
Report to: Housing, Health and Care Committee

Date of Meeting: 29 January 2015

Subject: Draft Integrated Children's Services Plan

Report by: Head of Social Services

1.0 Purpose

- 1.1 The purpose of this paper is to present to Committee the draft Integrated Children's Services Plan for 2015 – 2018 and associated consultation and engagement plan.
- 1.2 This plan is the first joint Integrated Children's Services Plan developed on behalf of Clackmannanshire and Stirling Community Planning Partnerships. The plan meets the requirement under the Children and Young Persons (Scotland) Act 2014 to set out plans for the provision of all children's services. The duty to carry out this requirement lies with the local authority and NHS.
- 1.3 The draft plan addresses key Stirling and Clackmannanshire Single Outcome Agreements (SOA) priorities, National policies including Getting It Right For Every Child (GIRFEC) and Early Years Collaborative (EYC) and Council Policies including the Corporate Parenting Strategy.
- 1.4 Partners involved in this plan include:
- Stirling Council
 - Clackmannanshire Council
 - NHS Forth Valley
 - Police Scotland
 - Scottish Fire and Rescue
 - Scottish Children's Reporters Administration
 - Stirlingshire Voluntary Enterprise
 - Clackmannanshire Third Sector Interface

2.0 Recommendations

- 2.1. The committee is asked to note and comment on the content of the draft Integrated Children's' Services plan. (*Appendix 1*)
- 2.2. The committee is asked to note and comment on the consultation and engagement plan. (*Appendix 2*)

3.0 Considerations

3.1. The draft Integrated Children's Service Plan was developed by a multi-agency group led by education and including representatives from social services, NHS, Police Scotland, Stirling Voluntary Enterprise, Clackmannanshire TSI, and corporate services. A project officer was also commissioned by the partnership to write the plan and gather information from partners. The partners included within the plan are:

- Stirling Council
- Clackmannanshire Council
- NHS Forth Valley
- Police Scotland
- Scottish Fire and Rescue
- Scottish Children's Reporters Administration
- Stirlingshire Voluntary Enterprise
- Clackmannanshire Third Sector

3.2. The draft plan sets out the partnership's shared **values**:

- We will put the children and young people at the centre of our thinking and action
- We will listen to children, young people and their families and involve them in decisions that affect their lives
- Children, young people, and families will be supported to secure outcomes for themselves

3.3. The vision for all children and young people across Stirling and Clackmannanshire is to work together with them, their families and communities to nurture, respect and be ambitious for their future. The plan sets out the intention for partners to collaborate to improve the wellbeing of all children and young people and support them to achieve positive outcomes.

3.4. Self-evaluation and external scrutiny by the multi-agency Inspection of Children's' Services has identified the following seven key areas for improvement;

- Improve support in Early Years so that all children reach appropriate developmental and social milestones
 - Ensure GIRFEC principles and processes are embedded in all partner organisations
 - Improve processes for assessing risks to ensure that all children and young people are afforded the timely protection and support needed
 - Improve life chances of looked after children
 - Improve health and wellbeing outcomes for most vulnerable children and young people
 - Improve outcomes for the lowest performing 20% of children in nurseries and schools
 - Improve the number of positive destinations for the most vulnerable children
- 3.5. The draft plan also contains high level actions for improvement against the key priority areas. Outcomes are clearly set out and performance indicators and measures have been developed to ensure that effective monitoring of progress is in place.
- 3.6. *Appendix 2* contains details of the planned engagement and consultation, with a wide range of opportunities available to children, young people, families, communities, staff and elected members to comment on the content of the draft plan. The consultation events will take place between January and March, and the views gathered will inform future service delivery and approaches to service planning. Some of the views gathered will also be included within the final plan.
- 3.7. The Integrated Children's Services Plan will be overseen by the newly formed Children and Young People's Strategic Partnership Group, which is jointly chaired by the Head of Education and Head of Social Services. There are six reporting groups which are chaired by different partnerships, and these groups will report progress against the priorities at each meeting.
- 3.8. The chairs of the Children and Young People's Strategic partnership Group will report on the progress of the plan through the Community Planning Partnership. An annual report will also be provided to the Scottish Government as required by the Children and Young People (Scotland) Act 2014.

4.0 Sustainability Implications

- 4.1. No sustainability implications

5.0 Resource Implications

5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.

No Financial implications. Yes

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

5.4. *Staffing*

6.0 Exempt Reports

6.1. Is this report exempt? Yes (please detail the reasons for exemption below) No

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box)

- The area has a positive image and attracts people and businesses
- Our communities are more cohesive and inclusive X
- People are better skilled, trained and ready for learning and employment X
- Our communities are safer X
- Vulnerable people and families are supported X
- Substance misuse and its effects are reduced X
- Health is improving and health inequalities are reducing X
- The environment is protected and enhanced for all
- The Council is effective, efficient and recognised for excellence

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes X No

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1: Draft Integrated Children's' Services Plan

Appendix 2: Consultation and Engagement Plan for the draft plan

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
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Communication and Engagement Framework

1 Purpose of Engagement

- To ensure key partners and stakeholders are informed of the process
- To engage key partners and stakeholders in ownership of outcome
- To encourage comment and input to the draft plan

2 Audience

- Elected Members
- Strategic Leaders
- Partner agency staff
- Communities
- Children, young people, families and carers
- Third Sector organisations

3 Resources

Resource	Responsible Officer	Status	Comments
Draft Plan	Rosemary Etherson	Design draft 12 th January 2015 complete	To be approved by Strategic Partnership 19/12/14
Summary version and respondent questionnaire	Sarah Anderson	First draft complete	Possibly for partner agencies only?
Summary easy read /accessible version and respondent survey monkey - communities	Lynda Perkins/Paul McNamara (S)	First draft easy read version complete 12 th January 2015	Possibly need a shorter, easy read/accessible summary than that for partners? Survey monkey respondent methodology
Frequently Asked Questions	Lynda Perkins	To be completed by 14 th January 2015	To accompany summary version/s
Powerpoint presentation	Lesley Gallagher	Draft communities and partner agency(staff) presentations complete 14 th January 2015	Common set of slides to be used at all briefings

4 Methods

No.	Method	Responsible Officer	Status	Comments
1	Partner websites and intranets	Lynda Perkins/Pauline Roberts (S) Gillian Taylor (C)	To be uploaded by 19 th January 2015	Draft Document and respondent form to be placed on both Council websites under CPP section. Link then issued to all Strategic Partnership Members requesting cascade throughout their organisation
2	Stirling- Your community portal	Linda Perkins	To be uploaded by 24 th January 2015	Summary version and link to main version uploaded to coincide with invitations to attend public meetings
3	Clackmannanshire Citizen Space Portal	Gillian Taylor	As above	As above
4	Facebook and Twitter	Kirsty Scott (S) Karen Paton (C) Lynda Perkins (initial information)	Notifications to be posted advising of availability of drafts and dates of public meetings- by 31 st January 2015	Common content to be agreed and shared across both Comms. teams
5	Local Press	Kirsty Scott (S) Lesley Gallagher (initial information)	To coincide with social media notifications above	Feature story to be released to alert to draft and meetings Drip feed of feature stories to be released to local and national press (highlighting good/innovative practice)
6	Communities Team ebulletin (S)	Lynda Perkins/Lynne McKinley	By 23 rd January 2015	Information on consultation opportunities: weblinks, public meetings etc.
7	Third Sector Interface Ebulletins	Alasdair Tollemache Robert Walters Lynda Perkins/Gillian Taylor (initial information)	By 31 st January 2015	As above- including date of specific third sector consultation meeting/s

No.	Method	Responsible Officer	Status	Comments
8	Elected Member Briefings	Lynda Perkins (S) Members' Services (C)	Stirling: 19 th January 2015 12-1pm Stirling: 22 nd January 5.30-6.30pm Clackmannanshire: 28 th January 10am	David Leng / Val Desouza to chair Other partners to be represented as appropriate. Using common slides as outlined item above
9	All partner workshops	Lynda Perkins (S)	Stirling: 2 nd February 2015 12.30-1.30pm and 4.30-5.30pm (Bruce Room) Clackmannanshire: 4 th February 2015 1.30-2.30pm Kilncraigs	Partner agencies to notify key staff. Staff need only attend one meeting, at any venue. To include CPP sub groups for example Alcohol and Drugs Partnerships, Violence Against Women Partnerships-CPP mailing lists can be used. David Leng, Val De Souza and representatives of Strategic Partnership to lead. – diaries confirmed. Using common slides as per item above.
10	Third sector children and families fora	Alasdair Tollemache (S) Maureen Hill (C)	4 th February 2015 10am Stirling Family Life Centre c. 21/01/15	Interfaces to lead on organisation of these, with support from sub group members. Using common agreed resources- summaries, powerpoint slides etc.

No.	Method	Responsible Officer	Status	Comments
11	Public meetings	Lynda Perkins/Lynne McKinley (S) Clackmannanshire – TBC	Mid to end February 2015	Suggest 2 meetings – 1 in urban, 1 in rural Stirling. Invitation to attend issued via Communities Team contact list and notified on social media as above Clackmannanshire- TBA Evening meetings. Representatives of Strategic Partnership to lead, with support.
12	Education consultation	Sarah Anderson Mary Fox	Learners event complete 11/12/14 Provisionally set so far: Ochil House parents 08/01/15- complete Clackmannanshire Youth Services 14/1/15 Alloa Academy Parents 21/1/15 10.30am Riverside PS parents 22/1/15 9.30am McLaren HS staff 22/1/15 3pm Dunblane HS staff 23/1/15 9.15am Allan' s PS staff 27/1/15 9.30am East Plean PS staff 5/2/15	To reach: Head Teachers, Parent Council Networks and pupils TBC: Alva and Lornshill Academy HS Parent Council Networks Stirling Youth Services

			<p>10am</p> <p>St Modan's HS staff 6/2/15 8.30am</p> <p>ASN Managers 16/2/14 9am (OVF)</p> <p>Muchart PS staff 26/2/15 1.30pm</p>	
13	Social Services consultation	Liam Purdie	<p>Corporate Parenting Group (Liam Purdie) 14/1/15 2.30pm</p> <p>Social Work Managers (Michael Grassom): 15/1/15 am</p> <p>Stirling Alcohol and Drugs Partnership (Michael Grassom) 29/1/15 am</p> <p>Child Protection Committee voluntary and independent sector sub group 27/1/15 2.15pm</p>	<p>TBC:</p> <p>Criminal Justice staff and services/partners (could be achieved via all partner meetings at item above)</p> <p>Foster carers</p> <p>Looked after children and young people</p> <p>Through Care and After Care groups {Tik Tak (S)}</p> <p>Children's Units</p> <p>Family Centres</p> <p>Kinship Carers Group</p> <p>Adult Services</p>

5 Key messages

Organisationally

- Community planning approach- shared outcomes, early intervention, integrating resources
- Partners working together for children, young people, their families and carers, and their communities
- Tackling inequalities is our greatest challenge
- Delivers on GIRFEC and the requirements of the Children and Young People (Scotland) Act 2014

For our children, young people and families

- Partners working together for children, young people, their families and carers, and their communities
- Tackling inequalities is our greatest challenge
- Nurture, respect and be ambitious for the future of our children and young people
- Create the right mix of opportunities for children and young people to become confident individuals, responsible citizens, effective contributors
- Improving life through learning

6 Overall Timeline

- 11th December 2014 – 2nd March 2015

Document control

Version	Date	Purpose	Author
V1	18/11/14	Initial draft for Strategic Partnership Group	Lesley Gallagher (LG)
V2	19/11/14	Second draft including Clackmannanshire information	LG
V3	18/1/15	Update on progress	LG
V4	12/1/15	Update on progress	LG

DRAFT

Integrated Children's Services Plan

2015 – 2018



Clackmannanshire
Council



Getting It Right For Children And Young People

Foreword

Welcome to the first Integrated Children's Service Plan for Stirling Council and Clackmannanshire Council areas for 2015 – 2018.

Clackmannanshire and Stirling Community Planning Partnerships (CPPs) have taken the decision to produce a single integrated children's services plan. The development of this plan follows on from the progressive action taken to establish shared Education Services and Social Care Services across the two Council areas. The plan meets our requirement under the Children and Young Persons (Scotland) Act 2014 to set out plans for the provision over the period of all children's services.

As Community Planning Partners our vision for children and young people is to work together with them, their families and communities to nurture, respect and be ambitious for their future. We want to ensure our children and young people have the right mix and balance of opportunities to become confident individuals; responsible citizens and effective contributors and that by doing so we are improving life through learning.

As partners we want to build and strengthen the capacity, skills and resilience of communities, families and children and by achieving equality of outcomes and opportunities we are able to support children and young people to reach their full potential in life.

The content of the plan reflects national and local strategic priorities and outcomes. Crucially, it has been aligned to the Single Outcome Agreement in place for both Council Areas. This is a high level plan that shows how our partnerships are working across both areas and details how we will collaborate and provide direction, leadership and governance in the delivery, monitoring and review of the plan.

The partners are:

- ◆ Stirling Council
- ◆ Clackmannanshire Council
- ◆ NHS Forth Valley
- ◆ Police Scotland
- ◆ Scottish Fire and Rescue
- ◆ Scottish Children's Reporters Administration
- ◆ Stirlingshire Voluntary Enterprise
- ◆ Clackmannanshire Third Sector Interface





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Executive Summary

Stirling and Clackmannanshire Councils and Community Planning Partners are committed to working together to improve the wellbeing of all children and young people and supporting them to achieve positive outcomes in life.

As Community Planning Partners our vision for children and young people is to work together with them, their families and communities to **nurture, respect** and be **ambitious** for their future. Economic, social and health inequalities impact on the life chances of children and young people and our aim is to provide strong universal services whilst targeting support to those who need it most. Planning partners are determined to achieve the very best for all children and young people and have prioritised service delivery towards:

- ◆ Early intervention and prevention
- ◆ More effective partnership working around a smaller number of key outcomes, supported by workforce development
- ◆ Targeting to where there is greatest need and potential positive impact
- ◆ Community and third sector involvement and capacity building

This three year plan has been developed to deliver and contribute towards a range of key local and national strategies, policies and priorities for children, young people and their families including:

- ◆ Stirling and Clackmannanshire Single Outcome Agreement (SOA) priorities
- ◆ National Policies: Getting it Right for Every Child (GIRFEC); Early Years Framework (EYF) and Curriculum for Excellence
- ◆ Council policies including the Corporate Parenting Strategy and the Autism Strategy (Draft)
- ◆ NHS policies including NHS Forth Valley Annual Plan and Local Delivery Plan 2020 (April 2014), CEL 13 Refocusing role of Health Visiting and School Nursing Services (June 2013)



Through a series of self-evaluation, audit and external scrutiny processes we have identified the following priorities for improvement:

- ◆ Improve support in early years so that all children reach appropriate developmental and social milestones
- ◆ Ensuring that GIRFEC principles and processes are embedded in all partner organisations
- ◆ Improve processes for assessing risks to ensure that all children and young people are afforded the timely protection and support needed
- ◆ Improve life chances for looked after children
- ◆ Improve health and wellbeing outcomes for our most vulnerable children and young people
- ◆ Improve outcomes for the lowest performing 20% of children in nurseries and schools.
- ◆ Improve the number of positive destinations achieved by our most vulnerable children

Planning partners are ambitious for and on behalf of children, young people and their families and have set out a range of actions across agencies and services. Systems have been put in place to monitor and review the progress partners will achieve in working together to improve the lives and life chances of children and young people.

Single Integrated Children's Service Plan

1. Purpose

This joint single plan is for:

- ◆ All children, young people and families living in Stirling and Clackmannanshire Council areas
- ◆ All staff working in agencies that provide services to children, young people and families living in Stirling and Clackmannanshire Council areas

2. Values And Vision

Partners are committed to a set of core **values** and will work together to ensure that:

- ◆ We will put children and young people at the centre of our thinking and action
- ◆ We will listen to children and young people and be clear about the action we are taking and the difference it will make
- ◆ We will involve children and young people in decisions that affect their lives
- ◆ Children and young people will be helped and supported to secure outcomes for themselves
- ◆ Families and communities will be helped and supported through an asset based approach to strengthen their capacity to meet the needs of children and young people

Our **vision** for all children and young people across Stirling and Clackmannanshire is to work together with them, their families and communities to **nurture, respect** and be **ambitious** for their future. We will collaborate as partners to improve the wellbeing of all children and young people and support them to achieve positive outcomes.

We will progress our vision within the context of our Single Outcome Agreements, with a clear understanding of the inequalities that exist in both our areas. Reducing the polarity of wealth and opportunity is a particular challenge over the lifetime of this Integrated Children's Services Plan, in times of welfare reform and austerity. We recognise the importance of connected, informed and evidenced based services for all families, but particularly those who are disadvantaged. This requires a commitment to shift resources to early intervention and prevention and will target our efforts towards those who are in greatest need, whilst ensuring a universal quality provision for all.

We will make sure that the early stages in a child's life are as positive as they can be, with an understanding that positive interventions at this stage can have a substantial impact on how a child grows and develops. At the same time, we will work together to do the best for our children and young people of school age, and as they transition to adulthood.



We recognise our particular responsibility to our looked after children and young people, and we will support and care for them as they grow up and take their first steps towards independence and self - reliance.

We will manage the implementation of our Integrated Children's Services Plan through the Community Planning Structure, and will establish governance and accountability that improves collaboration amongst partners, provides transparency, challenge, accountability and effective use of shared resources. We will particularly prioritise our service delivery towards:

- ◆ Early intervention and prevention
- ◆ More effective partnership working around a smaller number of key outcomes, supported by workforce development
- ◆ Targeting intervention to where there is greatest need and potential positive impact
- ◆ Community and third sector involvement and capacity building

3. Context

The State of the Nation Report 2014: Social Mobility and Child Poverty Commission reports that whilst Scotland has lost its place as the country with the lowest levels of child poverty in the UK, 19% of all Scottish children live in relative poverty. This equates to 180,000 children, 30,000 more than the year before. 20% of Scottish children live in absolute poverty, a rise to 200,000 from a figure of 170,000 in 2013. Significantly, by the age of 5 years, there is a 13 month gap in vocabulary and a 10 month gap in problem solving ability between children from high income backgrounds. The Institute of Fiscal Studies project significant increases of an additional 50,000 children in relative poverty by 2020.

The Child Poverty Map of the UK (Loughborough University's Centre for Research in Social Policy Report, "**End Child Poverty**", August 2014), looks at the extent of child poverty based on disposable income after meeting housing costs – an essential family expenditure – which show, for the first time, the real hidden extent of families struggling to make ends meet. The new statistics highlight the extent to which housing costs push families into poverty. Child poverty campaigners also maintain that UK government tax and benefit policies are set to drive up to 100,000 more children in Scotland into poverty.

The report identifies **Clackmannanshire Council area as having 26% of children living in poverty whilst the figure for Stirling Council area is 17% of children living in poverty.** There is a wide variation across Stirling in terms of levels of poverty. 39% of Clackmannanshire pupils live in the top three most deprived areas and 15% of children live in workless households.

The Child Poverty Strategy (SG 2011) describes how maternal well-being and the social and emotional health and wellbeing of children are often very closely linked to material and social disadvantage and poor educational outcomes. The impact of welfare reforms are far-reaching in terms of drastic reduction in family incomes and the consequences for the physical and mental health of families and children. As partner agencies we aim to continue strengthening the quality of our universal services and will do so whilst concentrating our efforts and target interventions towards addressing the significant health, social and economic factors which exist in both areas. We want our children and young people to experience a healthy, happy and safe childhood, to experience positive learning and development opportunities that allow them to move forward into adulthood with the requisite skills, abilities and ambitions that will serve them and their communities well in the future.

Factors that influence how we will target our service delivery:**Evidence – Stirling Council area****Pre-birth and early years**

- ◆ Concentrations of very young mothers (16/17) in areas of deprivation.
- ◆ Teenage pregnancy rate per 1000 relevant female population at 3.1 for under 16 year olds and 23.1 for under 18 year olds against a Scotland figure of 6.1 and 31.3 respectively.
- ◆ A higher proportion of under-fives live in our most deprived areas than that of the general population.
- ◆ A growth in around 5% under threes is expected to 2020.
- ◆ 16% of under 4s live in households dependent on benefits. In Bannockburn catchment this is 24%, in Dunblane it is 3%.
- ◆ 34.2% of babies are exclusively breastfed at 6 to 8 weeks which is above the national average of 26.3%
- ◆ An estimated 19% of P1 children are overweight with a child obesity rate in P1 of 7.6% (Scottish average 9.8%)

**School Age**

- ◆ There are 6585 primary school pupils, 5731 pupils in secondary schools and 23 in special schools
- ◆ 2324 children / young people are on staged intervention; 1192 primary, 1132 secondary
- ◆ 13.49% of primary school children and 11.17% of secondary school children and registered for free school meals.
- ◆ Overall attainment is above national average although challenges remain for children and young people who live within deciles 1 and 2 by SIMD
- ◆ 1% of 13 year olds are regular smokers (2% decrease from 2010) and 1% better than Scottish figure.
- ◆ 6% of 15 year olds are regular smokers (4% decrease from 2010) and 2% better than the Scottish figure
- ◆ 4% of 13 year olds had drunk alcohol in the week prior to the survey (2013) which is a significant improvement from 2010 (13% decrease) and is comparable with the Scottish figure.
- ◆ 22% of 15 year olds had drunk alcohol in the week prior to the survey, a 10% decrease from 2010, although remains 3% higher than the Scottish figure
- ◆ 22% of 15 years reported that they usually drink once per week which shows no change from 2010 and is less favourable than the Scottish figure of 19%.
- ◆ 2% of 13 year olds reported using drugs in the last month (6% decrease from 2010) and is comparable with the Scottish figure.
- ◆ 10% of 15 year olds reported using drugs in the last month, a figure that remains static from 2010 and is comparable with the Scottish figure
- ◆ 12.7% expected increase in under 16s by 2037

Evidence – Stirling Council area

Youth transition

- ◆ Overall 91.5% of school leavers enter a positive destination, a rise of 1.6% in comparison with 2012/13. This is 0.8% below the national average of 92.3%. Stirling Council is 23rd of 32 local authorities for the percentage of learners entering a positive destination.
- ◆ The percentage of leavers who are unemployed seeking (seeking employment or training) is 7.2%, 1.5% lower than 2012/13 but 0.9% higher than the national average and is 7th highest of all leavers reported as unemployed seeking employment or training in Scotland this year.

Child Protection / Looked after children

- ◆ Compared with Scotland, Stirling has a significantly higher rate of child protection referrals with parental alcohol or drug misuse. The rate of children (per 1000) on the child protection register in 2013 was 3.6 against the national average of 2.9.
- ◆ Number of children and young people on the Child Protection Register at November 2014 is 59.
- ◆ Total number of children and young people referred by Police Scotland to partner agencies with Child Concern VPD (Vulnerable Person Database) reports for April to October 2014 was 778
- ◆ Number of Looked after children at August 2013 was 246 which is 1.3% of the 0 to 17 population against a Scottish average of 1.5%

Evidence – Clackmannanshire Council area

Pre-birth and early years

- ◆ Concentrations of very young mothers in areas of deprivation.
- ◆ Teenage pregnancy rate per 1000 relevant female population of 6.3 for under 16 year olds and 42.3 for under 18 year olds compared with a rate of 6.1 and 31.3 respectively.
- ◆ The number of children under 5 has risen by 7.5% since 2001.
- ◆ 14 of Clackmannanshire's data zones fall in the 15% most deprived areas in Scotland and 26% of children in Clackmannanshire live in poverty. The highest rates of child poverty are evident in Alloa, Sauchie and Tullibody.
- ◆ Clackmannanshire has the 6th lowest rate of breastfeeding in Scotland (n=39). 19.8% of babies are exclusively breastfed at 6 to 8 weeks compared to the national average of 26.3%.
- ◆ An estimated 20% of children of P1 children are overweight with a child obesity rate of 9.7% (Scottish average 9.8%)



Evidence – Clackmannanshire Council area

School Age

- ◆ There are 3935 primary school pupils, 2605 in secondary schools and 24 in special schools
- ◆ There are 1084 children / young people on staged intervention; 602 primary, 482 secondary
- ◆ 25% of primary school children and 19% of secondary school children in Clackmannanshire are registered for free school meals
- ◆ Overall attainment is slightly below national averages.
- ◆ 4% of 13 year olds are regular smokers which is 2% above the Scottish figure
- ◆ 8% of 15 year olds are regular smokers which is comparable with the Scottish figure
- ◆ 6% of 13 year olds report drinking in the week prior to the survey which is 2% higher than the Scottish figure
- ◆ 20% of 15 year olds report drinking in the week prior to the survey which is 1% higher than the Scottish figure
- ◆ 5% of 13 year olds report using drugs in the last month, 3% higher than the Scottish figure
- ◆ 9% of 15 year olds report using drugs in the last month which is comparable with the Scottish figure
- ◆ 9.2% expected decline in under 16s by 2037

Youth transition

- ◆ Overall the percentage leavers entering a positive destination is 92.8%, a rise of 4.5% compared with 2012/13. This is 0.5% above the national average of 92.3%. Clackmannanshire is 15th out of 32 local authorities for the percentage of leavers entering a positive destination
- ◆ The percentage of leavers who are unemployed seeking employment or training is 6.6%, 2.0% lower than 2012/13. This is 0.33% higher than the national average.

Child Protection / Looked after children

- ◆ Compared with Scotland, Clackmannanshire has a significantly higher rate of child protection referrals and referrals to the Scottish Children's Reporter Administration
- ◆ Clackmannanshire also had the highest rate in Scotland in 2013 of children on the child protection register at 5.4 per 1000 children against a Scottish average of 2.9.
- ◆ Number of children and young people on the Child Protection Register at November 2014 is 44
- ◆ Total number of children and young people referred by Police Scotland to partner agencies with Child Concern VPD (Vulnerable Person Database) reports for April to October 2014 was 669.
- ◆ Number of Looked after children at August 2013 was 186 which is 1.8% of the 0 to 17 population against a Scottish average of 1.5%



4. Strategic Drivers

This three year plan has been developed to deliver and contribute towards a range of key local and national strategies, policies and priorities for children, young people and their families including:

- ◆ Stirling and Clackmannanshire Single Outcome Agreement (SOA) priorities
- ◆ National Policies: Getting it Right for Every Child (GIRFEC); Early Years Framework (EYF) and Curriculum for Excellence
- ◆ Council policies including the Corporate Parenting Strategy and the Autism Strategy (Draft)
- ◆ NHS policies including NHS Forth Valley Annual Plan and Local Delivery Plan 2020 (April 2014), CEL 13 Refocusing role of Health Visiting and School Nursing Services (June 2013)

Community Planning Partners are committed to working together towards the strategic outcomes defined within the Single Outcome Agreements, (SOA) 2013 - 2023.

The Integrated Children’s Services Plan will contribute to the following 4 sets of **SOA Priority Outcomes** and the action we will take will be shown within the framework of these specific outcomes.

STIRLING	CLACKMANNANSHIRE
Priority Outcomes:	
<ul style="list-style-type: none"> ◆ Improved outcomes in children’s early years ◆ Improved support for disadvantaged and vulnerable families and individuals ◆ Reduced risk factors that lead to health and other inequalities ◆ Improved opportunities for learning, training and work 	<ul style="list-style-type: none"> ◆ Our communities are more inclusive and cohesive and our public services are improving ◆ Vulnerable people and families are supported ◆ Health is improving ◆ People are better skilled, trained and ready for learning, training and work

GIRFEC is a national programme that aims to improve the wellbeing of all children and young people by improving assessment, decision-making, planning and multi-agency working. The indicators are referred to as wellbeing indicators, namely, Safe, Health, Active, Nurtured, Respected, Responsible and Included. The GIRFEC approach recognises that as children and young people progress through life, some may have temporary needs, some may live with challenges and some may experience more complex issues and as a result some children, young people and their families may require help and support. Knowing where they can find help, what support might be available and whether that support is right for them is essential for children, young people and families. Putting the child and their family at the centre of support is a key component of GIRFEC as well as providing support at an early enough stage rather than when more serious issues develop. A 'Named Person' is identified for every child and young person with a 'Lead Professional' (where necessary) to co-ordinate and monitor multi-agency activity. The early recognition of need, appropriate referral to, and information sharing with, partner organisations leading to streamlined assessment, decision-making, planning and joint working are core components of GIRFEC. **Our priority is to achieve a shift in culture, processes and practices and embed GIRFEC principles across all partner organisations.**

Early Years Framework

The Early Years (EY) framework is based on the principle that every child deserves the best start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child's experiences between birth and age 5 have a major impact on their future life chances. Good parenting and high quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up. The including Early Years and Equally Well (2008) highlight that early life factors shape later physical and mental health and health inequalities.

Our priority is to ensure that children have the best start in life and are ready to succeed.

Curriculum for Excellence

The Curriculum for Excellence programme aims to ensure that all children in Scotland develop their capacities as: successful learners, confident individuals, responsible citizens and effective contributors to society.

Corporate Priorities

This plan also supports Council corporate priorities as follows:

Stirling

- ◆ Increasing focus on early intervention to help families in need
- ◆ Improving outcomes for the lowest performing twenty per cent of children in nurseries and schools
- ◆ Providing additional nursery and out of school places throughout Stirling area to support working families
- ◆ Being a good corporate parent
- ◆ Promoting opportunities and support access to physical activity and sport for all

Clackmannanshire

- ◆ All children in Clackmannanshire have the best possible start in life, focussing particularly on birth to three years, with particular emphasis on the importance of good parenting
- ◆ Our school children are successful learners
- ◆ Our opportunities are not limited by poor health, and people have a good sense of wellbeing
- ◆ Social circumstances for those in most need are improved
- ◆ We actively seek opportunities to better plan and work jointly with partners with a particular focus on efficiency and preventative spends



5. How Have We Done

Services across the Community Planning Partnership have developed performance, self-evaluation and audit frameworks and may be subject to external evaluation or scrutiny. Appendix 6 provides examples of a range of good practice from agencies and services

External scrutiny

The Care Inspectorate published separate reports in May 2014 on the outcome of a Joint Inspection of services for children and young people in Stirling and Clackmannanshire. The findings were as follows:

Strengths common across Stirling and Clackmannanshire:

- ◆ Staff across all services have a very strong and shared commitment to improving the safety and wellbeing of children. They have developed a positive culture of working together meaningfully to the benefit of children, young people and their families
- ◆ The high quality of support to children, young people and families to improve mental wellbeing to assist them to overcome trauma

Strengths specific to each area:

Stirling:

- ◆ Improvements in the educational attainment for children and young people and improving trends in positive destinations for young people leaving school year on year. Gaps are closing between the lowest attainment levels and higher achievers and the educational attainment of looked after children is improving over time

Clackmannanshire

- ◆ The effective use made of community skills and resources to overcome health inequalities and strengthen families such as in Bowmar and Hawkhill in Alloa

Areas for Development common across Stirling and Clackmannanshire:

- ◆ Ensuring that all children and young people are afforded the protection and support they need by improving, as a matter of priority, the process for assessing risks
- ◆ Improving plans for individual children and young people to manage risk and meet their needs
- ◆ Providing all vulnerable children, young people and their families with the help and support they need at an early stage when they are experiencing difficulties
- ◆ Introducing and implementing systematic and robust processes for the joint strategic planning of integrated children's services
- ◆ Providing strong collaborative leadership to increase the pace of change and improvement across services for children and young people

6. What We Are Doing

Across the CPPs there are initiatives and developments which demonstrate our shared approach and commitment to early intervention and prevention and targeting support to the areas of greatest need. Included in these are:

Early Intervention and Prevention

The NHS Forth Valley's Family Nurse Partnership is a licensed evidence based preventative programme offered to teenage mothers having their first baby. The programme is an intensive home visiting support service that is nurse led and strength base.

There are three main aims:

- ◆ To improve antenatal health and birth outcomes
- ◆ To improve child health and development
- ◆ To improve the economic self-sufficiency of the family unit

The Community Health Partnerships are committed to the implementation and development of the programme across Stirling and Clackmannanshire as one of a range of parenting support options that offer early and effective intervention. In Stirling and Clackmannanshire the programme is in its first year and the nursing team has the capacity to support approximately 50 young mothers throughout the period of their pregnancy and

until their child has reached the age of two years.

Foetal Alcohol Spectrum Disorder (FASD) is caused by maternal use of alcohol during pregnancy. Across Forth Valley work has been and will continue to be undertaken to encourage women not to consume alcohol whilst pregnant. Foetal Alcohol Spectrum Disorder is caused by maternal use of alcohol during pregnancy and is preventable. Alcohol Brief Intervention screening is offered within the maternity setting to support pregnant women to reduce alcohol consumption during their pregnancy and is part of the ADP's early intervention and prevention strategy.

A Public Social Partnership managed by Culthove Opportunities (a community group run by local residents known as "COP") working in partnership with Stirling Council, Home Start and Stirlingshire Voluntary Enterprise received funding from the Scottish Government (Early Years Change Fund) to deliver an Early Intervention Family Support project in Culthove, a disadvantaged area of Stirling. This project, "Culthove PSP", was developed in partnership with COP, Borestone Primary School, Hillview Nursery and Home Start and is being delivered by staff and local volunteers from these organisations. The project uses an assets based approach to deliver early intervention for families to help prevent them getting into crisis and requiring statutory intervention. It comprises of 4 interlocked

components: an Early Intervention Key Worker who provides one to one support for the adults in the families needing a helping hand; a jigsaw group where workers in the area meet to discuss (with consent) families in order to help find the best support at the right time and avoid duplication; a community engagement programme which provides access to professional support for hard to reach families and a resource programme to provide bespoke support for the families. This early intervention project uses an assets based approach to deliver one-to-one family support for early intervention and prevention for all aspects of family life relating to child welfare and poverty reduction.



Early intervention

The Early Years Collaborative is a coalition of Community Planning Partners committed to ensuring that every baby, child, mother, father and family in Scotland has access to the best supports available. It is the world's first national multi-agency quality improvement programme with the aim of making Scotland the best place in the world to grow up.

The objective of the Early Years Collaborative (EYC) is to accelerate the conversion of the high level principles set out in GIRFEC and the Early Years Framework into practical action. This must:

- ◆ Deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children
- ◆ Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016.
- ◆ Sustain this change to 2018 and beyond.

Stirling and Clackmannanshire have a joint Early Years Collaborative team and work is being done using Improvement Methodology to work towards achieving the national stretch aims which will improve outcomes for children and families in Stirling and Clackmannanshire. A refocus by the EYC leadership will ensure that we are well placed on our journey towards continuous improvement.

The Forth Valley Interagency Young Runaways Protocol is effective in providing proactive and structured responses to episodes of running away through a staged intervention process. The purpose is to ensure the safeguarding of children and young people who are at risk of going missing from home or care or who are already doing so.

Early Identification and Support

The risks to children and young people of sexual exploitation are being taken forward through the Forth Valley 'E' Safety Partnership and a Scottish Government Child Sexual Exploitation Pilot. The purpose of the latter is to co-ordinate a multi-agency strategy and response. It emphasises shared responsibility, proactive and integrated approaches to supporting parents and carers from a child-centred perspective in matters of child sexual exploitation.

Appendix 7 provides fuller information about the range of initiatives and developments across CPP areas.

7. Priorities For Improvement

Through our monitoring, review and audit processes, and taking account of strategic and local priorities and the outcome of the most recent joint inspection, we have identified the following **7 priorities for improvement**:

1. Improve support in early years so that all children reach appropriate developmental and social milestones
2. Ensure that GIRFEC principles and processes are embedded in all partner organisations
3. Improve processes for assessing risks to ensure that all children and young people are afforded the protection and support they need when they need it
4. Improve life chances for looked after children
5. Improve health and wellbeing outcomes for our most vulnerable children and young people
6. Improve outcomes for the lowest performing 20% of children in nurseries and schools
7. Improve the number of positive destinations achieved by our most vulnerable children

The action we will take in these specific areas is set out within 4 sets of Single Outcome Agreement priorities for children, young people and their families in place for Stirling and Clackmannanshire (as detailed in Section 4, page 11).

8. How We Will Use Our Resources

Commissioned services

Recent changes in policy and legislation has demonstrated a requirement to deliver services in a different way. Drivers include the implementation of Self Directed Support, Single Outcome Agreements, the forthcoming Integration of Health and Social Care as well as the financial efficiencies required in line with Making Clacks Better (MCB) in Clackmannanshire Council and Priority Based Budgeting (PBB) in Stirling Council.

In line with these policy and legislative changes, the focus of the Commissioning Group, reporting to the C&YSPG, will be to build on existing partnership arrangements and further develop contract monitoring processes in place for commissioned services. Feedback from commissioned providers will be used to inform and establish a transparent approach to commissioning services and one that will take account of capacity building issues across partner agencies including the Third Sector. The provision of outcome focused services which

support early intervention and prevention, promote independence and increase user choice is the shared aim going forward.

The work of the Group will also include future planning and commissioning in relation to residential and care placement provision.

Joint Resourcing

The Integrated Children's Services Plan sits firmly within community planning partnership arrangements in both Stirling and Clackmannanshire. It will therefore be taken forward within the governance requirements of the CPPs. Specifically, with regard to resourcing this means our aspiration is that:

- ◆ partners will share budget, investment and resource planning information at an early stage in the decision making process
- ◆ partners will agree how total resources can most effectively be deployed and aligned
- ◆ partners will consider resources in the broadest sense – financial, staff, buildings and other assets – and will bring the totality of that resource, including committed budgets such as education and acute care, to the partnership table
- ◆ partners will collectively resource joint outcomes in the Single Outcome Agreements, including aligning and pooling budgets, and joint commissioning where required



9. Delivery, Monitoring And Evaluation Of The Plan

Appendix 2 provides a diagrammatic representation of the Community Planning Partnership structure. Within the CPP structure, responsibility for planning, oversight, delivery and evaluation of the Integrated Children's Service Plan sits with the Children and Young Person's Strategic Partnership Group (C&YPSPG).

The C&YPSPG is multi-agency with representation from Education Services, Social Care Services, Forth Valley NHS, Police Scotland, Fire and Rescue Services, Housing Services, Stirling Voluntary Enterprise and Clackmannanshire Third Sector Interface. The C&YPSPG will move to a schedule of quarterly meetings once formal approval of this plan is in place. Until then a more frequent schedule of 6 weekly meetings will be maintained to monitor progress during the developmental stage.

The reporting groups will provide progress reports to each C&YPSPG meeting. Clear governance and accountability arrangements are in place and the C&YPSPG reports directly to the Stirling Leadership Group and the Clackmannanshire Alliance and will report on all aspects of plan delivery on a 6 monthly basis. The CPP structure diagram lists the areas of reporting responsibility that sit under each of the 6 reporting groups. With regard to the

The Strategic group is supported in its task by 6 reporting groups:

- ◆ Vulnerable Children and Young People
- ◆ Early Years
- ◆ GIRFEC
- ◆ Planning (development of ICSP, monitoring, evaluation, continuous improvement and participation/consultation with children, young people and their families)
- ◆ Raising Attainment
- ◆ Planning and Commissioning of Services for children and young people



Vulnerable Children and Young People's Group, this includes a reporting mechanism for activities that will be delivered via the ADP Children and Young People's action plan as well as the Child Protection action plan. Development work on a Joint Public Protection Forum is underway which will lead on child protection and other protection responsibilities and issues.

Communication with the Third sector takes place through the Children and Families Services Forum and the Third sector will be represented on the reporting groups. This ensures that detailed best practise can be shared with the third sector as identified in all areas of the CYPSPG.

The CPPs also oversee action to address child poverty and this provides clear links to, and connectivity with, the Integrated Children's Services plan. The Tackling Poverty and Inequalities Group has two work streams, Financial Inclusion and Local Employment Partnerships (Stirling and Clackmannanshire).

An overview of progress against targets will be produced on an annual basis with a full mid-term review of the plan and outcomes scheduled at the 18 month point within this 3 year plan (October 2016). The outcome of the mid-term review will have a two-fold purpose: (a) enabling a shift in focus of activities as required through evidence based findings and (b) using the outcome to inform the development of the next plan 2019 – 2022.

10. Engagement And Consultation Processes

As partners we recognise the need to put into place more systematic and inclusive engagement and consultation processes across Stirling and Clackmannanshire. Over the lifetime of this plan we will evidence the steps we have taken and how we have used the views of children, young people and their families to better inform future service delivery and our approach to service planning.

We have taken early feedback on the construction of this plan via a series of events and meetings with primary age and secondary age children and young people in addition to a session with the parent network. The formal consultation process on the draft plan will take place with wider community Forums and all partner agencies and services over January and February 2015. The final plan will reflect the outcome from all consultation processes and engagement from those working in the third sector who work directly with disadvantaged and disengaged individuals to find out what vulnerable and hard-to-reach children and young people need.

Going forward we will: support the development and use of Viewpoint within schools using wellbeing indicators; build on existing participation and engagement processes in Youth Services; take account of outcomes from engagement and participation processes established through the Corporate Parenting Action Plan and incorporate these into a wider consultation exercise to which we will commit on an annual basis with children and young people.

11. Our Outcomes For Children And Young People

Outcome 1: Improved Outcomes In Children's Early Years (Stirling) & our Communities are more Inclusive and Cohesive and our Public Services Improving (Clackmannanshire)

Priority for improvement 1: Improve support in early years so that all children reach appropriate developmental and social milestones

Our commitment to partnership work is aimed at providing the most effective means to strengthen the confidence and capacity of all families and carers pre and post-birth. Positive and nurturing early life experiences are key factors in enabling children to set off on a life path that is likely to reduce the need for later and, critically, more expensive interventions.

We see a range of developments and services to support parents as key to this plan. Included within these are Parenting support to families with young children delivered through partnership services; the roll-out of Scottish Government led "Psychology of Parenting Programme"; "Triple P" training for staff to support families; "Incredible Years", Young Parents Project, Baby Massage and Books for Babies. The Parenting and Family Support Strategy, currently in development, will reflect the full range of services and planned initiatives.

The ambition of the Early Years Collaborative (EYC) is to make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed. Clackmannanshire and Stirling Community Planning Partnerships are fully engaged in the work of the EYC. The Third Sector plays a significant role in early year's provision through local groups and national organisations providing targeted supported, parental advice and the chance to learn new skills, subjects and information. The cross-cutting nature of the partnership to which the local EYC works is based on the recognition that families and communities experience multiple and interrelated barriers to well-being which are required to be addressed collectively. To achieve this, the partnership has adopted a whole systems, intelligence-led approach allowing services to be better focussed on prevention and early intervention. Moving forward there will be one EYC across Clackmannanshire and Stirling Councils which we see as crucial in achieving transformational change in the way we deliver services to families and communities.

Based on our Early Years Framework and delivery of the Early Years Collaborative, we will model future developments on the good practice example of multi-agency work already in place with the Early Years Screening Group. Using GIRFEC paperwork all requests for early support and intervention are screened with decisions on allocated services set within an agreed and specified timeframe. We will ensure similar provision is in place across both Council areas and we will build on the role the Third sector plays with regard to the provision of direct services for children and families.

Supporting Plans And Strategies

- ◆ GIRFEC Implementation Plan
- ◆ Early Years Collaborative & Early Years Framework (2008) and Strategy
- ◆ NHS Forth Valley Annual Plan and Local Delivery Plan 2020
- ◆ Equally Well (2008)
- ◆ Health for all Children
- ◆ Parenting and Family Support Strategy
- ◆ Child Poverty Strategy (SG2011)
- ◆ Growing Up in Scotland (2013).

Supporting Activities

- ◆ Embed GIRFEC across all partner agencies
- ◆ CEL13 Refocusing role of Health Visiting and School Nursing Services
- ◆ Curriculum for Excellence
- ◆ Early Years Screening Group and Early Years Stretch aims. Stirling CPP Tackling Poverty and Inequalities Group and Local Employment Partnerships (Stirling and Clackmannanshire).

Outcome 2: Improved Support For Disadvantaged And Vulnerable Families And Individuals (Stirling) & Vulnerable People And Families Are Supported (Clackmannanshire)

Priority for Improvement 2: Ensure that GIRFEC principles and processes are embedded in all partner organisations

Priority for Improvement 3: Improve processes for assessing risks to ensure that all children and young people are afforded timely protection and support needed protection and support needed

Priority for Improvement 4: Improve life chances for looked after children

Children and young people have the right to grow up in a safe environment, where their needs are met and they are cared for and protected from harm. The emotional and physical wellbeing of children can be affected by a number of factors including poverty, domestic violence, parental substance misuse and/or mental ill health. Our commitment is to improve partnership work to focus on earlier and better identification of need and risk. Central to this is full implementation of the Integrated Assessment Framework and National Practice Model. Our progress will be kept under close review through a programme of audits and self-evaluation activity.

Immediate response to concerns raised about children and young people will continue to be addressed through the strong partnerships with Police, Social Care Services, Health and Education staff. A critical review of our current response to child protection referrals and screening of vulnerable children referrals will be undertaken to ensure our processes and referral pathways are effective. Larbert Police Station also accommodates all public protection units (PPU). The aim is to create a single point of contact for referrals for all agencies to improve communication and promote a common understanding and consistency of response across the two local authorities. An initial Referral Discussions Steering Group has been established to oversee and review our processes to ensure all Named Persons access Vulnerable Persons Reports to review risks and needs. As a means to strengthen assessment of risks and needs we will give priority to improving chronologies ensuring information is integrated from other services including issues relating to parental substance misuse, mental health issues and/or domestic violence.

We are in the process of developing a structure and model for youth justice services. As part of that process, we are exploring a partnership/alliance model between the local authority and the Third sector with the aim of enhancing co-operation, co-ordination and targeting of services.

Some children and young people may need to become looked after and we know that many do achieve positive outcomes. Unfortunately, however, for some children and young people the outcomes are much less positive, and can result in lower educational attainment, significant under achievement and life chances that are largely reduced. Our Corporate Parenting Strategy has identified priority actions to improve outcomes and we are taking steps to provide greater support and opportunities for achievement and attainment for looked after children and young people. Over the lifetime of this plan we want to see evidence of year on year improvement in targets we have set for looked after children. To further understand the educational experience and attainment of looked after children many of our secondary schools are participating in a joint profiling project with CELCIS. Recognising Prior Learning (RPL) profiling with an advisor has been seen to increase resilience as well as awareness of skills and potential careers. Test of change methodology will determine the success of this pilot.

We also recognise as partners that we need to do much more to ensure young people participate fully in their pathway planning.

The Centre for Excellence for Looked after Children in Scotland (CELSIS) is actively engaged with both Councils to progress issues in relation to permanence planning for all children who are looked after and accommodated. We intend in the longer term to increase the number of internal foster carers and reduce the need to place outwith the local area and reduce the costs of such placements. It is hoped that by developing a wider range of foster carers, with an increased set of skills, we will be able to respond to the needs of the children placed with them more effectively, and show continued reduction in the number of placement breakdowns that occur for children and young people. As partners we are very aware of the impact and associated costs of placing younger children in 'out of area' placements. We will carry out an options appraisal to consider scope to develop a more local residential resource that better meets the needs of young people enabling them to maintain family, school and social networks and also supports the transition process back into the community.

Supporting Plans And Strategies

- ◆ GIRFEC Implementation Plan;
- ◆ Corporate Parenting Action Plan; Joint Inspection Action Plan;
- ◆ Raising Attainment Strategy;
- ◆ Forth Valley Alcohol and Drug Partnerships Strategy and Stirling and Clackmannanshire ADPs Delivery Plans;
- ◆ Stirling's Gender Based Violence Strategy and Clackmannanshire's Violence Against Women Partnership Strategy;
- ◆ NHS Forth Valley Annual Plan and Local Delivery Plan 2020;

Supporting Activities

- ◆ Stirling CPP Tackling Poverty and Inequalities Group and Local Employment Partnerships (Stirling and Clackmannanshire); Clackmannanshire Community Safety, Support and Advice Services Money Support Worker post in partnership with EYF Multi agency Screening and Review Group (Clackmannanshire);
- ◆ roll-out Raising Attainment for All improvement methodology;
- ◆ work with Local Economic Partnerships to identify, support, track and reviews positive destination opportunities for looked after young people';
- ◆ Implementation of Action 15, Looked after Children and Young People: We can and we must do better Report (CEL 16). Refocusing role of Health Visiting and School Nursing Service.



Outcome 3: Reduced Risk Factors that lead to Health and other Inequalities (Stirling) & Health is Improving (Clackmannanshire)

Priority for Improvement 5: Improve health and wellbeing outcomes for children and young people

Our aim through improved partnership working is to reduce health inequalities between children and young people across Stirling and Clackmannanshire and to improve health and wellbeing outcomes.

Stirling and Clackmannanshire Councils have developed a 10 year Autism Strategy (currently in draft form) to ensure that children and adults with Autistic Spectrum Disorder are supported throughout their whole life journey to lead meaningful lives and are able to experience equal opportunities in terms of their learning, emotional and physical well-being and quality of life. We will establish a clear multi-agency process and pathway for assessment, diagnosis, care and support to individuals with Autism Spectrum Disorder (ASD) and their families and carers.

Children with disabilities face additional challenges in life and the transition from children's services into adult services has historically been the point at which delay or disruption may have occurred. A radical change has been agreed to create an Age Long Disability Pathway offering a seamless

journey as a child moves into adulthood. When implemented, this new approach will focus on the child's needs and will not be restricted by service boundaries.

Young Carers, who are more likely to be living in poverty/deprivation and with poor mental health and wellbeing, are being provided with targeted support as a result of local action plans developed through the Forth Valley Integrated Carers Strategy 2012 – 2015. In addition to workforce development for professionals who may support young carers, the action includes identifying 'hidden' young carers through awareness raising sessions in schools.

Education Services provide information, learning and services that encourage and promote healthy eating, participation in activities and sport. A significant number of Stirling and Clackmannanshire schools have achieved Health Promoting School status and our aim is to increase the current level. All primary schools deliver the **"Food for life"** programme which is designed to encourage positive attitudes towards food. Action plans are delivering on the **"National Active School Outcomes"** to increase the number of children and young people participating in school and community sport. We are increasing capacity through the development of a network of volunteers to deliver sports in schools and the wider community in addition to increasing the amount of leadership opportunities available. Within the Health and Well-being Strategy,

specific guidance on sport and physical activity is provided for all educational establishments.

We will tackle health inequalities by supporting and enabling children and young people to make positive choices in terms of their lifestyles which result in improved health and wellbeing outcomes. Our interventions will be targeted towards reducing risk-taking behaviours and the negative impact of obesity, smoking, substance misuse, unsafe sex and unintended pregnancy on young people and their families.

Clackmannanshire CPP's safety strategy priorities include further reducing the probability of domestic abuse through an early intervention and prevention approach including multi-agency staff training and assessing gender based violence training for young people within schools.

LAC Health Team worked closely with partner agencies to develop guidelines which aim to support staff, carers and professionals working with looked after children on a range of subjects: Sexual Health guidelines offer a wide range of information relating to relationships, sexual health and the law, child protection, confidentiality, sexual exploitation and inappropriate sexual behaviours. Self-harm guidelines offer understanding on self-harming behaviours and how to provide a consistent and caring response. Eating well guidelines offer residential carers support and advice on how to encourage young people in residential care to eat well.

Peer Assisted Learners (PALs) are young people supporting other young people of a similar age and background. They encourage positive changes to the lives of young people. PALs are supported by Youth Services and provide the opportunity to learn from the young people they come into contact with and professional workers and are involved in both national and community based projects.

Supporting Plans And Strategies:

- ◆ Autism Strategy (Draft)
- ◆ Age-long Disability Pathway Report
- ◆ Education Service's Health and Wellbeing Framework and Active School action plans
- ◆ Clackmannanshire Leisure and Sport Strategy 2013-2015
- ◆ Positive Coaching Scotland Strategic Plan;
- ◆ Substance Misuse Framework for Schools;
- ◆ Clackmannanshire Community Safety Strategy
- ◆ Clackmannanshire Violence against Women Partnership Strategy
- ◆ Stirling ADP & Safer Communities Tasking and Co-ordinating Group Action Plan
- ◆ Forth Valley Alcohol and Drug Partnerships Strategy and Stirling and Clackmannanshire Delivery plans
- ◆ NHS Forth Valley Annual Plan and Local Delivery Plan 2020. Health of Looked After Children (HOLAC) Action Plan for LAC Health Team
- ◆ Towards a mentally flourishing Scotland Policy and Action Plan 2009 -2011 (SG 2009)
- ◆ Forth Valley Integrated Carers Strategy 2012 – 2015 and Clackmannanshire and Stirling Action plans.

Supporting Activities:

- ◆ Delivery of Curriculum for Excellence
- ◆ ADP 'Hi5' initiative
- ◆ Youth Services Create multi-agency community project and PALs (Peer Assisted Learners)
- ◆ Implementation of Action 15, Looked after Children and Young People: We can and we must do better Report (CEL 16). Refocusing role of Health Visiting and School Nursing Services (CEL 13)
- ◆ Stirling CPP Tackling Poverty and Inequalities Group and Local Employment Partnerships (Stirling and Clackmannanshire).



Outcome 4: Improved Opportunities for Learning, Training And Work (Stirling) & People are Better Skilled, Trained and Ready for Learning, Training and Work (Clackmannanshire)

Priority for Improvement 6: Improve outcomes for the lowest performing 20% of children in nurseries and schools

Priority for Improvement 7: Improve the number of positive destinations achieved by many of our most vulnerable children

There is a need to continue to improve the attainment and achievement of children and young people in Stirling and Clackmannanshire, particularly those from the most disadvantaged backgrounds. Economic, health, and social inequalities in Scotland are all factors in the attainment gap. The life chances of children and young people in Stirling and Clackmannanshire are often determined by their attainment and achievement in early years and at school.

In recognition of the need to break the cycle of disadvantage and to close the attainment gap between high attaining learners and the lowest 20%, Education Services has developed a Raising Attainment Strategy, aimed at improving the outcomes of those children and young people most at risk of not attaining expected minimum levels of attainment and achievement. The Strategy places a strong emphasis on working with partners to support learners at risk of under-performance.

We continue to roll out GIRFEC and the Curriculum for Excellence and will do so ensuring that GIRFEC principles are fully reflected in the curriculum. Stirling Council's Positive Relationships: Positive Behaviour Policy asserts good relationships and positive behaviour across whole school communities are fundamental to the successful delivery of Curriculum for Excellence. The values and principles of this policy are set within a restorative approaches framework which focuses on prevention, responsiveness and targeted support and intervention as part of more long term and persistent difficulties. Guidance is set out in terms of dealing with hurtful and bullying behaviours.

The Shared Education Service has a Staged Intervention/Integrated Assessment Framework Practice Guidance. This sets out the process for identifying, assessing, planning and reviewing how the additional support needs of children and young people will be met. Based on the GIRFEC practice model, the 4 stage approach starts with universal planning and support for all children and young people with a graduated increase in intervention through the enhanced, targeted and intensive stages.

Partners fully understand that education, employment and income are crucial factors in preventing and eradicating social inequality. In the Stirling Council area 9.93% of 16 to 24 year olds are in receipt of out of work benefits and in more deprived areas, youth unemployment can be at significantly high levels. Within Clackmannanshire 15.59% of 16-24 year olds are in receipt of out of work benefits which is higher than the Scottish average of 12.8.8%. By increasing and strengthening the partnership work between Education Services, Third Sector organisations, Further Education establishments and local businesses, we will widen the range and extent of work experiences and job opportunities for our young people. Providing our young people with access to new experiences and skills development will not only increase their confidence as they go forward in life but also assist them in terms of the choices they are able to make.

Supporting Plans And Strategies:

- ◆ Shared Education Services Strategic Plan “Improving Life through Learning”
- ◆ Raising Attainment Strategy
- ◆ Shared Education Staged Intervention/IAF Practice Guidance
- ◆ Services Stirling Council’s Positive Relationships: Positive Behaviour Policy
- ◆ Corporate Parenting Strategy and Action Plan
- ◆ Autism Strategy (Draft)

Supporting Activities:

- ◆ Deliver Curriculum for Excellence
- ◆ embed literacy and numeracy as key components of all areas of the curriculum
- ◆ roll-out Raising Attainment for All improvement methodology
- ◆ work with Forth Valley College to offer S4 pupils the opportunity to participate in the SCOTS programme
- ◆ develop a much expanded role for employers in supporting learning pathways in the senior phase (S4-S6)
- ◆ Stirling CPP Tackling Poverty and Inequalities Group and Local Employment Partnerships (Stirling and Clackmannanshire)
- ◆ Opportunities for All Partnership activities.



Appendix 1: Priorities for Improvement – Associated action, targets and performance

Priority for Improvement 1: Improve support in early years so that all children reach appropriate developmental and social milestones

Outcome 1: All children reach appropriate development and social milestones through improved support in early years

Activity	Evaluation	Reporting Group	Timeframe
We will Further develop the EYC to deliver progress against the outcomes contained within the Early Years Framework and the national stretch aims, and to align practice with the emerging work on Raising Attainment 5-18	Tests of change are completed and Implementation strategies are in place to roll out	Early Years Reporting Group	Sept 2015
Prioritise Prevention and Intervention within early years, including the commissioning of a Childcare Sufficiency Assessment, ensuring the range of childcare provision meets the needs of vulnerable children/families especially in communities most in need	Assessment Report on Childcare Sufficiency	Early Years Reporting Group	Dec 2017
Develop a multiagency approach to family and parenting support through the implementation of the Parenting and Family Support Strategy	Parenting and Family Support Strategy approved	Early Years Group	Dec 2015
Utilise the evidence produced by the Early Years Collaborative and other evidence based programmes to inform changes to policy and practice amongst partners	Partner agencies demonstrate policy and practice changes informed by outcomes of evidence based programmes	Early Years Group	Dec 2016
Implement 600 hours for all 3 and 4 year olds	Full implementation across Stirling and Clackmannanshire	Early Years Group	Sept 2015
Develop a Commissioning Strategy with regard to services for children, young people and their families and put in place Multi-agency joint commissioning arrangements with priorities and resource implications	Complete plan with timescale to support the development of a Joint Commissioning Strategy. Commissioning Strategy approved	Planning /Commissioning Reporting Group	August 2015
		Planning /Commissioning Group	Dec 2016

Outcome 1: We will improve health outcomes through:

Indicators	Indicator	Target	Baseline	Reporting Group
Women experience positive pregnancies with improved neonatal outcomes	% of pregnant women in each SIMD quintile booked for antenatal care by the 12th week of gestation	80%	83% Sept 2014	Early Years Group
Stillbirth and infant mortality rates are reduced	Combined Stillbirth, neonatal and post natal mortality rates (ISD)	8.2 per 1000 births	NHS Forth Valley 8.6 per 1000 births (2012) Scotland data 8.4 per 1000	Early Years Group
Maternal nutrition during pregnancy is improved	% take up by eligible women for Healthy Start vouchers	80%	75% Sept 2014 (Forth Valley)	Early Years Group
	% take up by eligible women for Healthy Start vouchers	60%	Data unclear but possibly very low – 20% in 2014	
Children born to teenage mothers have improved life chances	Teenage pregnancy rate per 1000 relevant female population (ISD)	Reduction: Scotland: Under 16 years: 6.1 Under 18 years: 33.1 (2012)	Stirling: Under 16 yrs: 3.1 Under 18 yrs: 23.1 Clackmannanshire: Under 16 yrs: 6.3 Under 18 yrs: 42.3	Early Years Group
	% eligible teenage mothers registering with Family Nurse Partnership within agreed timescale	90%	On target Dec 2014	Early Years Group
Families of young children and better supported	Families recruited into POPP parenting course			Early Years Group
	Families completed the POPP parenting course			Early Years Group
	Families reporting positive impact following the POPP parenting course			Early Years Group

Outcome 1: We will improve health outcomes through: (continued)

Indicators	Indicator	Target	Baseline	Reporting Group
Improved nutrition in early years leads to improved health outcomes	% babies exclusively breastfed at time of first visit (10 days)	55% Scottish average 35.4%	Stirling: 39% Clackmannanshire: 23.9%	Early Years Group
	% babies receiving some breast milk at first visit (10 days)	60% Scottish average 48.4%	Stirling: 48.9% Clackmannanshire 31.6%	Early Years Group
	% of infants breastfed exclusively at 6 - 8 weeks review	40%	Stirling: 31.2% Clackmannanshire: 17.8%	Early Years Group
	% babies receiving some breast milk at 6-8 weeks review	60%	Stirling: 41.6% Clackmannanshire: 23.9%	Early Years Group
	% of children having completed 27-30month review.	90% by end of 2016	75% (Forth Valley)	Early Years Group
Children with developmental delay/ additional needs are identified and helped at an early stage	% children attending for 27-30 month review	95%	75% (Forth Valley)	Early Years Group
	% referred children achieving 18 wks RTT for occupational therapy	90%	39.3% (Forth Valley)	Early Years Group
Children have improved dental health	% P1 children with no dental caries	60%	66% (Forth Valley) Scotland 68.2%	Early Years Group
	HEAT % children in all SIMD quintiles to have 2 fluoride varnish	60%	New Heat Target	Early Years Group
	% targeted children to have at least 1 fluoride varnish applications	100%	88.1% (Forth Valley)	Early Years Group
Young children have improved access to early learning and children	Implementation of 600 hours of early learning and childcare	100% of 3 and 4 year olds have access to 600 hours		Early Years Group

Priority for Improvement 2: Ensuring that GIRFEC principles and processes are embedded in all partner organisations

Outcome 2: GIRFEC principles and processes are embedded in all partner organisations

Activity	Evaluation	Reporting Group	Timeframe
We will: Develop, resource and monitor an action plan which will ensure full compliance of Parts 4, 5 and 18 of the Children and Young People (Scotland) Act 2014. (Named Person Service, Child’s Plan and Promotion of Wellbeing)	Compliance evidenced through case conference /care review documentation	GIRFEC Group	2016

Priority for Improvement 3: Improve processes for assessing risks to ensure that all children and young people are afforded the protection and support they need when they need it

Outcome 3: Children and young people are afforded timely protection and support needed through improved processes for assessing risks

Activity	Evaluation	Reporting Group	Timeframe
Conduct a critical review of current response to child protection referrals and screening of vulnerable children referrals to ensure processes and referral pathways are effective	Review report considered by the Strategic C&YP Partnership Group and recommendations implemented	Vulnerable Children and Young People’s Group	April 2015
Ensure risk assessment framework, tools and chronologies are fit for purpose and applied consistently across services and supported via training provision that includes processes for escalation of concerns relating to parental substance misuse, mental health issues and/or domestic violence	Evidenced through case conference/review documentation and self-evaluation/audit activity. Training programme for multi-agency managers Number of staff in attendance from partner Agencies	Vulnerable Children and Young People’s Group	March 2015
Establish systematic audit and supported/self-evaluation activity with a primary focus on assessment, analysis, planning and management of risk	Audit and self-evaluation reports evidence timely interventions to protect and support children and young people.	ICSP Improvement / evaluation Group	March 2015
Develop a structure and model for Youth Justice Services	Evidence that new model enhances co-ordination and targeting of services	Vulnerable Children and Young People’s Group	June 2015

Outcome 3: Children and young people are afforded timely protection and support needed through improved processes for assessing risks

Indicator	Target	Baseline	Reporting Group
Number of children and young people referred to the Reporter on non-offence grounds		Stirling: 302 in 2013/14 Clackmannanshire: 217 in 2013/14	Vulnerable Children and Young People's Group
Number of children added to the CP register who have been deregistered in the past two years		New Measure	Vulnerable Children and Young People's Group
Number of children on the CP register as a result of parental substance misuse		New Measure	Vulnerable Children and Young People's Group
Number of children on the CP register as a result of domestic abuse		New Measure	Vulnerable Children and Young People's Group
Number of children on the CP register as a result of parental mental health issues		New Measure	Vulnerable Children and Young People's Group
Number of young people referred to SCRA on offence grounds		Clackmannanshire: 38 in 2013/14 Stirling: 58 in 2013/14	Vulnerable Children and Young People's Group
Number of young people with whom initial contact has taken place within a week of the referral being received by Youth Justice services	90%	New Measure	Vulnerable Children and Young People's Group
Number of Assets assessment completed within 6 weeks of first meeting with the young person	90%	New Measure	Vulnerable Children and Young People's Group
Number of Reviews or appropriate Team Around the Child meetings taken place on an at least 3 monthly basis	90%	New Measure	Vulnerable Children and Young People's Group
Number of Care and Risk Management meetings held within 21 days of referral being lodged with the Youth Justice manager	90%	New Measure	Vulnerable Children and Young People's Group
Number of young people aged 16 to 18 who are dealt with by Adult Criminal Justice service with reasons why adult services dealt with case management	Data Only		Vulnerable Children and Young People's Group

Priority for Improvement 4: Improve life chances for looked after children**Outcome 4:** Looked after children's life chance are improved

Activity	Evaluation	Reporting Group	Timeframe
Full implementation of Corporate Parenting Strategy	Evidence of year on year improvement in targets set within the Corporate Parenting Action Plan	Vulnerable Children and Young People's Group	Annual report
Consider options to develop a more local residential resource for looked after children and reduce the number of 'out of area' placements.	Report on outcome with recommendations	Vulnerable Children and Young People's Group	March 2015

Outcome 4: Indicators: Looked after children's life chance are improved

Indicator	Target	Baseline	Reporting Group
% children looked after away from home with 3 or more placement moves	Data Only	5% 2013 - Stirling 8% 2013 Clackmannanshire	Vulnerable Children and Young People's Group
% of Looked after Children offered a health assessment within 4 weeks of notification		92% (2013/2014) – actual number of 204	Vulnerable Children and Young People's Group
Number of LAC at Home referred to LAC Health Team. % of LAC at home who have been offered health assessment		42 referrals across Stirling and Clackmannanshire in 2013/2014 8 completed	Vulnerable Children and Young People's Group
Completion of assessments on prospective carers within 6 month in line with National Standards	100%	New measure	Vulnerable Children and Young People's Group
Permanency Panels to be held within 12 weeks of LAAC review to refer child for permanence consideration. As a service we will target all 0 – 5 year olds to address drift so as to ensure the best start where rehabilitation is not in the child's interests.	100%	New measure	Vulnerable Children and Young People's Group
All children and young people who have been in Foster Care for 6 months or more should have a clear permanency plan.	100%	New measure	Vulnerable Children and Young People's Group
% attendance of LAC in primary schools	Stirling: 96% Clacks: 95.6%	Stirling: 96% Clacks: 99% (Q2 2014/15)	Raising Attainment Group
% attendance of LAC in secondary schools	Stirling: 88.5% Clacks: 92.5%	Stirling: 90% Clacks: 94% (Q2 2014/15)	Raising Attainment Group

Exclusions of LAC from primary schools	Stirling: 2 Clacks: 4	Stirling: 3 Clacks: 0 (Q2 2014/15)	Raising Attainment Group
Exclusions of LAC from secondary schools	Stirling: 4 Clacks: 10	Stirling: 2.96 Clacks: 7.84 (Q2 2014/15)	Raising Attainment Group
% LAC Leavers attaining Literacy & Numeracy at National 4 or better			Raising Attainment Group
% LAC Leavers attaining Literacy & Numeracy at National 5 or better			Raising Attainment Group
Average Tariff Scores of LAC Leavers		71 in 2012/2013 – Stirling	Raising Attainment Group
Initial positive destinations of Looked after Children Leavers		Stirling: 53% Clacks: 54% (2012/13)	Raising Attainment Group
Sustained positive destinations of Looked after Children Leavers		Stirling: 27% Clacks: 46% (2012/13)	Raising Attainment Group

Priority for Improvement 5: Improve health and wellbeing outcomes for our most vulnerable children and young people

Outcome 5	Activity	Evaluation	Reporting Group	Timeframe
Children and Young people are emotionally healthier	Devise framework for assessment and monitoring of mental health & wellbein Establish a clear pathway of intervention for children’s emotional well being	Robust data from evidenced based programmes demonstrate increase in emotional wellbeing	Vulnerable Children and Young People’s Group	December 2016
Children and young people with autism have improved support	Implementation of Autism Strategy	Evidence that Foundations Goals have been achieved	Vulnerable Children and Young People’s Group	2016
Young People experience seamless disability services as they move into adulthood	Implement Age-long Disability Pathway	Operational model in place	Vulnerable Children and Young People’s Group	April 2015
Children and young people are safe, nurtured	Develop a nurture strategy & implement associated policy and guidance	Evidenced through action plan	Vulnerable Children and Young People’s Group	June 2015
Children and Young people are physically healthier	Provide opportunities for learners to improve their health through the provision of high quality physical activities	Evidenced through performance indicators and action plan updates relating to children / young people with ASN	Vulnerable Children and Young People’s Group	December 2017

Children's health and wellbeing outcomes are improved	Consistent application and use of the Integrated Assessment Framework and GIRFEC paperwork ensuring health and wellbeing factors are addressed	Evidenced through Children's Plans via sampling and evaluation processes	GIRFEC Reporting Group	December 2015
	Roll out of Guidelines in relation to: <ul style="list-style-type: none"> ◆ Sexual Health ◆ Self-Harm 	Evidence of Training programmes and information sessions developed and delivered to carers and staff	Vulnerable Children and Young People's Group	March 2015
	Delivery of Forth Valley ADPs Strategic Plan as it relates to children and young people and those children and young affected by parental substance misuse	Annual Report	Vulnerable Children and Young People's Group	Sept – annual basis.
	Delivery of Forth Valley Integrated Carers Strategy	Monitoring reports for Stirling and Clackmannanshire Action Plans – Support to Young Carers	Vulnerable Children and Young People's Group	2015

Outcome 5: Indicators - Children's health and wellbeing outcomes are improved through:

Outcome 5	Indicator	Target	Baseline	Reporting Group
Children and young people achieve a healthy weight	HEAT: Number of health weight interventions delivered to children and young people	Scotland target 14, 910 by March 2014	"Max in the Middle and Max in the Class" – Forth Valley has met local target with 40% delivered in targeted areas identified as having most deprivation	Vulnerable Children and Young People's Group
Opportunities for physical activity, PE and sport have increased for children / young people with additional support needs (ASN)	Increased number of programmes of sport and physical activities for ASN pupils	New Measure	Baseline available from 2015	Vulnerable Children and Young People's Group
Opportunities for physical activity, PE and sport have increased for looked after children and young people	Increased number of looked after children participating in sports sessions	New Measure	Baseline available from 2015	Vulnerable Children and Young People's Group

Outcome 5	Indicator	Target	Baseline	Reporting Group
Children and Young People are less likely to adopt health harming behaviour	% young people reporting smoking tobacco products regularly	Reduce	Stirling: 1% at 13 years 6% at 15 years Clackmannanshire: 4% at 13 years 8% at 15 years (SALSUS 2013)	Vulnerable Children and Young People's Group
	% of young people who are drinking once a week or more	Reduce	Stirling: 4% at 13 years Clackmannanshire: 6% at 13 years 20% at 15 years (SALSUS 2013)	Vulnerable Children and Young People's Group
	% of young people who are using drugs once a month or more	Reduce	Stirling: 2% at 13 years 10% at 15 years Clackmannanshire: 5% at 13 years 9% at 15 years	Vulnerable Children and Young People's Group
Children and young people achieve positive social and emotional well being	% children referred CAMHS service identified as having mental health issues requiring specialist support	Annual referral rate 1500	30% seen by primary mental health services	Vulnerable Children and Young People's Group

Priority for Improvement 6: Improve outcomes for the lowest performing 20% of children in nurseries and schools

Outcome 6: Educational achievement and attainment of the lowest performing 20% of learners has improved

Activity	Evaluation	Reporting Group	Timeframe
Develop and deliver the Raising Attainment Action Plan	Evidence that Action Plan targets have been met	Raising Attainment Group	2015
Outcome 6: Indicators			
Indicator	Target	Baseline	Reporting Group
Educational achievement and attainment of the lowest performing 20% of learners has improved	Average tariff score leavers – deprivation decile 1	New measure	Raising Attainment Reporting Group
	Average tariff score leavers - Deprivation decile 2	New measure	Raising Attainment Reporting Group
	Average tariff score leavers – lowest 20%	New measure	Raising Attainment Reporting Group
	% Leavers who live in SIMD 1 attaining Literacy & Numeracy at National 4 or better	New measure	Raising Attainment Reporting Group
	% Leavers who live in SIMD 1 attaining Literacy & Numeracy at National 5 or better	New measure	Raising Attainment Reporting Group

Priority for Improvement 7: Improve the number of positive destinations achieved by our most vulnerable children

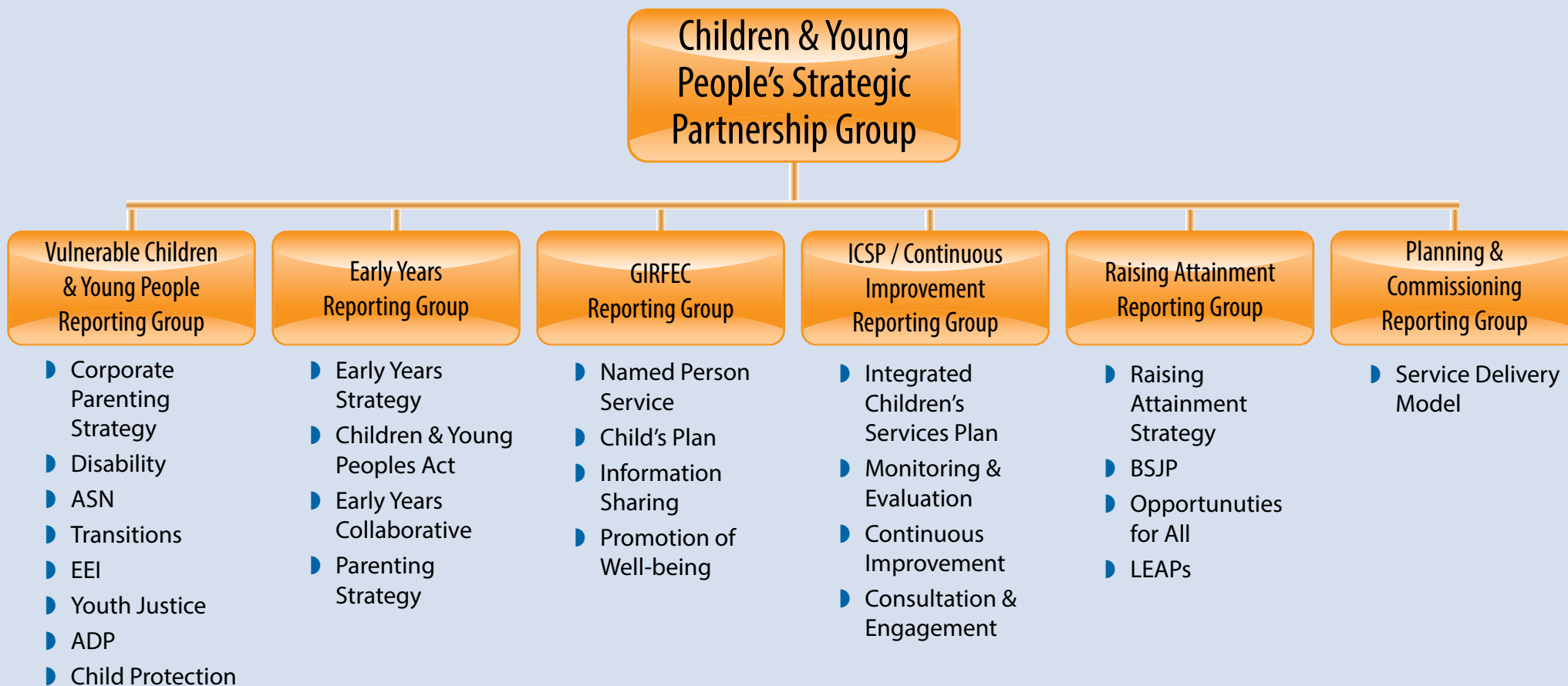
Outcome 7: Positive destinations achieved by our most vulnerable young people have improved

Indicator	Target	Baseline	Reporting Group
Initial positive leaver destination	Stirling: 89% Clacks: 88%	Stirling: 89.8% Clacks: 83.1% (2012/2013)	Raising Attainment Reporting Group
Follow up positive leaver destination	Stirling: 87% Clacks: 88%	Stirling: 87.3% Clacks: 83.1% (2012/13)	Raising Attainment Reporting Group

Appendix 2: Diagram of CPP Structures



Children & Young People's Strategic Partnership Group



Appendix 3: Membership of Children & Young Person’s Strategic Partnership Group – Agencies and Positions

Core membership:

- ◆ Head of Social Services – Joint Chair
- ◆ Head of Education – Joint Chair
- ◆ General Manager CHP, Forth Valley NHS
- ◆ Consultant in Public Health Medicine (Child Health), Forth Valley NHS
- ◆ Police Commander, Forth Valley Division, Police Scotland
- ◆ Group Manager, Prevention and Protection, Scottish Fire and Rescue
- ◆ CEO, Stirling Voluntary Enterprise (SVE)
- ◆ Chief Officer, Clackmannanshire Third Sector Interface (CTSI)
- ◆ Heads of Housing (Stirling and Clackmannanshire)

Appendix 4: Terms Of Reference For Strategic Partnership Group 2014/15

The Children and Young Person’s Strategic Partnership Group (C&YPSPG) is accountable to both the Stirling CPP Leadership Group and Clackmannanshire Alliance and is responsible for managing resources to deliver Single Outcome Agreement (SOA) prevention and intervention action plans.

Purpose

To develop, resource and monitor intervention that will support the achievement of the community planning outcomes detailed in the Stirling SOA2013-2023 and Clackmannanshire SOA 2013-2023.

To engage appropriate communities of interest and geography in the work of the C&YPSPG.

Collaborate across agency, service and sector boundaries to:

- ◆ Enhance and improve partnership working in Stirling and Clackmannanshire
- ◆ Remove barriers to improvement and where relevant, integrate interventions and services
- ◆ Influence activity across the Clackmannanshire and Stirling CPPs

Scope of responsibilities

To deliver on priority **prevention and intervention** areas and **areas of inequality** thus contributing to achievement of the outcomes detailed in the Stirling SOA2013-2023 and Clackmannanshire SOA2013-2023.

The current scope of responsibilities will be within the intervention areas of **early years, including early learning, early years and early intervention, support for vulnerable individuals and families including early intervention to prevent neglect and harm.**



Appendix 5: Terms of Reference for Groups Reporting to Strategic Children and Young Person's Group

Vulnerable Children and Young People's Reporting Group

Terms of Reference:

The Vulnerable Children and Young People's Group is accountable to the Children and Young People's Strategic Partnership Group and has responsibility to monitor and report progress in relation to all action plans with respect to Corporate Parenting; Disability; ASN; Transitions; Early and Effective Intervention; Youth Justice and ADP (issues specific to children and young people only). The Vulnerable Children and Young People's Group also functions as the reporting mechanism to the C&YPSPG from the Child Protection Committee on action plan progress.

Our work to develop and deliver targeted and preventative children's services provision is underpinned by the UN Convention on the Rights of the Child and by promoting the values of equality, diversity, respect and integrity across our working relationships. As partners we will work to ensure children and young people are involved in decisions reflecting their lives, irrespective of gender, ethnic origin, sexual orientation, economic circumstances, religion, belief or state of health.

Purpose

To ensure the respective action plans support and deliver the achievement of the community planning outcomes detailed in the Stirling and Clackmannanshire Single Outcome Agreements, and the specific outcomes detailed within the Integrated Children's Services Plan.



Scope of Responsibilities:

To ensure respective action plans deliver on priority actions in above areas as defined within the Integrated Children's Services Plan.

The current scope of responsibilities will be within the areas of:

- ◆ Corporate Parenting: Improving life chances of looked after children
 - ▶ 600 hours for LAC 2 year olds
 - ▶ Improving awareness of advocacy and children's rights services across the partnership by monitoring referral rates at times of key decisions in the lives of children and young people)
 - ▶ Permanency planning
- ◆ Affording timely protection and support needed to children and young people through improved processes for assessing risks
 - ▶ Complete Multi-agency training in relation to risk assessment, the use of chronologies, impact of abuse and neglect and processes for escalation of concerns relating to parental substance misuse, mental health issues and/or domestic violence

- ◆ Evaluate the impact of all interventions in terms of changes in young people's behaviour
- ◆ Age long disability pathway: promote a service delivery model that removes the barriers to children and families accessing services.
 - Develop clear referral pathways for young people in transition from children's services to adult services
 - Promote the use of Self Directed Support to support children and families to promote independence and choice to maximise their potential
 - Ensure multi agency involvement in working with children affected by disability in the use of a single planning process and single child's plan
- ◆ Early and Effective Intervention; Youth Justice: redesign of the service to reflect interventions that are proactive and preventative that divert young people from escalating into adult criminal justice services.
 - Develop a model of service delivery in partnership with statutory services and third sector partners for an early and effective intervention that is proportionate and diversionary
- Ensure young people who are identified as high risk offenders are prioritised and targeted with interventions that are evidenced based to ensure positive outcomes
- Reduce the prevalence of offending amongst our young people.
- ◆ ADP: ensure the impact of parental alcohol and substance misuse is understood amongst professionals and cares on the development of children.
 - Create communication and intervention strategies that interface with children services and adult services.
 - Measure the prevalence of AD on our vulnerable children.
 - Identify interventions across all services that keep the focus of the child at the centre
 - Promote a range of interventions that include low level support and promote recovery as well as intensive interventions that address the most vulnerable children affected by alcohol and drugs.
- ◆ Child Protection: provide to the C&YSPG reports from the Child Protection Committee on progress against action plans including progress in relation to the Child Sexual Abuse Pilot.

Working Arrangements

The Group will develop action plans detailing the work being undertaken to deliver on the priorities contained within the ICSP. The group will decide on how the work will be carried out and by whom. This may involve the creation of multiagency sub groups. Progress against the action plans will be measured and assessed at each meeting and reported to the Strategic Partnership Group.

Early Years Reporting Group

Terms of Reference:

The Early Years Group is accountable to the Children and Young People's Strategic Partnership Group and is responsible for the development and delivery of the Early Years prevention and Intervention Action Plan.

Our work to develop and deliver targeted and preventative children's services provision is underpinned by the UN Convention on the Rights of the Child and by promoting the values of equality, diversity, respect and integrity across our working relationships. As partners we will work to ensure children and young people are involved in decisions reflecting their lives, irrespective of gender, ethnic origin, sexual orientation, economic circumstances, religion, belief or state of health.

Purpose:

To develop, resource and monitor an action plan that will support the achievement of the community planning outcomes detailed in the Stirling and Clackmannanshire Single Outcome Agreements, and the specific outcomes detailed within the Integrated Children's Services Plan.

Scope of Responsibilities:

To deliver on priority actions in Early Years as defined within the Integrated Children's Services Plan.

The current scope of responsibilities for 2014-15 will be within the areas of:

- ◆ Further developing the EYC to deliver progress against the outcomes contained within the Early Years Framework and the nation stretch aims, and to align practice with the emerging work on Raising Attainment 5-18.
- ◆ Prevention and Intervention within early years, including the commissioning of a Childcare Sufficiency Assessment
- ◆ Develop a multiagency approach to family and parenting support through the implementation of the Parenting, Family Support and Play Strategy.
- ◆ Improving health outcomes for children in the early years.

These to be agreed by the members of the Early Years Group.

Potential further work across the further two years of the ICSP are:

- ◆ Develop an early years' service delivery model based on the findings of the Childcare Sufficiency Assessment and communication with key stakeholders and partners.
- ◆ Potential redesign of current services and integrated models of service delivery

Working Arrangements

The Group will develop action plans detailing the work being undertaken to deliver on the priorities contained within the ICSP. The group will decide on how the work will be carried out and by whom. This may involve the creation of multiagency sub groups. Progress against the action plans will be measured and assessed at each meeting and reported to the Strategic Partnership Group.

GIRFEC Reporting Group**Terms of Reference:**

The GIRFEC Group is accountable to the Children and Young People's Strategic Partnership Group and is responsible for the development and delivery of a GIRFEC Implementation Plan.

Our work to develop and deliver targeted and preventative children's services provision is underpinned by the UN Convention on the Rights of the Child and by promoting the values of equality, diversity, respect and integrity across our working relationships. As partners we will work to ensure children and young people are involved in decisions reflecting their lives, irrespective of gender, ethnic origin, sexual orientation, economic circumstances, religion, belief or state of health.

Purpose:

To develop, resource and monitor an action plan which will ensure full compliance of Parts 4, 5 and 18 of the Children and Young People (Scotland) Act 2014. (Named Person Service, Child's Plan and Promotion of Wellbeing)

Scope of Responsibilities:

To deliver on priority actions as defined within the Integrated Children’s Services Plan.

The current scope of responsibilities for 2014-17 will be within the areas of:

- ◆ The development of the Named Person Service and associated Business Process to support the Named Person in health and education
- ◆ The further development of the Single Planning Process and the Child’s Plan
- ◆ The development of Information Sharing protocols and guidance for practitioners
- ◆ Continue to develop a training and development programme for all staff, including Named Persons, lead professionals, front line staff and partners
- ◆ The creation of a range of communication tools (website) and materials for practitioners and families.
- ◆ The further development of an embedded process for continuous improvement and self- evaluation
- ◆ Re-design of the service delivery model to provide universal and targeted services which are appropriate, proportionate and timely.

These to be agreed by the members of the GIRFEC Steering Group.

Working Arrangements

The Group will develop action plans detailing the work being undertaken to deliver on the priorities contained within the ICSP. The group will decide on how the work will be carried out and by whom. This may involve the creation of multi-agency sub groups. Progress against the action plans will be measured and assessed at each meeting and reported to the Strategic Partnership Group.

The Group will meet a minimum of every quarter in advance of the Strategic Partnership Group.



Planning Group (ICSP) and Improvement Reporting Group

Terms of Reference:

The Planning and Improvement Group is accountable to the Children and Young People’s Strategic Partnership Group and is responsible for the development and delivery of the Integrated Children’s Services Plan (ICSP).

Our work to develop and deliver targeted and preventative children’s services provision is underpinned by the UN Convention on the Rights of the Child and by promoting the values of equality, diversity, respect and integrity across our working relationships. As partners we will work to ensure children and young people are involved in decisions reflecting their lives, irrespective of gender, ethnic origin, sexual orientation, economic circumstances, religion, belief or state of health.

Purpose:

To engage with CPP partner agencies and services to develop, formally consult on and deliver an Integrated Children’s Services Plan. To monitor implementation of the ICSP and progress against outcomes and performance measures and targets.

This will ensure full compliance of Part 3 of the Children and Young People (Scotland) Act 2014 (requirement for a local authority and relevant health board in respect of each 3 year period to prepare a children’s services plan for the area of the local authority). Children’s services plan means a document setting out plans for the provision over that period of all (a) children’s services and (b) related services. To establish systematic and robust self-evaluation and continuous improvement processes.

Scope of Responsibilities:

To deliver an Integrated Children’s Services Plan for the period 2015 – 2018 for Stirling and Clackmannanshire Community Planning Partners:

- ◆ Develop the ICSP in line with Single Outcome Agreements for Stirling and Clackmannanshire SOAs
- ◆ Identify key themes, outcomes, indicators and targets for the draft plan through discussions with partner agencies
- ◆ Develop a consultation and engagement process for the draft plan for children, young people, their families and partner agencies
- ◆ Incorporate outcome of consultation and engagement processes within final plan
- ◆ Establish monitoring, self-evaluation and continuous improvement processes with regard to the delivery of the plan activities

- ◆ Create processes to enable participation of, and consultation with, children, young people and their families in the ongoing monitoring and evaluation of the plan
- ◆ Produce an overview of progress against targets on an annual basis and schedule a full mid-term review of the ICSP Outcomes at the 18 month point within this 3 year plan (October 2016)
- ◆ Use results of the mid-term review for a two-fold purpose: (a) to enable a shift in focus of activities as required through evidence based findings and (b) to inform the development of the next plan 2019 – 2022

Working Arrangements

The Group will detail the format of the ICSP to be developed, ensuring consistency with SOAs, and agreeing timescales in terms of plan development work and consultation processes. The group will allocate work for activities in respect of plan development, consultation, monitoring and evaluation. The group will monitor progress at each stage of the development, implementation and monitoring phase and report to each meeting of the Strategic Children & Young People’s Partnership Group.

During the plan development stage the group will meet on a two weekly basis and thereafter no less than on a monthly basis

Raising Attainment Reporting Group

Terms of Reference:

The Raising Attainment Group is accountable to the Children and Young People’s Strategic Partnership Group and is responsible for the development and delivery of the Raising Attainment Action Plan.

Our work to develop and deliver targeted and preventative children’s services provision is underpinned by the UN Convention on the Rights of the Child and by promoting the values of equality, diversity, respect and integrity across our working relationships. As partners we will work to ensure children and young people are involved in decisions reflecting their lives, irrespective of gender, ethnic origin, sexual orientation, economic circumstances, religion, belief or state of health

Purpose:

To develop, resource and monitor an action plan that will support the achievement of the community planning outcomes detailed in the Stirling and Clackmannanshire Single Outcome Agreements, and the specific outcomes detailed within the Integrated Children’s Services Plan.



Scope of Responsibilities:

To deliver on priority actions in raising attainment as defined within the Integrated Children's Services Plan.

The current scope of responsibilities for 2014-15 will be within the areas of:

- ◆ Increasing ambition: believing in the learning potential of all children and young people.
- ◆ Family and community: intervening more systematically to break the cycle of disadvantage at all stage.
- ◆ Enabled leadership: creating a culture which enables strong leadership of learning and values visionary leaders focused on improved outcomes for all learners.
- ◆ Excellent learning and teaching: supporting the development of effective programmes which lead to improved learning and teaching in every classroom and playroom.
- ◆ Literacy and numeracy: improving the quality of the evidence about the link between learning and teaching, particularly of literacy and numeracy, and sustained life outcomes for school leavers.
- ◆ Data analysis: creating credible performance management systems for all leaders and practitioners which draw on rich and reliable data.

Working Arrangements

The group will develop action plans detailing the work being undertaken to deliver on the priorities contained within the ICSP. The group will decide on how the work will be carried out and by whom. This may involve the creation of multiagency sub groups. Progress against the action plans will be measured and assessed at each meeting and reported to the Strategic Partnership Group.

Planning and Commissioning Reporting Group

Terms of Reference

The Planning and Commissioning Reporting Group is accountable to the Children and Young People's Strategic Partnership group and is responsible for the development and delivery of the Commissioning Strategy and associated communication plan.

Our work to develop and deliver targeted and preventative children's services provision is underpinned by the UN Convention on the Rights of the Child and by promoting the values of equality, diversity, respect and integrity across our working relationships. As partners we will work to ensure children and young people are involved in decisions reflecting their lives, irrespective of gender, ethnic origin, sexual orientation, economic circumstances, religion, belief or state of health.

Purpose

To engage with CPP partner agencies and services to develop and extend existing joint commissioning arrangements across the partnership.

Scope of responsibilities

- ◆ Agree a definition and scope for joint commissioning
- ◆ Develop a set of principles that will underpin our approach to joint commissioning
- ◆ Develop a set of priorities for joint commissioning in response to the strategic intention set out in the Integrated Children's Services Plan
- ◆ Identify opportunities to work together to commission the provision and delivery of services
- ◆ Agree and allocate resources from across the partnership to support the key activities that will support the development of a Joint Commissioning Strategy
- ◆ Develop a plan and timescale for the production of a Joint Commissioning Strategy

- ◆ Create and oversee processes to support the measurement and analysis of need and demand, consultation and engagement arrangements, planning and commissioning activities, monitoring and review arrangements and relationship management

Working Arrangements

The Group will develop an action plan detailing the work being undertaken to deliver on the commissioning and planning priorities contained within the ICSP. The group will decide on how the work will be carried out and by whom. This may involve the creation of multi-agency sub groups. Progress against the action plans will be measured and assessed at each meeting and reported to the Strategic Partnership Group.

The Group will meet a minimum of every 8 weeks in advance of the Strategic Partnership Group



Appendix 6: How we have done: Partnership examples of good practice

The Early Years' Service has an **Early Years Multi-Agency Screening Group** meeting six-weekly to consider all requests for early years support and services supporting vulnerable families. This early intervention service focuses on targeting and sustaining improvements in the life changes of vulnerable families and their children across Clackmannanshire. The model is of co-ordinated and outcome focused service delivery involving a wide range of partners, including Education and Children's Services, Police Scotland, NHS Forth Valley, Housing and the Third sector. An acknowledged good practice model, this will be rolled out in Stirling.

The parenting programme for under-fives, **"Incredible Years"**, is supported through the Scottish Government's **Psychology of Parenting** (POPP programme). This is delivered across both Council areas via the Third sector on a multi-agency basis and Action for Children and Barnardos are active participants with the most recent programme in Clackmannanshire achieving the highest retention rates in all parenting groups within the programme.

An unannounced inspection at Alloa Family Centre earlier this year was very positive with grades of 'very good' and 'good' awarded with the service found to be very good at encouraging parents/carers and children to be involved in assessing and improving the quality of care and support provided and the management team demonstrating strong leadership skills.

PLUS (Stirling) developed new services specifically around service users' involvement and included them in the development and continuation of these through focus groups. Home Start have extensive and ongoing monitoring and evaluation (both qualitative and quantitative), with the involvement of families in forums and project design and delivery. In both organisations young people are consulted separately to ensure young people have full opportunity to have their own voice heard.

Research was carried out for PLUS into the value of support for children with disabilities and their families in the early years. Highlighted within the report were the positive effects on parents across a number of key themes: supporting positive parental wellbeing, having an impact on the wider family, and supporting the disabled child to develop their social skills through free play and social interaction. Parents attribute their resilience to cope given the many challenges of having a disabled child in part to PLUS' services and the opportunity to have a short break.

Stirling Carers Centre's annual service evaluation involving parents/carers and professional partners identified over 80% of young carers reporting the support made them feel less alone and more supported in their caring role and allowed them to make more friends. The five age-specific Young Carers Groups operate with 3 in urban and 2 in rural areas and allow young people to participate in different activities, develop life skills and social experiences whilst providing a regular break from caring responsibilities. The groups ensure the social and emotional development of disadvantage, vulnerable children and young people are addressed and they have a regular break from their caring role in a supportive environment.

The Third sector are also involved in delivering the **“Roots of Empathy”** to 7 year olds in schools identified as having elevated levels of need/anti-social behaviour. This is an evidence based programme that has shown significant effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy.

Health Spot is a pupil led multi agency health service based in secondary schools. The initiative originated in 2010 in Clackmannanshire and is gradually being introduced across to schools across Stirling. The aims of the project include:

- ◆ To provide all young people with improved , timely and professional access to health advice, signposting and support within their school environment
- ◆ To provide effective partnership working, targeting where there is greatest need and the potential for positive impact
- ◆ To continually engage with young people to support their identified needs and provide a service which puts young people at the centre.

An annual survey of young people across all Health Spots and weekly data capture from each session indicates that the project remains relevant to young people and is valued as a source of information and support regarding health issues.

The Alcohol and Drug Partnership’s **Social Influencing Project** in Balfron High and Wallace High encourages young people to consider misperceptions in relation to a number of risk taking behaviours including drugs, alcohol, sexual health and bullying. From the interim evaluation of work carried out this year in schools, results indicate several promising indicators:

- ◆ Substance use behaviour is known to increase with age. Interim findings indicate that across all behavioural measures (alcohol, cannabis, and tobacco) there was no change, suggesting a delay in the onset of risk behaviours.
 - ◆ Before behaviour becomes overt, it is possible to identify underlying negative attitudes which may indicate, if left unchallenged, later development of risk behaviours.
- Overall a positive attitudinal shift was noted although the evaluation evidenced need for more focused work.

Youth Services in Clackmannanshire reported March 2014 on a youth participant survey. Feedback included positive responses to interesting activities being provided at centres; opportunities for learning new things; being helped to think about health and being able to say no to things that are not healthy; feeling safe at the youth group or session and being listened to.

Grades of ‘excellent’ and ‘very good’ were awarded by the Care Inspectorate in August following an unannounced inspection of Woodside young people’s residential unit. Recognition was given to the ‘strong partnership working between care and education and between Woodside staff and other professionals.

Venture Trust’s **Inspiring Young Future’s** programme encourages participants to think about what they would like to achieve, and helps them work towards their goals. It is specifically designed for young people with caring responsibilities, and those leaving local authority care. Based on proven evidence of impact and results from the previous delivery programme with some of the area’s most disadvantaged young people, a further early intervention and preventative work initiative is now proposed, again with a strong partnership based approach.



CELSIS (The Centre for Excellence for Looked after Children in Scotland) carried out an evaluation survey of the single shared Throughcare and Aftercare Service (TCAC) Teams, one year on, to consider impact and progress in relation to aspects of service delivery and to inform future service development. The survey confirmed high levels of confidence of participants in terms of their understanding of the issues affecting looked after young people and care leavers as well as the care and transitional and support needs of looked after young people and care leavers. Areas identified to improve outcomes for looked after young people and care leavers are being taken forward through the TCAC Team Action Plan.

The **Early and Effective Intervention Model** utilises a whole systems approach to respond to children and young people who are starting to become involved in offending and is showing improving trends in diverting young people from the criminal justice system. This is a multi-agency group currently co-ordinated by the Third Sector, who seek and provide short term interventions for these young people that match need and risk and was noted as a good practice example at the Joint Inspection of services for children and young people.

Internal Quality Assurance: Multi agency audit activity

In addition to single service approaches to service scrutiny and improvement, we have established a multi-agency Child Protection Performance and Quality Assurance Framework and carried out a multi-agency audit of Domestic Abuse VPDs in Stirling and Clackmannanshire in March/April 2014. This was undertaken to ensure local practice was effective in protecting children living in circumstances of domestic abuse. The audit highlighted a number of good areas of practice including timeous information sharing between partner agencies and effective action taken by police, children's services, health and education services separately and together to support children and young people alongside the adults affected by domestic abuse. Areas for improvement were identified in relation to information sharing as well as greater involvement in the MARAC/MATAC1 processes and more effective communication and awareness raising around the subject of domestic abuse both in the community and particularly within schools.

MARAC/MATAC. Multi Agency Risk Assessment Conference / Multi Agency Tasking and Co-ordinating process

Appendix 7: What we are doing: Partnership approaches

Focussing on child poverty:

A successful application was made by Clackmannanshire Council's Money Advice and Welfare Benefits Team to the Scottish Legal Aid Board under the new **"Tackling Money Worries"** grant fund stream. Funding has been awarded to create a partnership project with the Early Years Multi agency Screening and Review group for 0 – 5 years. A Money Support Worker post is expected to be filled by February 2015 and will be dedicated to work with low income families who are experiencing debt and money problems referred by the multi-agency screening group. As part of the Scottish Government review of Child Poverty strategy, the partnership project will work to connect low income families to appropriate help which results in the resolution of debt problems and to enable families to better avoid problems recurring.

Early intervention/prevention

In response to the introduction of CEL 13 (2013) which refocuses the role of Health Visitors and School Nurses across Scotland, NHS Forth Valley is working to implement an improved and strengthened universal pathway for all children as part of the new national child health surveillance programme. This included the introduction of a new 27-30 months review for all children from April 2013. In line with national guidance a refreshed and improved health visiting and school nursing programme will be gradually introduced over the period of 2014- 2018 that will support the implementation of GIRFEC and the new "named person" responsibilities.



NHS Forth Valley works with partners both to offer specialist health services and health promotion interventions and support for children and young people and their families to achieve positive health and wellbeing outcomes. Recognising that the determinants of good physical, mental and emotional health are complex and involve social factors such as access to appropriate housing, employment and leisure opportunities within strong and vibrant communities the partnership brings agencies from across the sectors together to address health and other inequalities. NHS Forth Valley is currently involved in a clinical services review that will be completed during 2015. As part of the review all health services provided for children and young people are subject to scrutiny and possible re-design to ensure effective person centred service delivery and equality of access. The review will continue the current re-design of the model of care Child and Adolescent Mental Health services in line with the framework provided within the policy document Scotland's Mental Health: Children and Young People (SG 2013.)

With regard to children affected by parental substance misuse, the Alcohol and Drug Partnership (ADP) is committed to not only reducing the harm caused to children by parental substance misuse but also to preventing generational cycles of drug and / or alcohol misuse. The ADP commissions a dedicated service working with families affected by substance misuse, known as **“Time 4 Us”**. There are 3 core components of targeted intervention work in relation to addiction, family and children’s issues. Addiction, Family and Children’s intervention. Following assessment, an intensive package of support is provided across each area of need within the 3 components and can involve up to 5 visits per week from staff, scheduled at times considered to have most impact. . For example, if the staff are supporting morning routines, they will attend early in the morning in order to provide practical advice and guidance.

Police Scotland provide 4 School based Officers (SBO), 2 each in Stirling and Clackmannanshire. The role is focused on preventing offending where issues occur and to create a safer school environment and requires a high level of multi-agency and partnership working. This ensures services intervene early enough in the best interests of children and young people.

The Family Life Centre in Stirling hosts a number of free services for children and families including play therapy for children who suffer bereavement or trauma.

Relationships Scotland give priority counselling and couple counselling to parents with young children to help stabilise the family home and help to give children a nurturing environment in which to thrive and grow. Many of the parents have experienced trauma in childhood or the absence of secure attachments and have experienced domestic or sexual abuse. Early intervention and prevention work is targeted towards recognising early signs of escalating abusive behaviour. Risk assessment processes are in place to ensure the safety of vulnerable adults and children and the organisation works closely with statutory agencies and Police Scotland.



Early Intervention

The NHS Paediatric Complex Care service works with partners to provide support for children and young people with complex disabilities and their families. A multi-agency group arranges funding and management of packages of care and support that encompasses home based care, nursery and school support. A paediatric nurse works within the nurseries and schools that offer a more specialised environment for children with multiple health needs and supports school based staff to provide individualised care required by each child. In the child’s home, nursing care is provided to offer parents and siblings respite from caring duties. This is made possible by arrangements between NHS, Local Authority staff, and third and independent sector providers working together to offer skilled support for families.

A very recent development has been an agreement involving the Alcohol and Drug Partnership (ADP) and NHS Forth Valley. A system will now be established where by all VPDs for children under the age of 5 will continue to be screened for signs of parental substance misuse. Where substance misuse is detected, the information will now also be shared with the NHS adult addiction service for checks to be made as to whether the family are known to them. If they are, the key worker will be asked to increase support to the family as required. If the family is not known, the Time 4 Us service will assertively outreach to the family.

The protocol for this approach is currently being developed by NHS Forth Valley. The intended outcome is that vulnerable families will be offered support at an earlier stage which should reduce the impact of substance misuse not only to the adult but also to the children. Action such as this will also contribute to the prevention agenda. This approach will be piloted with children under the age of 5 with the future plans being to look at how this could be expanded to include older children.

The Stirling ADP worked with partners to implement a referral system for young people presenting at the Emergency Department in Larbert. As a result, any young person under the age of 16 who presents at the Emergency Department due to the misuse of alcohol and/or drugs, is referred to the relevant Young Persons substance misuse service in Forth Valley. These services then operate an opt out system which means if the young person or his/her guardian does not contact the service within 3 days, then the service will make contact with them to offer support. The young person will be offered a full assessment and then up to 6 weeks of intervention. If the needs of the young person are agreed as requiring additional support then they will be offered a place within the main service and supported on an ongoing basis.

Early identification and support

Within Stirling, the Children and Families Services Forum (CFSF) is a member-led forum for third sector service providers which exists to: Raise awareness and develop networking amongst third sector family related services; Identify common issues to address; Identify and discuss family related working and planning groups within statutory organisations and community planning (CPP); Consider effective forms of influence and representation for third sector organisations in these groups and processes. In addition the Forum operates as the local voice of the third sector and will work to be represented on operational and strategic planning groups with community planning partners. It seeks to bring a third sector influence to policy, planning and services and also provides coordinated information to and from its members and representatives.

The Third Sector plays a significant role in early year's provision in Clackmannanshire. There are several groups and organisations that provide early years support ranging from local parent and toddler groups to national organisations such as Action for Children and Homestart. Each group/organisations offers varying levels of support depending on the needs of the community it serves. CTSI is aware of twelve parent and toddler groups; one playgroup and one Croileagen (Gaelic playgroup) operating in the county. Homestart Clackmannanshire offers support and training to all under-fives groups, they also operate a toy swap scheme which allows the groups access to a variety of different toys and resource boxes which has proved to be very popular and cost effective. Play Alloa are also currently developing a parent and toddler group for children with additional support needs and their siblings. Action for children operates a family centre in Tullibody where they give parenting advice, a safe space for families to play and the chance to learn new skills, subjects and information.

As a result of the Early Years Collaborative Learning Sessions held in the SECC during 2013/14. It was decided to develop a Children and Families Forum where staff and volunteers from the third sector could meet, exchange skills and views. A direct result of these meetings is two third sector organisations have been working together over the last six months to identify and secure premises that would accommodate both services and offer parents and carers a one stop shop for early years care and support. The project is still in the early stages of development and the groups are currently working on a joint business plan to identify joint micro projects and secure funding.

Stirling Carers Centre work in partnership with all 47 Stirling Council schools through their Education and Rural Young Carers Projects and engage through raising awareness activities with the purpose of identifying young carers at the earliest possible opportunity and before they reach crisis point. Young Carers staff are able to build and maintain strong and meaningful relationships with schools, which is mutually beneficial and ensure young carers have the opportunity to receive the support they require to meet their full potential. This partnership relationship and direct access to school reduces the potential for hidden young carers.

We have had success in the provision of a permanent jointly funded Through Care After Care (TCAC) nurse post situated within LAC Health Team. TCAC nurse will engage with those young people in transition to independent living from care and young care leavers (TCAC) to support them to address unmet health needs. In order to facilitate and support care leavers to access adult health services, a mapping exercise will be undertaken to find out how these needs are currently addressed nationally to see if this could be replicated in Forth Valley. This exercise will be completed by March 2015 and inform the future action plan. Robust pathways will then be developed to adult services to ensure care leavers health needs are met. Services will be offered through formal clinic settings and informal drop-in arrangements. The service will include scope for some young people to access motivational supports to help address low mood, anxiety and depression, using Living Life to the Full materials based on cognitive behavioural principles and is suitable for those who want to maximise their ability to deal with life's challenges.

Corntonvale Family Support Hub is delivered in partnership by Stirling Interfaith Community Justice Group and Scottish Prison Service and run by volunteers. They provide a safe, accepting (non-judgmental) environment where families visiting prisoners can enjoy tea/coffee and children's play and also access support or signposting to other services such as debt management, addiction support, and relationship counselling amongst other things.



Together with partner agencies, Fire and Rescue Services have developed a referral pathway for any issues crews encounter to enable concerns about children and young people to be shared and responded to. Fire and Rescue Service have also trained staff to deal with any aspect of fire involving children and young people.

Fallin Healthy Communities project is an innovative project which uses an asset based approach to actively involve local people in decision-making in their community. This is a holistic consideration to wellbeing including healthy eating and outdoor exercise.

In response to the number of looked after children with sexual health issues, NHS Forth Valley Sexual Health Team will launch a pilot project. Care leavers will be issued with a **“TCAC Priority Attendance Card”** that can be presented at any clinic and they will be given priority.

The **‘Hi 5 Stirling’** initiative by the ADP uses a mobile phone app to provide young people with quick and easy ways to find out what they need to about Legal Highs or Psycho-active substances.

Many services delivered by the third sector use staff and volunteers who have lived experience of the issue the client is seeking support for. Examples of lived experiences and proactive listening include the educational workshops delivered in schools by Street Sense (relating to substance misuse, crime and unemployment)

and Central Scotland Rape Crisis and Sexual Abuse Centre (CSRCSAC), (relating to bullying, sexting, sexual abuse and violence). In the case of Street Sense, the volunteers lived experiences of substance misuse, crime and unemployment helps them to connect with young people and they are able to link with ‘hard to reach’ children who may not engage with mainstream wellbeing initiatives.

Workforce development

Stirling ADP is also committed to supporting workforce development in relation to substance misuse issues. A key part of this going forward is the development of local guidance in relation to adhering to the recommendations with the refreshed “Getting Our Priorities Right” document. This national document highlights good practice in terms of working with families affected by drug and/or alcohol misuse. Closely aligned to the development of this guidance, will be local training for practitioners working with vulnerable children and families. Future plans include training in drug and alcohol concern to Health Visitors and to Housing staff.

Community involvement

Create is a multi-agency project providing summer events in 6 communities for young people aged from 10 years on. Activities include input from emergency services, sports, arts, music and adventure. Staffed from a number of organisations, Create is also supported by PALs (Peer Assisted Learners) via Youth Services and volunteers.

Community led regeneration

Stirling CPP and Stirling Council have approved a community-led approach to regeneration, tackling poverty and inequalities which is based on the achievement of SOA outcomes and reducing inequalities within Stirling. The CPP Tackling Poverty & Inequalities Group is working alongside priority communities to provide support and co-ordination to consolidate and deliver community action or development plans.

Commission events will be held in priority communities. These are intended to be the start of an improved dialogue with communities and the first step in a process that will contribute to increased community resilience and empowerment and to achieving more with our combined resources. The subsequent process aims to have an influence on the mainstream delivery of CPP partners and contribute to the total SOA activity of delivering improved outcomes and particularly in our most disadvantaged communities.

Appendix 8: SALSUS 2013 Summary Report for Stirling Schools

Introduction

The SALSUS report is the only national trend data that provides local authority specific information about pupils aged 13 and 15. The majority (78%) of Stirling secondary schools participated in the 2013 survey, 78% of Stirling secondary schools participated. This information is used in several ways:

By the ADP as an indicator of how well strategic prevention measures are working.

By teaching staff to understand the nature and extent of 'use' and 'misuse' amongst young people attending school.

By police and education to consider issues of 'supply' and what young people tell us is happening in relation to being 'offered substances'.

By everyone to help shape the strategic direction of work to reduce substance misuse and its acceptability in our communities. Put simply, to balance the supply (enforcement) and demand elements of the substance misuse equation.

Tobacco Use: Stirlingshire Secondary Schools

- The majority of our young people have never smoked: 91% of 13 year olds and 70% of 15 year olds have never smoked cigarettes. Compared with 2010 data, fewer Stirling pupils are starting to smoke. The greatest improvement is in 13 year olds (12%) and this is significantly better than the national average. Among 15 year olds there was a 9% improvement, similar to the national average.
- Of those who do smoke, the vast majority are NOT regular smokers – 99% of 13 year olds and 94% of 15 year olds do not smoke weekly. This represents an improvement from the 2010 position.
- A greater understanding of e-cigarette use is needed.

Occasional Smokers, 6% of 15 year olds reported that they "sometimes smoke cigarettes but less than 1 per week."

Attitudes to Smoking: There has been a significant shift in attitudes to smoking. More negative attitudes to young people even trying a cigarette were noted. 90% of 13 year olds did not approve of someone of "their age trying smoking to see what it's like". This represents a 16% improvement for 2010 position and significantly better than the Scottish average. The figure for 15 year olds was 56% disapproval on this measure. Again this represents a significant (19%) improvement since 2010 and is better than the national average.

On almost all measures there is a significant improvement since the 2010 position and, with the exception of buying from 'a van' the position is more favourable than the national average.

Availability (supply)

The number of regular smokers is small: 3.5% of the sample or n=27 young people. The question asks where they “usually source their cigarettes”.

- ◆ 48% get someone else to purchase on their behalf – a decrease of 26% since 2010.
- ◆ 43 % (n=11) are given them by friends or family – a decrease of 7% since 2010.
- ◆ 23% (n=6) buy from other people.

16% (n=4) buy from an ice cream or burger van (12% higher than the national position).

Dependency: Of the 27 regular smokers:

- ◆ 34% (n=9) said that they would like to give up.
- ◆ 55% (n= 15) said it would be ‘fairly’ or ‘very difficult’ to give up.

E-cigarettes: 6% of 13 year olds (n=18) reported having ‘tried or used’ e-cigarettes. It is unclear from the data whether the group trying e-cigarettes come from the same group that have ‘ever tried’ smoking tobacco. The level of current e-cigarette uses is not known. For 15 year olds the figure is higher with 13% (n=51) having tried or used e-cigarettes.

Implications for Practice**Prevention:** supply and demand.

The social influence programme enables monitoring substance use at class level and provides tools for early intervention such as social marketing techniques which promote positive attitudes and behaviours of the majority. The programme also provides factual information on tobacco and e-cigarettes. The roll-out of the work to all schools should, with engagement from staff, provide the following outcomes:

- ◆ Real time monitoring data at class level i.e. using data that is fed back to the class which they can ‘own’ as ‘theirs’.
- ◆ Earliest possible interventions i.e. we do not have to wait 18months before the survey results are published. Early intervention is most effective because behaviours are more easily influence before they become well established.
- ◆ Measures of effectiveness - attitudinal and behavioural follow-up measures provide evidence of impact.

Supply: SALSUS highlights issues around proxy purchase of cigarettes and e-cigarettes. Potential for work with trading standards may be considered.

Cessation: Work to identify the most suitable location and approach for young people who want to stop smoking should be considered.

Alcohol

Use in the week prior to the 2013 Survey

- ◆ 6% of 13 year olds had not consumed alcohol in the week prior to the 2013 survey and 95% state that they do not usually drink weekly.
- ◆ 78% of 15 year olds had not consumed alcohol in the week prior to the 2013 survey and state that they do not usually drink weekly.

An average of 21 units of alcohol was consumed by those reporting use in the week prior to the survey (n=11) 13 year olds and (n=84) 15 year olds. This is equivalent to the maximum weekly guideline for adult males.

Drinking to excess:

57% of 13 year olds have never been drunk a 2% improvement on 2010 data.

31% of 15 year olds have never been drunk a 3% improvement on 2010 data.

These data indicates that the experience of drinking alcohol to excess is similar to the national average.

Being drunk more than 10 times improved slightly from the 2010 position: 2% of 13 year olds and 22% of 15 year olds reporting that they had 'been drunk' more than 10 times, and improvement of 4% and 1% respectively. These data are not significantly different from the national average.

A note of caution: While the data for 15 year olds may appear alarming, and it is not good news, the questions relate to being drunk at anytime in your life. Therefore, this may not be a good indicator of recent drunkenness. No dependency questions were asked.

In the 4 weeks prior to the survey, 96% of both 13 and 92% of 15 year olds have never tried to buy alcohol for themselves. This is a significant improvement (10% and 6% respectively) on the 2010 position.

Availability/supply

The numbers reporting that they had managed to buy alcohol for themselves (from a shop or supermarket) was significantly better than in 2010 : 2% (n=2) 13 year olds and 3% (n=8). This is significantly better than the national average.

Implications for planning/practice: Alcohol results are encouraging although there is no room for complacency. Interventions appear to be working and should be maintained.

Prevention: The need for measures to consider recent drunkenness and perceptions of peer social approval and use would be helpful. As with tobacco, the social influence work may be an ideal vehicle to progress the issues.

Illegal drug use is not the norm among Stirlingshire young people.

- ◆ 90% of 15 year olds did not use drugs in the month prior to the survey, with 84% not using in the year prior to the survey. 83% have never tried any drug at any time.
- ◆ 98% of 13 year olds did not use drugs in the year prior to the survey. 96% have never tried any drug at any time.

Drug Use (New Psychoactive Substances were not included in the list of drugs available to pupils responding to this survey

Among the young people who have used drugs, the drug of choice continues to be cannabis. Of the 16% who reported use in the year prior to the survey, 14% reported cannabis use (n=56). Similarly, of the 2% of 13 year olds who reported using in the past year all reported cannabis use (n=5). These figures show an improvement when compared with the 2010 position for 13 year olds, and mirror the national position for both age groups.

Frequency of use: A small percentage (1% of 13 year olds and 3% of 15 year olds) of pupils report regular use, defined as weekly or more.



Availability – being offered drugs

Offering drugs to 13 and 15 year olds in Stirlingshire is not the norm: 61% of 15 year olds and 73% of 13 year olds reported that they have never been offered drugs at any time in their lives. It is worth noting, however, that the data for 13 year olds being offered drugs is higher than it was in 2010 and significant higher than the national average (by 13%). Cannabis was the most common drug offered to pupils

The survey question on availability relates to 'ever been offered' therefore does not necessarily provide an up to date picture of supply. This should also be borne in mind when considering that the percentage of pupils being offered drugs is higher than the national average by for 13 year olds.

Pupil perception about the ease with which they could obtain illegal drugs was no different from the national average for 15 year olds (35% reported that it would be easy). The figure for 13 year olds is higher than the national average by 5%.

The above findings do not detract from the fact that:

- ◆ 96% of 13 year olds have never tried drugs and,
- ◆ 83% of 15 year olds have never tried drugs.

Implications for Practice/Planning

Prevention: The majority of Stirlingshire pupils do not use drugs. Young people, parents and communities would benefit from understanding this fact. The role of New Psychoactive Substance has not been explored and monitoring of the situation would be important given local intelligence on these issues.

Availability/Supply: The majority of pupils perceive that it would be difficult to obtain illegal drugs: 65% of 15 year olds and 78% of 13 year olds. Although for a significant minority the reverse is the case. Opportunities to explore the current situation around being offered drugs (particularly among 13 year olds) would be helpful.

Dependency/Problem Use

- ◆ 4% of 15 year olds (n=3) felt that they needed to get help because of their drug use.
- ◆ 50% of 15 year olds (n=33) said they would like to stop using drugs.





Appendix 9: SALSUS 2013 Summary Report for Clackmannanshire Schools

Introduction

The SALSUS report is the only national trend data that provides local authority specific information about pupils aged 13 and 15. All Clackmannanshire secondary schools participated in the 2013 survey. This information is used in several ways:

By the ADP as an indicator of how well strategic prevention measures are working.

By teaching staff to understand the nature and extent of 'use' and 'misuse' amongst young people attending school.

By police and education to consider issues of 'supply' and what young people tell us is happening in relation to being 'offered substances'.

By everyone to help shape the strategic direction of work to reduce substance misuse and its acceptability in our communities. Put simply, to balance the supply (enforcement) and demand elements of the substance misuse equation.

There is no 2010 survey data available for Clackmannanshire therefore it is not possible to show any within-area change from a previous baseline.

Tobacco Use:

- ◆ The majority of pupils have never smoked: 82% of 13 year olds and 58% of 15 year olds have never smoked cigarettes. However, this is lower than the national average by 5 and 8% respectively.
- ◆ Of those who do smoke, the vast majority are NOT regular smokers – 96% of 13 year olds and 92% of 15 year olds do not smoke weekly

Occasional Smokers, 1% of 13 year olds and 6% of 15 year olds were occasional smokers i.e. sometimes smoke cigarettes but less than 1 per week.

Availability (supply) of the 6% of regular smokers (n=63 young people)

- ◆ 49% get someone else to purchase on their behalf.
- ◆ 37% are given them by friends or family.
- ◆ 25% buy from other people.
- ◆ 16% (n=10) buy from an ice cream or burger van.

Dependency

40% (n= 16) said it would be 'very difficult' to give up.

Implications for practice/action.

5% of 13 year olds defined themselves as either occasional or regular smokers. This does not explain the data presented on use of e-cigarettes – 14% (more than 3 times the number of regular smokers) said that they had either 'tried' or were 'using' e-cigarettes. While the question itself may be too wide, it would be helpful to gain an understanding of the issues and demand for e-cigarettes among young people who have never smoked. A similar situation emerges for 15 year olds with 22% trying or using e-cigarettes compared with 14% who identify with being either an occasional or regular smoker.

Prevention: supply and demand.

The social influence programme enables monitoring substance use at class level and provides tools for early intervention such as social marketing techniques which promote positive attitudes and behaviours of the majority. The programme also provides factual information on tobacco and e-cigarettes. The roll-out of the work to all schools should, with engagement from staff, provide the following outcomes:

- ◆ Real time monitoring data at class level i.e. using data that is fed back to the class which they can 'own' as 'theirs'.
- ◆ Earliest possible interventions i.e. we do not have to wait 18 months before the survey results are published. Early intervention is most effective because behaviours are more easily influenced before they become well established.
- ◆ Measures of effectiveness - attitudinal and behavioural follow-up measures provide evidence of impact.

Supply

SALSUS highlights issues around proxy purchase of cigarettes and e-cigarettes. Potential for work with trading standards may be considered.

Cessation

Work to identify the most suitable location and approach for young people who want to stop smoking should be considered.

Alcohol

In general, experience of alcohol use among 13 and 15 year old Clackmannanshire pupils is higher than the national average by 15% and 11% respectively. Similarly, attitudes around 'trying' alcohol are more positive in Clackmannanshire than across Scotland as a whole.

Use in the week prior to the 2013 Survey

- ◆ 94% of 13 year olds had not consumed alcohol in the week prior to the 2013 survey and 90% state that they do not usually drink weekly.
- ◆ 80% of 15 year olds had not consumed alcohol in the week prior to the 2013 survey and 82% state that they do not usually drink weekly.

However, of the 13 year olds who consumed alcohol in the past week, n=32, the average number of units that they consumed was equivalent to the maximum weekly guideline for adult males. This is higher than the weekly average reported by 15 year olds (18 units), although drinking at this level is higher than the guidelines for adult females (14 units).

Drinking to excess

48% of 13 year olds have never been drunk

28% of 15 year olds have never been drunk.

The data indicates that the experience of drinking alcohol to excess is higher than the national average, and significantly so for 13 year olds reporting that they had 'been drunk' more than 10 times.

Work to identify the most suitable location and approach for young people who want to stop smoking should be considered.

The data indicates that the experience of drinking alcohol to excess is higher than the national average, and significantly so for 13 year olds reporting that they had 'been drunk' more than 10 times.

Prevention: The need for measures to consider recent drunkenness and perceptions of peer social approval and use would be helpful. As with tobacco, the social influence work may be an ideal vehicle to progress the issues.

Supply: 4% recently (in the week prior to the survey) buy alcohol for themselves (n=9) 13 year olds, and (n= 16) 15 year olds. This may benefit from work with retailers. Work with parents may also be beneficial.

Early intervention/harm reduction: As with all risk behaviours, intervention before behaviours become established is most effective. In this context, effective can be defined in both resource and human costs. The ADP may wish to consider how more intensive work may be delivered.

Drug Use

Pupils were not asked about New Psychoactive Substances.

Drug use is not the norm among young people in Clackmannanshire.

- ◆ 91% of 15 year olds did not use drugs in the month prior to the survey, with 82% not using in the year prior to the survey. 78% have never tried any drug at any time.
- ◆ 95% of 13 year olds did not use drugs in the month prior to the survey with 93% not using in the year prior to the survey. 92% have never tried any drug at any time.

Among the young people who have used drugs, the drug of choice continues to be cannabis. Of the 18% who reported use in the year prior to the survey, 16% reported cannabis use (n=80). Similarly, of the 7% of 13 year olds who reported using in the past year, 6% reported cannabis use (n=30). These figures are higher than the national average by 2% for 15 year olds and by **3% by 13 year olds.**

No benchmark for 2010 exists making it difficult to determine whether the local trend has actually improved.

Frequency of use

A small percentage (1% of 13 year olds and 3% of 15 year olds) of pupils report regular use, defined as weekly or more.



Availability/Supply

Cannabis was the most common drug offered to pupils. The survey question on availability relates to 'ever been offered' therefore does not necessarily provide an up to date picture of supply. This should also be borne in mind when considering that the percentage of pupils being offered drugs is higher than the national average by 9% for 15 year olds and 6% for 13 year olds.

Pupil perception about the ease with which they could obtain illegal drugs was no different from the national average for 15 year olds (40% reported that it would be easy). This compares with 20% of 13 year olds. The figure for 13 year olds is higher than the national average by 5%.

Implications for Practice/Planning

Prevention: Use of any drug is not the norm among Clackmannanshire pupils. Young people, parents and communities would benefit from understanding this fact. The role of New Psychoactive Substance has not been explored and monitoring of the situation would be important given local intelligence on these issues.

Availability/Supply: The majority of pupils perceive that it would be difficult to obtain illegal drugs: 60% of 15 year olds and 80% of 13 year olds. Although for a significant minority the reverse is the case. Opportunities to reduce the perception that it would be easy to get hold of drugs would be a useful to explore.

Dependency/Problem Use

- ◆ 7% of 15 year olds (n=11) felt that they needed to get help because of their drug use.
- ◆ 58% of 15 year olds (n=55) said they would like to stop using drugs



Glossary:

CPP Community Planning Partnership

SOA Single Outcome Agreement

C&YPSPG Children and Young People's Strategic Partnership Group

ICSP Integrated Children's Services Plan

SCRA Scottish Children's Reporter's Administration

GIRFEC "Getting it Right for Every Child"

CEL 13 "Refocusing role of Health Visiting and School Nursing Services"

TRIPLE P Positive Parenting Programme

LAC Looked after child/children

TCAC Throughcare and Aftercare

EEI Early and Effective Intervention

ASD Autism Spectrum Disorder

PPU Public Protection Unit (Police Scotland)

MAASH Multi Agency Assessment Screening Hub

VPD Vulnerable Person Database

MARAC/MATAC Multi Agency Risk Assessment Conference / Multi Agency Tasking and Co-ordinating process

CELSIS Centre for Excellence for looked after children in Scotland

RPL Recognition of Prior Learning

SALSUS Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013

POPP Psychology of Parenting Programme

SIMD Scottish Index of Multiple Deprivation