

## Services for children and young people in Falkirk

14 June 2016

Report of a joint inspection

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## 1. Introduction

**At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.**

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning including representatives from Falkirk Council, NHS Forth Valley, Police Scotland, and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate Assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

In September 2014 the Care Inspectorate published 'How well are we improving the lives of children, young people and families?' A guide to evaluating services for children and young people using quality indicators. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While

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inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

## **2. How we conducted the inspection**

The joint inspection of services for children and young people in the Falkirk Community Planning Partnership area took place between 9 November 2015 and 18 December 2015. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 96 of the most vulnerable children and young people. We met with 145 children and young people and 38 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

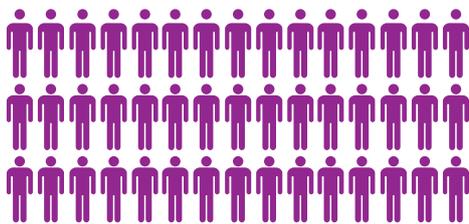
The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Falkirk Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

### 3. The Community Planning Partnership and context for the delivery of services to children, young people and families

Membership of the Falkirk Community Planning Partnership includes Falkirk Council, NHS Forth Valley, Police Scotland, Scottish Fire and Rescue Service, CVS Falkirk and District, Falkirk Community Trust, Forth Valley College, Scottish Enterprise, SEStran, and Skills Development Scotland. The Board serves a population of 157,640 and covers 297 square kilometres. Falkirk is the eleventh largest council area in Scotland. Its population has been increasing for almost 20 years, and is projected to increase by more than 8% to about 169,000 by 2035.

The child population is above the average for Scotland and growing steadily. In 2014, children and young people aged 0-15 made up 18% of the total population in Falkirk. The child population aged 0-15 years is predicted to rise by a further 8% over the years 2012-2037. The area has an unemployment rate of 3.7% compared with 3.2% for Scotland and a youth unemployment rate of 7.7% which is higher than the Scotland figure of 5.5%. It compares well with Scotland as a whole for some important indicators. However, in common with Scotland as a whole, Falkirk has pockets of persistent deprivation that are associated with poorer outcomes, such as lower life expectancy and higher unemployment. The 2012 figures from the Scottish Index of Multiple Deprivation show that, within Falkirk, there is a total of 18 data zones<sup>1</sup> in the 15% most deprived data zones in Scotland. Most of these are located in Bainsford and Langlees, in the Parliamentary constituency of Falkirk West.



Population of Falkirk

**157,640**



Predicted population increase of children under 16:

**8% by 2037**

Responsibility for strategic planning and priority setting for children's services rested with the Community Planning Partnership through the Community Planning Leadership Board. The Board was developing a Strategic Outcomes and Local Delivery (SOLD) plan to succeed the Single Outcome Agreement 2013-15. Following a number of consultation workshops, the Board had very recently agreed four key local priorities, namely improving mental health and wellbeing; maximising job creation; minimising

<sup>1</sup> Data zones are small geographical areas with populations of around 500 to 1000 residents.

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the impact of substance misuse and poverty. The SOLD plan was due for completion by spring 2016 along with revised arrangements for locality planning. Strategic planning for children was integrated into this structure to take forward these corporate priorities as they related to the needs of children and young people. The Children's Commission was responsible for children's services planning and they reported directly to the Community Planning Partnership Leadership Board. The new strategic priorities would form the basis for the development of the new Integrated Children's Services Plan to replace Falkirk's Integrated Children's Services Plan 2010-2015. "for Falkirk's bairns" the new plan was due for completion by spring 2016.

## **4. How well are the lives of children, young people and families improving?**

### **Key performance outcomes**

This section considers improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was adequate. The Community Planning Partnership reported on its performance in 2013-14 against the last Single Outcome Agreement and measures aimed at improving outcomes for children and young people showed mixed progress. There were some improvements in performance to around the national average. Other indicators were showing limited improvement or performance had actually declined. Individual partner agencies routinely reported performance of their own services and there were some positive results for children and young people, including those who were vulnerable. A shared set of outcome indicators to support the new strategic priorities and demonstrate improvements in the wellbeing of children and young people was being developed. However, at the time of the inspection the lack of relevant measures and robust target setting meant that services were unable to provide an effective link between shared priorities, resources and better outcomes for children and young people.

### **How well are trends improving through prevention and early intervention?**

Health services could demonstrate a number of preventive health measures that were performing on or around the national average. These included childhood immunisations; smoking rates at ante-natal booking; still births and the rate of coverage for developmental

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reviews of children aged 27-30 months. There were some areas of positive performance and ones where partners could demonstrate improving trends as a result of their approaches to early intervention and prevention.

These included the following:

- Increased rates of early ante-natal bookings to identify vulnerable pregnant women at an early stage
- 100% of primary schools met the target of delivering two hours PE per week
- Decline in referrals to the children's reporter as a result of the Multi-Agency Assessment and Screening Hub (MAASH) and reduction in the number of children referred for offending behaviour with the development of early and effective intervention processes.

Positively, the Council had placed no homeless families in bed and breakfast accommodation from 2012-14 and the number of families and dependent children placed in temporary accommodation had been reducing since 2012. However in other areas, such as improving children's health through the successful promotion of breastfeeding, performance had been consistently below the Scottish average for more than 10 years. There were some small improvements in young people reporting the use of alcohol and smoking, and figures were now around the Scottish average. Numbers of young people reporting using drugs were generally poorer than the average for Scotland. Achieving target timescales for young people accessing Child and Adolescent Mental Health Services (CAMHS) remained a challenge.

In general the use of data to measure the performance of approaches to early intervention and prevention was not sufficiently well developed or coordinated. As a result, partners could not demonstrate progress through their work together in tackling the consequences of child poverty and inequality in their most vulnerable communities. Local data provided by the partnership indicated some positive performance of individual initiatives but this was often not available as a trend over time. Partners were aware of the large differences in some early years indicators between different communities in Falkirk. There was positive feedback from staff about approaches aimed at improving outcomes for babies affected by their mother's drug use, promoting healthy eating and breastfeeding. However there was no information available to demonstrate how the work was effectively targeted at reducing outcome gaps or how it was measured. Services were implementing a programme aimed at improving emotional attachment, called Five to Thrive. There was a clear commitment to roll out the programme to practitioners working with families pre-birth to those with children up to 19 years. Partners had developed a promising structured framework to measure the implementation of the approach that included parents reporting a positive impact. However, as yet there was no consideration of how they would measure the difference this was making to the children involved.

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The majority of staff who responded to our survey believed their service could demonstrate improvements through early intervention and prevention, however only 29% agreed that their service was successfully closing outcome gaps or dealing with the consequences of child poverty. Staff may well have had a heightened awareness of child poverty at the time the survey was undertaken as a result of engagement by leaders about local and national economic challenges. Nevertheless, this result was one of the lowest from our inspections to date.

### **How well are outcomes improving for children and young people?**

In terms of children and young people's health, the rate of teenage pregnancies had decreased since 2010 in line with the rate for Scotland. The number of babies born with low birth weight had been stable, at around the national average, over a long period. Whilst the overall rate of underweight, overweight and obese children was close to the national average, the rate of children who were severely overweight in 2013-14 was significantly higher than the Scotland average. The percentage of children in P1 who were of healthy clinical weight had decreased since 2010-11.

There were improving trends in some areas of children's educational outcomes. School attendance rates had risen slightly from 93.6% in 2009-10 to 93.8% in 2013-14 according to figures supplied by the Council, which was in line with the national average. The proportion of children and young people who were excluded was below the national average at primary and secondary stages. Children's attainment figures presented a generally positive and improving picture. However in some areas performance remained below the **virtual comparator** (which is made up of pupils from schools in other areas with similar characteristics to those in Falkirk schools) and the national average. The proportion of children at secondary school achieving awards at S4 had risen between 2011 and 2015 and was now broadly in line with the national average and the virtual comparator. However, as a number of Falkirk schools put children from earlier years forward for exams, the national attainment information was incomplete as it reported on attainment from S4 only. Senior managers advised us this information could be collated, but at the time of our inspection, it was not being used within performance reporting arrangements.

Attainment at S5 had increased overall in the period 2010-15 but remained below the virtual comparator and national average. Attainment by S6 had also risen over the same period and was now in line with the virtual comparator and national average. Despite these improvements, the Council was aware of the significant differences in educational attainment in its different schools across the area.

The Council had made real improvements in increasing the numbers of pupils entering positive destinations from 84.6% in 2009-10 to equal the national average at 92.9% in 2013-14, with particular strengths in the numbers entering employment or training. Importantly, the increase was greatest for those living in the poorest areas. The most

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recently published data however showed a decrease in 2014-15 with persistent challenges in sustaining an increase in the number of school leavers entering further and higher education.

Young people had access to a range of opportunities to develop broader achievements in and out of school. There was no coherent approach to tracking or reporting these at an authority wide level.

### **How well are the life chances of vulnerable children and young people improving?**

Partners were able to demonstrate improvements in the life chances of some groups of vulnerable children and young people. There had been a lower number of looked after children in Falkirk compared with the national average since 2009. Within this context, more children were looked after at home than away from home than the average for Scotland. However, for children who needed to be looked after away from home, the profile was less positive. In 2013-14, 82% of children were looked after in a community setting and 18% were in residential care. The Scotland figures for 2013-14 were 91% and 9% respectively. This profile had been consistent since 2011-12. A further contributory factor may be that contrary to the national trend, there were significantly fewer children placed with kinship carers in Falkirk than nationally. However, the social work service was able to demonstrate successful work in converting kinship placements to residence orders, taking children out of the hearing system. Taken together these figures were more in line with the national average.

In terms of educational outcomes for looked after children and care leavers, performance was mixed. Available data about attainment indicated this was in line with the national figures. A higher proportion of looked after children as school leavers had achieved positive destinations than the national figure in 2013-14 although numbers were small. However, neither attainment nor positive destinations data included the number of children and young people who were looked after and educated outwith the Falkirk area and services did not routinely collate this information and use it to drive improvements. Managers had reviewed outcomes for a group of young people leaving external residential placements in 2014-15 which identified that these young people had not managed to sustain positive destinations more than a few months after leaving. Partners were well aware of the need to shift the balance of care and improve outcomes for looked after children and were beginning to take meaningful steps to increase local resources.

In 2013-14, less than half of the 92 young people eligible for aftercare services were receiving them. Partners explained this was due to a historical practice of children who had been looked after at home not progressing to the specialist aftercare service but remained supported by the local area team. For the same year, just 14% of all the young people who were eligible for aftercare services were in employment, education or training, which again was lower than the Scotland figure of 27%. As a percentage of

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those receiving a service with known activity, performance was better at 34% (Scotland was 38%) and recent information provided by the Council indicated this had continued to improve. Almost all staff who responded to our survey believed their service did everything possible to ensure children and young people were safe from harm. However, just 30% agreed that the quality of life for the most vulnerable children and families was actually improving.

## **Impact on children and young people**

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in Falkirk was good. There were some important strengths that clearly outweighed areas for improvement. Children and young people benefitted from positive relationships with staff and their carers. They felt valued and respected by them. Staff were firmly motivated to work together and this was ensuring that most vulnerable children were being kept safe through timely action to protect them. Children and young people were being helped to keep themselves safe and make healthy lifestyle choices through access to good advice and supports in their schools. There was a positive focus on meeting children and young people's emotional needs through the development of effective parenting programmes, nurturing practices in schools and the promotion of safe and healthy family relationships. Children and young people, including those who were vulnerable, were being helped to achieve the skills and confidence necessary to achieve and had good support to help them behave responsibly. However, some children and young people were missing out on these positive experiences because their needs had not been recognised or met soon enough, or because services were not in place to meet them. A few vulnerable children were experiencing neglectful parenting for too long and some vulnerable young people did not have their health needs assessed soon enough. Care leavers were well supported by staff in moving towards independent living but did not have enough choice about where to live. Some younger children and young people were unable to benefit from a range of effective services because they were not available in their schools or communities.

### **How well are children and young people helped to keep safe?**

Most children and young people at risk of immediate harm were protected by timely decision making and the collective actions of staff. When children and young people were unable to remain in the care of their parents, the provision of alternative accommodation, often with family or foster carers, provided safety and security. Sensitive

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placement and contact arrangements enabled most children and young people to remain connected within their families and school communities. A few children would have benefitted from more timely action to address long-standing patterns of neglectful parenting.

Young people at risk of child sexual exploitation had been appropriately identified and assisted to feel safe via multi-agency packages of support which addressed vulnerabilities and reduced risk of harm. Children and young people affected by domestic abuse benefitted from the help and care provided by the Shining and Rising Stars programmes offered by Women's Aid.

Children and young people were being helped to stay safe online as a result of Police Scotland's national 'Stay Safe Online' Campaign. Older young people received helpful advice about keeping safe online including tips on password security, social media posting, sexting, how to deal with inappropriate pictures and who to contact for help. Foster carers had access to specific e-safety training and guidance to enable them to ensure the safety of children and young people in their care. Young people we met viewed their school and the surrounding environment as having become safer due to the contribution of school-based police officers.

Whilst many care experienced young people were being appropriately supported to live independently, a small number of young people that we met who viewed their supervision as being terminated too early, related feeling unsafe and unsupported following their transition from secure care to the community.

### **How well are children and young people helped to be healthy?**

Vulnerable pregnant women received appropriate support from the neonatal service and young pregnant women benefitted from the close support and monitoring offered by midwives and the Family Nurse Partnership Service.

Overall, vulnerable children's health and emotional wellbeing was promoted effectively by staff. The majority of children and young people who were looked after away from home had their health needs appropriately met by their carers with particular attention being paid to diet, dental health and eye care. Not all children looked after at home had their health needs assessed and further work was being undertaken to address the issue. In some instances children and young people would have benefitted from a more co-ordinated, multi-agency approach to improving their physical and emotional health.

Young people, staff and carers viewed the personalised service offered by the looked after children's psychologist as very positive due to her accessibility and persistence in engaging often reluctant young people. In our review of vulnerable children's records, we found that for the children and young people who required them, specialist supports such as CAMHS and speech and language therapy were being made available. However,

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carers and staff expressed concern generally at the lack of flexible mental health resources available. Care leavers we met were worried about what support would be available after they reached the age of 18. A number of children and young people, particularly those who are looked after away from home, would have benefitted from additional support to address the impact of early life trauma related to abuse and neglect.

Within schools, children and young people had ongoing access to advice and information which enabled them to make positive health choices and help to address substance misuse problems was also available. There had been a small decrease in young people reporting alcohol and drug use.

The Seasons for Growth programme was a valuable resource to support the mental wellbeing of children and young people who had experienced loss and/or separation and was being delivered in a number of schools. Managers told us there were arrangements in place to ensure children in all schools could access this programme. However staff were not clear about this as an authority-wide approach and as a result perceived it was not routinely available.

### **How well are children and young people helped to achieve?**

The Whole Nursery Narrative Approach developed within Maddiston nursery during 2015 improved children's spoken language skills in preparation for school. As a result, children grew in confidence and interactions with other children improved. Pre-school children were generally making positive transitions to primary school. By engaging children and their families in a range of support initiatives, transitions from primary to secondary schools were also being improved with children feeling less anxious about the changes ahead.

Most children and young people were well supported in gaining the knowledge, skills and confidence necessary to progress successfully in their learning. More children and young people had better access to learning as school attendance rates improved. The proportion of children and young people who were excluded was below the national average at both primary and secondary stages. The role of the school-based police officer in some secondary schools had contributed to a reduction in exclusions by assisting pupils and staff to address areas of conflict. They helped to create an environment which young people viewed as safe and offering guidance through involvement in class and targeted work such as the Mentors in Violence Programme that operated in one high school.

Most children and young people who were looked after at home and away from home were being supported to achieve in school. Specialist, offsite provision at Cluaran, a multi-agency education support service, helped young people to achieve in schools in the Falkirk area and was a positive example of multi-agency working to meet needs. However more could be done to enable mainstream education staff to better manage

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children with complex needs. Children accommodated away from the Falkirk area were receiving additional help to achieve in their education placements. Although some older young people leaving external care residential placements had initially entered positive destinations, they had not been able to sustain progress in the longer term.

Overall, children and young people had good access to opportunities with some strong examples of achievement in a range of sports, cultural, environmental and community based projects such as **Eco Schools**. Pupils were developing life skills and confidence through their involvement in different leadership opportunities within schools. The holiday activity scheme for children with a disability had promoted a sense of achievement and independence for older young people.

Some vulnerable children and young people faced obstacles to learning and achieving because of poor planning, missed opportunities for early intervention and delayed or inadequate multi-agency responses. A small number of young carers had their learning impeded as a result of their responsibilities at home. A few young people we met said that the increased cost of public transport made it more difficult for them to attend college or seek work.

### **How well are children and young people helped to experience nurturing care?**

Many young children were benefitting from programmed approaches such as the Psychology of Parenting Project (PoPP), Triple P and Incredible Years which were helping families to develop nurturing relationships and improve family environments. A nurture approach involving nurture classes, groups and spaces was being implemented within all schools. A detailed evaluation of the three year pilot confirmed that children benefitted both socially and emotionally from their involvement and provided valuable learning for managers in taking the approach forward. We visited a nurture base in one of the secondary schools ('The Den' in Falkirk High School) that provided a supportive and nurturing environment that was successfully helping young people requiring additional support to manage their behaviour, develop social skills and help them to stay in mainstream schooling. Primary-aged children in some schools benefitted from being supported by staff who had been trained in the Five to Thrive approach to improve their emotional attachments.

In our review of vulnerable children's records, the majority of vulnerable children and young people enjoyed regular, meaningful contact with a key professional. Children and young people in foster and kinship care placements benefitted from positive relationships with their carers. For a small number of younger children, delays in securing a permanent care placement was impacting on their emotional wellbeing. Most children in local children's houses and other residential placements were being supported emotionally in their placements, and where appropriate, to have supported contact with family members. Most children referred by the Reporter were subsequently experiencing more positive family relationships as a result of effective joint work with families. Despite the

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work being done to improve the quality of parenting, some vulnerable children living at home continued to live within challenging family relationships. The quality of care and performance in inspections of children's houses provided by Falkirk Council was consistently of a high standard. Fostering and adoption services also had a history of positive evaluations against national standards.

Older young people and care leavers felt very well supported by their throughcare workers and other staff working in the leaving care team. In our review of vulnerable children's records, we found that some care leavers did not have the benefit of close and stable relationships other than with the professionals working with them. Although positive about their current living environments, a number did not believe they were offered enough choice about accommodation when they left care and as a result had taken a tenancy which they had subsequently not managed to sustain. Older young people were aware of the current funding issues and expressed concerns about whether support would be available to them beyond their 18th birthday.

### **How well are children and young people helped to be active?**

All primary-aged children and the majority of children at secondary had access to two hours of PE a week at school. Some schools were delivering sessions lead by sports leaders which promoted good quality physical activities for the children and developed the confidence and leadership abilities of the older young people as well, by encouraging them to play an active and responsible role. More young people had become involved in activities offered by the active schools service through a significant increase in sessions and numbers of participants each year since 2009. The **Get, Set, Go** programme in some schools assisted children to improve their fine motor skills and balance. Not all schools who had received training were continuing to run the programme.

Many children and young people benefitted from opportunities to become active and involved in local community activities, particularly sport though some young people felt there was little to do in their area. There were no initiatives such as concessionary passes for leisure centres for more vulnerable families that would encourage them to make use of the facilities. Children and young people affected by poverty and low income viewed the cost of admission and the availability of public transport as limiting their ability to become routinely involved in out of school activities.

The majority of younger vulnerable children benefitted from carers, parents and staff taking a close interest in making sure they enjoyed indoor and outdoor active play with peers and at times with family members. Many older children and young people who were looked after at home and away from home were supported well to take part in sports, activities and hobbies in their schools and communities. However a sizeable minority of vulnerable children did not have their need to be active explicitly identified within their plan, and as a consequence, there was little or no focussed work to maximise opportunities for them to be active and involved.

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## **How well are children and young people respected?**

Overall, vulnerable children and young people benefitted from respectful and positive relationships with staff who supported them well. Staff and foster carers sensitively observed and interpreted the behaviour and demeanour of children who were too young or unable to articulate their views. Young people living in residential schools out with the area were visited regularly by their social workers. Older children and young people felt able to express their views during meetings and in the main staff took these into account and acted on them. Staff used a range of verbal, non-verbal, written and electronic communication methods which enabled young people to express their views, thoughts and feelings. A few young people's views were either not sought or listened to consistently as staff were primarily focused on addressing concerns presented by parents or siblings.

There was a mixed picture in terms of how effectively vulnerable children and young people were being supported to understand their rights. Independent advocacy services from a Children's Rights Officer or a worker from Who Cares? Scotland were available to children and young people who were looked after away from home. Staff, including reviewing officers, felt that social workers and throughcare staff advocated strongly on behalf of vulnerable children and young people. However our review of vulnerable children's records highlighted that whilst around 50% of children got good or very good support to understand their rights, it was not evident that many vulnerable young people were routinely being offered independent advocacy.

Pupil councils and leadership groups in primary and secondary schools provided opportunities for young people to express their views and learn about their rights and responsibilities. Young people involved in these groups felt respected by school staff and supported to participate. Pupil council members felt that their views were listened to and respected.

## **How well are children and young people helped to become responsible citizens?**

Primary school pupils had opportunities to become involved in various community projects such as the Eco Schools initiative which required them to work with others and demonstrate responsibility. School councils enabled young people to become included in processes whereby they could demonstrate responsible decision making and make a positive impact on the school environment. Leadership and ambassador opportunities in some secondary schools helped young people to develop their communication skills and take on responsibility for initiatives such as sports activities and mentoring projects. For example, pupils from Larbert High School were involved in raising awareness about domestic violence, sponsoring vulnerable children overseas and attending local community councils as part of their involvement in the school's leadership academy. Other promising initiatives were at an early stage of implementation and it was too soon to assess their impact. The Fire Service, Police and the third sector organisation

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SACRO were successfully diverting young people away from offending behaviour and encouraging responsible decision making at home, in the community and online through a range of early intervention initiatives.

Looked after and accommodated children and young people benefitted from the structure provided by their placements and were encouraged to take responsibility for their behaviour and decision making in accordance to their age and stage of development. Staff and carers supported young people to recognise and accept boundaries.

The Council's Employment and Training Unit assessed and supported young people to improve their potential for employability and around 200 young people started a modern apprenticeship with the Council each year. Looked after children had access to this service but there was no targeted provision for this group within the scheme. In terms of moving on from care and being supported to live independently, whilst a number of care leavers we met were successfully engaged in training, education or employment, they needed more assistance in accessing and sustaining employment locally. The Council was piloting a promising vocational support programme in partnership with Barnardo's to help vulnerable young people make a successful transition from education into employment or training.

The current bidding process for tenancies had the potential to disadvantage vulnerable young people who were at risk of ending up in a hard to let area if they did not bid. We heard a few examples of young people accruing large rent arrears. However, there were a number of new housing policies and protocols in development or newly implemented aimed at raising the profile of care leavers with housing services and providers and providing more effective support.

### **How well are children and young people helped to feel included?**

Many vulnerable children and young people were being helped to maintain a sense of belonging and identity within their families as a result of staff having a firm focus on promoting and strengthening family relationships, including those within the wider family network. The looked after children's psychologist provided valuable support to young people, including those placed out with the Falkirk area, that helped them to remain connected to services and supports. A few vulnerable children needed more help to strengthen their resilience through support to make sense of their early experiences.

Some parents of children with disabilities felt that supports for their children in mainstream schools were limited and they had to fight for them. Community-based resources for children and young people with disabilities, such as the Falkirk Activity Scheme, were well received and provided valuable opportunities for inclusion.

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Whilst sports and other activity facilities were available, young people we met told us that the cost of admission and public transport meant they were unable to make use of them as often as they would like. A few needed more help to establish healthy and positive links with their communities. A small number of care leavers felt that the lack of suitable accommodation impacted upon their ability to make a successful transition to, and feel included in their community. Less than half of respondents to our survey agreed there were enough opportunities for children, young people and families to become more active in the community. Social work staff who responded to our survey were less confident than colleagues from education and health that their service was helping the vulnerable children and young people that they worked with to become valued contributors in their communities.

### **Impact on families**

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

The impact of services on families was good. There were important strengths in the range and quality of supports available to families and effective individual work taking place. However, not all families could access the full range of services because of where they lived. Many families, including those who were initially reluctant to engage, were benefitting from a range of universal and specialist supports. Parents affected by emotional and mental health issues and those affected by substance misuse were able to access positive support in the community. Structured parenting programmes were successfully increasing parental confidence. A comprehensive programme to promote attachment was in the early stages of being rolled out. A range of services for children with a disability and their families was having a positive impact, though families needed more help to support their children as they moved into adult services. Almost all vulnerable families whose records we read enjoyed regular and effective relationships with key staff supporting them. Whilst just over half were receiving good or very good support to become more resilient and confident, a few vulnerable families waited too long before staff came together to agree what supports were needed and put these in place.

Many families benefitted from meaningful support provided both by universal services and those targeted at families in need of additional support which was successfully promoting their resilience. Parents affected by emotional or mental health problems were generally able to access positive support in the community. This included the valuable work of the perinatal mental health worker who provided early support in the ante natal and post natal phases. The Aberlour Befriending Project provided flexible support

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to women experiencing postnatal depression by promoting self-esteem, bonding and attachment with their babies. Supports for families affected by substance misuse were well coordinated by the Alcohol and Drugs Partnership.

In our review of vulnerable children's records, we found that health visitors, social workers and teachers built strong and effective relationships with the vulnerable families, including those who were reluctant to engage. Vulnerable pregnant women were identified at an early stage and had their needs assessed well by the pre-birth planning service. Review coordinators provided skilful support to engage with families. Flexible responsive support delivered by the intensive family support service was available at times of crisis to families receiving a social work service. Many kinship carers received valuable advice and support from the kinship care support worker and others benefitted from attending a support group when their work commitments allowed them to attend. Some carers were not aware of what supports were available, particularly when looking for help to address the emotional issues of children they cared for. We identified barriers that prevented some vulnerable families from getting the help they needed at an early enough stage. These included delays in support being provided, the need for faster access to specialist parenting assessments to determine the right kind of support required and for some, the lack of a multi-agency approach to meeting needs.

Parental confidence was improving as a result of engagement in the evidence-based Psychology of Parenting Programme (PoPP). Parents were positive about the difference this had made to them. A helpful range of other parenting supports across the age range was helping parents to understand and better manage their children's behaviour. A well-established partnership with third sector agencies, such as Aberlour, Homestart, One Parent Families Scotland, and Barnardo's, was providing a variety of accessible and effective resources to support parenting, with group work programmes and individual support. One Parent Families Scotland had a dad's worker and Aberlour Child Care Trust was successfully engaging fathers in Mellow Dads programmes and services were generally looking to encourage more fathers to become involved. Family support workers available in two of the health visiting teams were undertaking some innovative early intervention work with families with a lower level of need.

A range of services for children with a disability and their families, delivered on a multi-agency basis, was having a positive impact on family resilience and parental confidence. The pre-five community assessment team provided early multi-agency assessment to families. There were occasional delays in accessing this service in school holiday periods. The summer activity scheme was highly evaluated both by parents and in a recent Care Inspectorate inspection of the service. Families were being supported by staff to build confidence in helping their child make the transition from nursery to school and later into secondary school. However, there was no clear pathway for young people with a learning disability making the transition into adult services. The lack of forward planning

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created anxiety for families and limited the choices parents could make about supports and services for the young people they cared for.

Good progress had been made in securing permanence for children living with kinship carers, who continued to receive financial support. However the option to receive paid allowances was only available where the Council had had some involvement in facilitating the original kinship care arrangement. Falkirk had an agreed policy of not using legal measures when placing children with kinship carers so children in this situation did not have looked after status. If they did not subsequently become looked after through the children's hearing system, it meant that some family members were caring for children without access to financial supports.

Families affected by domestic abuse received prompt and effective help and advice from domestic abuse liaison officers and staff from Women's Aid. The Family Support Service was delivering flexible and responsive early intervention. A number of promising initiatives developed as part of the Early Years Collaborative were still at an early stage or had not yet been rolled out more widely. The Five to Thrive programme had the potential to establish a consistent approach to promoting attachment across all sectors working with children and families in the early years.

Most of the staff who responded to our survey agreed or strongly agreed that their service does everything possible to ensure that children and families received timely help and support. Staff worked hard to find solutions if resources were not available. However, they were of the view that families living in particular communities, such as the Braes area, were isolated and unable to access available resources which prevented them receiving timely help and support. Some families were not able to exercise sufficient choice about what services would be best for them. Early learning and childcare places for eligible two year olds were available in certain nurseries and not with local childminders. For some families this meant expensive transport costs or logistical problems if an older sibling was in a local nursery but the two year old had a place in another locality.

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## 5. How well are partners working together to improve the lives of children, young people and families?

### Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provide help and support at an early stage was good. There were clear strengths evident in the support for staff to recognise need and the systems in place to deliver supports. However, some vulnerable young people with challenging behaviour required services to have a stronger focus on preventing their difficulties escalating. Partners could demonstrate their firm commitment to developing systems and practice that underpinned early intervention. Staff were increasingly confident about their role in the Getting it right approach. Managers had refined and improved information sharing processes and these were generally working well across a broad range of partners. The lack of a systematic approach to quality assurance meant that partners did not have an accurate understanding of where to build capacity for more consistent practice. Help and support was provided promptly to the majority of children, with some flexible tailored services, but was more readily available and accessible to some groups than others.

### Recognising children, young people and families who need additional support

Staff working in universal services were becoming increasingly confident in undertaking their role as named person. They were initiating meetings more frequently, when the child's family and named person and other professionals would consider what additional help and support was required. These were known as team around the child meetings. Team around the child coordinators and recently introduced written guidance in the form of a team around the child pack, were providing valuable support to make the meetings as effective as possible. Managers had responded to requests for additional administrative support but this was not yet consistently available, particularly for health staff. Assessment by the named person using the national wellbeing indicators was helping staff to recognise those in need of additional support. Staff were confident about shared principles for early intervention, but acknowledged there was more work to do to embed a shared understanding of terminology and language across services. Staff welcomed opportunities for multi-agency training and learning through GIRFEC learning café events and practitioner forums.

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Early engagement by maternity services meant vulnerable pregnant women were identified quickly. The children's reporter confirmed that early interventions were well documented if the child was later referred for statutory measures. Family nurse partnership staff provided consistency by acting as named person for families they were involved with, for a period of two years. There were some positive examples of universal services engaging proactively with children, young people and families that helped to identify those in need of additional support. These included police officers based in five of the eight secondary schools and speech and language therapists who worked in partnership with nurseries. These therapists were beginning to engage with families in communities through attendance at local toddler and dads groups.

There were a few areas identified where barriers prevented the needs of some children and young people being recognised. The community safety tasking and coordinating processes for anti-social behaviour did not always recognise the wider needs and vulnerabilities of young people or consider the option of a team around the child meeting or referral to the children's reporter. Accessibility of school nurses for looked after or other vulnerable children was limited

### **Sharing and making use of information**

Police shared information appropriately and used it well to make decisions where children were at risk of harm. Vulnerable person's reports were shared directly and securely with the named person and domestic abuse referrals involving pregnant women were shared with midwifery services. This worked well in all but a very small number of instances where some delays were reported in information reaching schools. A multi-agency audit of 30 domestic abuse reports indicated that in the main, needs were identified, screened promptly and concerns passed on to the right person.

Partners were using tests of change to further improve communication between services, for example, between dental health and named person services, and to improve the sharing of information about school aged children during holiday times. Work was underway to further develop the role of the named person for children who were schooled at home, Gypsy travellers and older young people aged 16-18 years.

Partners had developed a range of flow-charts and referral pathways that were helping staff to identify children and vulnerable families in need of support. Information sharing protocols were evident with relevant guidance and advice although some required an update in light of legislative changes. A clear flowchart supported practitioners to discuss the use of alcohol with pregnant women, provide a brief intervention if appropriate, and refer into the substance misuse pathway if required. An integrated care pathway for the early detection and management of perinatal mental health offered good background information and clear direction to staff. Some pathways were clearer and more detailed than others and it was not always easy to identify who was responsible for making decisions.

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Overall, staff working in adult services shared information well. Managers in health services had taken steps to strengthen relationships with adult mental health and addictions services. Protocols to improve early communication about those in need of support with their housing were being developed and implemented. Staff in housing services were described as willing contributors at meetings for individual children and young people. Managers in council services had recognised the need to improve operational arrangements with housing services. Membership of the housing planning group had very recently been extended to include health staff.

### **Timely and effective intervention**

Maternity services were providing early supports based on an assessment of risk and need during pregnancy and following delivery. School based police officers provided prompt advice and guidance to secondary aged pupils and were reported to have had a positive influence on reducing exclusions and improving attendance. The multi-agency paediatric complex care service for under-fives identified families where possible at neo-natal stage and worked with nurseries and health visitors to provide timely coordinated support for children with disabilities. Although mental health referrals from schools were being routed through the educational psychologist who provided some critical interventions, there were long waiting lists for CAMHS. The need to redeploy staff to meet the needs of children with higher levels of need had led to the discontinuation of the early access service.

There was a range of family support services available across different communities, some of which had a clear focus on early intervention. Most were provided by third sector partners and some were targeted at families with specific needs, such as families affected by parental substance misuse; others, providing lower level supports, had traditionally been delivered through education services. There was also an intensive family support service that provided effective and flexible crisis intervention with very vulnerable families involved with social work services. Service monitoring and feedback from families indicated that most individual services were providing valuable help and support.

There were some barriers preventing children and families getting the right support at the earliest opportunity. Less than one quarter of staff who responded to our survey agreed that access to services was equally distributed across the area. Whilst there were processes in place to access resources, some staff were not aware of the range of services and resources available in their local area and as a result were not referring families. Recording and tracking of early intervention services was not systematic. Consequently, when making decisions about the most appropriate interventions staff were not always aware of what had previously been tried. As a response to long waiting times, health services had redeployed resources from an early intervention service in order to support children and young people with more acute mental health needs.

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There were some vulnerable children and young people, many with challenging behaviours, for whom services had not been able to provide effective interventions to prevent their difficulties escalating. As a result, they had been unable to remain at home. However, there had been no multi-agency review of the impact of early intervention with these children that was needed to inform the allocation of resources and development of services. Partners had improved the coordination of family support services following a review in 2014 and there were further service reviews underway. Staff identified the need for more support for families not in immediate crisis that could effectively prevent the escalation of risks.

In our review of vulnerable children's records, we were able to comment on the effectiveness of early intervention for 23 children and young people who went on to require a higher level of support from services. For the majority of these children, the effectiveness of this early support was good or very good. However, for a sizeable minority, there were opportunities for further improvement.

### **Assessing and responding to risks and needs**

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

Assessment of risks and needs was good. There were important strengths in the effectiveness of the initial response to children when there were concerns about their safety or wellbeing. Information was shared quickly between all relevant partners and multi-agency meetings were used well to make decisions about what action to take. Where children could no longer safely remain at home, appropriate accommodation was found promptly, where possible with family members. For a few children who had experienced neglect over a protracted period, staff did not identify this or act quickly enough to improve their safety or wellbeing. Managers were committed to developing effective practice in compiling chronologies. Staff understood the importance of chronologies and these were present in almost all vulnerable children's records, however there was not yet a shared understanding of what constituted an effective chronology and just over half of those we read were of an appropriate standard. The implementation of the Getting it right for every child approach and use of structured assessment frameworks was helping staff to make informed assessments of risks and needs. The majority of vulnerable children's assessments were of a good standard or above. There were opportunities to improve the consistent quality of assessments through closer partnership working and by ensuring children's health needs receive closer attention.

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## **Initial responses to concerns about safety and wellbeing**

Staff had access to clear practice guidance and protocols to help them identify and respond appropriately where children were at risk of harm. Whilst parts of the guidance had yet to be fully embedded, staff were generally using it well to inform their practice. Our review of vulnerable children's records found that for 40 of the 51 children for whom this question was relevant, the response was judged to be at least of a good standard, and in 25 cases the response was very good or excellent. Overall these prompt responses were effective in ensuring action was taken to protect children from harm. In the small number of cases where older young people were at risk of sexual exploitation, risks were recognised and considered thoroughly. Partners across education, health, police and social work were sharing information quickly when potential concerns arose. Staff made effective use of pre-birth case conferences to assess risks and plan supports for vulnerable pregnant women. Partners had reviewed the effectiveness of initial referral discussions and implemented new guidance to improve consistency. With a few exceptions, we found these were taking place promptly in response to clear presenting concerns and decisions about what action would be taken were recorded well. Where children and young people were unable to remain at home safely, staff took prompt action to place them in suitable alternative accommodation, often with relatives or foster carers. Where necessary, legal measures were used appropriately to remove children when less intrusive intervention had not been successful in effecting change.

In a few cases, the initial response to concerns was not good enough. For a small number of children experiencing neglectful parenting, staff did not identify or act quickly enough to ensure a child's safety. Partners had recognised this as an area for improvement. Initial referral discussions were not used well in these situations as a means of agreeing a response to accumulating concerns. There were some differing views between partners about the threshold for holding an initial referral discussion. Where there were concerns that something was getting in the way of a child's wellbeing, staff were generally alert to this, taking appropriate prompt action to address this and provide support. We assessed the effectiveness of the response to concerns about wellbeing as less positive than where children were at risk of immediate harm in the records we read.

## **Chronologies**

Staff recognised the value of chronologies in supporting assessment and planning for vulnerable children and young people. Individually and collectively, partners had provided guidance and a broad range of training and development opportunities to support consistent practice. There was a helpful standardised format for lead professionals and named persons as part of the assessment framework. In our review of vulnerable children's records, almost all lead professionals' files contained a chronology although

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just over half of them were assessed as being fit for purpose. Where we were able to comment on chronologies in health, education or police records, they were of a similar standard with just over half being fit for purpose. We found that many chronologies either had significant gaps, or contained too much detail making it difficult to identify the critical information needed to see patterns of behaviour or events. Too often they did not consider the impact of events from the perspective of the child's whole life, often only recording events from the point that services became involved. Others ended abruptly even when the case remained open. As a result, these were not supporting staff to identify recurring patterns of neglectful parenting or where improvements had not been sustained. Services had not yet reached a shared understanding of quality standards for chronologies. Senior managers across the partnership were aware there was more work to do to improve the quality of practice in developing integrated chronologies.

### **Assessment of risk and need**

Overall the quality of risk assessment practice was positive, with 60% of assessments present in the vulnerable children's records we read judged to be of a good standard or above. Assessment of need was stronger again, with 70% assessed as good or above. Most staff who responded to our survey agreed they had received training and had been provided with guidance and tools to an assessment of risk and need. The framework for assessment, whilst still relatively new, was helping staff focus more on wellbeing and risk and they found the guidance helpful. The assessment of pre-birth risks presented by vulnerable pregnant women was working well with effective processes in place to link with addiction and mental health services. Recent training for health staff was helping them to remain alert to families who were masking compliance.

Within this overall positive context, more than one third of the assessments we read were evaluated as adequate. The contributions of all partners were not fully integrated in some assessments, meaning there were gaps in specific aspects of children's needs. Health assessments of looked after children were often delayed and emotional and mental health aspects not always fully considered when these were completed. The performance of the children's reporters' office in making timely decisions in response to referrals had also in the main been lower than the national target since 2013-14 although there were recent signs of improvement. Recent measures to increase the role of audit and quality assurance in lead professional's records provided an opportunity to strengthen practice. The effectiveness of partnership working between the children's reporters and social work staff presented a mixed picture. Some social work staff reported concern that children's reporters were overly reluctant to proceed with referrals in some cases. Quarterly liaison meetings were not being fully utilised as an opportunity to explore and resolve these matters.

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## Planning for individual children and young people

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was good. Staff were confident that the Getting it right for every child approach was improving the way they worked together to meet children's needs. Multi-agency action planning and reviewing meetings were working well for the majority of vulnerable children, with effective support provided by experienced reviewing officers. Multi-agency plans to meet needs were in place for vulnerable children and the majority of these were of a good standard or better and routinely identified what difference actions were intended to make. Strong and effective relationships between staff and children and young people underpinned helpful interventions but some vulnerable children did not have a plan to address ongoing risks. The lack of sufficient local care placements, and systems to help older vulnerable young people move into adult services was undermining the ability of staff to plan effectively to meet their needs.

### The quality of children and young people's individual plans

Most staff considered that the Getting it right for every child approach had improved the way they planned to meet children's needs. Helpful guidance was available to support staff to complete high quality plans for individual children and young people and this was reflected in the majority of plans we saw. Staff in social work and education services felt they had appropriate access to training and guidance on preparing a child's plan. Named persons in health services were less confident about preparing plans and required more support and guidance including when a child's plan should be completed and whether it should be available for the first review meeting. Almost all vulnerable children and young people who required a multi-agency plan to address their needs, had one in place. We assessed the quality of plans as good or very good in more than 60% of cases read. Almost all of these plans set out the desired outcomes, although could be further improved by having clearer specific actions to meet the desired outcomes.

The quality of plans to reduce risks was more variable. Whilst we assessed the majority of risk plans in place to be good or very good, a sizeable minority were assessed as adequate. Importantly, 11 out of the 87 children for whom this question was applicable did not have a plan to address risks.

### The quality and effectiveness of planning and reviewing

Making progress through joint planning, reviewing and decision making was good or very good in 64% of the cases we read. There were well-established arrangements in place for independent chairing of reviews of vulnerable children's plans that included all

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children subject to child protection measures and those looked after away from home. Social work services had recently expanded the independent reviewing service to include children who were looked after at home and those in kinship care placements. There were five experienced review coordinators in place who provided appropriate levels of independent scrutiny and constructive challenge to children's plans. Staff appreciated the support and guidance provided by reviewing officers. Some foster carers we met told us they appreciated having a consistent person chairing reviews, who had a detailed understanding of the child's history.

In partnership with Barnardo's, social work services had developed an outcomes framework that aimed to support practitioners, parents and children to better understand what needs to change to improve outcomes for individual children and their families. The planning framework was piloted with children on the child protection register in 2012 and externally evaluated by the organisation WithScotland in 2013. Managers had continued to refine the framework based on the findings of the evaluation and from March 2016 it will be implemented with all looked after children as well as those subject to a child protection plan. Managers spoke anecdotally about how well it motivated families and young people to change their behaviour. A few staff also told us how well it had helped them gauge progress. A multi-agency implementation plan supported by robust quality auditing will help to maximise the potential of the approach.

In our review of vulnerable children's records, we saw some effective examples of team around the child meetings being held regularly to review progress. In a few cases, multi-agency meetings were not being convened for children who required them. As a result, opportunities to jointly agree the best way of meeting children's needs were not being taken.

In our survey, most staff agreed that individual plans were reviewed regularly. Our file reading exercise largely confirmed this where we assessed that in four out of five cases, plans were reviewed at intervals appropriate to the child's needs. In 85% of cases there was an appropriate level of collaborative working evident in the record. For most of the remainder, health staff were not sufficiently involved in implementing their plans. Almost all children enjoyed regular meaningful contact with key staff. In the majority of cases, staff routinely sought and recorded their views. The use of Viewpoint (an online consultation tool used to gather the views of children and young people using services) as a means of seeking and obtaining views had declined. Staff told us it was due to be re-launched in the new year.

There were deficits in transition planning arrangements for young people with disabilities or mental health problems and for some young people whose offending behaviour took them into the remit of adult criminal justice services. Decisions about suitable resources for young people with disabilities were viewed by their parents as largely being made by professionals with little opportunity for choice. Staff recognised that last minute decisions

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regarding available resources caused anxiety for parents. Partners acknowledged that systems and processes to help young people make the transition from child to adult services was an area requiring improvement. The allocation of resources to support vulnerable young people was complicated. Following departmental restructuring managers had taken steps to reduce some of the resource allocation groups previously in place to increase oversight and ensure better targeting of resources. Staff were not clear about how these operated or the relationship between them. A formal review of the decision-making structure was at an early stage.

### **Securing nurturing and stable environments**

Planning to secure a stable and nurturing environment was working well for the majority of children and young people. Staff worked hard to support the placements of young people who were looked after away from home, including those who were living some distance from the local area. There was written guidance for staff that included standards for timely decision making once a child had been accommodated. The most recent inspection report of the Council's adoption service confirmed that children were matched carefully with adoptive families who were well supported. Good progress had been made in securing permanence for children living with kinship carers. The most recent fostering inspection confirmed that foster carers continued to be well supported by staff.

Social work managers had reviewed individual children's cases over a four-year period and were able to demonstrate that there were no undue delays for children being secured in long term placements once they had been registered for permanence. However, although quarterly meetings were scheduled to track and monitor progress in individual children's cases, the management information provided to us did not provide a comprehensive overview of timely decision-making at all stages from the point a child was first accommodated. The most recent inspection of the adoption service noted that it was not easy to identify children waiting for placement or track actions taken to prevent drift. Out of the 27 children in our sample who were identified as needing permanent substitute family care, plans were either not progressing quickly enough, or the plans were not clear, for one third of the children.

In general, young people who were looked after away from home were living in secure and stable environments. This included the large number living in residential placements away from the Falkirk area. However, there were insufficient local resources available for children either to be placed in or near their home communities, or within a family as opposed to a residential setting. Some young people were returning to Falkirk from their care placements without sufficient housing options to support a successful move. Staff worked very hard to support vulnerable care leavers but the limited accommodation options made it difficult.

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## Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

Joint planning to improve services was adequate. A shared commitment to multi-agency operational planning, including third sector partners, was well established. The previous integrated children's services plan had united partners in developing successful systems and processes to support the implementation of the Getting it right for every child approach. However it did not provide a strategic approach to ensure that universal, targeted and specialist services were well matched to the needs of children in Falkirk. The inspection was taking place during a period of transition and change and, positively, managers now had a set of clear strategic objectives on which to develop the new plan. They were aware of the need to base this on an up to date strategic assessment of the needs of children across the Falkirk area, supported by collective performance data in order to measure its future success. Partners were working together effectively to improve child protection services with a comprehensive business plan underpinned by regular scrutiny of performance information. They needed to rationalise and prioritise some of the improvement activities. Accountability for joint planning and chief officer oversight had recently been strengthened but it was too soon to assess any improvements. The arrangements for anticipating and planning to address new and emerging risks were at an early stage of development.

The Children's Commission had been in place for a number of years and in 2014 had helpfully reviewed its structure and operating arrangements to strengthen leadership of strategic planning and streamline planning implementation. As a result the Children's Commission leadership group was created, with a revised membership of senior managers representing relevant planning partners. Stronger accountability for children's services strategic planning, although now clearly in place, was a relatively recent development and the impact of this was just beginning to be seen. Whilst leaders were aware of the long-standing concerns about access to mental health services for children and young people, the Commission had not driven forward a strategy for young people's mental health as part of its commitment to early and effective intervention. A review of mental health services was planned for early 2016.

There was a planning structure comprising a number of groups supporting the work of the leadership group. Members of the planning group were able to demonstrate some improvements through the use of management information to refine and re-target individual services. Leaders had improved the efficiency of the planning process by

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streamlining a large number of working groups into three implementation work streams responsible for early intervention and prevention, vulnerable groups and implementation of the Getting it right approach.

Falkirk's Integrated Children's Services Plan 2010-2015 was coming to the end of its lifespan at the time of the inspection. Its focus had been on developing, implementing and refining important key processes as part of the Getting it right for every child approach and testing some new approaches to early intervention and prevention. Managers recognised that whilst the plan held most key partners together around a firm commitment to multi-agency working, it had not enabled them to demonstrate what measurable difference integrated children's services planning was making to the wellbeing of children and young people in the Falkirk area. Public reporting of its successes was limited.

Over the preceding 12 months the children's commission had held a number of well-received engagement events involving practitioners and managers to set future priorities and start to develop a new integrated children's services plan. The views of older young people had been sought through the creative use of open space technology methods, which is an inclusive way of facilitating meetings. Community planning leaders had helpful contextual information available at an all-service level that they had used to identify the new strategic priorities. However, leaders of children's services had not yet completed a strategic needs analysis of comprehensive information specifically for children. This was undermining their capacity to identify and quantify the impact of poverty, poor mental health, substance misuse and lack of employment at locality level. At the time of the inspection partners had not yet determined what they needed to do together, where they would target their actions, and what resources were available collectively. Staff understood the direction of travel, but were not clear how priorities would be translated into service developments. While managers told us the information would be available in the near future, it was ambitious to expect that from such raw data, a strategy and implementation plan with SMART<sup>2</sup> objectives, attainable actions and measurable success criteria would be achieved in the timeframe allowed.

Use of collective performance data to monitor practice, progress on improving outcomes and inform strategic planning was at an early stage for the Children's Commission and the Community Planning Partnership. There was no comprehensive performance framework or structured data set. A set of potential performance indicators was presented to the community planning leadership group in November 2015 to test the format for reporting and was remitted back for further work and refinement.

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<sup>2</sup> SMART: specific, measureable, achievable, reviewable and timebound

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## Child Protection Committee Business Planning

Members of Falkirk's child protection committee worked closely together with drive and focus to plan and monitor services to keep children safe. Accountability for the committee had been strengthened with the establishment of the Chief Officers Group for Public Protection for Falkirk. The previous arrangement of a Forth Valley chief officers group had ended and the new group had overarching responsibility to determine the most appropriate child protection arrangements for the area. Accountability for public protection had become more local but with a broader remit that included criminal justice social work, Multi-Agency Public Protection Arrangements, adult and child protection, alcohol and drug misuse, gender based violence, human trafficking, hate and religious crime group, community safety and anti-social behaviour. This arrangement was relatively new and its effectiveness was yet to be fully tested.

The child protection committee was working well to a comprehensive strategic business plan. It had appropriate and relevant aims around the committee's statutory responsibilities, including among others, workforce competency, risk assessment and planning, public awareness of child protection and continuous improvement of child protection practice. It was a detailed plan and some of the 63 actions outlined were statements of intent rather than actions to be progressed. Partners were aware of the need to reduce this and focus on some key improvement priorities.

Performance management played an important part in the work of the committee. Performance was monitored around child protection referrals, investigations, the child protection register, case conferences and core groups. A useful report was provided to and interrogated by the committee quarterly with information given using graphics accompanied by helpful analysis. A particularly helpful review of processes around initial child protection referrals and investigations had been completed and improvements to practice made. Any action to be taken was noted and follow up to planned action was also monitored. Although there was some slippage in a few actions, overall progress in improvement actions was steady.

The multi-agency children's improvement sub-group undertook a range of improvement activities which included audits and self-evaluation. A comprehensive schedule of activities was compiled and reviewed annually. Actions resulting from improvement activity were monitored for progress made. The group schedule was very busy and the resulting workload was very large. The child protection committee was aware of this and intended to rationalise and prioritise activity. Likewise the committee was aware of ICT problems impacting on the accuracy of some data but were actively seeking to resolve this.

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The child protection committee had overseen the development of the outcomes framework in order to improve the impact of planning for vulnerable children. Following completion of the pilot and evaluation of the approach in 2013, work had continued with individual families, although the approach had not yet produced data that could be used to inform the development of services and inform strategic planning.

### **Managing and mitigating risks**

The Child Protection Committee was well sighted on raising awareness and taking action on child sexual exploitation (CSE). Falkirk was part of the Scottish Government pilot on a strategic self-assessment tool and a data monitoring tool. The former was used to provide the format for an approach to, and action plan for, CSE. The latter was used to identify the profile and circumstances of young people most at risk. As a result, those young people identified as being at risk received appropriate support. A range of activities had also taken place, including awareness-raising events and a CSE conference. The committee acknowledged that further work was needed and had put a comprehensive action plan in place. The development of a shared CSE strategy would be a useful next step.

The Council had a well-developed corporate approach to considering and recording risks. These were categorised within the management of seven key areas: finance, information, human resources, managing assets, significant change, governance and partnerships. Children's Commission leaders were aware to some extent of the risks though this had yet to be formally recorded within a multi-agency risk register or reported to chief officers. Council leaders for example identified key risks as their finance position, poverty, meeting their responsibilities as corporate parents and implementation of the new legislation. Health leaders were particularly aware that they need to grow the workforce of health visitors to deliver the vision and implement the Getting it right approach.

### **Participation of children, young people, families and other stakeholders**

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development

The extent of participation by children, young people, families and other stakeholders was adequate. A number of long-established consultation and engagement groups reflected the longstanding commitment, particularly in Council services, to involve and consult children and young people and seek feedback from people who use services. However, the momentum required to sustain these as proactive mechanisms where service users could contribute to the change agenda rather than wait to be consulted had fallen away. By contrast, third sector providers were fully engaged as partners in planning and developing services. Despite the potential present within the culture and individual examples of creative work, partners had yet to implement a framework to

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coordinate activities, monitor their impact and ensure that positive approaches were implemented widely.

Voluntary sector providers were generally very positive about their involvement as partners in operational and strategic planning for children's services. There were some well-established examples of involvement that included the young people's focus group, the Falkirk Bairns and the Parents' Reference Group, both of which had influenced the delivery and evaluation of services. The Foster Carer Consultative Committee provided an opportunity to share information, allow carers to contribute to quality assurance procedures relevant to foster carers, and engage in developing processes. Staff (mainly those in council services) had developed creative and meaningful opportunities to involve young people in improving services for other young people. The open space technology approach was used to deliver a successful engagement programme in November 2014 which gathered views of S5 students to inform the new integrated children's services plan. A successful funding bid for a peer mentoring scheme had service user participation at its core. Young people in one of the children's houses had been actively involved in the development of a bespoke therapeutic model, called '4T – Wellbeing; Relationships; Life-long learning; Independence and Interdependence'.

Although much of the activity was long standing, it lacked sufficient structure and remained aligned to, but not embedded in, integrated children's services planning or corporate parenting. As a result, opportunities for some groups of stakeholders to influence service development and planning were not being optimised. The Falkirk Bairns group had been running for nine years but recently it had been characterised by concentrated periods of successful activity followed by very quiet periods with no on-going agenda to keep up the momentum and stimulate membership. Other reference groups were not all active or widely known. Other promising ideas and developments were moving forward at a slow pace. A well-planned supported accommodation consultation event took place in September 2014. One year on there was a lack of detail about what progress had been made. Direct representation of young people on the Children's Commission improvement group was at an early stage, with the need to achieve greater consensus about the best way of involving young people. Partners hoped that young people would eventually become members of the new corporate parenting Champions Board.

Although voluntary sector providers felt empowered working alongside statutory organisations, less than half of those who responded to our survey agreed that their own views were fully taken into account when planning services at a strategic level. Similarly, less than half felt that the views of carers and families, children and young people were fully taken into account.

A detailed participation and engagement strategy for social work services had underpinned service user involvement in staff recruitment. The children's rights officer

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met looked after children and young people about three months after they had moved on from a placement to collate their views and experiences to provide feedback to managers. He had also been successful in encouraging more vulnerable families to provide feedback following removal of their children's names from the child protection register. These findings were reported to the child protection committee and recent follow up work by the children's rights officer confirmed that services had taken action in response to concerns raised. We saw some imaginative video work with children and young people in schools that delivered powerful messages about bullying and the varied talents of young people in Falkirk.

Whilst all partners stated their support for involving children, young people, their families and other stakeholders in improving and developing services, there was limited evidence that this was routinely taking place outwith Council or third sector providers. Health services had involved young people in the recruitment of staff to the family nurse partnership. The police had worked with a secondary aged pupil to gather the views of other young people about the effectiveness of safety and education messages about CSE.

There were some barriers in place that undermined the effectiveness of the approaches to consultation and communication. Whilst individual pupils we met were positive about their experiences as members of individual pupil councils, there was no council-wide strategy for themes arising from meetings to feed into a wider strategy, or for schools to learn from each other. Managers told us that schools were developing new approaches to pupil engagement and participation but there were no specific examples of this taking place. The need to improve email communication issues with foster carers had been outstanding for some time. The social work participation and engagement strategy had supported the work around recruitment but the lack of monitoring and evaluation meant it was not possible to fully demonstrate its impact.

There was a clear commitment to promoting the rights of most groups of vulnerable children and young people. This was reflected in the attitudes of front line staff, work of organisations such as Who Cares? Scotland as well as the diverse and active role undertaken by the Council's children's rights officer. Partners recognised that there were limited advocacy services available to young people with complex needs who were transitioning into adult services. Children and young people had opportunities in school lessons and pupil council meetings to learn about their rights. There was no coherent strategy in place to coordinate the range of work to raise awareness of children's rights.

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## 6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was adequate. Senior managers had united staff and third sector partners around a shared vision for the Getting it right for every child approach that was supporting their work together to improve the lives of children and young people and families. Leaders had yet to agree how their vision for integrating children's services would translate into a strategy to address the new priorities. Stronger collective ownership and aspirations for corporate parenting was required in order to build on the work in progress and deliver sustainable improvements in outcomes and services for vulnerable children and young people. There was significant potential within the experienced and dedicated workforce and leaders empowered staff to learn and test out new approaches. However they were not making best use of data to inform priorities, scrutinise performance, and ensure that resources were being developed for the children who most needed them.

Senior managers had achieved considerable success in promoting the vision for the Getting it right for every child approach. This had united staff in their work together and almost two thirds of staff who responded to our survey agreed that the vision for children and young people was shared across services. Whilst staff we met understood the direction of travel for services, and were aware of the new strategic priorities for children's services, they were not clear about how these would translate into outcomes, plans and actions. The Children's Commission had scheduled two further engagement events in early 2016 to progress this. The shared vision for integrated children's services, agreed in 2010, had been reviewed and re-confirmed by partners in 2014. The development of the new plan provided an opportunity for leaders to engage staff in setting out a new shared vision for how partners would collectively reduce the impact of poor mental health, substance misuse, poverty, and increase employability within the challenging financial context.

Corporate parenting was not well established in Falkirk, despite past work in developing and implementing a strategy covering the period 2010-15. Although partners pointed to a shared vision for corporate parenting, there was a lack of evidence to indicate the progress made by the partnership towards fulfilling this ambition. Elected members and senior managers were committed to strengthening and improving corporate parenting

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by adopting a 'champions approach'. Staff could identify some early benefits from leaders and senior managers paying closer attention to the needs of care leavers. However, it was clear from our discussion with leaders responsible for the development of corporate parenting that all partners had not yet achieved a shared understanding of their responsibilities towards this agenda.

In revising its strategic priorities, the Community Planning Partnership had begun to set out how it intended to promote greater equality and inclusion – in part, a response to Audit Scotland findings (May 2014), which documented a lack of clarity regarding how inequalities in Falkirk were being prioritised and tackled. According to the views of frontline staff we surveyed and spoke to, the partners faced a significant challenge in this area, with less than a third of staff agreeing that their service was successfully closing outcome gaps and inequalities.

There was an established history of positive partnership working between senior managers across services. A culture of collaboration and the involvement of stakeholders was recognised and valued. Third sector partners were well respected and routinely involved. However, direction and leadership at a strategic level was less well developed. Audit Scotland had challenged leaders to strengthen accountability and make significant improvements in strategic leadership, oversight of performance and the pace of change. This, together with the restructuring of Council services and the creation of a joint education and social work service, (implemented in October 2015), had contributed to a stronger recognition of the need to prioritise resources and overcome barriers to improving outcomes and reducing inequalities for children, young people and families.

There was a history of investment in joint approaches to early intervention and prevention, and partners had protected some services and been creative with resources in the face of financial challenges. The Early Years Collaborative had tested a number of promising new approaches, a few of which had been scaled up more widely. Leadership of implementation of Getting it right for every child had been highly effective. On the other hand, the previous integrated children's services plan had been focused on developing and implementing important key processes and supporting multi-agency working, but less able to demonstrate improvements in performance and outcomes. There had been a lack of sufficient strategic direction to ensure that resources were being targeted where most needed and linked with areas of clearly assessed need and inequality.

The need for urgent action to address significant financial challenges within the new children's services department was fully appreciated by the Community Planning Partnership. The rationale for the need to reduce the number of vulnerable children requiring care and education in external placements was understood and leaders had the support of elected members in taking some early pragmatic steps to address the challenges involved. A number of promising and pragmatic steps had been taken

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in response, and the reporting arrangements for these plans sat with the Children's Commission. Leaders had taken opportunities to broaden the involvement of other partners in strategic planning and governance arrangements. However, the strategy was not fully representative of all relevant partners (health, police and the children's reporter's administration), and some key information required to underpin the strategy was not yet available. The current review of inclusion within education services and reviews of family support services and mental health services planned for early 2016 provided important opportunities for the leadership of the Children's Commission to consider using its collective resources. This would assist in the redesign of services on an integrated basis essential to achieving transformational change based on jointly assessed current and future needs.

It was evident that widespread acceptance and adoption of the values and principles of Getting it right for every child had contributed to a children's services workforce who worked collaboratively, focussed on improving outcomes for children and young people. Overall most groups of frontline staff felt valued and supported by their managers who encouraged and supported joint working. Leaders in the Council's new children's services department had taken helpful steps to consult and engage with staff through workshops. However, only 50% of respondents to our survey agreed that senior managers communicated well with them. There was a fair degree of uncertainty across the workforce about the future, particularly in view of financial challenges faced by the partnership, and the potential impact on jobs, staff retention, pay and conditions, as well as consequences for children and young people.

Partners recognised both the need and the benefits of self-evaluation in improving services. The police had reviewed and strengthened operational and management arrangements within the multi-agency screening and assessment hub following an inspection in a neighbouring authority. There were some well-established multi-agency structures and processes that could demonstrate improvements and refinements in practice as a result of activity undertaken. Leaders had not yet harnessed the strengths that existed at operational and management level in order to implement a systematic approach to underpin strategic planning and use this to coordinate and prioritise activities. Rigorous self-evaluation of the effectiveness of leadership will be an important element of continuous improvement. The new elected member scrutiny panel had the potential to provide clear accountability for a range of improvement activities, most notably corporate parenting, but required further support to ensure members had sufficient knowledge and understanding to provide effective support and helpful challenge to officers and other partners with responsibilities as corporate parents.

There was a clear willingness on the part of staff at all levels to reflect, learn and improve, and we came across examples of joint approaches that had been taken forward effectively – notably the implementation of the Getting it right for every child approach. Partners regularly sought external evaluation and validation of new approaches and the

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'measuring progress' initiative had the potential to change and challenge traditional ways of working with children, young people and families.

We noted that in a significant number of instances, the catalyst for recent changes had been external, such as legislative changes arising from the Children and Young People (Scotland) Act, findings from Audit Scotland scrutiny and acute budget pressures. Whilst partners may have reached an understanding of areas that needed to improve for some time, the scope of change to date, particularly in relation to the lack of access to mental health services and supports, corporate parenting, and the use of residential placements had been limited and the pace had been slow. Stronger oversight was required to implement and embed successful approaches, and provide accountability as well as support.

Generally staff confidence in the management of change was relatively low, with just over half of the staff who responded to our survey agreeing that changes were managed well within their service, and less than one third agreeing that changes affecting more than one service were managed well. Whilst middle managers and staff used positive working relationships to find solutions and were motivated to learn for improvement, more effective leadership was required to overcome barriers to change and embed good practice across services.

## **7. Conclusion, areas of particular strength and areas for improvement**

We are confident that the experienced and dedicated workforce is having a positive impact on the experiences of children, young people and families in Falkirk. Staff are firmly committed to working collaboratively to keep children safe from harm and the response to concerns about their safety are prompt and effective for all but a few. Strong collective ownership of the values and principles of the Getting it right approach is continuing to support practice and develop the systems necessary to underpin early intervention.

Partners are able to demonstrate that the performance of services is leading to improvements in some aspects of the wellbeing of children and young people. The outcomes for some groups of vulnerable children and young people, including those who are looked after, are more variable and affected by some long-standing gaps in services. There are some examples of positive approaches aimed at tackling inequalities and closing outcome gaps, although there are limited measures in place to demonstrate progress. A sustained focus on operational planning in partnership with the third sector means that children, young people and families benefit from some effective and flexible services. Managers work well together to find solutions and respond to challenges. Much

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of this is happening in the absence of data about the current and anticipated needs of children and young people that is required to make longer term financial decisions about where to target collective resources. Senior strategic leadership at chief officer level is underpinned by positive relationships and a stated commitment to improve outcomes for children and young people. They have still to develop a shared vision of the highest aspirations for children and young people, including those who are looked after, and challenge each other to make best use of their collective resources. Our inspection took place shortly after a significant organisational change in Falkirk Council to establish a children's service to deliver education and children's social work services. This, and the recent agreement of local strategic priorities is supporting a shift in pace towards finding efficiencies.

In the course of the inspection we identified a number of particular strengths which were making a positive difference for children and young people in the Falkirk Community Planning Partnership area. These were:

- An experienced workforce where joint working is making a positive difference to the lives of vulnerable children, young people and families.
- Partnership working which is providing an effective early response to protect children and young people at risk of immediate harm.
- Successful development of systems, culture and practice in support of implementing the Getting it right for every child approach.

The commitment of staff and managers and history of strong partnership working provide essential building blocks to developing excellent services for children and young people in Falkirk. Going forward, strong collective leadership will be required to challenge traditional ways of working to enable partners to build on their successes and deliver sustainable improvement and change. In doing so, Falkirk Community Planning Partnership Board should now:

- Implement an agreed set of outcome measures, with stretching targets to deliver improvements in the wellbeing of children and young people and close outcome gaps through early intervention and prevention.
- Ensure the arrangements for joint strategic planning of children's services harness and maximise all available resources and are underpinned by robust performance management and use of data to drive improvements.
- Provide stronger accountability and governance to drive improvements and increase the pace of change.
- Establish a collective vision for corporate parenting at the highest level.
- Ensure that the involvement of children, young people and families and other stakeholders is fully integrated into service planning and development.

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## 8. What happens next?

The Care Inspectorate will request that a joint action plan is provided which clearly details how Falkirk Community Planning Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements and will monitor the Partnership's progress in taking forward its action plan.

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## Appendix 1: Good practice examples

In each inspection we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland. We commend the following examples:

### Implementation of the Psychology of Parenting Project

The identification by the partnership of a gap in the provision of evidence based parenting services coincided with the national initiation of the Psychology of Parenting Programme (PoPP). This led to early multi-agency engagement with PoPP, and Falkirk Community Planning Partnership becoming Wave 1 implementers. With no previous history of delivering either Triple P or Incredible Years programmes, the partnership built up effective multi-agency working relationships at facilitator and manager level. One third of those trained in facilitation of the programmes were from the NHS and third sector combined. The multi-agency approach has contributed to the sustainability of delivery, and the allocation to PoPP of one day per week from facilitators in the Family Support Service has ensured on-going commitment.

Considerable work to provide training in using the Strengths and Difficulties Questionnaire (SDQ), and to raise awareness of how to refer, has been undertaken and has resulted in a marked increase in referrals to PoPP between 2014 and 2015. Groups are located as close as possible to the area of demand, in an effort to provide equity of access to the service. A flexible approach to service delivery has been taken, for example by delivering Triple P on a one to one basis where required, and providing additional support and an interpreter service for a family for whom English was a second language. There has been an improvement in completion rates from 53% in the last quarter of 2013 to 70% in first half of 2015.

There have been improvements in SDQ scores following completion of the programme for 83% of children whose parents have participated – this is just above the national average. Parental confidence has improved beyond the initial impact of attending one of the programmes. Following completion of the programmes, parents have established ongoing informal peer support. Two parents have been supported to become volunteers and are supporting parents attending current Incredible Years groups. Involvement in the programme has had further impact on facilitators' skills for group work and parenting support in general. Peer Assisted Supervision and Support (PASS) has provided practitioners in PoPP with an opportunity to examine and reflect on their own practice and see areas for improvement. As a result, practitioners have felt more confident in

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their practice and have been able to find their own solutions to difficulties they may have encountered.

While PoPP is a national programme, the early and full engagement of Falkirk Community Planning Partnership, with adherence to fidelity of the programme, has resulted in a number of clear benefits for children, families and staff.

### **Looked after children's psychologist**

Partners recognised that meeting the emotional needs of looked after children requires a model for support that takes into account their social systems and provides looked after children and their carers with a range of flexible interventions to help them establish a secure base to develop healthy relationships and reduce risk factors. Looked after children often sit outside the CAMHS intervention criterion as their needs do not fit with treatment focussed models. In January 2012, Falkirk Council developed a joint working agreement with NHS Forth Valley and employed a full time clinical psychologist for a period of four years. Notwithstanding the need for services to achieve a sustainable approach to meeting the needs of this high risk population, for looked after children in Falkirk, the looked after children's psychologist has delivered significant benefits for looked after children and those caring for and supporting them.

The services provided include one to one interventions; consultations with foster carers and social workers; attendance at planning meetings for children and young people; training of social workers, teachers, foster and kinship carers and residential staff; contribution to service development; providing professional advice to children's hearings and undertaking assessments of risk, cognitive functioning and emotional attachment.

Young people are seen promptly, generally within three weeks, often within one week. Many young people are able to access the service on more than one occasion. They appreciate being seen within their care placements rather than attending a clinic and this includes those placed out with the Falkirk area. Foster carers are helped to support children with difficult contact arrangements. Residential staff in regulated care services both within and out with the Falkirk area identify how the role is helping the young people they care for and building capacity in the staff group.

The highly personalised flexible approach has demonstrated considerable successes in overcoming barriers to accessing and sustaining engagement with vulnerable young people.

## Appendix 2: Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

<b>How well are the lives of children and young people improving?</b>	
Improving the wellbeing of children and young people	<b>Adequate</b>
Impact on children and young people	<b>Good</b>
Impact on families	<b>Good</b>
<b>How well are partners working together to improve the lives of children, young people and families?</b>	
Providing help and support at an early stage	<b>Good</b>
Assessing and responding to risks and needs	<b>Good</b>
Planning for individual children	<b>Good</b>
Planning and improving services	<b>Adequate</b>
Participation of children, young people, families and other stakeholders	<b>Adequate</b>
<b>How good is the leadership and direction of services for children and young people?</b>	
Leadership of improvement and change	<b>Adequate</b>

This report uses the following word scale to make clear the judgements made by inspectors.

<b>Excellent</b>	outstanding, sector leading
<b>Very good</b>	major strengths
<b>Good</b>	important strengths with some areas for improvement
<b>Adequate</b>	strengths just outweigh weaknesses
<b>Weak</b>	important weaknesses
<b>Unsatisfactory</b>	major weaknesses

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## Appendix 3: Glossary of terms

**Falkirk Community Planning Partnership** is the local Community Planning Partnership for the Falkirk Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Falkirk.

A **Single Outcome Agreement** is an agreement between the Scottish Government and Community Planning Partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

An **Integrated Children's Services Plan** is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

The **Child Protection Committee** brings together all the organisations involved in protecting children in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

**Getting it right for every child** is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential. [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

The **Early Years Collaborative** was launched by the Scottish Government in October 2012 with the support of NHS Scotland, the Coalition of Scottish Local Authorities (COSLA) and the Police Service of Scotland. It is a multi-agency, local, quality improvement programme delivered on a national scale focusing on the national outcome, our children have the best start in life and are ready to succeed.

**Virtual comparator** which is made up of pupils from schools in other areas with similar characteristics to those in Falkirk schools

**Eco Schools** is an international award scheme designed to encourage whole-school community action on learning about environmental sustainability.

## Appendix 4: The quality indicators framework

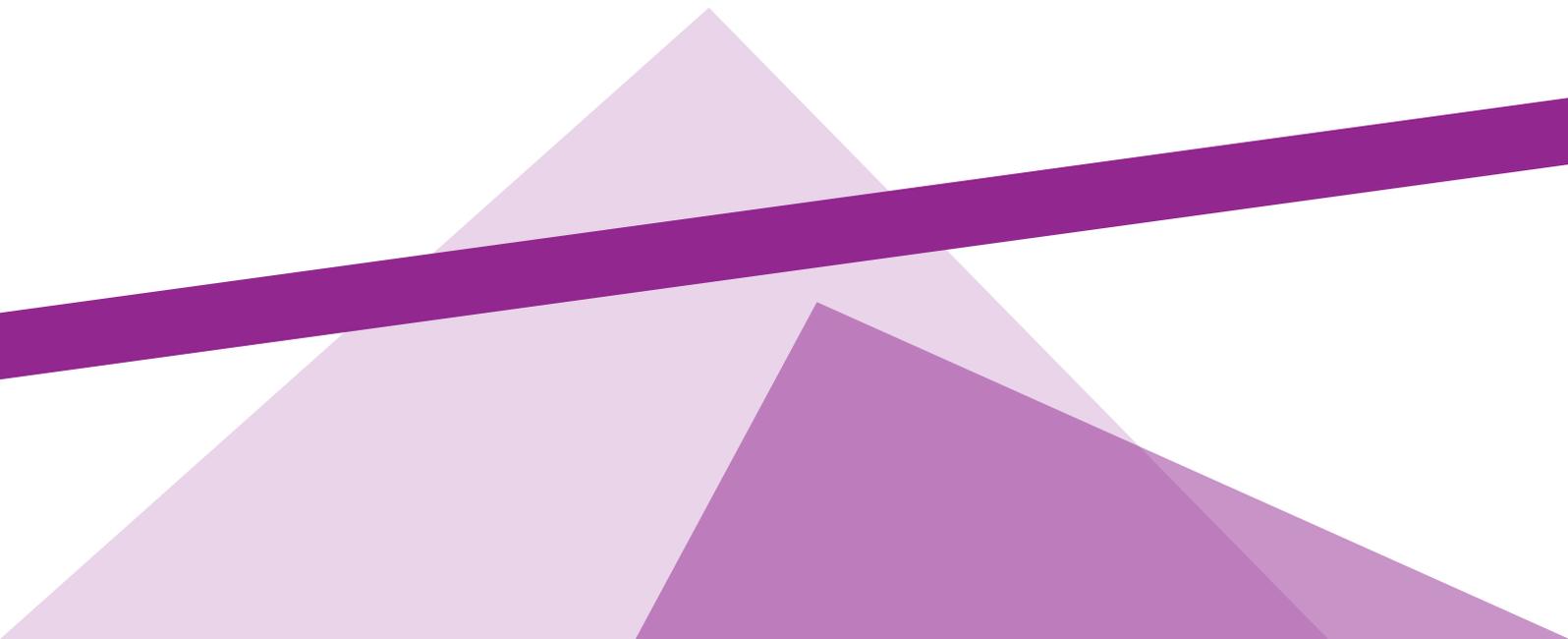
What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
<b>1.</b> Key performance outcomes	<b>2.</b> Impact on children, young people and families	<b>5.</b> Delivery of key processes	<b>6.</b> Policy, service development and planning	<b>9.</b> Leadership and direction
<b>1.1</b> Improving the well-being of children and young people	<b>2.1</b> Impact on children and young people	<b>5.1</b> Providing help and support at an early stage <b>5.2</b> Assessing and responding to risks and needs <b>5.3</b> Planning for individual children <b>5.4</b> Involving children, young people and families	<b>6.1</b> Policies, procedures and legal measures	<b>9.1</b> Vision, values and aims <b>9.2</b> Leadership of strategy and direction <b>9.3</b> Leadership of people <b>9.4</b> Leadership of improvement and change
	<b>2.2</b> Impact on families		<b>6.2</b> Planning and improving services	
	<b>3.</b> Impact on staff		<b>7.</b> Management and support of staff	
	<b>3.1</b> Impact on staff		<b>7.1</b> Recruitment, deployment and joint working <b>7.2</b> Staff training, development and support	
	<b>4.</b> Impact on the community		<b>8.</b> Partnership and resources	
<b>4.1</b> Impact on the community	<b>8.1</b> Management of resources <b>8.2</b> Commissioning arrangements <b>8.3</b> Securing improvement through self evaluation			
<b>10. What is our capacity for improvement?</b>				
Global judgement based on an evaluation of the framework of quality indicators				

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