



Responding to the Needs of Children and Families in the Stirling Area

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Introduction

This document has been produced in response to the findings of the HMle Joint Inspection of services to Protect Children and Young People in the Stirling Council area, March, 2010, with a view to ensuring that more children and families get the help they need at an early stage.

Each of the partner agencies in Stirling offer a range of services to meet need as detailed below:

Forth Valley N.H.S.

- Public Health Nursing
- Pre-birth Planning Service
- Child and Adolescent Mental Health Service
- Community Alcohol and Drugs Service

Stirling Council

- Social Care: Children and Families Social Work
- Education
- Housing
- Youth Services

Central Scotland Police

Forth Valley N.H.S.

Public Health Nursing Service

Health visitors assess in a variety of ways: assessment is a continuous process which a health visitor will carry out at each visit.

The initial assessment process will involve frequent visiting/contact after birth between 10 days and 8 weeks. During this time the HV will complete:

- My World Triangle Assessment tool for all children born in FV, complete with analysis (based upon resilience matrix).

Other tools completed during first 8 weeks include:

- Family Health Needs assessment (completed by the parent and discussed with HV)
- Profile of Significant Factors
- Edinburgh Post Natal Depression Score (to screen for PND)
- All assessments should be carried out in partnership with families and will include health promotion activity
- Care plans are monitored and health needs are reviewed

Actions to complete need including involvement of partners

Following completion of the Child's assessment of Need (My world triangle- soon to add SHANARRI). If the child has been allocated an HPI of Additional a care plan will be compiled on a single agency basis. Any care plan will be evaluated as the work progresses. If a need is identified which health alone cannot meet the partners will be consulted and child referred if necessary and a further plan of care to meet the need produced. A child classified as Intensive will have structured interagency involvement/support (as per Hall 4 national guidance) and should have an interagency child's plan.

Some HVs also have contact at each immunisation (8, 12, 16 weeks and 1yr, 13months, 3yrs 4 months). Health promotion contacts also provide opportunity for further assessment (attachment behaviour etc), as does baby massage classes, child health clinics etc.

Contact and strong links with nurseries include opportunities to review children. This may relate to developmental, social and behavioural concerns and is invaluable as joint assessment processes often take place, formally and informally in partnership with families. Families on the Core programme are offered a telephone contact at 2 years and preschool to ask if parents have any concerns.

In addition HPI can be reviewed at any time, but all are now reviewed 6 monthly - prompting the HV to reassess children on C, A and I indicators.

Families can contact HV at any time with concerns and an assessment carried out to address need/concerns and a plan of care devised.

Pre birth assessment by midwives will also involve HV and possibly other partners. Ante natal visiting by Health Visitors also contributes to the post birth assessment process.

School age children are assessed for Height and weight and vision in P1.

Pre Birth Planning Service

The service works in partnership with other health services and partner agencies. It ensures identified vulnerable pregnant women and their families are supported throughout the pregnancy and subsequent early years of a newborn baby's life, where only low levels of concern are raised.

There is a protocol for midwifery staff to refer vulnerable pregnant women to the service. Professionals from other NHS services and partner agencies can also make referrals to the service, with consent from the pregnant women. There is a 'Maternity Risk Assessment Pathway' which is used for every pregnant woman. In this document there is a social risk factor section which assists in the identification of possible referrals to the prebirth service. The following are the main categories for referral: Current/Historical Drug Abuse, Current/Historical Alcohol Abuse, Current/Historical Domestic Abuse, Teenage Pregnancy, Disability, Current Inmate within Cornton Vale, Social Problems, Current/Previous Social Work involvement, Mental Health issues, Partner's Current/Historical Substance Abuse, Poor Engagement with Services and Patient or Partner involved in Criminal Proceedings.

Once received, referrals are assessed; ensuring maternal consent has been obtained. If an immediate child protection concern is noted, at this point, a referral to social work is initiated. If however the referral is appropriate and no immediate action is required no further action is taken until the pregnancy is approximately 20 weeks. This prevents any undue anxiety to mother who may suffer an early pregnancy loss.

Any agencies noted to be currently involved with the family are contacted and a discussion takes place incorporating their assessment of the needs of the family. The mother is also contacted again, where possible, to ascertain current family circumstances, in relation to original referral. There are times where the mother may have taken action to resolve the original concern herself or may no longer wish additional support. A decision is then taken as to whether a planning meeting is appropriate for this family and if so is subsequently arranged.

The planning meetings are arranged to take place, where possible, between the 24th and 29th week of pregnancy. This allows adequate time for any supports to be arranged or any further assessments to be carried out. This time frame also allows for any subsequent child protection action to be taken, should the need for this be identified.

In the minutes of the meeting an action plan is incorporated and key individuals are identified and tasked to ensure the family is adequately supported. Following delivery midwives refer to the action plan to ensure all identified actions have been initiated to support the family. The health visitor involved also receives a copy of this plan in order that support continues, following discharge from maternity services. All documentation is filed in the baby's medical records, for future reference, should there be any further concerns.

The Child and Adolescent Mental Health Service

What is the Service?

service is available to children and young people until their 19th birthday. The Child and Adolescent Mental Health Service (CAMHS) provides assessment and intervention for children and young people with mental health difficulties, and their families. The aim of CAMHS is to improve the lives of those with moderate to severe emotional behavioural psychological or psychiatric difficulties. A wide range of interventions is offered and adapted depending on the nature and severity of the problem.

The service is available to children and young people until their 19th birthday. The service includes Primary Mental Health Workers who focus on early intervention with individuals who present with less complex issues. They also provide consultation and training to agencies outwith the NHS, such as schools and Social Work. They link with the Health Visiting staff across Forth Valley in addressing the needs of young, pre-school children.

We offer a limited service to children with moderate to severe Learning Disabilities aged between 0 to 16 years of age. Referrals are accepted via prior consultation with our service. The adult community learning disability team sees young people from the age of 16 years upwards.

CAMHS is an out-patient specialty in Forth Valley. Inpatient treatment for children and adolescents is covered by agreements with both Lothian and Glasgow.

Exclusion:

Examples of the types of problem which fall out with our core business:

- Problems that are purely school based
- Forensic assessments
- Requests/referrals specifically concerning custody and access assessments
- Offending behaviour as sole complaint
- Drug and alcohol abuse as sole complaint.

How Does it Identify Need?

Written referrals from the service are accepted, most of which come from General Practice, Paediatrics, Community Dentistry, Educational Psychology, Speech and Language Therapy and Social Work. Referrals for reports may be made by the Children's Reporters. Consultation may be offered prior to referral from any source. Specific consultation services are offered currently to Educational Psychology, Social Work and to Health Visitors.

Self referral into the service is currently not accepted.

Clients referred on a non urgent basis are asked to telephone the service and arrange an initial appointment to suit them. Where the presenting problem is judged from the referral letter as potentially less complex the family (those resident in Stirling and Clacks only) is sent an invitation to attend the Drop-In, which is held between 0930 and 1600 on Tuesdays and Thursdays. The Drop-In is a pilot that started in May 2010.

Separate arrangements exist to deal with more urgent referrals i.e. those that require to be seen within 2 working days. In some cases where there is a clinical need an appointment is given directly to the family without them having to opt in, i.e. where the nature of the problem is such that it requires an earlier assessment.

What is the Assessment Process?

The service includes several different professions offering a range of training backgrounds, skills and expertise. Usually a single practitioner will undertake the initial assessment appointment but in the Drop-In two practitioners work together.

How do We Refer On?

Referring on is a matter of the clinician's judgement, after discussion with the team if necessary.

How are Outcomes Monitored?

CAMHS currently monitors the Referral to Treatment Time and currently delivers on national waiting time's initiatives and targets.

Clinicians complete the Health of the Nation Outcome Scale for each client after initial appointments and before discharge.

Community Alcohol and Drugs Service

What is the service?

The service provides specialist assessment and treatment services for people in Forth Valley experiencing drug and alcohol problems. It offers assessment, care planning, therapeutic interventions such as cognitive behavioural therapy, motivational work, relapse prevention, education and substitute prescribing. The service is delivered through a network of clinics and on a domiciliary basis. There is information sharing between agencies on entry into the service.

How does it identify need?

Community Alcohol and Drugs Service (CADS) work with substance users with children (16 years or under), pregnant, severe & enduring mental health difficulties and those requiring complex care. Referral to the service may be from General Practitioner, Adult Mental Health Service, ASC (Addictions Support and Counselling), Signpost, Addiction Recovery Service, Social Work, FVCJS. All referrals are discussed at the Single Point of Referral (SPR) meeting held on a weekly basis at Signpost Recovery, Alloa.

What is the assessment process?

All referrals to CADS are discussed at the weekly SPR meeting, where the referrals are passed to the most relevant service based on the information known about that person. If the referral is allocated to CADS, the patient is then allocated to a keyworker who invites the patient for a comprehensive assessment. This assessment covers the level of substance use and methods of procurement, levels of support and details of family with whom they have contact are all explored including their motivation for positive lifestyle changes. For all patients assessed who have access to/or live with dependent children aged 16 years and under, a CP1 referral form is completed by the keyworker and sent to the appropriate social work department for their information.

The services provided are dependant on the outcome of the assessment and include care planning, Cognitive Behavioural Therapeutic Interventions, detoxification, relapse prevention, prescribing, anxiety management, outpatient follow up, case review and access to blood borne virus pre and post test counselling and testing. Information sharing takes place routinely with the referring agency but also with social work so that they are aware of risk/potential risk to any children 16 years and under with whom the client has contact.

When do you refer on?

All clients are subject to discussion by the Clinical Team at regular reviews. When the client is objectively stable the appropriate service is identified and a referral is made e.g. General Practice Prescribing Service, Addiction Recovery Service.

Where child protection concerns are identified immediate referral to social work/police would take place.

How are outcomes monitored?

Assessment is an ongoing process and undertaken at each client contact to a certain degree. Outcomes are monitored and care plans are formally reviewed on a three monthly basis. However should a situation deteriorate a review would be held sooner and planning altered to take account of the changing circumstances.

Stirling Council

Social Care: Children and Families Social Work

Social work services provide a targeted response to our most vulnerable children and families who have complex care and welfare needs. Children & Families Social Work Services work closely with universal services particularly Health, Education and Police. The service also works closely with other social care provision in Community Care and Criminal Justice Services. The service also works with other local authority services, agencies and the voluntary and independent sector providers.

The service has a responsibility to assess the needs of children, who are referred. This is an overarching responsibility and links directly to meeting the key priorities. Social Work Services work in partnership with children and families and partners and stakeholders in the statutory and voluntary sector.

The provision of services following an assessment of needs will depend on the priority of that need and the associated risk of harm to the child. Not all children whose needs are assessed will be provided with a service from social work. The majority will continue to receive help and support from the universal services.

Referrals for Social Work Services

Referrals to social care are dealt with by either adult or children and families services. This will depend on the age of the person being referred and the perceived need. Anyone can refer to social work services if they have a concern or believe a service is required. There are a range of actions that are taken in response to referrals.

Screening-

- receipt of all new referrals for assessment
- signposting to a more relevant service or agency
- provision of immediate advice or guidance.

Assessment –

- collation and gathering of information from referrer, family and other agencies
- previous records check
- visits to family home
- interviews with relevant persons
- analysis of information and formulating an assessment report.

Intervention-

- Following the assessment of need and risks, intervention by social work services will be considered. This will depend on a number of factors including priority, urgency, and the relevant proportionate response.

The provision of social work services is dependent on the quality of assessment, effective planning with partners, priority criteria, the willingness of families to engage with services and the ongoing review and reassessment of needs, risks and the child's plan.

Services to Children and Families

- Child Protection
- General Welfare and support
- Children who are disabled or affected by disability
- Children with special needs
- Youth Justice Services

- Adoption Services
- Permanent or temporary substitute family placement (Fostering)
- Looked After and Accommodated Children in
 - Foster placements
 - Residential Children's Units
 - Residential Schools
 - Secure Care
 - Respite Care
- Children Looked After at home (on Home Supervision Requirements) or away from home (on Supervision Requirements with conditions of residence).
- Provision of Reports to the Scottish Children's Reporters Administration
- Provision of Reports to Sheriff Courts in relation to child welfare provision.

KEY PRIORITIES

Child Protection

- Investigation of referrals
- Child Protection Reports
- Child Protection Case Conference
- Management of child protection cases.

Looked After and Accommodated Children / Looked After Children

- Case Management
- Preparation of Reports
- Care planning

Provision of Statutory Reports

- Scottish Children's Reporters Administration
- Sheriff Courts

Stirling Council: Education – Staged Intervention

Pastoral Care

Education is a universal service, and pastoral care is an important element in the response of all who are working with children and young people, from frontline staff to promoted staff with additional responsibility. There is emphasis on working closely with parents and families. In every school in Stirling there is a pupil support coordinator, who is the first port of call for staff or parents who have concerns. In Stirling there is a well developed system of Staged Intervention for tracking concerns, planning actions and interventions and monitoring progress and outcomes.

Staged Intervention

Staged Intervention starts with Stage 1, which allows a class or year group teacher to register a concern, discuss it with the Pupil Support Coordinator and plan next steps within the school to address the concern. This concern could be about learning or development or social / emotional behaviour. A timescale is specified and the matter reviewed. The concerns are discussed informally with parents at this stage.

If further action is required, a Staged Intervention meeting is called. From Stage 2 there is a formal structure to these meetings, parents and the young person are included, the formal record addresses the concern and specifies the results of any assessment and the key actions identified. In the next meeting, these actions are reviewed before any further plans are made. In this way there is not only a system of planned action, but there is formal recording and tracking of the steps taken.

In the language of GIRFEC, Stage 2 is where targeted support is offered which includes more detailed assessment leading to actions in the school or nursery establishment but may also include consultation / advice from specialist services. The section below on Support Services outlines the support services provided by Education. A copy of the Stirling Council GIRFEC triangle is attached.

A move to Stage 3 signals the formal involvement of other services or agencies. Meetings are multi-agency, but the structure of meetings is the same as for Stage 2. In GIRFEC language, this represents action at Tiers 2 or 3: needs identified and supported through integrated assessment and plan.

Children and young people move to Stage 4 of Staged Intervention only if their learning needs are very complex and they meet the criteria for a specialist provision (though they may continue to be educated with support in a mainstream school). Decisions about the move to Stage 4 or back from 4 to 3 are taken in the Council's Staged Intervention Scrutiny Group.

In summary, Staged Intervention is the mechanism for registering concerns about a young person and planning and reviewing actions. A child or young person can move down the stages as well as up, in response to progress made and to a reducing need for specific support.

Education: Support Services

ASN Outreach Service

The ASN Outreach Service aims to work effectively with partners to maximise the learning, achievement and participation of children and young people with additional support needs. By doing so, this will enable all children and young people to develop their capacities as successful learners, confident individuals, responsible citizens and effective contributors to society.

Based in Raploch Community Campus, the ASN Outreach Service, gives support to/works in collaboration with:

- children and young people with additional support needs
- parents and carers
- support co-ordinators in nurseries and schools
- teachers and early years educators in early years establishments
- teachers and support for learning assistants in schools
- external agencies
- medical services.

The ASN Outreach Service consists of experienced staff in the following teams working with children and young people, 0-18, with additional support needs:

- Autistic Spectrum Disorder (ASD)
- Complex Needs (Primary)
- Early Years
- English as an Additional Language (EAL)
- Gypsy Traveller
- Hospital/Home teaching
- Information and Communication Technology (ICT)
- Sensory Impairment – Hearing and Visual
- Support for Learning (SfL) (Primary)

The ASN Outreach Service works in partnership with the SEBN Support Service.

The ASN Outreach Service provides a wide range of support to establishments:

- consultation and support on resources and methodologies
- staff development at both school and authority levels with a wide diversity of themes
- formal and informal assessment
- support for learning in all areas of the curriculum
- specialist services to support individual needs
- co-ordination of initiatives to raise attainment
- direct involvement with pupils with a range of additional support needs.

Requests for support from schools are processed through a support request form submitted as an outcome of a Staged Intervention meeting. If the child is not at an educational establishment, they may be referred by Health or Psychological Services.

The Service works with:

- Children and young people 0-18 years and their parents/carers
- Educational establishments
- Educational Psychologists
- Health Professionals
- Other Stirling Council partners.

SEBN Support Service

Mainstream schools are continually working towards equipping themselves to respond to the needs of children and young people experiencing social, emotional and behavioural needs. A coherent continuum of support and provision has been developed to complement and enhance the work of schools and partner agencies.

The key services offered are:

Support for professional development

- To support the development of whole school policies and approaches to promoting positive relationships and behaviour
- To support individual class or subject teachers to ensure peaceful learning environments
- To support school staff to enhance positive behaviour management skills
- To design and deliver CPD opportunities

Support provided by inclusion support workers (available at Stages 2, 3 and 4)

Early intervention support is provided by ISWs for:

- Promoting social inclusion
- Contributing to, developing and facilitating personal development programmes for groups and individuals
- Working with young people and families to promote good habits of behaviour
- To support school attendance
- Supporting participation in community based opportunities
- Supporting transitions
- Contributing to multi-agency assessments
- Working in partnership with parents and carers and other appropriate agencies
- Contributing to IEPs and Positive Behaviour Plans

Support provided by outreach teachers (available at Stages 3 and 4)

Direct support for individual young people is provided by outreach teachers for:

- Developing and supporting management strategies in classrooms and learning environments
- Planning individualised programmes with staff
- Contributing to IEPs and Positive Behaviour Plans
- Co-operative teaching
- Working directly with young people on developing good habits of behaviour to enhance their ability to access learning
- Contributing to personal development programmes with groups or individuals
- Contributing to multi-agency assessments
- Supporting transitions
- Working in partnership with parents, carers and other agencies

Support provided by support for learning assistants (available at Stages 2, 3 and 4)

Where children are supported by the SEBN Support Service, SLAs:

- Support programmes under direct supervision of outreach teachers and/or inclusion support workers
- Support attendance
- Work directly with children to extend and enhance good habits of behaviour developed through SEBN support programmes

Direct intensive support (available at Stages 3 and 4)

For a small number of young people the core team may assess a need for an element of their programme to be delivered out with the mainstream setting. This element may account for a maximum of 6 hours per week.

Educational Psychology Service

The educational psychology service in Stirling exists to apply psychological knowledge and skills to improve learning, social and emotional outcomes for children and young people in Stirling Council. The service provides a range of services to children, young people and their families as well as to schools and others who work with and for children, including health, social work and the voluntary sector. The service contributes actively to national and local priorities for raising achievement, supporting inclusive educational practices and supporting school improvement, including developments in the Curriculum for Excellence. In this way the service assists Stirling Council to fulfil its statutory duties towards children and young people in the 0-24 age range. It can also provide added value, with staff who have a wide range of skills and experience, who work in settings from early years to post school, who contribute at child, school, council and national level.

The services offered are as follows:

- An advisory service delivered largely through educational establishments but equally accessible to all staff, parents, children and young people
- Planning and consultation advice to all educational establishments regarding individual as well as systemic matters of learning and well-being
- Collaborative casework assessment and intervention for individuals, operating through the Staged Intervention and GIRFEC frameworks, with the additional facility for consultation. There is some scope within this for therapeutic intervention
- Advice regarding child development and educational need at a policy and practice level to the local authority and, with respect to individuals, to the Scottish Children's Reporters Administration
- Opportunities for staff development and project work at the level of the establishment, multi-agency or whole authority
- A research and evaluation facility to drive improvements in policy and practice
- A capacity to respond to critical incidents

Access to the service

The service is accessible to all for initial conversation. First contact is often through a school, and parents will always participate fully in the decision to involve an educational psychologist with regards to an individual child or young person.

Parents can contact the Psychological Service directly to discuss concerns about their child's development, learning or behaviour. Local agencies can also do this with the permission of parents.

There is an Educational Psychology Service leaflet, which outlines how the service holds information, who has access and how the service handles issues of confidentiality.

Stirling Council: Housing Services

Service- The Bridge

Residential/outreach service for 16 to 25s- accommodate looked after children and 16y-25yr olds- not looked after.

Identify need- A support needs matrix is used to assess need based on aspirations, emotional and mental health, substance and alcohol abuse, employment and training. Access to the service is through Stirling council homelessness service who take referral from all agencies.

Assessment process: Assessment of the residential service is based on the support needs matrix, coupled with profiling of current residents in order to provide a mix of clients with varying levels of support. The outreach service provides support to 16-25 in relation to all needs identified by the matrix. The Bridge continually assess residential clients on their needs assessment in order to determine if they are ready to maintain a tenancy. When the decision is made the client will then be added to the Council's housing list.

Referral process- looked after children protocol/ homelessness services and social services.

Outcome- Continual housing support provided by the Bridge in order to equip clients with the skills to sustain a tenancy. Continual support provided once tenancy obtained to ensure it is sustained and meets the needs of the clients.

Service - Youth Services

Identify need: Need is identified in Adults aged between 16- 25 who require support to obtain/ sustain a tenancy. Support provided includes emotional and financial support, support to clients with addictions/education needs and family support requirements. Responsible for "Fab Pad" project in Stirling which supports young people aged under 25 to learn essential skills to decorate and maintain their home.

Assessment Process: Housing officer or Caseworker assess applicant as needing help/advice/assistance with any housing related issues.

Referral process: make formal written referrals to Youth Service

Outcomes: Tenancy sustainment, rent account maintenance, response to youth services and housing services visits.

Service - Furniture recycling project

Identify need: need is identified from mainstream and Homeless applicants at the application stage. Applicants will be counselled when completing an application and the interviewing officer is able to ask questions in relation to furnishing a tenancy. Need can be identified at selection stage or by any housing employee, income max officer, support officer and other agencies working with a client.

Assessment process: based on income, lack of furnishings, receiving a tenancy.

Referall process: via Homeless/housing services- at selection stage/sign up stage.

Outcomes: Once accommodation is sourced furniture can be purchased and delivered/ there is a paying up option and a discount can be given if Stirling council make a referral. Assists families to sustain tenancy if they have furniture for their house.

Service- Start up Stirling- Starter packs

Identify need: need is identified from mainstream and Homeless applicants at the application stage. Need can be identified at selection stage or by any housing employee, income max officer, support officer and other agencies working with a client.

Assessment Process: All homeless applicants asked if they would require a starter pack from Start Up Stirling. This includes crockery, bedding, cutlery, food, toiletries.

Referral Process: Caseworkers organise for households to receive pack if necessary.

Outcomes: Once permanent accommodation sourced the starter pack will be delivered to the households. This enables families to deal with the initial requirements of setting up a tenancy.

Service -Protocol on looked after children and housing

Identify need: An applicant's housing needs will be identified as part of the Pathway Planning process and Children's Services will, in partnership with others, provide a detailed assessment of the applicant's needs both in the short term and the longer term.

Children's Services will have lead responsibility for ensuring the identified support package is in place before the young person leaves care.

Assessment: A joint assessment of needs, as part of the Pathway Planning, would consider the ability of the applicant to maintain a tenancy in a particular area and the communities needs.

The Youth Housing Assessment Group (YHAG) would oversee the protocol.

Where the assessment indicates a young person would be unable to sustain a tenancy appropriate interim accommodation will be identified jointly between Housing and Children's Services.

Referral process: social services – looked after children protocol

Outcomes: Temporary accommodation secured and successful with housing support input. Mainstream tenancy secured with housing support input.

Housing Options

Identify need: Need is identified where there is no duty under homelessness legislation, where applicant approaches housing services for advice in relation to housing issues.

Assessment process: requiring housing advice and assistance in relation to sourcing private rented accommodation and local housing association housing. At the assessment stage a housing plan is completed by staff and the service user which takes many issues into consideration. For example where the person would like to be housed, transport, school links and affordability issues. Housing options look to tailor a solution to specific housing need

Referral process: referrals from Homeless service, registered social landlords, Housing officers and support workers.

Outcomes-help source affordable/suitable tenancies to meet housing needs for children and families within the Stirling area.

Travelling Persons

Identify need: need is identified by the travelling persons site warden in relation to all housing related issues.

Assessment process: the travelling persons site warden assists travelling people with reading/writing, completing forms, reporting repairs, registering children at schools and registering with GPs and dentists. The Warden also monitors the children's attendance at school. He accompanies service users to the Job Centre. The Warden also distributes NHS medical books to service users. Service users can present the medical book to GPs when they move site and it helps maintain the continuity of GP care for travelling people as they move around.

Referral process: Service users can be referred to the travelling persons site and warden by all agencies and the travelling persons warden can refer to any/all agencies. Multi-agency meetings are held with Children's Services, Social Services, Education, Health Board, Police and Gypsy Travellers bi-monthly to discuss any issues, which arise.

Outcomes: A sustainable living environment that responds to the needs of travelling children and families in the Stirling area. A new play park was built 2 years ago and funding from the Scottish Government has also allowed us to upgrade and extend the community facility, which includes a meeting room on the site.

Recent refurbishment of the chalets on the site has included kitchen and bathroom replacements. This year we are in the midst of upgrading the external cladding and insulation to the chalets. There is an ongoing improvement plan for security of the site, which includes extra fencing, CCTV cameras and lighting.

Housing allocation

Identify need: housing need is identified in relation to applicants living in properties that do not meet the tolerable standard; or are living in overcrowded houses; or are living in properties that are unsatisfactory (this includes accommodation which is unsuitable for medical reasons); or are homeless; or have support needs to help them sustain their tenancy.

Assessment Process: Application form/points based system based on points categories- Insecurity of tenure, facilities, overcrowding, health needs, under-occupation, children in communal close, social inclusion- based on support, specialist facilities, employment, education, social connection and management points (care leavers/tenants and applicants displaced through the regeneration process).

Referral process: Applicant referral/all internal and external agencies

Outcomes: Best use of housing stock based on meeting the needs of applicants, takes into consideration areas of choice, house types, children, family compliment and the creation of sustainable tenancies and communities.

Medical points

Identify need: Housing need is identified in relation to unsuitable present accommodation.

Assessment Process: Application form/ Points based system. Medical points can be awarded to the applicant or someone in the household who is to be housed with the applicant lives in a home that is affecting their health. If there is more than one person in your household to be re housed with you, with health issues/ problems- multiple points will be awarded.

Referral process: Housing officers/ social work /all agencies

Outcomes: Housing allocations based on housing need to accommodate the needs of children and families in the Stirling area.

Stirling Council Youth Services

“An integrated service for the 21st Century” Youth Services place a high value on partnership working and believe that together, we can improve the quality of services to young people.

Youth Services focus on resiliency and resourcefulness in all of our work as we believe that this area has the most significant impact as young people make their journey along the various pathways to adulthood.

Working with young people from 11 to 25 years we are increasingly deployed in a diverse range of settings and delivery, so it is important that staff operate confidently and where necessary independently within our own set of core values and professional principles while following Stirling Council and National Guidelines in relation to all aspects of our work.

Working alongside young people Youth Services support young people to be confident, skilled, self-sufficient and responsible members of their communities. This is achieved through community based youth work, thematic youth work, detached youth work. Youth Services also supports young people in transition from school to independent living, further education and employment while working with young people on national agendas including citizenship and democracy and transforming local government approaches to the inclusion of young people in decision-making. Youth Services also has a dedicated Housing Support Service working to engage and maintain contact with young people (16-25) having difficulties establishing and maintaining their own tenancies.

Working closely with education, housing and homelessness, health, youth justice, social work, voluntary sector and Skills Development Scotland Youth Services is fully participating in the development of the GIRFEC model in identifying and addressing the needs of the young people in Stirling.

All staff are responsible for observing and recording any concerns regarding the safety and well-being of young people within all of the group and individual work.

Assessment tools used are Rickter Scales with assessment scales based on independent living skills, emotional needs and self-development areas.

A 14-point resiliency scale is also used within the young person's induction process.

Any concerns identified are discussed with line managers and the appropriate interventions planned in partnership with relevant agencies to ensure the most effective care plan.

Young people from Youth Services are referred to Health Services, Housing Services, Social Work, Counselling Services, Volunteer Services, Job Centre Plus, Benefits Maximisation, Barnardo's Freagarrach Project, Central Scotland Police and Fab Pad housing project.

Young people within National Training Programmes are reviewed regularly within the requirements of SDS contracts. Youth Services has launched and is now embedding a web-based information system to record and share information in respect of the young people engaging on individual and group activities. Staff attend reviews and case conferences as well as advocating for young people in all of the areas as detailed above.

Youth Services Youth Service Workers are currently participating in the scheduled Forth Valley Child Protection level 2 Foundation Course and Youth Service Assistants will be offered access to the Learning Together to Protect Children training to ensure all staff have the relevant knowledge and skills to identify any issues and intervene appropriately.

Central Scotland Police

Responding to Identified Need

Police officers routinely attend to and deal with a variety of calls and incidents. Often these incidents will relate directly to child protection issues or raise other child concerns. On other occasions any risk to a child or children may not be so readily identifiable. It is important therefore that officers remain vigilant and are able to identify situations where children may be at risk. Having done so, it is the responsibility of the attending officers or receiving officers to:

- Identify the nature of the risk
- Assess the immediacy of the risk
- Take action to reduce the risk

Where an officer identifies that a child or children may be at risk for any reason, he/she should gather as much information as possible relative to the child. Police officers receive no formal training in respect of the risk assessment however are asked to make a dynamic risk assessment of the particular circumstances to ensure that no child/children are placed at further risk.

The following police information sources would be considered:

- Vulnerable Person Report (VPR)
- Crimefile
- Scottish Intelligence Database (SID)
- Storm Database (call system)
- Criminal History System (CHS)

Information, which may highlight personal or family strengths or available support networks, would also be gathered.

A Vulnerable Person Report (VPR) would then be completed, clearly detailing that the child or children are at risk. A full and detailed summary of the incident or circumstances, which resulted in the child being deemed to be at risk, would be contained within the report. Any information, which may highlight personal or family strengths or available support networks, would also be gathered. Full details of all other siblings and relatives concerned are also recorded.

The Public Protection Unit has responsibility to scrutinise all reports made to them regarding children perceived to be at risk. It is then their responsibility to decide if further action is required and once screened whether a referral should be made to external agencies, such as Social Work Services or the Scottish Children's Reporter's Administration. If, following initial screening, there are Child Protection concerns where further action and or assessment is required the Initial Referral Discussion procedure would be initiated. This is also carried out for a child/young person who has been reported missing on 3 or more occasions, but is referred to as a Young Runaways Discussion (YRD).

The IRD/YRD is an inter-agency discussion which involves the early accessing, sharing of information and decision making between designated members of staff from the core services of Health, Social Work and the Police. During the process a decision will be made to either progress with a joint investigation, single agency investigation or take no further action at that time.

Public Protection Unit

Central Scotland Police has developed a Public Protection Unit (PPU) to provide a coordinated response to areas of vulnerability affecting the communities in Forth Valley (FV). In September 2010 they launched the PPU a screening HUB to enhance the quality of information/service provided to FV partners to enable more informed decision to be made to protect the vulnerable members of our communities.

Response to Domestic Abuse

In respect of police response to Domestic Abuse incidents, many of the key processes identified above also relate. Officers attending such incidents will separate the victim/perpetrator and gather as much information as possible from all sources, including the details of any children and if present or not. Irrespective if criminality is reported the police will research systems and raise a Vulnerable Person Report providing full details of the family, children and the circumstances of the incident. The VPR should be raised prior to the termination of the officer's shift and will then be checked by a supervisor.

The Domestic Abuse Unit on receipt of the VPR will again research the individuals and make contact with the victim to provide support and safety advice, in liaison with other agencies.

The VPR will be subjected of screening according to the Ministerial Framework and shared appropriately with other agencies