our children and young people supported by our residential resources and educational provisions.

5.14.2 The adoption of TCI has impacted on the experience of children and young people in our care homes. Analysis shows increased consistency and engagement in Life Space Interviews and fuller completion of TCI forms. The number of incidents has also markedly reduced pointing to the successful application of de-escalation and other techniques. Our children’s homes and educational provisions are calmer and more nurturing and the risk to children and staff is reduced.

5.14.3 Braes High School in partnership with Polmont Young Offenders Institute (YOI) engaged in professional dialogue in meeting the needs of vulnerable young people. This shared learning has led to increased confidence from both staff groups and an increase in their toolkit of strategies.
5.14.4 Staff from Falkirk High School along with Cluaran have undertaken a series of presentations to Children’s Panel members to help them understand the range of bespoke reports. It is already evident from experience of Named Persons in Falkirk High School that the intervention has had a positive effect on communication between panel members and young people.

5.14.5 Staff from Mariner Support Service through their links to Polmont YOI are currently developing their ‘Paws for Progress’ initiative through funds secured from Education Scotland’s ‘Access to Education Fund 2015’. This supports young people to develop their emotional resilience and understanding of relationships through taking responsibility for canine management.

5.15 Care and Risk Management

5.15.1 Care and Risk Management (CARM) Procedures were developed and implemented under the Whole Systems Approach. These procedures ensure that children and young people presenting high risk violent and sexually harmful behaviours are identified and reviewed within a multidisciplinary arena to develop risk management plans to mitigate and reduce harm to themselves and their communities.

5.15.2 The CARM processes interface with our multi-agency public protection arrangements to ensure robust transition between the childcare and criminal justice systems.

5.16 Adult Services

5.16.1 Strategically the Partnership understands the necessity for strong links between children’s and adult services. The Chair of the Children’s Commission sits on the Community Planning Leadership Board; the Head of Social Work is a member of the Integration Joint Board as the Chief Social Work Officer; and the Independent Chair of the Child Protection Committee who we are currently recruiting will also chair the Adult Support and Protection Committee. At an informal level staff from children’s services across the partnership have joint training with adult services colleagues, and adult services attend Team Around the Child meeting when appropriate.

5.16.2 The development of strong links between NHS Forth Valley Child Protection Department, Adult Mental Health Teams and Adult Substance Misuse Services is improving the recognition of and the response to the needs of children and young people. This ensures practitioners from key adult services are alert to circumstances which may have an adverse impact on children and the importance of sharing pertinent information.
5.16.3 Information gathered from self-evaluation exercises within our multiagency adult substance misuse services identified significant strengths in service delivery and areas for future development. A follow up case file which took place in September 2015 supports the development of an action plan of priorities for improvement.

5.17 Domestic Violence

5.17.1 Performance Information reports continue to highlight the high incidence of domestic abuse across Falkirk Council area. We recognise the impact that domestic abuse can have on children and young people of all ages and have identified this as a key priority within both our Integrated Children’s Services Plan and Child Protection Committee Business Plan. We are also well represented on strategic fora such as Falkirk Community Safety and Falkirk Gender Based Violence partnerships. This ensures cross cutting issues related to domestic abuse are better coordinated and children and adult services can work jointly together where appropriate.

5.17.2 There is a range of training, learning and development opportunities related to domestic abuse available to practitioners. Awareness raising training is included in staff induction and more in depth training is provided for or accessed by practitioners in the specific contact workforce. In addition, Domestic Abuse has been a key theme of our Practitioner Forum meetings. One meeting focused on The Toxic Trio when practitioners reflected upon research and practice in relation to parental mental health, parental substance misuse and domestic abuse and another more recent meeting focused specifically upon the impact of domestic abuse upon children; the findings from the Daniel Pelka serious case review encouraged practitioners to focus upon a child’s lived experience. On this latter occasion, practitioners heard from other practitioners of good practice examples of eliciting children and young people’s views of their experiences and the impact and what works. Similar learning and development opportunities have been delivered annually during the 16 Days of Action campaign when there has been a focus on creative approaches being used to engage with children and young people affected by domestic abuse.
5.17.3 Following the publication of the serious case review into the death of Daniel Pelka, Falkirk CPC requested that the Multi Agency Continuous Improvement Group review the findings and recommendations highlighted in the case review. A benchmark of local systems and processes was undertaken, following which a recommendation was made by the CPC that a multi-agency audit of practice be undertaken. This was carried out in June 2015 involving a total of 30 Police Child Concern reports involving children and young people impacted by domestic abuse. These were selected during the month of November 2014. Key strengths and a number of areas of improvement were identified. Focus groups with practitioners and young people are currently being convened to discuss the findings and add value to the information already obtained. Following this a report will be submitted to the CPC for consideration.

5.17.4 Investment in the external commissioning of delivery of evidence based approaches such as the David Mandell model was discussed by the CPC in June 2015 and two members of staff attended the Safe and Together Conference in September 2015 when more information on this model – keeping children safe and together with the non-abusing parent and intervening with perpetrators to reduce risk of harm to the child - was presented.

5.17.5 A questionnaire was produced to go out to all education establishments the results of which are currently being collated. The questionnaire included a specific section on domestic abuse and sought information on staff learning and development, their needs, resources and services being used and what joint work they had been involved in and with what partner agencies.

5.17.6 The Gender Based Violence Partnership (formally known as the Multi Agency Domestic Abuse Forum) has brought together a wide range of services in the area which have an interest in, or responsibility for, work to address Gender Based Violence (GBV). The range of individuals, services and organisations in the Partnership are all tackling GBV in their own way; either specifically on prevention work, proactive or reactive work, policy work or a combination of any of these.
5.17.7 Work to address gender-based violence (GBV) in the Falkirk area includes:
- development of workplace policies on domestic abuse and gender-based violence
- development of a forced marriage protocol
- contribution to the Forth Valley guidance on Human Trafficking
- delivery of training on domestic abuse, forced marriage, stalking, human trafficking and female genital mutilation
- participation in the Forth Valley Childhood Sexual Abuse (CSE) pilot
- awareness raising of domestic abuse, with support, for young people within Polmont Young Offenders Institute
- development of resources including, information leaflets for older people, 'Safe as Houses' school resource and guidance for workers on supporting people living with domestic abuse
- the Forth Valley Accredited Programmes team delivers the Caledonian System for convicted high-risk perpetrators of domestic abuse with additional support for female partners and children
- relevant Council services (and additional partners) attend monthly Multi Agency Risk Assessment Conferences and Multi Agency Tasking and Coordinating Group meetings
- partners work closely together to support the International 16 Days of Action campaign. This includes young people from high schools working with school campus officers to raise awareness of GBV issues with their peers
- Community Safety funding has been provided to support an number of initiatives This includes a local Court Support project for women experiencing domestic abuse, GPS personal safety devices and personal safety alarms which were distributed to a variety of local support agencies.
- the GBV Partnership coordinator meets regularly with lead officers for other public protection areas across Forth Valley (Child and Adult Protection, alcohol and drugs and MAPPA). Following a successful Forth Valley Public Protection Conference last year, a Forth Valley public protection training module was piloted and will be rolled-out in 2016.

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## 5.18 Child Sexual Exploitation

5.18.1 Falkirk identified the need to develop an approach to address the vulnerability of certain groups to Child Sexual exploitation in 2012 and consequently we were an early adopter of the support provided by Scottish Government in 2013. Falkirk developed and implemented a Data Monitoring Tool based on the Bedfordshire University tool and have maintained a database of children at risk of or subject to child exploitation since that time. We are piloting a risk assessment tool to assist practitioners to consistently identify vulnerable children and young people.

5.18.2 Falkirk has undertaken audit activity to examine the characteristic of children targeted by perpetrators and the nature of those perpetrators. This audit points to a different model of Child Sexual Exploitation in Falkirk to those cases in England and Wales – for example, in Falkirk, the ‘older boyfriend’ model is prevalent, where young women cite their exploiter as emotionally-linked. The audit demonstrated that young people identified were appropriately in receipt of services and were being supported through Looked After and Child Protection processes.

## 5.19 Positive Destinations for Care Leavers

5.19.1 The Government’s Care Leaver Strategy introduced by the Department of Work and Pensions (DWP) used a ‘marker’ to routinely identify Care Leavers and local authorities were asked to forge close links with their local Job Centres. This was progressed as part of the work of the Moneywise Project - supporting Care Leavers to navigate the Benefits System. Initially this was achieved through introductions and training sessions to DWP staff which were facilitated by the Project and the Leaving Care Team. These training sessions supported DWP staff in understanding the vulnerabilities of Care Leavers and the issues they face in their transition to independent living. Through close partnership working with our local Job Centre we now have dedicated DWP Advisors who work with our Care Leavers.

5.19.2 This has resulted in Care Leavers having more positive links with their local Job Centre, reduction in Benefit Sanctions and maximisation of Care Leavers income. This close partnership working has resulted in our local Job Centre winning the DWP Excellence Awards in the category of Social Justice for closer working with the Leaving Care Team/Care Leavers.

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5.20 Health Needs of Looked After Children

5.20.1 Health assessments for Looked After Children are undertaken by various health professionals. Depending on age and stage of child and the child’s circumstances (for example, looked after at home or away from home) they may see a:

- Paediatrician
- LAC Public Health Nurse
- Health Visitor
- School Nurse
- Through-Care and After-Care Nurse

5.20.2 NHS Forth Valley is currently undertaking a review of the service delivery model to LA Children from the health professionals described above. The aim of the review is to assess the level of variability, if any, in relation to the assessment of health needs, that is carried out by these groups of staff. The first stage of the review commenced in September 2015.

5.20.3 NHS FV are working towards the development of an effective strategy to assess the mental health needs of all LAC. The findings of the service delivery model review alongside the service developments within CAMHs will support the development of a tiered approach to the assessment of mental health needs, involving those carrying out health needs assessments and CAMHS staff. Preliminary discussions concerning this will be taken forward by NHS FV Children and Young People Strategy Group.

5.20.4 Ongoing monitoring illustrates that the identification and notification of all LAC requiring a health assessment within the agreed timescales remains a challenge for the local authority. To ensure improvement in this area the Health of Looked After Children Group has agreed a test for change. This involves a move, within the Local Authority, to trialling the notification to health being made by an administrator. This will be followed up by health and social work colleagues.

5.21 Youth Justice Referral Group

5.21.1 Work is underway to track young people who have received services through the YJRG. This will provide information about further contact with Police Scotland during the young person’s contact with a service and also for 18 month beyond the point of exit from a service. This will allow the Youth Justice Strategy Group and various scrutiny forums to consider the effectiveness of services and interventions in terms of recidivism.
5.22 **The Child’s Plan and Outcomes**

5.22.1 A graded approach to the Launch of Version 3 of the Child’s Plan was undertaken in September 2015 with a full launch planned for November 2015. The development of Version 3 has been highly collaborative and consultative.

5.22.2 It is recognised that further work is required to support and quality assurance Team Around the Child meetings. Administrative support to these meetings has recently been developed allowing for meetings to be minuted. The integration of the Measuring Progress Framework within the Looked After arena will improve the consistency and quality of plans for children in the wider arena mirroring the improvement already experienced within Child Protection.

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6 **A Culture of Self-Evaluation**

6.1 **Embedding Self-Evaluation**

6.1.1 Self-Evaluation is embedded in Falkirk’s organisational culture. Services report on progress with Service Plans and a range of performance information and trends to the Performance Panel 2 or 3 times per year for scrutiny by elected members. Performance information is reported on our website, including statutory performance indicators, local Performance Panel reports and Local Government Benchmarking Framework reports. Self-evaluation also permeates our meeting structures and processes of supervision to influence individual practice and learning. Initially a more dominant feature in the Child Protection arena, self-evaluation now extends into the wider children’s services and evaluative mechanisms, reflective activity and improvement groups are a feature of all services.

6.1.2 The Children’s Commission undertook a self-assessment in 2013 using the Public Services Improvement Framework. This identified key areas for improvement on how we conducted our business as a partnership including:

- Planning
- Leadership
- Partnership
- Resources
- Customer Results

6.1.3 In addition in 2013 the Children’s Commission commissioned an external evaluation of its Multi Agency Group (MAG) processes in Getting it Right for Every Child. It made recommendations in terms of:

- Leadership
- Change
- Improvement
- Participation

6.1.4 These two major pieces of work set the agenda for the Children’s Commission from 2013 through 2014. During this period the Commission had five changes of chair due to staff moving on and retiring however very good progress was made on implementing the agreed improvements with the newly established Commission Leadership Group taking collective responsibility.

6.1.5 Falkirk Community Planning Partnership was audited in 2014 where the work that the Children’s Commission had undertaken in relation to its structures was recognised as being helpful in helping the Community Planning Partnership maximize the effectiveness of its work.
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<tr>
<td>6.1.6 The Children’s Commission Leadership Group is served by an improvement group and a planning group which have agendas committed to self-evaluation, redesign and the allocation of resources to address local need. Wider Children’s Commission events have reviewed and consulted on the implementation of GIRFEC, the results of staff survey activity and service redesign.</td>
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<td>6.1.7 Scrutiny Committees take place on an annual basis to consider Following the Public Pound Reports and Equality and Poverty Impact Assessments relating to our contracted services (for example, Cluaran, Axis, Time4 Us and SACRO Restorative Justice Service). A cross-member Scrutiny Panel is considering how we improve outcomes for our Looked After Children, with evidence being provided by key senior personnel within Legal Services, Social Work and Education and will report to Scrutiny Committee in early 2016.</td>
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<td>6.1.8 The redesign of Education and Social Work into an integrated Children’s Services, changes in Social Work Adult Services with the integration of Health and Social Care and the restructuring of Police Scotland has presented challenges and the need to evaluate the structures that support improvement and the range of meetings tasked with self-evaluation and development.</td>
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<td>6.1.9 In addition to the cross service improvement groups, services also have single service improvement groups, for example to Children and Families Continuous Improvement Group. These groups have developed their own service specific improvement plans and agendas, with scheduled audits, benchmarking, surveying and other activity. Service restructuring has once again resulted in the need to review the range and remit of these groups to determine whether efficiencies can be gained from combining various forums.</td>
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<td>6.1.10 The Multi-Agency Continuous Improvement Group (MACIG) is a Falkirk-specific group and takes forward the continuous improvement agenda on behalf of the Child Protection Committee (CPC). This group is responsible for multi-agency audit and evaluation activity, co-ordination and analysis of performance management information reports and review of local and national case/learning reviews. Consideration is currently being given to the combining of the Multi Agency Continuous Improvement Group and the Children’s Commission Improvement Group. This would ensure that self-evaluation relating to vulnerable children is considered within the context of Getting it Right for Every Child and does not place a distinction on this group because of the emphasis on a particular wellbeing indicator – Safe.</td>
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6.1.11 Performance management reports are provided to CPC on a quarterly basis and demonstrate both trends and performance. We use this information to monitor performance and to ‘drill down’ into areas where we have insufficient information or where we have concerns about level of performance. We reviewed our performance dataset in 2013-14 and made amendments to reflect national timescales for key child protection processes. At our CPC development day in April 2015, we recognised the need to develop more meaningful performance management information with a greater focus on performance outcomes.

6.1.12 The CPC has developed a Joint Self-Evaluation (JSE) Strategy to support self-evaluation based on the quality indicators in ‘How well are we improving the lives of children and young people’. The JSE Strategy has recently been revised to reflect the new governance arrangements. Within the strategy is an annual calendar of joint self-evaluation activity which allows the CPC to plan self-evaluation activity across the year. It is an ambitious calendar and diminishing staff resources has impacted on our ability to fulfil all planned activity. A quarterly update on the calendar and activity is provided by the MACIG to CPC. This year, the focus of much of our self-evaluation activity has been in relation to domestic abuse.

6.2 Audit Activity

6.2.1 A schedule of audit activity informs the work of the MACIG and provides feedback relating to the impact of staff development, training and service redesign. Audit activity is also embedded in individual services. For example, as part of the routine supervision of Social Work staff a template is applied which ensures that two case files per supervision session, are subject to Team Managers Scrutiny. This template focuses on the quality of assessment, recording and the Child’s Plan for statutory and non-statutory cases. Systems are being developed to aggregate information arising from this routine auditing through supervision and feed issues arising from this into the Children and Families Continuous Improvement Group (CFCIG).

6.2.2 Service users are “cold Canvassed” by the Children’s Rights Service when they have been involved in Child Protection processes resulting in Registration. Once service users have exited this process they are contacted by Quarriers and asked to provide feedback using a standardized template. Aggregate information relating to service user satisfaction levels are then fed into the Children and Families Continuous Improvement Group.

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<td>6.4 Child Protection Management Information reports</td>
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<td>2.1 Joint Self-Evaluation Strategy</td>
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<td>2.2 Good practice submission – PF and GLC</td>
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<td>3.1 Position Statement (MPA 2011 inspection)</td>
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<td>8.3 Substance Misuse Audit Summary Document</td>
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<td>9.2 Child Protection System Feedback Jan-April 15</td>
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<td>9.4 Children’s Rights Officer Report Figures from Child Protection System Feedback Jan-April 15</td>
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<td>3.1 MACIG Audit Schedule</td>
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<td>8.3 Supervision Framework</td>
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<td>5.4 Children’s Rights Officer Report Figures from Child Protection System Feedback Jan-April 15</td>
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6.3 **Structured Debriefs and Learning Reviews**

6.3.1 Our Social Work Service has established a pattern of undertaking Learning Reviews (previously named structured debriefs) when case issues have arisen which merit further investigation. These have mainly been undertaken when problems have arisen or it has been considered that learning could be gained from a multi-agency review of practice. It is recognised however that learning reviews can also be useful when examining good practice examples. The learning from these reviews is fed into the Children and Families Continuous Improvement Group and other forums.

6.3.2 Most recently cross service Learning Review Procedures have been developed which will ensure improved consistency relating to the application of learning reviews and standardise our approach.

6.4 **Next Steps**

6.4.1 Falkirk has utilized Viewpoint as a mechanism for engaging children and young people in our Looked After and Child Protection review systems. This interactive tool ensures that the voice of the child/young person is heard within review settings and that children/young people are able to effectively contribute to their plans. The tool also provides aggregate data which can inform service design and influence the allocation of resources. We have over recent months had concerns relating to a fall in the use of Viewpoint and consequently we are currently working to overcome the barriers to using the tool. Specifically, the questionnaires are subject to redesign and streamlining and we are giving thought to use of the tool across a range of platforms, including tablets and smart phones.

6.4.2 The Director of Viewpoint is working with key staff to organize a re-launch of the tool combined with a series of training events. A video is being produced which provides Head of Service endorsement of the use of the tool by practitioners. It is hoped that a combination of the tool redesign and the re-launch will increase the percentage use of the tool where appropriate. Aggregate data arising from Viewpoint is considered by the multi-agency Viewpoint Monitoring Group and summary information will be provided to the Children and Families Continuous Improvement Group.

6.5 **Participation**

6.5.1 Prior to the transition to Children’s Services in August 2015 Social Work Services developed a Participation and Engagement Strategy. This references the Corporate Plan and is applicable to Children and Families, Criminal Justice and Social Work Adult Services.
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The strategy recognises that participation is a right. The United Nations Convention on the Rights of the Child says that any child or young person has a right to express their views and have them taken into account, in decisions that affect their lives. The European Convention on Human Rights provides the same entitlement to adults.

6.5.3 The participation strategies developed by our individual registered, residential, foster care and leaving care services have coincided with increased involvement of children and their families in service development and recruitment activity. Reference groups sitting under the Children’s Commission and Corporate Parenting Strategy Group are canvassed relating to service improvement proposals. Children in the Aftercare System attended a Committee on the 31 March 2015 to allow our elected members to make a Corporate Parenting commitment to Looked After Young People and to recognise the Corporate Parenting legislative requirements arising from the Children and Young Persons Act implemented on the 1 April 2015. We also had looked after young people present on our participation strategy to a large group of social work managers in 2014.

6.5.4 Tremanna Children’s Home have, through a highly collaborative and consultative process, developed a model of support and intervention called T. Model.

**Falkirk Children’s Rights Service**

6.5.5 Falkirk Children’s Rights Service is jointly delivered by Quarriers and Who Cares? Scotland.

6.5.6 The Children’s Rights Service is independent from statutory services and is encouraged to scrutinise areas of work within Falkirk Council. This is enacted by the Children’s Rights Officer being involved in planning and policy development through membership of strategic groups. Any consultative work carried out by the CRO is fed into such strategic groups.

6.5.7 The Children's Rights Service main aims and objectives are to; Provide information and advice to Children and Young People about their rights; Help Children and Young People have their views heard at meetings like Children’s Hearings; Support Children and Young People with concerns and/or to make a complaint; Consult with Children and Young People on services that support them and ensure that those caring for Children and Young People listen to what they have to say.

6.5.8 The Children’s Rights service is encouraged to act in the best interests of the Children and Young People whose rights they seek to promote, respect and protect.

6.5.9 The service works closely with Residential Houses, Social Work Area Teams, LAC Nurses, Education and third sector services.
6.5.10 We have a range of long standing reference groups, including: “Having Your Say” facilitated by Quarriers, “For Falkirk’s Bairns”, leaving care and pupil councils. Additionally, we have developed short term reference groups to ensure participation in relation to new developments including the Participation and Engagement Strategy, Independent Living Plan, T-MOR, T-Model and the development of housing options for young people leaving care.

6.5.11 Young people are increasing being involved in the selection of our staff and our interview processes throughout the partnership. Young people are involved in the recruitment of Family Nurses and their Family Nurse Supervisors. Children and young people are also a key part of the recruitment process for residential childcare staff, Headteachers and other senior posts.

6.5.12 The voice of young people and their families is being considered within various service improvement groups through the attendance of the children’s rights service at these meetings. Most recently it has been agreed that a Looked After Child will routinely attend our Children’s Commission Improvement Group. We have recently been involved in action research by a visiting research fellow at Stirling University, who carried out research on children and young people’s activity in our Tremanna care home earlier this year. This report provided a favourable review of how this home actively enhances the engagement of looked after young people within the home, including former residents who have left care.

6.5.13 We are improving the ability of children, young people and their families to fully participate in Children’s Hearings processes. Consultation events have taken place with key stakeholders including young people to develop ideas about how the Children’s Hearing processes could be improved to ensure that children and young people are able to contribute more effectively and feel more comfortable in this arena.

6.5.14 The Education Executive of Falkirk Council has two young people as members. We also encourage leadership and participation through the development of our Young Ambassadors Programme.
## 7 Responding to Our Data

### 7.1 Using Data

#### 7.1.1 Strategic groups concerned with children and their associated improvement groups routinely examine Falkirk’s data and compare this against other local authorities in Scotland. Data contained within the annual Child Protection Return and CLAS is considered by the Child Protection Committee and the Multi Agency Continuous Improvement Group as well as the Children and Families Continuous Improvement Group. Falkirk has also undertaken a specific piece of work to compare its Social Work staffing ratios against a neighbouring local authority.

#### 7.1.2 Falkirk has joined the Local Government Benchmarking Framework – Family Group 3 Looked After Children. This will provide a continuous process of learning from others and allow us to utilise the LGBF Toolkits and the reported data and adapt this knowledge to our organisation’s own context in order to improve performance. We also publish the national LGBF reported data each year including comments on performance on the Council website to make this accessible to citizens/service users.

### 7.2 Safe

#### Child Protection Register

#### 7.2.2 The Child Protection Committee reviews our child protection register data quarterly and we compare our data with those of our comparator authorities and nationally on an annual basis.

#### 7.2.3 Our most recent review (2013-14 statistics) told us that Falkirk’s Child Protection register rate is below that of comparator areas and the national average. This is a consistent trend, and mirrors fluctuations seen in national rates. This suggests that within the Falkirk area, we are intervening early and providing support to families before circumstances escalate and statutory intervention is required.

#### 7.2.4 The number of child protection registrations as a % of CP case conferences held is higher than comparators/national average. We are undertaking further examination of this to better understand why this might be, but this data suggests to us that we have the right threshold for bringing children to Child Protection Case Conference, and that we are using other approaches such as Team around the Child meetings well, where concerns are below the threshold for child protection. This view is supported by data from the benchmarking carried out with a neighbouring local authority which showed that our staff are more experienced practitioners. This means they are more likely to have greater confidence and experience in exercising professional judgement which is so important in protecting children.

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<td>Children and Families Audit and Benchmarking Report</td>
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<td>8.3</td>
<td>Themes for LAC Benchmarking</td>
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<td>Initial Discussion LAC</td>
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<td>Children’s Social Work Statistic Scotland 2013-14</td>
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<td>Child Protection Committee Q1 April-June</td>
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<td>Children and Families Audit and Benchmarking</td>
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7.2.5 In Falkirk, we keep children on the CPR for slightly longer than our comparators - a lower proportion of children were on the register for less than 6 months and remained on the register between 6 and 24 months than nationally. In Falkirk, we do not de-register children as soon as a statutory order is in place (as is practice in some authorities) but wait until the next CP case conference review. We also ensure that parents are able to sustain required improvements before de-registering – this is borne out by our low numbers of children re-registered within the first year of de-registration.

6.4
9.1
9.2

7.2.6 The teenage pregnancy rate (<18 years) is lower than the Scottish Average (Forth Valley 28.4 per 1000, Scotland 30.6 per 1000 in 2011). The rate for Forth Valley has mirrored the pattern in Scotland and has been fairly steady for the past decade. There has been a small reduction recently

7.2.7 582 children and young people were hospitalised by unintentional injuries at home (under the age of 15 years). This is consistent with the Scottish average.

7.3 Healthy

Neonatal Abstinence Syndrome

7.3.2 Outcomes for babies who require medical management due to maternal drug use are being continuously monitored within Forth Valley. The figures for 2014 remain similar to those of 2013. Interagency assessment and planning together with staff training and development continues to contribute to improved outcomes for these babies and their families.

7.3.3 NHS Forth Valley are addressing higher than Scottish average low birth weights through involvement in the national programmes noted below, to ensure early intervention where there are concerns for the mother and unborn baby.

7.3.4 GAP study (Growth Assessment Protocol) Individual fundal height monitoring for all women at initial booking. On-going monitoring and measurement plotting onto the child’s growth chart. Determining additional individual pathways of care for women where growth showing concern.

7.3.5 AFFIRM study (Awareness of Foetal Movements and Focussing Interventions Reduce Foetal Mortality)

7.3.6 NHSFV are participating in the national programme to assess Foetal wellbeing (AFFIRM). Guidelines and pathways of care are available which offer detailed monitoring to assess foetal wellbeing to those women who present with decreased foetal movement. This leads to individualised plan of care.

Delivery to Schools
7.3.7 There is a downward trend in the number of women smoking during pregnancy, but the statistics show that around 19.6% of pregnant women were currently smoking at antenatal booking in 2012 (Scotland: 19.3%)

7.3.8 Forth Valley has a similar rate of low birth weight babies to the Scottish average (Forth Valley: 2.3%; Scotland 2.3%) having around 70 full-term low birth weight babies born each year

7.3.9 22.7% of babies are exclusively breastfed at their 6-8 week review, which is below the Scottish average of 26.2%. There is a wide inequality in breastfeeding rates between the most disadvantaged and most affluent areas in Forth Valley and between Stirling 34.8%, Falkirk 19.6% and Clackmannanshire 16.7%;

7.3.10 95.3% of babies had received their first dose of MMR vaccine by the age of 24 months in 2011 (Scotland: 95.2%) and 97.9% of babies received the primary course of Diphtheria, Pertussis, Tetanus, Polio, Hib (Scotland: 98.3%)

7.3.11 66.1% of Primary 1 (P1) children in Forth Valley had no evidence of obvious dental decay experience in 2012 (Scotland: 67%)

7.3.12 76.9% of children in Primary 1 in school year 2011/12 were classified as having a healthy weight. Forth Valley reflects the Scottish average

7.4 Achieving

7.4.1 Falkirk Council schools continued its pathway of successful outcomes at all levels for secondary students.

Attainment in S4

7.4.2 2015 was the second year in which Scottish schools presented S4 pupils in National Qualifications as part of the Curriculum for Excellence. New performance indicators have been introduced to reflect the different types of qualifications. Comparison with previous year’s performance at S4 is not appropriate until next year, when the previous policy of early presentation in S3 will no longer affect S4 performance statistics. Performance in the first years of Curriculum for Excellence will provide benchmarking for the future.

7.4.3 The 2015 results were encouraging:

- 94% of pupils achieved at least Level 4 Literacy, compared with the Scottish average of 91%.
- 87% of pupils achieved at least Level 4 Numeracy, compared with the Scottish average of 85%
- 60% of pupils achieved Level 5 Literacy, equal to the Scottish average.
- 47% of pupils achieved Level 5 Numeracy, compared with the Scottish average of 50%.
### Attainment by the End of S5

#### 7.4.4 The SQA results for 2015 show:
- 54% of original S4 gained 1 or more Highers. This was 2% higher than last year and was our highest figure to date.
- 34% of original S4 gained 3 or more Highers. This was 1% higher than last year and was our highest figure to date.
- 16% of original S4 gained 5 or more Highers. This equalled last year’s figure, which was our highest figure to date.

### Attainment by the End of S6

#### 7.4.5 Progress continues:
- 43% of original S4 gained 3 or more Highers. This was 3% higher than last year and was our highest figure to date.
- 30% of original S4 gained 5 or more Highers. This was 2% higher than last year and was our highest figure to date.

### Educational outcomes for Scotland’s looked after children, 2013-14

#### 7.4.6
100% of looked after school leavers achieved 1 or more qualification at SCQF level 3. This is a higher proportion than all but 5 local authorities for which figures are available. The proportion achieving 1 or more qualification at SCQF level 4 is 63%, ranking Falkirk 17th among LAs for which data is available.

7.4.7 88% of looked after school leavers were in a positive destination at 3 months (ranked 7th of local authorities) increasing to 94% in a positive destination at 9 months (ranked 3rd of local authorities). (Table 2.3, additional tables).

### Nurtured

#### Residential Care

7.5.2 Falkirk is addressing the higher proportion of children placed in residential care and external residential care when compared with the national average. Falkirk has developed two Children’s Homes within the Falkirk Council boundary and contracts with Care Visions for a third home (Westside). This home has recently increased its number of beds and work is underway to contract with FTS Care to create eight more contracted placements in the Falkirk Council area. This will effectively double the number of residential places available to Falkirk locally.

7.5.3 Placement requests for residential schools are considered by the Joint Child Care Resource Allocation Group. This group is tasked with ensuring that children’s education and care needs are met in the most appropriate and cost effective way. The group also has a review and quality assurance function. This has come into focus as a result of our determination to reduce the number of children in external placements.

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**Briefing paper on Educational outcomes for Scotland’s looked after children, 2013/14 publication, June 2015**

**Summary ICCRAG Report**
7.5.4 Considerable emphasis has been placed on the retention and recruitment of internal foster carers, with a target having been set of recruiting 5 additional foster carers per year. This has been met and exceeded over the last three years with for example 9 new foster carers being recruited in the last 12 months. Falkirk has reviewed and amended existing foster carer’s allowances/pay and we are working in partnership with Falkirk Football Club to increase awareness and promote foster care as a vocation.

7.5.5 The Intensive Family Support Service (IFSS) works with children/young people and their families up until the age of 18 years providing support to reduce the probability of children needing to be accommodated. The service is delivered between 8-00am and 8-00pm seven days a week, allowing it to respond to crisis when necessary. The IFSS has recently been subject to multi-disciplinary review to ensure that it is being targeted effectively and that its specification, interventions and outcomes impact on the number of children requiring care provision. The Service is represented at the Specialist Service Request Group to ensure that there is good exchange of information between the IFSS and allied services including Cluaran, Mariner Support Service and local schools.

7.5.6 In addition to Restorative Justice Services Falkirk has worked with Sacro to develop an out of hours service which interfaces with and complements the IFSS, by providing standby interventions to young people and their families between 8-00pm and 8-00am. The Sacro Standby Service is unique in Scotland and intervenes at the point of placement or family breakdown out with normal office hours. The service aims through mediation and conflict resolution to delay or avoid a young person being accommodated and although rarely deployed has been effective in ensuring improved decision making and interventions for children in crisis out of hours. Consideration is being given to the expansion of the service Forth Valley wide.

7.5.7 Our registered residential and leaving care services have consistently achieved improved inspection reports, consistently achieving scores of 5 and 6 in all areas, with an absence of required improvement actions.
### Aftercare Services

7.5.8 Falkirk has a specialist Aftercare Service and statutory responsibility for After Care cases is transferred from the area team to the specialist Aftercare Service (Leaving Care Team) at the point they become eligible for these services. Falkirk’s Leaving Care Service provides a high quality responsive service to care leavers which is recognised through external inspection. The Service has been instrumental in attracting funding for new initiatives including the Moneywise Service which assists 18-21 year olds navigate the Benefits system and most recently the Big Lottery funded Peer Mentoring Service. Both these services extend the range of interventions available to the Leaving Care Team and add value to their statutory provision.

#### 7.5.9 Aftercare Recommendations:
- Falkirk recognises that comparatively fewer young people eligible for aftercare services are in receipt of aftercare services when benchmarked against the national average. This differential reflects a historical decision for children Looked After at Home not to progress to the specialist Aftercare Service but to remain the responsibility of the local area Social Work teams. Most recently work has been undertaken to address this disparity to ensure that children Looked After at Home will receive a service which is equitable to those Looked After Away from Home. This work has been encompassed in Falkirk’s strategic response to responding to legislation contained within the new Children’s Act relating to aftercare and continuing care.

#### 7.5.10 The Healthy Living Survey 2015 showed that in Falkirk primary schools, 70% of all pupils took a school meal. This was 10% higher than the Scottish average. In January 2015, the Scottish Government extended the eligibility for free school meals to include all P1-P3 pupils. For P4-P7 pupils, 99.6% of those pupils that were entitled to a free school meal took up that entitlement, compared with the Scottish average of only 89%. Falkirk ranked highest in Scotland for the uptake of free school meals in primary schools (P4-P7).

7.5.11 In secondary schools, 55% of pupils took a school meal, 11% higher than the Scottish average of 44%. 93% of secondary pupils who were entitled to a free school meal took up that entitlement, compared with the Scottish average of 76%. Falkirk ranked 4th highest in Scotland for the uptake of free school meals in secondary schools.
7.6 Active

7.6.1 Falkirk Community Trust has been reviewing its programme to ensure that its activities reflect a family friendly Falkirk. In 2014 they collaborated with social work to improve long term opportunities for a group of young people by supporting them to create a series of film, documentaries and animations.

7.6.2 679 young people broke a Guinness World Record for tennis “keepy uppy” at the new tennis courts in Grangemouth.

7.7 Respected

7.7.1 Aggregate complaints, disciplinary and grievance information is considered by the Children & Families Continuous Improvement Group. A register is kept of improvement actions arising from such incidents. An example of a complaint resulting in an improvement action relates to a parent who was concerned about information exchange between agencies at a Youth Justice referral Group to which they had not been invited. This resulted in an amendment to our procedures with notification and invitation to all parents under these circumstances.

7.7.2 Fostering & Adoption Panels have developed a mechanism to secure feedback from panel members and all attendees using standardised templates. Completed forms are aggregated and considered by the Service Manager with responsibility for Fostering & Adoption Services and a quarterly Business panel. This meeting is responsible for driving improvement arising from feedback received.

7.7.3 The number of parental complaints assessed as being related to bullying in schools has remained static over the past three years at around 50 per annum.

7.7.4 All our schools have pupil councils and we have recently introduced a Young Ambassador scheme.

Register of complaints, disciplinary & grievance improvement actions

Fostering and Adoption Panel:
Template 1
Template 2
Template 3
Business Panel
Minute 1
Minute 2
### 7.8 Responsible

#### 7.8.1
In February 2015 NHS Forth Valley Equality and Diversity Manager and Police Scotland Equality and Diversity Officer delivered awareness sessions, regarding “What is Equality and Diversity and What Constitutes a Hate Incident?” to approximately 1000 young people at Falkirk High School. The headline of the sessions was “Hate Incidences – Report it to Sort it”.

#### 7.8.2
The evaluation on the day was very positive with young people and staff reporting that the learning from the discussions was very positive. One young person responded, stating that he now understood the impact and consequences of inappropriate language he had used. Moving on from the day all school, police offices, GP practices, Dental Practices, pharmacies and other services were sent a link to the information from the day.

#### 7.8.3
A Self Directed Support Choices pilot has been operational since June 2013 and information from this pilot is fed into the Shared Care Network. SDS Utilises a family network approach combined with a developed outcomes framework and a dedicated budget. The pilot was applied wider than Children with disabilities and is being independently evaluated with Stirling University WithScotland.

#### 7.8.4
The qualitative research undertaken on our Tremanna care home by a visiting research fellow identified a number of positive findings by which the young people in this care home were supported. The report showed that the child’s agency makes an essential contribution to wellbeing, and the report findings support a range of beneficial personal outcomes for children and young people, including nurtured; respected, responsible and included. In particular the report identified four dimensions of participation in the everyday life of the residential unit, and noted observed examples of good practice in: ‘Participation in absence’; ‘material participation’; ‘participation through leaving traces’; and ‘participation through staff’s engagement’. The findings related to existing residents and to previous residents of the care home and provided a positive review of ways in which the care home supports young people’s agency and thereby their wellbeing.

#### 7.8.5
The 2014-15 SCRA report showed a 24% reduction in referrals on offence grounds. This reduction in offence referrals reinforces the effectiveness of our interventions and processes delivered under Early and Effective Intervention and the Whole Systems Approach.
Eco Schools

7.8.6 78% of Falkirk Council educational establishments (nursery, primary, secondary & special) have at least a bronze Eco School award, compared with the Scottish average of 73%.

7.8.7 75% have at least a silver Eco School award, compared with the Scottish average of 71%.

7.8.8 56% have a Green Flag award, compared with 44% nationally.

7.9 Included

7.9.1 All new Council policies and budget savings options are subject to the completion of Equality and Poverty Impact Assessments. These ensure that the potential policy/options take full account of the impact on vulnerable groups.

7.9.2 100% of all children requiring home supervision were seen by a supervising officer within 15 days of the hearing taking place.

7.9.3 100% of looked after young people have a Child’s Action Plan.

7.9.4 Falkirk Community Trust in partnership with Laurieston Primary School delivered a cross generational project to create memory boxes.

7.10 Next Steps

7.10.1 It is our intention to develop increased capacity in our residential sector within the Falkirk Council area and to fully integrate Family Support Services across Children’s Services to reduce the need for children to be placed out with their family homes and in external residential settings.

7.10.2 The recommendations arising from the IFSS review and its updated specification will be implemented.

7.10.3 We have undertaken a consultative exercise with key stakeholders and care experienced young people to develop a specification for a supported accommodation service. Work is underway to develop a tender for a contracted service which would replicate aspects of the Step Up service.
8 What Our Self Evaluation Tells Us

8.1 Summary of Self-Evaluation

Based on our self-evaluation we have assessed ourselves under each performance indicator:

1.1 Improving the well-being of children and young people  
We could make improved use of all data available to us to drive improvement

2.1 Impact on children and young people

2.2 Impact on families

5.1 Providing help and support at an early stage

5.2 Assessing and responding to risks and needs

5.3 Planning for individual children

6.2 Planning and improving services

6.3 Participation of children, young people, families and other Stakeholders

9.4 Leadership of improvement and change

8.2 Improvement Areas

We have identified the following areas for continued improvement:

Corporate Parenting/Outcomes for Looked After children
Use of Integrated Chronologies as assessment tools
Quality assurance of GIRFEC Processes including named person services and TACs
Participation of children, young people and their parents in planning and design of services
Continued robust change management across agencies

8.3 Inter-Agency Involvement

Following agencies and groups have been involved in this self evaluation process:

- Police Scotland
- Falkirk Council Children's Services
- NHS Forth Valley
- Falkirk Voluntary Sector Children's Services Forum
- Falkirk Children's Commission Leadership Group
- SCRA
- Falkirk Wider Children's Commission
- Falkirk Public Protection Chief Officers Group