



West Lothian
Council

Social Policy, Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

6 September 2017

A meeting of the **Social Policy, Policy Development and Scrutiny Panel** of West Lothian Council will be held within **Council Chambers, West Lothian Civic Centre** on **Tuesday 12 September 2017** at **12:30 p.m.**

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minute of Meeting of the Social Policy, Policy Development and Scrutiny Panel held on Thursday 29 June 2017 (herewith).
5. National Statistics Publication: Children's Social Work Statistics Scotland 2015-16
 - (a) Presentation by Tim Ward, Senior Manager, Young People and Public Protection
 - (b) Report by Head of Social Policy (herewith)
6. Alcohol Diversionary Activities - Report by Head of Social Policy (herewith)

7. Report on Care Inspectorate Inspections for Children & Families Services April 2016-March 2017 (herewith)
8. Joint Inspection of Services for Children and Young People - Report by Head of Social Policy (herewith)
9. Heatherfield Nursing Home - Report by Head of Social Policy (herewith)
10. Response to The Scottish Government Consultation on Draft Regulations Under The Carers (Scotland) Act 2016 - Report by Head of Social Policy (herewith)
11. Workplan (herewith)

NOTE **For further information please contact Elaine Dow on 01506 281594 or email elaine.dow@westlothian.gov.uk**

MINUTE of MEETING of the SOCIAL POLICY, POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 29 JUNE 2017.

Present – Councillors George Paul (Chair), Harry Cartmill (substituting for Angela Doran), Lawrence Fitzpatrick (substituting for Dave King), Charles Kennedy, Sarah King, Dom McGuire and Damian Timson

Apologies – Councillor Angela Doran and Dave King; Maureen Finlay, Senior People's Forum Representative

1. DECLARATIONS OF INTEREST

Councillor Cartmill declared a non-financial interest as an appointed member of West Lothian Integration Joint Board.

Councillor Paul declared a non-financial interest as an appointed member of West Lothian Integration Joint Board.

Councillor Timson declared a non-financial interest as an appointed member of West Lothian Integration Joint Board.

2. MINUTE

The Panel noted the contents of the minute of the meeting held on 16 March 2017. The Chair thereafter signed the minute.

3. WEST LOTHIAN CHILDREN'S SERVICES PLAN 2017-2020 AND THE WEST LOTHIAN CORPORATE PARENTING REPORT AND PLAN 2017-2018

The Head of Social Policy advised the Panel that details were included in the report (copies of which had been circulated) of the progress made with regards to the development and launch of West Lothian Children's Services Plan 2017-2020 (attached at appendix 1 to the report), in compliance with Part 3 of the Children and Young People (Scotland) Act 2014, and the development of West Lothian Corporate Parenting Report and Plan 2017-2018 (attached at appendix 2 to the report) in compliance with Part 9 of the Act.

The Senior Manager, Children & Early Intervention, provided a presentation on West Lothian Children's Services Plan 2017-20 and West Lothian Corporate Parenting Plan 2017-18.

West Lothian Children's Services Plan 2017-20 outlined the work of West Lothian Children and Families Strategic Planning Group and followed an outcome based approach to planning, led by the West Lothian Community Planning Partnership. The Plan has been developed to encompass the following principles:

- Getting the right balance between universal and targeted services
- Re-distributing resources towards targeted activities with individuals, groups and communities
- Improved integrated working
- Improving outcomes for the individual child and their family
- Focusing on early intervention by shifting resources from managing crises to building resilience.

Details of the key priorities identified in the Plan were highlighted which included early intervention and prevention; corporate parenting; child protection; violence against women; youth justice; transition and alcohol and drugs. Statistics relating to the challenges facing early years and school age children and young people in transition were provided.

West Lothian Corporate Parenting Report and Plan highlighted the commitment of Corporate Parents in West Lothian to facilitate positive practice to ensure that looked after children were supported to achieve the best possible outcomes and identified the following areas for improvement:

- Improving the quality of our care and care planning;
- Improving health and wellbeing;
- Supporting learning and raising attainment;
- Supporting employment, training and positive destinations;
- Providing high quality through care, continuing and after-care.

Finally, it was noted that the publication of these two plans marked the start of a comprehensive review of partnership service planning and delivery for children's services which would result in further refinement to the plan and the development of a strategic commissioning plan for children's services.

Following the conclusion of the presentation the Head of Social Policy advised that the West Lothian Children's Services Plan 2017-2020 and the West Lothian Joint Corporate Parenting Report and Plan 2017-2018 focussed on how to provide children's services in West Lothian in a way which best safeguards, supports or promotes the wellbeing of children, ensuring that any action to meet needs was taken at the earliest appropriate time and that, where appropriate, action was taken to prevent needs arising.

The Head of Social Policy then responded to questions from Panel members. Details relating to the work carried out to try to increase the number of children visiting dentists were provided. In response to a question relating to the number of pregnant women who smoked, the

Head of Social Policy undertook to provide members with details of the Smoke Free Homes initiative following the meeting, which aimed to raise awareness of the levels of smoke within homes in the hope to effect a behaviour change.

The Panel acknowledged the excellent work carried out.

It was recommended that the Panel note:

1. The progress made with regards to the development and launch of the West Lothian Children's Services Plan 2017-2020 in compliance with Part 3 of the Act; and
2. The development of the West Lothian Corporate Parenting Report and Plan 2017-2018 in compliance with Part 9 of the Act.

Decision

- To note the contents of the report; and
- To note that the Head of Social Policy undertook to provide members with details of the Smoke Free Homes initiative.

4. SOCIAL POLICY MANAGEMENT PLAN 2017-2018

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing details of the Social Policy Management Plan 2017-2018.

The report explained that as a means of delivering outcomes effectively and efficiently, West Lothian Council identified management plans as an essential driver for the provision of excellent services. As such they were collated and presented at the service group level, under the responsibility of the Head of Service. The Social Policy Management Plan 2017-2018 was attached as an appendix to the report and set out how the service would drive performance. The measures, targets and actions of the plan would be available for management monitoring and reporting on the corporate performance management system (Covalent).

The Head of Social Policy then provided members with details of some of the key actions and priorities for 2017/2018.

The Panel was asked to note the Social Policy Management Plan 2017-2018.

Decision

To note the contents of the report.

5. CARE INSPECTORATE INSPECTION OF COMMUNITY CARE SERVICES

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing details of the grades achieved in the Care Inspectorate Inspection of West Lothian Council's Community Care Services during the financial year 2016-17.

The report explained that the Care Inspectorate graded services as part of fulfilling their duty under section 4(1) of the Regulation of Care (Scotland) Act 2001 and published inspection reports to provide information to the public about the quality of care services. All inspections undertaken were based on aspects of the National Care Standards and other regulatory legislation. Services were inspected under four quality themes for Care and Support, Environment, Staffing and Management & Leadership.

The care service inspection reports for West Lothian Council's Community Care Services identified how well the local authority delivered social work services. The current grades demonstrated a positive performance and provided reassurance that the needs of the council's service users were being well met by high performing services.

It was recommended that the Panel notes the current performance grades of West Lothian Council's Community Care Services.

Decision

To note the contents of the report.

6. SOCIAL POLICY CONTRACT ACTIVITY UPDATE

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing details of the contracting activity for the provision of care and support services for the period 1 October 2016 to 31 March 2017. Appendix 1 to the report provided details of the contracts awarded during this period.

The report recalled that under the council's Health, Care and Support Services Procurement Procedures the Head of Social Policy was required to report bi-annually to the Social Policy PDSP on the care and support contracts awarded or extended within the reporting period and any general update on contract activity. There was also a requirement to report bi-annually on contract performance.

The report detailed the Social Policy contracts which had either been awarded or amended under the guidance of the Social Policy Contracts Advisory Group. Details of the contract performance was also outlined within the report with a total of eleven providers out of a total of eighty-six attracting a risk score which required more intensive monitoring.

The Head of Social Policy then responded to questions from Panel members. In response to a question relating to the length of contracts for

Mental Health Supported Accommodation, the Head of Social Policy advised that contracts would normally be negotiated for a longer period however, due to a redesign process being carried out of Mental Health Services, one year contracts had been agreed at this time. The Head of Social Policy undertook to provide elected members with an update following the meeting.

The Panel was asked to note the contracting activity for the provision of care and support services for the period 1 October 2016 to 31 March 2017 and recognise the ongoing development of clear contractual agreements between the council and providers of care and support services.

Decision

1. To note the contents of the report; and
2. To note that the Head of Social Policy undertook to provide members of the Panel with an update on the Mental Health Supported Accommodation contracts following the meeting.

7. WORKPLAN

The Panel noted the contents of the workplan that would form the basis of the work over the coming months.

Decision

To note the contents of the workplan.



SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

**NATIONAL STATISTICS PUBLICATION: CHILDREN'S SOCIAL WORK STATISTICS
SCOTLAND 2015-16**

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To advise the Panel of the National Statistics Publication, Children's Social Work Statistics Scotland 2015-16.

B. RECOMMENDATION

It is recommended that the Panel:

1. notes the Scottish national statistics in relation to:
 - children and young people who were looked after;
 - child protection and
 - secure care.
2. notes the performance of West Lothian Council in comparison to national figures.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs.
	Being honest, open and accountable.
	Making best use of our resources.
	Working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Children and Young People (Scotland) Act 2014
	The Looked After Children (Scotland) Regulations 2009
	Children's Hearing (Scotland) Act 2011
	Adoption and Children (Scotland) Act 2007
III Implications for Scheme of Delegations to Officers	No implications.
IV Impact on performance and performance Indicators	There is a robust suite of both high level and management performance indicators covering both looked after children and child protection.

V	Relevance to Single Outcome Agreement	Our children have the best start in life and are ready to succeed People most at risk are protected and supported to achieve improved life chances
VI	Resources - (Financial, Staffing and Property)	None
VII	Consideration at PDSP	None
VIII	Other consultations	None

D. TERMS OF REPORT

The National Statistics Publication, Children's Social Work Statistics Scotland 2015-16 provides information on:

- children and young people who were looked after;
- child protection and
- secure care.

Looked After Children

Local authorities have a responsibility to provide support to certain vulnerable young people, known as Looked After Children. A young person may become looked after for a number of reasons, including neglect, abuse, complex disabilities which require specialist care or involvement in the youth justice system.

There are several types of placements that Looked After Children or Young People could be placed in, including at home (where a child is subject to a Supervision Requirement and continues to live in their normal place of residence), foster care, residential unit or school, a secure unit or a kinship placement (where they are placed with friends or relatives).

Statistical Overview

As at 31 July 2016, there were 15,317 Looked After Children and Young People in Scotland – a decrease of less than 1% from 2015. This is the fourth consecutive year the numbers have decreased following a peak of 16,248 in 2012; the numbers leaving care each year have been consistently more than the number starting.

The key national trends identified within the report are that the:

- there is a continued decreasing trend in children being looked after at home with this group accounting for only 25% of the total in 2016 compared to 34% in 2011.
- Foster care and kinship care are the most common settings for looked after children
- Numbers of children looked after in residential care settings have been fairly static over recent years but with a slight downward trend since 2007.
- In 2006, 30% of children starting to be looked after were under five years of age. By 2016 this had risen to 38%, although this is a decline from a peak of 41% in 2014.

- There is a long term increase in the number of adoptions when leaving care, and although they decreased slightly between 2014 and 2015, they increased to their highest level of 8% in 2016.
- The use of Permanence Orders is increasing as the use of Compulsory Supervision Orders declines.

West Lothian Overview

The Looked After population in West Lothian has been relatively static since 2012 showing only marginal variations. As at 31st July 2015 there were 434 Looked After Children and Young People under the care of Social Policy. This figure increased to 449 at the same point in 2016. This generally equates to around 1.1 % of the total 0-17 years population. The Scottish average is 1.5%. This is contrary to trends of recent years where Looked After population has been falling.

Child Protection

Child protection means protecting a child from child abuse or neglect. This can either be in cases where abuse or neglect has taken place, or in cases where a likelihood of significant harm or neglect has been identified. The risk of harm or neglect will be considered at a Child Protection Case Conference. Where a child is believed to be at risk of significant harm, their name will be added to the child protection register (a child protection registration).

Statistical Overview

In Scotland the number of children on the child protection register has fluctuated regularly, but there is a general upwards trend. However in the last two years there has been a slight decrease, which may be the start of a longer term decline, but it is too early to determine this at this time.

The total has increased by 33% between 2000 and 2016 (from 2,050 to 2,723).

The key national trends identified within the report are :

- 53% of children on the child protection register were aged under five.
- 3 children in every 1,000 children under 16 were on the child protection register in Scotland in 2016.
- Causes for concern relating to parental substance misuse and domestic abuse are the most prevalent
- The most common reason for deregistration in 2015-16 (in 55% of cases) was an improved home situation.

West Lothian General Overview

The situation in West Lothian has largely mirrored national trends. In July 2016, 77 children in West Lothian were on the child protection register. This is equivalent to 2.2 children in every 1000 and is slightly lower than the national rate of 3 in every 1000 of the child population aged 0-15 years.

Secure Care

Young people are placed in secure care either as an outcome of the criminal justice system or through a referral to the Children's Reporter.

Secure care generally refers to accommodation for children and young people who pose a significant risk to either themselves and/or others and are likely to run away or abscond.

In Scotland, children and young people can be placed in secure accommodation, provided they meet the following criteria:

- (i) they have a history of absconding and are likely to abscond from other types of accommodation and
- (ii) if they abscond they are likely to suffer significant harm or are likely to injure themselves and/or others.

However, although a child or young person may meet the above criteria, placement within secure accommodation can only be determined by the authority of a Children's Hearing or by the order of a court.

Statistical Overview

Across Scotland there was an average of 85 residents in secure accommodation throughout 2015-16, this represents an increase of 4% from 82 residents in the previous year and reversing the recent downward trend. The use of emergency beds in 2015/2016 has fallen from last year's high level and is now close to the long-term average.

West Lothian Overview

West Lothian has generally followed the national trend of having more young people placed in secure accommodation this trend has reversed in 2015/16 as a range of measures are now in place to support young people within West Lothian and prevent their escalation to secure care.

E. CONCLUSION

The Children's Social Work Statistics for Scotland Bulletin highlights that in many aspects the figures for West Lothian do not vary greatly from the national averages. West Lothian has adopted an early intervention and prevention approach and continues to work with our partners to ensure that our children and young people have the best start in life and are ready to succeed.

F. BACKGROUND REFERENCES

Children's Social Work Statistics Scotland 2015/16 tables

<http://www.gov.scot/Publications/2017/03/6791/downloads>

Appendices/Attachments: Children's Social Work Statistics Scotland 2015/16 Report

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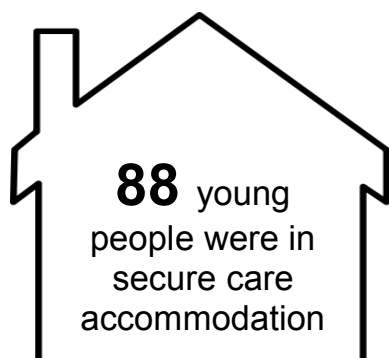
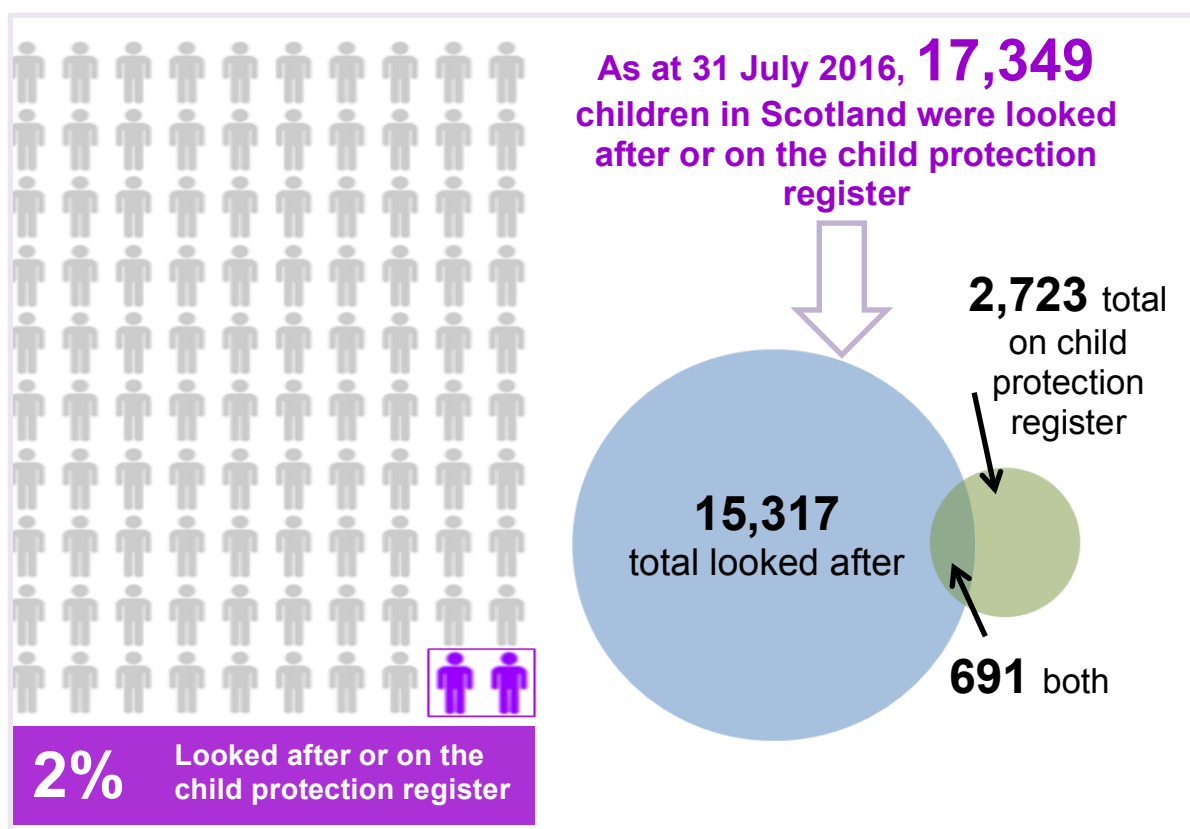
Jane Kellock, Head of Social Policy

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Date: 12th September 2017

CHILDREN, EDUCATION AND SKILLS

Children's Social Work Statistics Scotland, 2015-16



Comparisons with 2014-15:



1% decrease in number of children looked after



1% decrease in number of children on child protection register



3 more young people, on average, during the year in secure care accommodation

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Introduction

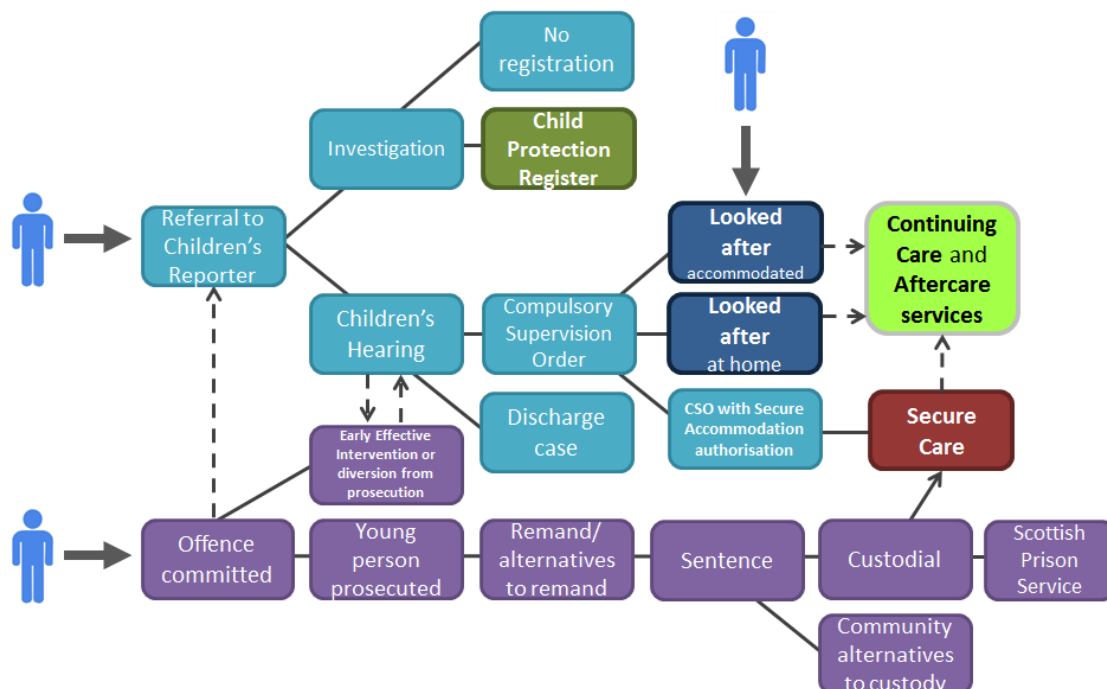
What do these statistics include?

We present information collected from local authorities and secure units on children and young people, generally younger than their mid-twenties, who were formally looked after, under child protection measures, or in secure care at some point between August 2015 and July 2016.

Some data tables are summarised within this publication, but full tables including extended time series are available in the Excel document published alongside this bulletin.

How do children come to be counted in these figures?

There are a number of ways that a child may come to be looked after, on the child protection register or in secure care. Children may be referred to the Children's Reporter, become voluntarily looked after or come via the criminal justice system. The diagram below gives a high-level illustration of the main routes by which children would be included. See background note 1.1 for more information.



Children Looked After



The total number of looked after children has fallen again, although the rate of decrease has slowed



The use of Permanence Orders is increasing as the use of Compulsory Supervision Orders declines



Adoptions of looked after children increased to its highest level on record

This section presents data on children looked after during the period from 1 August 2015 to 31 July 2016. This will be referred to as 2016 for ease of reporting (with 2014-15 referred to as 2015 and so on). Local authorities have a responsibility to provide support to certain vulnerable young people, known as ‘looked after children’. A young person may become looked after for a number of reasons; including neglect, abuse, complex disabilities which require specialist care, or involvement in the youth justice system.

At 31 July 2016, there were 15,317 looked after children – a decrease of 83 (or less than one per cent) from 2015. This is the fourth consecutive year the numbers have decreased following a peak of 16,248 in 2012, although this year’s decline is small, numbers in care are stabilising. The amount of care leavers each year has been consistently more than the amount starting, although both numbers have also been declining – see tables 1.3 and 1.4.

The increase in Permanence Orders referred to above is presented in additional tables 2.5a and b – this presents three legal reasons (‘Freed for Adoption’, ‘Permanence Order’ and ‘Permanence Order with authority to place for adoption’) as ‘legally secure permanence’, and shows that together they have increased every year since 2012, and now stand at 1,971, a 12% increase on 2015.

Placement type

There are several types of placement in which looked after children or young people could be placed, including at home (where a child is

subject to a Compulsory Supervision Order and continues to live in their normal place of residence), foster care, residential unit or school, a secure unit or a kinship placement (where they are placed with friends or relatives).

Table 1.1 and chart 1 show there is a continued decreasing trend in children being looked after at home with this group accounting for only 25% of the total in 2016 compared to 34% in 2011. Increasing numbers of children are being looked after away from home in community settings, in particular with foster carers (35% of the total). Foster care and kinship care are the most common settings for looked after children now, but there has been a slight decline in numbers being fostered this year, while the proportion in kinship care continues to increase. Numbers of children looked after in residential care settings have been fairly static over recent years at just under 10% of the overall total.

Table 1.1: Number of children looked after by type of accommodation⁽¹⁾

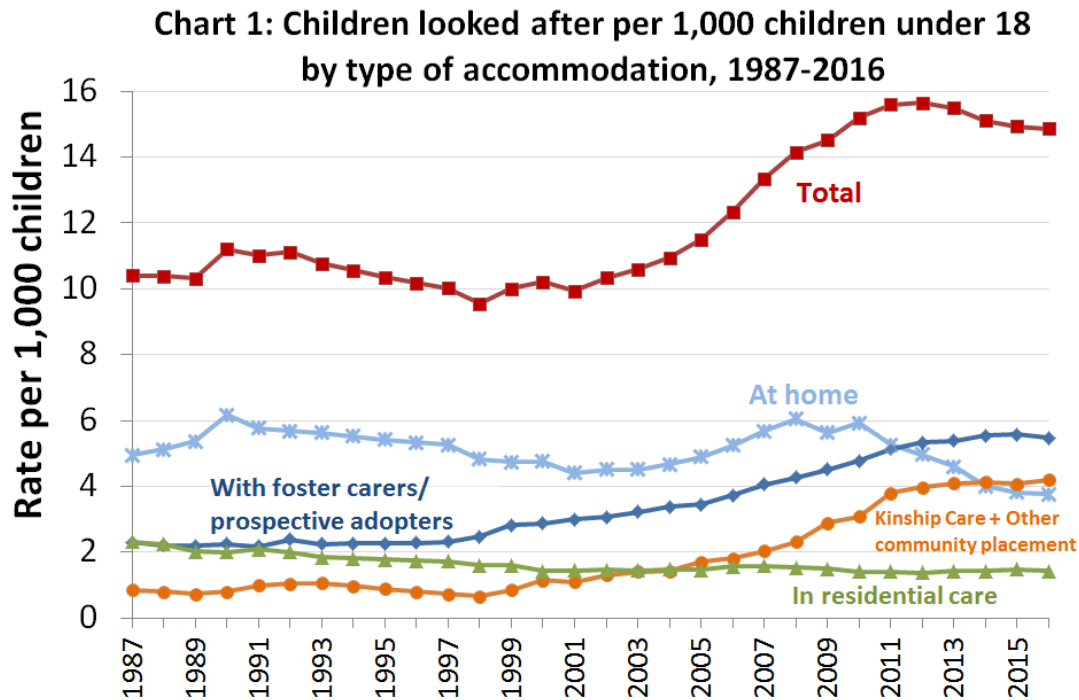
	2006	2015	2016	2006 %	2015 %	2016 %	10-year profile
In the community	11,344	13,871	13,840	87	90	90	
At home with parents	5,517	3,925	3,870	42	25	25	
With Kinship Carers: friends/relatives	1,731	4,158	4,279	13	27	28	
With Foster Carers provided by LA	3,731	3,889	3,826	29	25	25	
With Foster Carers purchased by LA	-	1,587	1,566	-	10	10	
With prospective adopters	184	264	251	1	2	2	
In other community ⁽²⁾	181	48	48	1	0	0	
Residential Accommodation	1,638	1,529	1,477	13	10	10	
In local authority home	737	564	581	6	4	4	
In voluntary home	84	133	136	1	1	1	
In residential school	662	402	376	5	3	2	
In secure accommodation	78	79	60	1	1	0	
Crisis care	-	18	7	-	0	0	
In other residential ⁽³⁾	77	333	317	1	2	2	
Total looked after children	12,982	15,400	15,317	100	100	100	

(1) Information on the number of children looked after by accommodation type is available back to 1971 in Table 1.1a of the excel version of the publication tables:

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

(2) 'In other community' is a category that captures those people in e.g. supported accommodation.

(3) The bulk of the 'other residential' placements are private/independent residential placements for young people with complex needs.



Care Plan

When children become looked after, a care plan should be produced. The care plan should include detailed information about the child's care, education and health needs, as well as the responsibilities of the local authority, the parents and the child. A care plan is considered 'current' if it has been produced or reviewed in the past 12 months.

Table 1.2: Children looked after with and without a current care plan, at 31 July 2016⁽¹⁾

	At home	Away from home	Away from home - breakdown by category				Total
			With Kinship Carers: friends/relatives	With Foster Carers	With prospective adopters/ other community	In Residential Care	
With a current care plan	3,561	10,767	3,712	5,309	287	1,459	14,328
Without a current care plan	309	680	567	83	12	18	989
Total	3,870	11,447	4,279	5,392	299	1,477	15,317
With a current care plan	92	94	87	98	96	99	94
Without a current care plan	8	6	13	2	4	1	6
Total	100	100	100	100	100	100	100

(1) Local authorities vary in their recording of care plans being in place, so some children without a current care plan may in fact have one in progress on this date.

Table 1.2 shows that 94% of the 15,317 children who were looked after at the end of July 2016 had a current care plan, a one per cent decrease on 2015. There was little difference between children looked after at home and away from home.

Children starting and ceasing to be looked after

The reduction in total numbers being looked after is simply because more people are leaving care than starting. A child will be counted more than once in each set of figures if they have started being looked after and/or ceased being looked after more than once during the reporting year.

As shown in table 1.3, 4,116 episodes of care began between 1 August 2015 and 31 July 2016 – the lowest figure since at least 2000. Table 1.3 shows a two per cent decrease from 2015 and a 13% decrease from 2006.

Table 1.3: Number of children starting to be looked after by age⁽¹⁾

	2006	2015	2016	2006 %	2015 %	2016 %	10-year profile
Under 1	415	668	658	9	16	16	
1-4	993	933	916	21	22	22	
5-11	1,293	1,305	1,321	27	31	32	
12-15	1,796	1,232	1,175	38	29	29	
16-17	219	58	41	5	1	1	
18-21 ⁽²⁾	17	2	5	0	0	0	
Total	4,733	4,198	4,116	100	100	100	

(1) Table excludes planned series of short term placements.







(2) The 18-21 category in this table may include a small number of looked after young people who were over 21 years.

Table 1.3 also shows that over the last 10 years children have started to be looked after at younger ages. In 2006, 30% of children starting to be looked after were under five years of age. By 2016 this had risen to 38%, although this is a decline from a peak of 41% in 2014. A large proportion of this group are the under-one year olds, and the numbers in this youngest group have increased by 59% since 2006, but have declined slightly since 2014. There has also been a corresponding decrease in the proportion of children aged 12-17 starting to be looked after since 2006.

There were slightly more boys than girls starting to be looked after in 2016 – 54% compared to 46% of girls (the last census showed that the general population was 51% boys aged under 18); the number of boys starting to be looked after has been steady in recent years while the

number of girls has been falling. This means that the trend has returned to the longer-term gender split of around 54% boys of children starting to be looked after, after there were near equal percentages of boys and girls entering care in 2011 and 2013.

Table 1.4: Number of children ceasing to be looked after, by length of time looked after⁽¹⁾

	2006	2015	2016	2006 %	2015 %	2016 %	10-year profile
Under 6 weeks	390	293	292	10	7	7	
6 weeks to under 6 months	405	371	355	10	8	8	
6 months to under 1 year	654	578	581	17	13	14	
1 year to under 3 years	1,524	1,620	1,582	39	37	37	
3 years to under 5 years	534	740	661	14	17	16	
5 years and over	378	769	752	10	18	18	
Total	3,885	4,371	4,223	100	100	100	

(1) Excludes children who are on a planned series of short term placements. If a child ceases to be looked after more than once during the year they will be counted more than once.

Table 1.4 shows the number of children who ceased being looked after by length of time looked after. There were 4,223 children who ceased being looked after between 1 August 2015 and 31 July 2016, a decrease of three per cent from the 2015 figure (4,371) and the smallest number of care leavers since 2007. However, this still represents an overall increase of nine per cent ten years ago.

The total length of time children had been looked after remained similar between 2015 and 2016. However in the longer-term, there are more children being looked after for more than five years, and fewer in care for only a period of weeks. This implies that children are more likely to remain looked after until a permanent placement is found.

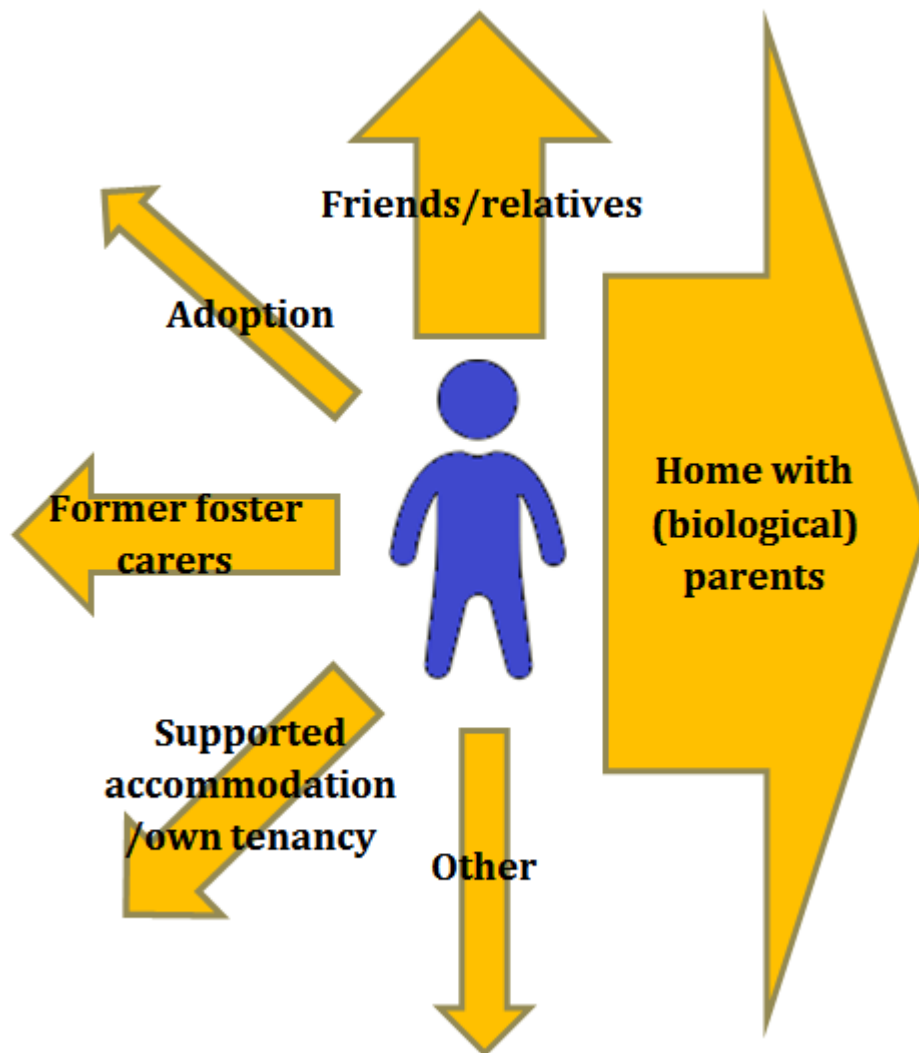
Just as children are starting to be looked after at a younger age over the longer-term, children are also ceasing to be looked after at younger ages. The number of children ceasing to be looked after who were under the age of 12 was 43% in 2006 and is now 50%. However, most of the change occurred around 2010 and has seen little variation since. Fuller information can be found in the published Excel tables which accompany this release – see Annex B for details.

Table 1.5: Number of children ceasing to be looked after by destination
(1)

Destination after leaving care	2006	2015	2016	2006 %	2015 %	2016 %	10-year profile
Home with (biological) parents	2,194	2,682	2,573	56	61	61	
With Kinship Carers: friends/relatives	323	745	656	8	17	16	
Former foster carers	-	80	104	-	2	2	
Adoption	119	303	341	3	7	8	
Supported accommodation / own tenancy	202	295	270	5	7	6	
Other ⁽²⁾	541	219	204	14	5	5	
Not known	506	47	75	13	1	2	
Total	3,885	4,371	4,223	100	100	100	

(1) Table excludes planned series of short term placements. A child may cease to be looked after more than once during the year and will be counted once for each episode of care ending. Some totals do not exactly equal the sum of their component parts due to the effects of rounding.

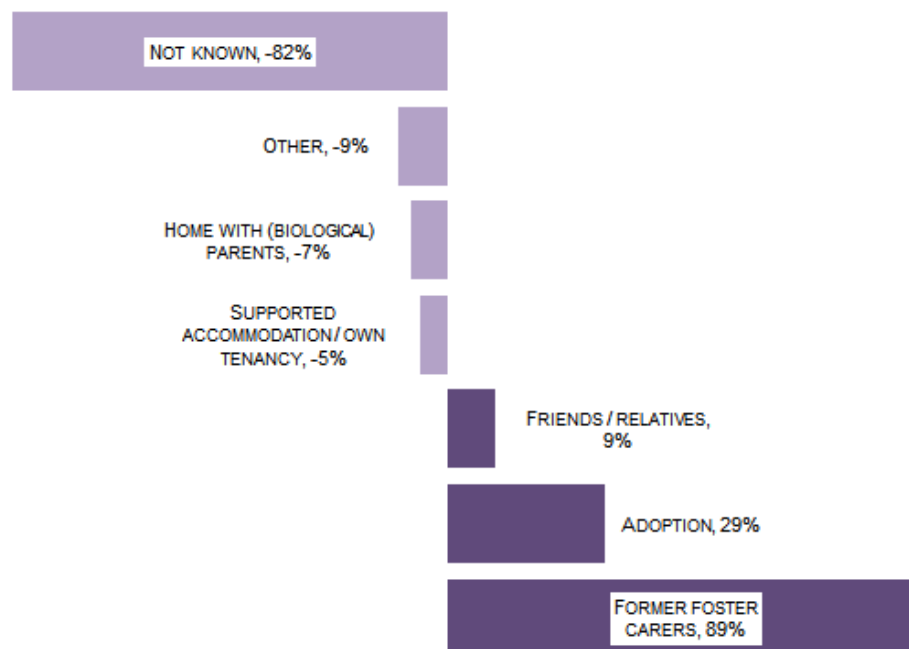
(2) "Other" includes residential care, homeless, in custody and other destination.

Illustration 2: Proportional representation of post-care destinations
(based on table 1.5)

When a child ceases being looked after, a destination category is recorded (Table 1.5). Most children (61% in 2016) go home to their

biological parents and 16% go to live in kinship care with friends or relatives. The percentage leaving care that go home has fallen consistently over the last four years. There is a long term increase in the number of adoptions when leaving care, and although they decreased slightly between 2014 and 2015, they increased to their highest level of 8% in 2016. The majority of adoptions (70%) are of children aged under five years old. There is a much more even spread of ages of young people leaving care to go home or to live with friends and relatives. There has been an improvement in data quality over the past five years, as shown by the large decrease of the 'Not known' category in chart 2.

Chart 2: Percentage difference by destination between 2011 and 2016



Pathway Plans

Local authorities are required to carry out a pathway assessment for aftercare services on young people who have reached 16 years of age, but are still looked after, within three months of the young person becoming compulsorily supported by the local authority. Local authorities have a duty to provide advice, guidance and assistance for young people who at the point of leaving care have reached 16 years of age. This is referred to as 'aftercare services'. These young people should be provided with a pathway co-ordinator who assesses their needs and a

pathway plan which outlines how the local authority plans to meet the needs of the young person.

Of those young people who had reached 16 years of age at the time they ceased to be looked after during 1 August 2015 to 31 July 2016, 65% had a pathway plan and 72% had a pathway co-ordinator (table 1.6). Where a young person's final placement type was 'at home' they were less likely to have a pathway plan or a pathway co-ordinator than if the final placement type was 'away from home'. Table 1.6 shows that, of children whose last placement was at home, 47% had a pathway plan and 55% a pathway coordinator, compared with 75% and 81% respectively of those whose final placement type was 'away from home'.

Table 1.6: Pathway plans and nominated pathway co-ordinators of young people who were at least 16 years of age on the date they ceased to be looked after during 2015-16^{(1),(2)}

	Percentage			Away from home - breakdown by category			
	Looked after at home	Looked after away from home	Total	With Kinship Carers: friends/relatives	With Foster Carers	With prospective adopters/ other community	In Residential Care
With a pathway plan at discharge	47	75	65	61	76	81	82
Without a pathway plan at discharge	53	25	35	39	24	19	18
With a nominated pathway co-ord at discharge	55	81	72	77	81	78	83
Without a nominated pathway co-ord at discharge	45	19	28	23	19	22	17
Total	100	100	100	100	100	100	100

(1) Figures include all episodes of ceasing to be looked after 16 years of age (i.e. a child may be counted more than once).

(2) It may be the case that some young people who don't have a relevant pathway plan/coordinator may be receiving similar support from adult services instead.

Aftercare services

Table 1.7 shows the proportion of young people eligible for aftercare services on 31 July 2016 by age and their economic activity. 'Economic activity' refers to whether a young person was in education, employment or training, or not.

Since April 2015, aftercare eligibility has been extended to cover all care leavers up to and including those people aged 25 where it previously only covered up to the age of 21, and this year's figures begin to reflect that. It has not been possible to obtain complete data on the new 22-25 age group this year, but this is the aim for the 2016-17 collection.

There were 4,602 young people reported to be eligible for aftercare services on 31 July 2016, of whom 34% were known to not be receiving aftercare. 50% of those receiving aftercare for whom current activity is

known were in education, training or employment. This is a three per cent increase on 2015 (see also AT1.16).

For young people eligible for aftercare, more than half have taken up these services in some way. More of the 19-21 group are not in education, training or employment, and more of this group are receiving aftercare compared to the other age groups. For the new 22+ group, most are not receiving aftercare, which may be expected given that eligibility for this group is a relatively recent implementation, and many may have moved onto adult services where required.

Table 1.7: Percentage of young people eligible for aftercare services by age and economic activity, at 31 July 2016⁽¹⁾

Economic activity	15-16	17	18	19-21	22+	All
In education, training or employment	27	26	26	31	16	27
Not in education, training or employment	22	26	25	33	16	27
Not known	14	17	14	12	7	13
Not receiving aftercare	37	31	35	24	60	34
Total number	353	667	1,066	1,876	640	4,602
Of those in education, training or employment						
In higher education	15	20	21	24	33	23
In education other than HE	44	26	26	22	8	24
In training or employment	41	53	53	53	59	53
Total number	95	174	282	585	105	1,241
Not in education, training or employment						
- due to short term illness	0	*	3	2	*	3
- due to long term illness or disability	*	*	8	11	*	8
- due to looking after family	*	*	7	11	12	9
- due to other circumstances	93	90	82	75	80	80
Total number	76	174	262	610	104	1,226

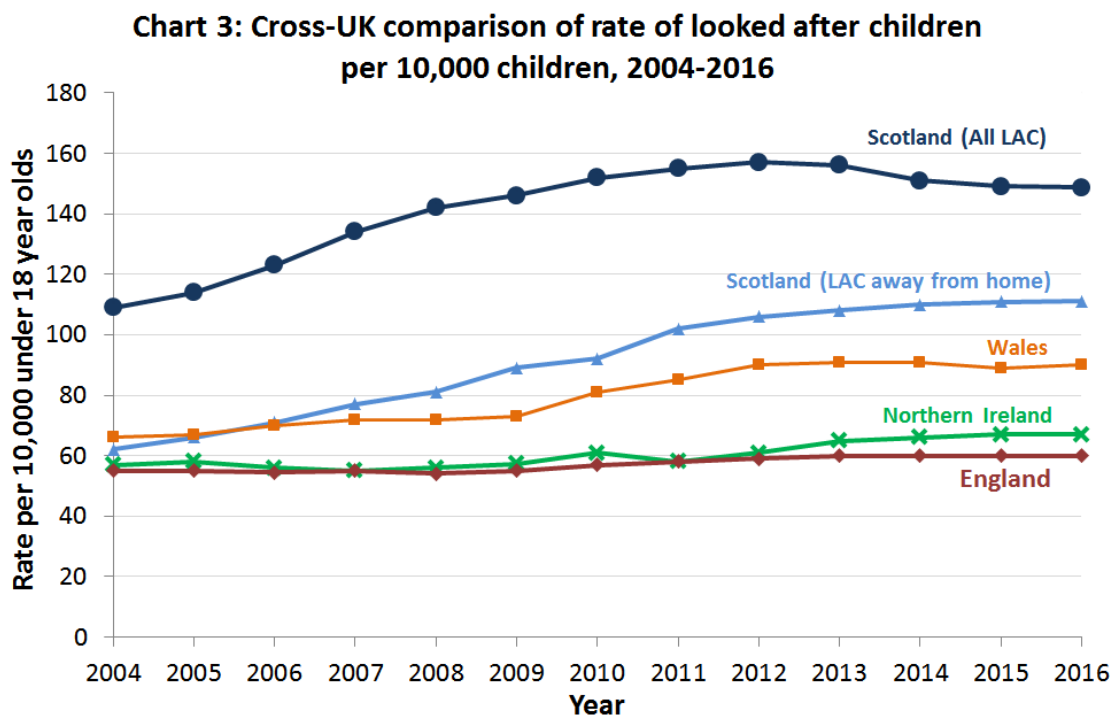
(1) Cells containing * represent numbers that are suppressed to maintain confidentiality. Due to rounding, the totals for percentages may not equal the sum of their parts.

Cross-UK looked after comparisons

The definition of “looked after children” varies across the countries within the UK which makes cross UK comparisons difficult. In Scotland, children placed at home require a supervision order from the children’s panel, whereas in England and Wales, being looked after at home is an informal situation put in place by a social worker, often as an interim measure until a foster or kinship care placement can be found.

To improve comparability, the Scotland figure at 31 March has been used below, rather than the published 31 July figure, as the other administrations publish on this date.

Chart 3 gives Scottish figures both including and excluding children looked after at home. There appears to be some stability in the figures across the UK at the moment – all nations have rates that are relatively constant or only increasing very slightly, and these contrast with increases seen around the start of this decade.



Links to the cross-UK data underlying chart 3 can be found in Background Note 1.7. There is more information on the comparability of looked after children data across the UK:

<http://www.gov.scot/Topics/Statistics/Browse/Children/socialservicestats>

There are **additional tables** on looked after children available at:

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

Child Protection



Second consecutive decrease in headline numbers on register against long-term trend



Numbers of registrations and deregistrations have declined, and are close to parity this year



Causes for concern relating to parental substance misuse and domestic abuse are the most prevalent

This section presents data on children on the child protection register from 1 August 2015 to 31 July 2016. This will be referred to as 2016 for ease of reporting (with 2014-15 referred to as 2015 etc.). Child protection means protecting a child from abuse or neglect. This can either be in cases where abuse or neglect has taken place, or in cases where a likelihood of significant harm or neglect has been identified. The risk of harm or neglect is considered at a Child Protection Case Conference. Where a child is believed to be at risk of significant harm, their name will be added to the child protection register (a child protection registration).

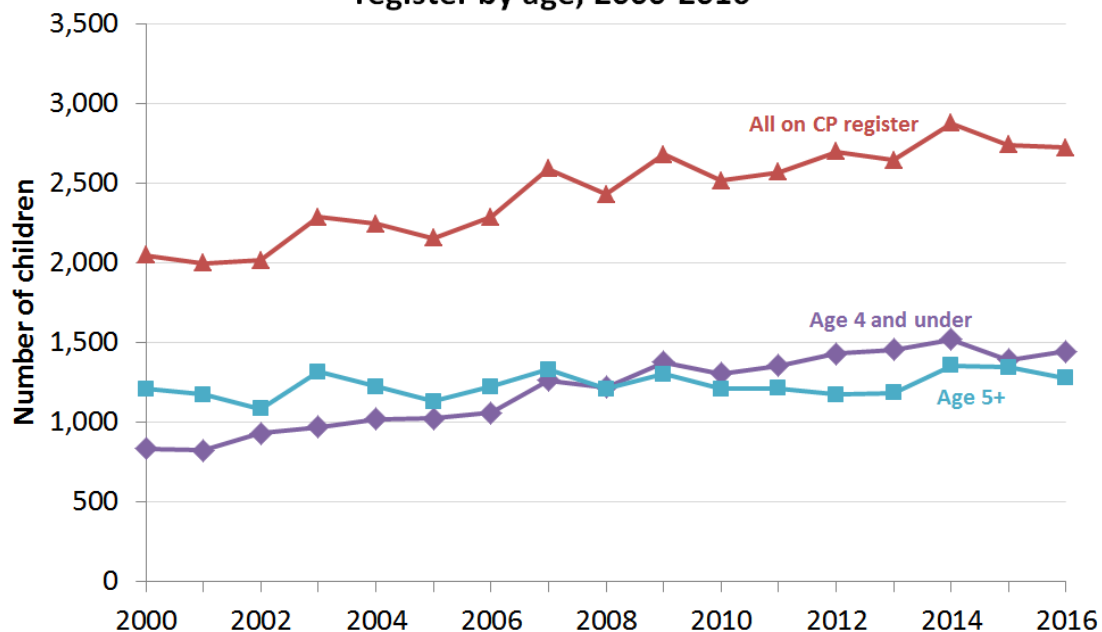
2015-16 was the fourth year that child protection data has been collected entirely at individual level. As the series has lengthened, more in-depth validation of the data has been possible, which gives a high level of confidence in its accuracy. Some of the 2015 figures in this publication have been revised as part of the 2016 validation process.

Children on the child protection register

Chart 4 shows that the number of children on the child protection register has fluctuated regularly, but there is a general upwards trend. However, in the last two years there has been a slight decrease, which may be the start of a longer term decline, but it is too early to know. This is the first time since 2005 that there have been two consecutive years of decline. The total has increased by 33% between 2000 and 2016 (from 2,050 to 2,723). Following updated information from local

authorities, the 2015 data have been revised down slightly from the initial published figure from 2,751 to 2,741. The number of children registered in 2016 is slightly lower than last year (by one per cent). It should be noted that relatively large year-on-year changes are experienced in a number of local authorities (see Table 2.2 for local authority level breakdowns).

Chart 4: Number of children on the child protection register by age, 2000-2016



In 2016, 53% of children on the child protection register were aged under five. Since 2008 there have been more children aged under five than over five on the child protection register, and the gap has widened again in 2016, after it closed in 2014 and 2015. In 2016, there was a four per cent increase in the number of those aged 5 and under, after a fall between 2014 and 2015. In contrast, there has been a fall of five per cent in the number of children aged over five, continuing last year's decline.

There is no strong gender pattern among children on the child protection register – 49% were boys, 47% were girls and the remaining four per cent were unborn children. Because of a change in how unborn children were recorded by local authorities in 2010, figures for unborn children are only comparable from 2011 onwards.

Table 2.1: Number of children on the child protection register by gender⁽¹⁾

	2006	2015	2016	2006 %	2015 %	2016 %	Rate per 1,000 under 16s 2016 ⁽²⁾	10-year profile
Boys	1,179	1,379	1,340	52	50	49	3.0	
Girls	1,109	1,230	1,281	48	45	47	2.9	
Unborns	18	131	102	1	5	4	-	
Unknown	0	1	0	0	0	0	-	
All children	2,288	2,741	2,723	100	100	100	3.0	
































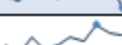
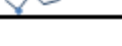
(1) Full data by gender and age group for 2000-2015 is available in Table 2.1 of the excel version of the publication tables.

(2) Source: National Records of Scotland, 2015 mid-year population estimates.

Table 2.2 shows that 3.0 children in every 1,000 children under 16 were on the child protection register in Scotland in 2016. At local authority level the rate varied from 0.3 per 1,000 children in Orkney to 5.2 per 1,000 children in Glasgow.

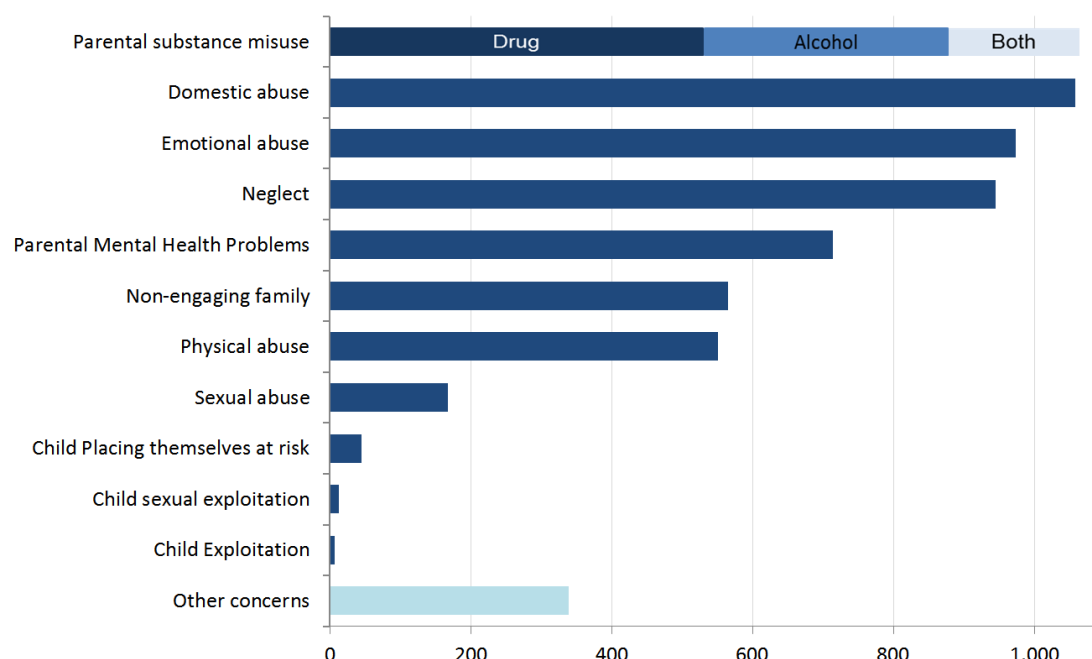
As is often the case, there is a lot of variability from year to year in the numbers of children on the child protection register at a local authority level. In many cases, there are no obvious reasons for changes, although in some areas, sibling groups entering and leaving the system has led to fluctuating numbers.

Table 2.2: Number of children on the child protection register and rate⁽¹⁾ per 1,000 population aged 0-15 by local authority, 2006 and 2016

Local authority	2006		2016		10-year profile
	Number on Register	Rate	Number on Register	Rate	
Aberdeen City	159	4.9	118	3.5	
Aberdeenshire	105	2.2	64	1.3	
Angus	62	3.0	96	4.9	
Argyll & Bute	56	3.5	40	3.0	
Clackmannanshire	24	2.5	18	2.0	
Dumfries & Galloway	48	1.8	61	2.6	
Dundee City	93	3.8	80	3.4	
East Ayrshire	44	1.9	39	1.8	
East Dunbartonshire	9	0.4	38	2.0	
East Lothian	44	2.4	47	2.5	
East Renfrewshire	20	1.1	12	0.7	
Edinburgh, City of	290	4.2	288	3.8	
Na h-Eileanan Siar	12	2.5	*	*	
Falkirk	55	2.0	82	2.9	
Fife	168	2.6	159	2.5	
Glasgow City	308	3.1	512	5.2	
Highland	111	2.7	104	2.6	
Inverclyde	33	2.2	40	3.1	
Midlothian	50	3.2	51	3.1	
Moray	56	3.3	64	3.9	
North Ayrshire	34	1.3	68	2.9	
North Lanarkshire	61	0.9	115	1.8	
Orkney Isles	7	1.9	*	*	
Perth & Kinross	31	1.2	73	3.0	
Renfrewshire	79	2.5	72	2.4	
Scottish Borders	46	2.3	64	3.4	
Shetland	13	2.8	17	4.0	
South Ayrshire	17	0.9	70	3.9	
South Lanarkshire	99	1.7	158	2.9	
Stirling	21	1.3	44	2.8	
West Dunbartonshire	28	1.7	48	3.1	
West Lothian	105	3.0	77	2.2	
Scotland	2,288	2.5	2,723	3.0	

(1) Calculated using National Records of Scotland 2015 mid-year population estimates.

Chart 5: Concerns identified at the case conferences of children who were on the child protection register, 2016



Since 2012, multiple concerns can be recorded at each case conference (rather than just the main category of abuse). This means that the total number of concerns is larger than the total number of registrations, and that figures on concerns identified from 2012 onwards are not comparable to previous data on category of abuse/risk. For the 2,723 children on the child protection register at 31 July 2016, there were 6,439 concerns at the case conferences at which they were registered – an average of 2.4 concerns per conference. Chart 5 shows the most common concerns identified were parental substance misuse (39% of case conferences recorded this concern), domestic abuse (39%), and emotional abuse (36%).

Child protection registrations and deregistrations

The number of registrations to the child protection register increased between 2010 and 2014, and has decreased in the past two years. The proportion returning to the register after previously being deregistered is at 17% this year, and has consistently remained between 14 and 17% in recent years. Table 2.3 shows that the length of time between these periods of registration is generally increasing, with many more having been off the register for more than two years.

Table 2.3: Number of registrations following an initial, pre-birth or transfer-in case conference by length of time since previous deregistration

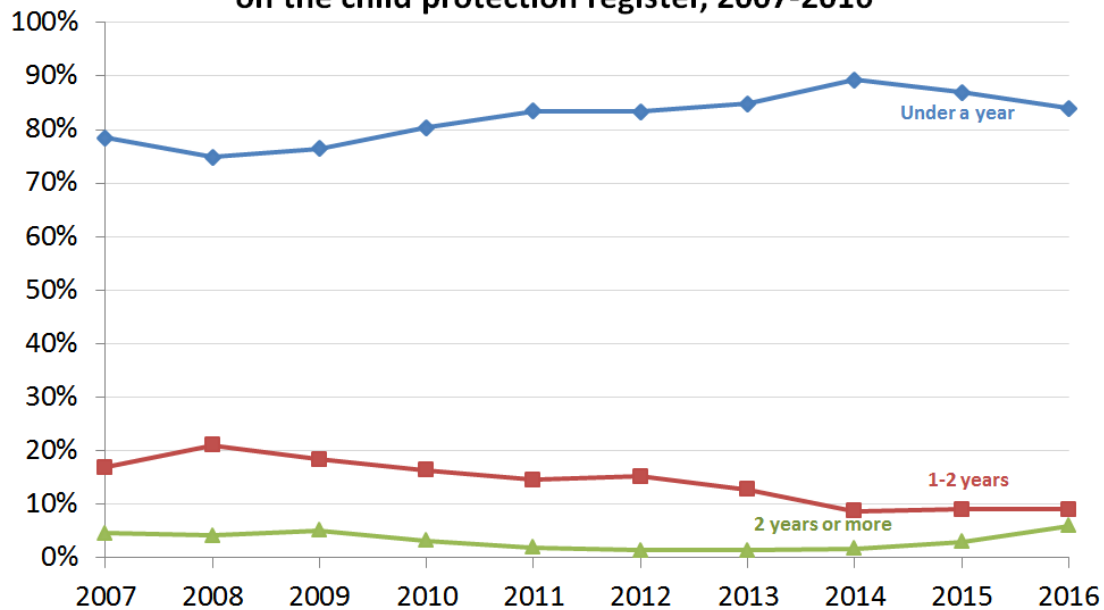
Time since last deregistration	2006	2015	2016	2006 %	2015 %	2016 %	10-year profile
Never been registered before	2,150	3,699	3,529	76	84	83	
Registered before but time unknown	-	2	0	-	0	-	
Less than 6 months	64	111	82	2	3	2	
6 months - < 1 year	58	91	83	2	2	2	
1 year - < 18 months	27	95	98	1	2	2	
18 months - < 2 years	35	67	89	1	2	2	
2 years or more	204	325	363	7	7	9	
Not known if been registered before	273	11	21	10	0	0	
Total	2,811	4,401	4,265	100	100	100	

Table 2.4 shows the numbers of deregistrations. There were fewer this year, which is the first decline since 2011. There were 4,283 deregistrations from the child protection register in the year to 31 July 2016, a six per cent decrease on 2015, but a 39% increase on 2007. The most common reason for deregistration in 2015-16 (in 55% of cases) was an improved home situation.

Table 2.4: Number of deregistrations from the child protection register by length of time on register and reason for deregistration, 2015-2016

Time since last deregistration	2006	2015	2016	2006 %	2015 %	2016 %	10-year profile
Length of time registered							
Less than 6 months	1,097	2,483	2,342	38	55	55	
6 months to under 1 year	1,052	1,462	1,265	36	32	30	
1 year to under 18 months	404	284	282	14	6	7	
18 months to under 2 years	166	130	118	6	3	3	
2 years or more	168	157	250	6	3	6	
No date of registration information	-	24	26	-	1	1	
Reason for de-registration⁽³⁾							
Child taken into care & risk reduced	-	611	590	-	13	14	
Child with other carers	-	259	281	-	6	7	
Child died	-	6	7	-	0	0	
Removal of perpetrator	-	167	76	-	4	2	
Improved home situation	-	2,502	2,365	-	55	55	
Child automatically de-registered because of a	-	8	7	-	0	0	
Child moved away - no continued risk	-	50	41	-	1	1	
Other reason	-	937	916	-	21	21	
Reason not known	-	0	0	-	0	0	
Total	2,887	4,540	4,283	100	100	100	

Chart 6: Percentage of deregistrations by length of time on the child protection register, 2007-2016



Similarly to registrations, the number of deregistrations from the child protection register also increased between 2010 and 2014, but decreased in the past 2 years (chart 6). The numbers of young people on the register for more than two years has increased at a similar rate to the rate of decline in those spending less than a year on the register, implying a general increase in time spent on the register.

Child Protection Register Geographical Comparisons

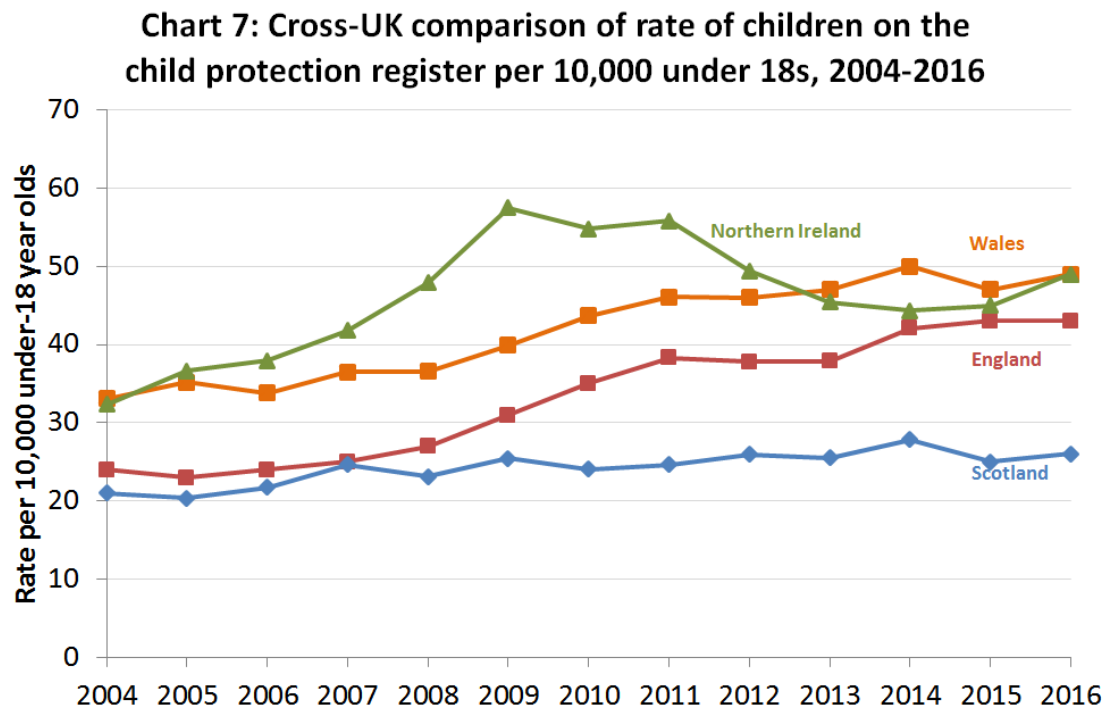
Within Scotland

Across Scotland, 17.5 per 1,000 under 18s are looked after or on the child protection register, but there is variation across local authorities. The rate is highest in Glasgow (with 34.8 children per 1,000 under 18s) and lowest in East Renfrewshire, (with 6.8 per children per 1,000 under 18s). In general, rates are higher in the West of Scotland and urban areas.

Cross-UK child protection comparisons

Child protection systems across the United Kingdom vary but are generally comparable. Scotland's collection year runs from 1 August to 31 July, so end-year figures are typically reported at 31 July in this publication, while the collection year in England, Wales and Northern Ireland runs from 1 April to 31 March (so end-year figures are at 31

March). However, in this chart we report the Scotland figures at the 31st March to allow comparison with the other countries.



While Scotland has seen an increasing trend in the proportion of children on the child protection register over the last decade, it is not as high as the increases in the rest of the UK. Northern Ireland has been the outlier in terms of its fluctuating trends over recent years, but the rates in the other parts of the UK are very similar, with Scotland remaining notably low.

There are links to the cross-UK data underlying chart 7 in Background Note 1.8 and more information on the comparability of child protection data across the UK here:

<http://www.gov.scot/Topics/Statistics/Browse/Children/socialservicestats>

Additional tables on child protection are available at:

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

Secure Care Accommodation



Average number of Scottish residents has decreased



Emergency bed usage has declined from previous high levels

This section presents 2015-16 data on secure care accommodation. Secure care normally refers to accommodation for vulnerable young people who are likely to abscond or are at risk of harm to themselves or others. They are usually placed in secure care on welfare grounds by the Children's Hearing System. Children can also be placed on offence grounds by the Hearings System or the Criminal Justice System.

As secure care accommodation is in place for a very specific group of individuals, numbers are much smaller than for those who are looked after or on the child protection register.

Bed complement

There were 90 secure places available in five secure units in Scotland excluding emergency beds on 31 July 2016 (Table 3.1). It should be noted that two units operated at reduced capacity for part of the previous year, and this may partly explain the reduction emergency bed use. Furthermore, there were an additional 6 beds available across these units for emergency and respite use – these would normally only be used if required and on a very short-term basis. The average cost per week of a secure bed during 2015-16 was £5,579 up 1.5% from £5,495 in 2014-15.

Table 3.1: Secure care unit bed complement at 31 July 2016⁽¹⁾

Unit	Bed Complement
Edinburgh Secure Services	12
Good Shepherd	18
Kibble	18
Rossie School	18
St. Mary's Kenmure	24
ALL UNITS	90

Capacity and usage

There were an average of 85 residents in secure care accommodation throughout 2015-16, an increase of four per cent from 82 residents in the previous year and reversing the recent downward trend (Table 3.2). However, this increase was driven by an increase in placements from the rest of the UK – there was a five per cent decline in residents from Scotland.

Table 3.2: Secure care accommodation capacity⁽¹⁾ and usage

	2013	2014	2015	2016	% change 2015-16
Places at year end	90	90	90	90	0%
Admissions during the year	215	232	249	256	3%
Discharges during the year	228	226	245	253	3%
Average number of residents during the year	77	74	82	85	4%
Residents from within Scotland	76	67	76	72	-5%
Residents from rest of the UK	1	7	6	13	117%
Minimum number of residents during the year	66	60	71	77	8%
Maximum number of residents during the year	90	84	89	90	1%
Number of nights emergency bed used during the year	48	5	146	50	-66%
Number of residents emergency bed used for during the year	15	3	13	11	-15%

(1) Young people can be admitted and discharged more than once during the year.

This increase was driven by additional cross-border occupancy compared to previous years. Excluding these from the total, the average number of residents from Scotland fell by five per cent compared to last year. The number of young people in secure care accommodation throughout the year ranged from 77 to 90.

Table 3.3 shows that the number of young people in secure care accommodation on 31 July 2016 was 88. Following a three-year decrease from 2009-10, this has increased in the last three years, and by 4% in the last year.

The use of emergency beds has fallen this year from last year's high level, and is now close to the long-term average.

As can be seen in the additional tables (AT5.4), there has been a large increase in cross-border occupancy, with 18% of admissions in 2015-16 being from the rest of the UK, compared to 6% last year, or the previous recorded high of 10% in 2013-14.

74% of young people in secure care accommodation on 31 July 2016 were male and just under 40% were aged 16 years and over (table 3.3). Young people in secure care accommodation tend to be older than those looked after and on the child protection registers. The data shows the majority (70%) of young people in secure care accommodation are 15 years or older. This is a very different pattern from what is seen in the child protection and looked after children data where the majority of children are under five and 11 respectively.

In a new method of recording this year, 39% of young people in secure care accommodation on 31 July 2016 had at least one disability, defined as "a mental or physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities". This new definition is much stricter than in previous years, which were based on additional support needs, and the numbers falling into this category are consequently lower.

Table 3.3: Young people in secure care accommodation by gender, age, disability and length of stay⁽¹⁾

	2013	2014	2015	2016	% of 2016 total
Gender of residents					
Males	47	52	59	65	74%
Females	27	29	26	23	26%
Age of Residents					
13 years old or under	10	5	7	9	10%
14 years	9	12	18	18	20%
15 years	16	31	28	27	31%
16 years or over	39	33	32	34	39%
Residents with disability⁽²⁾					
Yes	-	-	-	34	39%
No/unknown	-	-	-	54	61%
Length of stay of residents at year end					
Less than 1 month	18	13	17	20	23%
1 month to under 2 months	8	14	16	14	16%
2 months to under 3 months	12	14	13	14	16%
3 months to under 6 months	18	23	26	24	27%
6 months to under 1 year	10	9	9	10	11%
1 year or more	8	8	4	6	7%
Total	74	81	85	88	100%

(1) As at 31 July of each year.

(2) The question was new in 2016, and asked: "does the young person have a mental or physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities?". This replaced 'additional support needs', which did not match the definition of disability from the Equalities Act. See background note 3.22 for more information.

Cross-UK secure care accommodation comparisons

Table 3.4: Number of secure children's homes/secure care accommodation units, places approved and children accommodated at year end across the United Kingdom^{(1),(2),(3),(4)}

		2013	2014	2015	2016
England⁽²⁾	Number of secure children's homes	16	16	14	14
	Places approved	274	276	232	232
	Children accommodated	187	211	194	192
Wales⁽²⁾	Number of secure children's homes	1	1	1	1
	Places approved	22	22	22	22
	Children accommodated	19	18	11	18
Scotland^{(3),(4)}	Number of secure care units	5	5	5	5
	Places approved	90	90	90	90
	Children accommodated	74	80	85	84

(1) Sources: England and Wales - Children accommodated in secure children's homes statistics; Scotland - Secure care accommodation census; Northern Ireland, official/national statistics are not produced on secure care accommodation. The legal routes into secure care can vary between the four UK countries.

(2) The figures from outside Scotland include children placed on welfare grounds only.

(3) As noted elsewhere, the Scotland total includes a number of children from the rest of the UK, so trends in each country based on the children's origin may be different.

(4) To allow for comparison with England and Wales, Scotland's data for all years is 'at 31 March' within this table only.

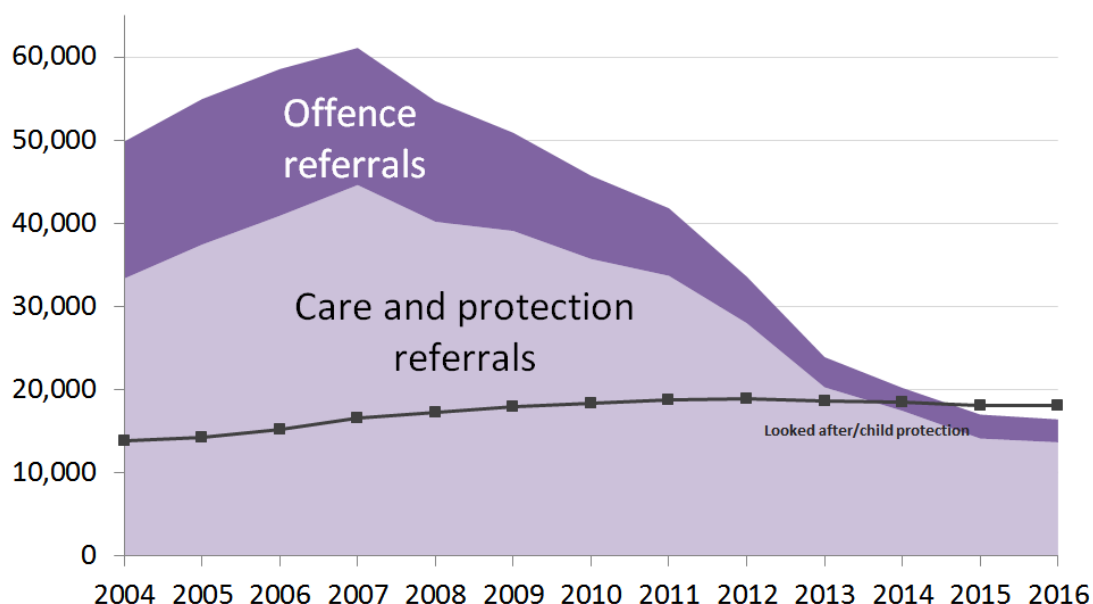
Table 3.4 shows secure children's homes/secure care accommodation units, places approved, and children accommodated across the United Kingdom. This shows that there is no clear trend in the number of children accommodated in England and Wales, as the numbers have fluctuated.

As noted earlier in this Secure Care Accommodation section, the Scotland total includes a number of children that are from the rest of the UK. The England and Wales totals may also include some children from other parts of the UK, but these numbers aren't published separately.

What are the trends in other children's social work data?

Between 2004 and 2016 the number of children who are looked after or on the child protection register *increased* by 30%, whereas the number of children and young people referred to the Children's Reporter *decreased* by almost 67%¹ (chart 8). The decrease is the result of falls in both the number of offence and non-offence referrals. Offence referrals now account for 17% all referrals, down from 33% in 2003/04.

Chart 8: Children Referred to the Children's Reporter and numbers looked after/on child protection register, 2004-2016



The fall in referrals to the Reporter is likely to be due to pre-referral screening across many areas of the country. This has led to a reduction in referrals received by the Reporter where compulsory measures are not deemed necessary; and a proportionate increase in referrals where they are deemed necessary.

The historic increase in the number of children who are looked after or on the child protection register at a time when referrals are falling, means that the smaller number of referrals being received by the Reporter are potentially of a more complex nature and are more likely to

¹ SCRA Official Statistics http://www.scra.gov.uk/resources_articles_category/official-statistics/

result in being looked after or on the child protection register than in previous years. The continuing decline in numbers of children who are both looked after and on the child protection register seen since 2012 could be linked to the fall in referrals feeding through to the later stages of the social work system – however, the rate of decline has slowed, so this effect may not be particularly pronounced.

Are these figures accurate?

The data are high quality and validated both by local authorities and Scottish Government. There may be minor amendments to the 2015-16 data in future years as records are updated, but this is unlikely to affect the overall trends. There is more information on data quality in the background notes.

Background notes

1. Context and related publications

1.1 This publication includes data on children and young people who were looked after, on the child protection register or in secure care accommodation between 1 August 2015 and 31 July 2016. Children most commonly become looked after or placed on the child protection register following a referral to the Children's Reporter. The majority of referrals to the Children's Reporter are on care and protection grounds, although a small proportion are on offence grounds. Young people are placed in secure care either as an outcome of the criminal justice system or through a referral to the Children's Reporter. Figures on referrals to the Children's Reporter are published by the Scottish Children's Reporter Administration (SCRA):

http://www.scra.gov.uk/resources_articles_category/official-statistics/

1.2 This publication collates demographic data on children who were looked after during 2015-16. In June 2017, Education Outcomes for Looked After Children statistics 2015-16 will be published on a subset of these children – focussing mainly on those looked after continuously for a year from August 2015 to July 2016. However, there is value in looking at the wider population too, and this data will also be available in some form. The education outcomes publication will be available here:

<http://www.gov.scot/Topics/Statistics/Browse/Children/EducOutcomesLAC>

1.3 The annual Civil Law Statistics published by the Scottish Government includes a table which gives the number of petitions for adoption made through the courts. These figures include looked after children who are adopted from care as well as children who are outwith the care system. The Civil Law Statistics in Scotland 2014-15 are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/civil-judicial-statistics/>

Cross-UK comparability

1.4 It is possible to draw comparisons between the looked after children, child protection and secure care accommodation statistics of the four UK countries. However it should be borne in mind that there are differences in legislation, the children's social work systems and the definitions of categories that will affect these figures.

1.5 Work has been undertaken between the Scottish Government and administrations from England, Wales and Northern Ireland to document clearly the differences between each administration's **looked after children** statistics and to scope out the feasibility and need for a comparable dataset. Further developments from this work have been published on the Scottish Government children's statistics web site at: <http://www.gov.scot/Topics/Statistics/Browse/Children/socialservicestats>

1.6 Work was commissioned by the Department for Education to document clearly the differences between each administration's **child protection** statistics. Further developments from this work have been published on the Scottish Government Children's Statistics web site at: <http://www.gov.scot/Topics/Statistics/Browse/Children/socialservicestats>

Equivalent data across the UK

1.7 Looked after statistics:

England	https://www.gov.uk/government/collections/statistics-looked-after-children
Wales	http://gov.wales/statistics-and-research/adoptions-outcomes-placements-children-looked-after/?lang=en
Northern Ireland	https://www.health-ni.gov.uk/news/publication-childrens-social-care-statistics-ni-201516

1.8 Child protection statistics:

England	https://www.gov.uk/government/collections/statistics-children-in-need
Wales	http://gov.wales/statistics-and-research/local-authority-child-protection-registers/?lang=en

Northern Ireland	https://www.health-ni.gov.uk/news/publication-childrens-social-care-statistics-ni-201516
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1.9 Official/national statistics are not produced on **secure accommodation** in Northern Ireland. However, there is one secure unit which when at full capacity can house sixteen 11 to 18 year olds. The latest national statistics on children accommodated in secure children's homes in England and Wales were released on 29 June 2016 and can be found at:-

<https://www.gov.uk/government/collections/statistics-secure-children-s-homes>

2. Data sources and coverage

2.1 The **looked after children** data in this publication were collected at an individual level from local authorities. Data were collected on all children/young people who were looked after between 1 August 2015 and 31 July 2016, on every episode of being looked after which occurred at some point in the reporting period, every placement that took place during these episodes, and every legal reason for which a child was looked after. Statistics were also collected at an individual-level for those eligible for aftercare. We have now ceased the collection of information regarding planned series of short-term placements. Therefore, since 2013-14, this information has not been collected. Please refer to the previous '[Children's Social Work Statistics](#)' publications for statistics on planned series of short-term placements.

2.2 All **child protection** information in this publication were collected at an individual level from local authorities for the fifth consecutive year. Information is submitted for each investigation and case conference held as well as demographic information for each child. In 2011-12 individual-level information was collected on children on the child protection register at 31 July 2012 only and prior to this data was collected in full or in part as aggregate summarised data.

2.3 The child protection statistics survey covered the period 1 August 2015 to 31 July 2016. If a member of the public or professional report concern about a child, a referral will be made to an agency such as the local authority social work team. If they decide that the child is at risk of significant harm, an investigation will be undertaken. In 2010-11 and

previous years, aggregate information was collected on the referrals that were initiated during the period (so numbers starting). From 2011-12 information has been collected on child protection investigations which ended during the collection period. Information on child protection referrals has not been collected since 2010-11.

2.4 The **secure care** statistics in this publication were collected from five secure care units which were open at 1 August 2015.

2.5 The secure care accommodation census covered 1 August 2015 to 31 July 2016. The data collected at the unit level covers the number of places and average cost per week per bed. Individual-level information was collected on the characteristics of the young person, medical care, admissions and discharges in secure care accommodation. Information on dedicated close support is no longer collected. Please refer to Background Notes 2.6 and 2.7 for further information.

2.6 During 2014, the questions/sections that were asked in the secure care and close support accommodation census were reviewed. This was to reduce the burden for the data providers, given that some data was either available from other sources or there was no identifiable need. The following information has subsequently been dropped:

Unit level:-

- Number of close support places (see Background Note 2.7).
- Emergency bed usage (as this information could be calculated from the individual level section).
- Staffing (as this information is available from the Scottish Social Services Council). See Background Note 2.8 for further information.

Individual level:-

- Close support (see Background Note 2.7).

2.7 Information on close support was collected from 2010 to 2013. Close support previously included in this publication were those that were in the same building as the secure unit i.e. that were related directly to the secure unit. The reason for only including close support in the same physical location as the secure unit was because capital and

overhead costs were thought to be inherently linked. However, for 2012-13, data was revised to remove Edinburgh's information, as they did not meet the criteria for inclusion. This meant that for the remaining two units that had a dedicated close support unit (Good Shepherd and Rossie) there were limitations to what information could be published on close support due to small numbers. These two units confirmed that they were also able to separate out secure care and close support costs. Therefore, from 2013-14, this information has not been collected. Please refer to the previous '[Children's Social Work Statistics](#)' publications for statistics on close support information.

2.8 The Scottish Social Services Council (SSSC) can provide information on staffing and vacancies of secure accommodation services, where a secure unit has provided that information to the Care Inspectorate, although this is not necessarily published. Please note that vacancy information would be at an aggregate level, not at post level. This means staff type would not be available, nor would it be possible to tell if the post was full time or part time. The data is an annual snapshot of the workforce on 31 December each year and includes a range of variables in addition to vacancy information. If you require further information on staffing and vacancies on the other data held for secure accommodation services, please contact James Arnold (james.arnold@sssc.uk.com) at the SSSC. Alternatively, you can visit the SSSC's workforce data site at: <http://data.sssc.uk.com>.

3. Definitions and notation

3.1 The survey forms, data specifications and guidance notes for the statistics presented in this publication (and previous years publications) are all available online. The data specifications include the standard validation checks undertaken to quality assure these data.

	Online documentation
Looked after	http://www.gov.scot/Topics/Statistics/Browse/Children/SurveyChildrenLookedAfter
Child protection	http://www.gov.scot/Topics/Statistics/Browse/Children/SurveyChildProtection

Secure care accommodation	http://www.gov.scot/Topics/Statistics/Browse/Children/SurveySecureAccommodation
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Children Looked After

3.2 *Looked after child* – The definition of a looked after child is in section 17(6) of the Children (Scotland) Act 1995, as amended by Schedule 2, para 9(4) of the Adoption and Children (Scotland) Act 2007. Information on this definition is available here:

<http://www.gov.scot/Publications/2011/03/10110037/2>

3.3 *Supervision Requirement/Compulsory Supervision Order* – A children's hearing is a lay tribunal which considers and makes decisions on the welfare of the child or young person before them, taking into account the circumstances including any offending behaviour. The hearing decides on the measures of supervision which are in the best interests of the child or young person. If the hearing concludes compulsory measures of supervision are needed, it will make a Supervision Requirement or a Compulsory Supervision Order which will determine the type of placement for the child. In most cases the child will continue to live at home but will be under the supervision of a social worker. In some cases the hearing will decide that the child should live away from home with relatives or other carers.

3.5 *Permanence order* – This is an order that the sheriff court can make for the protection and supervision of children. By default, parents have a right for their child to live with them and control where the child lives. A Permanence order, which can only be applied for by the local authority, transfers this right to the local authority. Other parental rights and responsibilities can be shared between the local authority, birth parents and carers of the child (e.g. foster or kinship carers).

3.6 *Types of placement*

- At home with parent(s): at home with parent(s) or 'relevant person(s)' as defined in Section 200 of the Children's Hearings Act 2011
- With friends/relatives: placed with friends or relatives who are not approved foster carers. Also referred to as 'kinship care'.
- With foster carers provided by the local authority

- With foster carers purchased by the local authority
- With prospective adopters
- Other community: such as supported accommodation, hospital (e.g. at birth)
- Local authority home: in local authority children's home/hostel, local authority home/hostel for children with learning disabilities, local authority home/hostel for physically disabled children
- Voluntary home: in voluntary children's home/hostel which may be specifically for children with learning disabilities or for physically disabled children
- Residential school: in local authority or voluntary residential school (home/hostel), private school or independent school
- Secure accommodation
- Crisis care: in women's refuge, local authority/voluntary hostel for offenders or for drug/alcohol abusers
- Other residential: a known residential setting but does not fit with one of the above

3.7 There is information on the process by which children come to be looked after and legislation governing this on the Scottish Government website: <http://www.gov.scot/Topics/People/Young-People/protecting/lac>

Child Protection

3.8 *Child Protection Case Conference (CPCC)* – a meeting where the risk of harm or neglect of a child is addressed. There are four types of CPCC:

Type	Who it is for	Potential outcome
Initial	a child not currently on the child protection register	<ul style="list-style-type: none"> – Child is registered or – Child is not registered
Pre-birth	an unborn child	<ul style="list-style-type: none"> – Child is registered or – Child is not registered
Review	a child already on the child protection register or where there are significant changes in the child or family situation	<ul style="list-style-type: none"> – Child remains on register or – Child is de-registered
Transfer	a child already on the child protection register moving between local authorities	<ul style="list-style-type: none"> – Child is de-registered or – Child remains on register

3.9 *Registrations* - The children who were the subject of a child protection case conference and were subsequently added to the child protection register between 1 August 2015 and 31 July 2016.

3.10 *Deregistrations* - Children who were subject to a transfer or review conference and subsequently removed from the child protection register between 1 August 2015 and 31 July 2016.

3.11 The National Guidance for Child Protection in Scotland, published in 2010 and refreshed in 2014, is available here:

<http://www.gov.scot/Publications/2014/05/3052>

Secure care accommodation

3.12 *Secure accommodation legal framework* – The children's hearings system has responsibility for dealing with most children and young people under 16 who commit offences or who are in need of care and protection. In some cases children's hearings have responsibility for young people under 18 where the young person is under the supervision of the hearing when he or she reaches 16 and the supervision requirement is extended.

3.13 For children who commit very grave crimes (the circumstances are set out in the relevant Lord Advocate's guidelines), the option remains for them to be jointly reported to the children's reporter and the procurator fiscal and together, they will decide whether prosecution through the court is appropriate. The court may then sentence, or return the young person to the hearing to be dealt with.

3.14 A young person who appears in court accused of an offence, where bail is not considered appropriate, can be remanded to the care of the local authority responsible for them under section 51 of the Criminal Procedures (Scotland) Act 1995. Local authorities are then responsible for placing that young person in secure care.

3.15 A young person convicted of an offence in court can be sentenced to detention in secure accommodation under section 205 or 208 of the Criminal Procedures (Scotland) Act 1995. In these cases, it is

the responsibility of Scottish Ministers to place the sentenced young person in suitable accommodation.

3.16 Before a child or young person can be placed in secure accommodation through the children's hearings system, the children's panel must consider that the young person meets the legal criteria set out in The Children's Hearings (Scotland) Act 2011. The conditions are -

- (a) that the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental, or moral welfare would be at risk;
- (b) the child is likely to engage in self harming conduct;
- (c) the child is likely to cause injury to another person.

3.17 Average number – The average number of young people in secure care accommodation over the year is calculated using the dates of admission and discharge for every child. Ages on admission, discharge during 2015-16 and age at 31 July 2016 are the actual ages for all young people.

3.18 *Ethnicity and Religion* – Data was collected on ethnicity and religion of young people in secure care and close support accommodation, but we are unable to publish this due to small numbers and data confidentiality issues.

3.19 *Emergency beds* – these can be used at short notice, for example, when a young person is admitted during the night as it is less disruptive for the other young people. The young person is usually admitted to the main facility the following day. Three units operated such a place.

3.20 *Mothballed* – The term mothballed was used when recommendation 6 from the Securing our Future Initiative report recommended the targeted closure of 12 beds to bring the capacity of each of the independent secure units down to 18 beds. Beds were mothballed for the first year with on-going review meaning provision was reduced although a group of key core staff were retained to provide emergency cover if there was ever a short term need to increase capacity.

Disability and additional support needs

3.22 Prior to 2011, data was presented as 'Disability', and, because the categories in use did not match with definitions in the Equalities Act,

from 2011-12 until 2014-15, data was presented as 'additional support needs'. The statistics themselves did not change in any way – the content of the data and categories remained the same, so were still comparable over time. For 2015-16, a new disability question was introduced for the child protection, children looked after and secure care accommodation data collections, and this reduced the question to a simple yes/no, but with a more stringent qualification - "does the young person have a mental or physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities?". This is not comparable to the previous data. Work is underway to find a unified set of disability criteria to provide more detail and which meet user needs.

Further information is available at:-

- Children looked after – [data specifications and guidance notes](#)
- Child protection – [data specification and guidance notes](#)
- Secure care accommodation – [data specification and guidance notes](#)

Notation and rounding

3.23 The following notation is used in this publication

- Data not available
- * In cases where information is presented on a small number of children and is potentially disclosive, indicates that data have been suppressed.

3.24 The sum of the breakdowns in the tables may not sum to the total displayed due to rounding.

4. Data Quality and revisions

4.1 The data for all three parts of this publication – looked after children, child protection and secure care – come from administrative data held by local authorities and secure units. As this information is used to monitor and manage these sectors it should be robust and accurate.

4.2 Automated validation checks are undertaken at the point the data are submitted. These validations are outlined in the relevant data specifications (see Background note 3.1 for links).

4.3 The Children and Families statistics team undertake a range of validation checks on administrative data as part of the quality assurance process of preparing this national statistics publication. These procedures include; trend analysis, comparing against other available sources, and checking outliers with data providers. The data providers are then asked to confirm their data – for looked after children and child protection data this confirmation comes from local authorities, for secure care accommodation this confirmation comes from secure units. In cases where concerns about data quality outweigh the value of having an estimated figure publically available, we would not publish that particular information (e.g. legal reason data from the looked after children collection).

4.4 There is more information on the data quality of the administrative sources underlying this publication here:

<http://www.gov.scot/Topics/Statistics/Browse/Children/sourcesandsuitability/StatementAdminSources>

Looked after – comparability over time

4.5 Looked after children statistics for years prior to 2008-09 used data supplied by local authorities aggregated at a local authority level. Since 2008-09, there have been significant improvements in the quality of data reporting as a result of the new individualised collection methodology. This should be borne in mind when performing cross-year comparisons.

4.6 Data collected on children in a current planned series of short-term placements were not collected from 2013/14 onwards – in consultation with local authorities and data users, it was seen to be little-used, and could therefore be dropped from the collection. Historical figures are still available from previous years' publications.

4.7 This publication presents revised 2014-15 data for looked after children, although the changes were minimal (the total is now 0.03% lower).

Looked after – data quality of specific variables

4.8 From 2011-12, local authorities were requested to supply information on all legal reasons for a child being looked after (i.e. a child may have more than one legal reason at any time). While the quality of this information is improving, it is still not being consistently recorded across local authorities. Only information on the legal reasons in place at the 31st July has been published (Table 2.5 in the additional tables).

4.9 The only looked after field for which data is collected but not published is religion. This is due to data quality concerns as each year around two-thirds of children are recorded with religion as 'unknown'.

Child protection

4.10 For the first time in 2012-13 the child protection data were collected entirely at individual level. As there was much more detail and complexity to the 2012-13 data than in previous years there was much more scope for small errors. During the 2015-16 collection process, it was possible for local authorities to revise their 2014-15 data. This, coupled with the possibility of comparing data across two different years, had helped improve on the quality of individual data and the confidence in the accuracy of this.

4.11 Prior to 2011-12, some local authorities did not place 'unborn' children on the child protection register until the child was actually born. The revised National Guidance now states that 'unborn' children should be placed on the child protection register if this is required and not wait until the child is born.

4.12 This publication presents revised 2014-15 data for child protection which has resulted in a 0.5 per cent decrease in the national figure.

Secure care accommodation

4.13 As the number of young people using secure care is very small, relative changes over time will show greater percentage changes than for data relating to children looked after or child protection.

4.14 Information was collected in 2011-12 to help monitor outcomes for the National Contract for Secure Care on whether a full medical assessment was received, an individualised Care/sentenced/remand plan completed, an individualised learning plan based on educational assessment completed and a transition/pathway plan in place. As the contract for secure care continues to develop, this information has become less relevant to the annual collection. To reduce burden on units, we have not collected the information listed above or on information on secure authorisations turned down from 2012-13.

5. Enquiries

Please send any **media enquiries** to:

- Jenny Scott, 0131 244 2939

These data in this publication and **additional tables** on looked after children, child protection and secure care and close support accommodation are available at:

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

Email any requests for **further analysis** to

childrens.statistics@scotland.gsi.gov.uk

Children and Families Statistics
28 March 2017

Annex A

Children's Social Work Statistics 2015-16

Publication tables

Full Excel versions of these tables with additional detail are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

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Additional tables

Excel versions of these tables will be made available here:

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

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A National Statistics publication for Scotland

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Correspondence and enquiries

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Office of the Chief Statistician, Telephone: 0131 244 0442,

e-mail: statistics.enquiries@gov.scot.

How to access background or source data

The data collected for this statistical bulletin may be made available on request, subject to consideration of legal and ethical factors. Please contact children.statistics@gov.scot for further information.

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@gov.scot.

If you would like to be consulted about statistical collections or receive notification of publications, please register your interest at www.gov.scot/scotstat
Details of forthcoming publications can be found at www.gov.scot/statistics

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SOCIAL POLICY, POLICY DEVELOPMENT AND SCRUNITY PANEL

ALCOHOL DIVERSIONARY ACTIVITIES

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of this report is to inform the panel of the applications submitted to the Alcohol Diversionary Fund which are intended to be submitted to Council Executive for approval to release the funds to undertake the activities detailed within the applications.

B. RECOMMENDATION

It is recommended that the Social Policy PDSP notes the applications submitted to the Alcohol Diversionary Fund which are intended to be submitted to Council Executive for approval.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs; being honest, open and accountable; making best use of our resources; working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	None
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	Reduction in the number of underage drinking and antisocial behaviour calls registered with the Community Safety Unit.
V Relevance to Single Outcome Agreement	People most at risk are protected and supported to achieve improved life chances. We live longer, healthier lives and have reduced health inequalities.
VI Resources - (Financial, Staffing and Property)	The budget for 2017/18 is £100,000
VII Consideration at PDSP	None
VIII Other consultations	ADP Alcohol Diversionary Fund Sub-Group on 14 th August 2017 & 23 rd August 2017

D1 TERMS OF REPORT

Background

A new governance process for the Alcohol Diversionary Funding was approved by the Council Executive on 21st January 2014, placing the responsibility for this funding within Social Policy.

The report submitted and approved by the Council Executive, referenced both the Social Policy PDSP and Council Executive role within the new process.

The applications detailed in this paper have met the West Lothian Alcohol Drug Partnership (ADP) Joint Commissioning Plan outcomes as assessed by the Alcohol Diversionary Fund Subgroup meetings on 14th August 2017 and 23rd August 2017.

There are five applications recommended by the ADP Alcohol Diversionary Fund Subgroup. Brief details are:

ADP Partner	Project Name	Funding Request 2017/18
WLYAP	Armada Youth Space	£11,300
WLYAP	Booze You Looze	£9,374
WLYAP	Craigshill Off Beat	£9,716
WLYAP	Blackburn Initiative	£11,720
WLYF	Diversionary Football Project	£15, 347*

*The ADF subgroup recommended a minimum award of £15, 347 to WLYF. This award may increase slightly as the WLYF have been asked to investigate mobile equipment to support the activities.

E. CONCLUSION

The Social Policy PDSP is asked to note the ADP Subgroup recommendations for Alcohol Diversionary Funding and to agree that the applications proceed through to the Council Executive.

F. BACKGROUND REFERENCES

None

Appendices/Attachments:

Appendix 1 - Application form for "Armadale Youth Space" WLYAP

Appendix 2 - Application form for "Booze You Looze" WLYAP

Appendix 3 - Application form for "Craigshill Off Beat" WLYAP

Appendix 4 - Application form for "Blackburn Initiative" WLYAP

Appendix 5 - Application form for "Diversionary Football Project" WLYF

Contact Person: Alan Bell, Senior Manager, Community Care Support and Services
alan.bell@westlothian.gov.uk

Tel: 01506 281937

Jane Kellock, Head of Social Policy

Date of meeting: 12th September 2017

Appendix 1



Application Form

The West Lothian ADP Youth Alcohol Diversionary Fund application form is split into several sections covering different aspects of your initiative or project. Please take some time to ensure the main points are covered in the appropriate place.

Section 1 – Submission details	
TADP Partner	WLYAP- Helen Davis
Name of Key Contact	Helen Davis
Project Title / Name	Armada Youth Space
Have you applied for funding for this same initiative before?	Yes- evaluation for current funding submitted April 2017
<i>If so, an evaluation must have been carried out AND attached before completing the following sections</i>	

Section 2 – The Project	
What outcome targets are set for the project?	<ul style="list-style-type: none"> • Young people's knowledge and awareness is increased of alcohol issues and promotion of positive lifestyles • Work with disengaged young people who are not accessing mainstream services • Changing groups attitudes to alcohol by delivering targeted workshops • Deliver focused group work to young people displaying challenging and risk taking behaviour • Inclusivity, providing transport so that young people in outlying areas can access Youth Space

	<ul style="list-style-type: none"> • Provide diversionary activities for young people on Thursday/ Friday night and at weekend • Deliver Alcohol Brief interventions and 1-1 work and refer to specialised agencies where appropriate • Contribute to reduction of anti-social behaviour in the ward • Young people who are at risk of social exclusion are supported to become responsible citizens, confident individuals and effective contributors
What ward areas will the project cover?	Armadale and Blackridge Ward
Who are the intended beneficiaries of the project?	Young people aged 12- 18 years
Which of the National Outcomes does the project cover?	<ul style="list-style-type: none"> • Our young people are successful learners, confident individuals, effective contributors and responsible citizens • We live longer, healthier lives • We have improved the life_chances for children, young people and families at risk
What local priorities/ outcomes does the project cover?	<ul style="list-style-type: none"> • We are better educated and have access to increased and better quality learning and employment opportunities • We live in resilient, cohesive and safe communities • People most at risk are protected and supported to achieve improved life chances • Priority 3: Improving attainment and positive destinations for school children • Priority 6: Reducing crime and improving community safety • Priority 7: Delivering better outcomes for health

Section 2 – The Project	
How does the project meet the Equalities and Diversity Agenda?	<p>The project is open and inclusive and targets a mix of young people in Armadale/Blackridge ward. The project is very aware of the equalities act 2010 and attempts to ensure it meets the agenda by capturing a balance of ages, genders and ethnic backgrounds.</p> <p>Staff are regularly updated through training on equalities and diversity agenda and groups using space include LGBT, Asperger's and alternative curriculum groups who display chaotic behaviour.</p>
How does the project demonstrate positive engagement with the local community?	<p>The youth services provided from the Armadale Youth Space will be designed to address the needs of local young people and community issues. The use of community consultations, and information gained from the Community Safety Analysts will be used to check trends/ assess needs, particularly in relation to youth anti-social behaviour and alcohol and drug use, ensure communities are genuinely engaged in decisions made.</p> <p>Young people will be consulted and engaged via streetwork in partnership with Community Youth services and West Lothian Youth Action Project, through personal social development sessions at academy and by hosting ward wide events.</p> <p>A local Youth Issues group and information gained through the local authority regeneration team will enable information to be shared with community services including police, health and community groups form statutory and voluntary organisations.</p> <p>Young people engaged in the Youth Space will be consulted and involved in the development of the Armadale partnership Centre and potential future youth facilities in the coming year 2017/18.</p>
How will your project be advertised/ publicised?	Marketing locally through schools, youth clubs, streetwork, community events, community centre, word of mouth, social media and partners of Youth Issues group. Our partnership work will encourage referrals to and from specialised agencies, such as DASAT, Pupil Support teachers etc.
Explain what is new and innovative about this project?	<ul style="list-style-type: none"> The Youth Space is innovative as a standalone youth facility in the ward. It is able to respond to the needs of

	<p>young people and key partners in the ward specific to young people's groups</p> <ul style="list-style-type: none"> • Young people have ownership of the building including development of programmes • Transportation will be provided to young people from outlying communities within the ward allowing access to the youth space. We hope this will break down territorial attitudes and encourage inclusivity and cohesion across the ward • The Youth Issues group will be re – energised in 2017-18, as some previous members have moved on, new members will enable action to be taken when required on a number of issues affecting young people and allow information to be shared across the ward using a range of intervention including; education and prevention, early intervention and support. The group will also act a conduit for consultation for future youth work provision in Armadale. • A successful targeted youth work programme has been in place through the youth space during 2016-17, with a focus being placed on Thursday and Friday night sessions in the facility. Identified individuals who display challenging behaviour and can be involved in substance misuse are provided with a safe space to mix with other young people but also gain support and advice from young workers. • Youth events will be planned with young people and in partnership with local agencies which will promote healthy lifestyles and offer alcohol free alternatives and information in an informal setting • Street work services will be provided to encourage young people from ward and outlying areas to use provision • The facility also offers youth work staff a venue from which to deliver sexual health and C card services. 1-1 individual work is also carried out in the facility with young people identified as having extremely challenging behaviour and/or issues with alcohol and drug use, often leading them to be excluded from or on
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	<p>part time timetables in school. Support sessions are also provided for young people who have experienced domestic abuse.</p> <ul style="list-style-type: none"> • Music and creative arts sessions are also held in the Youth Space, particularly attracting young people who cannot afford or who would not normally be engaged in music etc.
Is this a short term or long term solution/intervention?	<p>The Youth space is a long term intervention which aims to reduce young people's anti social behaviour, delay the age they begin drinking and offer them opportunities to participate in more positive activities and healthy lifestyle choices.</p> <p>The space provides alternative activities at peak times when alcohol use is high, raise awareness of alcohol/ substance misuse and associated risks and offers targeted work to young people.</p> <p>Work is currently being undertaken in the Armadale area to assess what services will be provided in the new Armadale Community Centre.</p>
<p>Please give an outline of the project that will be undertaken including how the project need was identified and its relevance to the West Lothian ADP</p> <p>(maximum 500 words)</p>	<p>The Youth space currently engages with 80-100 young people aged 12+ per week through a variety of groups/ provisions. The various groups using the youth space will provide alternatives to involvement in anti social behaviour and alcohol or substance misuse. Young people will be offered further opportunities to participate in issue based educational sessions focusing on alcohol, lifestyles, sexual health and wellbeing and positive choices.</p> <p>Thursday and Friday Night drop in's will provide activities including graffiti art, music and sports which will keep young people engaged and challenge their current lifestyle choices. A specific project currently running is helping young people in Armadale explore their heritage, language and culture. A professional creative artist is working with the Thursday night group, supported by youth workers. A showcase of this work will be held in the autumn of 2017 at the Youth Space if funding is secured to keep the facility open.</p> <p>The main aims of the drop in's include; delaying alcohol consumption and reducing consumption of older young people, providing alternative activities at peak times when alcohol use is high, raise awareness of alcohol/ substance misuse and associated risks and offer targeted work to young people when required.</p> <p>Youth work staff use ABI's and the delivery of 1-1 referrals to</p>

	<p>specialised services when required. There has been increased focus in early intervention work, targeting S1-S3 young people during the last few months and work has been done to support them to delay their alcohol intake. The Friday evening provision has a high uptake by 12-14 year olds.</p> <p>Individual and small groupwork programmes will continue to be carried out with some of the most vulnerable young people in Armadale, the Youth space provides a safe setting for those who may be experiencing issues with parental substance use, young carers or those who have experience trauma in their lives.</p> <p>A youth event will be held and organised in conjunction with young people. This event will offer young people alcohol free alternatives and an opportunity to be involved in decision making about future planning and provision of Youth work in Armadale.</p> <p>A music project will engage with young people one night during the week as a form of diversionary activity.</p> <p>Times of drop in sessions and other diversionary activities will be defined from consultation and partnership analysis from youth issues and other agencies.</p> <p>Community safety briefings have highlighted an increase in incidents involving young people from Blackridge and alcohol/ substance misuse. The funding will enable the youth space to expand and also continue to provide much needed outreach work in more rural areas including Blackridge and Westfield..</p>		
Project Start Date	25 th September 2017	Project End Date	31 st March 2018

Section 3 – Resources

How much are you applying for the Fund?	
What is the total cost of the project?	<p>Contribution to Youth space coordinator 4 hrs per week x 24 weeks £ 1080</p> <p>Youth event/s - including resources, workshops £ 1,000 (1 larger event or a couple of smaller events – to be decided by young people).</p> <p>Specialist worker inputs including graffiti art,/ photography and</p>

	<p>Sports workshops, health and well - being programmes focusing on alcohol awareness £ 800</p> <p>Weekly music sessions –x2 staff members x 24 weeks £ 2160 (3hours @ £15 p hr)</p> <p>Additional support staff costs for flexible responsive groupwork programmes 1-1 work and sessional worker costs (Variable hours based on need, average 8 hours per week @ hourly rate inc. on costs £ 15.00 p hr x24 weeks.) £ 2880</p> <p>Facility Hire: 10 hours at £10 p/h x 24 weeks £ 2400</p> <p>Outreach work - contribution to transport & diesel £ 480 £20 per week x24</p> <p>Resources for facility & equipment £500 E.G Stationary,</p> <p><u>Total requested = £ 11,300</u></p>
What other funding sources have you obtained, including in-kind / matched funding?	There are substantial in kind donations from West Lothian Youth Action Project (WLYAP) and WL Council Youth Services in terms of staffing the projects. Community Education Worker and Youth Action Project Manager to support the project.
What staffing resources are required to deliver the project?	<ul style="list-style-type: none"> • W.L Council part time Youth Work Staff • WLYAP Youth Work Staff • Specialist support staff- musician, artists and creative skills • Youth Space Co-ordinator
What partner organisations are involved and what will be their contribution?	<ul style="list-style-type: none"> • West Lothian Council - Community youth services will operate a youth programme from the facility and manage part time youth work staff • WLYAP - youth work staff will deliver drop ins and will be involved in streetwork. They will also run the music project and act as line management and payroll for youth space co ordinator. • West Lothian Council Community Regeneration -

	<p>reporting to LAC/ supporting project</p> <ul style="list-style-type: none"> • Armadale Community Education Association - link for banking procedures and community information etc. • Youth Issues group - identifying young people/partners, mentoring new young people and sharing information and resources • LAYC - training/ public liability insurance and registration • Youth Scotland - accredited youth work • Police/ SNT - they attend Youth Issues meetings but also regularly pop into youth space updating staff on information and trends in relation to youth anti-social behaviour and to identify young people at risk and engaging in risk taking behaviour
Highlight how applicants will work together to reduce duplication of service and resources.	<p>The Youth Issues group and Regeneration meetings bring together service providers from a range of council and voluntary services working in Armadale and Blackridge areas. The meetings discuss issues affecting young people, service update and police issues. This system enables services to work together effectively and efficiently and avoid duplication of work throughout the wards. YAP staff and WLC Youth Services staff will work with other local groups and professionals to discuss the best options available for youth work in Armadale, particularly over the coming year with the development of the Partnership centre. Local workers are aware that a new space may need to be found for youth work in coming years.</p>
Please provide evidence of how this project demonstrates preventative spend?	<p>This project focuses on preventive work and early intervention and is attempting to change behaviours early and avoid costly interventions and treatment in later life.</p>

Section 4 – Monitoring and Evaluation

How will you evaluate this project?	<p>The Youth Space will be regularly monitoring and evaluating its practice. Each group will complete recording forms which capture a variety of information including themes/ trends affecting young people. This will then be fed back at Youth</p>
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	<p>Issues meetings and will be used to plan and inform future work.</p> <p>Other methods for measuring achieving outcomes will include;</p> <ul style="list-style-type: none"> • Baselines • Numbers attending • Statistics • Monitoring/ evaluation framework • Number of sessions delivered • Drinking levels and attitudinal change
What monitoring data will be collected for the project?	<p>Each group will record information which includes gender and postcode. Young people's involvement in alcohol usage/ frequency will be collected through ABI's and issues based sessions delivered and through surveys capturing qualitative and quantitative data.</p> <p>Feedback from partners involved directly in youth anti-social behaviour including Police Scotland and West Lothian Youth Action Project will be recorded; this would include numbers of youth calls and statistics.</p> <p>Number of Alcohol Brief Interventions will be recorded – a number of the project youth workers are trained in this.</p>
What outcomes will you achieve?	<ul style="list-style-type: none"> • Provide diversionary activities for young people at peak times where risk taking activity is high including; Thursday/Friday night and at weekend • Intensive 1:1 and focused work with identified young people through partners of the Youth Space • Deliver Alcohol Brief interventions and 1-1 work where appropriate where concerns are identified young people will be encouraged to take up support from specialised services • Empower young people and create confidence through taking ownership of space and decision making of developing programme • Contribute to the reduction in youth related police calls/

	<p>underage drinking calls in the ward</p> <ul style="list-style-type: none"> • Contribute to reduction of anti social behaviour in the ward • Increase young people's awareness of alcohol issues and promote positive lifestyles and changes leading to attitudinal change • Increase partnership organisations capacity to meet the needs of the young people both in Armadale and surrounding villages • Improve attainment and positive destinations for school aged children • Ensure that young people from outlying areas have an opportunity to participate in Youth Space activity by providing transport to the Youth Space • Provide engagement with hardest to reach young people who may be disengaged from mainstream services by completing regular street work • Delivered a focused programme of group work with identified young people who have been referred from Youth Issues and partners
What impact will the project have?	<p>The successful delivery of the proposed projects will aim to impact directly on the attitudes and knowledge young people have towards alcohol and the impact it has on themselves as individuals, their families and the wider community.</p> <p>The promotion of positive lifestyles, diversionary activities and exploring health and wellbeing will address these issues. A youth festival event will provide a wide increase of information, opportunities for educational inputs and alternatives to alcohol use and changes to attitude will be measured through a variety of baselines and recording sheets and ongoing progress monitoring with young people.</p>
Note any possible barriers or threats.	<p>Armadale Youth Space is committed to being inclusive and has displayed this through our planned activity. We are reliant on appropriate incoming referrals for our focused and 1:1 work and realise at times inappropriate referrals can be made.</p> <p>Youth work staff are trained to deal with and challenge</p>

	inappropriate and risk taking behaviour. We realise that by engaging with marginalised groups can be a lengthy process and can take time to establish relationships however through our commitment and values we will remain positive, patient and persistent.
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Section 5 – Validation

This part of the application verifies that all partners are happy with the content and intention contained within the application. For electronic copies received without a signature, the funding panel will assume that all the relevant permissions/approvals and evidence have been sought and attached by the applicant.

Signed on behalf of the project

Name	Organisation	Position
Helen Davis	Youth Action Project	Project Director
Signed	Date	Telephone number
	5 th June 2017	██████████

Section 6 – Your Organisation

ADP / CPP Partner	West Lothian Youth Action Project
Name of Key Contact	Helen Davis
Position in Partnership/ Organisation	Director/ lead partner
Correspondence Address	Craigsfarm, Craigshill,, Maree Walk, Livingston, West Lothian
Tel Number	████████████████████
Email Address	██████████████████

Website	www.wlyap.org.uk

Section 7– Evaluation (POST PROJECT)	
ADP Partner	Evaluation report for 2016 – 17 forwarded in April 2017
Name of Key Contact	
Tel Number	
Project Title / Name	
Was the strategic outcome(s) met?	
How do you know you effected change ?	
What quantifiable outcomes were there?	
What evaluation method did you use?	
Was it value for money?	
What barriers did you face?	
What lessons were learned?	
Has this alleviated the problem or does this issue still exist? What will be the long term solution?	

DATA LABEL: PUBLIC*For Office Use Only*

<i>Reference Number</i>	
<i>Date Received</i>	
<i>Form of Submission</i>	<input type="checkbox"/> <i>Email</i> <input type="checkbox"/> <i>Post</i>
<i>Checked for Completion by</i> <i>(all relevant information is included in form)</i>	
<i>Date Summary Completed</i>	
<i>LAC meeting date</i>	
<i>LAC decision</i>	<input type="checkbox"/> Progress <input type="checkbox"/> Unsuccessful
<i>Op ADP date</i>	
<i>Op ADP recommendation</i>	<input type="checkbox"/> Progress <input type="checkbox"/> Unsuccessful
<i>Final Outcome post Council Executive</i>	
<i>Date Evaluation Received (post project completion)</i>	



Application Form

The West Lothian ADP Youth Alcohol Diversionary Fund application form is split into several sections covering different aspects of your initiative or project. Please take some time to ensure the main points are covered in the appropriate place.

Section 1 – Submission details	
ADP Partner	Excite East Calder – West Lothian Leisure West Lothian Youth Action Project West Lothian Council Sports Unit
Name of Key Contact	Helen Davis
Project Title / Name	Booze You Looze
Have you applied for funding for this same initiative before?	Yes 2016/17 – Evaluation forwarded April 2017
<i>If so, an evaluation must have been carried out AND attached before completing the following sections</i>	

Section 2 – The Project	
What outcome targets are set for the project?	Changing young people's attitudes to alcohol and associated risks Young people at risk are informed about alcohol and associated risky behaviours Improved social behaviour in the community, contribute to

	<p>the reduction in youth anti-social behaviour calls to Police</p> <p>Improved awareness of the benefits of physical exercise and healthy lifestyles</p>
What ward areas will the project cover?	<p>The project is promoted in East Calder and surrounding environs, however, young people from any area of West Lothian are made welcome.</p>
Who are the intended beneficiaries of the project?	<p>Young people aged 12-18</p>
Which of the National Outcomes does the project cover?	<p>Our young people are successful learners, confident individuals, effective communicators and responsible citizens</p> <p>We live healthier longer lives and have improved chances for people at risk</p> <p>We live our lives free from crime, disorder and danger</p>
What local priorities/outcomes does the project cover?	<p>Young people get a range of alternatives to drinking</p> <p>Young people's alcohol consumption is reduced</p> <p>The level of youth and alcohol related disorder in East Calder and environs is reduced</p> <p>Young people's access to sport and healthy choices are increased</p> <p>Young people become more confident individuals and more positive contributors to their communities</p>

Section 2 – The Project

How does the project meet the Equalities and Diversity Agenda?	<p>The project will be open and inclusive, broadening out to encompass a mix of young people from East Calder and immediate surrounding areas. The project will strive to capture a balance of ages, genders and ethnicity making specific initiatives and campaigns to attract participants from a range of backgrounds. At the beginning of the project in 2016/17 the number of females participating was low, direct publicity and targeting young women has resulted in positive increase in young women attending Booze You Looze in the latter stage of the last programme, staff will adopt this strategy again if funding is secured.</p>
How does the project demonstrate positive engagement with the local community?	<p>This project was set up in response to feedback from several consultations with young people and the local community 7 years ago, it has had considerable success with average attendance figures of 30 + young people attending weekly.</p> <p>Local police, youth workers and parents have stated that the service is a valuable provision in the area. We have also received support from West Calder High School in order to promote the facility.</p> <p>The project has proved an excellent partnership with Excite Leisure and WL Council Sports team, staff from all agencies work closely together, sharing knowledge and skills.</p> <p>Project staff have carried out discussion with local people during promotion of the project throughout the year and it has received very positive responses. It significantly reduces the number of young people on the streets in this geographical area and provides a positive healthy facility on Friday afternoons, a high risk time for young people to congregate and at times try to access alcohol.</p>
How will your project be advertised/publicised?	<p>Marketing locally through local schools and youth clubs, WLYAP streetwork, the Community Notice Board, Health Centre, Booze You Looze has a Facebook page monitored by WLYAP, a range of other community projects, word of mouth through families, sports coaches, mentors and peer leaders.</p>
Explain what is new and innovative about this project?	<p>This project is not new but is innovative as a joint partnership with Excite Leisure and other partners to have sole use of a sports facility for a Friday afternoon. A steering group made up of all partner agencies and Police, monitor the development of the project ensuring that it addresses alcohol consumption, healthier lifestyles and antisocial behaviours using a range of interventions including Education and Prevention, Early Intervention and Intensive Support if</p>

	required.
Is this a short term or long term solution/intervention?	The project is a long term initiative making a contribution to change and delivery of local and national objectives.
<p>Please give an outline of the project that will be undertaken including how the project need was identified and its relevance to the West Lothian ADP</p> <p>(maximum 500 words)</p>	<p>Resources will be used to provide a youth activity based drop-in from 1 – 4.30pm on Friday afternoons from September 2017 – March 2018. The facility will be situated at the East Calder Sports Centre and will be aimed at young people aged 12 –18. There will be a small charge of £ 1.00 per week, these funds will be collected, recorded and used for the purchase of new equipment or activities out with the Sports centre. Young people will have the opportunity to access an array of services in an environment that they feel safe in. The project will provide young people the chance to take part in a variety of sports and healthy activities. Youth workers supporting the project will also provide young people with information on topics such as further education, general health, diets, relationships, budgeting etc, therefore allowing them to become better informed of the opportunities available and to build resilience.</p> <p>The project will also focus on educating young people about the effects of drugs and alcohol, not only to themselves but to their communities.</p> <p>We aim to attract at least 30 young people at each session, it is an open project therefore numbers fluctuate, it is anticipated that between 70-100 different young people will use the facility between September – March.</p> <p>Partners will be involved in the provision of taster sessions; this will include specialised sports taught by professional staff.</p> <p>Structured sessions will be planned around national campaigns; for example no smoking day, Internet Safety and fire safety initiatives.</p> <p>Young people also have access to an area at the back of the sports centre where they can talk to staff and at times get involved in arts and craft and general information sessions as an addition to the sports sessions. It is here that young people often seek advice and support from staff on a range of issues as mentioned previously.</p> <p>Regular sessions will be included to raise awareness of the dangers of alcohol and its effects. Rickter assessments will be carried out with young people requiring additional support. These assist staff and young people to identify the areas of young people's lives where they may require some additional help, e.g. with, alcohol & substance use relationships, education, etc.</p> <p>Referrals may also be made to specific partner agencies if need is identified. Agencies such as Youth Justice/ Social</p>

	<p>Work and the Whole Family Support Service have referred young people to this project on several occasions.</p> <p>Volunteering and coaching opportunities will also be offered to a number of young people.</p> <p>Key staff members are trained to deliver Alcohol Brief Interventions and these will be carried as appropriate throughout the programme</p>		
Project Start Date	September 2017	Project End Date	31st March 2018

Section 3 – Resources

How much are you applying for the Fund?	£9374		
What is the total cost of the project?	Project coordinator x 6 hrs per week x 24 weeks – 4 hours direct delivery – 2 hours prep/ evaluation/ promotion etc		£ 2614
	3 sessional workers		£ 2880
	Hire of East Calder Sports Centre		£ 3000
	Operational budget – Sports Equipment/ stationary/ arts and craft materials etc.		£ 500
	Administrative support – payroll/ invoicing partner agencies etc.		£ 380
		Totals	9374
What other funding sources have you obtained, including in-kind / matched funding?	<p>Substantial in-kind contributions from many sources including support from Excite sports centre staff. Community Police, Fire & Rescue, Specialist Sports and Fitness Coaches.</p> <p>Management support and administrative assistance is supported in kind by West</p>		

What staffing resources are required to deliver the project?	1 project co-ordinator 2 part-time members of staff Use of East Calder Sports centre every Friday afternoon Assistance from Qualified Sports centre staff and Active Schools officer. Support from Community Police Officers – when available Sports equipment Occasional use of WLYAP minibus for trips/ excursions
What partner organisations are involved and what will be their contribution?	Excite- West Lothian Leisure , WLYAP, WLC Active Schools worker, Police Scotland etc The steering group for the project meet every 2 months to ensure a joined up cohesive approach with expert inputs over the project period and linkage to complementary services for lasting impact and tracking progress of outcomes over time.
Highlight how applicants will work together to reduce duplication of service and resources.	Each of the agencies involved will offer different yet complementary interventions with coordination to link with each other for greater impact and avoid duplication: There are no other services providing any activity programmes or alcohol diversion work in the East Calder area on Friday afternoons.
Please provide evidence of how this project demonstrates preventative spend?	This project will intervene with a key age group to change behaviours early and avoid costly interventions at a later stage. This will deliver benefits earlier through preventative spend . This is in line with leading thinking and the recommendations of the Christie Commission which calls for Local Authorities to prioritise Prevention activity to reduce inequalities and make early interventions. This preventative project will deliver a collaborative culture through our public services that tackle the deep-rooted social problems around alcohol and young people that persist in our community. Experimental drug use is also addressed with young people attending this project, education around risk taking behaviour at this stage of young people's lives can reduce the likelihood of problematic drug use in later life and therefore any cost to NHS/ Police etc.

Section 4 – Monitoring and Evaluation

How will you evaluate this project?	As this is a multi-agency partnership a variety of evaluation tools will be used involving partners, practitioners and young people themselves and evaluation will be composited by each partner at the end of the project. A project monitoring and evaluation framework designed By ADP officers will be used to capture the achievements, covering quantitative and qualitative approaches.. Examples include measurements covering project activities, outputs and outcomes over time including evidence of risk awareness, attitudinal change, drinking levels, risk taking
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	and improvements in knowledge, behaviour & lifestyle change and physical fitness levels. Staff will carry out Alcohol Brief Interventions as deemed necessary with participants.
What monitoring data will be collected for the project?	Performance monitoring will be carried out to gather a range of data including number of attendees, referrals and youth calls to the area; completion records, awareness levels and certificate attainment levels.. The Project Steering group will meet to evaluate progress and produce quarterly reports with metrics and explanatory commentary. Data from survey returns and self-evaluation by beneficiaries will be compiled and ABI details recorded, as well as showing the project effects overall.
What outcomes will you achieve?	<p>A change in young people's attitudes to alcohol, drugs, associated risks and increased knowledge of the harm substances can cause.</p> <p>Young people at risk are better informed about alcohol and associated risky behaviours</p> <p>Improved social behaviour in the community and a contribution to the reduction in youth anti-social behaviour calls to Police</p> <p>An increased involvement of young people in physical activity and a greater understanding of the benefits of exercise.</p> <p>Referrals to appropriate support services will be made for young people and their family members if the need is identified.</p>
What impact will the project have?	The project will have a positive impact on young people, families and the community. An initial range of healthy activities and educational initiatives will inform, encourage and build self-efficacy for young people, working towards longer term change and a reduction in harm and risky anti-social behaviour. This can have wider impacts and legacy effects, as well as positive peer influence to assist in sustaining initial behaviour change. The strong local partnership approach and involvement of local agencies will ensure that the elements of the project work together for greater impact. The combination of interventions in the project has been designed for impact rather than just one intervention alone or an intervention by one agency alone.
Note any possible barriers or threats.	Some of the targeted young people will come from hard to reach groups. Some will be looked after, others may be coping with drug and alcohol use in the wider family and some will be using substances themselves. The project will work hard to reach these groups and influence through involvement to change behaviour. However, we recognise the difficulties and make

	allowance for the barriers presented by entrenched family and community culture.
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Section 5 – Validation

This part of the application verifies that all partners are happy with the content and intention contained within the application. For electronic copies received without a signature, the funding panel will assume that all the relevant permissions/approvals and evidence have been sought and attached by the applicant.

Signed on behalf of the project

Name	Organisation	Position
Helen Davis	W.L. Youth Action Project	Project Director
Signed	Date	Telephone number
	8/6/17	

Section 6 – Your Organisation

ADP / CPP Partner	West Lothian Youth Action Project
Name of Key Contact	Helen Davis
Position in Partnership/ Organisation	Project Director
Correspondence Address	Craigsfarm Campus Maree Walk, Livingston
Post Code	EH54 5BP
Tel Number	[REDACTED] [REDACTED]

DATA LABEL: PUBLIC

Email Address	
Website	www.wlyap.org.uk

Section 7– Evaluation (POST PROJECT)	
ADP Partner	WLYAP
Name of Key Contact	Helen Davis
Tel Number	
Project Title / Name	
Was the strategic outcome(s) met?	
How do you know you effected change ?	
What quantifiable outcomes were there?	
What evaluation method did you use?	
Was it value for money?	
What barriers did you face?	
What lessons were learned?	
Has this alleviated the problem or does this issue still exist? What will be the long term solution?	A full evaluation report was submitted in April 2017, following the end of the funding period for 2016/17.

DATA LABEL: PUBLIC*For Office Use Only*

<i>Reference Number</i>	
<i>Date Received</i>	
<i>Form of Submission</i>	<input type="checkbox"/> <i>Email</i> <input type="checkbox"/> <i>Post</i>
<i>Checked for Completion by</i> <i>(all relevant information is included in form)</i>	
<i>Date Summary Completed</i>	
<i>LAC meeting date</i>	
<i>LAC decision</i>	<input type="checkbox"/> <i>Progress</i> <input type="checkbox"/> <i>Unsuccessful</i>
<i>Op ADP date</i>	
<i>Op ADP recommendation</i>	<input type="checkbox"/> <i>Progress</i> <input type="checkbox"/> <i>Unsuccessful</i>
<i>Final Outcome post Council Executive</i>	
<i>Date Evaluation Received (post project completion)</i>	



Application Form

The West Lothian ADP Youth Alcohol Diversionary Fund application form is split into several sections covering different aspects of your initiative or project. Please take some time to ensure the main points are covered in the appropriate place.

Section 1 – Submission details	
TADP Partner	West Lothian Youth Action Project Community Arts Service
Name of Key Contact	Helen Davis [REDACTED]
Project Title / Name	Craigshill - Offbeat
Have you applied for funding for this same initiative before?	Yes, as part of a combined project bid for 2016/17, slight variation. Evaluation forwarded in April 2017.
<i>If so, an evaluation must have been carried out AND attached before completing the following sections</i>	

Section 2 – The Project	
What outcome targets are set for the project?	<p>Changing young people's attitudes to alcohol and associated risks.</p> <p>Young people at risk are informed about alcohol and associated risky behaviours</p> <p>Improved behaviour in the community contributes to the reduction in youth antisocial behaviour calls to police.</p>

	<p>Provide alcohol Brief Interventions, 1-1 support and referrals to other specialised agencies if required.</p> <p>Increase young people's skills and confidence levels through creative arts/ music and employability sessions</p>
What ward areas will the project cover?	<p>Craigshill and surrounding areas.</p> <p>Young people from any area will be made welcome.</p>
Who are the intended beneficiaries of the project?	<p>Young people aged 12-19 years</p>
Which of the National Outcomes does the project cover?	<p>Our young people are successful learners, confident individuals, effective communicators and responsible citizens.</p> <p>We live longer happier lives and have improved chances for people at risk</p> <p>We live our lives free from crime, disorder and danger.</p>
What local priorities/ outcomes does the project cover?	<p>Young people have an alternative to drinking, and an increased awareness of healthy alternatives.</p> <p>Young people's alcohol consumption is reduced</p> <p>Increased knowledge of the risks associated with alcohol and drug use.</p> <p>The level of youth alcohol related disorder is reduced</p> <p>Priority 3 – Improving attainment and positive destinations for children of school age.</p> <p>Priority 6 – Reducing crime and improving community safety.</p>

Section 2 – The Project

How does the project meet the Equalities and Diversity Agenda?	The project will be open and inclusive; anti discriminatory practice will be at the core of the service. We will strive to ensure that young people participating in the project will be from a wide range of ethnic and social economic backgrounds. The partners involved have a history of welcoming young people from the LGBT and ethnic minority communities and intends to continue this.
How does the project demonstrate positive engagement with the local community?	<p>This project is in response to local feedback from the community and young people consulted by staff from the youth Action Project and other partners</p> <p>The East Calder/ East Livingston youth providers group supports the development of youth provision in the area and shares information through other local community groups.</p>
How will your project be advertised/ publicised?	The project will be advertised through local youth clubs, shops, community buildings, street work staff, youth workers, police and local young people who are adept at using social media networks for communicating.
Explain what is new and innovative about this project?	<p><u>Offbeat</u> was originally designed to challenge the attitudes and behaviours of local hard to reach young people. A strong partnership has existed for 7 years through the local youth providers group who intend to continue strengthening and developing the services provided in Craigshill, addressing the issues of alcohol consumption, anti-social behaviour, health inequalities and low levels of aspiration amongst young people using a range of creative approaches, education and active discussion.</p> <p>The use of creative arts is an innovative way for young people to express their issues and partners wish to expand these opportunities.</p> <p>The Youth Action Project was successful in gaining the Grassroots funding to produce a piece of public art in the Craigshill area from the summer of 2017 – March 2018. If funding is approved young people involved in Offbeat will form an integral part of that project as well as developing their own programmes.</p>
Is this a short term or long term solution/intervention?	This is a long term project engaging with young people in our community who engage in risky behaviour and have limited positive local alternatives to this project. It offers young people the opportunity to participate in positive alternatives to drinking on a Friday afternoon at the Offbeat project.

<p>Please give an outline of the project that will be undertaken including how the project need was identified and its relevance to the West Lothian ADP</p> <p>(maximum 500 words)</p>	<p>Offbeat will focus on alcohol and drug prevention and reduction; it will target young people known to be involved in anti social behaviour in Craigshill who have not previously attended the Offbeat project, in addition to known local young people. We aim to work with 20-30 young people on a weekly basis.</p> <p>Through the strong partnership working of the agencies involved in Offbeat, young people have established meaningful relationships with staff, learned new skills in a variety of arts, media and music. Through the delivery of workshops and groupwork discussions they have also developed a wider knowledge of healthy lifestyles through cooking sessions and Drug and alcohol advice sessions. This proposed project will broaden the provision</p> <p>Offbeat staff will promote the service to a wider group of young people liaising with police and WLYAP streetwork staff to ensure we target those most at risk of alcohol or substance use or whose families are known to be involved in alcohol issues. The project will continue to develop young peoples skills and creativity with skilled artists who can share their expertise and motivation to local young people, educating and broadening their horizons and opportunities therefore, reducing their likelihood to engage in negative choices such as criminality and substance use. The music and media programmes delivered by specialist workers will focus on the negative aspects of substance use.</p> <p>The project will be held every Friday afternoon within Riverside Youth wing in Craigshill. This area has previously had negative opinions expressed about it and is within an area of deprivation; however, young people are comfortable with this facility.</p> <p>Young people will work with youth work staff and agencies such as Arts Services and Almond Housing to identify issues in their communities that they would like to address/ improve and will construct a programme of activities to reflect and work on these issues.</p> <p>The Youth Action Project Streetwork team, Police and analysts monitor the levels of Youth ASB in Craigshill; they can quickly escalate at times, we therefore need to ensure that services are addressing this issue by working with local youths to help them feel integrated and valued part of their community. A sense of purpose and worth reduces young people's engagement in poor choices and destructive behaviour. There are several pieces of evidence to demonstrate this is</p>
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	<p>Craigshill, the murals on the underpasses, old library wall and more recently the community garden have all been produced or had involvement from young people involved in Offbeat over the years and little or no damage to this work has been done.</p> <p>Other services provided within Offbeat will be advice on the consequences of risk taking behaviour, sexual health advice, a C card service and Alcohol Brief interventions will be used to monitor alcohol use, with referrals made to specialist services if required, or intensive support through the Early & Effective Intervention service.</p>		
Project Start Date	September 2017	Project End Date	March 31st 2018

Section 3 – Resources	
How much are you applying for the Fund?	<p>Costs based on a 24 week programme, (staff inc. on costs)</p> <p><u>Offbeat</u></p> <p>X 2 youth workers – 4 hours per week x 24 weeks £ 2880</p> <p>Specialist creative arts tutor based on £ 100 per session inc. travel and materials</p> <p>£ 2000</p> <p>Specialist music tutors x 2 £ 3456</p> <p>Equipment and resources e.g. stationary/ arts and craft materials, strings and drum sticks for music, stationary £ 800</p> <p>Diesel/ transport costs for appropriate visits/ excursions £ 200 (Minibus supplied by YAP)</p> <p>Administrative support – payroll etc - £ 380</p> <p><u>Total Project Cost</u> = £ 9716</p>
What is the total cost of the project?	£ 9716
What other funding sources have you obtained, including in-kind / matched funding?	Substantial in-kind contributions from sources such as police, fire service, Almond Housing, SDS, Health Improvement team, LGBT workers etc. Management, co-ordination, fundraising support and transport from WLYAP and Arts Services.

What staffing resources are required to deliver the project?	2 youth workers, 2 specialist music workers, specialist freelance artists contracted for specific
What partner organisations are involved and what will be their contribution?	<p>WLYAP – provide youth work staff to support young people in all aspects of the projects including Alcohol brief interventions. Staff will also run the weekly drop in. Specialist musicians to encourage creativity and expression through music.</p> <p>WLC Arts Services- Provision and Management of specialist artists from a variety of creative genres.</p> <p>Many other partners will contribute to specific one off or short intervention sessions e.g. Police, Fire Service, LGBT, SDS, Youth Scotland & LAYC – Accredited youth work.</p>
Highlight how applicants will work together to reduce duplication of service and resources.	The Youth Providers group will play an important role in ensuring all partners and those providing specific inputs into the projects will work in a cohesive and joined up approach. The reason for this application being jointly planned and agreed by the Youth providers group is to avoid duplication. The Youth Action Project will be the administrator of the fund but will be an equal partner in the delivery of services. Project services will be discussed at meetings and minutes distributed to all members including those who are not able to attend meetings regularly but whose contributions are valued.
Please provide evidence of how this project demonstrates preventative spend?	<p>This partnership project will provide intervention with a key age group, providing education and preventative approaches that will contribute to a cultural change within our communities around drug and alcohol misuse and antisocial behaviour. The benefits of this early intervention will result in a preventative future spend which could be needed to address issues in the years to come.</p> <p>This is in line with leading thinking and the recommendations of the Christie Commission report which calls for Local Authorities to reduce inequalities and prioritise early intervention.</p>

Section 4 – Monitoring and Evaluation

How will you evaluate this project?	<p>As this is a Multi agency partnership project involving young people at a key age in their lives we will use a variety of evaluation tools.</p> <p>Each educational input by partners will be individually evaluated.</p> <p>Baseline evaluations will be carried out with young people as</p>
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	<p>well as follow up evaluations designed to measure impact and changes in attitude; these will cover both Quantitative and Qualitative methodologies.</p> <p>Police statistics will be used to measure impact in terms of youth</p> <p>Trained youth workers will carry out ABI's with appropriate young people.</p> <p>Individual case studies evidencing progress</p>
What monitoring data will be collected for the project?	<p>Performance monitoring will be carried out to gather a range of data including attendance, age, address, youth calls, referrals, levels of awareness and achievements and accreditation levels</p> <p>Baseline evaluations will be completed along with distance travelled questionnaires in order to show individual impact on young people.</p> <p>The number of ABI's carried out</p> <p>Number of young people moving into positive destinations will be measured and evidenced</p> <p>Information relating to Outcome measures will also be collected and recording forms will be completed after each session.</p> <p>Quarterly reports will be forwarded to ADP Officers using the approved framework approved, detailing evidence on data from surveys/ questionnaires, self evaluations from beneficiaries together with a sample of case studies.</p>
What outcomes will you achieve?	<p>A change in young people's attitudes towards drugs and alcohol and related behaviours.</p> <p>Young people will have increased awareness of alcohol misuse and related behaviour including consequences.</p> <p>A contribution to the reduction in youth alcohol related calls to police.</p> <p>Increased levels of confidence for participants</p> <p>Increased engagement of young people in positive activities and new learning opportunities.</p>
What impact will the project have?	<p>This project will have a positive impact on the participants, their families and the local community. An increase in knowledge, new skills, participation and self efficacy amongst young people</p>

	<p>involved in the projects. The strong and growing local partnerships in Craigshill will ensure the maximum impact of these projects, services are no longer working in isolation with just one intervention we are operating collectively to improve the lives of young people, their families and community.</p> <p>We intend to reduce the number of young people involved in regular alcohol use and anti social behaviour.</p>
Note any possible barriers or threats.	<p>The targeted young people are hard to reach and it is possible that the project may be unable to engage with all those individuals and families who are entrenched in substance use or involved in persistent offending. This barrier is very real but local and experienced workers will endeavour to create a culture change within this small minority of the Craigshill community.</p>

Section 5 – Validation

This part of the application verifies that all partners are happy with the content and intention contained within the application. For electronic copies received without a signature, the funding panel will assume that all the relevant permissions/approvals and evidence have been sought and attached by the applicant.

Signed on behalf of the project

Name	Organisation	Position
Helen Davis	West Lothian Youth Action Project	Project Director
Signed	Date	Telephone number
	8-6-2017	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80px; height: 15px;"></div>

Section 6 – Your Organisation

ADP / CPP Partner	West Lothian Youth Action Project
Name of Key Contact	Helen Davis
Position in Partnership/ Organisation	Project Director

DATA LABEL: PUBLIC

Correspondence Address	Craigsfarm Maree Walk, Craigshill, Livingston
Post Code	EH54 5BP
Tel Number	[REDACTED]
Email Address	[REDACTED]
Website	www.wlyap.org.uk

Section 7– Evaluation (POST PROJECT)	
ADP Partner	Youth Action Project
Name of Key Contact	Helen Davis
Tel Number	
Project Title / Name	
Was the strategic outcome(s) met?	
How do you know you effected change ?	
What quantifiable outcomes were there?	
What evaluation method did you use?	
Was it value for money?	
What barriers did you face?	.
What lessons were learned?	
Has this alleviated the problem or does this issue still exist? What will be the long term solution?	Evaluation forwarded in April 2017

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<i>Reference Number</i>	
<i>Date Received</i>	
<i>Form of Submission</i>	<input type="checkbox"/> <i>Email</i> <input type="checkbox"/> <i>Post</i>
<i>Checked for Completion by</i> <i>(all relevant information is included in form)</i>	
<i>Date Summary Completed</i>	
<i>LAC meeting date</i>	
<i>LAC decision</i>	<input type="checkbox"/> Progress <input type="checkbox"/> Unsuccessful
<i>Op ADP date</i>	
<i>Op ADP recommendation</i>	<input type="checkbox"/> Progress <input type="checkbox"/> Unsuccessful
<i>Final Outcome post Council Executive</i>	
<i>Date Evaluation Received (post project completion)</i>	



Application Form

The West Lothian ADP Youth Alcohol Diversionary Fund application form is split into several sections covering different aspects of your initiative or project. Please take some time to ensure the main points are covered in the appropriate place.

Section 1 – Submission details	
TADP Partner	West Lothian Youth Action Project
Name of Key Contact	Helen Davis
Project Title / Name	Blackburn Initiative
Have you applied for funding for this same initiative before?	Yes – As part of a combined West Lothian wide bid in 2016 -17
<i>If so, an evaluation must have been carried out AND attached before completing the following sections</i>	

Section 2 – The Project	
What outcome targets are set for the project?	Changing young people's attitudes to alcohol and associated risks Young people at risk are informed about alcohol and associated risky behaviours Improved social behaviour in the community: Reduction in youth anti-social behaviour calls to Police Improved levels of confidence and more positive lifestyle

	<p>choices of group participants</p> <p>To ensure that young people most marginalised and disadvantaged in the Blackburn Community are encouraged and involved in the development and use of the new Partnership Centre in Blackburn and WLC Regeneration plans.</p>
What ward areas will the project cover?	Blackburn
Who are the intended beneficiaries of the project?	Young people aged 12-18
Which of the National Outcomes does the project cover?	<p>Our young people are successful learners, confident individuals, effective communicators and responsible citizens</p> <p>We live longer, healthier lives and have reduced health inequalities.</p> <p>We are better educated and have access to increased and better quality learning and employment opportunities</p> <p>We live our lives free from crime, disorder and danger</p>
What local priorities/outcomes does the project cover?	<p>Young people get a range of alternatives to alcohol consumption and a wider understanding of the risks associated to alcohol and substance use</p> <p>Young people's alcohol consumption is reduced</p> <p>The level of youth and alcohol related disorder is reduced</p> <p>Young people are better educated and have support to be included in decision making processes for them and their communities. – Inclusion of young people in the the Regeneration process.</p>

Section 2 – The Project	
How does the project meet the Equalities and Diversity Agenda?	The project will be open and inclusive, broadening out to encompass a mix of young people from Blackburn. It will strive to capture a balance of ages, genders and ethnic backgrounds making specific initiatives and campaigns to attract participants from a range of backgrounds.
How does the project demonstrate positive engagement with the local community?	This project has been set up in response to feedback from several consultations with young people, the local community and partner agencies. This has led to the project and shaped the focus and content The project takes into account what was successful in the previous project work in the Blackburn area.
How will your project be advertised/publicised?	Marketing locally through local schools and youth clubs, the CAB, Community Centre, Blackburn Facebook page, Blackburn United Community Football Club, WLYAP streetwork and a range of other community projects, word of mouth through families, peer leaders. Also in the new Partnership Centre, when it opens.
Explain what is new and innovative about this project?	<p>The projects below are not new but will evolve and change during 2017 -18, as the New Partnership Centre will open in the autumn of 2017 in Blackburn. The Youth Action Project has worked closely with the existing community centre staff. Local Police, Community Action Blackburn and local High schools to identify and build up working relationships with some of the more challenging young people from Blackburn.</p> <p>The recently formed Community Regeneration group, involving many of the agencies mentioned above, have identified the need to engage young people in the regeneration process, however, this is necessary to ensure the success of future plans for the area.</p> <p>The Youth Action Project aim to continue to engage with those most hard to reach to be involved in community decisions.</p> <p>We will need to work on substances as a whole with this group of young people in Blackburn as we have historical knowledge that alcohol is rarely used in isolation but as part of a poly drug use culture.</p>
Is this a short term or long term solution/intervention?	The funding period is for 6 months; however, the project work will also make a contribution to longer term change and delivery of local and national objectives.
Please give an outline of the project that will be undertaken including how the project need	<p>Prevention and Education</p> <p>West Lothian Youth Action Project and associated partners</p>

<p>was identified and its relevance to the West Lothian ADP</p> <p>(maximum 500 words)</p>	<p>will run informal sessions and specific targeted groupwork programmes for young people in the Blackburn area.</p> <p>A specific drop-in session will be held in the new Partnership Centre, once per week, on an evening still to be confirmed, once the new Centre is opened. Targeted diversionary activities will be offered, identified by young people, encouraging new opportunities and positive alternatives to alcohol and drug use. (e.g. music/creative arts/photography/sports). Although informal it is an important time for staff to assist young people with issues that have occurred during the weekend, often alcohol related, education issues and at times quite complex family situations.</p> <p>Staff running the sessions are trained to carry out Brief Interventions and encourage young people and their families to utilise complementary support provided by partner agencies such as CAB and WLDAS/ Circle.</p> <p>Two intensive support programmes will be run for identified young people who are struggling with mainstream education, and employment. Specific tailored programmes will be developed with young people to address the issues that are causing them to make negative life choices. These programmes will be developed with partners such as MCMC team, education staff (Schools and WL College) including the Burnhouse Skills Centre, CAB, Police/Fire Service. There will be 2 x 10 week programmes during 2017/18. Members of the group will receive certificates of attendance/completion & First Aid certificates. They will also gain an SVQ module in joinery and potentially other modules dependent upon need. There will also be a presentation of the groups' achievements to interested parties.</p> <p>These programmes have proved successful in previous years with attendance at these groups being high from participants even though they often have very poor attendance at mainstream school.</p> <p>The levels of alcohol and drug use by these young people, many of whom will be at significant risk of making poor life choices will be measured using ABI's and other recognised assessments. Specific 1-1 Intervention work will be carried out with individual members for these groups as required. Many of the young people involved in these groups will have chaotic lifestyles that require follow up and home visits to discuss issues with family members.</p> <p>Therefore a budget has been put into the bid to ensure that an experienced youth worker can offer this intensive support to identified individuals. The worker will liaise closely with education colleagues/ Social work/ Youth Justice, health professionals etc.</p>
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Project Start Date	Late September 2017	Project End Date	March 31st 2018

Section 3 – Resources	
How much are you applying for the Fund?	£ 11720
What is the total cost of the project?	<p>Staff - inc. on costs</p> <p>WYLAP Staff costs for drop-in sessions, 2 staff x 3.5 hours @ £15ph x 24 weeks = £ 2520</p> <p>Specialist support staff – music/ artists/ creative arts/ sports coaches/technical skills training = £500</p> <p>One to one support costs/ follow up (average 4 hours per week x 20 weeks @ £ 18 p hr – Senior worker level) £ 1440</p> <p>Staff for intensive support groups = £2000 (8 hours per week x 2 staff inc planning and prep x 22 weeks inc preparation weeks @ £ 15 p hr £ 5280</p> <p>Resources/ equipment for all groups – Drop in - £ 400 – art materials/ guitar strings/ stationary etc. Intensive groups - £ 800 – materials for the workshop sessions etc.</p> <p>Transport costs: Diesel for minibus/ staff travel £400 - £ 20 per week for groupwork programmes.</p> <p>Administrative costs – payroll etc. £ 380</p>
What other funding sources have you obtained, including in-kind / matched funding?	<p>Substantial in-kind contributions from many sources including use of the Community Centre; involvement of partner agencies and individuals in the delivery of education and awareness sessions e.g. Community Police, Community safety Unit, Fire & Rescue, Arts/ Music workers, Careers & Employment Advisors.</p> <p>Management support, project resources such as workshop and vehicle use from WLYAP in kind.</p>
What staffing resources are required to deliver the project?	<p>Youth workers – variable hours</p> <p>Specialist workers for sessions held within drop-ins and intensive support groups</p>

What partner organisations are involved and what will be their contribution?	West Lothian Youth Action Project; Community Action Blackburn & West Lothian Council staff; will contribute to the delivery of the project in specific roles within the Project Description above. This will ensure a joined up cohesive approach with expert inputs over the project period and linkage to complementary services for lasting impact and tracking progress of outcomes over time.
Highlight how applicants will work together to reduce duplication of service and resources.	Each of the agencies involved will offer different yet complementary interventions with coordination to link with each other for greater impact and avoid duplication: Community Action Blackburn and the Community Regeneration group will be the conduits for this work, assisting with identifying need and promotion.
Please provide evidence of how this project demonstrates preventative spend?	The project will intervene with a key age group to change behaviours early and avoid costly intervention and treatment later. This will deliver benefits earlier through preventative spend and reduce costs. This is in line with leading thinking and the recommendations of the Christie Commission which calls for Local Authorities to prioritise Prevention activity to reduce inequalities and make early interventions. This preventative project will deliver a collaborative culture through our public services that tackle the deep-rooted social problems around substance use and a lack of aspiration that persists for a number of young people in the Blackburn community.

Section 4 – Monitoring and Evaluation	
How will you evaluate this project?	A variety of evaluation tools will be used involving partners, practitioners and young people. Quarterly reports using the agreed monitoring framework will be forwarded to the ADP
What monitoring data will be collected for the project?	Performance monitoring will be carried out to gather a range of data including number of attendees, referrals and youth calls; completion records, awareness levels and certificate attainment levels relating to outcomes. Involvement of experienced staff will ensure that aspects of the project will be measured against West Lothian Council's Outcome measures. An end of project report will gather evidence and data from survey returns and self-evaluation by beneficiaries as well as showing the project effects overall.

What outcomes will you achieve?	<p>A change young people's attitudes to alcohol and associated risks</p> <p>Young people at risk are informed about alcohol and associated risky behaviours</p> <p>Improved social behaviour in the community: Contribute to the reduction in youth anti-social behaviour calls to Police</p> <p>Improved life choices and opportunities for the young people involved in the intensive support groups</p> <p>An increased number of young people from Blackburn engaging in decision making processes within their community</p>
What impact will the project have?	<p>The project will have a positive impact on young people, families and the community. A range of healthy activities, drop- in programmes and educational initiatives will inform, encourage and build self-confidence , working towards longer term change and a reduction in harmful substance use and risky anti-social behaviour. This can have wider impacts and legacy effects as well as positive peer influence to assist in sustaining initial behaviour change.</p> <p>The Intensive support groups will lead young people to improve their knowledge base and broaden positive life choices.</p>
Note any possible barriers or threats.	<p>Given Blackburn's demographics, some of the targeted young people will come from hard to reach groups. Some will be looked after, some will be coping with drug and alcohol use in the wider family and some will be using substances themselves. The project will work hard to reach these groups and influence through involvement to change behaviour. However, we recognise the difficulties and make allowance for the barriers presented by entrenched family and community culture.</p>

Section 5 – Validation

This part of the application verifies that all partners are happy with the content and intention contained within the application. For electronic copies received without a signature, the funding panel will assume that all the relevant permissions/approvals and evidence have been sought and attached by the applicant.

Signed on behalf of the project

Name	Organisation	Position
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Helen Davis	West Lothian Youth Action Project	Project Director
Signed	Date 10/6/17	Telephone number [REDACTED]

Section 6 – Your Organisation

ADP / CPP Partner	
Name of Key Contact	Helen Davis
Position in Partnership/ Organisation	Project Director
Correspondence Address	Craigsfarm Campus, Maree Walk, Craigshill, Livingston
Post Code	EH54 5BP
Tel Number	[REDACTED]
Email Address	[REDACTED]
Website	

Section 7– Evaluation (POST PROJECT)	
ADP Partner	
Name of Key Contact	
Tel Number	
Project Title / Name	
Was the strategic outcome(s) met?	
How do you know you effected change ?	
What quantifiable outcomes were there?	
What evaluation method did you use?	
Was it value for money?	
What barriers did you face?	
What lessons were learned?	
Has this alleviated the problem or does this issue still exist? What will be the long term solution?	

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<i>Op ADP recommendation</i>	<input type="checkbox"/> <i>Progress</i> <input type="checkbox"/> <i>Unsuccessful</i>
<i>Final Outcome post Council Executive</i>	
<i>Date Evaluation Received (post project completion)</i>	

Appendix 5



WEST LOTHIAN DRUG AND ALCOHOL PARTNERSHIP

Fund to support Youth Alcohol Diversionary Activities

What is this grant fund?

The West Lothian Alcohol and Drug Partnership invite applications for funding which will contribute to outcomes related to drinking behaviour in our young people.

Who can apply?

Applications are invited from across the Partnership and from the private sector.

What will be funded?

Alcohol diversionary activities targeted at young people will be considered for funding. Applications must show that the proposal will focus on achieving contributions to the following outcomes:

- Reducing antisocial behaviour
- Delivery of 1:1 alcohol brief interventions (ABIs)
- Changing group attitudes to drinking

Applications require to be evidenced based and show clearly the outcomes that will be achieved and the benefits to individuals, partners and /or our communities.

Priority will be given to projects which show a high need that has been evidenced and address the outcomes. Where applicable, partners are asked to address inequalities and give recognition to the diversity agenda as well as concentrating on areas of multiple deprivation or where there are clearly identified gaps in resources.

Strategic Context

The West Lothian ADP Joint Commissioning Plan 2012-15 outlines our local vision and key priorities to address alcohol and drug use within West Lothian. The Joint Commissioning Plan was developed in response to the two key national strategies (and our local strategic documents that parallel them): *Road to Recovery: A New Approach to Tackling Scotland's*

Drug Problem (2008) and Changing Scotland's Relationship with Alcohol: A Framework for Action (2009).

The ADP Joint Commissioning Plan has three sections:

- Prevention & Early Intervention
- Recovery from Problematic Substance Misuse
- Community Safety and Youth Diversion

West Lothian Alcohol and Drug Partnership Vision Statement

The vision statement outlines our task for the next 3 years:

Scots across all ages and socio-economic groups are drinking to excess, and problematic drug use continues to harm a small but significant number of West Lothian citizens, their families and their communities. The resultant health and social harms from problematic alcohol and drug use are evident in West Lothian and place a heavy burden on us all. Our vision is a West Lothian where children, families, adults and communities flourish free from alcohol and drug related harm.

How long will projects be funded for?

Applications will only be agreed for execution / delivery within a specified financial year.

The projects can be funded for either the scheduled amount of time as described in the application (part year or the full year).

Funding will only be granted on the understanding that a fully explained and complete evaluation will be provided after the project has taken place. In addition, regular monitoring will be undertaken throughout the lifetime of the project.

For applicants who may wish to re-submit a similar application for any subsequent year, the evaluation will be accepted over a nine month period and be submitted for assessment to enable the evaluation process and further funding to be discussed.

Developing a funding application

Applications should identify how the proposed project will:

- Be evidence driven
- Take into account the Partnership outcomes for youth diversionary activities identified above
- Show how the outcomes of the project will contribute towards the Community Planning Partnership SOA outcomes

How to complete this application form

The following notes have been designed to help applicants provide the most relevant information.

Section 1 – Submission Details

This section pertains to the person and organisation completing the application

Section 2 – The Project

Detailed information relating to the projects aim and objectives and its links to the wider ADP Agenda.

Section 3 - Resources

Resources are a vital part to any project whether they are monetary or staff. This section will not only be looking at financial costs but any in-kind support that has been given. For the first question, a summary of breakdown costs would be useful in identifying value for money etc. When considering the questions within the section, the applicant may want to give consideration to the cost benefits of the project.

Section 4 – Monitoring and Evaluating

Applicants are given the opportunity to highlight achievements against set outcomes. How will you evaluate the project and what type of information/evidence is used for monitoring the project. Success of a project is not just about what is achieved, consideration should also be given to highlighting parts of the programme that did not go as expected. This can show additional learning for organisers and participants.

Section 5 – Validation

It is important that applicants have had their submission approved PRIOR to submitting it to for consideration.

Section 6 – Your organisation

This section pertains to the person and organisation completing the application. It is expected that the applicant will be the lead person for the project/initiative, so that if further information is required we can make contact.

Section 7 – Post project evaluation

Successful applicants are required to agree to the completion and submission of an evaluation at the end of the project term.

Application Form

The West Lothian ADP Youth Alcohol Diversionary Fund application form is split into several sections covering different aspects of your initiative or project. Please take some time to ensure the main points are covered in the appropriate place.

Section 1 – Submission details	
ADP Partner	
Name of Key Contact	Andrew Cowan
Project Title / Name	Diversionary Football Project – Midnight Leagues and Street Football
Have you applied for funding for this same initiative before?	No A similar project was applied for through Sport & Outdoors Education at West Lothian Council in financial year of 2015/2016.
<i>If so, an evaluation must have been carried out AND attached before completing the following sections</i>	

Section 2 – The Project	
What outcome targets are set for the project?	<p>There are number of outcomes that the Midnight Leagues and Street Football initiative work towards.</p> <p>These are:</p> <ul style="list-style-type: none"> • Young people are diverted from anti-social behaviour by providing alternative activities • Young people will be better informed and educated regarding the harmful effects of alcohol, drugs and tobacco • A non-threatening environment is created that is fun and inclusive • Young people's physical activity levels are increased • The opportunity is provided for young people to develop their personality, talents, physical and mental abilities to a higher level by promoting links between learning, sporting and

	cultural activities										
What ward areas will the project cover?	<p>The project will be delivered in the follow areas:</p> <ul style="list-style-type: none"> • Bathgate • Broxburn, Uphall and Winchburgh • East Livingston and East Calder • Fauldhouse and the Brieche Valley • Linlithgow • Livingston South • Whitburn and Blackburn <p>With constant communication between project partner's other areas may get some project delivery. We will take our lead from the police on specific areas to target based on their figures for youth anti-social behaviour. The Street Football part of the programme is very reactive and specific areas/towns/villages will be targeted based on the advice of the police.</p>										
Who are the intended beneficiaries of the project?	<p>There are a number of beneficiaries of the programme. The main beneficiary will of course be the young people who will be taking part in the sports activity. Activities will be delivered locally at times of the week where potential consumption of alcohol and/or drugs can lead to anti-social behaviour. Friday and Saturday evening sessions are delivered to deter young people from drinking and taking drugs, instead, taking part in playing football. The competitive side of the project furthers team work and ensures the participants are committing for a number of weeks, not just as a one off.</p> <p>Other beneficiaries of the project are the local community. This is due to the fact that the young people being targeted are playing football on Friday and Saturday evenings and not getting drunk and being involved in anti-social behaviour.</p> <p>As a consequence of the programme the young people's families may also benefit from their son/daughter being a part of the programme.</p> <p>The breakdown below shows the number of young people who benefitted from the programme when it was last successfully ran:</p> <table> <tr> <td>Number of young people involved</td><td>900</td></tr> <tr> <td>Age ranges</td><td>12-16</td></tr> <tr> <td>Projected Number 12 -14 year olds</td><td>400</td></tr> <tr> <td>Projected Number 15+ year olds</td><td>500</td></tr> <tr> <td>Projected Number of males</td><td>860</td></tr> </table>	Number of young people involved	900	Age ranges	12-16	Projected Number 12 -14 year olds	400	Projected Number 15+ year olds	500	Projected Number of males	860
Number of young people involved	900										
Age ranges	12-16										
Projected Number 12 -14 year olds	400										
Projected Number 15+ year olds	500										
Projected Number of males	860										

DATA LABEL: PUBLIC

	<p>Projected Number of females 40</p> <p>Average number of young people on a weekly basis 150</p> <p>Number of sessions to be delivered 120</p>
Which of the National Outcomes does the project cover?	<ul style="list-style-type: none"> • Outcome 6 We live longer, healthier lives • Outcome 8 We have improved life chances for children, young people and families at risk • Outcome 9 We live our lives free from crime, disorder and danger • Outcome 11 We have strong, resilient and supportive communities where people take responsibility for their actions and how they affect others
What local priorities/ outcomes does the project cover?	<ul style="list-style-type: none"> • Delivering positive outcomes and early interventions for early years • Improving the employment position in West Lothian • Improving attainment and positive destinations for school children • Reducing crime and improving community safety • Delivering positive outcomes on health

How does the project meet the Equalities and Diversity Agenda?	The project is available to all young people. No bias is shown based on ethnicity, gender, disability or sexual orientation.
How does the project demonstrate positive engagement with the local community?	<p>Midnight Leagues</p> <p>The Midnight League part of the programme brings together a number of key partners who are there to offer support and advice to young people within West Lothian. The sessions are planned by liaising with the police, youth groups, community centres and community regeneration officers.</p> <p>Areas are targeted with a high number of instances of youth anti-social behaviour.</p> <p>This diversionary project is delivered in an attempt to engage and educate the young people so that they become more active and so that they are more informed about the consequence of their decisions.</p> <p>Information regarding anti-social behaviour and questionnaires to the participants give a real perspective on whether the programme is being successful.</p> <p>The project will work with youth workers and other organisations who will present at Midnight League sessions to support the programme. Their main role will be to further educate attendees with regards to alcohol, drug and tobacco issues and reduction in anti-social behaviour.</p> <p>Street Football</p> <p>Street football is delivered during the school holiday periods. Street football is delivered at the local level. Members of staff set up games of football at local football pitches within identified areas. The funding will enable 10-15 sessions of Street Football to be delivered at identified sites during the Easter, Summer and October school holidays. Additional sessions can be delivered out with these times with specific areas are highlighted as being in need of a diversionary activity. These areas will be brought to our attention through our partnerships with the Community Safety Unit, Community Police Officers or Community Regeneration Officers.</p> <p>We will also endeavour to work with local youth workers at the identified Street Football delivery areas in order to provide a more sustainable and coordinated programme.</p>
How will your project be advertised/ publicised?	<p>The project will be advertised using a variety of methods. These will include:</p> <ul style="list-style-type: none"> • WLYF liaising with Community Safety Unit to ensure sessions are being delivered in correctly targeted areas • Flyers and posters distributed through secondary schools and youth groups to ensure target audience are informed of sessions. This will be completed through our partnership with Active Schools.

	<ul style="list-style-type: none"> • Facebook and Social Media • WLYF website will also be used to promote Midnight Leagues and Street Football. • Local media channels, i.e. West Lothian Courier etc. • Through local Community Football Club networks.
Explain what is new and innovative about this project?	<p>This project uses football as a tool to divert young people from getting involved in anti-social behaviour. The project runs on Friday and Saturday evenings and gives young people a focus so that they are taking part in positive activity rather than drinking and getting into trouble within their communities. The young people are asked to behave themselves when taking part in sessions, and poor behaviour will result in participants not being allowed to take part. The numbers within the project show that there is a demand for this type of activity at these times. Whilst at the Midnight League sessions Youth Workers are able to engage and work with young people and support them in learning about alcohol misuse, smoking issues and their general behaviour.</p> <p>The Street football part of the programme is a very targeted approach. Sessions are planned in partnership with local Community Police Officers who advise where there have been areas with significant youth anti-social behaviour reports and again use football as an intervention and diversion. The local Community Police Officers use the Street Football sessions to talk with the young people and get a feeling for any issues they are facing within their own community.</p> <p>We have utilised two key strategies in our approach when selecting suitable venues for both the Midnight League and Street Football elements of the programme.</p> <p>In both instances, we will be targeting areas where our main partners have indicated there is a need for such activities. Some of which will be located in areas where local Community Football Club's reside and others where there is no local community club presence.</p> <p>The link to the local Community Football Club will provide a positive destination for the participants to go to once our initiatives have come to an end. This will then remove and limit the resurgence of anti social behaviour once the initiatives have concluded.</p> <p>Having a representative from the local Community Football Club present at some, if not all, of the sessions will help to establish a positive relationship between the participant and the suggested destination point.</p> <p>There is an excellent network of Community Football Clubs within West Lothian which our organisation support on a regular basis.</p>
Is this a short term or long term solution/intervention?	<p>This intervention will have both short term and long term benefits to the participants.</p> <p>Short Term</p> <p>The short term intervention is the diversionary aspect of the programme. Football games will be set up and played at specific times of the week in areas that have been identified as having a large amount of anti-social</p>

	<p>behaviour incidents.</p> <p>Long Term</p> <p>The long term intervention is the youth work and information given over to the kids when they are rest in between games. Youth workers and other partners engage with the young people in order to educate them on the dangers of alcohol misuse, the benefits of staying in school or getting a vocational education.</p> <p>Our partnership with local Community Football Clubs will also provide a positive long term destination for the participants.</p>
<p>Please give an outline of the project that will be undertaken including how the project need was identified and its relevance to the West Lothian ADP</p> <p>(maximum 500 words)</p>	<p>The Midnight League diversionary programme will be delivered at a minimum of four venues over 20 weeks across West Lothian. The sessions will be delivered in two ten week blocks either side of Christmas 2017.</p> <p>Through knowledge of previous programmes of Midnight Leagues and other programmes that we have provided and WLYF, we have researched and highlighted areas of West Lothian that are socially and economically deprived. Areas we have chosen are:</p> <ul style="list-style-type: none"> • Fauldhouse • Sessions would be delivered at Fauldhouse Partnership Centre in partnership with Fauldhouse Community Development Trust. • Armadale • We will utilise the school facility at Armadale Academy and use our links with the school for participants to take part in sessions. Also use these links to recruit volunteers from the senior pupil population. • Create partnerships with Armadale Youth Space and Dale Hub • Craigswood (Craigshill) • Utilise facilities at Xcite Craigswood, for whom are a founding partners of WLYF. • Work with West Lothian Youth Action Project for Youth work personnel throughout the programme. <p>Sessions above will be organised and staffed by West Lothian Youth Foundation personnel throughout the course of the programme. All venues will be the responsibility of the WLYF.</p> <p>Our organisation will work in partnership with local Community Football Clubs who are part of the Scottish FA Quality Mark to deliver the programme. Clubs that will be targeted include and are not limited to:</p> <ul style="list-style-type: none"> • Blackburn United • Linlithgow Rose • Broxburn United • Murieston United

	<p>We will be running a venue in partnership with Blackburn United Community Football Club. Blackburn being one of West Lothian's highest areas of social and economic deprivation.</p> <p>Our organisation will have overall control of the programme including delivery, however Blackburn United will be asked to report back on a regular basis regarding topics such as attendance figures, impact on the local area and finance.</p> <p>WLYF will provide a staff member at each session to overview the programme and make sure quality levels are maintained.</p> <p>We will use other community clubs to promote and increase knowledge of the programme throughout West Lothian.</p> <p>In addition, the funding will enable 10 sessions of Street Football to be delivered at identified sites during the Easter, Summer and October school holidays. Additional sessions can be delivered out with these times when an area is highlighted as being in need of a diversionary activity. These additional session locations will be highlighted by the Community Safety Unit, Community Police Officers or Community Regeneration Officers.</p> <p>Sessions will be delivered by WLYF personnel at chosen venues. Street Football will take place in areas with Multi Use Games Areas (MUGA'S) in more specific areas around West Lothian.</p> <p>We will have youth workers and organisations present at Midnight League sessions to support the programme and to further educate attendees with regards to alcohol, drug and tobacco issues and reduction in anti-social behaviour.</p> <p>We will also endeavour to work with local youth workers at the identified areas for Street Football delivery in order to provide a more sustainable and coordinated programme. Street Football sessions use local astro grass pitches and multi-use games areas, plus mobile pitches that bring the game practically to the doorstep of participants. These will create a fun and safe environment.</p> <p>A research study by Stirling University in 2013 into the wider social effects and benefit of the programme returned some very positive observations. Over 91% of respondents believe that Bank of Scotland Midnight League has had a positive effect on their local community.</p> <p>Instances of anti-social behaviour have dropped by as much as 40% in some local authority areas when the Leagues are in session with 22% of young people surveyed admitting they 'might be getting into trouble' if they were not playing at their local Midnight League. The Leagues have also been credited with helping to break down social barriers between young people and local Police.</p>
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	Over 70% of respondents said that they enjoy improved self-confidence and esteem as a result of participation and almost 80% feeling fitter and healthier.		
Project Start Date	June 2017	Project End Date	April 2018

Section 3 – Resources		
How much are you applying for the Fund?	£16,417.80	
What is the total cost of the project?	TOTAL BUDGET REQUEST FOR PROJECT – <i>please detail below how the funding will be used?</i>	Cost
	Staffing costs including youth work provision	£12,042
	Pitch Hire	£2,805
	Equipment	£100
	Advertising	£150
	Advertising material creation	£250
	Total	£15,347
What other funding sources have you obtained, including in-kind / matched funding?	<p>Receive equipment from Scottish Football Association. This consists of footballs, football bags and bibs</p> <p>The equipment would come to an approximate value of £800</p> <p>We have successfully obtaining funding from YouthLink Scotland via their Cashback for Communities Fund. We have received a grant of £4530 which will allow us to run the Midnight League Programme at a further 2 venues across West Lothian. We aim to run 6 venues in total for a period of 20 weeks.</p>	
What staffing resources are required to deliver the project?	<p>To deliver Midnight Leagues and Street Football, our organisation will require paid casual coaching staff to attend the sessions. The coaches will have a minimum level Scottish Football Association coaching certificate along with suitability checks for working with children being completed, i.e. PVG membership through our organisation.</p> <p>Midnight League</p> <p>The breakdown of staff members per venue, including costing would be as follows (Each staff member working at a £12.50 per hour):</p>	

	<p>Fauldhouse – 2 x Coaching Staff from West Lothian Youth Foundation</p> <p>£12.50 per hour for 2 Hours and 45 minutes = £34.78 per coach.</p> <p>2 Coaches = £68.76 per session</p> <p>20 Sessions with 2 coaching staff = £1375.20</p> <p>Armadale – 2 x Coaching Staff from West Lothian Youth Foundation</p> <p>£12.50 per hour for 2 Hours and 45 minutes = £34.78 per coach.</p> <p>2 Coaches = £68.76 per session</p> <p>20 Sessions with 2 coaching staff = £1375.20</p> <p>Craigswood – 4 x Coaching Staff from West Lothian Youth Foundation</p> <p>£12.50 per hour for 2 Hours and 45 minutes = £34.78 per coach.</p> <p>4 Coaches = £139.12 per session</p> <p>20 Sessions with 4 coaching staff = £2782.40</p> <p>Total Staff Costs = £5564.80</p> <p>Our organisation will also involve local Community Football Club coaches in the delivery of the programmes activities.</p> <p>WLYF would also cover the costs of the volunteers PVG applications and any training that is required to run the programme.</p> <p>Our organisation will also include local Youth Workers in the planning and delivery of specific sessions during the programme. The main role of the Youth Worker will involve dealing with non-football related topics (education around alcohol and drugs misuse) and to assist the programme coaching staff.</p> <p>We will have one Youth Worker at each session of Midnight Leagues who would assist the coaching staff in running the programme and also to help with any issues stated previously.</p> <p>Youth Worker rate £12.50 per hour for 2 Hours and 45 minutes = £34.78 per session.</p> <p>20 sessions with 1 youth worker = £695.60</p> <p>1 Youth Worker per venue (4 venues) = £2782.40</p> <p>Each venue (one coach) will also be given an additional hour per week to perform tasks such as register updates, league table updates and data recording.</p> <p>£12.50 per hour for 20 sessions = £250</p> <p>4 coaches (1 per venue) for 20 sessions = £1000</p>
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	<p>In total, this brings costs to £10042.80</p> <p>This figure does not include employee on costs which would come to another £1000.</p> <p>Additionally, staff costs for starting up the programme, generally overviewing the programme over the course of the 20 sessions (2 hours per week) and report creation would require a programme management cost of £1000.</p> <p>Therefore, total staff and youth work provision for Midnight League will be £12042.80</p> <p>Street Football</p> <p>The Street Football element of the initiative has a different pricing structure due to the number of venues being unknown as this activity is very reactive to the needs of the community. The activity is better structured around sessions rather than venues.</p> <p>Through experience though, we have found that the Street Football Initiative will most likely be delivered in approximately four to six communities throughout West Lothian.</p> <p>The Street Football Initiative will be pop up events during school holidays. This activity differs from the Midnight League content as it will not run for a set amount of weeks at each venue, rather, more one off events targeting specific antisocial behaviour hot spots.</p> <p>There will be approximately 10 sessions conducted throughout the targeted holiday period.</p> <p>Each venue will follow the same budgeting structure. The following information highlights the costs associated with one session:</p> <p>2 x Coaching Staff from West Lothian Youth Foundation</p> <p>£12.50 per hour for 1 Hours and 30 minutes = £18.75 per coach.</p> <p>2 Coaches = £37.50 per session</p> <p>Due to the nature of the Street Football Initiative, only West Lothian Youth Foundation coaching staff and volunteers will be needed to carry out the delivery of the programme.</p> <p>On occasion, volunteers apply to help at venues. They are able to do so providing they have completed suitability checks for working with children, PVG membership through our organisation.</p> <p>Volunteers will come from a number of various resources including West Lothian College (WLC). Students from West Lothian College's Health and Wellbeing courses regularly require work experience as part of their course for various periods of time. In previous years, WLC has made contact and asked to send a number of students to attend Midnight League sessions to gain experience in running an event. They assist with register taking, fixture creating and observation of the activity. They are supervised by our trained coaching staff at all times. We will split volunteers across all venues evenly</p>
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	<p>and allow them to support the coaching staff efficiently.</p> <p>There are also a number of volunteers from other programmes that have been run at WLYF. We run several programmes that look to give young adults who have perhaps been out of work or have had other personal issues within their lives the chance to get some work experience that can be vital for them to gaining employment.</p>
What partner organisations are involved and what will be their contribution?	<p>Community Safety Partnership</p> <p>Police Scotland</p> <p>Youth Work</p> <p>Community Regeneration Officers</p> <p>West Lothian Leisure</p> <p>West Lothian Drug and Alcohol Service</p> <p>Community Football Clubs</p> <p>Scottish Football Association</p>
Highlight how applicants will work together to reduce duplication of service and resources.	<p>Regular meetings between partners are held to plan and develop the Midnight Leagues and Street Football. The Midnight Leagues/Street football co-ordinator will also be in constant contact with all partners to keep them up to date on progress including identifying areas to target for delivery.</p> <p>Regular reports are produced to monitor and evaluate the programme at various stages throughout the year. The various points below identify how the various partner's areas of work are delivered:</p> <ul style="list-style-type: none"> • WLYF Coordinator liaising with Community Safety Unit to ensure sessions are being delivered in correctly targeted areas • Flyers and posters distributed through secondary schools and youth groups to ensure target audience are informed of sessions • Experienced coaches provide quality activity alongside youth workers in attendance to ensure participants have an enjoyable and valuable experience • Police officers in attendance at sessions to build relationships with youths • Youth workers present at sessions to further educate attendees on alcohol, drug and tobacco issues • Youth workers and trained coaches to carry out alcohol brief interventions where they see fit • Coaches will reinforce the requirement of responsible behaviour and respect for other participants, staff and facilities throughout the programmes
Please provide evidence of how this project demonstrates preventative spend?	<p>This project demonstrates preventative spend by helping to reduce the number of youth anti-social behaviour call outs, which will reduce the burden on the police. Also, a reduction in vandalism will result in a number of services not having to spend both time and finances on renovating or cleaning vandalised areas of the community. With better education on the</p>

	risk factors of alcohol abuse the resource burden on hospital A&E departments will also be reduced.
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Section 4 – Monitoring and Evaluation	
How will you evaluate this project?	<p>Numbers Monitored</p> <p>Satisfaction Surveys</p> <p>The Warwick-Edinburgh Mental Well-being Scale Test at start of block and end of block</p> <p>Use of a system called “Views” created by a company called Substance</p> <p>Substance work across different sectors and with many types of organisation – charities, social businesses and government.</p> <p>Their team is made up of highly-experienced social researchers, technologists and programme managers, each with their own specialisms. What they share is an ambition to make organisations that “do good”, will have the ability to have a greater impact.</p> <p>They use research and technology to give organisations the knowledge and insight they need to do what they do, better.</p> <p>The Views System will allow us to record data from both the Midnight League and Street Football Initiatives including and not limited to monitoring geographical areas, social background of participants and impact of the programme.</p> <p>The data will be used to review and develop the programme through in-depth reports that would allow our organisation to carry out future programmes that are beneficial to the community.</p>
What monitoring data will be collected for the project?	<p>Participant numbers in attendance at each session, then splitting participants into boys and girls. Will also be separating attendee data into age brackets.</p> <p>Recording participant education/employment status and where they attend to get their education.</p> <p>Qualitative information regarding participant location, their alcohol consumption/smoking if applicable to the attendee. Also recorded is information to improve the programme.</p> <p>Our organisation will also implement Views to aid in the data collection and reporting of the project. Views is an intuitive impact reporting platform that makes measuring project impact easier.</p>

What outcomes will you achieve?	<ul style="list-style-type: none"> • Young people are diverted from anti-social behaviour by providing alternative activities • Young people will be better informed and educated regarding the harmful effects of alcohol, drugs and tobacco • A non-threatening environment is created that is fun and inclusive • Young people's physical activity levels are increased • The opportunity is provided for young people to develop their personality, talents, physical and mental abilities to a higher level by promoting links between learning, sporting and cultural activities
What impact will the project have?	<p>In previous run programmes, 86 % of young people who attend and took part in survey stated they have reduced their alcohol consumption.</p> <p>A total of 72 % of young people asked, stated that they think receiving information on the effects of alcohol would be beneficial to them.</p> <p>A very small minority of attendees stated prior to the programme that they smoked. These individuals are now fully aware of the effects smoking has on their health with a number indicating that they are now trying to stop the habit.</p> <p>All of the above topics will be monitored using an initial questionnaire completed by attendees when they first attend the Midnight League programme with an evaluation questionnaire being completed towards the conclusion of the block of activity.</p> <p>Statistics from questionnaires will be collated by WLYF.</p> <p>Level of participation will be recorded with registers taken at each sessions and figures will be recorded by WLYF on a monthly basis.</p> <p>Our organisation will also implement Views to aid in the data collection and reporting of the project. Views is an intuitive impact reporting platform that makes measuring project impact easier.</p>
Note any possible barriers or threats.	Project will not continue if funding is not secured.

Section 5 – Validation

This part of the application verifies that all partners are happy with the content and intention contained within the application. For electronic copies received without a signature, the funding panel will assume that all the relevant permissions/approvals and evidence have been sought and attached by the applicant.

Signed on behalf of the project

Name	Organisation	Position
Signed	Date	Telephone number

Section 6 – Your Organisation

ADP / CPP Partner	
Name of Key Contact	Andrew Cowan
Position in Partnership/ Organisation	Project Co-ordinator
Correspondence Address	West Lothian Youth Foundation C/O Livingston FC Almondvale Stadium Alderstone Road, Livingston
Post Code	EH54 7PD
Tel Number	██████████
Email Address	██████████
Website	www.wlyf.org.uk

Section 7– Evaluation (POST PROJECT)	
ADP Partner	
Name of Key Contact	Andrew Cowan
Tel Number	
Project Title / Name	Diversionary Football Project – Midnight Leagues & Street Football
Was the strategic outcome(s) met?	
How do you know you effected change ?	
What quantifiable outcomes were there?	
What evaluation method did you use?	
Was it value for money?	
What barriers did you face?	
What lessons were learned?	
Has this alleviated the problem or does this issue still exist? What will be the long term solution?	

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<i>Reference Number</i>	
<i>Date Received</i>	
<i>Form of Submission</i>	<input type="checkbox"/> <i>Email</i> <input type="checkbox"/> <i>Post</i>
<i>Checked for Completion by</i> <i>(all relevant information is included in form)</i>	
<i>Date Summary Completed</i>	
<i>LAC meeting date</i>	
<i>LAC decision</i>	<input type="checkbox"/> <i>Progress</i> <input type="checkbox"/> <i>Unsuccessful</i>
<i>Op ADP date</i>	
<i>Op ADP recommendation</i>	<input type="checkbox"/> <i>Progress</i> <input type="checkbox"/> <i>Unsuccessful</i>
<i>Final Outcome post Council Executive</i>	
<i>Date Evaluation Received (post project completion)</i>	



SOCIAL POLICY POLICY DEVELOPMENT AND SCRUTINY PANEL

REPORT ON CARE INSPECTORATE INSPECTIONS FOR CHILDREN & FAMILIES SERVICES APRIL 2016 – MARCH 2017

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

This report informs the Policy Development and Scrutiny Panel of the inspection grades achieved by Children & Family services during the period April 2016- Mar 2017.

B. RECOMMENDATION

It is recommended that the Panel notes the performance of Children and Families Services inspected by the Care Inspectorate between April 2016 and 2017 and recognises the high standards and positive inspection reports achieved.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs
	Being honest, open and accountable
	Providing equality of opportunities
	Making best use of our resources
	Working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Regulation of Care (Scotland) Act 2001
	National Care Standards
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	Ensuring that work with vulnerable families and the protection of children is a top priority, targeting resources at those most in need and providing specialised care focused on the needs of the child
	Our children have the best start in life and are ready to succeed
V Relevance to Single Outcome Agreement	We live in resilient, cohesive and safe communities
	People most at risk are protected and supported

	to achieve improved life chances
VI Resources - (Financial, Staffing and Property)	None
VII Consideration at PDSP	None
VIII Other consultations	Staff, clients and stakeholders are involved in the inspection process.

D. TERMS OF REPORT

Introduction

The Care Inspectorate was created by the Public Services Reform (Scotland) Act 2010, The Act sets out general principles, in accordance with which the Care Inspectorate must exercise its functions. These are:

- The safety and wellbeing of all persons who use, or are eligible to use, any social service are to be protected and enhanced;
- The independence of those persons are to be promoted;
- Diversity in the provision of social services is to be promoted with a view to those persons being afforded choice;
- Good practice in the provision of social services is to be identified, promulgated and promoted.

Around 15000 services a year are regulated from services for the very young to those for the very old. All the Care Inspectorate work is about improving the quality of care services.

One of the ways the Care Inspectorate checks services is to carry out inspections. The inspector can visit without telling the service's staff in advance or on a planned, announced basis. Inspecting a service typically involves:

- Talking to people who use the service, their carers and families, staff and managers
- Talking to individuals and groups
- Spending time in the service and checking what quality of care is being provided
- Looking at activities happening on the day
- Examining records and files
- Finding out if people get choices, such as food, choosing a key worker and controlling their own spending money

Background

Within Children & Families the services which are inspected are:

- Residential child care
- Family Centres
- Fostering services
- Adoption services
- Through Care After Care Services

The services are inspected on the following areas:

- Quality of Care and Support
- Quality of Environment
- Quality of Staffing
- Quality of Management and Leadership

Scoring is graded from 6 excellent, 5 very good, 4 good, 3 adequate, 2 weak to 1 unsatisfactory.

Attached to this report is a breakdown of the grades achieved by the services over the past year following their inspections.

Conclusion.

The quality inspection reports from the Care Inspectorate of Services for Children and Young People show that of all areas assessed were awarded Grades of '4 Good' or above, with 50% of areas assessed awarded Grades of 5 'Very Good' and 14% awarded Grades of 6 'Excellent'.

This is a positive performance and demonstrates the continuing hard work and commitment on the part of these staff delivering some of the most challenging services in social work.

F. BACKGROUND REFERENCES

None

Appendices/Attachments:	Report on Care Inspectorate Inspections April 2016- March 2017
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Date of meeting:	12 th September 2017

Inspection of Registered Services

April 2016- March 2017

	QUALITY OF CARE & SUPPORT	QUALITY OF ENVIRONMENT	QUALITY OF STAFFING	QUALITY OF MANAGEMENT AND LEADERSHIP
WHITRIGG				
JULY 2016	5 VERY GOOD	NOT ASSESSED	5 VERY GOOD	NOT ASSESSED
TORCROFT HOUSE				
MAY 2016	5 VERY GOOD	NOT ASSESSED	NOT ASSESSED	4 GOOD
LETHAM HOUSE				
MAY 2016	4 GOOD	NOT ASSESSED	4 GOOD	NOT ASSESSED
WHITDALE FAMILY CENTRE				
No inspection during the period				
ADOPTION SERVICES				
DECEMBER 2016	5 VERY GOOD	NOT ASSESSED	4 GOOD	NOT ASSESSED
FOSTERING SERVICES				
DECEMBER 2016	5 VERY GOOD	NOT ASSESSED	4 GOOD	NOT ASSESSED
THROUGH CARE AFTER CARE				
NOVEMBER 2016	5 VERY GOOD	NOT ASSESSED	NOT ASSESSED	5 VERY GOOD
LIVINGSTON FAMILY CENTRE				
DECEMBER 2016	6 EXCELLENT	NOT ASSESSED	NOT ASSESSED	6 EXCELLENT



SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of the report is to update members of the Panel on the findings of the Joint Inspection of Services for Children and Young people by the Care Inspectorate.

B. RECOMMENDATIONS

It is recommended that the Social Policy Policy Development and Scrutiny Panel notes the findings of the recent joint inspection of services for children and young people in West Lothian.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs.
	Being honest, open and accountable.
	Making best use of our resources.
	Working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	
III Implications for Scheme of Delegations to Officers	No implications.
IV Impact on performance and performance Indicators	None
V Relevance to Single Outcome Agreement	Our children have the best start in life and are ready to succeed.
	We are better educated and have access to increased and better quality learning and employment opportunities.
	People are most at risk are protected and supported to achieve improved life chances.
VI Resources - (Financial, Staffing and Property)	None

VII Consideration at PDSP	None
VIII Other consultations	NHS Lothian, West Lothian Council, Police Scotland, Fire Scotland, SCRA and the Third Sector are all engaged in the inspection process.

D. TERMS OF REPORT

Since mid- December 2016 services for children and young people in West Lothian have been subject to inspection by the Care Inspectorate.

The inspection focused on how well services in West Lothian are working together to make a positive difference to the lives of children, young people and their families.

In order to reach confident conclusions the inspection team have undertaken a range of activities to collect evidence, these activities have included:

- the analysis of inspection findings of care services for children and young people and findings from relevant inspections carried out by other scrutiny bodies
- the review of national and local data relating to children and young people
- the review of self-evaluation work undertaken by the partnership, and the evidence that supported it
- reviewing a wide range of documents provided by the partnership
- conducting a survey of staff with named person and lead professional responsibilities
- meeting with children and young people, parents and carers in order to hear from them about their experiences of services and what difference they think the support they have received is making
- speaking with staff at all levels across the partnership, including senior officers and elected members and large numbers of staff who work directly with children, young people and families
- reviewing practice through reading records held by services for a sample of the most vulnerable children and young people and
- observing key interagency meetings.

In the Inspection report, published on 29th August 2017, the Care Inspectorate reported that they were confident that outcomes for many children, young people and families living in West Lothian have improved as a result of committed leadership, an ambitious shared vision and effective community planning arrangements.

As part of the inspection process the planning and delivery of services for children and young people were evaluated against nine quality indicators, the results of the evaluations are detailed in Table 1.

Table 1

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

Scale:

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

Within the Inspection Report the Inspection Team noted that :

- they had found staff to be highly committed across all agencies and working collaboratively to improve outcomes;
- partners demonstrated a sound knowledge of the impact of services based on robust performance monitoring processes, enhanced by comprehensive strategic needs analysis;
- considerable investment in resourcing early intervention and prevention services was delivering positive improvements in the lives of children and young people including those who are vulnerable;
- partners are highly committed to identifying and addressing areas for improvement;
- the partnership has clear ability and capacity to continue to maintain high performance in the planning and delivery of services based on robust governance structures.
- an extensive range of support services was being delivered by partners and stakeholders to support children, young people and families across communities;
- the Whole Family Support Service and the Domestic Abuse and Sexual Assault Team were making a particularly notable impact.

A number of strengths were highlighted, in particular:

- a coherent shared vision to tackle inequalities, supported by a range of approaches and a commitment by partners to realign resources in order to achieve this;
- robust performance monitoring, management and reporting processes
- effective community planning arrangements, supported by strong leadership and robust governance across strategic groups
- innovative and effective early intervention and prevention programmes and services
- meaningful consultation, collaboration and inclusion of children and young people in policy and service development.

Key areas for improvement were identified and it was noted that partners should ensure that:

- quality assurance processes led to sustained improvement in the quality of assessments, children's plans and integrated chronologies
- staff understand and implement the processes for initiating, undertaking and recording inter-agency referral discussions and that a single quality assurance process is agreed and applied
- child sexual exploitation policy is reviewed and updated and practice is improved to ensure that vulnerable young people are kept safe
- sustained improvements are made to educational attainment of looked after children and outcomes for care leavers.

The Inspection Team reported that they were very confident that partners in West Lothian would be able to make the necessary improvements detailed in the Inspection Report.

The inspection team reported that the following had been accepted as Good Practice examples:

- Whole Family Support Service - evidencing a strong collaborative approach impacting positively on wellbeing and family relationships
- Approach to Domestic Abuse - evidencing the range and reach of the services and supports in place to support adults and children affected by domestic abuse
- Approach to Youth Justice - evidencing a creative and collaborative approach to early intervention and support into young adulthood to divert young people from the criminal justice system

The Care Inspectorate's core criteria for good practice examples are that they are sector leading; increase efficiency; tackle inequalities; and clearly result in improvements in the wellbeing of children and young people.

Improvement Plan

Following the publication of the Inspection Report the partnership is required to prepare a plan detailing the actions that will be taken in response to the report. This Improvement Plan must be submitted to the Care Inspectorate within six weeks of the publication of the Inspection Report.

E. CONCLUSION

The inspection process that has been undertaken in West Lothian has been robust and intensive and has taken account of the full range of work that has been undertaken with children, young people and families locally. The findings indicate that West Lothian has had a very positive inspection.

F. BACKGROUND REFERENCES

Appendices/Attachments: Inspection Report

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Date: 12th September 2017

Services for children and young people in West Lothian

August 2017

Report of a joint inspection

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1. Introduction

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

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

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

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

In September 2014, the Care Inspectorate published 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they: cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are: leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we conducted the inspection

The joint inspection of services for children and young people in the **West Lothian Community Planning Partnership** area took place between 6 March and 28 April 2017. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 105 of the most vulnerable children and young people. We met with 181 children and young people, and 65 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

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

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

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

West Lothian is located between Edinburgh and Glasgow in Scotland's central belt. It covers an area of 165 square miles, two-thirds of which are predominantly used for agriculture and a tenth of the area is taken up by urban development. Livingston houses the administrative centre for the local authority and is the most populated town within the region.

The 2015 population for West Lothian was 178,550, accounting for 3.3% of Scotland's total population. The rate of increase in population from 1991 to 2011 is, at 21.55%, the highest of all Scottish local authority areas. West Lothian has the highest percentage of children under 15 years in Scotland at 18.9%, and the lowest percentage of over 65s at 13.6%. The population of children aged under 16 years is projected to increase by 13.3% by 2035. The most recent child poverty statistics, from December 2015, show that 22.8% of West Lothian children are living in poverty. Youth unemployment stands at 3.6%, which is slightly higher than the Scotland rate of 3.5%. The proportion of children in families dependent on out of work benefits or child tax credit is higher than the Scottish average. 6.9% of young people aged 18-24 years were unemployed as at 31st March 2014 compared to 5.5% for Scotland for the same period.

The West Lothian Community Planning Partnership is a partnership of 15 organisations from the public, voluntary, private and community sectors including: West Lothian Council; the Association of Community Councils; JobCentre Plus; Scottish Fire and Rescue Service; Police Scotland; NHS Lothian and West Lothian College. Partners are responsible for more than £1bn annual spending in West Lothian and have agreed an ambitious vision for the area that sets out fresh challenges for the future.

The community planning partnership had agreed a new **single outcome agreement** for 2013-2023, Plan for Place. Its core theme is tackling inequalities and it describes eight local outcomes mapped to the six national priorities. It is supported by a range of enabling plans and strategies. The West Lothian Integration Joint Board (IJB) was established in September 2015 however children's social work and child health services were not delegated to the IJB and remain the responsibility of West Lothian Council and NHS Lothian Health and Social Care Partnership. A joint approach to health and social care integration has been established between the NHS Lothian Chief Executive and the Chief Executives of the four councils (City of Edinburgh, East Lothian, Midlothian and West Lothian) within the NHS Lothian area.

Priorities are delivered through strategic groups aligned to the community planning partnership board, namely; the West Lothian chief officers' group, children and families strategic planning group, safer communities strategic planning group, integration strategic planning group and the public protection committee. These routinely report on progress through a comprehensive performance framework.

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

Improvements in the wellbeing of children and young people

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

Performance in improving outcomes for children and young people was very good. The partnership had placed considerable importance on rigorous performance reporting, setting stretching targets to drive improvement. Partners could demonstrate a range of improving trends through their approaches to early intervention and prevention. These included falling teenage pregnancy rates, a reduction in anti-social behaviour, a drop in the number of deliberate fires, and improvements in child dental health. Challenges remained to reduce childhood obesity and increase breastfeeding rates. Educational attainment was improving for most children, though looked after children and young people lagged behind. We found a broadly positive and improving picture in a number of important performance measures with notable evidence of success in increasing stability for looked after children. The newly formed public protection committee was leading important work to improve services to protect children, with a focus on addressing domestic abuse. The transition to the new arrangements had resulted in a lack of public reporting in 2015/16. The committee planned to report with an increased focus on outcomes for vulnerable children in 2017.

How well are trends improving through prevention and early intervention?

Community planning partners were firmly committed to tackling poverty and closing outcome gaps. A broad range of early intervention and prevention measures were working to improve the health and wellbeing of families, with a focus on children in their early years. A number of initiatives utilised the Early Years and Early Intervention Change Fund, resulting in improvements in parenting skills, home conditions, and levels of family functioning. Parenting classes made a significant contribution to positive outcomes for children and families. Over 1,000 parents had attended accredited parenting programmes in 2015/16, with around 70% who continued to attend for further sessions.

School holiday lunch and activity provision reached more than 300 children and young people in 2016/17. Based in seven targeted schools, this was a significant investment delivered in partnership with community groups. Feedback from families and schools confirmed it was helping to reduce the loss of learning experienced by poorer children during the summer holidays. There was strong evidence of effective early intervention and prevention successfully reducing youth offending. The previous Youth Justice Development Plan 2012-2015 saw the full implementation of the **Whole System Approach** in West Lothian. Performance reporting demonstrated positive outcomes for children and young people with 92%, aged eight

to 15, not requiring re-referral within 12 months. A fall in anti-social behaviour and the number of deliberate fires coupled with a downward trend in accidental fires had contributed to making communities safer.

The Whole Family Support service was successfully keeping children at home who were at risk of needing to be accommodated. In 2014-15, 66% of children and young people who engaged with the service had been maintained at home. By the following year, this figure had increased to 84%. In 2016/17, 98% of children and young people referred to the Attendance Improvement Management System experienced improvements in their school attendance as a result of early intervention, without recourse to statutory intervention.

The Prevention and Intervention Money Advice Project (PIMAP) was established in 2015 in collaboration with the Citizens Advice Bureau and the **Early Years Collaborative**. The project offered a service whereby midwives could refer women for advice on their finances in order to tackle the potential impact of poverty at an early stage. Since it was established, PIMAP had engaged with 714 people, achieving a £1.08m financial gain as a result of intervention. In 2015/16, the West Lothian **Advice Shop** worked with over 3,000 customers on a wide range of income maximisation issues. It reported that it had helped customers gain over £1.7m in extra benefits in this period. Partners had established a Citizens Advice Bureau outreach service in five GP practices across West Lothian in order to provide advice on benefit and debt related issues. During 2016-17, the service assisted 246 people, most of whom were helped to obtain benefits to which they were entitled. The service reported a financial gain of £223,447 for customers in this period.

How well are outcomes improving for children and young people?

Trends relating to health were generally positive. There was a positive downward trend in numbers of women smoking in pregnancy. The rate of maternal drug use in West Lothian had been above the national average, but encouragingly, the number of babies born affected by mothers' drug use during pregnancy had fallen recently, from 82 in 2015 to 52 in 2016. Figures demonstrated improving trends in immunisation rates. The proportion of children in P1 with improved dental health showed a positive trend up to 2014 however there had been a 3.0-3.5 percentage point decline between 2014 and 2016. Alcohol related admissions for young people aged 15-19 had reduced over the last three years. Teenage pregnancy rates had shown a steady decline since 2005 and were now lower than the average rate for Scotland.

Less positively and in line with national performance, rates of breastfeeding had decreased. In addition, the percentage of children of a healthy weight in P1 had fallen between 2013/14 and 2014/15 and remained just below the target of 80%. This figure reflected an increase in children estimated to be obese, which had increased from 21% to 23% in 2014/15, above a target of 18%.

In schools, attendance at primary and secondary levels was around the national average and had remained so over the last three years. In terms of attainment, the proportion of young people achieving awards at SCQF levels four, five and six had

improved consistently since 2012 and was now above both the virtual comparator and national average figures. The percentage of school leavers achieving a positive destination had demonstrated continuous improvement over the last nine years, currently standing at just over 93%. Exclusion rates above the national average, particularly in relation to looked after children, were an issue that partners were beginning to address.

Children and young people had access to a wide range of opportunities to participate in structured activities or learning programmes. Many were externally accredited, or led to a certified learning qualification. The Active Schools programme provided a positive and increasing range of sport and leisure opportunities. In 2015/16, 7,710 pupils from P1 to S6 participated (29% of the school roll) - a figure up 2% on previous years. Partners had made sound progress in achieving equality of provision and uptake across primary and secondary schools. The number of Duke of Edinburgh awards achieved over the past four years at Bronze, Silver and Gold levels had grown, with considerable increases at all levels between 2013/14 and 2016/17. There were high numbers of young people achieving recognition for volunteering and for achievement in sports, music and culture. Pupils attending schools in more deprived areas were less likely to gain these awards. However, a number of planned actions to improve access and participation were in place.

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

At the time of the inspection, there were 434 looked after children and young people in West Lothian which equated to 10.4 per 1,000 aged 0-17 years of the population. This rate had been stable since 2012 and lower than the Scottish average of 14.0 per 1,000 population. Outcomes for looked after children and young people were generally positive. Placement stability had improved year on year since 2010 to better than the national average. Timescales for achieving permanency planning had also improved. Reducing the numbers of children and young people placed in out-of-authority fostering or residential placements was a priority for partners. Positively, this figure had fallen in the past two years. In 2015, 100% of looked after and accommodated children reported they felt safer as a result of intervention or support, considerably higher than the target rate of 80%.

All looked after children and young people were offered a comprehensive health assessment within four weeks of becoming looked after. The looked after nursing service had made a positive start in capturing data that would allow partners to demonstrate how the health of looked after children and young people was improving. This included recording levels of dentist registration, immunisation, self-reporting of smoking, substance use, sexual activity, and mental health screening. This information was drawn from health assessments carried out for all looked after children, including those at home.

School attendance of looked after children had shown continuing improvement since 2013/14, growing from 88% to 93% in 2014/15. The rate of exclusions for looked after children had fallen to 228 per 1,000 pupils in 2014/15 after increasing between 2010/11 to 2012/13. The level was now below that recorded in 2010/11, an

encouraging trend. However, partners had struggled to improve the educational attainment of looked after children since 2014 with performance below that of the **virtual comparator**.

Outcomes for care leavers were mixed. The number being referred to the criminal and youth justice service within 12 months of leaving care was low and falling. The number of those previously looked after and aged under 22 years, who went on to receive a custodial sentence was also falling. However, the percentage of young people eligible for aftercare services in education, training and employment, at 28%, was the lowest recorded for four years. In addition, too many care leavers were presenting as homeless with 45% experiencing one or more periods of homelessness in 2015/16.

In April 2016, the **child protection committee** had been merged into the West Lothian public protection committee. While the child protection committee had reported in 2014/15 on the work undertaken by the committee to improve the quality of services to protect children, it had not published a more recent report. The public protection committee was preparing to publish a report later in 2017 on their work to protect children with an increased focus on measuring outcomes.

The public protection committee was involved in efforts to address domestic abuse, which had resulted in positive performance outcomes. The rate of domestic abuse incidents was 123 per 10,000 of the population, which constituted a slight decrease over the past three years. Detection rates for domestic abuse were on target, reaching 82% in 2015/16. The percentage of women reporting that they felt safer as a result of an intervention by the domestic and sexual assault team (DASAT) reached 99% in 2015/16, continuing a positive trend since 2011/12. Similarly, the percentage of children feeling better as a result of using DASAT's children's service was 100%. Partners were continuing to develop promising new performance measures for future reporting that would enable them to better measure the impact of their work to reduce domestic abuse. These include: the percentage of women survivors of domestic abuse who present as homeless; average length of stay in a women's refuge; and the percentage of domestic abuse perpetrators completing a community payback order without further incidents being reported to the police.

Impact on children and young people

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

The impact of services on the wellbeing of children and young people growing up in West Lothian was good. Children received very effective help and support to feel safe, and to keep themselves safe in their schools and communities. Most vulnerable children were kept safe as a result of the help and care they received. Some who had experienced neglectful parenting or domestic abuse had to wait too long before they got the help they needed and a few young people looked after away from home remained vulnerable to

sexual exploitation. Children benefited from approaches to nurture that were well embedded across nurseries and schools. Children who were looked after away from home thrived as a result of the warm and nurturing care they received. Across age ranges, children benefited from a broad range of opportunities to be active, to achieve and to be responsible. The health of babies and young children was monitored carefully and promoted by staff in health and early years services. Children experiencing mental health or emotional wellbeing difficulties had their needs assessed more quickly as a result of a screening process. However, some children had to wait too long before they could access help. The wellbeing of most children looked after away from home improved as a result of the help they received. The experiences of care leavers and children looked after at home were more variable.

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

An impressive range of programmes and resources was in place to help children and young people of all ages keep themselves safe at home, in school and in their local communities. Children felt safe in school and could identify a trusted adult if they needed to talk about worries or concerns. Most children felt that bullying was effectively managed by staff in schools. Police Scotland youth volunteers helped young people to feel safer in their own communities however a small number of children did not feel safe enough to play outside in their communities. Junior road safety officers encouraged children to keep themselves safe as part of a wider road safety initiative. Children and their parents and carers were helped to understand the opportunities and risks associated with social media and online communications through a range of curricular activities and promotional events such as the week of action promoting Safer Internet Day. Targeted support was helping some vulnerable young people develop skills to promote resilience and keep themselves safe. For example, those attending the Fireskills programme learned about the safety aspects of fire, and the domestic abuse and sexual assault team were helping young women to recognise exploitative situations and unhealthy relationships.

Most vulnerable children were kept safe as a result of staff working jointly to share information and act quickly to protect them. Some children who had experienced continual exposure to neglectful parenting or domestic abuse had to wait too long before they got the help they needed to improve their situation. Children no longer able to remain at home benefited from the protective environments provided by kinship and foster carers and residential care placements. Effective use of legal orders and safe contact arrangements strengthened their security. Staff were working hard to better understand and address risks of child sexual exploitation though this remained an area for development. We say more about services' awareness of the risks of CSE later in this report.

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

Children and young people were being helped to optimise their health through a range of preventative approaches. Midwives and health visitors ensured that health and developmental needs of babies and young children were identified at an early

stage. Children and their parents or carers were encouraged to adopt healthy choices through their involvement in a wide range of health promotion activities. Together, they were learning about healthy eating and cooking at school and in parenting groups. Partners recognised that further efforts would be required to improve health outcomes for those primary school children at risk of being overweight or obese.

Children with complex health needs were assessed and reviewed by a range of specialist staff based at the **Beatlie Campus**. This co-ordinated approach worked well for younger children. However, some older children experienced a gap in services as they made the transition from children's to adult services, leading to periods of uncertainty for them and their parents. Many vulnerable children benefited from the practical help and support their parents received to support their attendance at health appointments. However, the health needs of some children who were looked after at home were not sufficiently well monitored or reviewed. Kinship and foster carers ensured an increased focus on the health needs of children becoming looked after. Some young people in residential and secure care were making healthier lifestyle choices with encouragement from their support workers.

Older children and young people who were looked after and accommodated spoke positively of the help they received from the looked after children's nurse and the throughcare nurse. The Chill Out Zone provided a safe environment for young people aged 18-25 years. It provided access to advice and support with a range of health issues, such as sexual health or mental health. Support for children and young people experiencing emotional wellbeing or mental health issues presented a mixed picture. For some, more effective screening of their needs enabled them to access helpful therapeutic support at an earlier stage. For others, their emotional wellbeing needs were not well recognised or they had to wait too long to access services. Partners were aware that the child and adolescent mental health services targets were not being met and had implemented a robust recovery plan which showed signs of improving performance.

How well are children and young people helped to achieve?

Overall, children and young people were achieving well in West Lothian. Younger children and their parents were benefiting from opportunities to learn together through, for example, play and **Bookbug** sessions. Children and young people with additional support needs were being supported well to move seamlessly between nursery and school as a result of clear processes being in place.

Educational outcomes for young people in the senior phase were improving. More children were achieving SQA awards and other courses accredited through the Scottish Credit and Qualifications framework. An increasing number of young people leaving school were achieving a positive post-school destination. Those who faced barriers to employment and training received effective support from a range of partners including, for example, the Youth Inclusion Project. The experiences of looked after children were more variable. They did not benefit from the same level of improvement as their peers and more help was needed to enable them to achieve their potential.

Young people at risk of being marginalised received beneficial support. A weekly young carers group helped those with caring responsibilities become less isolated and more involved in social and leisure activities. Well developed and effective work to support young people identifying as lesbian, gay, bisexual, transgendered or intersex (LGBTI) resulted in the achievement of national awards. Increasing numbers of young people were gaining high levels of accreditation in the Duke of Edinburgh's Award. There were important variations in the levels of participation among schools in West Lothian. Rates of exclusion in West Lothian secondary schools were higher than the national average and much higher in a few schools. Young people we met, who were at risk of being excluded, were now being better supported following the establishment of an inclusion and wellbeing service which helping them to remain engaged in learning.

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

Parents and carers were encouraged to provide emotionally warm, stable and secure environments in which their children could thrive. Babies and younger children benefited from the emotional and practical help their parents received to better understand their needs and to develop more consistent care. Supports such as the Psychology of Parenting Project, baby massage and mellow parenting were strengthening important early attachment and parent and child relationships. Nurture approaches were well established in nurseries and schools. Through nurture groups and 'bubble time', children were helped to explore their worries or feelings and understand those of others. Those who needed additional help were supported well as they moved from nursery to primary and from primary to secondary school.

Many vulnerable children and young people were helped as a result of intensive support provided to their parents. Most enjoyed more consistent care as a result of the changes their parents made. However, some children, including those looked after at home, continued to experience unsettled lifestyles and difficult family relationships.

Almost all children who were looked after away from home experienced warm, encouraging and supportive relationships with their carers and support workers. Predictable consistent daily routines and appropriate boundaries were helping build a sense of security and stability in their lives. They were helped to maintain important relationships with family members. A few children experienced multiple placement moves, disrupting their lives and sense of stability.

Effective practical, financial and emotional support enabled some care leavers to move successfully to independent living. Those young people who remained in kinship care and foster placements after 16 years of age, benefited greatly from continuity of support and a stable home base. Some looked after children and care leavers would have benefited from more focused help to deal with earlier losses in their lives or their experiences of childhood neglect and trauma. For some, this was continuing to impact on their mental health and wellbeing and relationships with family and friends.

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

Children and young people benefited from a wide range of opportunities to be active in school and in their local communities. Younger children enjoyed developmental play activities within nurseries and community groups. School aged children enjoyed weekly access to two hours of physical education. Sixty schools were signed up to the Sport Scotland school sport award initiative and the Active Schools programme, which successfully engaged children in a range of activities. Some young people had developed volunteering roles including through Fireskills and Police Scotland Youth Volunteers. The Youth Action Tooled Up project engaged young people in gardening and outdoor activities, encouraging them to be active in the local community.

Children and young people looked after away from home were given support, encouragement and opportunities to develop their interests and talents. The Torcroft Football Initiative enabled care experienced young people to engage with young people in the local community and other looked after young people across Scotland in a football league and summer tournament. Provision of gym memberships, Xcite cards and creative use of the **Active and Achieving Fund** played a significant role in facilitating increased opportunities for children and young people, particularly those with a limited income, to develop confidence and pursue their individual interests. Some vulnerable children would have benefited from more opportunities to be active had greater attention been given to this in their individual child's plan.

How well are children and young people respected?

Most children and young people were ably supported to understand and exercise their rights. They were helped to express their views and feelings in a variety of ways. Staff paid careful attention to the behaviours and interactions of babies and younger children to help them understand their feelings. Pupil councils were active in most schools and were achieving meaningful engagement. Almost all young people we met felt they were listened to and respected however, a small number were less confident that they had influenced change within their school.

Viewpoint, an online questionnaire, helped vulnerable children and young people to express their views and contribute to their assessments. The views of looked after children about their contact with family members were respected by staff. Some children affected by domestic abuse were helped by court contact rights officers to share their views, concerns and needs with other adults in the courts. Young people looked after in residential and secure care benefited from independent advocacy provided by Who Cares? Scotland. However, we found in our review of records, a significant number of vulnerable children and young people had not been offered any form of independent advocacy.

Children with communication difficulties were being helped to express their views in a range of ways, such as using Talking Mats, voice activated technology or sign language. The translation of reports into braille helped some visually impaired children and young people to better understand their circumstances. A few children

with communication difficulties would have benefited from more creative and persistent approaches to capturing their views.

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

Many children and young people were encouraged to take on levels of responsibility in line with their age and level of maturity. Vulnerable children were helped to develop their self-care skills by parents, carers and support staff. Within schools and in the local community, children and young people were encouraged and supported to develop their leadership skills. Some were providing peer support to encourage other children to achieve high aspirations. Those involved in pupil councils had the opportunity to represent their schools in the Youth Congress and Scottish Youth Parliament. Others developed leadership skills through opportunities to become Police Scotland Youth Volunteers or young carer champions.

Through a range of creative activities and initiatives, vulnerable children and young people were helped to develop a sense of responsibility and to better understand the impact of behaviours. The Graffiti Art project, Torcroft Football Initiative and the Fire Skills programme helped them make more positive choices and modify some of their behaviours. Increasingly, young people were being successfully diverted from prosecution through early and effective intervention services.

Most young people in receipt of aftercare services were being effectively supported to take responsibility for their own tenancies. The My Home programme within schools was helping some young people develop the life skills they needed at an early stage in their journey to independent living. Some care leavers would have benefited from more practical and emotional support to help them to achieve a successful move to independence.

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

A range of services, such as the Youth Inclusion Project, West Lothian family support service and the Chill Out Zone, was positively promoting the inclusion of children and young people who may otherwise have had limited access to help. Young people identifying as LGBTI benefited from opportunities to meet with peers to share their experiences, worries or concerns. They could participate in any of the six groups established across secondary schools. Some young people had helped raise awareness among teachers and school staff about LGBTI issues, and were involved in the co-production of guidance for use in schools across the authority.

Children attending the **Burnhouse Campus** were helped to re-engage with school through a range of tailored supports. The inclusion and wellbeing service enabled children with additional needs to attend mainstream schools. Flexible timetabling and effective communication between home and school was helping remove obstacles to inclusion and promote increased integration. Safe, nurturing care by carers and support staff was enabling children who were no longer able to remain at home to develop a sense of belonging and inclusion. Sensitively managed contact arrangements were helping them to maintain important relationships with their birth

parents, siblings and extended family. Limited housing options for care leavers restricted the extent to which some young people felt included in their local communities.

Impact on families

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

Impact on families was good. The availability of an extensive range of parenting programmes was a key strength. Families taking part in programmes were highly positive about their experiences. As a result, family resilience and wellbeing had improved. Nonetheless, the provision of parenting programmes was focused in the central parts of West Lothian, which made it difficult for some families to access services if they lived in outlying areas. Effective partnership working, reinforced by the shared ethos and common language of Getting it Right for Every Child, was having a positive impact on families. Parents and carers of children with a disability were benefiting from an increasing range of service options, as self-directed support became more available and familiar.

Vulnerable groups, including families affected by domestic abuse, addiction and homelessness, were benefiting from highly effective services. Services such as whole family support were well planned, implemented and evaluated. While frontline staff made extensive efforts to engage with families who were reluctant to work with services, these were not always successful. Kinship carers were well supported and some made effective use of the parenting programmes on offer. However, some kinship carers, particularly those looking after children with more complex needs, were unaware of what support was available, including the provision of respite.

Parents were benefiting from a wide range of parenting programmes on offer. The extent and range of this activity meant that these programmes were making a significant contribution to positive outcomes for families, with more than 1,000 parents attending accredited parenting programmes during 2015/16. Reports from groups demonstrated improved child behaviour outcomes, reduction of parenting pressures and improved parental mood. However, access to these groups was unevenly spread across West Lothian. Some families felt excluded from programmes or faced challenges in travelling from outlying areas.

For families of children with a disability, a number of organisations offered help in finding out about appropriate activities, groups and clubs including Signpost, which provided a one-stop shop for information. Families with children who had additional and complex support needs received effective support from staff at the Beatlie Campus. However, some kinship carers with responsibility for looking after children with complex needs were unaware of what groups were available to them in the community. The implementation of **self-directed support** (SDS) had expanded the

range of service options for a growing number of families. The child disability service, in promoting SDS, aimed to ensure that all four SDS options were offered to children with disabilities, their parents or carers. Over time, a more even spread across the four options had developed, resulting in a growing proportion of families taking on more control over the resources available to meet the needs of their children.

Vulnerable groups including women and children who had experienced domestic abuse received active and effective support through a range of services including those for therapy and recovery. Partnership work between social workers and the NHS Addictions service had been effective in helping parents overcome addictions leading to more stable family life and improved family resilience.

The whole family support service was having a strong and positive impact on those taking part. An evaluation of benefits included a reduction in crime and antisocial behaviour, increased educational attainment, reduction of social work involvement and incidents of domestic abuse. Almost all women and children, who received a service from the domestic and sexual assault team, reported that they felt safer as a result of the support and intervention. **Living in Safe Accommodation** provided housing and employability support for victims of domestic abuse, helping women and children to be rehoused, or preventing homelessness. The services provided had a positive impact on the mental health and wellbeing of service users. Families reported improvements in confidence and relationships, increased resilience, improved attendance at nurseries and schools and improvements in physical health.

The whole family support service offered early, proportionate and targeted support to families with enduring, complex needs. The strong partnership approach was proving to be effective in preventing problems from escalating, improving families' engagement with services, strengthening parenting skills and sustaining home school links. Partners were actively planning to increase the range of family learning opportunities available in West Lothian schools and had recently held a successful conference to share information on practice and approaches. Kinship carers made a valuable contribution to the wellbeing of children, and benefited from the payment of allowances, which relieved some of the financial concerns that can emerge when looking after the children of relatives. However, some kinship carers were not always clear about the range of support available, such as respite or short breaks and options regarding self-directed support.

Our review of children's records showed overall that resilience was improving among more vulnerable families. There were positive examples of staff working intensively, supporting families to improve parenting skills and providing parenting programmes and practical help to improve long-term outcomes. However, this was not evident for all families. While staff had made concerted efforts to engage with families that were previously reluctant to work with services, they were not always successful as parental confidence and resilience for some families had not improved sufficiently. Families with older children did not always get the support they needed and some families did not get the help they needed for long enough.

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

Providing help and support at an early stage

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

The extent to which services provided help and support at an early stage was good. In most circumstances, staff were skilled in recognising when children, young people and families were in need of additional help and support. For a few young people however, staff had not recognised the relevance of available information or patterns of behaviour that highlighted a potential risk of sexual exploitation. A high percentage of staff who responded to our survey, viewed Getting It Right for Every Child principles as having made it easier to get help at an early stage. In most cases, information was being shared effectively by staff, including by those that worked mainly with adults, and clear guidance and protocols were helping to guide partners. The partnership had invested significant resources to improve the delivery of services at an earlier stage in health services, around domestic abuse and for children with disabilities. Despite this, the assessment of need and provision of services for some children with disabilities took too long. Families with younger children were well supported by early intervention services. There was a range of helpful joint approaches and services that provided flexible interventions to children and families. However, these were not always delivered equitably across West Lothian.

Getting it Right for Every Child was well embedded in practice across the partnership, and this enhanced joint working. The effectiveness of early intervention for the majority of vulnerable children was rated as good or very good within our review of children's records. Multi-agency screening groups were successfully identifying children and young people in need of additional help and support. Midwives were identifying pregnant women and families who needed help at an early stage and were referring them to other services as appropriate. Health visitors knew families well and were efficient in recognising when families need assistance. The vulnerable pregnancy assessment and support service and Sure Start were providing earlier identification of risk and vulnerability for parents in the antenatal period and provided intensive support.

For a small number of young people living in residential houses and in kinship care arrangements, staff had not recognised the relevance of existing information and patterns of behaviour that indicated that a child may be at risk of sexual exploitation. While identified risk was responded to appropriately on an individual basis, the potential warning signs that there may be wider child sexual exploitation issues, including any potential links between perpetrators, had not been explored fully.

Children with additional needs were helpfully supported by having a single point of contact in the Child Development Centre, co-located with the Beatlie Campus, where children and young people attended for the assessment and coordination of their care. Some social policy staff were unaware of services for children with disabilities in outlying communities, and we noted that delays in staff carrying out assessments for children affected by disabilities were having an adverse impact on children and families. Young people at risk of offending were identified early and, through a range of supports, were given the help and guidance they needed to prevent escalation into the criminal justice system.

Guidance and systems were in place to enable staff to share information effectively and they made good use of this in their work with children young people and families. Staff working with adults understood the impact of adults' behaviour on children and shared information appropriately with children's services. The early and effective intervention multi-agency screening group shared information about young people involved in offending or anti-social behaviour and used it well to plan and review interventions.

The domestic abuse and sexual assault team (DASAT) provided a unique and effective framework of integrated services to respond to victims of domestic abuse and sexual assault and to their children. This included the timely provision of services from the projects Living in Safe Accommodation, Housing and Employability and West Lothian **CEDAR**. The Listen2Me! service provided a platform for children and young people, who were survivors of domestic abuse, to influence decision making around justice issues.

The **West Lothian Youth Inclusion Project** was involved at an early stage in young people's lives through collaboration with partners in a variety of screening and planning groups. This included the early and effective intervention group, which targeted young people at risk of increased offending behaviour. The What Next? programme provided early intervention for those young people who were looked after and likely to leave school without a positive destination. Young people with poor school attendance were supported to re-engage in learning.

There was strong partnership working between statutory and third sector services, which was helping support families well. Partners recognised that demand was beginning to outstrip availability for some services run by the third sector and were developing plans to address this. The range of services demonstrated a commitment to early intervention and included services for domestic abuse, parenting, and children with additional needs. Some services, such as the young mothers' service and whole family support, were providing flexible and tailored help to families and prevented an increase in difficulties for the families they engaged with. The inclusion and wellbeing service and nurture approach in primary and secondary schools had helped to meet additional support needs for children.

Partners had made considerable progress in implementing self-directed support for eligible individuals and families and the provision of a range of newsletters and guidance, combined with staff contact, had provided helpful advice. This had not

been perceived positively by all parents and some delays in assessments and determining budgets had not helped them to make informed choices. In a few cases, the need for respite provision outweighed availability, particularly for overnight breaks, which had impacted on families.

Assessing and responding to risks and needs

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

Assessing and responding to risks and needs was adequate. Overall, the response to concerns about the immediate risk of harm, abuse or neglect was prompt and resulted in the child's safety being assured. However, quality assurance systems were not being implemented sufficiently well to support consistently high standards in key elements of practice. Staff demonstrated a commitment to share relevant information when concerns were raised about children's safety or wellbeing. While guidance and procedures helped staff to collaborate well during inter-agency referral discussions (IRD), some staff were not clear on when and how these discussions should be initiated. This resulted in IRDs not taking place in all cases and in a lack of clear recording in children's records of the outcome of discussions. Staff made effective use of pre-birth conferences to assess risk to unborn babies. Appropriate alternative accommodation was secured for children who needed it. Partners were generally responding well to concerns that a child may pose a risk to others. Chronologies were completed for all cases we reviewed however, the majority of these were not being used effectively to inform assessments and develop children's plans. Almost all children had an assessment of risks and needs in their records and the majority were rated as good or above.

Initial responses to concerns about safety and wellbeing

In the majority of records we reviewed, agencies responded promptly to concerns that a child or young person faced immediate risk of harm, abuse or neglect. Staff were generally alert to signs of significant harm and recognising accumulated risks. In some cases, there was evidence of slow, indecisive responses to growing concerns regarding children who had experienced neglect over time. Inter-agency referral discussions (IRDs) to share child protection concerns and make joint decisions about investigations had been introduced with appropriate involvement of police, social work and health. These were often prompt and effective but some staff were uncertain as to how and when these should be initiated. This resulted in IRDs not taking place consistently and, at times, did not include all relevant agencies. Plans to introduce a shared electronic system were expected to improve this. Partners recognised that a joint quality assurance process was needed in order to improve the IRD process.

Staff were alert to concerns about the wellbeing of children and young people. In most cases we reviewed, the response children and families had received was

helpful. Several multi-agency processes were used to respond to the high volume of concerns. In most instances, concerns were promptly signposted for interventions or services. Improvements in assessing the wellbeing of children with complex needs included enhanced inter-agency monitoring through screening groups, including the Mental Health, Mental Wellbeing screening group, to identify emerging risks. The Young Almond Project provided a prompt and effective response for young women at risk of exploitation or engaging in risk taking behaviours, including substance abuse.

Referrals for children and young people affected by domestic abuse were increasing. This was supported by a variety of well-developed and connected approaches to domestic abuse including innovative court support. The domestic and sexual assault team (DASAT) was central to these measures working well. Women and children who had experienced domestic abuse were benefiting from practical and emotional support provided by Women's Aid, DASAT and other agencies. In a small number of cases, the welfare of children and young people would have been more assured had there been better recognition of the complexities and cumulative impact of domestic abuse.

Pre-birth concerns were identified effectively and multi-agency discussions were initiated to assess risks and plan responses. Services were prompt in convening initial child protection case conferences. This contributed to clear decision making and the child's safety and wellbeing being secured from the outset. Strong relationships underpinned communication about risk and wellbeing and it was evident that staff were confident in making contact with other professionals when they had a concern. Partners recognised that there was a need to further embed in practice, agreed arrangements to monitor and assess the needs of young people who went missing frequently.

Frontline staff and managers worked to a comprehensive set of procedures and guidelines when responding to child sexual exploitation (CSE) and undertook mandatory as well as other training opportunities. As a result of our review of children's records we identified a few young people for whom the risk of CSE had not been identified promptly or responded to jointly.

In almost a quarter of the children's records we reviewed, there were concerns that the child had posed a risk to others. The response of partners, in just under half of these cases, was good or very good. This was enhanced by robust collaborative service provision. Partners' response for a few young people was slow and lacked collaborative assessment. In most cases, when needed, appropriate alternative accommodation was secured for children and young people to reduce potential risks.

The quality and use of chronologies

Chronologies were evident in all the records we reviewed but two thirds were not fit for purpose. They lacked the detail necessary to identify patterns of risk or need, thereby limiting their contribution to meaningful assessment and case management. Internal audits highlighted similar findings and these led to the introduction of new guidance, good practice examples and an increased appreciation of the impact of

staff workloads on the quality of chronologies. We did not find enough quality assurance when we read case files and that lack of quality assurance may be contributing to the absence of intended improvements in practice.

Many chronologies were largely made up of a list of agency actions and processes. There was little or no information about significant events in the child's life, such as the death of a relative or the birth of a sibling. Some chronologies included an unnecessary amount of information on other family members to the extent that significant events relating to the subject child were obscured within unrelated detail.

Chronologies contained within records other than that of the lead professional were generally of a better standard. Community child health services were using chronologies to inform inter-agency referral discussions. Police and other partners were monitoring repeat concerns and any patterns that emerged were subject to an escalation policy to determine if an initial referral discussion was required.

The quality of assessments

Almost all children and young people had an assessment of risks and needs however; the standard of these was variable. While the majority was rated as good or very good, almost a third were adequate and a few were weak. Staff had received appropriate training to contribute to assessments and had access to the required guidance and tools necessary to undertake them. Effective procedures were in place to assess the risk posed by young people to others. Partners had trained some staff teams in a number of specialist assessment tools, including AIM2, which assesses the potential risk posed by young people who display harmful sexual behaviour, and ASSET, which is used to predict reconviction. Partners had introduced the care and risk management process for young people under 18 involved in offending behaviour, which had enhanced the quality of assessments. Staff worked well with young people to include them within assessments and a multi-agency approach had strengthened the process.

The assessment of children with additional support needs was coordinated efficiently in their localities. Some children did not have a comprehensive and detailed enough assessment for disability and some members of social policy staff were unaware of all the supports available to children and their families. The out-of-hours team worked well with partners to contribute to assessments and seconding their staff to children's residential houses had strengthened their insight into the challenges for young people in these settings.

A more dynamic and robust multi-agency approach to assessing risk, where concerns were identified, would better inform timely decision making when assessing child sexual exploitation. Decisions for children affected by parental substance misuse were informed by joint assessments carried out by the social work addictions team, practice team social workers and early years staff as required. A number of staff including 38 champions had been given Safe and Together training to drive the approach. This enhanced the assessment process for children and families with experience of domestic abuse and contributed to early decision-making. Social workers were using the approach and language of Safe and Together when engaging with families affected by domestic abuse and families reported increased

engagement with the process and felt more supported as a result. The whole family support service provided a comprehensive risk and needs assessment in collaboration with the families they were supporting.

The quality of assessments provided to children's hearings and to initial child protection case conferences was more variable. While many were comprehensive and supported early decision-making, some lacked the detail and analysis required to provide quality information. In a few cases, this had resulted in compulsory supervision orders being continued unnecessarily. Some assessments would have benefited from a greater level of collaboration between partners. Waiting lists remained for some specialist assessments including parenting assessments, family placement assessments and assessments by child and adolescent mental health services. Partners were working together to address this and making positive progress.

Planning for individual children and young people

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

Planning for individual children and young people was good. Almost all children and young people had a plan to manage risk and meet needs. The majority were of an adequate standard. They set out desired high-level outcomes for the child, but were not sufficiently specific or measureable. Reviews for children and young people looked after away from home were taking place at appropriate intervals. Partners had taken steps to strengthen the reviewing process for children and young people looked after at home. Investment in processes and a commitment to collaborative working were contributing to effective planning. Timely decision making and fewer placement moves enabled children and young people to be cared for within stable and secure environments. While the majority of care experienced young people were being supported in their choice to either continue in care or live independently, an increasing number of care leavers experienced repeated episodes of homelessness. This issue, along with access to adult health services, highlighted opportunities for continued improvement in terms of strengthening transition planning. Practice in implementing and reviewing individual children's plans was better than the quality of the plans themselves.

The quality of children and young people's individual plans

Partners had developed a child's plan template for use across services including the third sector. Staff welcomed recent changes to the template, viewing it as adaptable and a clear improvement on what had been previously been in place. The majority of respondents to our staff survey had been trained to prepare a child's plan with the majority agreeing they had the necessary guidance and tools to help them.

While almost all children and young people whose records we read had a plan to manage risk and to meet their individual needs, the quality of plans was too variable. We rated just over half as good or better in addressing risks however, we considered

the majority of plans to meet children's needs to be adequate, where strengths just outweighed weaknesses. Again, while the majority of plans identified high-level outcomes, these were not detailed enough to identify unmet needs across all relevant wellbeing indicators. Children's reporters commented that implementation of Getting it Right for Every Child had contributed to improvements in the overall quality of reports. They described the content as having become more relevant, child-centred and analytical.

While most plans set out the desired outcomes for children and young people, the majority were not sufficiently **SMART**. A number of children and young people still had multiple single-agency plans, although partners had made some progress in working towards developing a single child's plan. Our review of children's records highlighted deficits in quality assurance processes. Most records had not been reviewed regularly by a manager or staff with quality assurance responsibilities. Conversely, most staff had opportunities to discuss their work with a supervisor or manager.

The quality and effectiveness of planning and reviewing

Plans for children and young people who were looked after away from home were being reviewed at intervals appropriate to their needs and circumstances. Partners had recognised a need to improve the standard of reviewing for children and young people looked after at home. With a view to improving planning and reducing inconsistencies, partners had agreed that reviews for all children looked after at home were to be undertaken by independent reviewing officers beginning in July 2017.

In almost three-quarters of the vulnerable children's records we reviewed, partnership working was at an appropriate level. Staff from relevant services were involved, including from adult services and the third sector. Staff described planning and reviewing processes as working well and viewed communication and collaborative working as effective. Head teachers viewed planning as having improved because of clear processes, better co-ordination and a joint understanding of assessment and planning. However, we noted instances where health staff had not been adequately involved in planning meetings for young people moving between child and adult health services. In some cases, they had not been invited to contribute. In others, competing demands were given as reasons for a lack of involvement.

The whole family support service engaged vulnerable families in formulating robust, comprehensive plans with the child at the centre. Contingency planning was a key feature of the family group conferencing element of the service. The process to manage young people's risk was working effectively in terms of assessing and managing the risks posed by young people displaying potentially harmful behaviour.

In most records we read, the views of children, young people, parents and carers had been included and recorded in plans and during key meetings. Encouragingly, partners had sought feedback on child's plans from looked after and care

experienced young people. Children and families involved within child protection processes were also being consulted in order to evidence outcomes and improve practice. In most of these cases, when young people felt unable to advocate on their own behalf, support was available through Who Cares? Scotland and the children's rights officer.

Most of the children and young people within our sample had their needs assessed and were provided with services without delay. While staff reported some delays in families accessing funding, a 70% uptake of self-directed support was having a positive impact in terms of engaging and involving children, young people and families' decisions about their care.

The quality assurance and self-evaluation subcommittee of the public protection committee had responsibility for auditing child protection practice, which had included the auditing of child protection plans. Performance reporting confirmed that progress was generally on target. A helpful process was in place whereby committee members met with the core group to reflect on progress and consider whether positive, sustained outcomes could be evidenced. Child protection concerns or practice challenges were raised through the child protection lead officer who then liaised directly with relevant managers. There was less confidence among reviewing officers to raise challenges or concerns within reviews for looked after children as no specific system or protocol was in place. Clearer measures and direction for staff was required to improve joint planning for children and young people moving between lead professional and named person arrangements as gaps in the regularity of reviewing was evident for some children.

Securing stable and nurturing environments

Effective joint planning was enabling the majority of children and young people to be cared for safely and securely. For the children and young people whose records we read, who were identified as requiring permanent substitute family care, planning was generally progressing well. Overall, permanency planning had improved, particularly for younger children. Delays had reduced and links with legal services had been strengthened. For a few children, progress was less evident and their long-term stability was less assured.

A child-focused approach within adoption services was underpinned by a clear and coherent permanence policy and well received procedural guidance for staff. Practice assessments, reports and decision-making processes were informed by coherent, evidence-based analysis of the circumstances of individual children. A joint approach to early assessment and planning had contributed to a renewed focus on achieving permanence for children at the earliest possible stage and had reduced the number of placement moves.

Families engaging with the whole family support service were helped to identify and use extended family networks in order to prevent a child or young person becoming accommodated. Staff were confident that multi-agency screening groups were improving plans and making better use of the resources provided by third sector partners. A range of tenancy options and supports were assisting young people to

continue in care or prepare for independent living. However, the number of care leavers experiencing repeated episodes of homelessness had increased and there were examples of young people being placed in bed and breakfast accommodation. A transitional tenancy scheme had been developed to address the issue but was not yet in a position to demonstrate impact. As a consequence of a new housing allocation policy, care leavers were awarded a set level of housing need points and were being prioritised through an exceptional circumstances process. This gave more priority to this vulnerable group than they had before, in order to ensure young people accessed suitable accommodation. In terms of ensuring equity of access, this issue, considered alongside pathways into adult health services, highlighted a need to strengthen transition planning.

Planning and improving services

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

Joint planning to improve services was good. Integrated children's service planning was firmly embedded within the wider context of community planning. Partners had a comprehensive and cohesive strategy in place for joint planning directed through their current Integrated Children's Services Plan and well aligned supporting plans and strategies with SMART objectives. Getting It Right for Every Child principles were well embedded within strategic plans. Shared resources were targeted to achieve the greatest impact on service development and delivery through prioritising prevention and early intervention approaches. The public protection committee had provided effective leadership on a range of issues including work to improve outcomes for young people involved with youth justice services and on domestic abuse. However, while the committee produced a 2014/15 report on the measures taken to improve outcomes for children, it recognised that the transition to the new arrangements had resulted in a lack of public reporting in 2015/16. The committee planned to report on its work to improve services to protect children in 2017. Strong links between the public protection committee, the quality assurance subcommittee and other strategic planning groups contributed to the process of jointly identifying and responding to potential or emerging risks to vulnerable children and young people. Nonetheless, the impact of current policy and practice at both a strategic and operational level in relation to child sexual exploitation (CSE) required to be reviewed. Despite efforts to raise awareness of the risks, not all staff were suitably equipped with the skills to identify and respond to suspected or actual CSE matters effectively and confidently.

Integrated children's services planning

Strategic planning arrangements were robust with clear, transparent connections between structures, processes and governance of key strategic groups. Planning

partners worked well together to jointly plan and deliver preventative and early intervention services.

The Integrated Children's Services Plan (2012-2018) provided a comprehensive and cohesive strategy for the integration of services for children and young people. Explicit links with Getting It Right for Every Child principles were embedded. A comprehensive review reported on the progress made against key actions. The newly produced draft Children's Services Plan (2017-2020) outlined the strategic priorities for children and young people. This followed an approach to planning that was based on outcomes and took full account of the new requirements of the Children and Young People (Scotland) Act 2014. Partners had begun a public consultation on the draft report to hear what children, young people, families and staff thought of the priorities identified and approach taken.

The plan reflected a strong relationship between universal, targeted and specialist services. This included a firmly embedded nurture approach in primary schools that was becoming increasingly established within secondary schools. The approach had contributed to significant improvements in school ethos, values and culture. Further examples of effective integrated planning included partners work on delivering early and effective intervention; the whole family support service and innovative, integrated services in relation to violence against women and children. The violence against women subcommittee was very well connected and embedded within strategic planning.

A wide range of relevant performance indicators and targets was used to demonstrate progress towards achieving short, medium and long-term outcomes. Performance information was used well to identify trends, evaluate the impact of prevention and early intervention programmes and to direct funding decisions. For example, partners recognised that a more consistent and persistent approach was needed to support and improve positive destinations and prevent young people leaving care from becoming homeless.

Services were not distributed equitably across West Lothian. Partners charged with planning children's services were making progress in addressing this. Work was in progress to undertake a comprehensive strategic needs assessment for children and families through the programme of work to realign children's services.

Child protection committee business planning

The public protection committee, established in April 2016, had replaced all pre-existing strategic governance arrangements for child protection, adult support and protection and offender management. Clear lines of accountability and well-established governance arrangements were in place between the committee and chief officers. The child protection/corporate parenting quality assurance and self-evaluation (QASE) subcommittee effectively supported working groups tasked with strengthening child protection processes and practice. Well-established multi-agency self-evaluation arrangements underpinned a culture of evaluating the effectiveness of child protection processes to support continuous improvement. Child protection performance management processes were monitored through the

QASE subcommittee and reported to the public protection committee. A wide range of performance data was routinely gathered, analysed and evaluated against key indicators to measure impact and to identify improving trends and outcomes. However, there was a general absence of relevant external comparative data to benchmark whether performance was favourable against comparator or other community planning partnership areas.

The public protection committee acknowledged that the focus given to establishing a new committee model had resulted in a lack of public reporting between 2015 and 2016. The committee was in the final stages of drafting a report on the quality of services to protect children. The committee recognised that there was a need to take forward a more effective communication strategy to both engage with and inform stakeholders on the work of the committee.

Senior representatives from police, health and social work services met regularly to review all inter-agency referral discussions. While this had provided opportunities to address potential concerns arising in a timely manner, there was no formal multi-agency governance or specific quality assurance arrangements in place for reviewing the effectiveness of inter-agency referral discussions.

Child Sexual Exploitation (CSE)

The public protection committee was responsible for leading and implementing a CSE approach, work plan and training to support staff in protecting children and young people. The committee's strategy for tackling CSE linked into the national policy agenda that included prevention, disruption and recovery and was directed through a joint action plan. This plan, developed in 2015, needed to be revised and updated to reflect current activity, priorities and progress.

During the process of reviewing children's records, we identified that, for a few young people, staff had not adequately identified or responded to CSE issues. This related primarily to young people living in residential houses and in kinship care arrangements. While staff responded to identified risks and concerning behaviour on an issue-by-issue basis, they did not always recognise these as potentially being as a result of child sexual exploitation. Therefore, for a few young people, the potential warning signs that there may be wider child sexual exploitation issues, had not been explored fully. In some instances, despite information on concerning patterns of behaviour being held within children's records, the significance had not been recognised or acted upon using local inter-agency child protection procedures. The public protection committee recognised it would need to review strategy and operational practice. This would include reviewing the CSE strategy in order to ensure it was prominent enough within the child protection strategy. The committee also planned to review staff training; the council's residential provision; the current risk assessment process and the quality of inter-agency referral discussions.

CSE briefings, events and information leaflets for parents, communities and businesses had been developed and delivered, including information provided to taxi companies on the warning signs of CSE. Child sexual exploitation awareness, linked to the Curriculum for Excellence and Relationships, Sexual Health and

Parenthood, was being embedded within schools. There was evidence of effective practice and impact information in relation to CSE undertaken by the domestic and sexual assault team, the Young Almond Project and the Chill Out Zone where young people were being equipped with the knowledge and skills to identify healthy and unhealthy relationships, awareness of sexual exploitation and online safety. Improved approaches to engage foster carers to increase their awareness and skills in respect of child protection and identifying CSE was an area recognised by the committee as requiring further development.

Managing and mitigating risks

Clear linkages between partnership groups including the safer communities strategic planning group, integration strategic planning group and the public protection committee, helped to ensure partners were sufficiently well-informed about potential or emerging risks to vulnerable children and young people. For example, partners had in place shared risk management approaches and multi-agency protocols to respond to missing children and young people, human trafficking and asylum seeking children. Information gathered and shared through the police risk and concern hub provided a more robust picture of potential and emerging risk at both an individual and community level to inform joint risk assessment, risk management and safety planning. For example, partners worked jointly to develop strategies and progress actions within the serious and organised crime action plan to minimise risk. Community planning partners were proactive in jointly identifying emerging and potential risks to the safety or wellbeing of children and young people affected by domestic abuse through effective strategies and action to minimise harm.

Chief officers were well linked into national strategic groups and had a strategic overview of national issues and emerging risks. The audit of community planning report (2014) recommended that the community planning partnership developed a risk register to help them identify and manage the risks associated with delivering the single outcome agreement. The audit governance committee was taking on responsibility for addressing this action to develop a draft risk register. At a council-wide level, robust arrangements were in place for managing corporate governance and risk across services.

Participation of children, young people, families and other stakeholders

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

The extent of participation by children, young people, families and other stakeholders was very good. Community planning partners were fully committed to and involved in the development of policy, planning and service development. Partners consulted with representative groups who ensured the views of children and young people were listened to and included within service planning decisions. Large-scale surveys were used to gather the views of children, young people, parents and carers, and the findings were used to inform policies. Third sector representation on strategic planning groups had been strengthened and representatives felt fully engaged.

Services made good use of approaches to successfully engage children and young people, families and communities. Children's rights were well promoted and understood by leaders and policy makers across services. The corporate parenting strategic group, in collaboration with the children's rights worker, had made sound progress in promoting the rights of looked after children. In a wider rights context, the UNICEF UK Rights Respecting Schools programme was embedded across the partnership, placing a children's rights ethos at the heart of school culture. There was no systematic approach to recording or evaluating the impact of children's engagement in the development of policy or services in order to maximise the benefits of the considerable work that was being done. Partners recognised that this was an area for further development.

Involvement in policy, planning and service development

Community planning partners were highly committed to ensuring children, young people, families and other stakeholders had opportunities to influence policy, planning and service development. Strategic documents produced by partners included clear, strong statements about engagement and participation of all stakeholders. Third sector representation on strategic planning groups had been strengthened and they were well integrated and engaged within community planning partnerships. A wide range of stakeholders were fully engaged in developing joint policies, strategies and plans. For example, the third sector was leading on the play strategy and worked closely with health improvement, education, Sure Start and young people and parents to ensure a consistent approach to developing and delivering the strategy.

Partners were developing a children's participation and engagement strategy in order to build on existing good practice in engagement and participation and to enhance the voice of children and young people in children's services plans. Care experienced children and young people had been involved in a range of engagement activity to ensure their views were heard at a strategic level through Having Your Say forums and Viewpoint. The corporate parenting strategic group aimed to ensure that care experienced children and young people were at the heart of decision-making, however this was at too early a stage to demonstrate impact.

Communication and consultation

Services were taking positive action to ensure that consultation and engagement was a key part of processes to shape services. Many services had well-established systems in place to gather feedback. Staff considered engagement and participation as part of 'daily business' and employed useful techniques and approaches to successfully engage with children, young people, families and communities. Meaningful participation within communities, through local community and family centres, was helping services to hear the views of some harder to reach families. Health visitors regularly spoke with families to hear their views about their communities, policies and services that had an impact on them. Early years forums provided opportunities for discussion about local issues, groups and services in the community. These were ably supported by statutory and voluntary organisations.

Local volunteers were involved in developing supports to the community. These included activities such as a community clear up, fund raising for youth groups and developing initiatives like Foody Friday where families could drop in to sample fresh produce. A public social partnership was developed to co-produce a project around holiday activities for disabled children and children with additional support needs. As a result of a review, Getting it Right for Autism, new social opportunities for children with autism were being developed.

Members of the local Youth Congress and of the Scottish Youth Parliament were working purposefully to make sure that the views of children and young people were heard. Local school issues and ideas were being raised through pupil councils and to the Scottish Young Parliament where appropriate. The Youth Congress was involved in representing the voices of children and young people in the development of the West Lothian Play Strategy. They also contributed to a 2016 campaign on youth mental health where they consulted through the congress and had 2,068 responses from stakeholders, which informed the development of the strategy.

Pupil and parent councils and surveys routinely sought the views of children and their parents and carers through education services. While there were many examples of successful communication and consultation, some groups had mixed opinions about the effectiveness and consistency of consultation. For example, some foster carers and parents of disabled children were unclear about how to get their views across and some felt that they had not been consulted about changes in services.

Promoting the rights of children and young people

A clear commitment to the rights of children was reflected in the draft Children's Services Plan (2017-2020) and in the draft Corporate Parenting Plan (2017-2018), as well as through the diverse and active role undertaken by the children's rights worker. The children's rights worker played an important role in championing the rights of children and young people to senior managers and policy makers. In addition to supporting individual looked after children, the role had been extended to support children around contact arrangements where there had been domestic abuse, to make sure that the child's views were heard. This resulted in sheriffs increasingly requesting reports from the court contact rights officer in relation to residence and contact cases in order to shape their decisions.

While sound progress had been made in promoting children's rights, it was evident that independent advocacy had only been offered to a small number of vulnerable children whose records we read. Young people who were looked after were helped to develop creative ways to have their voices heard. A video about their care experiences was shown to elected members and senior officers. Other young people produced **emojis**, which were being piloted to help children express themselves more fully during children's hearings.

Partners acknowledged that improved use of information, gathered through engagement and participation approaches within individual services, would better inform children's services strategic planning. Leaders acknowledged that there was

a lack of analysis of the impact of children's engagement in the development of policy or services and recognised that this was an area for further development. Schools were proactively promoting the rights of children and were supporting a number of approaches. Pupil council members demonstrated a good understanding of rights and responsibilities however, looked after children were not well represented on pupil councils. The partnership had a positive and proactive approach to tackling homophobic bullying. Young people were actively involved in setting up LGBTI groups in six secondary schools and they had consulted widely across the school community to ask what they could do to support the LGBTI community. This had resulted in some practical changes such as fuller inclusion in personal and social education for children; on-going training for teachers; and ensuring that appropriate facilities were available for transgender young people.

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

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

Leadership of improvement and change was very good. Leaders across the partnership knew their area well and were ambitious and committed to achieving excellent outcomes for children, young people and families. Partners demonstrated a coherent shared vision, articulated well by elected members and delivered through effective strategic planning groups. The partnership displayed capacity and willingness to effect major change in the structure and redesign of services for children and families. There was a strong focus on directing resources towards prevention and early intervention and partners had introduced a wide range of successful initiatives. The Getting it Right for Every Child approach was well-established at strategic and operational level. The partnership had a robust approach to self-evaluation. Leaders used performance information to develop well-informed and suitably resourced plans to address the impact of demographic changes within a challenging financial climate to meet future need and demand. A culture of comprehensive strategic needs assessment and analysis effectively supported service-planning processes. Partners recognised the need to ensure that quality assurance processes are robust enough to provide accurate evidence of the effectiveness of operational practice. There was strong evidence of positive results in improving the wellbeing of children and young people. The partnership had made progress with the single outcome agreement objective of tackling inequalities, through initiatives such as the anti-poverty strategy and the regeneration framework, which were targeting resources to meet need in areas of deprivation.

The community planning partnership's vision to tackle inequalities and give children and young people in West Lothian the best possible start in life was expressed clearly by leaders and embraced by staff from across partner agencies. Partners demonstrated a strong commitment to tackle the causes of poverty and reduce the impact of inequality in the lives of children, young people and their families. Partners had established a practice of undertaking comprehensive strategic needs assessment and analysis to provide a sound understanding of the needs of communities and support the development of strategic plans. Key strategic documents and public reports showed clear vision for services for children and families and there were clear links between these and the single outcome agreement. Leaders used social media creatively and distributed newsletters and an informative bulletin to sustain the vision and report on progress in achieving key priorities.

Partners demonstrated a clear commitment to corporate parenting underpinned by a long-standing process of promoting the participation of children and young people. While partners had achieved improving trends in some key outcomes for looked after children, they recognised improvement was required in raising attainment and in improving outcomes for care leavers. Significant progress had been made in engaging the wider range of partners with corporate parenting responsibilities under the Children and Young People (Scotland) Act 2014. For example, the partnership established a corporate parenting strategic group with wide representation from statutory and third sector agencies including children's rights and advocacy services. The group provided sound leadership on analysing performance and identifying areas for improvement. Partners consulted widely when developing the new Corporate Parenting Report and Plan 2017-2018, outlining key priorities that were firmly aligned with an updated Children's Services Plan 2017-2020.

Staff at all levels and across all services were able to articulate the shared vision for services and were maintaining meaningful engagement with children and their families in order to continue to improve outcomes. The new children's services plan provided clear direction on strategy for integrating children's services through six revised work streams and integration was at a mature stage.

Leaders had made clear progress in embedding the culture, systems and practices of Getting it Right for Every Child across services. A targeted multi-agency steering group had been tasked with leading the Getting it Right change management process across education, NHS Lothian, social work services and police. Staff were clear and confident about their respective responsibilities and had embedded core principles in their work with children and young people. However, partners recognised that there was a need for continued strong leadership in order to deliver on practice developments including achieving a single child's plan, multi-agency comprehensive assessments and integrated chronologies.

Community planning partners worked well together to plan, develop and deliver services to improve outcomes for communities with a focus on tackling inequalities and reducing the outcome gap for looked after children and young people. A strong partnership approach to strategic planning had resulted in the implementation of effective early intervention and prevention approaches and programmes. These included the whole family support service and the domestic abuse and sexual assault team (DASAT) which was co-located with police, courts, SCRA, social work, housing and health. DASAT had successfully supported women and children who were experiencing or had experienced domestic abuse, sexual assault and other forms of violence. Partners challenged traditional ways of delivering services, for example, in the approach taken to extend youth justice services for those up to 21 years (and beyond in certain circumstances) which was delaying progression into formal adult systems for the most vulnerable.

The refreshed single outcome agreement for 2013-2023 had been merged with the previous community plan, Towards 2020. It was supported by a range of enabling plans and strategies that had contributed to improved outcomes for communities and helped to reduce areas of overlap. West Lothian's anti-poverty strategy, Better Off, was beginning to address the particular needs and circumstances of different

communities through the realignment of partnership resources and additional investment. Examples included the development of welfare initiatives and partnership projects to increase uptake of benefits and target the most vulnerable families such as the Prevention and Intervention Money Advice Project, which was a partnership project between the Advice Shop and the registration service. The council had invested £148m to build 1,000 new council homes, including in areas suffering disadvantage, in order to impact on inequalities in housing. The West Lothian Apprentice programme and the council's job fund and graduate programme had supported over 380 young people into employment since 2012. This had not yet benefited care leavers. There was a plan to extend Partnership Centres into each ward area and this, combined with on-going investment in debt management and money and energy advice services, had helped to improve household income for some families.

The Health and Social Care Partnership had a range of well-established performance management systems and internal mechanisms in place to monitor the quality of service provision and improvement activity. These included a comprehensive programme of self-evaluation that incorporated analysis and reporting at corporate, service and team level, using the West Lothian Assessment Model (WLAM) and monthly Covalent performance reporting. A review panel, led by a chief officer, scrutinised the performance of services and initiated improvement action for those that were underperforming. The maturity of self-evaluation processes allowed partners to identify areas for improvement and they were able to realign resources effectively in order to target areas of need with well-informed plans. In partnership with Quality Scotland, partners had developed an ambitious strategy to monitor and drive improvement that was underpinned by clear governance and reporting. While this confirmed the council's commitment to continuous improvement and actively contributed to the corporate plan's eight priorities, partners recognised that further progress would be required in undertaking benchmarking activities by strengthening existing links with partners.

Deficits existed however, in undertaking regular, structured and effective quality assurance processes at operational management level. These had resulted in reduced quality in the recording within children's records, variability in the quality of assessments and a lack of consistency in the quality of children's plans.

The majority of staff acknowledged that there were positive examples of joint working and shared approaches in service delivery that their managers supported and encouraged. Partners provided a number of programmes and opportunities for staff to learn and develop, and were effectively developing leadership capacity. Leaders had established a learning culture across services and had considered the findings from scrutiny reports and research to improve practice.

7. Conclusion, areas of particular strengths and areas for improvement

We are confident that outcomes for many children, young people and families living in West Lothian have improved as a result of committed leadership, an ambitious shared vision and effective community planning arrangements. We found staff to be highly committed across all agencies and working collaboratively to improve outcomes. Overall, partners demonstrated a sound knowledge of the impact of services based on robust performance monitoring processes, enhanced by comprehensive strategic needs analysis. Considerable investment in resourcing early intervention and prevention services was delivering positive improvements in the lives of children and young people including those who are vulnerable. Partners are highly committed to identifying and addressing areas for improvement. The partnership has clear ability and capacity to continue to maintain high performance in the planning and delivery of services based on robust governance structures.

An extensive range of support services was being delivered by partners and stakeholders to support children, young people and families across communities. This was particularly evident in the variety of parenting programmes and family support services being provided. The whole family support service and the domestic abuse and sexual assault team were making a particularly notable impact. The commitment to continuous improvement and strong operational and managerial partnership working puts partners in a strong position to address the deficits we found in some aspects of quality assurance, assessment and planning.

In the course of our inspection, we identified a number of particular strengths which were making a positive difference for children and young people in the West Lothian Community Partnership area. We found:

- a coherent shared vision to tackle inequalities, supported by a range of approaches and a commitment by partners to realign resources in order to achieve this
- robust performance monitoring, management and reporting processes
- effective community planning arrangements, supported by strong leadership and robust governance across strategic groups
- innovative and effective early intervention and prevention programmes and services
- meaningful consultation, collaboration and inclusion of children and young people in policy and service development.

We are very confident that partners in West Lothian will be able to make the necessary improvements in the light of our inspection findings. In doing so, the Community Planning Partnership should ensure that:

- quality assurance processes lead to sustained improvement in the quality of assessments, children's plans and integrated chronologies
- staff understand and implement the processes for initiating, undertaking and recording inter-agency referral discussions and that a single quality assurance process is agreed and applied

- child sexual exploitation policy is reviewed and updated and practice is improved to ensure that vulnerable young people are kept safe
- sustained improvements are made to educational attainment of looked after children and outcomes for care leavers.

8. What happens next?

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

Appendix 1: Good practice examples

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

West Lothian Youth Justice

The West Lothian Youth Justice approach had been delivered across the partnership, in its current format, since 2010, following an internal organisational change process, when it was decided that there would be merit in integrating the youth justice team with the criminal justice service to make a criminal and youth justice service (C&YJS). The partnership had demonstrated a continued commitment to, and investment in, youth justice services. The ethos of the service was based on early and effective intervention (EEI) and the implementation of the Whole Systems Approach (WSA). Recognition of child development theory, the longer-term impact of adverse experiences in childhood and the fact that young people's issues can continue into adulthood have informed strategic policy and operational practice. All aspects of the WSA had been embedded in practice and were contributing to young people at risk of offending being successfully diverted from formal measures.

By extending the youth and criminal justice service and the WSA (where possible) up to the age of 21, partners had achieved step change in the way justice services were delivered to young people at risk of offending, delaying progression into formal adult systems for the most vulnerable. The approach was designed to address the behaviours of young people who offend in a radically different way, by changing from a reactionary to a preventative approach. Young people were diverted from the youth and criminal justice systems (and the poorer outcomes associated with this) by taking a holistic approach to each young person, based on GIRFEC principles, and ensuring that they had immediate, appropriate and proportionate support at the right time to prevent further offending.

The EEI approach had been established in collaboration with the Scottish Children's Reporter Administration (SCRA) and youth justice referral meetings were established in order to prioritise diversion. Referrals were made to partners attending this multi-agency forum to implement a range of interventions. Young people who were subject to community payback orders were supervised by youth justice social workers, where appropriate, and this could be up to the age of 21. Similarly, the use of diversion from prosecution was maximised to ensure that those under 21 were prioritised. The C&YJS had established a team dedicated to young people who were subject to unpaid work orders, so that opportunities could be developed around employability and positive role modelling.

Positive outcomes had been achieved by this model, with low re-referral rates for 2016-17, when 87% of young people involved with the service did not re-offend. It had also resulted in low use of custody for 16 and 17 year olds with only two

custodial sentences made in two years over 2014-15 and 2015-16. Services had achieved high completion rates for community payback orders. In 2016-17, 92% of those aged under 22 successfully completed a community payback order. A commitment to extending provision to age 21 had led the youth justice service to co-produce a practice paper with the Centre for Youth Justice with a view to influencing practice and policy nationally.

Domestic Abuse and Safe and Together

The West Lothian Domestic Abuse and the Safe and Together approach had moved away from traditional approaches to domestic abuse that focused on incidents, crisis intervention and physical violence, and focused on coordinated early intervention approaches. Safe and Together takes a specific approach to helping child welfare and partner agencies make good decisions for children impacted by the behaviours of domestic abuse perpetrators.

There was strong leadership support. Elected members were engaged and active in progressing issues. The domestic abuse and sexual assault team (DASAT) and partner agencies involved in addressing domestic abuse were linked well into children's services strategic planning groups through senior managers. The domestic abuse strategy was well connected to the wider public protection strategies.

At an operational level, there was strong connectivity, autonomy and provision. It was evident that creativity and innovation were being used to secure funds, bring identified services on board and survive on shorter-term contracts to ensure that service provision remained in position. The DASAT was a holistic multi-agency service, which provided support, assessment, safety planning, interventions, advocacy and therapeutic support. This was effective in minimising impact through co-ordinated well-structured services that had autonomy to provide interventions immediately. Services such as LISA (living in safe accommodation), CEDAR, and the contact rights officer provided timely and effective intervention and support. LISA had enabled greater stability in securing housing provision and reduced time in temporary accommodation. The contact rights officer was minimising risk in contact arrangements through active representation of children and young people in the courts. This was in addition to existing Multi Agency Risk Assessment Conference (**MARAC**) and Multi Agency Tasking and Coordinating Conference (**MATAC**) processes and highlighted a well-connected and coordinated service.

Positive performance outcomes had been achieved. The rate of domestic abuse incidents had reduced over the past three years, however, it remained above the national average. Detection rates for domestic abuse were on target, reaching 82% in 2015/16, an increase of 3% on the 2014/15 figure. The percentage of women reporting that they felt safer as a result of an intervention by DASAT reached 99% in 2015/16 and the percentage of children feeling better as a result of using the children's service was 100%. Partners continued to develop new performance measures for domestic abuse and planned future reporting on outcomes.

Whole family support

The whole family support service was developed in West Lothian as a result of the learning from two established intensive support initiatives: Families Included and Supporting Families. The whole family support service supported families with multiple and complex needs, many of which had been known to services for many years and a significant proportion of which had children assessed as at risk of becoming accommodated out with the family home. Intervening at the earliest opportunity, the service worked with the whole family to build their capacity to address issues and support their children with less reliance on public services.

The partnership was successful in securing Big Lottery funding, which was match funded by West Lothian Council, and the new whole family support service was launched in April 2016. The partnership model comprised a wide range of partners including Barnardo's, Circle, Homestart, West Lothian Youth Action Project, West Lothian drug and alcohol service and Children 1st. An operational management group and strategic governance group provided effective oversight for ensuring that the partnership delivered the agreed outcomes.

Through the development of the WFSS, agencies had introduced new and effective ways to work together to support West Lothian's vulnerable children. Examples included a group for vulnerable girls, co-delivered with West Lothian Youth Action Project and Children 1st. The whole family support service successfully supported placements within Broxburn Family Centre out of school care, for children who were struggling to access and sustain mainstream education. The service supported group work for children with behavioural difficulties and provided training opportunities for staff in mental health.

Many families benefited from increased levels of stability, improved family relationships and increased levels of engagement within local communities. Vulnerable children had improved attendance and timekeeping at school. Families had benefited from improved parenting skills and children were supported to remain within their own families and communities. For example, 86% of children who were at high risk of accommodation at referral were still at home following intensive support and creative partnership working. Improved parenting skills were evident in 90% of families using services and home conditions had improved for 83% of families.

The whole family support service approach was well integrated into children's services and clearly linked to objectives within the children's services plan and the strategy to reshape children's services. Measures were in place to continue to effectively monitor and assess the effectiveness, efficiency and impact of the service linked to key objectives.

Appendix 2: Evaluated indicators of quality

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

Here are the evaluations for nine of the quality indicators.

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

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

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

Appendix 3: The terms we use in this report

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

A **single outcome agreement** is an agreement between the Scottish Government and community planning partnerships that sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

Whole System Approach is the Scottish Government's programme for addressing the needs of young people involved in offending. It aims to divert young people who offend from statutory measures, prosecution and custody through early intervention and robust community initiatives.

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

The **Advice Shop** is a free, impartial and confidential service for the people of West Lothian with a focus to alleviate poverty and promote inclusion through advice, assistance and advocacy.

The **virtual comparator** takes characteristics of pupils in a school and matches them to similar pupils from across Scotland. This creates a virtual school and allows meaningful comparisons between expected and actual performance.

The West Lothian public protection committee, which incorporates the **child protection committee**, brings together all the organisations involved in protecting children in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

Beatlie Campus comprises Beatlie School, Beatlie School Early Years, West Lothian NHS Trust Child Development Centre and Signpost Information Centre. The school provides education for pupils with profound, severe and complex learning difficulties aged between 3 and 18 years of age.

Bookbug gives four free books to children from birth to primary 1. There are also free Bookbug sessions in libraries with songs, stories and rhymes.

The **Active and Achieving Fund** is money set aside by West Lothian Council to provide funding for looked after children and young people to access a range of leisure and learning opportunities that would not be funded through mainstream budgets.

Burnhouse Campus is a behavioural support service for children in the S1 to S5 age range who require additional support to sustain education or reintegrate into mainstream school.

Getting it Right for Every Child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators, which are: Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; and Included. These provide an agreed way of measuring what a child needs to reach their potential.

www.scotland.gov.uk/gettingitright

Self-directed support is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided and gives them as much control as they want of their individual budget.

Living in Safe Accommodation is a project that supports women and children to get accommodation and build resilience and attachment.

CEDAR, the Children Experiencing Domestic Abuse Recovery model, is adapted from an innovative Canadian model for children who have experienced domestic abuse, in order to provide the necessary support to aid recovery.

West Lothian Youth Inclusion Project was established in 2004 to provide a consistent resource and support to address the needs of vulnerable young people aged 16-25 and who live in West Lothian.

SMART stands for specific, measurable, achievable, realistic and time-bound.



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

An **emoji** is a small digital image or icon used to express an idea or emotion in electronic communication.

MARAC Multi Agency Risk Assessment Conference (primarily for adult victims of domestic abuse who may or may not have children).

MATAC Multi Agency Tasking and Coordinating Conference (led by Police Scotland).

Appendix 4: The Quality Indicator Framework

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

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SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

HEATHERFIELD NURSING HOME

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To advise the Policy Development and Scrutiny Panel of the application of an enhancement in the quality element of the National Care Home Contract fee to one private provider who has been awarded a Grade 5 by the Care Inspectorate in the category Quality of Care and Support.

B. RECOMMENDATION

To note the application of enhancement in the quality element of the National Care Home Contract fee to the private provider.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Making best use of our resources
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	National Care Home Contract 2017/2018
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	Monitored as per National Care Home Contract by Contracts and Commissioning Officer
V Relevance to Single Outcome Agreement	None
VI Resources - (Financial, Staffing and Property)	The increases proposed will be met from the provisions made in the service budget.
VII Consideration at PDSP	Previous applications of the quality incentive payment of the national Care Homes contract.
VIII Other consultations	Contracts Advisory Group

D. TERMS OF REPORT

In April 2007 the National Care Home Contract for Older People Care Homes was implemented in West Lothian and across Scotland. The aim of the Contract was to provide a consistent approach to the quality of care and the national fee for in the provision of Older People Care Home beds in the private sector.

A key performance indicator in the contract 2016/17 was the use of the quality assurance framework currently in use by The Care Inspectorate. Its officers undertook inspections of the Older People Care homes and awarded grades in relation to the Quality of Care & Support, Environment, Staffing and Management and Leadership

It is stipulated by the contract that as part of the contract quality agenda for Care Homes with nursing, an additional £2.00 per resident per week would be available if a QAF grade of 5 or 6 was achieved in Quality of Care and Support and a minimum of grade 3 in the other categories. A further £1.00 per resident per week would be available to homes that achieve a QAF grade of 5 or 6 in Quality of Care and Support and a minimum of a 5 in any one other category.

In June 2017, Heatherfield Nursing Home was awarded QAF Grade 5 in the category Quality of Care and Support, QAF Grade 4 in the category Quality of Environment, QAF Grade 4 in the category Quality of Management and Leadership and QAF Grade 5 in the category of Quality of Staffing. Therefore, the fee per resident will increase by £3 per week backdated to 26th June 2017, the date of the inspection.

E. CONCLUSION

The National Care Home Contract requires West Lothian Council to apply the enhancement under the quality element of the contract. The enhancement for Heatherfield Nursing Home calculates to an additional £3 per week per resident backdated to 26th June 2017.

F. BACKGROUND REFERENCES

- National Care Home Contract Older People Care Home 2007 -2018
- Letter from Paula McLeay, Lead Negotiator, COSLA and Donald Macaskill, Lead Negotiator, Scottish Care April 2017

Appendices/Attachments: Care service inspection report, Heatherfield Nursing Home

Contact Person: Alan Bell
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01506 281937

Jane Kellock, Head of Social Policy

Date: 12th September 2017

Heatherfield Nursing Home Care Home Service

49 Bathgate Road
Armadale
Bathgate
EH48 2PD

Telephone: 01501 733 066

Type of inspection: Unannounced
Inspection completed on: 26 June 2017

Service provided by:
Heatherfield Community Care Ltd

Service provider number:
SP2003002461

Care service number:
CS2003010642

About the service

Heatherfield Nursing Home is a care home service which is registered to provide 24 hour care for up to 62 older people. The home is situated in a residential area on the outskirts of Armadale in West Lothian and is set in pleasant gardens with open outlook across fields.

The service is provided in two buildings, each divided into smaller group living units which have their own lounge and dining areas, bathroom and small kitchen. There is a separate building for laundry and a central kitchen where the majority of food is prepared and cooked.

The service employs registered nurses and social care workers to provide care and support to the residents.

The Aims and Objectives of the service state that it aims "to provide a high standard of individualised care to all its service users" and service users are "treated with care, dignity, respect and sensitivity to meet the individual needs and abilities".

What people told us

We took into account the contents of pre inspection Care Standard Questionnaires and discussion with residents and relatives to inform this inspection. We received very positive comments and compliments about the quality of care and support. People experiencing care indicated that they were either satisfied or very satisfied with the overall service provided at Heatherfield Nursing Home.

Two Inspection Volunteer assisted us with this inspection. They spoke with residents and relatives. The Inspector Volunteers made the following comments:

"Everyone I spoke to was generally happy with the care and support, there were choices available, menus were displayed although these could have been made clearer, activities were on the notice board. Residents said they were happy with activities and outings."

"There was a lovely welcome and all staff were friendly with lots of smiling faces."

We observed interactions between staff and residents who were unable to express their views or opinions. We found staff to be patient, kind and took time to ensure they understood the residents needs.

Self assessment

We are currently not asking services to submit a self assessment. We discussed actions and development plans for the service with the registered manager.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	4 - Good
Quality of staffing	5 - Very Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We saw that residents looked well cared for and they spoke highly of all the staff teams in the home who provided their day to day support. Positive comments were made about the care, staff, meals and the cleanliness of the home.

We examined a number of personal plans, medication records and carried out periods of observation of staff interactions to consider the quality of care for people. We found staff were very attentive to residents needs and interacted well with kindness and good humour.

A range of activities was on offer and information displayed on notice boards. In addition to group activities on offer, a number of residents were being supported with individual activities.

The manager had introduced 'mini care plans' which were kept in each residents room with the carers having responsibility for completing all actions carried out in accordance with the care plan. Although the information was relevant, we found that there was some inconsistency with recording within these care plans by the carers.

Individual care plans were used to assess, plan and evaluate care needs and to guide staff in how these needs were to be met. Risk assessments informed these and reviews were held at least once in a six month period.

A range of health care professionals visited the home and helped assess health care needs. Residents dentistry, foot care and medicine needs were catered for. There was evidence of regular review of medicines and other health care needs in the care plans. We saw that information on healthcare professional visits or referrals was recorded in the care plan. However, there was some difficulty in determining the course of action and follow up by healthcare professionals. We suggested to the manager that professional contacts were kept separate from other communications to ensure information about referrals to professionals was easily accessed and followed up.

The overall impression from the inspection volunteer, after speaking with residents and relatives was, that they felt well looked after, there was good communication and all staff and management were friendly and approachable.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

Since the last inspection there had been a number of improvements made to the physical environment. There was an on going programme of improvement with communal areas being redecorated with interesting art work on the walls encouraging residents to stop and discuss.

Residents we spoke with told us they liked their room and we could see that the rooms were personalised. One resident said "I like my room, it has all my own bits and pieces in it, even my own bed covers which I chose."

We looked at maintenance records and found that they were up to date and there was a clear system for checks and records.

A recent fire safety check had been carried out and identified actions to be undertaken. We saw that the manager had addressed these areas. We also observed staff react to a fire alarm and we observed staff acting in accordance with the care homes' guidance for fire procedures.

We sampled the staff rota, staff schedule and dependency tool and came to the conclusion that there were enough staff deployed to meet residents needs and ensure their safety within the environment.

We spoke with members of the housekeeping and laundry team and heard about their routines for cleaning and laundry. We found the staff to have a good understanding of cleaning and safe hygiene practices including, actions on how they would deal with an infectious outbreak in terms of deep cleaning and laundry systems.

Throughout the care home there were notice boards to inform residents and relatives. There were good sized calendars, in prominent view, for residents to look at informing them of the day, date and weather. We did not see signage that indicated which unit we were in and the naming of the units could cause confusion. The manager told us they were reviewing the names of the units and discussing this with staff, residents and relatives.

As we walked around the care home we saw that all areas we looked at were clean, tidy and odour free. We did however, see that the bathrooms required redecoration and suitable storage for essential items. The manager told us this was to be done within the redecoration programme. We will monitor this at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that the provider ensures that bathrooms throughout the care home are redecorated to a standard that ensures the comfort, cleanliness and safety of residents.

National Care Standards, care homes for older people, Standard 4; Your environment

Grade: 4 - good

Quality of staffing

Findings from the inspection

We found the staff to be welcoming towards the inspectors and any visitors coming into the buildings. Staff were friendly, kind and considerate when interacting with residents.

Looking at safe recruitment checks, we found that there was a very good overview of all checks to be carried out prior to employment of staff. We saw evidence of regular checks of staff registration with regulatory bodies such as Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC).

Staff told us that they felt there had been improvements since the manager came into post and that improvements were on going with a range of training and support offered to staff.

There was some inconsistency with the regularity of team meetings in each of the units. In order that there is equity across the units and teams, the manager should ensure there are regular team meetings with everyone having the opportunity to attend.

Staff we spoke with were aware of key policies in relation to adult protection and whistleblowing. Staff participated in dementia training and stress and distress reactions. The manager should continue with the dementia training to ensure all staff are trained at skilled level in 'Promoting Excellence' a training resource available to all social care workers. Staff have also received training from Caring for Smiles for oral health. Further training is scheduled to enable staff to achieve qualifications in oral healthcare and in the future appoint a 'Oral Healthcare Champion'.

We heard from staff that they felt there was good team morale and very good team working across the units. Residents who were unable to express their views were shown patience and understanding from staff in order to ensure their needs were being met.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

We considered a range of evidence presented in relation to this theme. We assessed the service to be operating at a good level of performance. We looked at audits at the service which had been carried out by the management team. These included, but not limited to: medication, care plans, nutritional information, wound care, and environmental audits. The information from the audits was good however, in some instances, it was

difficult to ascertain whether or not improvements had been made following the audit. There should be a more robust system which identifies how outcomes are achieved following the audit process. A requirement has been made.

The introduction of the 'mini care' plans within residents rooms was a good system to ensure all areas of need were being addressed for the resident, however, the recording was poor and inconsistent. There was a lack of procedure to audit the mini care plans. This should be developed to ensure there is an overview of care needs carried out by staff, outcomes identified and actions taken in accordance with the findings. Further work needs to be developed to ensure staff are aware of their responsibilities of carrying out tasks and recording their actions appropriately. A recommendation has been made.

We heard from staff that the manager was very supportive and approachable. We were also told that since the manager took up post there have been significant improvements in the care home. The manager was very visible throughout the home and had very good knowledge of all residents.

There has been further development in the staff roles and a deputy manager will be appointed in the very near future to support the manager.

Requirements

Number of requirements: 1

1. The provider must develop a more robust system of internal auditing to ensure effective oversight and monitoring of all aspects of the service including all care and support records.

- a) The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- b) The outcomes as a result of any audit are clearly recorded.
- c) Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- d) Subsequent action plans are reviewed and updated to completion.

Timescales: with immediate effect and to be fully implemented by 30 September 2017.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users.

Recommendations

Number of recommendations: 1

1. It is recommended that there is a more robust overview of the 'mini care plans' and that the manager ensures that staff are aware of their responsibilities with regard to recording of actions and care provided to residents.

National Care Standards, care homes for older people, Standard 5; Management and staffing arrangements.

Grade: 4-good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
6 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Jul 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
14 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
9 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
4 Feb 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Aug 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
11 Feb 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
7 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
19 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
11 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
29 Feb 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
7 Jul 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
15 Feb 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
8 Jul 2010	Announced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Mar 2010	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
4 Sep 2009	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak

Date	Type	Gradings	
		Management and leadership	2 - Weak
24 Feb 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Oct 2008	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate

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SOCIAL POLICY - POLICY DEVELOPMENT AND SCRUTINY PANEL

**RESPONSE TO THE SCOTTISH GOVERNMENT CONSULTATION ON DRAFT
REGULATIONS UNDER THE CARERS (SCOTLAND) ACT 2016**

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To inform the Panel of the proposed response by the Council to the Scottish Government's Consultation on draft regulations under the Carers (Scotland) Act 2016 which is intended to be submitted to Council Executive for approval.

B. RECOMMENDATION

It is recommended that the Panel note and consider the proposed West Lothian Council response to the Scottish Government consultation on draft regulations under the Carers (Scotland) Act 2016 which is intended to be submitted to Council Executive for approval and submission.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Providing equality of opportunities• Developing employees• Making best use of our resources• Working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	<p>Compliance with the Carers (Scotland) Act 2016.</p> <p>The Act received Royal Assent in March 2016 with a commencement date of 1 April 2018.</p>
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	Awaiting further input from the Scottish Govt. which is working on the development of monitoring requirements – local indicators may need to be developed to reflect these.
V Relevance to Single Outcome Agreement	<p>Our children have the best start in life and are ready to succeed</p> <p>Older people are able to live independently in the community with an improved quality of life</p>

	We live longer, healthier lives and have reduced health inequalities
VI Resources - (Financial, Staffing and Property)	<p>The Scottish Government is still considering the financial implications of the Act and no agreement on additional resources to support commencement has yet been announced.</p> <p>Pending further developments on funding for implementation, the requirements of the draft regulations will be met from within existing resources to support adult and young carers.</p>
VII Consideration at PDSP	None to date
VIII Other consultations	Social Policy Management Team

D. TERMS OF REPORT

D1 Introduction

The Carers (Scotland) Act 2016 (the Act) comes into effect on 1 April 2018 and contains a range of statutory duties in relation to supporting adult and young carers. The Act mainly imposes duties on local authorities and Integration Joint Boards but does impose some on Health Boards. The Act applies to adults', older people's and children's services.

The aim of the Act is to support adult carers to continue to care, if they so wish, in good health and to have a life alongside caring and to enable young carers to have a childhood similar to their non-carer peers.

D2 Carers (Scotland) Act 2016 – Proposed Regulations

The 2016 Act includes a range of regulation-making powers for Scottish Ministers but, following discussion and informal consultation with key partners, the Scottish Government has decided not to exercise all of the regulation-making powers provided under the Act at this stage.

The regulations being proposed and which are the subject of the consultation are:

- The Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2017
These detail specific circumstances in which an adult carer support plan or a young carer statement *must* be reviewed (mainly linked to the carer or cared-for person moving home or to the responsible authority deciding that circumstances are such that a review is required).
- The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2017.
These relate to the type and level of information which is to be included in short breaks services statements, and when and how these are to be published and reviewed by the appropriate authorities. (The regulations state these should include an outline of the purpose of the statement and contact details of the responsible authority and that the authority must have regard to the views of carers and carer representatives in preparing the statement which must be published by 31 December 2018).

The Scottish Government is also seeking views on its proposed approach to clarifying through statutory guidance, rather than by regulation, that support to enable carers to follow leisure pursuits is an option under section 24 of the Act (Duty to provide support).

D3 Consultation Response – West Lothian

The consultation asks for views on the draft regulations linked to the following:

- Does the council agree with the list of circumstances under which a review of the adult carer support plan or young carer statement must take place and should there be any other circumstances added to the list?
- Does the council agree that the draft regulations governing the preparation and publication of short breaks services statements are adequate?
- Does the council agree with the approach to cover support for breaks from caring under statutory guidance?

Given the duties imposed on the council by the Act, the proposed regulations relating to reviews are proportionate and are in line with best practice and recognise the role of professional judgement in determining when reviews should take place.

The proposed regulations relating to short breaks services statements are adequate but would benefit from some more clarification in the accompanying explanatory notes.

The intention to cover support for breaks from caring under statutory guidance, rather than to regulate, is appropriate in the current context of personalised and outcomes-focused support delivery.

E. CONCLUSION

The draft West Lothian response to the consultation reflects the position outlined above and consideration of approval to submit the response is being sought.

F. BACKGROUND REFERENCES

Carers (Scotland) Act 2016

Appendices / Attachments: Appendix 1 - Draft West Lothian Consultation Response (in text as official responses must be submitted online)
Appendix 2 - Carers (Scotland) Act 2016: - Consultation on Draft Regulations

Contact Person: Alan Bell,
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alan.bell@westlothian.gov.uk
01506 281937

Jane Kellock, Head of Social Policy

Date of meeting: 12th September 2017

Appendix 1

CARERS (SCOTLAND) ACT 2016: CONSULTATION ON DRAFT REGULATIONS SCOTTISH GOVERNMENT – 31 JULY 2017 TO 24 SEPTEMBER 2017

WEST LoTHIAN RESPONSE (DRAFT)

Regulation 2 (links to Sections 10 (a) and 16 (a) of the 2016 Act) –

The Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2017

Consultation Questions

The draft regulations specify when an ACSP *must* be reviewed. It is up to the local authority to decide whether to review in other circumstances.

1. Do you agree with the circumstances listed in the draft regulation?

Draft response:	Yes
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2. Are there additional circumstances not listed in the draft regulations that should be specified as always triggering a review of an adult carer support plan?

Draft response:	No
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People's care needs can change following a hospital admission, but not always and some people have frequent admissions in a short period of time. In such cases, a requirement to review an ACSP after every hospital discharge would seem an unnecessary burden on both the local authority and the carer. Therefore, it seems appropriate to address this in statutory guidance rather than regulations to allow scope for local judgement based on the circumstances of individual cases.

3. Is the suggested approach outlined above appropriate, with regard to review of an adult carer support plan following the discharge of the cared-for person from hospital?

Draft response:	Yes
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4. Are there particular circumstances surrounding the discharge of the cared-for person from hospital (as at section 28 of the Carers Act) that should always trigger a review of an adult carer support plan (e.g. based on the duration of the hospital stay or changes in the care needs of the cared-for person post-discharge)?

Draft response:	No
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It is recommended that these decisions be left to local professional judgement based on the circumstances of individual cases.

The draft regulations specify when an YCS *must* be reviewed. It is up to the local authority to decide whether to review in other circumstances.

5. Do you agree with the circumstances listed in the draft regulation?

Draft response:	Yes
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6. Are there any circumstances not listed in the draft regulations that should always trigger a review of the young carer statement (apart from transition of the young carer from children's services to adult services)?

Draft response:	No
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People's care needs can change following a hospital admission, but not always and some people have frequent admissions in a short period of time. In such cases, a requirement to review an YCS after every hospital discharge would seem an unnecessary burden on both the local authority and the young carer. Therefore, it seems appropriate to address this in statutory guidance rather than regulations to allow scope for local judgement based on the circumstances of individual cases.

7. Is the suggested approach outlined above appropriate with regard to review of a young carer statement following the discharge of the cared-for person from hospital?

Draft response:	Yes
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8. Are there particular circumstances surrounding the discharge of the cared-for person from hospital that should always trigger a review of a young carer statement (e.g. based on the duration of the hospital stay, or changes in the care needs of the cared-for person post-discharge)?

Draft response:	No
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It is recommended that these decisions be left to local professional judgement based on the circumstances of individual cases.

Regulation 3 (links to Section 35 (4) of the 2016 Act) –

The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2017

Consultation Questions

9. Do the draft regulations (alongside the Carers Act) provide an adequate requirement for the preparation, publication and review of short breaks services statements?

Draft response:	Yes
<p>However, the explanatory notes accompanying the regulations could usefully make it clearer that the short breaks services statement is intended to contain information about the range and ‘types’ of short breaks available and local examples of these to help carers and cared-for people decide which type of short breaks support would work best for them – it is not intended to be a ‘directory’ of all the individual services, e.g. care homes and care agencies, etc., operating across Scotland.</p>	

10. Do you agree with the information that the Carers Act and the draft regulations require to be included in a short breaks services statement?

Draft response:	Yes
<p>See also answer to Question 9</p>	

Regulation-making powers not proceeding at this time

Breaks from caring – section 25 (2) (a)

It is not proposed to make regulations to specify the form of support that may be provided as a break (itself) from caring. Instead it is proposed to use statutory guidance on the duty and power to provide support to carers under section 24 to provide advice on the value of enabling carers to benefit from leisure pursuits as part of a package of support to meet their assessed personal outcomes.

11. Do you agree with the approach summarised above to cover support for breaks from caring and short breaks services under statutory guidance? Please explain the reasons for your answer.

Draft response:	Yes
<p>The proposed approach is appropriate for a number of reasons:</p> <ul style="list-style-type: none"> • Individual carers’ circumstances and caring situations vary and require personalised and flexible responses. The responsible authority is best placed to work together with a carer to develop their support plan and to identify the type of support which is going to work best for them, including support to benefit from leisure pursuits • Support to a carer will be influenced by the support being provided, or to be provided, to the cared-for person and this will also vary, which means carers will require personalised responses and support plans – the responsible authority is best placed to develop these with the carer • Local authorities are actively seeking to promote a culture shift to an ‘outcomes-focused’ approach to care and support planning, i.e. a focus on the impact of the support we provide and what difference did it make to the recipient. It is a conscious move away from a ‘service-led’ approach and so making regulations specifying the form of support, or services, that may be provided would not be helpful in this context • Regulations which include lists of the forms of support that may be provided can lead to confusion and a lack of clarity around what can and cannot be provided – this can also encourage conversations which focus on what can and cannot be provided rather than on what outcomes the carer is seeking to meet and what difference they are hoping to experience in their caring situation 	

Carers (Scotland) Act 2016:

Consultation on Draft Regulations

August 2017

EXECUTIVE SUMMARY

The Carers (Scotland) Act 2016 (“the Act”)¹ will come into force on 1st April 2018.

The intention of the Act is to ensure that Scotland’s estimated 745,000 adult carers and 44,000 young carers² are better supported on a more consistent basis, so that they can continue to care, if they so wish, in good health and to have a life alongside caring.

Moreover, in relation to young carers, the intention is that young carers should have a childhood similar to their non-carer peers.

The Act sits within the wider context of the Scottish Government’s intention to build a fairer Scotland and strong sustainable economy; tackling inequalities in society; and delivering public services in communities.

The case for supporting carers and the potential impact of caring is recognised in national health and well-being outcome 6, which the Carers Act supports:-

“People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.”

Through the Carers Act Implementation Steering Group and a number of specific working groups, the Scottish Government is collaborating with key partners including COSLA, local authorities, health boards, carers, and National Carer Organisations to help inform the regulations and guidance to accompany the Act.

In preparing the content of this consultation, we have carefully considered the views of these stakeholders and working groups. It is important to note that the regulations in this consultation document are in draft.

Following discussion and informal consultation with these stakeholders, we have decided not to exercise all of the regulation-making powers provided under the Act at this stage. In particular, we have decided that further work is required before regulating on timescales for the preparation of adult carer support plans and young carer statements for carers of a terminally ill cared-for person (sections 7 and 13 of the Act). Due to the lack of an adequate evidence base with which to determine appropriate timescales to regulate for, research is underway which will inform the preparation of these regulations in due course.

This consultation will run in parallel with a separate consultation on the draft Carers’ Charter setting out carers’ and young carers’ rights under the Act, which can also be found on the Citizen Space area of the Scottish Government website. Please note, to align with legislative timeframes, this consultation on draft regulations will close on 24 September, while the Carers’ Charter consultation will remain open until 22 October.

¹ <http://www.legislation.gov.uk/asp/2016/9/contents>

² <http://www.gov.scot/Publications/2015/03/1081>

Future Opportunities

Analysis of the responses to this consultation will be considered by the Scottish Ministers. We intend for the Carers Act Implementation Steering Group to remain – not only to help inform successful implementation of the Act, but to also help inform the Scottish Government of how the legislation is having an impact ‘on the ground’ in the period following commencement on 1 April 2018.

ABOUT THIS CONSULTATION

The purpose of this consultation is to seek stakeholder views on the Carers (Scotland) Act 2016 draft regulations to ensure they are appropriate, fit for purpose and avoid any potential unintended consequences.

This consultation is open for a period from 1 August to 24 September.

We invite your views to each of the draft regulations in this document.

2017 No.

SOCIAL CARE

The Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2017

Made - - - - - ***

Laid before the Scottish Parliament ***

Coming into force - - - *1st April 2018*

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 10 and 16 of the Carers (Scotland) Act 2016⁽³⁾ and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2017 and come into force on 1st April 2018.

(2) In these Regulations, “the Act” means the Carers (Scotland) Act 2016.

Circumstances in which adult carer support plans must be reviewed

2.—(1) The circumstances in which an adult carer support plan must be reviewed are:

- (a) The cared-for person moves to reside in a different local authority area;
- (b) The adult carer moves to reside in a different local authority area;
- (c) The cared-for person moves into accommodation provided under
 - (i) Part 2 of the Social Work (Scotland) Act 1968;
 - (ii) Section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003; or
 - (iii) Part 2 of the Children (Scotland) Act 1995;
- (d) Any other change in the adult carer or cared-for person’s circumstances which, in the view of the responsible local authority, has had a material impact on the care provided by the adult carer to the cared-for person.

Circumstances in which young carer statements must be reviewed

3.—(1) The circumstances in which a young carer statement must be reviewed are:

- (a) The cared-for person moves to reside in a different local authority area;
- (b) The young carer moves to reside in a different health board or local authority area;

⁽³⁾ 2016 asp.9

- (c) The young carer, if a pupil at a public school which is managed by a local authority other than the one for the area in which the young carer resides, is no longer a pupil at that school and does not attend any other public school located within that schools local authority area;
- (d) The young carer, if a pupil at a grant-aided or an independent school, except by virtue of a placement by the local authority for the area in which the young carer resides, is no longer a pupil at that school;
- (e) The cared-for person moves into accommodation provided under
 - (i) Part 2 of the Social Work (Scotland) Act 1968;
 - (ii) Section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003; or
 - (iii) Part 2 of the Children (Scotland) Act 1995;
- (f) Any other change in the young carer or cared-for person's circumstances which, in the view of the responsible authority, has had a material impact on the care provided by the young carer to the cared-for person.

DRAFT

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Carers (Scotland) Act 2016 (“the Act”) and come into force on 1st April 2018.

Regulation 2 provides for the circumstances in which an adult carer support plan must be reviewed.

Regulation 3 provides for the circumstances in which a young carer statement must be reviewed.

DRAFT

QUESTIONS

THE CARERS (SCOTLAND) ACT 2016 (REVIEW OF ADULT CARER SUPPORT PLANS AND YOUNG CARER STATEMENTS) REGULATIONS 2017

Review of adult carer support plans Section 10(a)

Intention of this draft regulation

To set out the specific circumstances in which an adult carer support plan must be reviewed.

An adult carer support plan is the combination of identification of a carer's personal outcomes, an assessment of a carer's need for support to help them achieve their personal outcomes and the preparation of a support plan to monitor the need and manage the administration of support to a carer. The local authority of the cared-for person is responsible for offering a carer an adult carer support plan and agreeing when and how the adult carer support plan conversation is to take place. The requirements for an adult carer support plan are set out in the Carers Act (with guidance to be issued to support local areas). Each plan must contain, amongst other things, information about the nature and impact of the caring role, the extent to which the carer is able and willing to provide care and whether the carer has arrangements in place for the future. Local authorities will be under a duty to offer an adult carer support plan to anyone identified as an adult carer and also to prepare such a plan for any other adult carer who requests one.

It is the intention that information contained in the adult carer support plan will be kept up to date and relevant. This is to ensure that the adult carer's needs for support are reviewed when a material change in circumstance occurs and results in a change in the caring role.

Questions

1) The circumstances in which plans must be reviewed are specified in **regulation 2 of the draft Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2017**. It will be for the responsible local authority to decide whether to review an adult carer support plan in other circumstances not specified in the draft regulations.

The draft regulations specify the following circumstances in which an adult carer support plan must be reviewed:

- a) The cared-for person moves to live in a different local authority area;
- b) The adult carer moves to live in a different local authority area;
- c) The cared-for person moves into various listed types of long-term residential care;
- d) Any other change in the adult carer or cared-for person's circumstances which, in the view of the local authority, has had a material impact on the care provided by the adult carer to the cared-for person.

Do you agree with the circumstances listed in the draft regulation?

Yes / No

Comments

2) We recognise that there are many other “material” changes which can affect an individual’s caring role and needs for support. The above circumstances have been identified through informal consultation as circumstances where a “material” change will take place in the adult carer’s life or the circumstances of the cared-for person which can be expected to affect the caring role. It would be unfeasible and unhelpful to attempt to cover all such circumstances in regulations, which need to allow for local professional judgement. Forthcoming statutory guidance will assist responsible local authorities in deciding when to undertake a review.

Are there additional circumstances not listed in the draft regulations that should be specified as always triggering a review of an adult carer support plan?

Yes / No

Comments

3) In particular, we are interested in views about whether it would be helpful for the discharge of the cared-for person from hospital (as at section 28 of the Carers Act) to be added as another circumstance that requires the review of an adult carer support plan.

People’s care needs can change following a spell in hospital, but not always and some people may have a number of spells hospital over a short period of time. In such cases, a requirement to review an adult carer support plan after each hospital discharge would seem an unnecessary burden on both the responsible local authority and the carer. On that basis it would seem appropriate to address this in statutory guidance rather than regulations to allow scope for local judgement based on the circumstances of individual cases.

Is the suggested approach outlined above appropriate, with regard to review of an adult carer support plan following the discharge of the cared-for person from hospital?

Yes / No

Comments

4) Are there particular circumstances surrounding the discharge of the cared-for person from hospital (as at Section 28 of the Carers Act) that should always trigger a review of an adult carer support plan (e.g. based on the duration of the hospital stay, or changes in the care needs of the cared-for person post-discharge)? Please provide details of any suggested circumstances.

Yes / No

Comments

Review of young carer statements

Section 16(a)

Intention of this draft regulation

To set out the specific circumstances in which a young carer statement must be reviewed.

A young carer statement is a combination of an assessment of a young carer's needs for support, the establishment of their personal outcomes and the preparation of a support plan. The young carer's local authority is normally responsible for offering a young carer statement and agreeing when and how the young carer statement conversation is to take place. In certain circumstances it may be another responsible authority which has charge of preparing the young carer statement. The requirements for a young carer statement are set out in the Carers Act (with guidance to be issued to support local areas). Each plan must contain, amongst other things, information about the nature and impact of the caring role, the extent to which the young carer is able and willing to provide care and whether he or she has arrangements in place for the future. Responsible authorities will be under a duty to offer a young carer statement to anyone identified as a young carer and also to prepare such a statement for any young carer who requests one.

It is the intention that information contained in the young carer statement will be kept up to date and relevant. This is to ensure that the young carer's needs for support are reviewed when a material change in circumstance occurs and results in a change in the caring role.

Questions

5) The circumstances in which a young carer statement must be reviewed are specified in **regulation 3 of the draft Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2017**. It will be for the responsible authority to decide whether to review a young carer statement in other circumstances not specified in the draft regulations.

The circumstances in which a young carer statement must be reviewed are:

- a) The cared-for person moves to live in a different local authority area;
- b) The young carer moves to live in a different health board or local authority area;
- c) A young carer at a state school outwith the local authority area where they live leaves that school and moves school to a third local authority area;
- d) The young carer, if a pupil at a grant-aided or independent school leaves the school;
- e) The cared-for person moves into various types of long-term residential accommodation;
- f) Any other change in the young carer or cared-for person's circumstances which, in the view of the responsible authority, has had a material impact on the care provided by the young carer to the cared-for person.

Do you agree with the circumstances listed in the draft regulation?

Yes / No

Comments

6) There are many other “material” changes which can affect an individual's caring role and needs for support. These have been identified through informal consultation as circumstances where a “material” change will take place in the young carer's life or the circumstances of the cared-for person which will likely affect the caring role. It would be unfeasible and unhelpful to attempt to cover all such circumstances in regulations, which need to allow for local professional judgement based on the regulations and associated statutory guidance. Forthcoming statutory guidance will assist responsible authorities in deciding when to trigger a review.

Are there any circumstances not listed in the draft regulations that should always trigger a review of the young carer statement (apart from transition of the young carer from children's services to adult services)?

Yes / No

Comments

7) In particular, we are interested in views about whether it would be helpful for the discharge of the cared-for person from hospital (as at section 28 of the Carers Act) to be added as another circumstance that requires the review of a young carer statement.

People's care needs can change following a spell in hospital, but not always and some people can may have a number of spells hospital over a short period of time. In such cases, a requirement to review a young carer statement after each hospital discharge would seem an unnecessary burden on both the authority and young carer. On that basis it would seem appropriate to address this in statutory guidance rather than regulations to allow scope for local judgement based on the circumstances of individual cases.

Is the suggested approach outlined above appropriate with regard to review of a young carer statement following the discharge of the cared-for person from hospital?

Yes / No

Comments

8) Are there particular circumstances surrounding the discharge of the cared-for person from hospital that should always trigger a review of a young carer statement (e.g. based on the duration of the hospital stay, or changes in the care needs of the cared-for person post-discharge)? Please provide details of any suggested circumstances.

Yes / No

Comments

2017 No.

SOCIAL CARE

**The Carers (Scotland) Act 2016 (Short Breaks Services Statements)
Regulations 2017**

<i>Made</i>	- - - -	***
<i>Laid before the Scottish Parliament</i>		***
<i>Coming into force</i>	- -	<i>1st April 2018</i>

The Scottish Ministers make the following Regulations in exercise of the powers conferred by section 35(4) of the Carers (Scotland) Act 2016⁽⁴⁾ and all other powers enabling them to do so.

Citation, commencement and interpretation

4.—(1) These Regulations may be cited as the Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2017 and come into force on 1st April 2018.

(2) In these Regulations, “the Act” means the Carers (Scotland) Act 2016.

(3) “Relevant carers” has the meaning set out in section 31(5) of the Act.

Preparation and review of Short Breaks Services Statement

5.—(1) A short breaks services statement must contain

- (a) A statement of the purpose of a short breaks services statement; and
- (b) Contact details of the department or organisation responsible for the short breaks services statement.

(2) In preparing and reviewing a short breaks services statement, the local authority must have regard to the views of relevant carers and such bodies representative of carers as the local authority considers appropriate.

Publication of Short Breaks Services Statement

6. The first short breaks services statement must be published by 31 December 2018.

⁽⁴⁾ 2016 asp.9

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Cares (Scotland) Act 2016 (“the Act”) and come into force on 1st April 2018.

Section 35 of the Act requires each local authority to prepare and publish a short breaks services statement. This is a statement of the short breaks services that are available in Scotland for carers and cared-for persons. Whilst section 35(3) requires that the information contained in the short breaks services statement is both accessible and proportionate to the needs of persons to whom it is provided, Scottish Ministers can, by regulations under section 35(4) of the Act, make further provision about the preparation, publication and review of short breaks services statements.

Accordingly, regulation 2 provides that in preparing and reviewing a short breaks services statement certain information must be included, namely information about the purpose of a short breaks services statement and contact details of the department or organisation with responsibility for the short breaks services statement, and that in preparing and reviewing a short breaks services statement, the local authority must have regard to the views of relevant carers and such bodies representative of carers as the local authority considers appropriate.

Regulation 3 provides that the first short breaks services statement requires to be published by 31 December 2018.

THE CARERS (SCOTLAND) ACT 2016 (SHORT BREAKS SERVICES STATEMENTS) REGULATIONS 2017

Short breaks services statements Section 35(4)

Intention of this draft regulation

To clarify what type of information is to be included in short breaks services statements, and to set out when and how these are to be published and reviewed.

Section 35 of the Carers Act sets out the duty for local authorities to prepare and publish a short breaks services statement. A short break services statement is a statement of information about the short break services available to carers and cared-for persons across Scotland. Such statements must be accessible (e.g., languages other than English, large-print, etc.), and be proportionate to the needs of carers and cared-for persons.

The draft regulations specify that short breaks services statements must include:

- A statement about their purpose – which we would propose to explain in guidance is to help carers and cared for persons understand their options when deciding about short breaks; and
- Contact details for those responsible for the statement.

The draft regulations also specify that the first short breaks services statements should be published by 31 December 2018, to allow time for them to be prepared, consulted on etc.

And they require that the views of carers and carer representatives must be taken into account when preparing or reviewing the short breaks services statement.

We would also propose to use statutory guidance to encourage local authorities to consider case studies and examples of existing short breaks services, as an effective way to help carers and cared-for persons to better understand the different types of short breaks and their benefits.

Questions

9) Do the draft regulations (alongside the Carers Act) provide an adequate requirement for the preparation, publication and review of short breaks services statements?

Yes / No

Comments

10) Do you agree with the information that the Carers Act and the draft regulations require to be included in a short breaks services statement? Please use the comments box to explain why if you are suggesting that additional information should be included.

Yes / No

Comments

REGULATION-MAKING POWERS NOT PROCEEDING AT THIS TIME

Breaks from caring Section 25(2)(a)

Section 24 of the Carers Act establishes a duty for local authorities to provide support to carers whose need for support meets the local eligibility criteria. It also provides local authorities with a power to support carers to meet other needs which are not assessed as eligible needs. Section 25 requires local authorities to consider whether any support that is to be provided should include or take the form of a break from caring.

We had intended to use the regulatory power at section 25 to make it clear that a 'break from caring' may include certain types of support to enable carers to benefit from leisure pursuits, either at home (e.g. financial assistance to purchase gardening equipment, a camera, or musical instrument); or away from the home (e.g. help to visit the cinema, fund gym membership or photography lessons).

However, things like equipment or leisure club memberships, which can be legitimate to include in a package of support for a carer to meet their assessed personal outcomes, are forms of support that can already be offered to a carer in exercise of the general duty, or power, to support carers at section 24(4) of the Act. They are not forms of support that constitute or facilitate the break itself from caring which is what the scope of the power in section 25(2)(a) provides for. We therefore do not propose that regulations will be made to specify the form of support that may be provided as a break (itself) from caring.

We instead propose to use statutory guidance on the duty and power to provide support to carers under section 24 to provide advice on the value of enabling carers to benefit from leisure pursuits as part of a package of support to meet their assessed personal outcomes.

Questions

11) Do you agree with the approach summarised above to cover support for breaks from caring and short breaks services under statutory guidance? Please explain the reasons for your answer.

Yes / No

Comments

RESPONDING TO THIS CONSULTATION PAPER

Please respond to this consultation using the Scottish Government's consultation platform, Citizen Space. You view and respond to this consultation online at: <https://consult.scotland.gov.uk/health-and-social-care/draft-regulations-under-the-carers-act-2016>

You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 24 September.

Alternatively you can e-mail your response and the completed Respondent Information Form, which is also available separately on the Scottish Government website (see "Handling your Response" below) to: carerspolicy@gov.scot.

If you are unable to respond online, please complete the Respondent Information Form (see "Handling your Response" below) and send it to:

Carers (Scotland) Act 2016: Consultation on Draft Regulations
Carers Policy Branch
Scottish Government
GE.15
St Andrews House
Regent Road
Edinburgh
EH1 3DG

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at: <http://www.scotland.gov.uk/consultations>.

Handling your response

If you respond using Citizen Space (<http://consult.scotland.gov.uk/>), you will be directed to the Respondent Information Form. Please indicate how you wish your response to be handled and, in particular, whether you are happy for your response to be published.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form attached included in this document. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.scotland.gov.uk>. If you use Citizen Space to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to:

Michael Mawdsley
Carers Policy Branch
Scottish Government
GE.15
St Andrews House
Regent Road
Edinburgh
EH1 3DG

Scottish Government consultation process

Consultation is an essential part of the policy-making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work. You can find all our consultations online: <http://consult.scotland.gov.uk>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Consultations may involve seeking views in a number of different ways, such as public meetings, focus groups, or other online methods such as Dialogue (<https://www.ideas.gov.scot>.)

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



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Social Policy – Policy Development and Scrutiny Plan – Workplan

Title	Responsible Officer	Date of PDSP	Reports to be finally submitted
November 2017			
Chief Social Work Officer Annual Report	Jane Kellock	2 nd November	
Alcohol Diversionary Fund Applications	Alan Bell	2 nd November	
Kinship Care Policy	Jo MacPherson	2 nd November	
January 2018			
Medication Policy Review	Pamela Main	11th January 2018	
Self-directed support: 2017 progress report by Audit Scotland	Pamela Main	11th January 2018	
Alcohol Diversionary Fund Applications	Alan Bell	11th January 2018	