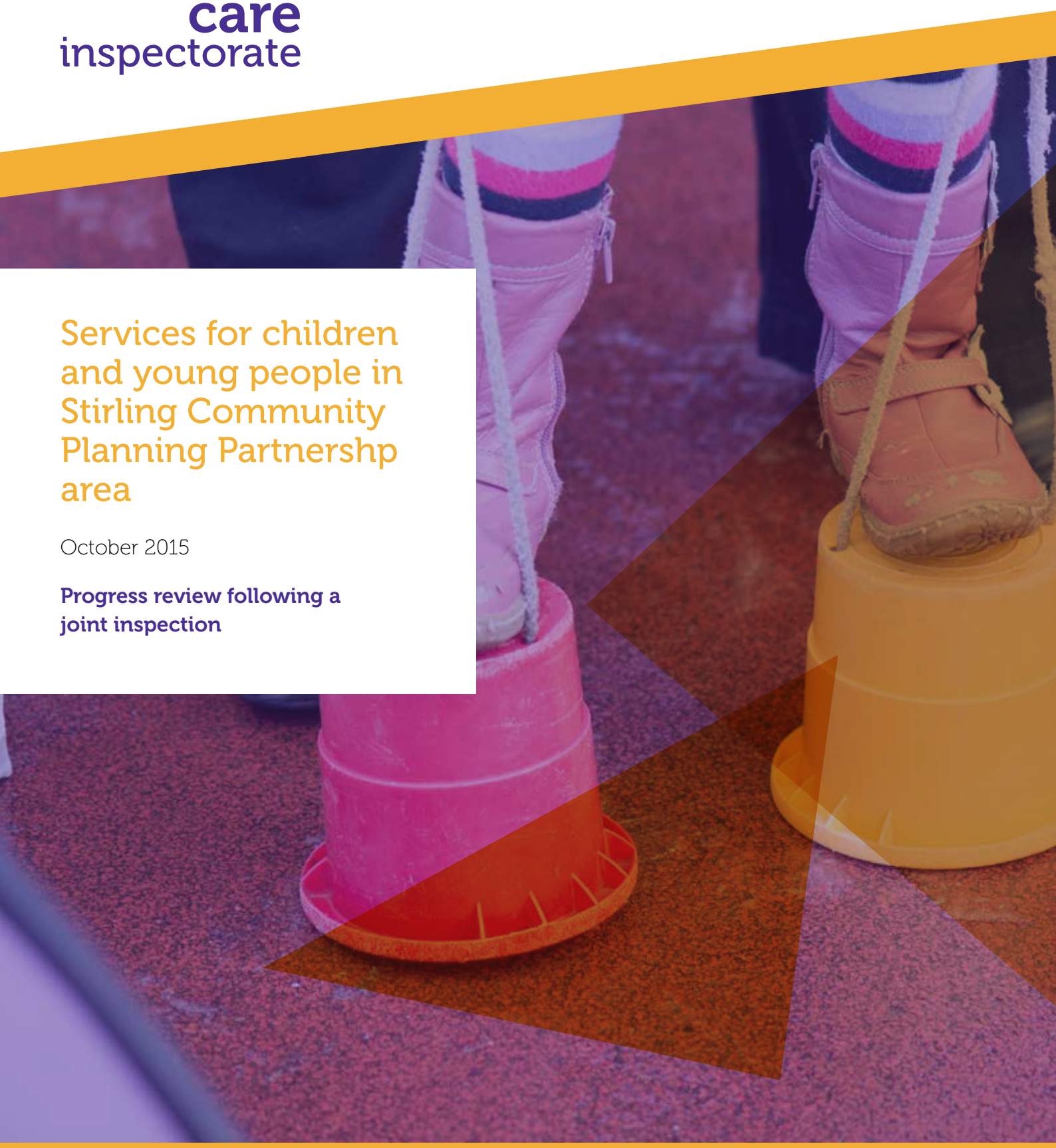
care inspectorate



Services for children and young people in Stirling Community Planning Partnershp area

October 2015

Progress review following a joint inspection

HAPPY TO TRANSLATE

Services for children and young people in Stirling Community Planning Partnership area
October 2015
Progress review following a joint inspection

Contents

1. Joint inspections of services for children and young people

In 2012, Scottish Ministers asked the Care Inspectorate to lead joint inspections of services for children and young people across Scotland, working with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. These inspections consider the full range of work with children and families in a community planning partnership area including services provided by health visitors, school nurses, teachers, doctors, social workers, police officers and the voluntary sector. Inspectors assess the effectiveness of community planning partnerships in ensuring positive outcomes for all children in their communities, using the eight indicators of wellbeing laid out in the Getting it Right for Every Child national practice model. This includes assessing how well partners develop and implement strategies to close outcome gaps between those children who are vulnerable or disadvantaged due to ill health, disability or adverse family circumstances and their peers. Inspections pay particular attention to the effectiveness of arrangements to keep children safe and to promote positive outcomes for vulnerable unborn babies, looked after children, care leavers and young carers.

2. Background to this progress review

We carried out a joint inspection of services for children and young people in the Stirling Community Planning Partnership area between January and February 2014. The report published in May 2014 can be found on the Care Inspectorate's website at **www.careinspectorate.com**

Education and social services in Stirling and Clackmannanshire Councils are delivered through a shared management arrangement overseen by a Programme Board that reports to a steering group of local elected members. Each council remains a politically independent statutory body. Clackmannanshire Council is the lead authority for social

services and Stirling Council is the lead authority for education services. Senior managers have responsibility for the services across the two council areas. Responsibilities for police and health services rest within the Forth Valley Division of Police Scotland and NHS Forth Valley. As services for children and young people are closely connected and, in some instances, managed jointly across Clackmannanshire and Stirling, it made sense to undertake the original inspections and the progress reviews for both local authority areas at the same time.

Last year when we were conducting the original inspection, we found that although many families were receiving helpful support from a range of services, there was a lack of co-ordination and availability of services to support families at an early stage of difficulty. There were also important weaknesses in key processes of assessment and planning. As a result, we were concerned that some children and young people could be left in situations which placed them at risk or without sufficient support to keep them safe. We were not confident that integrated children's services' planning was sufficiently systematic or robust to deliver improvements to the wellbeing of children and young people. Leaders were not working effectively together to improve outcomes for children and young people.

We identified five priorities for improvement and gave notice that we would return to the area to report on progress. In the meantime, we had monitored the implementation of the Community Planning Partnership's joint improvement plan and our link inspector provided the partners with advice, challenge and support.

3. How we conducted this progress review

This progress review assesses the effectiveness and speed of partners in Stirling in securing improvements. We recognised that it would be too early to see the impact of changes on overall outcomes for vulnerable children and young people. However, we did look for evidence that any immediate risks to children's safety or wellbeing had been addressed and that solid foundations were being laid to ensure real and lasting improvement in the quality of services for children, young people and families.

A team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland undertook a range of activities during the week beginning 18 May 2015. To reflect the shared management arrangements for education and social services and our original inspections, the progress reviews for both Stirling and Clackmannanshire took place during this week.

We did not set out to re-assess all the areas of work relating to children, young people and families which would be covered in a full inspection. Instead, we looked at the work being done to bring about improvements in the five areas of performance which gave greatest concern in the original inspection.

During the review we:

- took account of the work carried out by the Care Inspectorate link inspector and Education Scotland area lead officer to support chief officers and senior managers in improving services
- reviewed position statements submitted by partners assessing their own progress against all five of the main areas for improvement along with significant supporting evidence
- interviewed chief officers, senior managers and staff groups and met with strategic partnership and multi-agency review groups
- held focus groups around the five recommendations made in the May 2014 report
- reviewed recording of 36 initial referral discussions, 19 child protection initial reports and 36 comprehensive assessments and children's plans.

At this stage, we decided not to meet with children, young people and families. We recognised that the joint improvement plan was at too early a stage of implementation for them to be able to tell us about impact on service delivery.

4. Findings

The Partnership's approach to improvement

Partners had responded quickly and constructively to the findings of the joint inspection published in May 2014. They demonstrated a preparedness to work more closely and collectively raise their aspirations for children and young people. They developed a comprehensive improvement plan and prioritised short, medium and long-term actions to protect children and young people from abuse and neglect and improve their overall wellbeing. Partners were beginning to work at a pace better able to deliver change and improvement. Effective collaborative leadership was motivating staff across services well and together they had created a positive energy to achieve their goals. This was clearly evident during the progress review.

Area for improvement 1

Improve, as a matter of priority, the processes for assessing risks to ensure that all children and young people are afforded the protection and support they need.

We found very encouraging progress in this area. Managers had clarified expectations of staff and had made a wide range of training opportunities available to improve competence and confidence. Initial referral discussions were now taking place promptly when there were concerns about children's safety or wellbeing and were improved by more meaningful contribution from a range of services. Pilots were being conducted to test improved communication methods between services where children were affected by substance misuse. The quality of assessments was improving, although managers recognised there was still some way to go. Staff were using the graded care profile where children were at risk of neglect and the Getting it Right for Every child wellbeing indicators to much better effect.

Services had prioritised tasks to improve assessments of risk, chronologies of significant events and assessment of the impact of chronic neglect and domestic violence.

Chief officers and senior managers had taken very seriously the need to improve risk assessments and had supported staff very well to improve their practice by offering a wide range of training opportunities. They were equally very clear what they expected of their staff working to protect vulnerable children and keep them safe. As a result, the initial response to concerns had been improved with better and more consistent information sharing with more robust recording taking place. The sharing by police of Vulnerable Person's Database reports across police, education, health and social work services was now helping to ensure risks were identified early. Police Scotland had evaluated its use of the database. In doing this, it recognised the need to train more officers as reviewers as existing staff left the Public Protection Unit. Services were also reviewing the way the multi-agency response centre operating from Larbert police station was working in order to streamline the service further and ensure children and young people were protected and their needs met more effectively.

Overall, a wide range of multi-agency training programmes focusing on assessing risk and planning to meet children's needs had been highly successful in supporting increased staff confidence and raising the quality of assessments and plans. Staff and managers had usefully attended training on, for example, the use of the National Risk Framework and on a number of risk assessment tools such as the graded care profile. This had helped to promote a more systematic approach to assessing risk. The introduction of Getting it Right for Every Child documentation along with related multi-agency training had increased staff confidence by creating a shared language regarding children's wellbeing. Staff now accepted this way of working as routine and they were thinking appropriately about outcomes for children when planning involvement in the lives of families.

Our findings from a review of individual case materials were largely positive. The minutes of initial referral discussions showed that discussions mostly took place within the expected 24 hours. Relevant staff, including health, were involved in the process and the child was kept safe, although in the majority of minutes, the discussion was not

well recorded. Individual cases were reviewed by a multi-agency operational group, chaired by a senior health manager, to ensure appropriate decisions had been made and suitable action taken following the initial meeting. This had resulted in helpful changes to recording systems and attempts to streamline ways of working across all areas had been made. Improvements in recording the initial referral discussions and in particular, the actual discussions that had taken place between staff, had been identified as an area for further development.

Staff were enthusiastic and motivated to improve the quality of their work and in turn improve outcomes for children and their families. Partnership working and sharing of information had improved and as a result assessments were more robust. A useful pilot was taking place where information was shared between health visitors and addiction services to ensure early help was available to children and families. Additionally, a further pilot was underway involving police sharing Vulnerable Person's Database reports with the Community Alcohol and Drugs Service which had led to greatly improved communication and kept the child at the centre of assessment and planning.

Initial assessments had improved. They now contained relevant information, detailed specific risks well and were structured in a meaningful way. Some could have recorded protective factors more clearly. Most included the view of children and families and all included views from relevant services. Almost all analysed the child's situation and all offered a clear recommendation on the way forward.

Inspectors found that better detailed, comprehensive assessments contained relevant information, were integrated well with contributions from relevant agencies and most gave an analysis. Almost all gave a summary of previous support and offered clear recommendations on how best to meet the child's needs. Looked after children's health assessments were mostly being completed within agreed timescales and staff were helpfully monitoring the reasons why a few did not reach the target.

Useful training was beginning to increase staff understanding of the value of chronologies and in turn the quality of the recording was starting to improve. We could see improvements over time in the development of chronologies and how these were starting to be used to inform assessments. Our review of 19 initial assessments showed chronologies were up to date and most had actions clearly recorded with sufficient detail. However, half were not subject to appropriate review and analysis. Managers were checking the quality of chronologies and risk assessments on a regular basis. This had been done both by individual services and also on a joint basis. They were aware that there was still a need to further improve chronologies including agreeing what is meant by a significant event and ensuring consistency in the quality of assessments.

Staff had benefitted from opportunities to learn more about the impact of domestic abuse and neglect on children. They were now using the graded care profile well in their assessments and they were monitoring progress made. Staff across services were

becoming more familiar with the wellbeing indicators and using them in a structured way to assess risk and need in cases of children and young people affected by chronic neglect or domestic abuse. NHS Forth Valley recognised the need to review how it is represented at multi-agency risk assessment conferences when cases of high-risk domestic abuse are considered.

Area for improvement 2

Improve plans for individual children and young people to manage risk and meet their needs.

We saw considerable changes to processes and practices which were improving plans and planning for children and young people. Progress had been made to improve the child's plan and staff confidence in using these appropriately with families was increasing. Plans were more consistent with a Getting it Right for Every Child approach and were aligned well to the wellbeing indicators and an outcomes framework. Systems to make sure children's and young people's progress was reviewed regularly had improved significantly. This included better involvement of young people in important meetings such as staged intervention reviews or engaging with significant adults and elected members. Young care leavers were benefitting from improved pathway planning to prepare them for adult life.

Some significant improvements had been made in developing and reviewing plans for children across the area. There had been significant strengthening of key processes although there was limited evidence to measure the impact on outcomes for children. Examples of work in progress included the ongoing revision of transitions guidance, tools and guidance to enhance the engagement of children from one stage to another in their education and life experiences and the development of a single child care case management system. Partners recognised that more work was needed to bed in improvements and demonstrate benefits to children and young people.

The Partnership had adopted a more systemic approach to ensuring children and young people's progress was regularly reviewed. Performance information was collected and reported quarterly. Reports included attendance at reviews from services, the number of reviews held within statutory timescales and reasons for those that were delayed. An agreed checklist had been agreed recently for use by the reviewing team which chairs child protection case conferences and reviews for looked after children and young people. This was helping to ensure all relevant areas were always discussed. Arrangements were in place to check case files before reviews. These measures should not only promote a uniform approach but also improve consistent quality assurance by reviewing staff.

Very helpfully, staff now had protected time after meetings to discuss what was relevant to add to the multi-agency chronology and consider the actual outcomes achieved. Meetings to review staged interventions were also now well attended forums where effective planning and joint working in relation to the young person took place. Young people took part in the meetings and were fully engaged and well supported to give their views on the plan and the impact of services and supports received. Young people were more involved in planning the pathway to support them through to independent living. Now, all young people eligible for a throughcare and aftercare service had an allocated pathway co-ordinator as a consistent point of contact. Across the area, information was collated about pathway plans and their review dates. The specialist throughcare team held monthly meetings to review this information and check on progress for individual young people.

A corporate parenting group was progressing a participation framework. A successful programme engaging elected members with young people using throughcare and aftercare services had already taken place. Young people were currently reviewing this, to establish a programme for the forthcoming year. The planned review of the Corporate Parenting Strategy should provide opportunities for further engagement with looked after children and young people and be a useful forum to discuss ongoing engagement activity.

Work was underway to consolidate consistent ways to the implement Getting it Right for Every Child and the single child's plan. Plans had been redeveloped and now fitted in better with an outcomes framework aligned to the wellbeing indicators. These plans had been in use for a few months and helpfully had been preceded by a series of well evaluated training sessions for staff involved in planning for looked after children and young people. The well established staged intervention process was currently being updated to fit with Getting it Right for Every Child and the requirements of new legislation and guidance.

Overall, noteworthy progress had been made in developing an effective child's plan, with a focused approach and common understanding. This was supporting staff to work together better to put more appropriate actions in place. Staff were using plans with families in a much more open way and the plan was central to the reviewing progress. They reported greater confidence in identifying expected outcomes when producing children's plans and suggested that plans had improved with greater clarity, for example about who was responsible for actions.

This matched well with our analysis of 36 children's plans, which showed that most were informing day-to-day practice well. In almost all, it was clear which service and lead officer was responsible for overseeing the plan. All considered appropriate use of legislation and use of statutory measures. Over 80% clearly stated aims and desired outcomes and had contingency plans recorded. Nonetheless, it was clear that there

was still some way to go. Further work was required in some cases to ensure that responsibility for each action in a plan is correctly assigned as almost half of the plans reviewed did not contain a measureable list of actions. Almost half the plans were not clear about how the progress would be monitored and recorded and only five plans were clear about how partners would monitor the plan and communicate with each other.

Managers had set themselves a goal to review the transitions for children and young people moving to adult services. Work to meet this objective was at an early stage though solid foundations had been laid. A helpful and clear set of transition guidelines had been agreed which covered expected considerations and good practice in transitions at each stage of a child's life as they progress through early years and schools. Work was already underway to establish a new learning disability forum. Building on previous local networks the forum should strengthen and maximise individual independence and influence further review and design of future services. A new transitions team had been proposed and agreed. When in place this team should support seamless transition for young people affected by a learning disability from children's services into adult care services. Work was underway to establish this service and develop a joint assessment tool. In the meantime, an interim staff appointment had been made to improve the standard of practice for young people experiencing transition.

Staff already benefitted from a range of guidance and tools to help them get children's views. Further helpful guidance, with supporting tools and self-evaluation materials, was being developed to support the engagement and involvement of children and young people in assessment and planning in the staged intervention process. Managers were developing training to help staff understand how to gain the views of very young children. In tandem with this, a children's rights service was in place with regular reporting on the volume of work. This was now underpinned by a clearer service specification.

Area for improvement 3

Ensure that all vulnerable children, young people and their families get the help and support they need at an early stage when they are experiencing difficulties.

Sound progress had been made in developing an improved response to families at early stages of difficulties. Initial assessments of risks and needs had improved. The importance of information sharing was better understood and information was more appropriately passed between staff including those working with adults. Effective multi-agency training had supported staff to consolidate their Getting it Right for Every Child approach to work and strengthen their shared values, language and practices. Services had taken positive action to embed the named person role and develop multi-agency teams around the child to support vulnerable children, young people and families. Partners had worked well together to get the best value from their current services and at the same time develop innovative responses to families in need of extra help.

The approach to determine what support a family needed at an early stage of their difficulties was being extended. A multi-agency early years screening group was being developed. However, the group was still in its early stages having met only a few times and full representation on the group had still to be determined. Given that this is a well-known approach to early intervention in the lives of children and young people, full establishment of the group could have been expected to have taken place sooner.

Work was being done to improve initial assessments of needs and risks and provide support to increase children's wellbeing. Multi-agency training had helped develop a shared language around Getting it Right for Every Child. There was an increased confidence in staff who provided the named person role. Staff across services, including the third sector, had more clarity about who is the named person. School co-ordinators had proactively assumed their responsibilities. The revised professional and management structure in health was enabling health visitors to carry out this role with significantly more confidence and support. They were beginning to feel confident in organising multi-agency Team Around The Child meetings to ensure all relevant professionals including adult services and third sector partners developed a shared assessment and provided appropriate support to the child and family.

A Getting it Right for Every Child service delivery model between education and social services had been scoped to agree and provide appropriate support for children and young people where there were concerns about wellbeing. This involved having different levels of involvement with families. Support was accessed from an individual learning community level through to authority-wide resources. This model was focused on streamlining access to co-ordinated support for children, young people and their families at an earlier stage.

Information sharing generally about children, young people and their families who may be experiencing difficulties, had improved significantly. There had been a cultural shift across services in recognising the importance of information sharing, implementing improved pathways and of operational processes. Information sharing particularly between adult and children's services had developed well. Practices had changed so that staff working with adults had an ownership and appropriate focus on children's welfare as their part of their responsibilities.

Effective partnership working had led to a range of approaches to support families being adopted. Evidence-based parenting programmes were now available across both local authority areas. This included, for example Psychology of Parenting Programme, Triple P and Incredible Years. Building on existing work in pre-birth planning, more vulnerable pregnant women were being identified early and offered one-to-one support now by maternity care assistants to develop parenting skills. Some young women and their babies were benefitting from support from the Family Nurse Partnership. Staff were confident that help was now more available and accessible when it was needed. They

were able to either support families themselves or access appropriate support for families sufficiently early.

Partners had worked well individually and jointly to improve the co-ordination of existing service delivery and also maximise availability to children, young people and families when they needed support at an early stage of difficulties. Social services had helpfully reviewed all commissioned children's services delivered by the third sector over the course of 2014/15. As a result, some services were being redesigned and two services for which there was less evidence of effectiveness no longer received funding. This had allowed for improved targeting of service and better, more effective use of resources to benefit families at an early stage. Further significant planned initiatives, reviews and service redesigns were at various stages of actually being put into practice. When these developments are fully completed and embedded, the potential for positive impact on outcomes for children and young people could be considerable.

Public Social Partnership initiatives involving both councils, Action for Children and Homestart had secured extra government funding. This enabled further targeted support for children and families who live within the Clackmannanshire Council area and the Raploch area of Stirling. The completion of the parenting and family support strategy should ensure this early support will be co-ordinated, accessible and, importantly, sustainable.

Services were working closely together to improve services for children and young people with mental health difficulties. There was a clear commitment and intention to take forward discussions between educational psychological services and child and adult mental health services, although this was yet to be implemented. This commitment aims to develop better collaborative working, explore the existing pathways and consider development of a neurodevelopmental assessment pathway. This should provide quicker and more appropriate help to children and young people with mental health or emotional difficulties.

Importantly, scrutiny arrangements were in place to monitor waiting lists to ensure those in most need had access to services as soon as possible. In order to address waiting lists, capacity reviews and caseload analysis had been completed or were in progress. For example, the delivery of NHS Forth Valley child and adolescent mental health service was subject to review. Waiting lists and criteria thresholds in education support services had been audited to ensure appropriate prioritisation for those in most need. The Educational Psychology Service had introduced a process for requesting help to reduce the time that families wait for support and to ensure more targeted approaches for the most vulnerable. School nursing services had been expanded to encompass specialist education establishments across Stirling and Clackmannanshire.

Staff across services were keen to improve children and young people's access to sports activities. Early years staff had undergone personal development opportunities that encouraged them to extend more chances for physical activity for young children in early years settings. Active schools registers were now used more effectively to monitor the participation of vulnerable children in physical activities. A sports leaders' programme for senior school pupils had increased levels of physical activity in young people. Partnership working between social work and sports development staff was improving access to activities for vulnerable children and young people in the school holidays.

Area for improvement 4

Implement systematic and robust processes for the joint strategic planning of integrated children's services.

Significant steps had been taken to improve strategic planning. A multi-agency strategic planning group had been established and the membership of the child protection committee had been appropriately reviewed. This had resulted in clearer and more direct lines of accountability to chief officers and the community planning partnership had resulted from this. After some delay, a comprehensive integrated children's services plan had been produced. An improved quality assurance framework had been developed to successfully monitor individual practice and collect relevant data to help influence the shape of future services. Important self-evaluation activity had already taken place with more planned. We could see the effective use made of learning from these activities.

A clearer more robust governance framework for joint strategic planning through the Children and Young People's Strategic Partnership Group was now in place. Accountability was stronger with the group reporting directly to both the Stirling Community Planning Partnership Leadership Group and the Clackmannanshire Alliance Community Planning Partnership. Although it was too early to fully assess the impact of the group, it was clear that the structure and six related thematic sub-groups were now in place, with appropriate work plans and monitoring systems and a comprehensive agenda for future work.

Membership of the child protection committee had been reviewed and regular attendees agreed. The committee now had more appropriate representation and improved attendance. A subgroup structure had been further developed with nominated leads and a clear reporting framework, with a clear commitment to develop an ongoing schedule of audit and self-evaluation. Although still maturing, these changes were already helping the child protection committee to develop as a more robust strategic group to facilitate improvements across services. A new public protection forum, led by the chief executives of both councils, NHS Forth Valley and the chief superintendent of police, provided oversight and scrutiny. Chief officers intend to recruit an independent chairperson to chair both the child protection committee and the adult support and

protection committee. This, together with the arrangements for scrutiny by the public protection forum, is designed to support information and good practice sharing across public protection. In NHS Forth Valley, the Child Protection Action Group continued to oversee child protection work within the NHS. In a useful development, a child protection nurse advisor was now in a position to provide advice and guidance by linking to adult mental health and addiction services.

Developing an integrated children's services plan had been challenging given the need to take account of two separate community planning partnerships priorities and two single outcome agreements within one plan. After some delays, a detailed, informative and well-structured draft plan had been produced. Comprehensive consultation had taken place with direct and meaningful involvement of children and young people and partners across all agencies including the third sector. There had been significant commitment to this task by a range of professionals over a six month period. The Children and Young Person's Strategic Partnership group will oversee implementation. A new reporting structure will enable direct reporting jointly to the two community planning partnerships, ensuring more robust accountability.

A comprehensive quality assurance framework was now in place for children's services which, in time, will allow services to monitor practice and begin to review trend data. Managers were receiving performance information on a weekly basis, enabling improvements to be initiated in real time. Supervisors and managers were much clearer that quality assurance, including understanding trend information, was an essential part of their role. They were beginning to use information from audit to inform their learning and development plan.

A wide range of self-evaluation activities such as audit and case reviews had been undertaken. In social services, unannounced spot checks of case files had been carried out. Education services were beginning to demonstrate improvements as a result of audit and incorporating learning into the comprehensive service strategic plan. Performance management information could be provided by the police vulnerable persons' database but had yet to be fully developed. A robust multi-agency child protection framework monitored performance across a range of national and local targets. A multi-agency supported self-evaluation exercise had provided meaningful quality assurance information and feedback was given helpfully to all relevant staff, including those in the voluntary sector. Improvements had been made as a result of the learning from these activities.

There was considerable evidence of a broad range of consultations and feedback across a range of areas, such as the evaluation of parenting groups for parents, and the development of the autism strategy in partnership with young people, their families and carers. In relation to the integrated children's services plan, there had been extremely wide engagement with stakeholders, for example with staff through newsletters, with foster carers, children at primary and secondary school and with parent-council network

meetings. The communication and engagement framework for the integrated children's services plan had been continually refined and was clear in identifying tasks and lines of responsibility. A wide range of media had been used, such as social media, local press, e-bulletins, elected member briefings and the third sector children and families forum. As part of a new development, 'lead learners' had been identified to bring the pupil voice into school and wider community planning. Pupils had been selected by their head teacher and were clear that they had been chosen due to their record as a responsible member of the school community. They gathered the views of their fellow pupils informally. They felt they were taken seriously, but as yet they were unable to describe any changes they had been able to influence. Youth summits had been held with representation from all schools in Stirling and Clackmannanshire, giving young people meaningful influence on school planning and also addressing wider issues in the young peoples' communities.

Area for improvement 5

Provide the strong collaborative leadership needed to increase the pace of change and improvement across services for children and young people.

We found much improved collaborative leadership directing more effective change and improvement. Leaders had worked well together to develop a cohesive shared vision for children's services. They had involved staff appropriately in this and the vision was now understood and owned by staff at all levels across all services. Governance and accountability for public protection had improved. The profile of children's services had been raised in NHS Forth Valley. Council leaders in Stirling and Clackmannanshire were continuing to consider how best to take forward shared services for education and social services. The visibility of leaders and senior managers across all services had greatly improved. This was appreciated by staff and had helped to lessen any previous anxiety.

A much improved cohesive, shared vision for children's services was evident. Helpfully, the starting point had been examining the two community planning partnerships' single outcome agreements, getting commonality between them and moving forward from this. This was particularly evident in the NHS where the vision for children's services was now much stronger and there was a shared view by staff that children's issues had a much higher profile in recent months. Staff across services were very positive about their involvement in being part of shaping the vision through consultations, workshops and also bringing their views forward.

Processes to develop the new integrated children's services plan had been used well to progress and consolidate the shared vision and values for children's services. Developing their shared vision had improved working relationships between chief officers. Trust was growing allowing them to constructively challenge each other more effectively. They were more focused on solutions, owning their role to check for and remove barriers to improvement. They had a better understanding of their corporate responsibility.

Working well together, leaders had improved strategic planning governance and accountability. A public protection forum had been established, which directed and oversaw child and adult protection and took account of multi-agency public protection arrangements, the work of the Alcohol and Drug Partnership and the Violence Against Women Strategy.

A corporate parenting group had been established in February 2014 which had met four times in its first year. An action plan and helpful reports of intention had been produced. However the plan could be improved as there were, for example, no timescales attached to actions. There was evident commitment to the Early Years Collaborative and improvement methodology. A leadership group had been formed and there was a programme manager for the Early Years Collaborative. There was clear data collection, scrutiny of progress and a reporting and governance structure was being developed from practitioner to chief officer level.

Council leaders and senior managers still had a stated commitment to progress with the shared services agenda[1]. Integration of social services and education senior managers across both areas was now embedded and working well. Senior managers were hoping to progress this further but recognised that there needed to be more than just rolling the current arrangements down the remaining levels of the organisation: further, more radical development was needed. An independent consultant was commissioned to evaluate a strategic, economic and management case for future options. The outcome of this evaluation will be presented to both councils imminently.

An improved communication strategy had ensured that staff at all levels in education and social services were very clear about the rationale behind the changes planned for shared services. They were well disposed towards a shared service arrangement and there was much less anxiety about it. They felt that leaders had communicated this well to them and cited examples: in Stirling, engagement and the chief executive's blog and in Clackmannanshire, question and answer sessions with the chief executive. There was a much improved and trusting relationship between leaders, senior managers and their staff. Leaders were more visible and committed to improving outcomes. They recognised the importance of embedding a new culture and that this would take time. Encouragingly, staff felt a changing culture was being effectively modelled by senior officers and chief officers.

In the NHS, the national caseload weighting tool had been applied to health visitor caseloads and staff were aware that plans were in place to strengthen supervisory capacity to support them. In response to the recognised need for increased health visiting resource, NHS Forth Valley was currently supporting over a dozen health visiting students through full time employment contracts to gain the necessary qualifications

[1] After the inspection but immediately prior to the publication of the report, Stirling Council made a decision to review its commitment to maintaining a shared service arrangement.

with plans for ten more in the pipeline. These plans to address shortfall had been communicated well to staff. Staff and managers alike reported a 'sea change' within the NHS, with children's services being given a higher profile at board level. Health staff particularly welcomed the recent attendance of the NHS chief executive at the Family Nurse Partnership to gain a better understanding of its work.

Education staff reported significant improvements in shared working across the council areas. Head teachers met regularly together and with the director. Teachers from both Stirling and Clackmannanshire now had the opportunity to gain experience and share practice in the opposite council area. Overall, a much more collaborative, joined up approach was reported in education with real and visible leadership. In social services, open-door events with the Head of Service had been well received and the assistant head of service had held staff focus groups increasing meaningful visibility and open dialogue.

5. Conclusion

Our progress review team was confident that partners had taken the findings of our joint inspection of services for children in January and February 2014 very seriously. They had put in place a comprehensive improvement plan for the short, medium and long term. Objectives and actions had been appropriately prioritised. The partners had undertaken an enormous amount of improvement activity in a relatively short period of time. This had resulted in positive changes in practice. Many of the actions planned were either at an early stage of implementation or still in development but were part of a mature and considered approach to taking forward desired changes. In almost all issues, partners had correctly judged the pace of improvement. At the same time they were acutely aware they needed to maintain the current pace of progress if their aspiration for continuous improvement is to be achieved in the long term.

The improvements already made had yet to show a significant impact in terms of improving outcomes for children and young people but were already beginning to show in improved experiences for young people and their families. As current improvements become embedded and further developments come to fruition, the potential for positive and better outcomes for children, young people and their families is significant. We encourage partners to continue on their current path and build on the progress already made.

6. What happens next?

During our inspection we gained confidence that community planning partners had the capacity to maintain their present rate of progress and in the future achieve their goal of sustained improvement and change. Our link inspector will continue to monitor progress and provide support and challenge to partners in Stirling and Clackmannanshire in further developing and delivering improvements to outcomes for children and young people.

To find out more about our inspections go to **www.careinspectorate.com**

If you wish to comment about any of our inspections, contact us at **enquiries@careinspectorate.com** or alternatively you should write in the first instance to the Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

Our complaints procedure is available from our website **www.careinspectorate.com** or alternatively you can write to our Complaints Team, at the address above or by telephoning **0345 600 9527**.

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330, fax 0800 377 7331 or e-mail: **ask@spso.org.uk** More information about the Ombudsman's office can be obtained from the website at **www.spso.org.uk**

Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.com
Care Inspectorate Enquiries: 0345 600 9527

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Published by: Communications