Argyll and Bute Council
Comhairle Earra-Ghàidheal Agus Bhòid

Customer Services
Executive Director: Douglas Hendry

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3 March 2016

NOTICE OF MEETING

A meeting of the **COMMUNITY SERVICES COMMITTEE** will be held in the **COUNCIL CHAMBERS, KILMORY, LOCHGILPHEAD** on **THURSDAY, 10 MARCH 2016** at **11:00 AM**, which you are requested to attend.

Douglas Hendry
Executive Director of Customer Services

BUSINESS

1. **APOLOGIES FOR ABSENCE**

2. **DECLARATIONS OF INTEREST**

3. **MINUTES**
    Community Services Committee 10 December 2015 (Pages 1 – 10)

4. **PERFORMANCE REPORT FQ3 - 2015/2016**
    Report by Executive Director – Community Services (Pages 11 – 18)

5. **OPPORTUNITIES FOR ALL AND YOUTH EMPLOYMENT**
    Report by Executive Director – Community Services (Pages 19 – 32)

6. **SKILLS DEVELOPMENT SCOTLAND**
    Presentation by Anthony Standing, Head of Operations, Skills Development Scotland

7. **ARGYLL AND BUTE COUNCIL YOUTH EMPLOYMENT OPPORTUNITIES FUND**
    Report by Executive Director – Community Services (Pages 33 – 40)

8. **EDUCATION (SCOTLAND) ACT 2016**
    Report by Executive Director – Community Services (Pages 41 – 48)

9. **NATIONAL IMPROVEMENT FRAMEWORK FOR SCOTTISH EDUCATION**
    Report by Executive Director – Community Services (Pages 49 – 182)

Items marked with an "asterisk" are items, on the basis of information available at the time this Agenda is published, on which the Committee may not have delegated powers to act, and which may therefore require to be referred to the Council or another Committee, and that referral may depend on the decision reached at the meeting.

Community Services Committee

Councillor Robin Currie (Chair)
Councillor Rory Colville
Councillor Mary-Jean Devon
Councillor Anne Horn
Councillor Neil MacIntyre
Councillor John McAlpine
Councillor James McQueen
Councillor Elaine Robertson
Father David Connor
William Marshall

Councillor Gordon Blair
Councillor Maurice Corry
Councillor George Freeman
Councillor Iain MacDonald
Councillor Robert Macintyre
Councillor Roderick McCuish
Councillor Aileen Morton
Councillor Isobel Strong
William Crossan
Alison Palmer

Contact: Fiona McCallum Tel: 01546 604392

MINUTES of MEETING of COMMUNITY SERVICES COMMITTEE held in the COUNCIL CHAMBERS, KILMORY, LOCHGILPHEAD on THURSDAY, 10 DECEMBER 2015

Present: Councillor Robin Currie (Chair)

Councillor Gordon Blair   Councillor Aileen Morton
Councillor Rory Colville   Councillor Douglas Philand
Councillor George Freeman   Councillor Elaine Robertson
Councillor Anne Horn   Councillor Isobel Strong
Councillor Iain Angus MacDonald   William Crossan
Councillor Neil MacIntyre   William Marshall
Councillor John McAlpine   Alison Palmer

Attending: Cleland Sneddon, Executive Director – Community Services
Ann Marie Knowles, Head of Education
Anne Paterson, Education Manager – Learning and Achievement
Kathleen Johnston, Education Officer – Early Years
Tricia O'Neill, Central Governance Manager
Pat McCann, Culture and Services Manager
Christina West, Chief Officer, Argyll and Bute Health & Social Care Partnership
Allen Stevenson, Head of Adult Services
Mark Lines, Locality Manager – Children's Services

The Chair ruled, and the Committee agreed, to vary the order of business and consider the report on the Integration of Health and Social Care after the Minutes.

1. **APOLOGIES FOR ABSENCE**

    Apologies for absence were intimated from Councillors Mary-Jean Devon, Donald Kelly, Robert E Macintyre and James McQueen.

2. **DECLARATIONS OF INTEREST**

    Councillor Aileen Morton declared a non financial interest in respect of the report on the Hermitage Academy Curriculum Review. She stated that her interest was insignificant and she remained in the room during consideration of the report which is dealt with at item 11 of this Minute.

3. **MINUTES**

    The Minute of the Community Services Committee meeting held on 10 September 2015 was approved as a correct record.

    The Committee heard an update from the Executive Director – Community Services on progress with the resettlement of the refugees on Bute.

4. **INTEGRATION OF HEALTH AND SOCIAL CARE**

    A report providing the Committee with an update on the progress of integration of Health and Social Care in Argyll and Bute was considered.

Decision

The Committee agreed:-

1. to note progress towards the Health and Social Care Partnership (HSCP) establishment and that the Integration Joint Board (IJB) would become fully operational on 1 April 2016;

2. to note the draft Strategic Plan and consultation process which the Council as a parent body is invited to respond to, and agreed the terms of the draft response to the questions raised in the Strategic Plan at Appendix C subject to the addition of reference to Housing Aids and Adaptations;

3. that it is aware of the crucial nature of Locality Planning Groups and to monitor development of these groups;

4. to note the financial constraints in which the HSCP/IJB has to deliver and transform services; and

5. to continue to monitor progress and influence the development of the Strategic Plan.

(Reference: Report by Chief Officer, Argyll and Bute Health & Social Care Partnership dated 18 November 2015, submitted)

Councillors Anne Horn and Elaine Robertson left the meeting at this point.

5. **EARLY YEARS COLLABORATIVE**

The Committee heard a presentation on the Argyll and Bute Family Pathway and developmental milestones toolkit which is a joint initiative between the Council and its Partners giving support in the Kintyre area to families with children from early pregnancy until Primary one. Each developmental stage and milestone records the developmental progress of each child and identifies at an early stage any additional developmental needs required. The project has been introduced in the first instance to Kintyre and is in the process of being extended to Cowal area.

Decision

Noted and thanked the Education Officer (Early Years) for her very informative presentation.

6. **PERFORMANCE REPORT FQ2 - 2015-2016**

Consideration was given to a report on the Community Services financial quarter two performance scorecard.

Decision

The Committee noted the performance for the quarter.

(Reference: Report by Executive Director – Community Services dated 19 November 2015, submitted)

7. **EDUCATION DIGITAL LEARNING AND TEACHING STRATEGY**

Consideration was given to a report informing the Committee of the current consultation taking place in regard to the development of a Digital Learning Strategy for Scotland.

Decision

The Committee agreed to:-

1. note that the Argyll and Bute Education Service currently utilise learning technologies in a range of ways to deliver the curriculum across all of the Council's educational establishments;

2. note the consultation taking place which will inform the development of a final National Digital Learning and Teaching Strategy for Scotland to be published Spring 2016 as described in section 1.1 of the Executive Summary; and

3. note that Argyll and Bute Education Service will undertake a full review along with partners of the current strategy to produce a Digital Learning Strategy for Argyll and Bute in line with the National Strategy and that this Strategy will be developed in Autumn 2016.

(Reference: Report by Executive Director – Community Services dated 10 December 2015, submitted)

8. **SQA SCHOOL EXAMINATION RESULTS 2015**

Consideration was given to a report which provided an update on the outcome of the 2015 examination diet, outlined the results for pupils entered for formal examinations and shared the successes of Argyll and Bute pupils across wider achievement.

Decision

The Committee agreed to:-

1. note the outcome of the examination results for pupils in academic year 2014/15;

2. note the strategic programme of performance review between schools and education development and improvement staff as noted at section 7.1 of the report;

3. continue to support the work of the Education Service in supporting schools to secure continuous improvement in outcomes for Argyll and Bute Learners; and

4. request a further report at the June Community Services Committee considering the national position arising from information released by Insight (anticipated release date in March 2016).

(Reference: Report by Executive Director – Community Services dated 10 December 2015, submitted)

9. **EDUCATION STANDARDS AND QUALITY REPORT 2014/15**

A report updating the Committee on the major achievements made within Education in Argyll and Bute across the session 2014/15 including the SQA examination results for pupils who sat examinations in May/June 2015 was considered.

Decision

The Committee noted the continuing progress made in relation to Education within Argyll and Bute and noted the commitment of staff and the success and achievements of the children and young people.

(Reference: Report by Executive Director – Community Services dated 10 November 2015, submitted)

10. **DEVELOPING SCOTLAND'S YOUNG WORKFORCE (DYW)**

A report giving an overview of the proposed spend for the funding received by Argyll and Bute Council from the Scottish Government to deliver the Youth Employment Strategy 'Developing the Young Workforce' was considered.

Decision

The Committee agreed to:-

1. note the Scottish Government Youth Employment Strategy and support the proposed approach to Developing Argyll and Bute's Young Workforce;

2. endorse and support the continued utilisation of the Youth Employment Opportunities Fund to support vulnerable young people to access and sustain positive destinations;

3. continue to support work placements within Argyll and Bute Council and the ABC Modern Apprenticeship programme;

4. support the setting up of an Argyll and Bute Regional Group; and

5. to instruct the Executive Director – Community Services to invite a representative from Skills Development Scotland to give a presentation to the Committee at its meeting in March 2016 or the next suitable date thereafter.

(Reference: Report by Executive Director – Community Services dated 3 November 2015, submitted)

The Chair ruled, and the Committee agreed, to adjourn the meeting at 1.05 pm for lunch.

The Committee reconvened at 1.30 pm.

Councillor Iain Angus MacDonald did not return to the meeting.

11. HERMITAGE ACADEMY CURRICULUM REVIEW

A report providing an update to the Committee of the progress in taking forward an internal review of the senior phase curriculum at Hermitage Academy was considered.

Decision

The Committee:-

1. noted the progress in taking forward the current internal review of the senior phase curriculum at Hermitage Academy;

2. noted the outcomes of the individual aspects of the internal review, including areas of strength and further development;

3. noted the engagement of Education Scotland in working with the local authority and Hermitage Academy to contribute challenge, knowledge and advice to the Council's internal review of the senior phase curriculum at Hermitage Academy;

4. agreed the recommendations contained within paragraph 4.7 of the report; and

5. noted that a further progress report will be presented to a future Community Services Committee meeting.

(Reference: Report by Executive Director – Community Services dated 10 December 2015, submitted)

Councillors Gordon Blair, John McAlpine, Neil MacIntyre and Aileen Morton returned to the meeting during consideration of the foregoing item.

12. SCHOOL EXPENDITURE PROFILE REPORT

School education accounts for a significant proportion of local authority expenditure. Audit Scotland published a report in June 2014 analysing education expenditure together with detail and commentary on the attainment and wider outcomes achieved. The key findings of this report were presented to the Community Services Committee in December 2014. Following the presentation, the Committee requested that a paper, detailing Argyll and Bute school expenditure, be presented at a future Committee once the relevant information was available. Consideration was given to this further report which provided an overview of Argyll and Bute Council's 2014-15 primary and secondary school expenditure, categorised at subjective level. The report also provided some further detail on the allocation of the related elements of Grant Aided Expenditure (GAE) and a comparison with the grant received by the three island authorities.

Decision

The Committee:-

1. noted the expenditure profile of Argyll and Bute schools;

2. noted the analysis if GAE education related income received by Argyll and Bute Council from the Scottish Government; and

3. noted how the benchmarking information supports the future scrutiny of Council expenditure on Education Services.

(Reference: Report by Executive Director – Community Services dated 4 November 2015, submitted)

* **13. COMPLIANCE WITH TEACHER NUMBERS COMMITMENT**

A report providing an update of the Council's position in relation to the teacher numbers commitment made as part of the financial settlement for 2015/16 with the Scottish Government was considered. The report outlined the exceptional efforts made by the Council to try to meet the commitment, a range of other issues which have impacted on the ability of the council to recruit and retain teaching staff and the extraordinary measures used to improve teacher recruitment.

Decision

The Committee:-

1. noted the commitment to maintain overall teacher numbers and pupil : teacher ratio at 2014/15 levels as part of the 2015/16 budget settlement;

2. noted the level of supernumerary teaching posts above the staffing entitlement model that the Council require to retain to meet this commitment;

3. noted the efforts made by the Council to recruit sufficient teachers to meet the commitment on the date of the census in September 2015 whilst addressing additional national policy ambitions (eg Raising attainment for all);

4. noted the other factors which impacted on the Council's ability to meet the teacher number commitment;

5. noted that the Council was unable to recruit sufficient teaching staff despite considerable efforts to meet the commitment which potentially will result in the loss of some or all of the share of the Scottish Government's additional £51m resources to maintain teacher numbers;

6. noted that this potential loss of additional grant may be mitigated by deleting supplementary teacher posts with a resultant full year saving of c. £1.57m;

7. noted that no class in any Argyll and Bute school could not be staffed despite the national shortage of teachers due to the application of an efficient and equal staffing model at the commencement of session 2015/2016; and

8. agreed that the issue of teacher numbers commitment be referred to the Policy and Resources Committee for consideration of the financial implications arising from the position represented in this report.

(Reference: Report by Executive Director – Community Services dated 12 November 2015, submitted)

Councillor George Freeman left during consideration of the foregoing item.
William Crossan left the meeting at this point.

14. ADDITIONAL SUPPORT NEEDS REVIEW UPDATE

A report confirming the Council decision in relation to the operational review of
Additional Support Needs (ASN) provision by Education Services was considered.

Decision

The Committee:-

1. noted the ongoing operational review of ASN provision by the Education Service,
   Community Services;

2. noted the decision by the Council at its meeting of 26 November 2015 in relation
   to operational efficiency savings and the service choices programme; and

3. agreed that further updates on the progress of the ASN review will be reported to
   the Community Services Committee.

(Reference: Report by Executive Director – Community Services dated 30 November
2015, submitted)

William Marshall and Alison Palmer left the meeting at this point.

Councillor Rory Colville left the meeting at this point.

15. MACMILLAN @ ARGYLL AND BUTE LIBRARIES

A report providing the Committee with information of the excellent work and
achievements of the Macmillan @ Argyll and Bute Libraries service across Argyll and
Bute was considered.

Decision

The Committee noted the achievements and excellent provision being provided by
the Macmillan @ Argyll and Bute Libraries service.

(Reference: Report by Executive Director – Community Services dated 10 December
2015, submitted)

Councillor Isobel Strong left the meeting at this point.

The Chair ruled, and the Committee agreed, to vary the order of business as follows.

16. COMMUNITY SERVICES WORK PLAN 2015-2016

Consideration was given to the outline work plan to facilitate forward planning of
reports to the Community Services Committee.

Decision

The Committee noted the outline work plan including the addition of reports as detailed at items 8, 10, 11 and 14 of this Minute.

(Reference: Report by Executive Director – Community Services dated December 2015, submitted)

Councillor Rory Colville returned to the meeting at this point.

17. **WITH SCOTLAND REPORT ON CHILD PROTECTION REGISTRATIONS**

In 2015 the Argyll and Bute Child Protection Committee commissioned WithScotland to undertake an independent review to consider if the Getting it Right for Every Child (GIRFEC) practice model and early intervention was impacting on child protection registration. The results of this review which were considered and ratified by the Child Protection Committee on 5 November 2015 were now before the Committee for consideration.

Decision

The Committee agreed:-

1. to note the findings of WithScotland's study of child protection activity in Argyll and Bute Partnership;

2. that WithScotland's report be disseminated across the partnership; and

3. that the key areas of improvement are taken forward by the Child Protection Committee and Argyll and Bute's Children.

(Reference: Report by Executive Director – Community Services dated 11 November 2015, submitted)

18. **KINSHIP CARER ALLOWANCES**

Consideration was given to a report informing the Committee of the recent discussions that have taken place between the Scottish Government, Social Work Scotland (SWS), the Convention of Scottish Local Authorities (COSLA) and the Scottish local authorities following the legal intervention of the Equalities and Human Rights Commission (EHRC) in support of financial parity between foster and kinship carers through the threat of Judicial Review.

Decision

The Committee agreed that:-

1. the Local Parity Model is adopted for the payment of allowances to foster and kinship carers of Looked After Children as an interim solution to the issue of parity;

2. provision is made to backdate any unpaid allowances to 1 October 2015 in accordance with the letter from Scottish Government dated 5 October 2015; and

3. Officers continue to work with Scottish Government, Social Work Scotland, COSLA and the 32 Scottish local authorities in developing a longer term solution to the issue of parity.

(Reference: Report by Executive Director – Community Services dated 1 November 2015, submitted)

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ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMIITEE**

COMMUNITY SERVICES   **10th MARCH 2016**

PERFORMANCE REPORT FQ3 2015/2016

1.0   EXECUTIVE SUMMARY

1.1   This report presents to the Community Services Committee the Community Service Performance Scorecards for FQ3 and asks Members to review performance for the quarter.

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ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMIITEE**

COMMUNITY SERVICES   **10th MARCH 2016**

PERFORMANCE REPORT FQ3 2015/2016

2.0   INTRODUCTION

2.1   This report presents to the Community Services Committee the Community Service Performance Scorecards for FQ3 and asks Members to review performance for the quarter

3.0   RECOMMENDATIONS

3.1   It is recommended that the Community Services Committee review departmental performance for FQ3.

4.0   DETAIL

4.1   Community Services performance scorecards for FQ3 2015/2016 are attached for review by the Committee.

5.0   IMPLICATIONS

5.1   Policy – None.

5.2   Financial – None

5.3   Legal – None.

5.4   HR – None.

5.5   Equalities – None

5.6   Risk –None.

5.7   Customer Service - None

Cleland Sneddon
Executive Director of Community Services

19th November 2015

For further information contact:
Tommy Welch, Graduate Trainee, thomas.welch3@argyll-bute.gov.uk or telephone: 01546 604467.

APPENDICES
Appendix 1: FQ3 Performance report and scorecards – Community Services

Departmental performance report for **Community Services**	period **October to December 2015**

Key Successes

- First phase of re-settling Syrian refugees to Argyll and Bute is underway, 10 families have currently been re-settled in Rothesay and are adapting to life in Scotland very well
- The process has been so successful due to the fantastic partnership working which has taken place highlighting the importance of partnership working and show casing how successful it can be
- An online skills bank was created so that people across Argyll and Bute could offer support/donations to the Syrian families. To date we have had over 150 overs of support and not just from residents of Argyll and Bute, people have been e-mailing and calling from across the world to offer donations
- The number of external Looked After and Accommodated child placements has reduced this quarter to 7 against a target of 11.
- 100% of children on the Child Protection Register have had no change of social worker this quarter
- 100% of children on the Child Protection register have a completed Child Protection plan in place, the target is 80% and performance continues to improve
- 81.6% of Community Payback Order cases have been seen within the 5 day target, performance continues to improve for this measure
- Number of visits to council leisure centres is 24,683 against a target of 23,000 for the quarter
- Number of participants at sports coaching courses excels the target of 2,000 for the quarter with 3,869 people attending
- The number of visits to libraries per 1,000 population this quarter was 864 against a target of 846
- Percentage of S3 pupils with a pupil profile is 90% against a target of 50%
- Oban High School pupils represent Scotland at the Orienteering at the Junior Home Internationals in Northern Ireland from the 24/25 October 2015
- Five Lochgilphead High pupils competed in the West of Scotland Ensemble Championships in Kilmarnock at the start of November. They qualified for the Besson Solo and Ensemble Championships in February 2016
- Pupils from Achahoish Primary school wrote letters and sent drawings as a gift to the Queen after learning that she is the longest reigning monarch. The pupils were thrilled to have received a reply from the Queen thanking them for the letters.
- Dunclutha Children's Home received a very positive inspection receiving four very goods

Key Challenges

1. Progressing the integration of Health and Social Care Services.
2. Development and consultation on the three year strategic plan for health and social care integration.
3. Reducing the number of days lost through sickness absence across Community Services.
4. Recruitment and training of foster carers given the highly successful move towards permanence which reduces available foster placements.
5. Reviewing the implementation of the new National Qualifications.
6. Meeting the requirements of new legislation e.g. Self Directed Support Act, Children and Young People's Act 2014 and Community Empowerment Act, etc. and emerging legislative changes such as the Education Bill and Carers Bill.
7. Recruitment issues for both in house and commissioned care at home services impacting on range of care options available in certain areas.
8. Demographic changes giving rise to growth in service demand across a range of client groups, in particular older persons, which present both financial and service delivery pressures.
9. Achieving target for the completion of PDRs during the quarter.
10. Monitoring delayed discharge figures against the target.
11. The % of child protection investigations with an inter-agency planning meeting taking place within 24 hours continues to be challenging. This measure is affected by issues around out of hours access to health advice within the IRTD process which is currently being addressed by the Chief Officer Integration.
12. Increasing positive destinations for young people in the current economic climate
13. Ongoing challenges associated with teacher recruitment in certain locations and for certain subjects to assist the authority to meeting its commitment in relation to teacher numbers.
14. Our refugee re-settlement on the Isle of Bute and support arrangements

Action points to address the challenges

1. The timescale for integration has been established as April 2016. The scheme of integration has been agreed, the integration joint board was formally established in August 2015 and the project team are developing and consulting on the three year strategic plan. The project team are also progressing 7 workstreams that will deliver on the project plan to prepare for an integrated service.
2. The final draft of the three year strategic plan has now been completed and will be signed off by the IJB by the end of March 2016"
3. Continue to work to ensure that return to work interviews are completed for all periods of sickness absence by targeting individual Managers and Team Leaders in the context of performance. Staff to be offered appropriate support

in the management of this issue.

4. The Fostering and Adoption service is currently undertaking a recruitment campaign. Preparation for foster carers is being run throughout Argyll and Bute however it takes 6 months before new carers are approved by the Fostering and Adoption Panel. There are currently 12 families going through the assessment process which will enhance the capacity for foster placements and permanency for looked after children.

5. Continue to support work on curriculum design to reflect the new Curriculum for Excellence framework and training on the new secondary benchmarking toolkit. The examination results for session 2014/15 will be analysed in detail and used to review the curricula available within secondary schools.

6. Meeting the requirement of all new legislation.

7. Working with IRISS along with commissioned care at home providers to better coordinate resources and to improve recruitment into care at home posts. Additional work is ongoing to review the model of care for care at home services and the contractual arrangements for staff.

8. Ongoing service redesign (all care groups) to try to mitigate growth in service demand.

9. Implementation of a new process for the recording of PRDs which will include a review of the quality of completed reviews.

10. Additional focus on preventing admission to hospital and accelerating discharge being undertaken in conjunction with NHS Highland and supported by delayed discharge funding.

11. Interim arrangements being put in place by NHS Highland to ensure that there is access to health advice for out of hours and weekend IRTDs

12. Recruiting and retaining staff who have a focus on developing consistency and quality. Continue to work with the Council's HR service to advertise and recruit into vacant posts within the Oban and Mid Argyll areas.

13. Detailed and individualised information and advice for school leavers is being provided in conjunction with Skills Development Scotland. Multi agency plan to meet the recommendations of Scotland's Young Workforce currently being implemented.

14. Detailed multi agency support arrangements in place for the refugee families, co-ordinated by the refugee resettlement group.

Argyll Bute COUNCIL

Making Argyll and Bute a place people choose to live, learn, work and do business

Community Services Scorecard 2015-16 FQ3 15/16 Click for Full Outcomes

(P) Priorities for 2015-17: Community Services

IMPROVEMENT

					Status	Trend
Improvement Plan Outcomes CM Outcomes	Total No	Off track	On track	Complete	A	⬆
	71	1	53	17		
CARP Community Services	Total No	Off track	On track	Complete	G	
	106	0	40	66		

Customer Service CM	Number of consultations		4	
Customer Charter	Stage 1 complaints	79 %	R	⬇
Customer satisfaction 100 % G ⬆	Stage 2 complaints	67 %	R	⬆

Community Services Audit Recommendations R	Overdue		Due in future		Future - off target	
	4	⬇	17	⬆	0	➡
CM Average Demand Risk	Score	10	Appetite	10		➡
CM Average Supply Risk	Score	9	Appetite	9		➡

RESOURCES

People	Benchmark	Target	Actual	Status	Trend
Sickness absence CM [LGE]		3.1 Days	2.7 Days	G	⬇
Sickness absence CM [teachers]		1.8 Days	1.9 Days	R	⬇
PRDs % complete		90 %	71 %	R	

Financial	Budget	Forecast		
Finance Revenue totals CM	£K 144,008	£K 144,540	A	⬆
Capital forecasts - current year CM	£K 0	£K 0		
Capital forecasts - total project CM	£K 0	£K 0		

Efficiency Savings CM		Target	Actual		
	Actions on track	17	17		
	Savings	£K 608	£K 608	G	➡
Asset management red risks	0				

Community Services Scorecard 2015-16 FQ3 15/16 Click for Full Scorecard

SOA Outcome - The economy is diverse and thriving			G ➡
CC05 Argyll and Bute's economic success is built on a growing population	Success Measures	2	G
	On track	2	➡

SOA Outcome - We have infrastructure that supports sustainable growth			G ➡
CC07 People access a choice of suitable & affordable housing options ...	Success Measures	3	G
	On track	3	➡

SOA Outcome - Education, skills and training maximises opportunities for all			R
CC03 Our adults are supported to access learning opportunities ...	Success Measures	2	A
	On track	1	➡
ED01 Primary school children are enabled to increase levels of attainment ...	Success Measures	3	A
	On track	2	➡
ED02 Secondary school children are enabled to increase levels of attainment ...	Success Measures	13	R
	On track	7	⬇
ED03 Education Central Management Team ensures continuous improvement ...	Success Measures	2	A
	On track	1	⬇
ED05 An effective system for Opportunities for All will operate in all secondary schools	Success Measures	4	A
	On track	3	
ED06 Education staff have increased capacity for leadership ...	Success Measures	5	A
	On track	4	⬇

SOA Outcome - Children and young people have the best possible start			
CF01 The life chances for looked after children are improved	Success Measures	5	A
	On track	4	⬇
CF02 Children, young people and families at risk are safeguarded	Success Measures	4	G
	On track	4	⬆
CF03 ... making our communities safe from crime, disorder & danger	Success Measures	3	A
	On track	2	➡
CC01 Our young people are supported to lead more active and healthier lives	Success Measures	2	G
	On track	2	➡
ED04 Educational additional support needs of children & YP are met	Success Measures	3	
	On track	2	
ED07 Young children and their families assisted to achieve best start in life	Success Measures	2	R
	On track	0	⬇

SOA Outcome - People live active, healthier and independent lives			A ➡
AC01 Community is supported to live active, healthier, independent lives	Success Measures	5	A
	On track	3	⬆
AC02 Vulnerable adults at risk are safeguarded/Ensure clients asked for comments	Success Measures	3	A
	On track	2	⬇
AC03 The impact of alcohol and drugs ... is reduced	Success Measures	1	G
	On track	1	➡
CC02 Raised lifelong participation in sport ... healthy lives	Success Measures	2	A
	On track	2	➡
CC04 Less people will become homeless ... thru proactive approach ...	Success Measures	3	A
	On track	2	⬆

SOA Outcome - People live in safer and stronger communities			A ➡
CC06 Third Sector & communities ... enabled ... developing communities	Success Measures	2	G
	On track	2	⬆
CC08 Improved literacy, health ... access to ... culture, libraries & museums	Success Measures	4	A
	On track	2	⬇

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ARGYLL AND BUTE COUNCIL **COMMUNITY SERVICES COMMITTEE**

EDUCATION SERVICE **10th MARCH 2016**

OPPORTUNITIES FOR ALL AND YOUTH EMPLOYMENT

1.0 EXECUTIVE SUMMARY

1.1 Skills Development Scotland produce an annual report for each Community Planning Partnership (CPP) covering:
- The Initial School Leaver Destination Report (SLDR);
- National Training Programme participation and outcomes, and
- Analysis of the unemployed and seeking cohort.

The main purpose of this report is to provide an update to elected members on the information contained within the Argyll and Bute CPP report published in December 2015.

1.2 The **Initial School Leaver Destinations Report** for Argyll and Bute for 2014/15 is based on data gathered in October, with a follow-up leaver extract taken 6 months later in March 2016 which examines sustained school leaver destinations. This data is used by Scotland Performs to report on the national indicator - "Increase the proportion of young people in learning, training or work".

1.3 The annual report examines the destinations of school leavers from publicly funded schools in Scotland. A school leaver is classed as a young person of school leaving age who left school during or at the end of the school year. SDS school's year traditionally ran from 1 August to 31 July. However, to bring the cohort data in line with Scottish Government census collation dates, the 2014/15 cohort covers 1st August 2014 to 15th September 2015. In the future the school leaver cohort will be based on leavers who left school between the third Wednesday of September and the third Tuesday in September the following year.

1.4 A brief overview of the main findings and relevant statistical data contained in the CPP report is shown in the bullet points below:

- The initial **School Leaver Destination Return** (SLDR) for 2014/15, which covers young people making the transition from the 10 publicly funded secondary schools in Argyll and Bute.

  Following five years of steady progress the overall percentage of leavers entering a positive destination for 2014/15 was 93.1%, an increase of 1.4% points in comparison to 2013/14. This is 0.2% above the Scottish National average of 92.9%.

Argyll & Bute Council ranked 19th out of 32 local authorities for the percentage of leavers entering a positive destination, this is comparable to Highland (14th) and Dumfries and Galloway (21st) Councils (the comparator authorities are Angus, Dumfries & Galloway, Highland, Scottish Borders and South Ayrshire Councils).

- **National Training Programmes** (April 2015 to September 2015): 151 local people started on a national training programme in Argyll and Bute during this time scale, with 448 people participating in a Modern Apprenticeship programme.

- **Unemployed seeking 16-19** cohort as of December 2015: There were 93 young people unemployed and seeking on the 1st December 2015.

2.0   RECOMMENDATIONS

2.1   It is recommended that the Community Services Committee:

a) Note the actions of Education Services and their partners in progressing Opportunities For All and Youth Employment;
b) Continue to support the local authority focus on Opportunities for All in order to increase young people's participation in post-16 learning, training or employment through appropriate intervention and support;
c) Continue to offer assistance and support to our young people, particularly those young people who are Looked After and Accommodated (LAAC) and the furthest removed from employment cohort, through the provision of appropriate summer internship placements and training opportunities;
d) Support and endorse the work of the Argyll and Bute Employability Partnership as appropriate;
e) Continue support for Developing Scotland's Young Workforce recommendations in relation to Argyll and Bute young people

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

EDUCATION SERVICE   **10th MARCH 2016**

OPPORTUNITIES FOR ALL AND YOUTH EMPLOYMENT

3.0   EXECUTIVE SUMMARY

3.1   Skills Development Scotland produce an annual report for each Community
        Planning Partnership (CPP) covering:
        - The Initial School Leaver Destination Report (SLDR);
        - National Training Programme participation and outcomes, and
        - Analysis of the unemployed and seeking cohort.
        The main purpose of this report is to provide an update to elected members on
        the information contained within the Argyll and Bute CPP report published in
        December 2015.

3.2   The **Initial School Leaver Destinations Report** for Argyll and Bute for 2014/15
        is based on data gathered in October, with a follow-up leaver extract taken 6
        months later in March 2016 which examines sustained school leaver
        destinations. This data is used by Scotland Performs to report on the national
        indicator - "Increase the proportion of young people in learning, training or
        work".

3.3   The annual report examines the destinations of school leavers from publicly
        funded schools in Scotland. A school leaver is classed as a young person of
        school leaving age who left school during or at the end of the school year. SDS
        school's year traditionally ran from 1 August to 31 July. However, to bring the
        cohort data in line with Scottish Government census collation dates, the 2014/15
        cohort covers 1st August 2014 to 15th September 2015. In the future the school
        leaver cohort will be based on leavers who left school between the third
        Wednesday of September and the third Tuesday in September the following
        year.

3.4   A brief overview of the main findings and relevant statistical data contained in
        the CPP report is shown in the bullet points below:

        - The initial **School Leaver Destination Return** (SLDR) for 2014/15, which
          covers young people making the transition from the 10 publicly funded
          secondary schools in Argyll and Bute.

          Following five years of steady progress the overall percentage of leavers
          entering a positive destination for 2014/15 was 93.1%, an increase of

1.4% points in comparison to 2013/14. This is 0.2% above the Scottish National average of 92.9%.

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- **Unemployed seeking 16-19** cohort as of December 2015: There were 93 young people unemployed and seeking on the 1st December 2015.

4.0 RECOMMENDATIONS

4.1 It is recommended that the Community Services Committee:

a) Note the actions of Education Services and their partners in progressing Opportunities For All and Youth Employment;
b) Continue to support the local authority focus on Opportunities for All in order to increase young people's participation in post-16 learning, training or employment through appropriate intervention and support;
c) Continue to offer assistance and support to our young people, particularly those young people who are Looked After and Accommodated (LAAC) and the furthest removed from employment cohort, through the provision of appropriate summer internship placements and training opportunities;
d) Support and endorse the work of the Argyll and Bute Employability Partnership as appropriate;
e) Continue support for Developing Scotland's Young Workforce recommendations in relation to Argyll and Bute young people

5.0 DETAIL

5.1 SCHOOL LEAVER DESTINATION RETURN 2014/15

5.1.1 The School Leaver Destination Return (SLDR) is a statistical return undertaken by Skills Development Scotland (SDS) on behalf of the Scottish Government. This initial destination information is based on the known status of school leavers on the snapshot date of Monday 5th October 2015.

5.1.2 The Lead Officer: Opportunities for All and Skills Development Scotland spent a considerable period of time during October to December interrogating the

initial school leaver cohort to ensure the data reported was robust and accurate.

5.1.3 The leaver cohort will be followed-up by SDS during February/March 2016 to examine the number of young people who remain in a sustained positive destination 6 months after this initial report. The Scottish Government then utilise this data to report against the National Indicator - 'Increase the proportion of young people in learning, training or work'.

The following information provides an overview of the progress of Argyll and Bute across each of the national measures reported.

5.1.4 Key SLDR statistical information – the following table shows the year on year destination percentage split for Argyll and Bute Council compared with the Scottish figures.

Destination	Argyll and Bute Council			Scotland		
	2013/14 %	2014/15 %	% point change	2013/14 %	2014/15 %	% point change
Higher Education	40.3	39.3	-1.0	38.6	38.3	-0.3
Further Education	19.1	20.7	1.6	26.3	27.8	1.5
Training	3.5	3.7	0.2	4.1	3.8	-0.3
Employment	26.9	27.7	0.8	21.7	21.7	0.0
Voluntary Work	0.5	0.7	0.2	0.4	0.4	0.0
Activity Agreement	0.6	1.0	0.4	1.1	0.9	-0.2
Unemployed Seeking	7.2	5.5	-1.7	6.3	5.4	-0.9
Unemployed not seeking	1.7	1.0	-0.7	1.1	1.1	0.0
Unconfirmed	0.1	0.4	0.3	0.3	0.5	0.2
Positive Destinations	**91.0**	**93.1**	**2.1**	**92.3**	**92.9**	**0.6**
Total Leavers	**947**	**909**		**51,876**	**53,836**	

5.1.5 Of the 909 leavers 508 were male and 401 female. 94.5% (379) of females entered a positive destination compared to 91.9% (467) of males. 68.6% of females continued with their studies post school compared to 53.1% of males; and 36.8% of males entered employment or training compared to 24.7% of females. Importantly the data shows that males are twice as likely to be unemployed and seeking employment, training or further education compared to females – 66%/34% split.

5.1.6 Where our school leavers live can impact on their initial destination post

school. Leavers who live in more deprived areas are less likely to enter positive destinations on leaving school than those from the less deprived areas – 15% Scottish Index of Multiple Deprivation 2 (SIMD 2) compared to 4% (SIMD 9). Leavers who live in the less deprived areas are more likely to enter higher education in comparison to those leavers who live in more deprived areas – 66% from SIMD 9 compared to 13% from SIMD 2. The table below shows the breakdown of leavers moving into a positive destination based upon their SIMD classification.

SIMD	← Most Deprived								Least Deprived ->		
	1	2	3	4	5	6	7	8	9	10	U/K*
% in Positive Destination	86	85	94	93	91	97	95	91	96	100	60
Total Number of Leavers	37	52	80	92	139	206	159	82	47	5	10
% of Total Leavers	4.1	5.7	8.8	10.1	15.3	22.7	17.5	9.0	5.2	0.6	1.1

* U/K – unknown

5.1.7 Those young people who leave school at the earliest possible transition point are more likely to enter a negative destination. This is particularly evident for those young people who are statutory winter leavers – who are more than three times likely to be reported as unemployed seeking (19.5%) than a post statutory leaver. There were 41 winter leavers, accounting for 4.5% of the SLDR cohort. Overall 94.2% of those who stay on at school past their statutory leaving date enter a positive destination – 808 young people.

5.1.8 From the 2014/15 cohort 39.3% (357) of leavers entered Higher Education and studied a course at Higher National Certificate level or above. This is 1.0% lower than last year. The universities most popular with Argyll and Bute young people were:

Institution	Total	%
University of the Highlands and Islands	32	9.0
University of Strathclyde	32	9.0
University of Glasgow	28	7.9
University of Stirling	26	7.3
Glasgow Caledonian University	24	6.7

The most popular colleges for Higher Education provision were:

Institution	Total	%
City of Glasgow College	57	49.6
West College Scotland	22	19.1
Glasgow Kelvin College	13	11.3
Glasgow Clyde College	11	9.6
Edinburgh College	7	6.1

The CPP report did not include a breakdown of the top higher education subject areas chosen by our young people.

5.1.9 The data shows that 20.7% (188) from the 2914/15 cohort chose to study a range of non-advanced courses at further education colleges – 35.1% (66) at West College Scotland and 28.7% (54) at Argyll College UHI. The CPP report did not include a breakdown of the top subject areas chosen by our young people.

5.1.10 27.7% (252) of young people entered employment or a Modern Apprenticeship opportunity.

The top occupational areas for males were:
1) Construction (19.3%)
2) Animals, Land and Environment (18.6%)

The top occupational areas for females were:
1) Hospitality & Catering and Travel & Tourism (46.3%)
2) Retail and Sales (28.0%)

5.1.11 There were 9 young people recorded as "unemployed not seeking". The majority are not yet ready to enter employment, education or training. Others are unavailable to work due to ill health, being pregnant or caring for others. Four school leavers had no known destination at the time of the snapshot.

5.1.12 Two of the 10 secondary schools recorded lower destination figures than the Argyll and Bute average of 93.1% - Lochgilphead High School (90.4%) and Hermitage Academy (87.4%). Tarbert Academy recorded a 6.2% decrease in their positive destinations from 2013/14 this represents only one young person, who has subsequently moved into a positive destination.

The negative destination figures for Hermitage Academy will be interrogated and analysed for patterns that may be contributing to this position for example, area of residence. Appropriate help, support or activities can then be put in place to support subsequent cohorts into positive destinations. This work will be carried out in partnership with SDS and other key partner agencies.

Dunoon Grammar School increased their positive destinations by 7.1% from the initial 2013/14 report, Rothesay Academy increased by 6.0% and Islay High by 4.4%.

5.1.13 There is an anomaly in the information collated and recorded in the School Leaver Destination Report that elected members should be aware of. If a young person attends a 'special school' they are not included in the SLDR. If a young person attends a learning support centre within a secondary school they will be recorded in the SLDR as they appear on the mainstream roll figures. This anomaly impacts on 7 local authorities across Scotland, including Argyll and Bute.

Young people with complex needs who may never be able to hold down any employment, education or training post school are included in our SLDR under the heading unemployed not seeking. Lochgilphead High School had a

number of young people with complex needs based in their learning centre who are included in the SLDR and this has impacted on the school's overall positive destination figures.

5.2 NATIONAL TRAINING PROGRAMMES

5.2.1 Individual young people in Argyll and Bute are provided with opportunities to access national training programmes through the Employability Fund at Stages 2, 3 and 4 and Modern Apprenticeships. The following data was published by Skills Development Scotland on the 3rd November 2015 and relates specifically to quarter one and quarter two of session 2015/16.

5.2.2 During the period 01/04/15 – 25/09/14, 448 young people from Argyll and Bute participated in a Modern Apprenticeship programme – 282 were aged 16-19, 110 were aged 20-24 and 56 were aged 25 or over. There were 151 new starts (73 aged 16-19, 49 aged 20-24 and 29 aged 25+) and 149 leavers (84 aged 16-19, 38 aged 20-24 and 27 aged 25+). From the leaver cohort 72% achieved their Modern Apprenticeship qualification – 71% aged 16-19, 79% aged 20-24 and 67% aged 25+).

5.2.3 For those individuals who have little or no understanding or experience of the world of work help and support is offered through the Employability Fund at Stage 2; Stage 3 is offered to those individuals who have had some experience of the world of work; Stage 4 is for those looking to develop vocational skills within a specific career area. During the first two quarters of 2015/16 Argyll and Bute had 88 individuals start on an Employability Fund programme – 21 at Stage 2, 47 at Stage 3 and 20 at Stage 4. There are 3 key providers in Argyll and Bute who offer the Employability Fund programme – Argyll Training Ltd, WorkingRite and Galloway Training.

5.3 UNEMPLOYED 16-19 YEAR OLDS - UNEMPLOYED SEEKING

5.3.1 On 1st December 2015, 93 young people were unemployed and seeking employment across Argyll and Bute. This statistic can be broken down as follows:

Age	Male		Female		Total	Age
	No	%	No	%	No	%
15/16	5	29	12	71	17	18
17	15	68	7	32	22	24
18	18	64	10	36	28	30
19	17	65	9	35	26	28
Total	**55**	**59**	**38**	**41**	**93**	**100**

5.3.2 Each young person has their progress from school to post-school destination tracked. This is referred to as the customer journey. If a customer does not maintain contact with SDS over an 8 week period their destination is then updated to unconfirmed, reverting to unemployed seeking if contact is re-established. Of the 93 young people unemployed at the count date, 67 (72%) had secured at least one positive destination since leaving school.

67% of the group had been unemployed and seeking for 0-3 months, 20% had been seeking for 3–6 months, 12% had been seeking for 6-12 months and 1% seeking for longer than 12 months.

5.3.3 Using customer postcodes we can map information about the unemployed seeking cohort by SIMD decile and intermediate data zones as shown in the next 2 tables:

Unemployed Seeking by SIMD 2012 Ranking											
SIMD Decile (2012)	<Most Deprived Deprived>									Least	
	1	2	3	4	5	6	7	8	9	10	Not Known
	13	15	9	12	22	8	5	7	2	0	0
	13%	10%	14%	11%	20%	11%	9%	8%	2%	1%	0%

UNEMPLOYED HOTSPOTS		
Data Zone	No	%
Garelochhead	16	17
Dunoon	14	15
Oban South	7	8
Campbeltown	6	6
Helensburgh East	6	6
Rothesay Town	5	5
Hunter's Quay	5	5
Helensburgh Centre	4	4
Helensburgh North	4	4
Benderloch Trail	3	3
TOTAL	70	73

6.0 CONCLUSION

6.1 The School Leaver Destination Report records only the initial and follow up destinations of school leavers at two key dates during the year. To provide a better understanding of what young people are doing in 'real time' throughout their 16-19 career journey the Scottish Government has introduced the Participation Measure. This measure reports on the activity of the wider cohort, including those in the senior phase of secondary school. Like the SLDR the PM uses the shared data set held by Skills Development Scotland in the Data Hub.

6.2 The first Participation Measure snapshot for Scotland was published on 27th August – this contained experimental statistics – and was based on a count date of 7th April. Argyll and Bute had 3,805 16-19 year olds (based on postcode data) of which 91.9% were in a participating status relating to education, employment or training. This ranked the local authority as 6th out

of 32.The participation measure includes additional statuses not recorded on the SLDR such as Personal Skills Development as well as recording those remaining on the school roll.

6.3   The Opportunities for All team interrogated the negative destination cohort for Argyll and Bute that was reported in the SLDR for 2014/15 using data available within the Data Hub against the fields used for the Participation Measure. Of the 63 young people 18 are now participating in further education, employment or training.

6.4   The Activity Agreement Coordinator will continue to discuss/monitor progress of our unemployed and vulnerable young people during local Opportunities for All meetings. Appropriate help and support can then be tailored based on need.

        For comparison we can use the participation measure to examine the unemployed seeking customers' journey. The duration has been calculated from the end date of the last known positive destination to the date of the extract. If no positive destination has been recorded on the Data Hub then the duration has been calculated from the statutory school leaving date of the customer.

Unemployed Seeking, by age & duration since last positive status:

Age Group	0-3 months	3-6 months	6-12 months	> 12 months	Total
15/16	11	5	1	0	**17**
17	14	5	2	1	**22**
18	12	7	5	4	**28**
19	6	6	4	10	**26**
TOTAL	43 (46%)	23 (25%)	12 (13%)	16 (16%)	93 (100%)

6.5   Key partner agencies, including secondary schools, Community Learning and Development (CLD), local colleges, Skills Development Scotland and the third sector, will continue to work together with the Opportunities for All Team during 2016/17 to:
   • ensure young people are able to access appropriate post-16 education, training and employment that meet their needs; and
   • support young people to make an initial and sustained positive post-school transition.

6.6   Key actions for 2016/17 include:

   • Support secondary schools to further develop a senior phase curriculum that meet the needs of all individuals and include Skills for Work and Partnership Qualifications; the senior phase curriculum will be referenced to local economic development plans to highlight growth sectors and skill shortages; the senior phase curriculum will include the opportunity for appropriate work placements as per recommendation 3 from Developing Scotland's Young Workforce.

- Continued support and promotion of the Activity Agreement Programme by the Activity Agreement Coordinator across Argyll and Bute. Activity Agreements (AA) play a vital role in engaging and reengaging young people in learning, to help support them towards and in to work. Young people are supported on their Activity Agreement journey by a Trusted Professional. Since the programme began in November 2012 there have been 115 referrals to the AA programme, 89 young people have engaged and we are currently working with 17 clients. Over two thirds of the AA cohort receives an Education Maintenance Allowance (EMA). Of the current cohort 6% are parents, 6% are Young Offenders, 13% are Looked After and Accommodated Children (LAAC) or Care Leavers and 56% of them are experiencing poor Mental Health.

- Through the development of the Argyll and Bute Council Modern Apprenticeship programme we have supported 14 new MA opportunities during 2015/16. A number of these opportunities have been filled by vulnerable young people who were at risk of being in negative destination. A further 2 MA opportunities will begin in February 2016 with another 7 to be advertised. These positions will continue in 2016/17 and will require support from the Opportunities for All Team.

- A further 5 Looked After and Accommodated children and young people (LAAC) were supported to participate in the ABC Summer Internship Programme during summer 2015 - increasing these young people's knowledge and awareness of the world of work. The programme will continue to be marketed by the Activity Agreement Coordinator to the Through Care and Aftercare Team and secondary schools during 2016.

- The Opportunities for All Team are part of the LAAC working group that is working with Social Work and the Inclusion and Integration Team to identify and agree on an ABC LAAC list.

- The Activity Agreement Coordinator is working with the Young People Leaving School working group which focuses on support specifically for young people with Additional Support Needs (ASN).

- The Opportunities for All Team will continue to work in partnership with SDS to ensure Argyll and Bute data held on SEEMiS and the National Data Hub is robust and accurate. During session 2015/16 we have been working with our secondary schools and ABC's Administration and Management Information Officer to ensure processes for collating and recording SEEMiS and census data supports the information required for the Data Hub.

- An Argyll and Bute action plan has been written to support the relevant recommendations from Developing Scotland's Young Workforce. During session 2015/16 ABC, through the Lead Officer: O4A and a variety of working groups, has contributed to the development of the National

Standards in Work Experience and Careers, Information, Advice and Guidance.

- Further development of the Argyll and Bute Employability Partnership (ABEP membership Appendix 1) Youth Employment Activity Plan (YEAP), a working document that identifies how Argyll and Bute is strengthening the links between education, employment and training to create economic growth. This document will be updated to reference the findings of the Compelling Argyll and Bute study. In addition the Activity Agreement Coordinator will support the 8 local O4A groups to develop a local Youth Employment Activity Plan based upon the strategic template.

- The Opportunities for All Team will continue to engage with HubNorth to ensure suppliers and contractors involved in the new school builds will provide training, work experience and jobs for young people through its purchase of goods and services.

7.0   IMPLICATIONS

7.1   **Policy**:   This report links directly to Outcome 3 in the Argyll and Bute Single Outcome Agreement (Education Skills and Training Maximises Opportunities for All).

7.2   **Financial**:   Continued funding from the Youth Employment Fund for summer internship placements for Looked After and Accommodated Young People and for LAC and Activity Agreement clients progressing through the Employability Fund using council based placements is maintained as a priority.

7.3   **Legal:**   None.

7.4   **HR:**   HR support for work placement and modern apprenticeship opportunities.

7.5   **Equalities:**   The Opportunities for All programme and Developing Scotland's Young Workforce recommendations actively seek to address disadvantage.

7.6   **Risk:**   Failure to support young people into positive destinations will impact on the life chances of young people across the local authority area and may result in outward migration of young people.

7.7   **Customer Service:** This report provides elected members with an overview on Service performance.

Cleland Sneddon
Executive Director of Community Services

Councillor Rory Colville
Policy Lead for Education
10 March 2016

For further information contact:
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Telephone: 01369 708474

LIST OF BACKGROUND PAPERS:
Skills Development Scotland: ABC Community Planning Partnership Report, Dec 2015
https://www.skillsdevelopmentscotland.co.uk/media/40861/argyll-bute-council-cpp-report-dec-2015.pdf

APPENDICES:
APPENDIX 1 - EMPLOYABILITY PARTNERSHIP MEMBERSHIP

EMPLOYABILITY PARTNERSHIP MEMBERSHIP

- Argyll and Bute Council – including representatives from the Economic Development Service (Business Gateway, Employability Team, European Social Fund Team, and Social Enterprise Team), Community Services (Adult Learning, Education Housing, Opportunities for All and Youth Services)
- Argyll and Bute TSI
- Argyll College UHI
- Argyll Training Limited
- HELP (Argyll and Bute) Ltd
- Highlands and Islands Enterprise (HIE)
- JobCentre Plus (JC+)
- NHS – Community Health Partnership
- Scottish Qualifications Authority (SQA)
- Skills Development Scotland (SDS)
- WorkingRite Limited

.

Agenda Item 7

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES: EDUCATION   **10 MARCH 2016**

Argyll and Bute Council Youth Employment Opportunities Fund

1.0 EXECUTIVE SUMMARY

1.1   Argyll and Bute Council is the largest employer within the locality. The Council workforce is an ageing one and we face a number of issues recruiting and retaining staff. In 2013 the Council's Strategic Management Team tasked a working group to develop a succession planning framework that would:

- Encourage our young people to remain in Argyll and Bute;
- Encourage young people to access local council employment opportunities; and
- To develop an Argyll and Bute Council (ABC) Modern Apprenticeship Training Scheme.

The framework was also to consider how ABC's Corporate Parenting responsibilities could be delivered for looked after and accommodated children and young people (LAC) and how we would support those young people who were furthest removed from the labour market and/or engaged with the Opportunities for All Activity Agreement programme.

The main purpose of this report is to provide an update on the current impact of the Youth Employment framework's impact and to provide an update on the budget spend that was allocated through the Youth Employment Opportunities Fund.

2.0 RECOMMENDATIONS

2.1   It is recommended that the Community Services Committee:

a) Endorse and support the continued planned use of the Youth Employment opportunities Fund to support succession planning and support our vulnerable young people to access and sustain positive destinations through:

- The ABC Modern Apprenticeship Training Scheme
- The ABC Summer Internship programme for LAC young people in their final year of secondary education

b) Actively encourages:

- ABC departments to identify potential opportunities for work

placements and Modern Apprenticeships: and
- Support young people as they progress through the various placements on offer.

c) Continue to support the work of the Opportunities for All team to provide the Activity Agreement programme and Trusted Professional support to vulnerable school leavers and unemployed young people; and to widen this support to now include young people in the final 6 months of their secondary education.

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES: EDUCATION   **10 MARCH 2016**

Argyll and Bute Council Youth Employment Opportunities Fund

3.0   INTRODUCTION

3.1   Argyll and Bute Council is the largest employer within the locality. The Council workforce is an ageing one and we face a number of issues recruiting and retaining staff. In 2013 the Council's Strategic Management Team tasked a working group to develop a succession planning framework that would:

- Encourage our young people to remain in Argyll and Bute;
- Encourage young people to access local council employment opportunities; and
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The main purpose of this report is to provide an update on the current impact of the Youth Employment framework's impact and to provide an update on the budget spend that was allocated through the Youth Employment Opportunities Fund.

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- The ABC Summer Internship programme for LAC young people in their final year of secondary education

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- ABC departments to identify potential opportunities for work placements and Modern Apprenticeships: and
- Support young people as they progress through the various placements on offer.

c) Continue to support the work of the Opportunities for All team to provide the Activity Agreement programme and Trusted Professional support to vulnerable school leavers and unemployed young people; and to widen this support to now include young people in the final 6 months of their secondary education.

5.0 DETAIL

5.1 The ABC Modern Apprenticeship (MA's) programme began its pilot in April 2014 with 2 placements in the Mail Room at Kilmory. The scheme was officially launched in July 2014 and by August 2015 there were 11 new MA's – 7 within Customer Services and 4 within Children and Families, with a further 4 currently under discussion.

5.2 The ABC MA programme was reviewed at the Policy and Review Committee of October 2015, where it was agreed that the programme would be continued and expanded. There had been recruitment difficulties experienced in some areas and so it was agreed that the scheme would be widened from 16 – 19 year olds to 16 – 24 years; along with the provision of 5 driving lessons to help with travel.

5.3 As of Friday 29th January the ABC MA programme has provided 14 young people with a placement and a further 13 placements are currently out to advert. The majority of placements have received support from the Youth Employment Opportunities Fund.

One vulnerable young person is currently in post and a further 2 vulnerable young people will begin an MA placement February 2016. The first young person to request driving lesson through the scheme applied in January 2016.

5.4 Additional funding support to continue the ABC MA programme has been identified from the Scottish Government Developing Young Workforce budget. This will support a further 15 young people through providing 26 weeks of wages including on costs.

5.5 The ABC Summer Internship programme was piloted in the summer of 2014 with 2 young people identified by the Throughcare Aftercare Team (TCAC). The summer internship provided young people with their first taste of paid employment – 4 days per week, over a 5 week period, paid

at the national minimum wage rate. Prior to starting on the programme, the young people worked with the Activity Agreement Coordinator to identify potential placement ideas. Contact was then made with departments and ongoing support provided to both ABC mentor and young person. Both young people progressed into further education and have sustained that destination.

5.6   The YEOF provided funding for a second ABC Summer Internship cohort in 2015. Work began earlier on identifying potential LAC young people and 7 expressed an interest – 1 chose not to begin the programme as they had secured a relevant placement elsewhere and 1 was moved outwith their local area. Five young people secured placements with 3 continuing to the end of the internship; two of the three are engaging in education and training.

Ongoing help and support is being offered to the 2 young people who failed to engage with the summer internship programme.

5.7   Funding to continue the ABC Summer Internship programme for summer 2016 and 2017 has been earmarked from the proposed Youth Employment Opportunities Fund detailed later in this paper. The Activity Agreement Coordinator is currently working with the Throughcare Aftercare Team and local secondary schools to identify interested LAC young people.

5.8   In 2012/13 Argyll and Bute Council's Initial School Leaver Destination (SLDR) reported that 92.5% of our secondary school leavers made a positive initial post school transition, whereas only 53% of LAC secondary school leavers went into an initial positive destination. Two years later the overall initial SLDR figure is 93.1%, with 62% of our LAC young people moving into a positive initial post school destination.

5.9   **Overview of Youth Employment Opportunities Fund Spend/Proposed Spend**
The YOEF has a top budget line of £200,000 of which £82,134.39 has been spent/committed by end of 2015/16. Full expenditure was deferred to reflect the publication of the Developing Scotland's Young Workforce Report and Recommendations. The following table illustrates spend and gives a breakdown of the committed spend planned for 2016/17 and 2017/18:

ACTUAL SPEND	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	TOTAL
Columba 1400 Leadership Programme	30,000						**30,000**
Ocean Youth Trust Voyage	2,080						**2,080**
Rural Action Forum Event	931.35						**931.35**
Exite Programme	N/A	1232.50					**1,232.50**
Admin Support for ERI Programme	N/A	3367.83	1854.74	3340.86			**8,563.43**
West College			8731.25				**8,731.25**

Scotland – Hermitage Academy							
Hospitality Costs – Business Breakfast			227.67				**227.67**
Stage 1: Flexible Learning Plans for LAC			0	520			**520**
Stage 1: Paid Summer Placements for LAC			1001.61	2148.44	5,000	5,000	**13,150.05**
Stage 2/3: Employability Fund			560	343			**903**
Stage 2/3: Paid Placement for ASN				300	3700	1550	**5,550**
Stage 5: ABC MA programme staffing				17,285 7,837.99 -	0 23,514 54,866	0 15,676.01 -	**119,179**
Stage 5: ABC MA programme H&S				372.15			**372.15**
Stage 5 ABC MA Driving Lessons					3,000		**3,000**
Stage 5 – ABC MAs and DofE					500		**500**
TOTAL	**33,011.35**	**4,600.33**	**12,375.27**	**32,147.44**	**90,580**	**22,226.01**	**194,940.40**

6.0 CONCLUSION

6.1 The Youth Employment Opportunities Fund has successfully supported the delivery of a programme of support for our young people to access their first paid work or an appropriate work placement. The programmes support ABC through providing sustainable placement and employment opportunities that have allowed our young people to remain in Argyll and Bute. Both schemes are contributing to the ABC outcome for succession planning.

6.2 The number of young people moving into a negative destination post-school is steadily decreasing with ongoing support for our LAC young people to achieve positive destinations.

7.0 IMPLICATIONS

7.1 Policy: This report links directly to Outcomes 1 and 3 of the Argyll and Bute Single Outcome Agreement

7.2 Financial: The Youth Employment Opportunities Fund has been fully committed as detailed in this report and this information has been shared with relevant finance team. Further funding to support the recommendations during 2016/17 will come from the Scottish Government Developing Young Workforce budget and Opportunities for All budgets.

7.3   Legal: ABC has a Corporate Parenting Responsibility for LAC young people.

7.4   HR: The Modern Apprenticeship and Summer Internship Programme requires ongoing help and support from the HR department with regards to recruitment; work placement opportunities; advice on employment legislation, terms and conditions. The Opportunities for All team provide ongoing support to the programmes and act as a liaison between the programmes, departments and ABC.

7.5   Equalities: Developing Young Workforce recommendations have a key focus on ensuring that all young people are able to access a place in education, training or employment who want to; all departments should work together to actively address disadvantage.

7.6   Risk: Failure to support our young people to be able to access appropriate work placements and learning pathways may impact on the life chances of young people across the local authority area and may result in the outward migration of our young people.

7.7   Customer Service: This report provides an overview of the support ABC is providing to LAC and vulnerable young people to support them to move into positive and sustained post school destinations.

Cleland Sneddon
Executive Director of Community Services

Councillor Rory Colville
Policy Lead for Education
29th January 2016

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ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMIITEE**

COMMUNITY SERVICES   **10th FEBRUARY 2016**

EDUCATION (SCOTLAND) ACT 2016

1.0   EXECUTIVE SUMMARY

1.1   The Education (Scotland) Act 2016 was passed by the Scottish Parliament on 2nd February 2016 and introduced provisions in relation to school education covering new statutory duties to raise attainment and address educational inequalities of outcome for pupils. The Act also contains provisions that modify the Education (Additional Support for Learning) (Scotland) Act 2004 and section 70 of the Education (Scotland) Act 1980; provisions in relation to Gaelic medium education, the provision of school meals, the appointment of Chief Education Officers, the registration of independent schools and teachers in grant-aided schools and the standards of education and training of persons to be appointed as head teachers. It is wide ranging Act that enables provisions to be made requiring a minimum number of hours of school education to be provided, enables provisions to be made about school clothing grants; extends the duty to provide early learning and childcare to certain children; and for connected purposes.

1.2   It is recommended that the Community Services Committee:

a) Note the provisions contained within the Education (Scotland) Act.
b) Request a further report is presented to a future meeting of the Committee once the Council receives additional statutory guidance which considers the implications for Argyll and Bute Council and the actions necessary to comply with the new statutory duties.

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ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMIITEE**

COMMUNITY SERVICES   **10th FEBRUARY 2016**

EDUCATION (SCOTLAND) ACT 2016

2.0 INTRODUCTION

2.1 The Education (Scotland) Act 2016 was passed by the Scottish Parliament on 2nd February 2016 and introduced provisions in relation to school education covering new statutory duties to raise attainment and address educational inequalities of outcome for pupils. The Act also contains provisions that modify the Education (Additional Support for Learning) (Scotland) Act 2004 and section 70 of the Education (Scotland) Act 1980; provisions in relation to Gaelic medium education, the provision of school meals, the appointment of Chief Education Officers, the registration of independent schools and teachers in grant-aided schools and the standards of education and training of persons to be appointed as head teachers. It is wide ranging Act that enables provisions to be made requiring a minimum number of hours of school education to be provided, enables provisions to be made about school clothing grants; extends the duty to provide early learning and childcare to certain children; and for connected purposes.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Community Services Committee:

a) Note the provisions contained within the Education (Scotland) Act.
b) Request a further report is presented to a future meeting of the Committee once the Council receives additional statutory guidance which considers the implications for Argyll and Bute Council and the actions necessary to comply with the new statutory duties.

4.0 DETAIL

4.1 The Education (Scotland) Act 2016 is split into four parts, School Education, Gaelic Medium Education, Miscellaneous and General. After section four there are modifications to "The Education (Additional Support for Learning) (Scotland) Act 2004.

4.2. Part 1: School Education – main provisions include:

4.2.1 <u>Pupils experiencing inequalities of outcome</u>

The provisions are designed to reduce inequalities for pupils who experience inequalities as a result of socio-economic disadvantage or who experience other inequalities. The education authority duties apply if they are making a decision of

a strategic nature regarding its functions relating to school education or the steps the authority will take to implement such decisions.

4.2.2 Plans and Reports

Scottish ministers along with education authorities must prepare and publish an annual plan setting out the steps they propose to take during the planning period to reduce inequalities. As soon as reasonably practicable after publishing an annual plan each education authority must give a copy of the plan to the Scottish Ministers. If changes to the National Improvement Framework is published then a review of the authorities' annual plan must take place and be revised as necessary.

4.2.3 National Improvement Framework (NIF)

The NIF will be reviewed by Scottish Ministers each year. If Ministers wish to modify the NIF following a review they must prepare and publish a new one which takes account of the modifications. There is a separate detailed paper on the NIF presented to the Community Services Committee on 10 March 2016.

4.2.4 Publication of Statutory Guidance

Prior to any guidance in relation to the duties of education authorities the Scottish Ministers must consult with education authorities, parents, voluntary organisations and any other person that the Scottish Ministers think appropriate.

4.2.5 Parental Involvement Strategy

Each authority must prepare, consult on and publish their strategy for parental involvement.

4.3   Part 2: Gaelic Medium Education – Main provisions include:

4.3.1 Assessment of Need

A person who is the parent of a child who is under the school age and has not commenced attendance at a primary school may request the education authority assess the need for Gaelic medium primary education. A request can only relate to one child and must be accompanied by evidence that there is a demand from parents of other children in the same area and year group. Evidence of a demand from parents in the same area with children in a different year group may also be submitted.

4.3.2   In considering what area to designate as a Gaelic Medium Primary Education (GMPE) assessment area an authority must as far as reasonable seek to accommodate the demand for GMPE evidenced in the request or contained in evidence accompanying the request. If the authority is aware of any other demand for a GMPE such as the number of children resident in the area who are under school age and have not commenced attendance at a primary school it can take this into consideration.

4.3.3 <u>Initial Assessment</u>

An authority must make an **initial assessment** if it receives a request from a parent of a specific child. The authority must make an assessment of the needs for GMPE in relation to the designated area and the specific child's year group. The authority must take into account the demand for a GMPE from parents of children who are resident in the GMPE assessment area and who are in a different year group in relation to the specific child. Following on from the assessment the authority must then decide if there is a need for a GMPE in the area or not. The condition is that the specified child and the other children that the authority has information on must number 5 or more.

4.3.4 Where an education authority makes a positive determination to a GMPE assessment area it must carry out a **full assessment** of the need for GMPE in the area or take the necessary steps to secure the provision of GMPE in the area.

4.3.5 If a request is not being considered then the education authority must, no later than 6 weeks after receiving a request, send its decision and the reason for its decision to the relevant person. The authority then must publish the decision on its website.

4.4.1 <u>Full Assessment</u>

If a full assessment is required the authority must notify Her Majesty's Inspectors, Bord na Gaildhlig, Comann nam Parent and the National Parent Forum of Scotland. The authority must then provide these bodies with information regarding the request and information the authority took into account when making the initial assessment.

4.4.2 If an authority carries out a full assessment then it must prepare a report setting out its decision on whether or not to secure a GMPE and the reason for its decision.

4.5.1 <u>Gaelic Medium Early Learning and Childcare</u>

If a request is made for an assessment for a Gaelic Medium education for the provision of early learning and childcare the same assessment procedures must be followed as with one being made for GMPE.

4.6.1 Every education authority must promote the potential provision of school education in the area by publicising Gaelic medium education in a way the authority deems appropriate.

4.6.2 The most significant issue for all education authorities in meeting the above statutory provisions will be the capacity to respond to the volume of potential requests and, even more challenging, the practical ability to either accommodate or recruit sufficient staff to sustain a Gaelic education provision. There will be significant costs associated with this duty and the council awaits clarity of any funding arrangements..

4.7 Part 3: Miscellaneous Provisions include:

4.7.1 <u>Learning Hours</u>

4.7.2 An education authority must secure that no fewer than the prescribed number of learning hours are made available during each school year to each pupil. There is currently no specified figure for the prescribed learning hours; however, it is understood that the statutory guidance will require no fewer than 25 hours in primary schools. This provision should have no immediate impact on Argyll and Bute Council but will impact significantly on authorities that have reduced class contact time – it does however preclude the authority from considering that option in future.

4.7.3 <u>Provision of school meals</u>

The Act sets out revised eligibility criteria for free school meals related to the Welfare Reform Act 2007 and the Children and Young People Act. As a result of the Children and Young People Act, all pupils in Primary 1-3 are entitled to a free school meal. The Act provides the power to require provision of meals other than school lunches. Scottish Ministers may therefore issue regulations imposing a duty on education authorities to provide, or secure the provision of a free meal other than a school lunch.

4.7.4 <u>Clothing Grants</u>

Scottish Ministers may by regulations make provisions requiring an education authority to pay a grant of a specified amount for the provision of clothing for the pupil. Currently the decision on what value of grant to be provided has been delegated to individual authorities to determine. Statutory Regulations will be issued which will establish an actual value of grant.

4.7.5 <u>Appointment of Chief Education Officer</u>

An education authority must appoint an officer to advise the authority on the carrying out of the authority's functions under this Act and any other enactment. The qualifications and specific duties which the Chief Education Officer will be carrying out will be confirmed by statutory regulation.

4.7.6 <u>Mandatory Head Teacher Qualification</u>

Scottish ministers may by regulations prescribe that only a person who has achieved such standards of education and training (this qualification relates to the Into Headship Qualification (Standard for Headship) may be appropriate to qualify for a head teacher role. This mandatory qualification will prove a further significant obstacle to the recruitment of head teachers in areas such as Argyll and Bute and the council has sought clarification that acting headship arrangements may be established pending a successful candidate working towards that qualification post appointment.

4.8 The main Modifications of the Education (Additional Support for Learning (Scotland) Act 2004 are:

4.8.1 <u>Capacity of Children and Young People</u>:

For the purpose of this Act, a child has capacity if they have sufficient maturity and understanding to carry out an act. A young person lacks capacity if they do not have sufficient understanding of an act. A child who has attained the age of 12 years may only do something if an education authority is satisfied that the child has capacity in relation to the thing. An education authority may or must do something in relation to such a child only if the authority is satisfied that the child has capacity for the thing to be done in relation to the child.

4.8.2 <u>Assessment of wellbeing</u>

By virtue of this Act, an education authority or Tribunal is required to consider whether the wellbeing of a child who has attained the age of 12 years would or would not be adversely affected. The authority or tribunal must consider the child is: safe, healthy, achieving, nurtured, active, respected, responsible and included.

7.4 <u>Provision of support services</u>

Scottish Ministers must secure the provision of a support service to be available, on request and free of charge, to children who have attained the age of 12 years.

8.0 CONCLUSION

8.1 The Scottish Parliament has passed the Education (Scotland) Act 2016 and this report highlights the key statutory provisions. A further report will be presented to a future meeting of the Community Services Committee to detail some of the implications for the council arising from the Act once additional statutory guidance has been received.

9.0 IMPLICATIONS

9.1 Policy – ensure that all policy is up to date and in line with any amendments made to the Education (Scotland) Act 2016.

9.2 Financial – pending statutory guidance being received there may be financial implications involved in implementing the provisions of the Act. It would be anticipated that CoSLA would engage with the Scottish Government regarding the negotiation of any associated financial settlement to meet the costs of implementation.

9.3 Legal – pending statutory guidance being received there may be legal implications involved in implementing the amendments to the Act.

9.4 HR – None.

9.5 Equalities – The Act introduces new statutory duties on local authorities to plan for reducing educational inequalities of outcome.

9.6 Risk –None.

9.7 Customer Service – ensure that all requests e.g. GMPE are dealt with in strict accordance with procedures and timescales.

Cleland Sneddon
Executive Director of Community Services
10th February 2016

Cllr Rory Colville
Policy Lead for Education

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ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES   **10 MARCH 2016**

NATIONAL IMPROVEMENT FRAMEWORK FOR SCOTTISH EDUCATION
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1.0   EXECUTIVE SUMMARY

1.1   Following the publication of the first draft of the National Improvement Framework (NIF) for Scottish Education in 1st September 2015 by The First Minister, the Scottish Government carried out an extensive national consultation. The consultation programme involved a wide range of stakeholders and different ways for them to contribute to the topic. Argyll and Bute's response to the consultation was approved by the Council at its meeting in November 2015. The Scottish Government has published a consultation and engagement report (see appendix A) which summarises the feedback it received and upon which it has produced the revised National Improvement Framework for Scottish Education which will be incorporated into the draft Education Bill currently being considered by the Scottish Parliament.

1.2   This paper provides the committee with information on the statutory intention of the Scottish Government to introduce the new National Framework and outlines some of its provisions. It notes the publication of the first Interim Framework Report (enclosed as appendix B) and provides an outline for Committee of some of the actions that Education Services are taking forward to address the new statutory duties to be met.
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1.3   **Recommendation**

It is recommended that the Community Services Committee:

a) Note the publication of the revised National Improvement Framework for Scottish Education by the Scottish Government.
b) Note the consultation feedback received by the Scottish Government during the consultation programme for the draft improvement framework.
c) Note the timeline indicated by the Scottish Government for the phased implementation of the National Improvement Framework.

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES   **10 MARCH 2016**

NATIONAL IMPROVEMENT FRAMEWORK FOR SCOTTISH EDUCATION

2.0   INTRODUCTION

2.1   Following the publication of the first draft of the National Improvement Framework (NIF) for Scottish Education in 1st September 2015 by The First Minister, the Scottish Government carried out an extensive national consultation. The consultation programme involved a wide range of stakeholders and different ways for them to contribute to the topic. Argyll and Bute's response to the consultation was approved by the Council at its meeting in November 2015. The Scottish Government has published a consultation and engagement report (see appendix A) which summarises the feedback it received and upon which it has produced the revised National Improvement Framework for Scottish Education which will be incorporated into the draft Education Bill currently being considered buy the Scottish Parliament

2.2   This paper provides the committee with information on the statutory intention of the Scottish Government to introduce the new National Framework and outlines some of its provisions. It notes the publication of the first Interim Framework Report (enclosed as appendix B) and provides an outline for Committee of some of the actions that Education Services are taking forward to address the new statutory duties to be met.

3.0   RECOMMENDATIONS

3.1   It is recommended that the Community Services Committee:

  a) Note the publication of the revised National Improvement Framework for Scottish Education by the Scottish Government.
  b) Note the consultation feedback received by the Scottish Government during the consultation programme for the draft improvement framework.
  c) Note the timeline indicated by the Scottish Government for the phased implementation of the National Improvement Framework.

4.0 DETAIL

4.1 The First Minister has reinforced the Scottish Government's commitment to continually improve Scottish Education and close the attainment gap. The adoption of an outcomes focussed improvement framework is to be welcomed and will provide a more sophisticated assessment than the sole reliance on senior phase SCQF qualifications attainment or input measures such as teacher numbers or pupil: teacher ratios in isolation. The draft framework published in September 2015 drew significant interest across a wide range of stakeholders and different response formats.

4.2 The Scottish Government received feedback from almost 600 attendees who participated in 9 regional consultation events, from around 900 children and young people who also attended 2 events, from a range of stakeholder organisations and from 110 online surveys. Although Argyll and Bute Council is not listed in page 3 of the consultation report, the council's submission was made following agreement at the November 2015 council meeting. The full summary of feedback to the consultation programme is contained in the Consultation and Engagement Report enclosed at Appendix A to this report.

4.3 The summary report demonstrates a wide general consensus and agreement on the need for a NIF for Scottish Education. Although the detail of the feedback highlights a range of significant issues or concerns on how it is implemented, the pace of its introduction and the implications arising from its introduction. In publishing the revised NIF, the Scottish Government has sought to take cognisance of the feedback it has received however significantly a great deal of detail remains to be developed through statutory guidance which it is hoped will ensure implementation is not rushed.

4.4 Very significantly, as yet there is no detailed information on the implementation arrangements and implications. There is no information on any resourcing to support the implementation of the NIF or detailed consideration on the impact on teacher workload and capacity. The Cabinet Secretary for Education and Lifelong Learning has however announced that she will establish a national working group on teacher workload due to concerns raised by teaching trade unions and this will undoubtedly need to consider the additional potential burdens that the NIF will apply.

4.5 The revised NIF is intended to contribute directly to the National Outcome to "ensure that our children and young people are equipped through their education to become successful learners, confident individuals, effective contributors and responsible citizens". Consequently the Scottish Government's vision for education is for:

- **Excellence through raising attainment**: ensuring every child achieves the highest standard in literacy and numeracy and the right range of skills, qualifications and achievements to allow them to succeed; and

- **Achieving equity**: ensuring every child has the same opportunity to succeed.

4.6 The Scottish Government's key priorities have been updated following the consultation as:

- Improvement in attainment, particularly in literacy and numeracy
- Closing the attainment gap between the most and least disadvantaged children
- Improvement in children and young people's health and wellbeing
- Improvements in employability skills and sustained, positive school leaver destinations for all young people

4.7 The NIF is formed around six key drivers for education improvement which are represented in pie chart format within the framework (see appendix B). These are:

- School leadership
- Teacher professionalism
- Parental engagement
- Assessment of Children's Progress
- School Improvement
- Performance Information

4.8 The framework defines each of these drivers for improvement, outlines why they are important and how they will contribute to delivering on the vision for education noted above. The framework also suggests at high level the type of data or evidence that will be collated to indicate progress on each of these drivers and what that evidence will tell them. At this stage the implementation arrangements for collecting this evidence is not fully formed and will be followed by statutory guidance which will detail those arrangements.

4.9 The framework will bring together key information to evaluate performance and will use that data and evidence to plan improvements for children. The NIF driver information is set out in appendix B. However the key features include bringing together data on:

- Inspection grading and self-evaluation information on leadership of change
- Head Teacher qualifications including the Standard for Headship and for Leadership and Management
- Career Long Professional learning for teachers and resultant qualifications
- Effective moderation of teacher judgement in literacy and numeracy
- Effective parental engagement and involvement in children's learning
- New national standardised assessments at P1, P4, P7 and S3 which will focus on progress on literacies and numeracy
- Senior phase qualifications and awards
- Progress on children's health and wellbeing

- Positive and sustained destinations, employability skills and careers information and advice services
- School performance, as informed by inspection gradings and self evaluation activity
- School Attendance and exclusions performance
- Reporting requirements on the various elements of the NIF

4.10 A significant focus has been given to the introduction of standardised testing and assessment in the consultation and these concerns are alluded to in the summary report. The framework itself does not outline how they will be addressed however and we will require to await the statutory guidance. It is helpful however that there is recognition that this needs to be based around the teaching professional's assessment of child's progress and that the standardised tests comprise only one relatively small contribution to that assessment. These issues will include confirmation of the actual format of the tests, determining the timing of the tests, and very critically how performance data at school level is reported and used. This latter point is exceptionally critical to avoiding the unintended consequences of teaching to the test rather than to the individual children's needs that characterised the previous 5-14 model that pre-dated Curriculum for Excellence. Once the guidance is received the Council will need to consider how it is implemented in Argyll and Bute and builds on the existing approaches to assessment.

4.11 The Scottish Government has published an Interim Framework Report for 2015 using some of the available national data on Scottish Education as a baseline for the development of the annual reports that will follow the implementation of the NIF. There will be a duty on local authorities to publish an annual report on their progress on the new statutory duties and an update to the requirements for schools to produce annual standards and quality reports and improvement plans.

4.12 Until the statutory guidance is received it is unclear exactly how the NIF will articulate with other public sector policy highlighted in the council's response to the consultation. These include the Early Years Collaborative, Getting it Right for Every Child (GIRFEC), Developing Scotland's Young Workforce and Teaching Scotland's Future. Helpfully these are referenced in the NIF but the detail on how they link will need to await the guidance. Additionally there is no advice on any additional resource to local authorities to accommodate these additional activities beyond the one off £100m Attainment Fund monies targeted to areas of urban deprivation reported at the December Community Services Committee. Of that sum, Argyll and Bute will only receive around £20,000 targeted to a single school.

4.13 The expansive nature of the NIF will provide a better range of indicators regarding the quality of education in Scotland rather than the narrow focus on teacher numbers and senior phase qualifications. There is however a continuing commitment being sought by the Scottish Government to maintain teacher numbers as part of the 2016-17 financial settlement and no indication of movement in that requirement as the NIF is implemented.

4.14 The Scottish Government has confirmed that the implementation of the NIF is to be phased in which helpfully addresses some concerns around the pace of its introduction. The implementation programme is scheduled over a three year period between 2016 - 2018 and the anticipated timetable is represented below:

2016
- Development and piloting of new national standardised assessments
- Publication of advice and guidance on achievement of a CfE level in literacy and numeracy
- Interim reporting arrangements for schools and local authorities
- Increased moderation and support for teacher professional judgement
- Work with local authorities and parent organisations to improve the consistency of reporting to parents of children's progress
- Further work to develop evidence from early years activity and alignment with school years
- Inclusion of Key Performance Indicators from the Developing Young Workforce programme
- Consideration of a wider range of awards and achievements including those gained from Community Learning and Development
- Development of statutory guidance on reporting duties under Education (Scotland) Bill

2017

- Introduction of new national standardised assessments in schools
- New reporting duties under Education (Scotland) Bill
- Introduction of more evidence on early years
- First Statutory Framework reporting for schools and local authorities

2018

- Development of standardised assessments for Gaelic Medium Education
- Consideration of evidence of children's progress in other curricular areas

4.15 Education Services in responding to the National Improvement Framework will have a focus on "aiming for excellence and improving outcomes for Argyll and Bute learners". This will focus on closing the equality gap for all children and young people. Within Argyll and Bute deprivation must not only be seen as based on identified deprived communities but also address rural deprivation.

The strategy for improving learning outcomes will focus on the key drivers identified by Scottish Government. Areas which will have the biggest impact on "closing the gap", increase the ambition, aspiration and expectations of every child and young person;
- Delivering excellent learning and teaching in every classroom, every day;
- Developing effective leadership at all levels;
- Engaging family and wider community;

- Focusing on literacy and numeracy as platforms on which to build future learning, and
- Using information intelligently to understand progress.

Considerable work has already been undertaken in each key driver area to establish a secure foundation for any new developments during session 2015/16.

In response our key drivers will be the main focus for new developments:
- Developing effective leadership at all levels from class teacher up to senior officers;
- Focusing on literacy and numeracy as platforms on which to build future learning, and
- Using information intelligently to understand progress.

4.16   Developments are currently taking place in the Primary Sector with a programme of initial engagement which commenced in September 2015. From September to March all primary schools will take part in an initial scoping day held centrally. Schools will then focus on developing a baseline from which to secure further improvements.

Schools will be supported by the central education team to undertake a scoping exercise to determine the current progress of learners within each school utilising current data and evidence held within each establishment. The priority of our initial focus will be on literacy and numeracy.

This is being rolled out as follows:

Stage 1 (September- October 2015)
Largest Schools
1 School identified as part of Scottish Attainment Challenge
Smallest Schools (not in shared headship) – covering most rural isolation
11 Shared Headship Schools – support from Central Staff

Stage 2 (January/March 2016)
Schools with Teaching HT
Additional staffing will be allocated to support this initial stage of collecting data and evidence to identify appropriate context.

4.17   A key aspect of the National Improvement Framework has been the appointment of 32 Attainment Advisors with a part time allocation to Argyll and Bute. The Attainment Advisor will work with the Authority to determine both the National and Authority improvement priorities.

5.0   CONCLUSION

5.1   The Scottish Government carried out an extensive consultation programme on the first draft of the National Improvement Framework for Scottish Education following its publication on 1st September 2015. The consultation demonstrated strong support for the introduction of an NIF however there

remains widespread concerns about the detail of its implementation and the implications that arise. The revised NIF has now been published by the Scottish Government along with a summary consultation and engagement report and an interim Framework Report 2015. These documents are appended to this report for information. Much of the detail regarding the implementation will need to await the production of the statutory guidance following the passage of the Education Bill which is currently before parliament.

6.0   IMPLICATIONS

6.1   Policy – The development of the National Framework for Scottish Education supports the central purpose of the Scottish Government and the delivery on the national outcomes. The framework would support delivery on the SOA Outcomes 1 and 3

6.2   Financial – Potential resource implications arising from the introduction of the NIF. Specifically around the standardised testing and assessment, collation of data, additional reporting at class, school and authority level. This cannot be quantified until the exact detail of the statutory guidance is known

6.3   Legal – It is anticipated that the NIF will be put on a statutory basis by the passage of the Education (Scotland) Bill currently before parliament. This will apply further, new statutory duties on local authorities

6.4   HR – No implications arising directly from this report

6.5   Equalities – one of the two main tenets of the Scottish Government's vision for education is to address educational inequalities. There is no current evidence base that standardised testing leads to a reduction in inequalities and can only be viewed as one element that contributes to professional teacher judgement and assessment.

6.6   Risk – No implications arising directly from this report

6.7   Customer Service – The NIF is clear around the expectations for parental involvement and engagement which should provide positive benefits in supporting their role in their children's education.

Cleland Sneddon
Executive Director of Community Services

Councillor Rory Colville
Policy Lead for Education and Lifelong Learning

14 January 2016

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Appendix 1: National Improvement Framework – Consultation and Engagement Report (January 2016)
http://www.gov.scot/Resource/0049/00491745.pdf

Appendix 2: National Improvement Framework for Scottish Education (January 2016)
http://www.gov.scot/Resource/0049/00491758.pdf

Appendix 3: National Improvement Framework for Scottish Education – Interim Framework Report (January 2016)
http://www.gov.scot/Resource/0049/00491743.pdf

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January 2016

National Improvement Framework

Consultation and Engagement Report

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Contents

1.   Purpose of the report

On 1 September the First Minister of Scotland, Nicola Sturgeon MSP, announced the creation of the National Improvement Framework and the publication of a draft Framework document as part of the Scottish Government's Programme for Government. To assist the development of the National Improvement Framework, an engagement period was held to seek the input of key stakeholders. These stakeholders included teachers, school leaders, parents, local authority representatives, union members and representatives, other interested parties and the children and young people who will be directly impacted by the introduction of the National Improvement Framework.

This report provides a detailed summary of the responses received to the draft National Improvement Framework document. It is published alongside the revised National Improvement Framework to enable stakeholders to read both documents in tandem and clearly see where the input of stakeholders has influenced the development of the Framework. A separate document, **You Said, We Did**, has also been published alongside this report and the revised Framework to further facilitate this read across both documents.

Section 2 of this report will provide an overview of the stakeholder engagement, specifically highlighting the range of stakeholders and locations the National Improvement Framework team visited and consulted with to inform the revised Framework. Section 3 analyses the data collected from this engagement, grouping the information into the following sections:

- Vision of the National Improvement Framework
- Priorities of the National Improvement Framework
- Role and responsibilities
- Benefits of the National Improvement Framework
- Main concerns raised about the National Improvement Framework
- Views on the drivers of improvement
- Support and information needs identified

Alongside this report the official responses received by the Scottish Government on the draft Framework are available to view online. Equally, where possible, the information analysed to produce this report is available, with personal information redacted, alongside a schedule of the engagement undertaken by the Scottish Government following the Programme for Government announcement. These documents can be found online at:

http://www.gov.scot/Topics/Education/Schools/NationalImprovementFramework

2. Overview of the stakeholder engagement

As part of the on-going development of the National Improvement Framework, the Scottish Government has engaged with a wide range of stakeholders. This section describes who we engaged with and the various formats through which engagement took place.

Since publishing the draft Framework in September 2015, we have undertaken extensive engagement, reaching, and listening carefully to the views of children, young people, parents, teachers, educational professionals, academics and others. This engagement has identified widespread support for the priorities set out in the draft Framework and the vision for a better, fairer Scotland.

Alongside discussion of the broad aims of the Framework, detailed scrutiny of the draft National Improvement Framework document has been underway. This engagement period has highlighted many elements of the Framework which have been welcome and has also focused on several key areas of concern. This report will analyse both, with particular attention on the recommendations provided by our stakeholders which informed the revision of the National Improvement Framework.

Children and young people

We organised engagement activities for children and young people across Scotland, which reached over 900 children and young people. Two events were held in Dundee and Galashiels respectively with a separate Glow TV meet in Falkirk (with schools across Scotland participating). Notes were taken of the main points from children and young people's discussions. An online survey complemented this face-to-face engagement. The survey questions covered topics including assessment, feedback and contributing to school improvement, and are detailed in **Annex A**.

Official responses

Scottish Government officials received feedback on the Framework in meetings with a wide range of stakeholder organisations across Scotland. A full schedule of the engagement activities undertaken by the Scottish Government is available in **Annex B** of this report. Formal written responses were received from a number of organisations. Written submissions to the Committee on the Education (Scotland) Bill regarding the National Improvement Framework from several organisations were also included in the analysis.

- Teacher/professional organisations: Childhood Practice Providers Group, CLD Standards Council for Scotland, the Educational Institute of Scotland (EIS), the National Association of Schoolmasters Union of Women Teachers (NASUWT), Voice Scotland
- Parent organisations: National Parent Forum Scotland (NPFS), the Scottish Parent Teacher Council (SPTC)

- Children and young people's organisations: Centre for Excellence for Looked after Children in Scotland (CELSIS), LGBT Youth Scotland, the National Deaf Children's Society (NDCS), Scottish Network for Able Pupils (SNAP), Upstart Scotland
- Local government: Aberdeenshire Council, Convention of Scottish Local Authorities (CoSLA), East Renfrewshire Education Department
- Leadership organisations: Association of Directors of Education in Scotland (ADES), Scottish College for Educational Leadership (SCEL), Scottish Educational Leadership, Management and Administration Society (SELMAS)
- Academic: School of Education, University of Stirling; Moray House, School of Education, University of Edinburgh, the Learned Societies Group on Scottish Science Education; The Royal Society of Edinburgh, and individual responses from academics at the University of the West of Scotland, University of Dundee, University of Glasgow and University of Edinburgh
- Educational charities: the Royal Caledonian Trust, Scottish Book Trust, Scottish Council of Independent Schools (SCIS).

We have loosely grouped these varied organisations together in the categories above in this report.

Engagement events

Almost 600 adults attended nine targeted engagement events organised by the Scottish Government including: headteachers; depute headteachers; principal teachers and teachers; early years practitioners; attainment advisors; local authority representatives (heads of education/service, education support officers, quality improvement officers); representatives of unions and parent organisations; lecturers in higher education; and parents; Parent Council Chairs and members. Engagement events were held in various locations (Aberdeen, Edinburgh, Glasgow and Inverness). These events were part of the wider programme of engagement and meetings that are documented in **Annex B** of this report

Engagement events included a presentation on the purpose, priorities and drivers of the Framework, then table discussions. The discussion questions for these events are listed in **Annex A** of this report: discussions covered the benefits and challenges of the Framework as well as the six drivers of improvement. Detailed notes were taken of the discussions that took place at each event.

Surveys

In addition, an online survey was completed by 110 respondents. Responses were received from parents, Parent Council members, headteachers, depute headteachers, teachers, local authority representatives, academics and stakeholder organisations. The questionnaire included four open ended questions covering benefits, challenges and support needs of the Framework (the full questions are included in **Annex A**).

Correspondence received by the Scottish Government and other engagement activities which touched on the Framework, such as the Cabinet Secretary for Education and Lifelong Learning's Facebook Q&A in November 2015, were also included in the analysis reported here.

3. Findings from the stakeholder engagement

The National Improvement Framework outlines an overall vision and four key priorities for Scottish education, as well as roles and responsibilities for teachers, headteachers, parents, local authorities, the Scottish Government and partner organisations. The Framework places the child at the centre and focuses on six 'key drivers' of improvement which are essential to help that child achieve all they can. These six drivers are:

- Assessment of children's progress
- Parental involvement
- School improvement
- Performance information
- School leadership
- Teacher professionalism

Views on the vision, priorities, roles and responsibilities, and potential benefits and challenges of the Framework are reported first. Then findings are discussed for each of the six 'key drivers' of improvement. Finally, support and information needs identified are highlighted.

3.1 Views on the National Improvement Framework

3.1.1 The vision

The box below presents the vision for education outlined in the draft Framework document:

> - **Excellence through raising attainment**: ensuring that every child achieves the highest standards in literacy and numeracy and the right range of skills, qualifications and achievements to allow them to succeed; and
>
> - **Achieving equity**: ensuring every child has the same opportunity to succeed. The Scottish Attainment Challenge will help to focus our efforts and deliver this ambition.

Respondents welcomed the broad vision of the Framework, with many mentioning the focus on raising standards or attainment as a benefit. Having a clear, shared vision for education in Scotland was seen as a key benefit of the Framework. For example, respondents at an engagement event noted the following benefits:

> "Everyone is clear on the priorities; everyone has the same message. The clarity brought by the National Improvement Framework is welcome." (Notes from Aberdeen afternoon engagement event)

In particular, many key stakeholder organisations stated their support for the vision, for example noting:

> "Delivering change at a national scale requires a clear vision, and we welcome the Framework's two-part focus on 'excellence through raising attainment' and 'achieving equity'." (Children and young people's organisation 1)

> "The group [gathered to discuss the Framework] was in agreement with the vision as expressed, of raising attainment and achievement for every child and achieving equity." (Leadership organisation 3)

A few respondents felt that the way the term 'equity' is used in the Framework should be clarified and made suggestions about the way that equity should be conceptualised – in particular, that the focus should be not on equity of opportunity but equity of access or outcomes:

> "The equity needs to be more focused on outcomes, rather than opportunities. That would involve explicit, targeted interventions to maximise the educational outcomes of those who are not succeeding so well in the current system." (Academic 2)

It was noted that, if equality of outcomes is the focus of the Framework, clarity is required on which of the possible inequalities are to 'equalised' and the age at which the outcome is to be judged.

Overall, of those who mentioned the vision in their feedback, very few were critical. As a children and young people's organisation noted:

> "The overall aims behind the Framework are hard to disagree with…" (Children and young people's organisation 3).

In fact, this was a point made by several key stakeholder organisations.

3.1.2   The key priorities

The key priorities underpinning the Framework are set out in the box below:

- Improvement in attainment, specifically in reading, writing and numeracy
- Closing the attainment gap between the most and least disadvantaged children
- Improvement in children and young people's health and wellbeing
- Improvement in sustained school leaver destinations for all young people

Respondents were also generally very positive about having clear national priorities that everyone in education is working towards. The majority (of those who mentioned them) were very supportive of the key priorities outlined in the Framework, with some noting that these priorities reflected those of their own organisation. Addressing the

attainment gap was most commonly highlighted as a particular priority by respondents, and the focus on this issue in the Framework was welcomed:

> "[Organisation name] shares the Scottish Government's ambitions for the education system… [Organisation name] welcomes the particular priority given by the Scottish Government to work to narrow achievement gaps between disadvantaged pupils and their peers." (Teacher/professional organisation 5)

Some key stakeholder organisations made suggestions about how the priorities might be further strengthened. A children and young people's organisation felt that health and wellbeing should form the core of document:

> "The current draft Framework places health and wellbeing secondary to attainment. We suggest reframing the document around health and wellbeing to align with the core Curriculum for Excellence subject that has the potential to influence the other core subjects. This reframing would set a clear message that the key educational goal is that pupils are 'safe, healthy, achieving, nurtured, active, respected, responsible, and included' [the SHANARRI indicators]." (Children and young people's organisation 2)

Some suggested the document would benefit from further clarity on 'what the [attainment] gap is and what the expectations are in this regard' (local government 3), as well as more detail on how the twin aims of improving attainment overall and closing the gap relate to each other and, more specifically, how these and the other aims will be achieved. A children and young people's organisation emphasised that careful consideration should be given to 'how this initiative is implemented if we are to ensure that we are indeed closing the gap, rather than lowering attainment for our highly able students' (Children and young people's organisation 3).

Several respondents note that the attainment gap is linked to broader inequalities, and argue that the focus on education, schools and school learning is too narrow. Similarly, the role of poverty in influencing life chances was also noted, including some scepticism that schools can themselves be an effective instrument in reducing poverty. An academic stakeholder underlined this view:

> "It was recognised [by the group of educational researchers] that applying education interventions in isolation will not address the wider determinants of educational underachievement. The importance of ensuring that the Framework makes connections between education and other relevant contexts, including health, housing and employment, was emphasised." (Academic 9)

Similarly, in relation to closing the attainment gap, some respondents suggested more focus on, and investment in, early years education and childcare was needed.

3.1.3 Roles and responsibilities

The roles and responsibilities set out in the Framework were less frequently commented upon than other sections. A few respondents noted that clarity in expectations was welcome:

> "We welcome the Framework's commitment to setting out clearly what all involved in a child's education should expect (of each other, and themselves). This should help to inform and shape the dialogue about children's learning and progress." (Children and young people's organisation 1)

Some thought that clarity is needed on the respective school and parental responsibilities. A leadership organisation suggested that a useful addition would be, 'identifying the mechanisms that will be used to measure how effectively these roles and responsibilities are being carried out currently and expectations for the future' (Leadership organisation 2).

Some respondents noted that the Getting It Right for Every Child (GIRFEC) approach should be fully reflected in the Framework. A children and young people's organisation highlighted that:

> "It is crucial that the National Improvement Framework is not regarded as an education-only function, and that the multi-sector approach of GIRFEC is reflected fully in the Framework. All partners and stakeholders take an appropriate level of ownership in its delivery and outcomes. The role of these partnerships particularly with services in the community needs to be elevated within the document to ensure the importance of this." (Children and young people's organisation 4)

Several responses mentioned that the community and wider partners needed to be included in the document, particularly in relation to the sections on parental involvement and school improvement:

> "Some key partners are voluntary sector and business/Developing the Young Workforce. We need to plan what is important for our school community – it is vital that this is collaborative with all parents, children and partners." (Notes from Edinburgh morning engagement event)

A leadership organisation felt that 'the importance of partnership: between schools, across all sectors and with other agencies and stakeholders' was a significant omission from the draft Framework. Some educational charities also noted this, highlighting key roles for Community Learning and Development (CLD) provision in achieving the ambitions of the Framework. The need to focus on the professionalism of other practitioners (early years, CLD), not just that of teachers, was also mentioned. An academic stakeholder stated that the Framework should recognise that universities are able to play a more significant role 'through providing high quality research evidence and expertise to inform policy' (Academic 1).

Some organisations commented on the division of responsibility between the national and the local. A teacher/professional organisation argued for a shift towards local responsibility and accountability in the Framework:

> "More generally, the Framework appears to place a high degree of reliance on driving improvement from national level, whereas the changes sought need to actually happen in local communities and schools. This suggests that a shift towards a Framework with greater emphasis on a strong enabling role at national

> level and on local responsibility and accountability could increase the influence of the Framework on improvements in learning while reducing bureaucracy." (Teacher/professional organisation 2)

Whilst local government organisations argued for further development of the Framework to be in partnership with local government:

> "Local government is the critical partner in the development of the Framework, and we have a right to be involved in joint political decision making at the national level on matters that will directly affect local government." (Local government organisation 1)

A leadership organisation suggested that the Roles and Responsibilities section could further develop the range of leadership roles outlined, in particular the role local authorities play in leadership development.

3.1.4 Benefits of the National Improvement Framework

Respondents at the engagement events and to the survey were asked to consider: "What are the benefits of the National Improvement Framework?" Other types of responses also highlighted aspects of the Framework they regarded as positive or beneficial. Some respondents explicitly noted that, in general, they welcomed the development of the Framework:

> "A well structured National Improvement Framework, developed in consultation with all key stakeholders in Scottish Education could generate many benefits. It could help Scotland achieve its key priorities for children and young people… In short, it could help to improve the quality of learning and teaching and support for young people and ultimately improve outcomes for all of Scotland's children." (Response to survey: benefits, Local Authority)

> "This table generally welcome the National Improvement Framework and the opportunities for greater consistency." (Notes from Glasgow afternoon engagement event)

Parents/Parent Council members who mentioned a benefit most commonly highlighted raising standards or better understanding how their children are progressing as a potential positive of the Framework. For example, a survey respondent noted the following benefits:

> "Assessing children on an individual basis so that we can understand where they are and how they are progressing and being able to use that information to help and support that child to achieve their full potential. Allowing parents to understand how their child is progressing against expectations, which currently are extremely vague." (Response to survey: benefits, Parent council)

A minority of survey respondents specifically emphasised that they did not see any/many benefits from the Framework and focussed on the concerns they had in their responses. Also, some of those who wrote in with responses, including key stakeholders, did not specifically note any benefits.

Consistency, clarity and standardisation

The opportunity the Framework provides for clarity and consistency was most commonly identified as the key benefit across the engagement.

> "[Benefits are] consistency across ages 3 to 18 in terms of expectations. Consistency across the country. Having four clear priorities is good for headteachers, staff and local authorities to work towards. It will help information to be shared more widely and fed into national priorities rather than being kept locally." (Notes from Glasgow evening engagement event)

In terms of clarity, many comments welcomed that the Framework gives a 'clear message', provides 'a vision' or 'focus' or helps everyone be 'clear on priorities'.

> "[Benefits include a] consistent vision for education in Scotland." (Response to survey: benefits, Primary headteacher)

Comments about 'consistency' covered a range of issues: consistency across Scotland or between primary and secondary; consistency in approach; expectations or standards; the ability to compare local authorities and share information between them; reducing 'reinventing the wheel'; the need for level benchmarking; or streamlining and pulling together various documents.

> "We welcome the concept of a Framework which will give national consistency; national consistency and reduced costs to schools are welcomed." (Notes from Glasgow morning engagement event)

> "It does look like it could provide a more cohesive, national approach. Curriculum for Excellence allows flexibility within settings but it could be that the national perspective and dynamic have been lost over the past few years." (Response to survey: benefits, Primary headteacher)

Consistency was very commonly mentioned as a benefit by the local government organisations who responded. Some key stakeholder organisations also agreed that there is a need to consistently and systematically collect data across Scotland. A few respondents mentioned standardised assessments specifically as helping in providing consistency.

Tracking pupils and enhanced data

Further benefits related to greater standardisation and consistency that were mentioned by a few respondents were: more easily tracking pupils, enhancing the data available, identifying areas for improvement and increasing teacher confidence. Supporting transition between schools was mentioned as a key benefit:

> "All authorities using the same assessments so students can move from school to school with more info on numeracy and literacy." (Response to survey: benefits, Secondary teacher)

The availability of more 'robust' or 'objective' data was also discussed by some as a benefit. For example, a children and young people's organisation highlighted that:

> "Interrogation of this [comparable, national] data will be particularly valuable for disadvantaged groups of pupils and will allow their outcomes to be tracked more consistently" (Children and young people's organisation 4).

Identifying development needs and areas where improvement is needed was another potential benefit linked to enhanced data.

> "We welcome the development of a National Improvement Framework. Currently, as is the case with several other local authorities, we use standardised assessments in primary and secondary schools to support pupils' progression and our planning for improvements. A national mechanism which supports a consistent approach is positive. A Framework which creates clear and reliable data and is used for benchmarking progress and supporting children and young people's progress in attainment can be valuable in evaluating progress, planning improvements and recognising success." (Local Government organisation 2)

A teacher/professional organisation noted their support for 'the development of policy based on evidence derived from the proportionate collection and analysis of reliable data' (Teacher/professional organisation 4); however, their response goes on to suggest that the Scottish education system is already 'rich with such data':

> "…particularly at classroom and school level where it is most usefully deployed in supporting learning and teaching; [organisation name] would support the use of such data for the purposes of improving equity within the system through the sharing of good practice in 'what works' and through evidence-based targeting of additional resources." (Teacher/professional organisation 4)

Enhanced data and clear benchmarks were seen by some as potentially helping to raise teachers' confidence.

Some broader benefits were also raised in the survey responses, including welcoming the improved guidance and support for practitioners, and the importance given to parental engagement – these topics will be discussed in more detail in section *3. 2 Views on the drivers of improvement*.

3.1.5 Main issues and concerns raised

Survey respondents were explicitly asked what they thought the challenges of the National Improvement Framework were, whilst respondents at the engagement events and those who wrote in with their responses also discussed challenges and concerns they had. Some felt that the rationale for the proposed changes was not sufficiently explained:

> "At present the National Improvement Framework provides no clear rationale for the proposed changes. No data/evidence is presented, there is no articulation of the implied issues that are being addressed, and no literature or other scientific substantiation is mentioned to support the various proposals… We suggest that an opening section be added to the Framework to explain the issues more precisely with some evidence." (Academic 3)

It was questioned whether there is sufficient evidence for the changes proposed and, particularly, on whether the introduction of standardised assessment would help with the aims of closing the attainment gap, including the view that the OECD publications cited by the Scottish Government at the time do not themselves support standardised assessment regimes. General observations were made that the existence of local authority assessment does not itself validate the introduction of national assessment. These respondents felt either that local authority assessment was an indication of the imperfect implementation of Curriculum for Excellence (CfE), or it was put to different uses than those that might potentially be applied in the Framework.

Others noted that greater detail is required on how the aims of the Framework will be delivered and suggested that a fully costed implementation plan should have been finalised and published. More clarity was also suggested on the approach the Framework will take to using data to shape classroom practice in a diagnostic approach.

Timetable and consultation

A few individual respondents and many of the key stakeholder organisations, commented that they felt the speed of change was too fast, expressing doubts about whether there would be enough time to reflect, design a robust assessment, and consult properly, and asking for assurances that current standardised assessment could be used until it was clear that a new method was robust. The need for further engagement with all relevant stakeholders was strongly emphasised in many of the responses from key stakeholders:

> "The Government should provide reassurance that there will be on going opportunities (with sufficient timescales) to contribute to the Framework as it evolves, particularly as more details on its implementation become available." (Academic 2)

General workforce and workload concerns

Broader concerns about the teacher workforce and workload were raised when discussing potential challenges to the implementation of the Framework, and these issues ran through responses to other areas of the Framework. Many respondents highlighted concerns with staffing, workloads and finding time for any new activities.

> How would this be resourced in light of the impact of budget cuts? Willingness to bridge the gap but would need sufficient staffing to implement this. Continuity and core staffing is underestimated as an issue which could impact on the successful delivery of the National Improvement Framework. Workload will increase, because of the reality of change. (Notes from Glasgow morning engagement event)

> The cost of implementing the programme and giving people the time and resources needed to do the role. (Response to survey: challenges, Secondary teacher)

These concerns were particularly highlighted by teacher/professional organisations. Feedback on these issues will be discussed in more detail in section *3.2.4 School leadership and teacher professionalism*.

Introduction of standardised assessment

Overall, the proposed introduction of standardised assessment was the area that generated the majority of concerns across all response types.

> "While the idea of uniformity of approach appears logical on the face of it, [organisation name] have serious concerns that the national collection and publication of data on attainment could lead to the exact opposite of what is intended, as schools would look to performing well in tests rather than focussing on individual pupil achievement." (Teacher/professional organisation 1)

> "I am concerned regarding the standardised assessment. I feel this will be a step backwards towards the old national testing format where schools will be under pressure and focus on assessment more than learning." (Response to survey: challenges, Secondary teacher)

In particular, several respondents noted strong opposition to national standardised assessment for the purpose of high stakes school accountability due to potential unintended consequences.

A small number of respondents were unsure what the introduction of standardised assessment meant for the Scottish Survey on Literacy and Numeracy (SSLN). Some academic stakeholders mentioned concerns about discontinuing the SSLN, suggesting this could result in the loss of a valuable data set and the ability to undertake comparisons over time with the data. The purpose, type, timing and format of any assessment introduced were also topics that were commented upon by many respondents – these issues are discussed further in section *3.2.1 Assessment of children's progress*.

Use and publication of assessment data

By far the most common issue raised in relation to standardised assessments, amongst all groups, was uncertainty about the use and publication of assessment data. Many respondents were concerned about the publication of assessment data being used to create league tables.

> "There was a lot of concern from teachers that these could drive teaching and lead to comparison tables." (Notes from Aberdeen evening engagement event)

> "The administration of this, the pressure it will put on teachers and head teachers if they aren't achieving. If it produces league tables like in England, will parents start moving to ensure they are in the catchment area for the high achieving schools?" (Response to survey: challenges, Primary headteacher)

> "The intention to publish information about children's progress in the Broad General Education phase at school, local authority and national levels could lead to unintended consequences where 'league tables' of performance are created." (Local government 2)

A few also felt that the assessment data should be seen as one part of the Framework and worried that it would become the focus. Others mentioned that it was important to carefully consider how these data are presented to parents.

Another common comment about the use of assessment data was that it would be important that data are seen in context, with respondents noting that assessment results should be presented with appropriate contextual information and narrative.

Impact on teaching and consistency with Curriculum for Excellence (CfE)

Many respondents also raised concerns about the impact that standardised assessment might have on teaching and its relationship with Curriculum for Excellence (CfE), including potential inconsistency with a "growth mind set". The main issues raised here were that the assessments might shape teaching and that teachers will start to 'teach to the test'. This was of particular concern amongst teachers.

> "Assessments influence the curriculum. The table worried that teachers will 'teach to the test'." (Notes from Aberdeen afternoon engagement event)

> "Assessment should be supporting, not driving work." (Notes from Glasgow morning engagement event)

> "Protections need to be put in place to ensure that unintended consequences, such as league tables, are avoided, that perverse incentives which would subvert effective teaching and learning are not created and that the 'test' does not become prominent in assessing a child's progress." (Teacher/professional organisation 4)

It was underlined that care will need to be taken to identify and take precautions against unintended consequences including the, 'distortion of teaching and learning, including teaching to the test and narrowing of the curriculum (which would be in tension with the philosophy of CfE)' (Academic 5). An academic respondent noted that:

> "…research undertaken by the Welcome Trust has shown that since the abolition of science testing, almost two thirds of teachers surveyed felt that science was now regarded as being of lesser importance in their school when compared with Mathematics and English. Furthermore, Ofsted has directly linked a decline in science teaching with the fact that, whilst English and Maths were still subject to national testing, science was not." (Academic 5)

Some respondents also noted that they were not sure whether standardised assessment would fit with CfE and expressed concern that it would undermine the 'philosophy' or 'ethos' of CfE.

> "I am concerned regarding the introduction of standardised assessments as proposed. This does seem at odds with the 'whole person' approach apparently espoused by CfE which appeared to be concerned with fitting our children to be rounded citizens. My fear is that children will be labelled very early via these assessments and will be pigeon holed as a result of how they perform." (Survey: challenges, Parent)

> "…the Framework needs to reconcile the philosophy of CfE (greater autonomy to schools and teachers; enhancement of teacher professionalism; and less prescriptive curricula) with the notion of national standardised assessment. In doing so, the Framework needs to more fully articulate its relationship with CfE." (Academic 11)

Concerns were voiced that there would be a move away from the current child-centred learning to a standardised pace of learning, leaving some children behind. Another unintended consequence raised was that school systems may turn to manipulation of data in order to appear in a good light.

3.2 Views on the drivers of improvement

Views of stakeholders on the six key drivers of improvement outlined in the National Improvement Framework are described below. Several respondents welcomed that the child is placed at the centre of the Framework. Respondents also noted areas that they did not think were sufficiently covered in the drivers; some wondered whether learning and teaching was sufficiently recognised as a driver and it was suggested that partnerships could be a driver.

3.2.1 Assessment of children's progress

The actions specified in the Framework under the assessment of children's progress driver are outlined in the box below.

Assessment of children's progress actions

- Standardised assessment in reading, writing and numeracy, aspects of which will be piloted in 2016, to be used in all schools from 2017

- Support for moderation and professional judgement to be increased by January 2016

- Improvements to the range and quality of information for children and parents by 2017.

Before discussing views on these actions in more detail, the experiences of and views on assessment of the children and young people consulted are outlined.

Children and young people's views on assessment

As described in the section on engagement activities, children and young people's experiences of and views on assessment were gathered through an online survey and three face to face engagement events, one of which also featured an online Glow TV meet.

How often are children and young people assessed?

The majority of children and young people who were surveyed reported undertaking some form of assessment on a weekly basis. A small proportion stated doing this monthly. From discussions at the engagement events, the frequency and level of summative assessment appeared to vary, but all groups mentioned that they undertook some form of summative assessment. Some groups referred to 'mini tests' which you have on a weekly basis, such as spelling, mental arithmetic or vocabulary tests. Larger assessments were thought to come at the beginning or end of a unit or termly. From the discussions of when the assessments had taken place, there appeared to be a lot of variability. There also seemed to be variation in

assessment by subject. For example, groups were more likely to mention that they were assessed in numeracy and literacy as opposed to humanities based subjects.

How do children and young people feel about assessment?

Children and young people expressed a range of feelings about assessment. Overall, they were more likely to associate assessment with positive feelings, such as feeling good or confident. Some of the benefits of assessments that were highlighted were that they let the pupil and teacher know areas of strengths/improvements and showed what progress had been made. Assessment was seen as particularly helpful where the teacher would discuss individual questions with the class. Others felt that assessments were not discussed in enough detail to be helpful. For example, where just a mark or score was given children and young people did not find this useful to improve their learning. Several groups highlighted that in some cases they were not given any feedback which, for some, was a source of frustration, as they wished to know how they had performed.

A significant minority associated assessments with negative feelings. The most commonly mentioned was feeling nervous. A minority also reported that it made them feel stressed or uptight. Children and young people also felt conflicted, depending on timing and the context of the assessment:

> "Nervous before more confident after". (Response to survey, Primary 7 Pupil)

> "The assessments make me feel good if I get a good mark and stressed when I don't do so well" (Response to survey, Primary 7 Pupil)

Children and young people were keen to find out about the content of the proposed assessments, including whether they would include broader learning such as physical activity, and how they would be carried out, e.g. with computers. They also asked how assessments would be adapted for those with additional support needs.

Views on learning intentions and success criteria

In most discussions children and young people said that learning intentions were useful. Several thought that there was often a clear learning intention articulated to them; however, some were less positive, stating that these are sometimes difficult to understand. Children and young people felt it was helpful when the learning intention was broken down into further chunks (for example, success criteria) and where the teacher gave regular reminders of the intention throughout the lesson. A small minority stated that they did not find learning intentions useful at all and too much time was devoted to explaining them.

The majority of discussions highlighted that children and young people found success criteria very useful and that it was a regular feature of their lessons. A particular strength identified of the use of success criteria was that 'it helps us to identify progression in our learning'. This was mentioned frequently in the

discussions, which provides some indication of the level of the use of success criteria. A small number of children and young people said that success criteria were not used or that they were sometimes used variably across different subjects (more so in literacy and English and numeracy and mathematics than in social studies such as geography, for example).

Current forms of feedback and future feedback

Children and young people's discussions were generally positive about the use of feedback given by their teachers. They discussed various ways that feedback was provided, the most common being the use of 'two stars and a wish'. Self and peer assessment were also frequently mentioned, although a small minority questioned its value. Some children and young people made reference to teachers providing them with a question that they had to respond to. A minority said that they were only provided with a mark rather than detailed feedback on how they could improve, which was not useful. A group commented that feedback was most useful where it was broken down into steps on how you could specifically improve your learning.

There were various ways children and young people suggested feedback should be given in the future. A large majority of children and young people surveyed reported that they would like to receive written feedback from the teacher. Receiving a mark or grade was also a fairly popular preference in the survey; however, the more in-depth discussions frequently highlighted the limitations of this approach. It was felt that more focused feedback should be given by providing customised individual comments. Feedback from parents or carers was a less popular option, and was only selected by a small minority.

Views on assessment of children's progress

As noted in the earlier section on the benefits and challenges of the National Improvement Framework, a lot of attention during the engagement was focussed on the introduction of standardised assessment, and many respondents raised concerns about its introduction and the potential unintended consequences highlighted in the above *Issues and concerns* section. It should be noted that other respondents welcomed, in principle, the proposed introduction of standardised assessment but many offered provisos around this view, e.g. that assessments should be diagnostic in nature.

The purpose of assessment

Some of the key stakeholder responses, particularly those from academic stakeholders, suggested there was a lack of clarity in the Framework on the purpose of assessment:

> "A key question that needs to be addressed is whether the Framework is principally concerned with evaluating the performance of the school education

system or is it intended to provide a diagnostic assessment at the level of the individual child?" (Academic 5)

Another academic stakeholder expressed concerns about lack of clarity in the type of assessment to be undertaken, stating:

"...we [a group of teacher educators] do not believe that a national standardised assessment can provide an effective 'diagnostic child level assessment' in numeracy… We question whether the data from national standardised assessments can simultaneously function as a diagnostic tool for individual children, provide data for head teachers to drive school improvement, and capture a national picture of attainment in numeracy. Separate assessment instruments are needed, in our view, for these different functions." (Academic 4)

The point was also made that assessments themselves aren't necessarily measures of achievement.

Diagnostic assessment

The importance of any assessment introduced being diagnostic was highlighted by many, particularly during the engagement events. In general, these discussions stated that assessment must be diagnostic so that teachers can identify the child's strengths, weaknesses and areas to work on:

"We want individualised and diagnostic child-specific feedback so we can drill down, using the info to reflect into good practice and reporting to parents." (Notes from Edinburgh morning engagement event)

Some key stakeholder organisations also highlighted these points. For example a parent organisation underlined that:

"Parents are making it clear to us that they want assessment of their children to be used for diagnostic purposes which lead to improvements in their child's experience in school." (Parent organisation 2)

Some expressed the view that effective assessment needs to match what is learned, and therefore should be contextual, flexible and individual. Others noted that it is important the Framework acknowledges that children and young people's learning does not progress in a linear fashion. A couple of responses noted that diagnostic assessment could, however, be time-consuming.

Relationship with teachers' professional judgement

Another issue considered key by many respondents was the relationship any assessment would have to teachers' professional judgement. Factors other than standardised assessments were felt to be at least as important when assessing 'progress' and concern was expressed about whether teachers' professional judgement would be threatened or replaced. Some underlined the importance of standardised assessment not trumping or undermining teachers' professional judgement (including the assertion that assessment regimes effectively demonstrate lack of trust in teachers' professional judgement), or that standardised assessment

should be used to confirm teachers' professional judgement. Others wondered how standardised assessment and teachers' professional judgement would be weighted in reporting.

Some uncertainty was expressed throughout the engagement about teacher professional judgement and moderation. As mentioned in the *Benefits* section, some discussions about bringing consistency mentioned that it would be helpful to have a benchmark of 'what is a level?' and 'what achievement of a level looks like'. Also, some stated that they hoped the Framework would help confirm teachers' professional judgement and raise teacher confidence. The issues around teacher professional judgement and moderation will be discussed in more detail in section *3.3 Support and information needs identified*.

Respondents also noted that it is important that any assessment introduced retains enough flexibility to be adapted to local contexts, with some noting that a 'bank of flexible assessment tools' might be appropriate.

Inclusion and Additional Support Needs (ASN)

Many respondents also raised questions about how standardised assessment would take learners with Additional Support Needs (ASN) into account, and felt that this area of the Framework was 'ill-defined'. An educational charity stated that, 'The Draft National Improvement Framework makes little reference to the complex needs of children and young people with Additional Support Needs' (Educational Charity 2). A parent organisation also notes that:

> "The Framework contains little mention of how it will impact on children with additional support needs, and their parents. The prospect of testing is likely to create additional worry for parents of children with ASN. The only reference in the Framework to ASN is to children with complex additional needs, but ASN covers a far broader range of needs than this. Children with ASN should not be disadvantaged by a test that does not meet their needs." (Parent organisation 1)

Some respondents stated that teachers should be able to withdraw children and young people from assessments where they would not be appropriate. Another issue raised was about who would define which children and young people have complex enough support needs not to be included in the assessment. However, a children and young people's organisation highlighted that:

> "The Framework should be explicitly clear that it is expected that learners with additional support needs participate fully in assessments. The principle that practitioners should have the same expectations for every learner should be strongly set out in the Framework and any accompanying guidance." (Children and young people's organisation 4)

A parent also raised concerns about the statement, 'Children with complex additional support needs should develop literacy and numeracy skills to achieve the targets set within their individual learning plans *where appropriate*.' This respondent

emphasised that 'where appropriate' should be deleted because: all children and young people have the right to 'an education that supports the development of their talents, their abilities, and their personality to the fullest possible extent'; there is always room for improvement for all children and young people in education; the clause of 'where appropriate' seems to give services/professionals a choice whether improvements are made or not to what is on offer for children with complex ASN, and; there is a lack of guidance on how CfE could be interpreted for children and young people who remain at an early developmental stage.

There was concern that assessment would create particular anxiety for learners with ASN and their parents and teachers. Responses highlighted that standardised assessment needed to be 'adaptive' and 'inclusive of all children':

> "Must be adaptive, cannot be a bad experience for less able." (Notes from Edinburgh morning engagement event)

> "In what sense is it adaptive? For highly gifted children and young people as well as those who might be struggling?" (Notes from Glasgow afternoon engagement event)

As in the above extract, some respondents suggested that being inclusive related to those with ASN, the less able and highly gifted children and young people. A children and young people's organisation emphasised that the Framework materials and assessment should be accessible to every learner and that all communications should be inclusive (i.e. taking in to account learners whose first language is British Sign Language or who have English as an additional language).

Information and Communication Technology (ICT) issues

Many responses also mentioned some more practical issues around implementing standardised assessment. Several noted that, if the standardised assessments were to be online, then there were ICT issues to address. A teacher/professional organisation stated that:

> "…any system implemented will require to be compatible with the IT infrastructure in place within schools. We are concerned that there will be significant difficulties in practice in this area." (Response to Survey: challenges, Teacher/professional organisation 1)

Some noted that connectivity and access is not equal across the country.

> "Standard of connectivity and access is a challenge – strain on schools. Need to address connectivity of ICT before can look at an ICT based standardised assessment." (Notes from Aberdeen evening engagement event)

> "Not all schools have good ICT resources - this needs to be consistent across schools." (Response to survey: support needs, Secondary teacher)

There were concerns that digital technology might disadvantage some groups or individuals. Others highlighted that the online assessments needed to work properly

and be simple and intuitive to use. If digital technology is to be used in administering standardised assessments it has to be equally available and accessible to all.

Timing

The timing of assessment, both in terms of which school years they would take place in and at what time of year, was also a common topic of discussion. Some respondents just noted that the timing was a concern or that it needs careful consideration. Those who expressed an opinion had a range of views on this topic, although many were considering timing for a diagnostic assessment. Comments on the school year in which assessments would take place included:

- If assessments only happen in Primary 1, Primary 4 and Primary 7, what about the other stages?
- Assessing children and young people in Primary 1 is too early and children may not be ready.
- There is a need for data on entry to Primary 1.
- Whether Primary 1 and Primary 7 are the best time for a diagnostic assessment – Primary 6 might be better to concentrate on the needs of the child, and secondary schools assess learners at the beginning of Secondary 1 already.
- Concern about another assessment in Secondary 3 and the overlap with preparations for National 4 and 5.

In terms of timing during the school year, comments included:

- There is a need for some flexibility around children and young people's readiness to take assessments rather than having assessments that must take place at a set time.
- Schools/teachers should be given autonomy in deciding on the timing of assessments rather than this being set at central level – they should be able to use their judgement to decide when children and young people take assessments.
- Assessments need to be valid in terms of analysis of results – assessments should be sat on a set date.
- Assessments could be spread over the year for different year groups.
- Having the standardised assessment at the beginning of the school year, would mean it is not seen as an assessment at the end of the school year and could be seen more as a diagnostic tool for that year's teacher/s.
- Any assessments should be early enough to be informative/help make decisions (towards the beginning of the year would allow it to be used more helpfully used as a diagnostic tool).

Children and young people

Several responses noted that there was a need to be careful that standardised assessment does not cause stress for children and young people.

> "Added stress for pupils as they already feel they are under a lot of pressure due to the assessment at National/Higher level due to unit assessments." (Response to survey; challenges, Secondary teacher)

A children and young people's organisation raised concerns that:

> "…testing at four points (not including the National Qualifications at ages 15 and 16) could be disruptive to children's education, introducing a testing climate which risks undermining the nurturing philosophy underpinning Curriculum for Excellence." (Children and young people's organisation 1)

A few respondents felt that the draft Framework does not currently include 'true pupil voice or views' (response to survey: support, Secondary teacher). For instance, an academic stakeholder suggested that:

> "The section on children is very weak: their only contribution is to give their views on their progress and their impressions of school, and to take part in national assessments. …The four bullet-points sound uninspiring and seem to suggest a much diminished, attenuated, form of schooling." (Academic 2)

Several responses also discussed issues around communicating about results to children and young people. These discussions covered a range of issues:

- Respondents discussed how assessment data might be used in discussions with children and young people and what it is appropriate/meaningful to share with them.
- They noted that assessment data could create opportunities for dialogue and discussion with children and young people around target setting.
- Some stated that children and young people are already able to articulate their learning well.

A need to further engage with children and young people in the Framework process was identified. Improvements in information for parents will be discussed further in the next section on parental involvement.

Wellbeing

As noted above, many respondents welcomed the Framework's focus on monitoring health and wellbeing. An educational charity underlined that:

> "The fact that the Scottish Government is placing a greater focus on the health and wellbeing of children and young people is very welcome and means that mental health problems may be resolved earlier… Schools are on the frontline and, with the right assessment tool and resources, will be able to recognise and address such issues earlier, either within the school or via a better targeted referral if the case is more severe." (Educational charity 4)

Several noted that how this priority will be applied in practice needs to be expanded upon. The need to make more explicit links with health and wellbeing in the Framework, and for further thought to be given to developing this topic, was raised by a leadership organisation (leadership organisation 1). An educational charity

noted that it would be a challenge to ensure a consistent and cost-effective approach to assessing health and wellbeing in all schools (Educational charity 4).

A few respondents noted that they welcomed the planned children and young people's health and wellbeing survey. A children and young people's organisation suggested that the survey include questions across each SHANARRI indicator as well as specific questions on experiences of prejudice based bullying (Children and young people's organisation 2). They felt that anonymous surveys should capture demographic information for each pupil across the protected characteristics in order to understand how experiences of prejudice based bullying affect pupil health and wellbeing, and how different health and wellbeing indicators are experienced differently across groups. Others questioned the necessity of collecting further health and wellbeing data, noting that the Growing Up in Scotland (GUS) survey already collects data on young people's health and wellbeing.

3.2.2 Parental involvement

The box below presents the actions outlined in the Framework under the parental involvement driver.

Parental involvement actions

- To realise year on year improvement in levels of parental satisfaction measured through annual inspection questionnaires.

- As part of this, to realise year on year improvement in positive responses to the following statements:

    "My child's learning is progressing well"
    "My child is encouraged to work to the best of their ability"
    "The school keeps me well informed about my child's progress".

Children and young people's views on parental involvement are described below, and then the views of stakeholders on the parental involvement driver are outlined.

Children and young people's views on parental involvement

Children and young people were asked their views on parental involvement at the engagement events. The discussions highlighted that there were numerous ways that parents were involved with the school. Parents' evening and school trips were the most commonly mentioned forms of involvement. The use of school diaries and planners were also frequently discussed. Other, less commonly mentioned, forms of involvement were social media engagement (Twitter and Facebook), open mornings/afternoons, parents/carers discussing their employment, and surveys. School newspapers and letters were also used to keep parents informed. Various engagement events, such as charity fundraisers were also mentioned as ways of engaging parents:

> "Some people came in to talk about Macmillian coffee morning because a group was organising one. We raised over £100. (Notes from Dundee children and young people's engagement event)

The use of telephone communication to highlight if there had been any issues was also mentioned. The challenges schools face involving parents were highlighted by children and young people. It was felt that some parents did not see it as part of their role to be involved in school life.

Children and young people were asked how they felt parents could be further involved in school life. A small minority thought that there was already significant involvement of parents and they were not sure how this could be further improved. Many suggestions were made about increasing the frequency of ways that schools already seek to involve parents such as more frequent parent-based assemblies,

coffee mornings and learning walks. Having parents visit school to talk about their careers more frequently was discussed by several groups.

> "More use of parents to come in and talk about their careers. Would help subject choices" (Notes from Dundee children and young people's engagement event)

Some of the discussions suggested that too much reliance was placed on parents' evening, particularly in terms of giving feedback. Children and young people would have liked to have seen more frequent and informal engagement with their parents throughout the year. Several discussions made reference to increasing electronic forms of communication. For instance, a pupil suggested that weekly 'Accelerated Reader' assessment results could be shared with parents, so they know when their children and young people need support or are doing well. Improved use of school websites was also mentioned, particularly electronically sharing more details about what children and young people are currently learning and placing photos illustrating this on school websites. Some discussions suggested that parents need to take more responsibility for engaging with the school themselves, particularly as children and young people got older, as parents were seen as less likely to feel the need to be involved in school life.

There were a variety of ways that children and young people thought that their schools currently collected information from parents about how their school could improve, although this was not as extensively discussed as other topics. These included: the Parent Council, questionnaires, workshops, communication through the school office, letters home, parents' suggestions boxes and an open invitation to parents. A group felt that the school always tries to understand what is happening at home. There was limited discussion around how schools could improve the way they gather the views of parents. Some made suggestions about the school making greater use of electronic methods to engage with parents, especially social media. Other discussions put the onus on parents themselves to engage with schools.

Children and young people were asked specifically how their schools communicated progress with parents at the engagement events. Parents' evenings and report cards were the most frequently referenced form of communication about progress. Text messages, homework, diaries and letters were also mentioned. Informal discussions after school were also mentioned by several groups.

Views on parental involvement

Parental involvement is important, but challenging

Several respondents noted that parental involvement is very important, and they welcomed the focus on it in the diagram.

> "Really key that parents/carers are at the heart of this. Parental knowledge base is important." (Notes from Glasgow morning engagement event)

A parent organisation noted that they are, 'happy that parental involvement has its own basket… and also that parental involvement is mentioned throughout the other "baskets"' (Parent organisation 1). However, many also underlined that there were challenges for schools and teachers around engaging with parents. A children and young people's organisation, for example, noted that 'from our experience, this objective, while critical to improving children's educational achievement and attainment, represents a significant challenge' (Children and young people's organisation 1), whilst a parent organisation suggest that 'at present there is considerable variation across the country with regards to the quality of parental involvement and how information is shared with parents' (Parent organisation 1). Key challenges identified during the engagement events include:

- Parents do not have a lot of time to be involved/are not interested
- There are a wide range of expectations – these can be difficult to meet
- Involvement can be challenging in more deprived areas
- Ensuring that involvement is appropriate and meaningful is difficult
- More support is needed to help parents engage.

Information that parents need

Responses also covered what information parents were considered to want or need. A parent organisation stated that:

> "Parents want to be informed of the base line (where our children are now), what our children are expected to achieve (added value), particularly understanding what our child is learning, why and how we can support them. We need to look at how best to achieve this." (Parent organisation 1)

Individual responses also highlight that parents want reassurance about their child's progress, what action is being taken, and how they can help. Others mentioned a need to focus on the quality of information rather than the quantity/ frequency, and that parents wanted time to discuss their child's progress.

Language

Related to this, many responses mentioned the need for clear, concise language and ensuring that no jargon is used (e.g. respondents highlighted that parents may not understand 'language of secure/control', 'levels' or 'moderation'), and a few respondents noted that the 'technical terminology' in the Framework was difficult for their Parent Council:

> It is important to make sure that what is conveyed to parents is easy to understand: concise; no jargon; meaningful. Think about those with literacy difficulties. (Notes from Glasgow afternoon engagement event)

A Chair of a Parent Council sent a written response to explain how difficult they had found the Framework document to engagement with, and to engage parents in the school with. The Chair felt that the language used was not accessible and

highlighted that parents are interested in specifics, not generalities, and that they want to know how their own children are going to be affected.

The focus of the 'parental involvement' driver

Many respondents also made comments about how parental involvement is conceptualised in the Framework. Some observed that the driver was measuring parental satisfaction only, rather than the broader notion of involvement suggested in the title. Others noted that there should be a greater focus on partnership with parents, or better engaging them with the 'life of the school'. In a similar vein, some stakeholders felt that the language used to describe the role of parents was too 'passive' or 'reactive' – a parent organisation stated this most strongly:

> "[The Framework] fails to recognise the contribution and involvement of parents, young people, communities and the myriad of others who all play a part in – and have a stake in – our young people's education and long term success… It alternatively places 'duties' on parents and treats them as consumers rather than partners in their children's education." (Parent organisation 2)

Another parent organisation raised concerns about the expected level of parental involvement. Others pointed out that this indicator should be described more broadly as 'parent/carer involvement', or that communities should be included somewhere in the Framework also.

Another issue raised was that that the Framework does not give enough detail on what parental involvement involves and how it will be achieved. A children and young people's organisation make this point:

> "[The Framework] does not provide detail about how [supporting parents and carers to understand and support children's education] will be done… Addressing issues linked to, for example, adult literacy and numeracy, requires the deployment of resources from both the child and adult sectors. The Framework would be strengthened by the inclusion of more detail about how relevant services are going to be equipped to realise this (and related) objectives." (Children and young people's organisation 1)

Some specific comments were also received on the indicators chosen to measure parental involvement. Several did not think that inspection questionnaires were a good measure of parental involvement. Alternatives suggested included:

> "Could we measure attendance at parents' evenings?" (Notes from Aberdeen evening engagement event)

> "In one school they do a parent questionnaire every year. It is local authority-wide. One school phones parents to get them to fill in the questionnaire. It is very time consuming." (Notes from Glasgow morning engagement event)

> "Focus groups (supported discussions) are a suggested solution." (Notes from Glasgow evening engagement event)

A number of alternative questions/statements that could be used in surveys were put forward:

"Do you feel you are part of the school community? Do you get the information you require?" (Notes from Aberdeen afternoon engagement event)

"I have the information I need to help me help my child's progress; I have an opportunity to be part of the school community to better understand the progress of my child." (Notes from Aberdeen afternoon engagement event)

 "I am better equipped to help my young person". (Notes from Aberdeen afternoon engagement event)

"The school involves me in my child's learning"/"The school provides opportunities for me to be involved in my child's learning" (Notes from Inverness evening engagement event)

3.2.3   School improvement / performance information

As the 'school improvement' and 'performance information' drivers overlap frequently in responses, the issues relating to these drivers will be discussed in the same section. The actions included in the draft Framework under these drivers are outlined in the boxes below.

School improvement actions

- All schools to self-evaluate and report annually on their work to raise attainment, specifically in relation to the priorities of the National Improvement Framework from 2016

- Schools and parents to work together to agree School Improvement Plans which are linked to the National Improvement Framework by 2016/2017

- This activity to realise a year on year increase in the proportion of schools evaluated as being "good" or "better" at "self-evaluation for self-improvement" and "raising attainment and achievement"

- All education authorities to report annually on raising attainment, specifically in relation to the priorities of the National Improvement Framework from 2016

Performance information actions

- Annual report to set out overall performance against the key priorities

- Proactive use of data and information to identify areas of good practice and areas of concern

- Good practice disseminated and spread and plans developed to address concerns

- Progress reviewed and support to schools and local authorities implemented in relation to all drivers of improvement

Views on school improvement and performance information

Reporting processes

In many comments on these drivers, a need for greater clarity on the purpose, scope, content and production process of various reporting processes was highlighted. Respondents raised the following questions:

- Who are the reports for?
- Who are the School Improvement Plans for?
- What data will be included in annual reports and how will different sorts of evidence will be aggregated to get a national picture?

- Will the reporting be national or by local authority?
- How will local priorities be reflected? Who would be responsible for producing reports?
- What level of detail will different stakeholder groups receive and who from (i.e. local council, school etc.)?

Suggestions included that there should be a focus on levels and teachers' professional judgement, not standardised assessment, and that a standardised format or template for reports is needed. Whilst some were keen to establish a national format for reporting, others were concerned that the format of reporting could detract from local (school) priorities and creativity.

Related to the need for clarity, many also highlighted that consideration should be given to the relationship of the suggested reporting to existing reports. It was felt that there should be consistency between the School Improvement Plan, How Good Is Your School, 4th Edition (HGIOS4) and the Framework. A local government organisation welcomed the amendments in the Education Bill that mean that:

> "…councils will not have to deal with two different pieces of legislation when planning for educational improvement…[and the impact that they] will need to produce one annual report on how they are delivering on the national priorities in the Framework and what their plans are for the coming year." (Local government organisation 1)

A few respondents linked additional reporting considerations to workload issues:

> "Whilst there would appear to have been an acceptance by Scottish Government, in recent times, about the challenge of excessive teacher workload… with regards to the proposed new reporting arrangements, [organisation name] would have significant concerns if these placed additional bureaucratic workload burdens on head teachers, teachers and schools" (Teacher/professional organisation 4)

> "…is this ANOTHER report? Care required with over-reporting… Need more support from local authority around these reports." (Notes from Glasgow evening engagement event)

A few did note that much of the work suggested by these drivers already took place in schools.

> "These two drivers are less intimidating than others because a lot of this work is already done in schools." (Notes from Aberdeen evening engagement event)

It was also noted that plans and reports should be easily understood by parents.

Context and added value

As was noted in comments on standardised assessment, there was a strong feeling that it is important that any data reported is set within the appropriate context, and ill-

informed comparisons are avoided. Several respondents suggested that annual reports should capture the progress made by, and the 'added value' of, schools.

> "Annual reports should include all areas: strengths, improvements, who is bucking the trend? The focus for following year. They should set the measures within context – English as Another Language/Looked After Children/Scottish Index of Multiple Deprivation/Attendance/Additional Support Needs – all of this is in the system. Need the story when reporting rather than just data." (Notes from Aberdeen morning engagement event)

> "Concern over data being misused or misunderstood. Schools need support to be able to tell a more rounded story about 'value added' and parents supported to understand that." (Notes from Glasgow evening engagement event)

A few respondents from the Aberdeen and Inverness events noted the impact that small numbers (in small schools) could have on overall data.

A few respondents also suggested that data on 'wider achievement' should be included as well as attainment, for example skills, attitudes etc. A parent organisation underlined that, in research they conducted with parents, they found that:

> "…parents would like to see wider achievement included in the definition of attainment. Attainment should encompass a "whole child" approach: that is, there is a need to recognise the strengths and aptitudes and interests of each child in the round and provide experiences that help them identify opportunities to take these forward (e.g. FE/HE, work experience, volunteering opportunities and outdoor experiences)." (Parent organisation 1)

Is year on year improvement realistic?

Some respondents questioned whether reporting should be annual, and whether the expectation of 'year on year' improvement was realistic, especially for schools that are already high performing.

> "We don't want quick fixes. There is a need to embed something without measuring year on year. Year on year improvement - is this really realistic? Need 3-4 years to show improvement." (Notes from Glasgow morning engagement event)

A teacher/professional organisation, for example, make the point that, on the relationship between nationally set "drivers" and how these would articulate with local authority plans and then school improvement plans, the Framework does not take into account current development cycles:

> "The current 3 year development cycle adopted by schools and Councils in order to ensure that developments are well planned, sustainable and focussed on school imperatives rather than schools becoming a battleground for competing political platforms." (Teacher/professional organisation 4)

Parental involvement and Parent Councils

As with parental involvement generally, respondents discussed opportunities and challenges in engaging parents, as well as whether engaging parents in School Improvement Plans would be workable. Some welcomed this idea whilst others were not sure if it was realistic. Involving parents in School Improvement Plans through Parent Councils was one suggestion. However, a teacher/professional organisation felt that insufficient consideration had been given to this, noting concerns over whether:

> "…existing school level structures for securing parental involvement would have the capacity and willingness to engage effectively with school improvement processes" (Teacher/professional organisation 5).

On the other hand, a parent organisation underlined that Parent Councils 'must be involved in the writing of the School Improvement Plan' and that schools:

> "…need to have open and frank discussions [with parents] on what the school is doing and how it is or isn't achieving to reach targets set out in the School Improvement Plan." (Parent organisation 1)

As with the previous section on parental involvement, there was a sense that wider issues around parental engagement need to be addressed, before this more detailed involvement is successful.

Sharing good practice

The focus on sharing good practice was welcomed by several respondents. Support on how best to do this was suggested, for example:

> "Schools with the same priorities for improvement could be brought together to work collegiately. If schools/teachers are buddied up to form professional learning communities based on actual need, this could be measured by professional learner discussions between the Quality Improvement Officer, headteacher and teachers on value added to pupils learning and practitioners' professional learning." (Notes from Aberdeen evening engagement event)

Collegiate working was emphasised for this topics, as well as in comments about professional development below.

3.2.4   School leadership / teacher professionalism

Much of the feedback around the final two drivers was, as with the previous section, somewhat overlapping so school leadership and teacher professionalism will be addressed together in this section. The actions identified in the draft Framework for each of these two drivers are displayed below in the boxes.

School leadership actions

- All new headteachers to hold the Standard for Headship by 2018/2019

- The Framework for Educational Leadership to provide learning opportunities in leadership for all teachers no matter their sector, subject or location by August 2017.

Teacher professionalism actions

- The uptake and offer of quality professional learning at SCQF Level 11 (Masters) for teachers to be increased by August 2017

- Support for teacher professional learning and evaluation of its impact to be strengthened during 2015/16

- New resources and support for teachers to enhance data literacy skills and improve literacy and numeracy by September 2016 – to be used in professional learning opportunities (including in service days), teacher induction and initial teacher education

Views on school leadership and teacher professionalism

As noted earlier, workforce and workload issues were recurrent areas of concern throughout much of the feedback. They were particularly pronounced when discussing these drivers.

Recruiting headteachers

Many responses raised the issue of recruiting headteachers, either noting that recruiting headteachers was already an issue and/or expressing concern that introducing the requirement to hold the Standard for Headship would put people off going for headship:

> Concern about the amount of people who go for the posts. The Scottish Qualification for Headship will put people off. Difficulty in attracting people to the role at the moment – due to isolation, level of responsibility, lack of support, lack of respect for the profession, long hours etc. (Notes from Glasgow morning engagement event)

> We support relevant qualifications and training opportunities, but believe a need for a Masters will cause many good teachers to be lost to the profession. (Response to survey: challenges, Parent Council)

Several thought that the requirement for all headteachers to have achieved the Standard for Headship by 2018/19 was not achievable and should be rethought. Alternative suggestions included: introducing the requirement over a longer period; requiring a percentage of headteachers, rather than all new headteachers, to have achieved the Standard in the timescale; and having new headteachers sign up to completing the learning over an agreed period as with Professional Update. There were also questions regarding whether the requirement to have the qualification would apply to all headteachers or only new headteachers.

Concern over having the time and capacity to undertake qualifications

Whilst some expressed support for the idea of Masters level learning and saw the benefits of the Standard for Headship, several respondents questioned whether headteachers and teachers would have the time and capacity to undertake further qualifications. For headteachers, the demands of the job and the ability to get cover were mentioned as issues; similarly, finding time, energy and getting cover were also mentioned in relation to teachers.

> "The Scottish Qualification for Headship is valuable but it is difficult to balance this with in-post workload." (Notes from Glasgow morning engagement event)

> "How do we sustain the energy to sustain the day job and study? There is a need to consider the amount of support required to complete qualifications – is there enough staffing to release people?" (Notes from Aberdeen afternoon engagement event)

> "Masters level learning cannot be achieved under current workload without significant impact on work/life balance. Need to tackle bureaucracy first." (Response to survey: challenges, Local authority)

Funding was also highlighted as an issue in relation to obtaining qualifications. Many respondents said either that having to pay to undertake learning was a barrier, financial support was needed to get through a qualifications, or asked whether there would be funding provided. Some felt that it is wrong to require people to pay for their own professional development when this should be an entitlement.

Some respondents also noted the need for flexible routes to achieving qualifications to enable those in a range of circumstances to undertake them.

Qualifications should focus on practical experience

Some respondents also questioned whether the Headship qualification would ensure successful leaders and whether this would improve outcomes for children and young people. This uncertainty was linked in some of these discussions to whether the qualification would enhance practice and comments about the importance of

practical experience over additional academic achievement. Several discussions about qualifications noted the importance of practical experience and on the job training in professional learning.

> Leadership: SCEL is very essay driven rather than on the job – needs to be about learning on the job. Masters level learning: should be absolutely focused on improving outcomes for the children in front of you, not about time in a university. Must be practical. (Notes from Aberdeen afternoon engagement event)

> While I see the benefits of a Standard for Headship, I think it's important that we recognise that successful leadership and management has to do with relationships as well as qualifications; skills and attitudes as well as knowledge. (Response to survey: additional comments, Primary headteacher)

Some argued that teachers are being encouraged to take on additional qualifications or responsibility for career progression before they have accrued appropriate and sufficient experience. Responses highlighted that it is important that masters level learning not be too 'essay driven' or 'paper-based', but should be grounded in practice and about learning on the job. Other skills were felt to be at least as important as qualifications, as was getting the right people into headteacher development programmes. For headteachers in particular, the importance of varied experience and 'soft' skills were highlighted.

Leadership

The focus in the Framework on quality of leadership was welcomed; some stakeholders, however, felt that this issue was not covered in enough detail. A leadership organisation noted that this should be considered in the context of local authority and political leadership. Another suggested that:

> "…the draft Framework is limited in its reference to actions around leadership and we would recommend including reference to broader aspects of educational leadership including the impact on the wider school community." (Leadership organisation 2)

The focus on leadership at all levels was seen as positive and something that should be further developed or made more explicit within the Framework. A leadership organisation suggested an expansion of what is intended regarding empowering leadership at all levels and further thought on the measurement of impact of these areas of work (Leadership organisation 2).

Professional learning

Strengthened support for professional learning was seen as important by many, and the emphasis on this in the Framework was widely welcomed. A leadership organisation, however, considered that this should be further developed, both by acknowledging more explicitly the ongoing work around teacher professionalism and professional learning as a result of Teaching Scotland's Future, and by identifying

the 'support required to ensure that the aims of the policy become effective practice' (Leadership organisation 2).

As with discussions of master's level learning, several respondents highlighted the difficulties they had finding the time for professional development, with some mentioning that staff shortages were making this particularly difficult. Some felt that support for professional learning at all stages of a teacher's career from local authorities and universities was inconsistent across the country. Active research, collaborative learning, professional dialogue and networking were acknowledged to be important factors in professional development and school improvement, but it was argued by some that current working time arrangements do not adequately recognise these or allow for sufficient time to be dedicated. Having protected time for professional development, cluster collegiate time, support from school leaders, financial support for supply cover to release teachers, flexibility for schools to direct support where it is needed to support professional learning, standardising the quality of professional development opportunities across local authorities, and making resources available in a range of ways, were suggestions made to help enable professional learning. Opportunities for coaching and/or mentoring were highlighted in quite a few comments as worthwhile for new headteachers:

> Mentoring/coaching should be a key aspect to be recorded and built into the drivers so it is not left up to local authorities to decide this. These coaches should be at local level. (Notes from Aberdeen evening engagement event)

A leadership organisation underlined that:

> "…it should be acknowledged that professional development is about much more than obtaining qualifications or indeed the support of 'experts'. School staffs have within them a vast array of skills and talents, which emerge when teachers have opportunities to work and learn together within and across schools and sectors. This is a cost effective model for professional development and it is one which enables teachers to exercise autonomy rather than develop." (Leadership organisation 3)

The value of time to share experience and expertise emerged in many responses.

Initial Teacher Education

The quality of Initial Teacher Education (ITE) and newly qualified teachers was also raised as an issue by some respondents. Consistency of training between universities, knowledge of pedagogy, literacy and numeracy, and practice experience were specific issues raised. An academic stakeholder stated there is a need for focus on ITE in science as well as literacy and numeracy, and that there is a risk of disproportionate support and resource being allocated to those areas that are being assessed (Academic 2).

3.3 Support and information needs identified

Many key issues running through the engagement were highlighted as having support needs: time and resources, teachers' professional judgement, data literacy, time for professional development and professional dialogue, and support in better engaging parents/carers/families.

The need for sufficient funding, resources, time and staff generally, and to implement the changes in the Framework, was again highlighted in discussions about support. Specific issues highlighted were the need for classroom assistants to help with literacy and numeracy, a shortage of Quality Improvement Officers, and time for staff to prepare for and implement the Framework. There was also the suggestion that good quality teachers should be prioritised for deprived areas.

Time and good quality opportunities for professional learning was another area raised again under support needs, both as a general need and in relation to the Framework. Specifically, professional learning time around teaching and assessing literacy and numeracy, raising attainment, using data, and to plan for the most effective use of assessments was suggested. As noted previously, enhanced collegiate time and time to engage in professional discussion were seen as important for the implementation of the Framework. It was also suggested that the support and development outlined in the Framework should be provided to other key partners involved in young people's education (e.g. CLD professionals).

Data literacy skills

Data literacy skills were frequently highlighted as a very important area for support and professional development – many respondents highlighted the importance of knowing what data is available, how to analyse it and understanding what that data means for their practice and school.

> "Data literacy skills – YES PLEASE!" (Notes from Glasgow afternoon engagement event)

> "We like the focus on data literacy – staff need to understand what data they have and how to use it. There is a need to have information on what to extrapolate." (Notes from Aberdeen evening engagement event)

The need for teachers to be data literate was discussed in relation to a range of different sections of the Framework, including using and communicating assessment data, reporting on performance and identifying good practice, and as a benefit, challenge and support need of the Framework. Data literacy was also seen as important for communicating with parents about the results of standardised assessments. A need to help parents understand data, and also what progress in learning looks like, was also highlighted.

Teachers' professional judgement and moderation

A support need that reoccurred throughout the engagement feedback was around teachers' professional judgement and moderation. A leadership organisation highlighted that:

> "Moderation plays an important role in assessing learning. We acknowledge that there is a clear need for more support in moderation and developing professional judgement. Local authorities play a significant role in ensuring that clear processes and opportunities for moderation exist and that the impact of this is being measured." (Leadership organisation 2)

Respondents noted that there was still some uncertainty about achievement of a level and the need for more guidance on levels:

> Still some confusion about what an achievement of a level looks like. A national Framework would bring confidence to teachers about judgements. Teacher professional judgement is subjective so a Framework would help. (Notes from Glasgow morning engagement event)

A headteacher underlined the need for clear advice to schools about expectations and clearly defined baseline standards at key points, whilst another suggested that moderated exemplars of standards at each assessment point would be helpful. Many also said they would welcome time and support for developing teacher professional judgement and moderation.

> Have to have robust moderation – focus on teacher professional judgement – staff is worried about this. How do we know that teachers' professional judgement is consistent class to class? It depends on the quality of staff. (Notes from Glasgow evening engagement event)

> A systematic programme of support for teachers with a clear focus on moderation and time to engage in professional discussion. (Response to survey: support, Secondary teacher)

As noted in the above quote, making time for professional dialogue was seen as an important part of sharing understandings of standards and building confidence in this.

Information and guidance

Some survey responses also noted support needs more specifically focussed on the Framework. This generally focussed on clear information and guidance on the Framework, clear roles and expectations for all partners, and making sure these roles and expectations are understood by all stakeholders. Again, opportunities for discussions about the Framework were highlighted as useful. Similarly, many respondents mentioned a need for clear messages to, and further engagement with, parents and teachers around the Framework.

> Parents need more information and clarification on the National Improvement Framework. They are not sure how they can contribute. There is a lack of

understanding amongst the parent body of what the Framework means and their role. (Notes from Glasgow morning engagement event)

As with all initiatives the challenge is getting everyone on board through their being properly informed, trained and able to carry forward the aims and targets. (Response to survey: support, Primary depute headteacher)

This highlighted that clear guidance is needed on how, particularly parents, can engage with the Framework. Additional Support Needs and health and wellbeing were areas of the Framework considered to particularly require development. A need for cross-referencing with other relevant guidance, a clearer outline of the steps that will need to be taken, and the proposed timetable were also noted.

Appendix A

Questions asked in the children and young people's survey

1. How do you know how well you are doing in your learning? (*Tick all that apply*)
    - Written feedback on your work from your teacher
    - Assessment
    - Test
    - One-to-one meeting with your teacher
    - Parents/carers tell you
    - Don't know

2. How often do you do assessments/tests?
    - Weekly
    - Monthly
    - Don't know
    - Other – please specify

3. How do these assessment/tests make you feel? *(Free text box)*

4. How would you like to get feedback in future on how you are doing in your learning? *(Tick all that apply)*
    - Written feedback on your work from your teacher
    - Mark or grade
    - One-to-one meeting with your teacher
    - Parents/carers tell you
    - Other – please specify

5. In what ways would you like to be asked about how your school can improve?
    - Through your Pupil council
    - Speaking to your teacher/headteacher
    - Speaking to your parent/carer
    - Other – please specify

6. How do you think everyone in your class could be helped to achieve their best? *(Free text box)*

Discussion questions from the stakeholder engagement events

Discussion 1: Assessment of children's progress and parental involvement

General

- What are the benefits of a National Improvement Framework?

- How will a National Improvement Framework support improvements for children and young people?

Driver

- Is there anything further that should be included in these drivers?

- Is there anything that needs changed or amended in these drivers?

- What measures would help us know how we are doing in these drivers?

- What support is needed to take forward this driver?

Discussion 2: School leadership and teacher professionalism

- Is there anything further that should be included in these drivers?

- Is there anything that needs changed or amended in these drivers?

- What measures would help us know how we are doing in these drivers?

- What support is needed to take forward this driver?

Discussion 3: School improvement and performance information

- Is there anything further that should be included in these drivers?

- Is there anything that needs changed or amended in these drivers?

- What measures would help us know how we are doing in these drivers?

- What support is needed to take forward this driver?

Questions asked in the stakeholder survey

1. What are the benefits of a National Improvement Framework?

2. What are the challenges?

3. What support is needed to ensure the National Improvement Framework improves outcomes for children?

4. Any additional comments?

Appendix B

Table 1: List of engagement activities

	Name of Event/Meeting	Attendees	Date
1	September AHDS Executive Group	AHDS National Council	05/09/2015
2	Moving Forward: West Lothian Council Headteacher Event	West Lothian Council headteachers	11/09/2015
3	Design Specification Group Meeting	ADES, Local authority representatives, Strathclyde University, CoSLA, NPFS	15/09/2015
4	National Improvement Framework Follow-Up Meeting	ADES Directors, EIS, NPFS	15/09/2015
5	Stakeholder Group Meeting	Cabinet Secretary for Education and Lifelong Learning, ADES, AHDS, Children in Scotland, CoSLA, EIS, National Improvement Service, NPFS, SCEL, SLS, SSTA, University of Glasgow	16/09/2015
6	Principal Teacher Mathematics Forum	Principal teachers	16/09/2015
7	Draft National Improvement Framework - meeting with Shetland Council Education Officers	Shetland Council Education Officers	16/09/2015
8	Curriculum Learning, Teaching and Assessment - Numeracy and Mathematics Forum	Numeracy and mathematics professionals	17/09/2015
9	Scottish Learning Festival - National Improvement Framework Workshop	Range of stakeholders	23/09/2015
10	National Improvement Framework Discussion Edinburgh (AM)	Teachers, parents and local authorities	29/09/2015
11	National Improvement Framework Discussion Edinburgh (PM)	Teachers, parents and local authorities	29/09/2015

	Name of Event/Meeting	Attendees	Date
12	Curriculum for Excellence Management Meeting, Her Majesty's Young Offender Institution Polmont	Curriculum for Excellence Management Board	30/09/2015
13	National Improvement Framework Strategic Group	Local authority representatives, CoSLA, EIS, Improvement Service, ADES, University of Glasgow	02/10/2015
14	National Improvement Framework Discussion Glasgow (AM)	Teachers, parents and local authorities	05/10/2015
15	National Improvement Framework Discussion Glasgow (PM)	Teachers, parents and local authorities	05/10/2015
16	National Improvement Framework Discussion Glasgow (PM)	Teachers, parents and local authorities	05/10/2015
17	Dashboard Group Meeting	ADES, Local authority representatives, Strathclyde University, CoSLA, NPFS	0610/2015
18	National Improvement Framework Discussion Inverness (PM)	Teachers, parents and local authorities	07/10/2015
19	National Improvement Framework Discussion Inverness (PM - 2)	Teachers, parents and local authorities	07/10/2015
20	National Improvement Framework Discussion Aberdeen (PM)	Teachers, parents and local authorities	08/10/2015
21	National Improvement Framework Discussion Aberdeen (PM - 2)	Teachers, parents and local authorities	08/10/2015
22	Meeting on Attainment	COSLA, ADES, SOLACE, Improvement Service	15/10/2015
23	ADES Performance and Improvement Network Meeting	ADES Directors	21/10/2015
24	Meeting with SCIS	SCIS	26/10/2015
25	Parent Organisations Meeting	NPFS, Children in Scotland	26/10/2015
26	Children in Scotland Roundtable	Children in Scotland	26/10/2015
27	ADES Directors meeting	ADES Directors	27/10/2015

	Name of Event/Meeting	Attendees	Date
28	Strategic Group	Local authority representatives, CoSLA, EIS, Improvement Service, ADES, University of Glasgow	28/10/2015
29	Meeting with the Advisory Group for Additional Support for Learning (AGASL)	EIS, Education Law Unit, Local authority representatives	30/10/2015
30	SCEL Event	SCEL	02/11/2015
31	Cabinet Secretary for Education and Lifelong Learning Facebook Q&A	Range of stakeholders	03/11/2015
32	NPFS hosted parental engagement event	NPFS	03/11/2015
33	Inclusion Scotland 2015	Teachers, headteachers, local authorities, Additional Support Needs experts	04/11/2015
34	Royal Society of Edinburgh Roundtable	Academics	04/11/2015
35	AHDS Annual Conference - 40th year	AHDS Directors	05/11/2015
36	Association for Educational Assessment (AEA) Europe 16th Annual Conference Assessment and Social Justice	International assessment experts	05-07/11/15
37	ADES Curriculum and Qualifications Network	ADES Directors	06/11/2015
38	Parent Conference Inverness	Parents	07/11/2015
39	GLOW TV Meet for Children and Young People	Children and young people, Cabinet Secretary for Education and Lifelong Learning	09/11/2015
40	Dundee Children and Young Peoples' Meeting	Children and young people, Teachers, Minister for Learning, Science and Scotland's Languages	11/11/2015

	Name of Event/Meeting	Attendees	Date
41	CoSLA leaders meeting	CoSLA, Cabinet Secretary for Education and lifelong learning	12/11/2015
42	South Lanarkshire Headteacher Meeting	South Lanarkshire headteachers	12/11/2015
43	Expert Group – Curriculum for Excellence and Assessment of Pupils Progress	NASUWT, ADHS, SQA, Strathclyde University, EIS, SCEL, West Lothian Council	13/11/2015
44	NPFS Annual Conference	NPFS	14-15/11/15
45	Scottish Teacher Education Committee (STEC) Meeting	STEC members	16/11/2015
46	Expert Group - Driver for school improvement	CoSLA, ADES, Improvement Service	16/11/2015
47	National Improvement Framework Strategic Group Meeting	Local authority representatives, CoSLA, EIS, Improvement Service, ADES, University of Glasgow	16/11/2015
48	Sgoil Lionacleit, Benbecula	Teachers, parents and local authorities	18/11/2015
49	Caladh Inn, James Street, Stornoway	Teachers, parents and local authorities	18/11/2015
50	Dashboard Group Meeting	ADES, Local authority representatives, Strathclyde University, CoSLA, NPFS	18/11/2015
51	Western Isles Education Centre, Stornoway	Teachers, parents and local authorities	19/11/2015
52	Galashiels Children and Young Peoples' Meeting	Children and young people, teachers, Minister for Children and Young People	19/11/2015
53	ADES Conference - 19-20 Nov	ADES Directors	19-20/11/15
54	Meeting with Professional Organisations	SSTA, AHDS, EIS, NASUWT, SLS	23/11/2015
55	Expert Group - Drivers for school leadership and teacher professionalism	SCEL, STEC, SLS, AHDS, EIS, SSTA, COSLA, GTCS	25/11/2015

	Name of Event/Meeting	Attendees	Date
56	Fife Headteacher Meeting	Fife Headteachers	25/11/2015
57	Expert Group - Parental involvement	SPTC, NPFS, FNF, Children 1st, SMPA, ADES	01/12/2015

List of organisation abbreviations

ADES: Association of Directors of Education Scotland

AHDS: Association of Headteachers and Deputes in Scotland

CoSLA: Convention of Scottish Local Authorities

EIS: Educational Institute of Scotland

FNF: Families Need Fathers Scotland

GTCS: General Teaching Council of Scotland

NASUWT: National Association of Schoolmasters Union of Women Teachers

NPFS: National Parent Forum Scotland

SLS: School Leaders Scotland

SMPA: Scottish Muslim Parents Association

SCEL: Scottish College for Educational Leadership

SCIS: Scottish Council of Independent Schools

STEC: Scottish Teacher Education Committee

SPTC: Scottish Parent Teacher Council

SQA: Scottish Qualifications Authority

SSTA: Scottish Secondary Teachers' Association

SOLACE: Society of Local Authority Chief Executives

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NATIONAL IMPROVEMENT FRAMEWORK FOREWORD

The *National Improvement Framework* for Scottish Education that we are publishing today sets out our vision and priorities for our children's progress in learning. The Framework will be key in driving work to continually improve Scottish education and close the attainment gap, delivering both excellence *and* equity.

Scotland's children and young people are our greatest asset and investing in their education is essential to achieving their aspirations and our ambitions as a country. I am committed to ensuring that our education system is amongst the best in the world and equips all of our children with the skills they need to get on in life and in work.

The draft *National Improvement Framework* was published in September 2015, alongside the Programme for Government which put education at its heart. Since then, we have undertaken extensive consultation, engaging with a wide range of stakeholders, including over 5,000 teachers, parents and young people. The Organisation for Economic Co-operation and Development (OECD) also published its independent review of Curriculum for Excellence, *Improving Schools in Scotland: An OECD Perspective* in December 2015. We now have a better understanding of the range of views across Scotland and international support for the development and implementation of the Framework. These conversations and this work are reflected in the revised Framework.

The actions set out in this document have all been developed to support high-quality learning and teaching, the core principle of Curriculum for Excellence. Over time, the Framework will provide a level of robust, consistent and transparent data across Scotland that we have never had before, to extend our understanding of what works and to drive improvements across all parts of the system. This includes the development of national standardised assessments in primary and early years of secondary school to inform teacher judgement.

To support transparency, accountability and consistency, and give the Framework the appropriate status, we have amended the Education (Scotland) Bill to place the Framework and reporting arrangements on a statutory footing. This will mean that there is a legal requirement on local and national government to share information, on a consistent basis, to drive improvement.

The combination of the strong foundations laid out by Curriculum for Excellence, targeted interventions through the Scottish Attainment Challenge, the professionalism of our teacher workforce and the strong leadership that exists at a national level put us in a good position to deliver on the huge ambition that we have for Scotland's children and young people and the priority this Government attaches to our education system.

Rt Hon Nicola Sturgeon MSP
First Minister of Scotland
January 2016

Our vision for education in Scotland

The central purpose of this Government, as set out in our overarching National Performance Framework is to: *create a more successful country with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.*

Prominent among the set of 16 National Outcomes that support this central purpose is one which directly reflects the core objectives of Scottish education, as established through the development of Curriculum for Excellence. That is ensuring that all our children and young people are equipped through their education to become *successful learners, confident individuals, effective contributors and responsible citizens.*

As this outcome indicates, we are committed to a Scotland in which **all** children and young people can realise their potential, regardless of their social background or learning needs, thereby developing the knowledge, skills and attributes they will need to flourish in life, learning and work.

Achieving improvement in education is closely related to achieving other key National Outcomes in the National Performance Framework, particularly:

- **Our children have the best start in life and are ready to succeed;**
- **We have tackled the significant inequalities in Scottish society; and**
- **We have improved the life chances for children, young people and families at risk.**

As a core part of our drive to achieve fairer outcomes for our children and young people, we know that investing in their education is essential to achieving their aspirations and our ambitions as a country. A successful education system is a key factor in helping our children and young people to thrive.

Our vision:

- **Excellence through raising attainment:** ensuring that every child achieves the highest standards in literacy and numeracy, set out within Curriculum for Excellence levels, and the right range of skills, qualifications and achievements to allow them to succeed; and

- **Achieving equity:** ensuring every child has the same opportunity to succeed, with a particular focus on closing the poverty-related attainment gap.

We need Scottish education to deliver both **excellence** in terms of ensuring children and young people acquire a broad range of skills and capacities at the highest levels, whilst also delivering **equity** so that every child and young person should thrive and have the best opportunity to succeed regardless of their social circumstances or additional needs.

Why develop the National Improvement Framework?

In developing this Framework we are building on a strong track record of improvements and reforms which have been driven forward across education and children's services in Scotland over the last decade or more. They provide strong, broad foundations on which we can build more targeted and focused efforts to improve further in key areas:

- The **Getting it Right for Every Child (GIRFEC) approach,** as illustrated in the eight indicators in the Wellbeing wheel, recognises that children and young people will have different experiences in their lives, but every child and young person has the right to expect appropriate support from adults to allow them to grow and develop and reach their full potential.
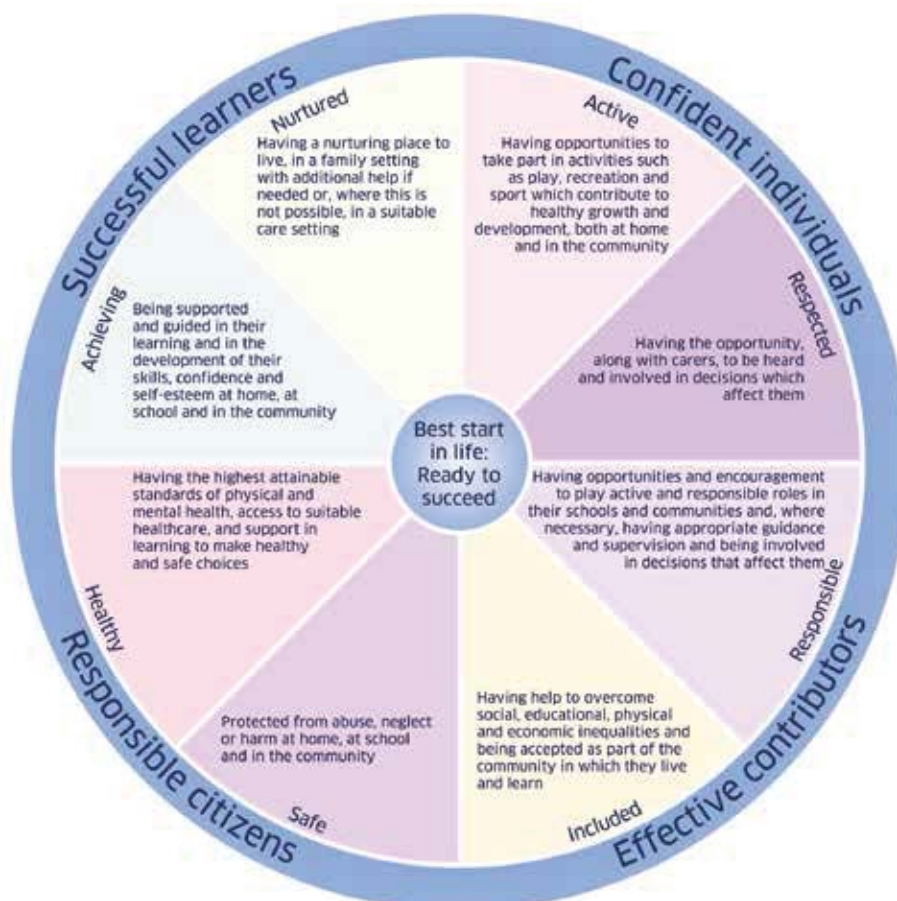
- We are investing in expanding access to high-quality **Early Learning and Childcare** and taking collective action through the **Early Years Collaborative** to improve outcomes in the earliest years of a child's life.

- We now have a more coherent, flexible and child-focused curriculum which gives teachers more professional autonomy over how they teach and sets higher standards for achievement than ever before, through the development and implementation of **Curriculum for Excellence**.

- We are building new schools and improving existing schools through **Scotland's Schools for the Future** programme.

- We have put in place a new **National Youth Work Strategy** for Scotland through which a wide range of partners in the public and third sector are contributing to improving outcomes for young people, either in direct partnership with schools or in other community settings. We continue to value and strengthen Community Learning and Development provision. These vital services improve the life chances of communities across Scotland, and in particular, can help to empower and improve learning and resilience for our most disadvantaged communities.

- We are improving the breadth of opportunities available to children and young people to experience high-quality, work-focused learning and develop their skills for work throughout, and beyond, their school years, through implementation of the **Youth Employment Strategy**.

- We continue to invest in ensuring we have a highly professional, skilled workforce, who can exploit fully the potential of the new curriculum, including through the implementation of **Teaching Scotland's Future**.

Together, this range of key policies and reforms present a powerful programme of development and improvement, transforming our education system and wider children's services. The Framework recognises that improved educational outcomes are part of a wider children's services agenda. The success we have achieved so far has been based on strong partnership between national government, local authorities, schools, parents, children and young people, partners, teachers and other staff employed in education.

In focusing now on key priorities through the National Improvement Framework we will seek to build on this success and develop further the strong, existing partnerships. We will only be able to deliver our ambitious aims by supporting staff in schools and early years centres with the shared aim that all our children fulfil their potential across a range of outcomes.

We will also seek to capitalise on a deeper shift in understanding amongst Scottish educators of how children learn. Built on a powerful consensus about the kind of experiences that will best prepare our children for their future lives, teachers and schools have been moving to new approaches to learning and teaching. Through Curriculum for Excellence we have moved away from more rigid prescription, towards a system that defines what we are trying to achieve, and gives teachers and schools the flexibility to design a curriculum – a plan for learning – that will best meet the needs and aspirations for each individual child.

Curriculum for Excellence is now embedded in Scottish schools. We welcomed the findings of the OECD's recent review, *Improving Schools in Scotland: An OECD Perspective*, and will work with our partners to address its recommendations as we take forward the National Improvement Framework. The OECD review recognises that Curriculum for Excellence is an ambitious and far-sighted reform which has put Scotland in a strong position to compete with the best education systems in the world if we realise its potential and address some key issues.

This Framework is designed to address one of the key issues identified by the OECD, the need to develop an integrated framework for assessment and evaluation that encompasses all system levels and ensures all partners are focused effectively on key priorities. Its report noted that:

> **"In the next phase of the Curriculum for Excellence journey, Scotland has the opportunity to lead the world in developing an innovative national assessment, evaluation and improvement framework."**
>
> Improving Schools in Scotland: An OECD Perspective. OECD, 2015

We do not underestimate the challenge that presents. It requires very careful balancing of the need for appropriate data and evaluation at every level in the education system, whilst maintaining the principle that informaton is used effectively to drive improvement in the learning experiences of individual children and young people.

We are clear that the new Framework is for the benefit of Scotland's children. It will provide a level of robust, consistent and transparent data across Scotland that we have never had before:

- We will collect nationally, and at local authority level, data on the achievement of Curriculum for Excellence levels for literacy and numeracy at the end of P1, P4, P7 and S3. This will be based on teacher judgement – informed by standardised assessment – and will tell us how children and young people are progressing with their learning.

- At a school level, teachers will have a nationally consistent standardised assessment on aspects of literacy and numeracy to inform their judgement. The development of these standardised assessments, which will be piloted in 2016 and available for use in 2017, will include an associated training package for schools. This will support a clear interpretation of results and how these connect to and inform other sources of assessment evidence.

- In parallel to the development of the standardised element of assessment, we will also work with partners to refresh our collective support for other assessment approaches, including: setting out more clarity about standards and the evidence that should be in place to assure teachers about children's progress; substantial support for moderation of teacher's professional judgement within and across local authority boundaries; and clarity about recording practices.

- Parents will be able to access information from teacher's professional judgement and the underlying standardised assessment data about their own child's learning, providing valuable, nationally consistent information about children's progress and signalling where further support may be required at home and in school.

Key principles of the National Improvement Framework

The development of the National Improvement Framework is based on the best practice which exists internationally on the use of data and intelligence to improve education at national, local, school and individual child level. This includes the OECD publications *Synergies for Better Learning* and *Education Policy Outlook*. Key messages we took from these reports in designing this Framework include the need to:

- show clear alignment with the goals for the education system and classroom practice;
- recognise that outcomes for children can be improved by improving practice at different levels of the system;
- set out clear responsibilities at national, local, and school level and ensure everyone involved has the capacity to play their part effectively;
- build relevant professional skills through initial teacher education and professional development;
- use evidence to inform practice and share innovation;
- look at all levels of the national system together and ensure they are aligned;
- focus on improving classroom practice and self-evaluation as key drivers; and
- place the learner at the centre.

The above principles are central to the design and development of the Framework. The 2015 OECD review stated that: :

> **"… an important step (in developing the National Improvement Framework) will be to identify key principles … that would provide transparency throughout the system and criteria for subsequent evaluation of the system itself."**
>
> Improving Schools in Scotland: An OECD Perspective. OECD, 2015

As indicated earlier, the Framework is also actively building on the solid foundations already laid in Scotland through the collective commitment of all partners to implement the Curriculum for Excellence and Teaching Scotland's Future reform programmes.

Together, these complementary programmes of curriculum and workforce reform should ensure that we have an education system which has a clear, shared view of the aims and purposes of education and the professional skills and autonomy to ensure that the system continues to improve.

We have a strong foundation for further success. We are ambitious for Scotland and for our children and young people:

- We will have the highest aspirations for our children and young people;
- We will ensure that every child is ready for learning and able to succeed;
- We will have the right structures in place to deliver the improvements we need;
- We will help parents and communities to understand and to support children's education;
- We will take a broad and flexible approach to the curriculum;
- We will continue to refine and adjust our curriculum to ensure that it remains relevant and prepares our children for a rapidly changing world;
- We will continue to set the highest expectations for our teachers and education leaders throughout their career; and

- We will identify and address barriers to parental engagement to ensure that all parents can be involved in their child's education.

Key priorities of the National Improvement Framework

Our vision is of an education system which delivers both **excellence** and **equity** in equal measure for all children in Scotland. Within this broad overall aim we are now creating the National Improvement Framework to galvanise efforts and align our collective improvement activities, across all partners in the education system, to address our key priorities.

The current priorities for the National Improvement Framework are:

- **Improvement in attainment, particularly in literacy and numeracy;**
- **Closing the attainment gap between the most and least disadvantaged children;**
- **Improvement in children and young people's health and wellbeing; and**
- **Improvement in employability skills and sustained, positive school leaver destinations for all young people;**

Everyone working in Scottish education should be clear about what they are seeking to achieve in making their contribution to addressing these priorities. There may be further improvement priorities at school level, based on local needs and self-evaluation.

The priorities may change over time, depending on what the evidence is telling us. Indeed, we expect they will as issues are addressed successfully and new priorities emerge.

Key drivers of improvement
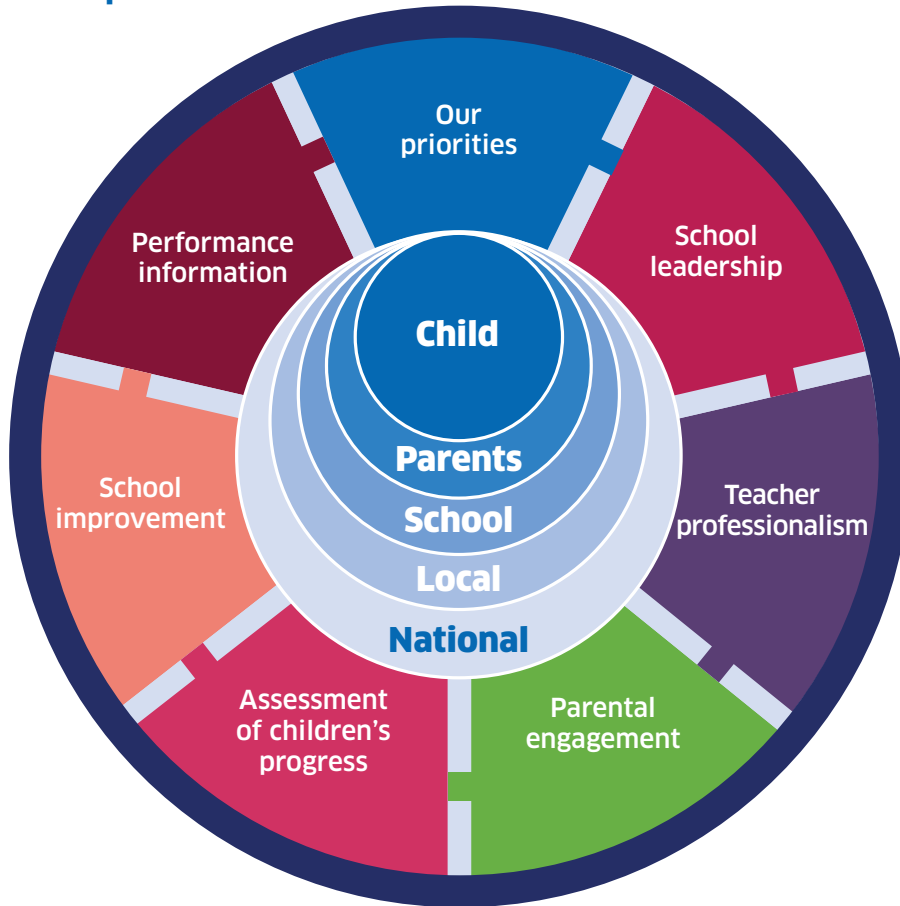
Key drivers of improvement will build on much of the positive work already underway in Scottish education. They provide a focus and structure for gathering evidence which can then be analysed to identify where we can make further improvements. As recommended by the OECD in the 2015 OECD review, these areas have been identified to ensure that we have the right type of evidence sources which contribute to our priorities and minimise unintended consequences:

> "This Framework has the potential to provide a robust evidence base in ways that enhance rather than detract from the breadth and depth of the Curriculum for Excellence. Given Scotland's previous bold moves in constructing its assessment frameworks on the best available research evidence at the time, it now has the opportunity to lead the world in developing an integrated assessment and evaluation framework."

Improving Schools in Scotland: An OECD Perspective. OECD, 2015

The key drivers of improvement are:

- School leadership
- Teacher professionalism
- Parental engagement
- Assessment of children's progress
- School improvement
- Performance information

The synergies and interconnections across these key areas are essential to enable continuous improvement. They are all equally important. In this section, the individual contributions that these areas make, in particular the impact they can have on excellence and equity for all children in Scotland, are developed further.

We will be publishing a new annual report based on the Framework. This will provide a narrative which evaluates the strengths and areas of improvement in Scottish education, based on a balanced range of measures.

School leadership

What is this?
The quality and impact of leadership within schools and at all levels – including members of staff.

Why is this important?
Leadership is recognised as one of the most important aspects of the success of any school. Headteachers and teachers who are empowered, and who empower others to take ownership of their own learning, have a strong track record of ensuring the highest quality of learning and teaching. This in turn helps to ensure that all children achieve the best possible outcomes. Gathering evidence on the quality of school leadership will help us to identify and share what works and provide support and intervention where leadership needs to improve.

How will this help to achieve excellence and equity for all children?
Leadership is key to ensuring the highest possible standards and expectations are shared across a school to achieve excellence for all. Through evaluating leadership and, crucially, leadership of change, we will be able to focus on where leadership action is delivering excellent outcomes for all children and closing the attainment gap through targeted intervention. We will also have evidence on the extent to which professional skills and competences of headteachers are being developed and maintained.

Evidence we will gather	What this will tell us
Through school inspection, percentage of schools graded as 'good' or better for leadership of change.	This will tell us how good planning for improvement is and the impact of improvements and changes. It will focus on leadership at all levels within a school.
Number of new headteachers who meet the Standard for Headship, and numbers of experienced headteachers who continue to meet Standard for Leadership and Management.	This will tell us about the qualifications achieved and standards met by our headteachers.
Local authority self-evaluation reports on leadership of change.	This will tell us how well leadership is improving based on school and local authority self-evaluation and quality assurance activities.

Teacher professionalism
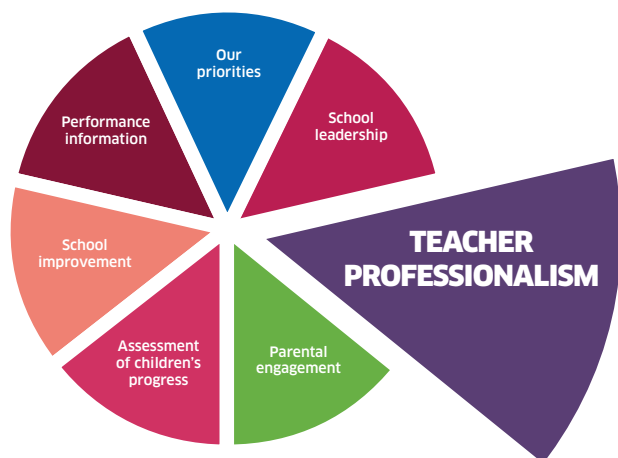
What is this?

Teacher professionalism demonstrates the overall quality of the teaching workforce in Scotland and the impact of their professional learning on children's progress and achievement.

Why is this important?

The quality of teaching is a key factor in improving children's learning and the outcomes that they achieve. In Scotland we have a highly professional, graduate teaching workforce with high professional standards, which are set by the General Teaching Council of Scotland (GTCS). We want to continue to improve the professionalism of our teachers and the quality and impact of their professional learning. The focus is on teacher professionalism, but we recognise that many other people contribute to children and young people's learning and development.

How will this help to achieve excellence and equity for all children?

There is a strong link between teacher's professional skills and competences and the quality of children's learning experiences. Ensuring the highest professional standards for all teachers in Scotland will help to ensure the highest standards and expectations for all children. Consistent, well-moderated teacher judgement data on achievement of curriculum levels in literacy and numeracy will help us to focus accurately on the difference in attainment between the most and least disadvantaged children and take further action as a result. We want all new teachers to develop as enquiring professionals who are experts in teaching literacy, numeracy and health and wellbeing. This is critical to ensure the strongest possible progression in learning for all children.

Evidence we will gather	What this will tell us
Increase the range of quality professional learning at SCQF Level 11 (Masters) and the level of engagement amongst teachers.	This will give information on Masters level programmes which relate directly to the Teacher Education Standards, particularly the Standard for Career-Long Professional Learning and the Standards for Leadership and Management.
Through school inspection and local authority self-evaluation reports, effectiveness of moderation of teacher judgement of Curriculum for Excellence levels in literacy and numeracy.	This will provide us with information on the effectiveness of moderation processes and therefore the consistency of teacher judgement of children's achievements of Curriculum for Excellence levels in literacy and numeracy.
Percentage of teachers in local authority and independent schools, within the annual cohort, having their professional learning successfully signed off by GTCS.	This will give information on the percentage of teachers who have continued to demonstrate their professional skills and competences through undertaking professional update.
Information from the GTCS on teacher induction and teacher views on teaching literacy and numeracy, health and wellbeing and opportunities for professional learning.	This will help to evaluate the success of initial teacher education and the success of the teacher induction scheme in supporting new fully registered and newly qualified teacher in the teaching of literacy and numeracy and the support of health and wellbeing. This will tell us about the range of professional learning available to teachers.
Information on initial teacher education programmes' coverage of literacy, numeracy and health and wellbeing through GTCS evaluation of the programmes as part of its accreditation processes.	This will help us to evaluate how well prepared student teachers are to teach literacy and numeracy, and support health and wellbeing to the highest possible standards.

Parental engagement
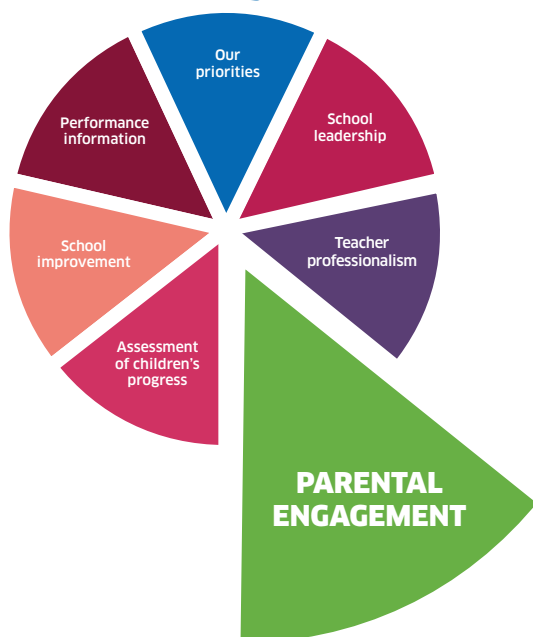
What is this?

Parental engagement focuses on ways in which parents, families and professionals work together to support children's learning.

Why is this important?

Parental and family engagement in their child's education is a key factor in ensuring successful outcomes. We want to improve and increase ways in which parents and families can engage with teachers and partners to support their children and increase the voice of parents in leading improvements with schools. Some schools have started to work successfully with partners to develop family learning programmes which help parents to meaningfully engage in their child's learning.

How will this help to achieve excellence and equity for all children?

Parental and family engagement is a key factor in helping all children achieve the highest standards whilst reducing inequity and closing the attainment gap. The information that we gather will inform our knowledge of where parental engagement is strong and where it requires further attention. This will include monitoring levels of parental engagement, involvement in, and satisfaction with, learning provision in different communities. Supporting all schools to work with partners to develop family learning programmes will help to improve children's progress and achievement.

Evidence we will gather	What this will tell us
From local authority self-evaluation reports, percentage of schools which work with partners to develop and offer family learning programmes.	We will be able to evaluate and improve the offer available to parents and families to help their children to progress in literacy, numeracy and health and wellbeing. Schools, working with partners such as community learning professionals and third sector colleagues can offer support for learning which meets the needs of families within different localities.
Pre-inspection questionnaires.	Engagement, involvement and satisfaction, based on a sample of schools.
Evidence on the impact of parents and the Parent Council in helping schools to improve.	This will indicate progress towards parents and Parent Councils being empowered to help to improve their schools and have a greater say in decision making. Through annual standards and quality reports, schools will indicate ways in which parents are involved in decision making and if school improvement plans have been co-created with parents.

Assessment of children's progress
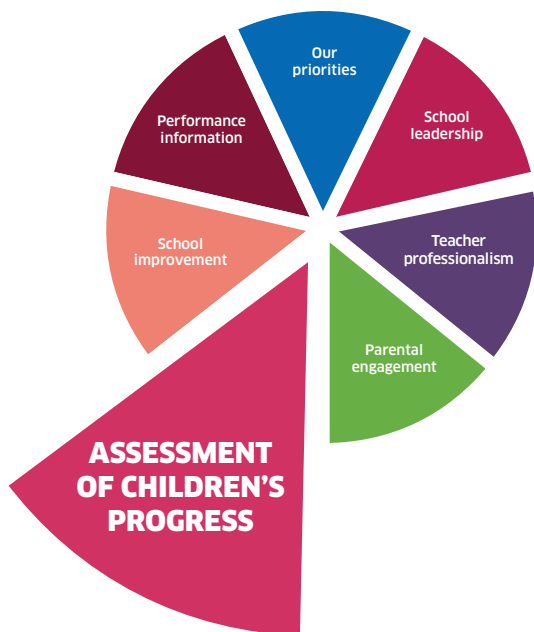
What is this?

Assessment of children's progress includes a range of evidence on what children learn and achieve throughout their school career. This includes Curriculum for Excellence levels, skills, qualifications and other awards.

Why is this important?

We all need more robust and consistent evidence which will help us in raising attainment and closing the gap. We need to know the size of the attainment gap at different ages and stages, across Scotland, in order to take the right action to close it. And we need to know whether the attainment gap is narrowing over time in order to know that the measures we are taking are the right ones. Collecting data on children's progress as they move through their education from early years until they leave school will help teachers and schools to evaluate how well all children are achieving. It will help us to identify where we are doing well and which practices and interventions are having an impact. It will also help us to identify areas where, collectively we need to do more. A wide range of progress measures will be used at school level across the curriculum. The Framework will include teacher judgement data on achievement of CfE levels in literacy and numeracy. This data will be informed by a range of evidence, including standardised assessment and ongoing classwork and will be moderated. The Framework will lead to more consistent approaches within the broad general education phase of Curriculum for Excellence. The 2015 OECD review notes the importance of this:

> **"... the different approaches to assessment undertaken by local authorities opens up the risk of duplication and militate against a clearer all-Scotland picture."**
>
> Improving Schools in Scotland: An OECD Perspective. OECD, 2015

Progress in learning for children with significant additional support needs will be evaluated at an individual level, through agreed plans and next steps, which will be personalised.

Other important measures within this driver include positive destinations and the quality of career information and guidance available to young people. Additional measures to monitor progress from pre-birth onwards will be considered as part of the next phase of the Framework (from 2017).

How will this help to achieve excellence and equity for all children?
Data gathered on children's progress is essential to achieving excellence and equity. Improved data on children's progress at key stages, including differences between those from the least and most deprived areas, will allow for planning further interventions to ensure that all children achieve as well as they can. This data will help teachers to identify areas where good practice exists and which high-impact interventions should be shared. The quality of careers information, advice and guidance and monitoring positive destinations will tell us about how successful young people are when they leave school. This will also tell us about the choices young people make and the difference in the levels of positive destinations for young people from the most and least disadvantaged backgrounds. Data on SQA awards will tell us about the success of young people from the most and least disadvantaged backgrounds in gaining important qualifications for learning, life and work. Information about children's health and wellbeing is essential to enable progress in all aspects of learning, and we will be able to monitor differences in health behaviours and wellbeing between different groups of children and take action to improve equity.

Evidence we will gather	What this will tell us
The percentage of children achieving curriculum levels in literacy and numeracy at P1, P4, P7 and S3 by school, local authority and nationally.	We will know how many children are achieving the expected levels in literacy and numeracy at P1, P4, P7 and S3, at school, local authority and national level. We will also know the breakdown of children's progress by deprivation over time (using the Scottish Index of Multiple Deprivation).
Data from a range of surveys on health and wellbeing showing changes over time.	This will give us information about a range of children's health, attitudes, behaviours and wellbeing.
Senior phase qualifications and awards data.	This will tell us about the standard and levels of qualifications that young people leave school with.
The percentage of school leavers in positive and sustained destinations.	This will tell us about the numbers of young people who are in further education, employment or training and the extent to which this is sustained at local and national level.
Through external review of careers information, advice and guidance services, percentages of these services graded as 'good' or better.	This will tell us how young people's career management skills are developing. We want to see continuous improvement in the quality of careers information, advice and guidance services delivered to all young people, teachers, parents and carers.

School improvement
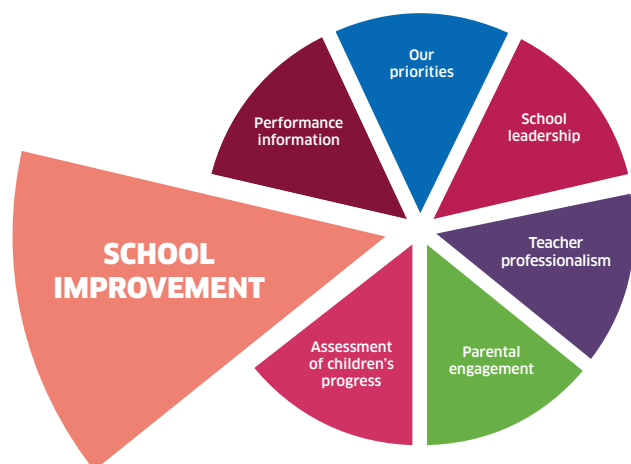
What is this?
The overall quality of education provided by each school in Scotland and its effectiveness in driving further improvement.
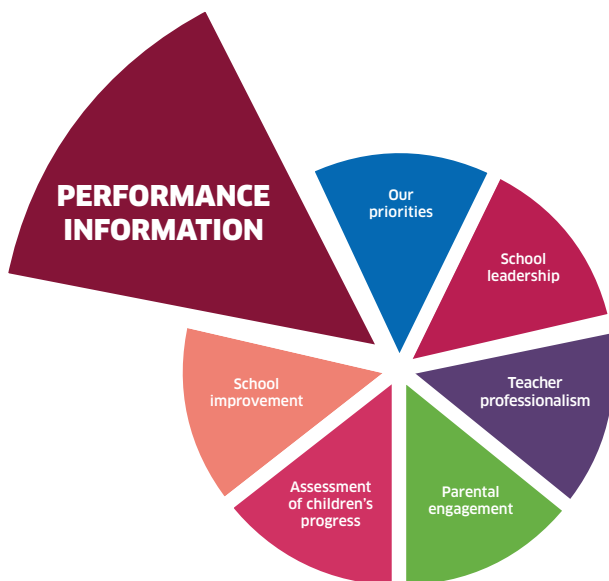
Why is this important?
School improvement focuses on the quality of education, including learning, teaching and assessment, as well as the quality of the partnerships that are in place to support children and young people with their broader needs. These are essential elements to raise attainment for all children and close the poverty-related attainment gap. We have a good education system in Scotland, with schools achieving good outcomes for children. We want to continue to improve this so that more children experience very good and excellent education services, delivered by self-improving, empowered schools and key partners such as community learning and development professionals.

How will this help to achieve excellence and equity for all children?
Evaluating learning, teaching and assessment and the quality of what goes on in classrooms will tell us how good the experience is for children, as we strive towards excellence for all. We know that for children and young people from the most deprived backgrounds, the gap in learning can develop from a young age. Evaluating school improvement and work with partners will help us to focus on early and sustained intervention and support for children and their families. School inspection, school self-evaluation and local authority reporting on attainment and achievement will tell us how well schools are achieving equity for all children. This will include the school's success at raising attainment for all, whilst closing the attainment gap between the most and least disadvantaged children. We expect that this evaluation will be carried out increasingly with partners and other services. Data on improving attendance and reducing exclusions are critical factors in ensuring that children time at school and their opportunities to succeed are maximised.

Evidence we will gather	What this will tell us
Through school inspection, percentage of schools graded as 'good' or better for learning, teaching and assessment.	This will tell us how good learning, teaching and assessment is in classrooms across Scotland, including the effectiveness of moderation of achievement of Curriculum for Excellence levels in literacy and numeracy.
Through school inspection, percentage of schools graded 'good' or better for raising attainment and achievement.	This will tell us how well schools are raising attainment for all and closing the poverty-related attainment gap.
Level of attendance and number of exclusions per school.	This will tell us how successful we are at reducing exclusion from school and maximising the time children spend at school.
The number of schools who report positive findings in its school self-evaluation on raising attainment and achievement, and progress with the priorities set out in the National Improvement Framework.	This will tell us how well schools are improving based on self-evaluation and local authority quality assurance activities.
Local authority self-evaluation reports on raising attainment and achievement and progress with the priorities set out in the National Improvement Framework.	This will give us a range of local self-evaluation data to consider on school improvement. This will also help us to evaluate progress with the priorities set out in the National Improvement Framework at local level.

Performance information

What is this?
All of the information and data we need to get a full picture of how well Scottish education is improving. We will gather together and analyse the data collected from each of the other key drivers.

Why is this important?
Evidence suggests, and the feedback from the National Improvement Framework tells us, that we must ensure we build a sound understanding of the range of factors that contribute to a successful education system. This is supported by international evidence which confirms that there is no specific measure that will provide a picture of performance. We want to use a balanced range of measures to evaluate Scottish education and take action to improve further.

How will this help to achieve excellence and equity for all children?
Building on the *2015 Interim Report* we will look across the key drivers and report annually using the evidence gathered. This will include overall progress towards our key priorities. As part of the analysis of the evidence gathered on where impact is being achieved on improving equity, we will share good practice. The report will also identify areas for further improvement and where action is required. This will have a specific focus on excellence and equity for all and will inform school, local authority and national improvement planning. It will also be used to inform policy developments and decisions about priorities moving forward, including the allocation of resources and support.

Evidence we will gather	What this will tell us
Data from each of the key drivers.	This will tell us how well Scottish education is performing and improving.
Progress towards achieving the priorities set within the Framework, drawing on all the evidence gathered.	We will match the evidence from the drivers to the priorities within the Framework. This will help us to understand progress and improvement at local and national level. We will report this in a clear and transparent manner. This evidence will inform the action we need to take to secure further improvement.

Use of Performance Information
The purpose and uses of data across Scottish education

Level	Use of data	Purpose	How will the data be used?
Child	• Feedback to the child on their progress	• Improving learning and child development • Improving learner confidence and engagement in the learning process and planning next steps	• Support learner's knowledge of their own progression • Greater understanding of assessment • Increased involvement in own learning
Parent/ Carer	• Feedback to parent/carer on their child's progress	• Wider range and type of feedback for parents • Improving parental confidence and involvement in the learning process • Consistent approach to parental feedback across Scotland	• More meaningful information to support improved parental engagement at home • More meaningful information to support improved parental engagement at school
School and Early Learning	• Reviewing progress of individuals and groups • Planning for learning and meeting learning needs	• Improving the progression of learning and development • Provided targeted interventions for children • Improving career-long professional learning • Improving transitions • Collaborating across the cluster and learning community • Learner and parental confidence	• To support teacher professional judgement • Identify support for individual children • Development of School Improvement Planning • More meaningful information for parents/ carers and children • Development of local support for children, teachers and parents
Community Planning Partnership and Local Authority	• National benchmarking • Defining and monitoring standards • Quality assurance • Review of progress of year cohorts and identified groups • Moderation and improvement of professional judgement, monitoring transitions	• Improving educational policy development • Public confidence • Local government sharing on a national level • Supporting career-long professional learning and improving practice • Improving transitions • Sharing at an authority level	• Development of local plans aligned where possible to existing reporting • Identify where support required at a local level • Development of local support for children, teachers and parents
National	• International comparisons • National benchmarking • Defining and monitoring standards • Quality assurance	• Improving educational policy development • Strategic resourcing • Public confidence • Improving career-long professional learning • International sharing of data	• Annual review of National Improvement Framework • Development of a National Improvement Plan • Measure achievement against key priorities • Identify support required at a national level

Reporting, analysis and planning for improvement

We know that simply having information is not enough to secure improvement. Reporting, analysis and planning for improvement as part of the Framework will help to satisfy three key requirements for our education system:

- It will improve the quality and availability of information available to children, parents and teachers;
- It will improve the quality of information available to support education authorities and Community Planning Partnerships in planning and delivering services; and
- It will improve the quality of information available to support the development of national education policy.

How information is interpreted, used and acted upon is critical to achieving success.

Children and young people need high-quality feedback about their progress and a clear understanding of the support that is in place to help them succeed.

Parents and families must have access to information that allows them to form a clear understanding of how their child is progressing, and the information they need to help them play a key role in their child's education.

Teachers, schools and partners need a clear, coherent, consistent set of evidence and data locally and nationally to help them to self-evaluate and plan further improvements to achieve excellence and equity for every child in their care.

Local government has the statutory role and function of providing education for Scotland's children and a duty to secure improvement. Local arrangements are already in place to support improvement but that more could be done to increase the pace of improvement and bring focus to improvements required, either in particular areas or for particular groups of children.

Education Scotland as the national improvement agency for education needs to continue to extend ways of working collaboratively with staff in local authorities to promote and drive improvement. Its school inspection activities will increasingly take account of the key drivers and priorities within the Framework.

Scottish Government will use evidence from the Framework to inform policy development. It will bring partners together to focus on our specific priorities and the activities needed to support them. We will review the arrangements we have in place to bring partners together to ensure that all relevant stakeholders are included. The new arrangements will lead to the development of a joint implementation plan. This plan will be developed and delivered in partnership.

Throughout all of our work with children and young people, we need to ensure that we embed **evidence-based approaches** in our activities. It is crucial that we work together to deliver on the priorities set out in this document.
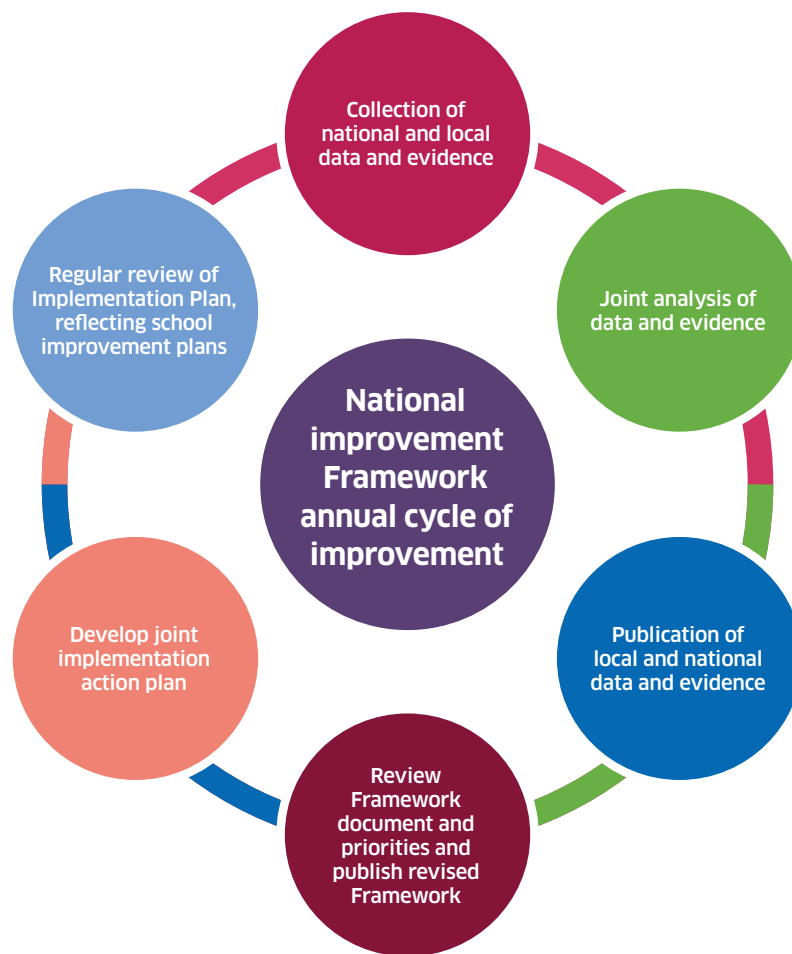
National reporting of data has begun, with the publication of the *Interim National Improvement Framework Report* published in January 2016. It is our intention that the legal requirement on schools to prepare annual School Improvement Plans and Standards and Quality Reports linked explicitly to the Framework will take effect in 2017, as will the duty on local authorities to produce annual plans and reports. Schools and local authorities will continue to self-evaluate and report against local priorities. We will consult on the statutory guidance linked to those legal requirements in summer 2016.

Planning and reporting on the Framework will form part of a wider public service planning and reporting landscape. There will be clear links to Local Outcome Improvement Plans, Children's Services Plans and education standards and quality reports. We recognise the importance of supporting individual local authorities in deciding how best to align these planning and reporting requirements and will reflect this in the statutory guidance linked to the National Improvement Framework as well as other relevant guidance relating to, for example, children's services planning.

What next?

The full implementation of the National Improvement Framework will be phased in over time. Not all of the evidence under each driver will come on stream at the same time. The Framework itself will be reviewed annually to ensure that it continues to reflect the right priorities to secure continued improvement.

We intend to work with partners to implement a new annual cycle of improvement, aligned at school, local and national level, taking account of local community planning and priorities. We will continue to work with stakeholders through the implementation plan for the Framework to deliver major new developments, including the national standardised assessments and a new data set for primary schools which can be published on Parentzone. We will build in the learning and experience from the Scottish Attainment Challenge in relation to what works in closing the gap in our most deprived communities.

We will work with colleagues in a range of sectors, including Early Years and in Community Learning and Development to ensure that the Framework fully reflects the activity and evidence that significantly impacts on outcomes for all children. We will also work with partners to develop a thorough evidence base for improvements to children's health and wellbeing.

2016

- Development and piloting of new national standardised assessments
- Publication of advice and guidance on achievement of a CfE level in literacy and numeracy
- Interim reporting arrangements for schools and local authorities
- Increased moderation and support for teacher professional judgement
- Work with local authorities and parent organisations to improve the consistency of reporting to parents of children's progress
- Further work to develop evidence from early years activity and alignment with school years
- Inclusion of Key Performance Indicators from Developing Young Workforce programme
- Consideration of a wider range of awards and achievements including those gained from Community Learning and Development
- Development of statutory guidance on reporting duties under Education (Scotland) Bill

2017

- Introduction of new national standardised assessments in schools
- New reporting duties under Education (Scotland) Bill
- Introduction of more evidence on early years
- First statutory Framework reporting for schools and local authorities

2018

- Development of standardised assessments for Gaelic Medium Education
- Consideration of evidence of children's progress in other curricular areas
- Dashboard for school, local authority and national use

References and useful links

OECD Report Improving Schools in Scotland: An OECD perspective
http://www.oecd.org/edu/school/improving-schools-in-scotland.htm

Synergies for Better Learning: An International Perspective on Evaluation and Assessment, OECD Reviews of Evaluation and assessment in Education, Organisation for Economic Development (OECD), April 2013, OECD Publishing, Paris ISBN: 9789264190641

Parentzone http://www.educationscotland.gov.uk/parentzone/

Insight http://www.gov.scot/insightbenchmarking

GIRFEC http://www.gov.scot/Resource/Doc/1141/0065063.pdf

Teaching Scotland's Future http://www.gov.scot/Publications/2011/01/13092132/0

Curriculum for Excellence http://www.educationscotland.gov.uk/learningandteaching/thecurriculum/whatiscurriculumforexcellence/index.asp

Curriculum for Excellence: Building the Curriculum 5: A Framework for Assessment, Scottish Government, February 2011, ISBN: 978-0-7559-994-5 (web only)
http://www.educationscotland.gov.uk/Images/BtC5Framework_tcm4-653230.pdf

Developing the Young Workforce – Scotland's Youth Employment Strategy, Scottish Government, December 2014, ISBN 978-1-7854-4033-5

Education Working for All! :Commission for Developing Scotland's Young Workforce Final Report, Scottish Government, June 2014 ISBN 978-1-7841-2523-3

How Good is Our Community Learning and Development?, Her Majesty's Inspectors of Education, May 2006, ISBN 0-7053-1090-6
http://www.educationscotland.gov.uk/Images/hgio2cld_tcm4-684586.pdf

How Good is Our School?, 4th edition, Education Scotland, September 2015, ISBN 978-0-7053-1889-1
http://www.educationscotland.gov.uk/Images/HGIOS4_tcm4-870533.pdf

OECD Education Policy Outlook 2015, Making Reforms Happen
http://www.oecd.org/edu/education-policy-outlook-2015-9789264225442-en.htm

The Scottish Government
Riaghaltas na h-Alba

This document is available from our website at **www.gov.scot**

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January 2016

National Improvement Framework for Scottish Education

2015 Interim Framework Report

smarter scotland
SCOTTISH GOVERNMENT

Contents

1. Introduction

The National Improvement Framework

The National Improvement Framework for Scottish Education aims to:
- Improve the attainment of all Scottish pupils, especially in reading, writing and numeracy
- Close the attainment gap between the most and least disadvantaged children
- Improve children and young people's health and wellbeing
- Improve sustained school leaver destinations for all young people

There are 6 key factors that are known to influence children's attainment and health and wellbeing. We will take action in each of these 6 "drivers of improvement":
- School improvement
- School leadership
- Teacher professionalism
- Assessment of children's progress
- Parental involvement
- Performance information
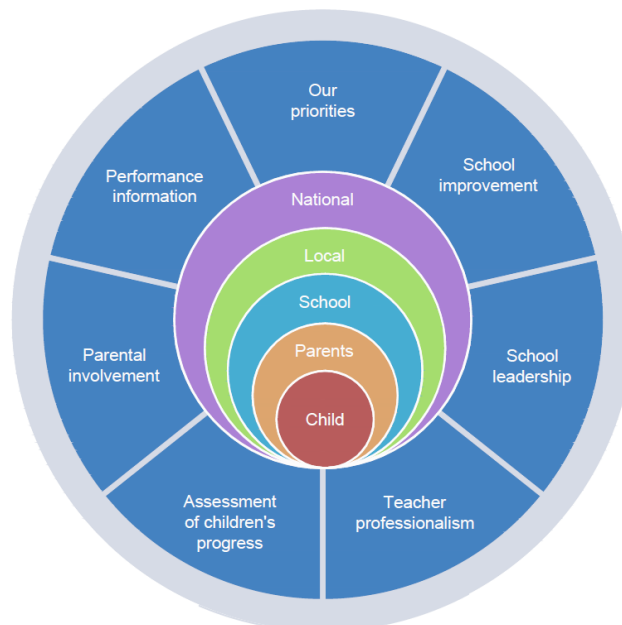
This report was produced around the Draft National Improvement Framework which was published on 1 September 2015. More information on these components can be found in that draft.

Purpose of this report

This report gives an overview of what we know about Scottish education and the context in which our children and young people learn. It brings together available evidence on attainment, health and wellbeing, and the wider education system, with a specific focus on differences between children from the most deprived and least deprived areas. It aims to present an objective picture of Scottish education, based on a wide range of sources.

Such evidence is crucial to be able to learn from good practice and develop plans for improvement where needed. This is why one of the drivers of improvement set out in the National Improvement Framework is performance information: information on the extent to which we are achieving the aims of the Framework. Such information will be published annually in Framework reports and used to identify national and local priorities for improvement.
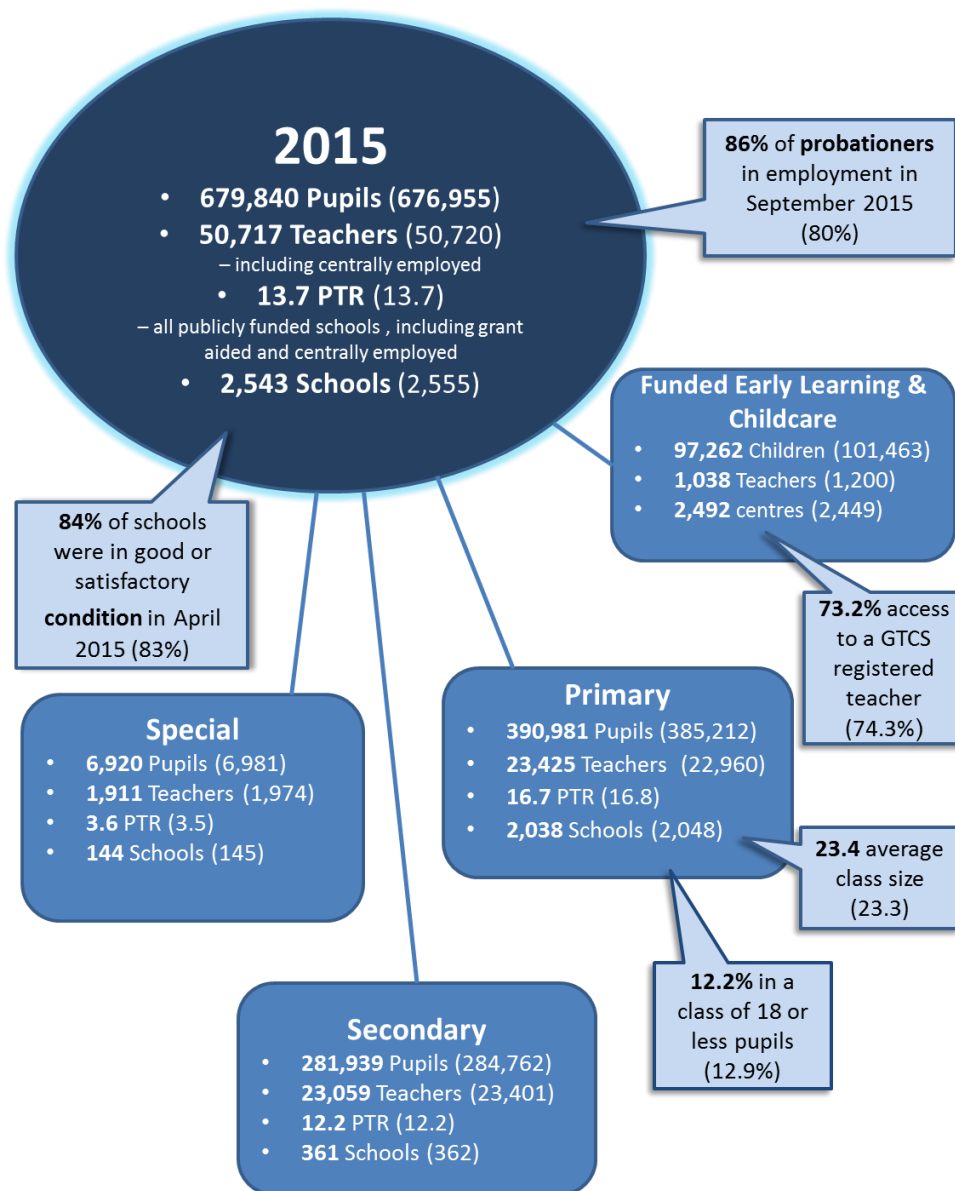
Future Framework reports will include data on the achievement of Curriculum for Excellence levels in literacy and numeracy based on teacher judgement as informed by standardised assessment. These data are essential to allow comparisons to be made over time, and highlight differences between the most and least disadvantaged pupils. It is anticipated that future Framework reports will also include information from a new survey on children and young people's health and wellbeing, which is being developed with a wide range of stakeholders.

Until these new data collection methods are available, this first Interim Framework report brings together information on pupils' attainment and health and wellbeing from a range of existing data sources, such as the Scottish Survey of Literacy and Numeracy (SSLN), the pupil census, the teacher census, Growing Up in Scotland, and the OECD's Programme for International Student Assessment (PISA). Whilst these sources provide evidence on different aspects of the system, and use differing methodologies, together they give a broad picture of education in Scotland.

Context: The Scottish school system

There are almost 680,000 pupils in schools across Scotland and over 97,000 children in funded Early Learning & Childcare centres. Below is an overview of the children and teachers in the Scottish school system in 2015. The figures in brackets are for 2014.

2015
- **679,840 Pupils (676,955)**
- **50,717 Teachers** (50,720)
  – including centrally employed
  - **13.7 PTR** (13.7)
  – all publicly funded schools , including grant aided and centrally employed
  - **2,543 Schools** (2,555)

86% of probationers in employment in September 2015 (80%)

84% of schools were in good or satisfactory **condition** in April 2015 (83%)

Funded Early Learning & Childcare
- **97,262** Children (101,463)
- **1,038** Teachers (1,200)
- **2,492** centres (2,449)

73.2% access to a GTCS registered teacher (74.3%)

Special
- **6,920** Pupils (6,981)
- **1,911** Teachers (1,974)
- **3.6** PTR (3.5)
- **144** Schools (145)

Primary
- **390,981** Pupils (385,212)
- **23,425** Teachers (22,960)
- **16.7** PTR (16.8)
- **2,038** Schools (2,048)

23.4 average class size (23.3)

12.2% in a class of 18 or less pupils (12.9%)

Secondary
- **281,939** Pupils (284,762)
- **23,059** Teachers (23,401)
- **12.2** PTR (12.2)
- **361** Schools (362)

The figures in the 2015 bubble do not include Early Learning and Childcare data, with the exception of the teacher numbers. PTR stands for pupil teacher ratio; GTCS for General Teaching Council for Scotland and ELC for Early Learning and Childcare. The 2014 Teacher numbers were published in December 2014, but corrections were made in February and December 2015.

Additional support needs
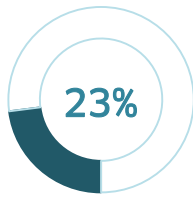
23% of all pupils had an additional support need recorded in 2015.

More information on pupil and teacher numbers, and on pupils with additional support needs, can be found in the annual Scottish Government publication Summary Statistics for Schools in Scotland.

Looked after children

As at July 2014, 15,580 children in Scotland were looked after. This has decreased from a peak of 16,248 in 2012. More information can be found in the Children's Social Work Statistics Scotland publication.

Attendance, absence and exclusions

Information on attendance, absence and exclusions from school is now collected on a biennial basis, with the most recent data for the 2014/15 academic year published in Summary Statistics for Schools in Scotland.

93.7% was the total attendance rate recorded for 2014/15. This is an increase from 93.2% for 2007/08. The attendance rate was higher for primary schools (95.1%) than secondary schools (91.8%) and special schools (90.7%).

Pupils living in areas with higher levels of deprivation had lower attendance rates. In secondary schools, pupils living in the 20% most deprived areas had an attendance rate that was 5.8 percentage points lower than the pupils living in the 20% least deprived areas.

The exclusion rate has been falling year on year since 2006/07. In total, 18,430 pupils were excluded in 2014/15 compared to 44,794 in 2006/07.

2. Evidence on attainment

This chapter focuses on attainment and the attainment gap based on evidence that is currently available.

In line with our approach to the implementation of Curriculum for Excellence, high level assessment guidance for the Broad General Education was developed nationally and implemented locally, based on the principles of personalisation and a learner centred culture. There has been no national requirement to undertake set assessment tasks throughout the Broad General Education, or to produce assessment data in specific formats. Assessment during the Senior Phase of CfE is primarily based on SQA qualifications, alongside other benchmarked qualifications and wider achievement awards.

Our approach to assessment across the Broad General Education is evolving. The development of the National Improvement Framework will be based on the availability of data on a consistent, robust and transparent basis to support performance improvement at all levels within the system.

In order to gain a better understanding of the variety of approaches to assessment across the Broad General Education, in September 2015 all local authorities were asked to detail their current practice for recording teacher judgements on pupils' achievement of Curriculum for Excellence levels in reading, writing and numeracy.

Local authorities described a range of different types of evidence used by teachers in making their judgements, including different standardised assessments and moderation activities. They also provided information on progress towards CfE levels based on local assessment practice. This range of findings will provide valuable insight in developing guidance to increase consistency. This will support teachers in making consistent judgements about children's achievements of Curriculum for Excellence levels in literacy and numeracy and we will publish this information in future years.

Until that information is available, this chapter gives an overview of what we know about attainment and the attainment gap from existing data sources. It shows the main evidence on attainment in early years and Primary 1 (section 2.1), the Broad General Education phase (section 2.2), the Senior phase (section 2.3), and evidence on how Scotland compares internationally (section 2.4).

2.1 Early years and Primary 1

Early Years

Children's experiences during the first years of their lives often have a large effect on their learning throughout their lives.

The recently published Growing Up in Scotland report 'Tackling Inequalities in the Early Years' showed a small but statistically significant **improvement** in the mean vocabulary scores of three-year-olds when comparing children born in 2010/11 with those born in 2004/05.

The study also highlighted **inequalities**: three-year-olds from the 20% highest income groups had higher vocabulary scores and problem-solving scores than those from the 20% lowest income groups.

Yet these **inequalities decreased** slightly when comparing children born in 2010/11 with those born in 2004/05 for both vocabulary and problem-solving. However, in the latter case the narrowing of the gap was caused by both an improvement among the lowest and a decline among the highest income group.

Primary 1

Over 1,100 schools in Scotland use the Centre for Evaluation and Monitoring's (CEM) Performance Indicators in Primary Schools (PIPS) assessment to assess the progress children make in P1 in early maths, early literacy and non-cognitive development and behaviour. On the basis of these data, CEM created a sample for 2012/13 that is representative of all Scottish P1 pupils and analysed the starting points and progress of pupils in P1. Below are the main findings from this analysis. More information can be found in the report 'Children's Development at the Start of School in Scotland and the Progress Made During their First School Year'.

School makes a large difference in children's development and children make considerable progress during Primary 1. It is estimated that if children did not go to school, it would take them over **four** years more before they

were able to read at the same level as at the end of Primary 1, and three years to perform at the same level in early mathematics.

In the findings below, differences in pupils' progress are described in terms of 'months of development'. This indicates how much older children on average would have to be to make the observed progress if they did not attend school.

At the start of Primary 1:

Children from the 20% most deprived areas had lower cognitive development scores than children from the least deprived areas by the equivalent of around 14 months of development.

14 months

This shows broadly the same findings as the Growing Up in Scotland 'Tackling Inequalities in the Early Years' report. At age five, 54% of children in the lowest income quintile had below average vocabulary ability, compared to 20% in the highest income quintile. Likewise, 53% of five-year-olds in the lowest income quintile and 29% in the highest income quintile had below average problem-solving ability.

The earlier Growing Up in Scotland 'Cognitive Ability in the Pre-School Years' report showed that the largest differences in ability were between children whose parents have higher and lower educational qualifications. Five-year-olds with a degree-educated parent were around 18 months ahead on vocabulary and 13 months ahead on problem-solving ability compared with five-year-olds whose parents had no qualifications.

Other key findings from CEM's analysis are that:

During Primary 1, children from the 20% most deprived areas:

- Made around two months less progress than children from the least deprived areas in early reading and vocabulary. In other words, the gap between children from the most and least deprived areas widened.

- Made around half a month more progress in early mathematics. In other words, the gap narrowed.

In addition to differences between pupils from the most deprived and least deprived areas, CEM's analysis also showed considerable differences between the average progress of pupils in different schools.

Between schools:

- The progress pupils made in Primary 1 varied by the equivalent development of around 12 months for reading and 14 months for mathematics.

- But the study found no evidence that the link between deprivation and progress varied between the schools in the sample. That is, it found no evidence that some of the schools did significantly better than others in addressing the attainment gap during Primary 1.

In addition to the analysis of pupils in 2012/13 described above, CEM also looked at differences between 2012/13, 2013/14 and 2014/15.

Between 2012/13 and 2014/15:

The scores in Scotland for early reading and early mathematics at the start of Primary 1 declined slightly.

But the progress pupils made during Primary 1 increased slightly over the three years. This meant that there were no significant drops in scores at the end of Primary 1 in this period for mathematics. For reading there was a decline but it was very small.

2.2 Primary 4, Primary 7 and Secondary 2: Scottish Survey of Literacy and Numeracy

The Scottish Survey of Literacy and Numeracy (SSLN) is a nationally representative sample survey of pupils in P4, P7 and S2, which assesses pupils' performance in numeracy and literacy in alternate years against the standards set by Curriculum for Excellence. Below are the main findings from the latest surveys. The full reports and more information on the survey methodology are available on the Scottish Survey of Literacy and Numeracy website. The 2015 SSLN survey results will be published in spring 2016.

Main findings

The SSLN samples around 12,000 pupils each year. The 2013 (numeracy) and 2014 (literacy) surveys showed that the majority of pupils are doing well in both areas, with the exception of pupils in S2 for numeracy. But they also showed that results declined between 2011-2013 (numeracy) and 2012-2014 (literacy) in most of the stages. The proportions of pupils who performed well, very well or beyond their level (the 'beyond' category only exists for writing and listening and talking) are:

Reading

P4	78%	83% in 2012
P7	88%	90% in 2012
S2	80%	84% in 2012

Writing

P4	64%	64% in 2012
P7	68%	72% in 2012
S2	55%	64% in 2012

Listening and talking

P4	59%	
P7	66%	No comparison with 2012 available because of changed methodology
S2	52%	

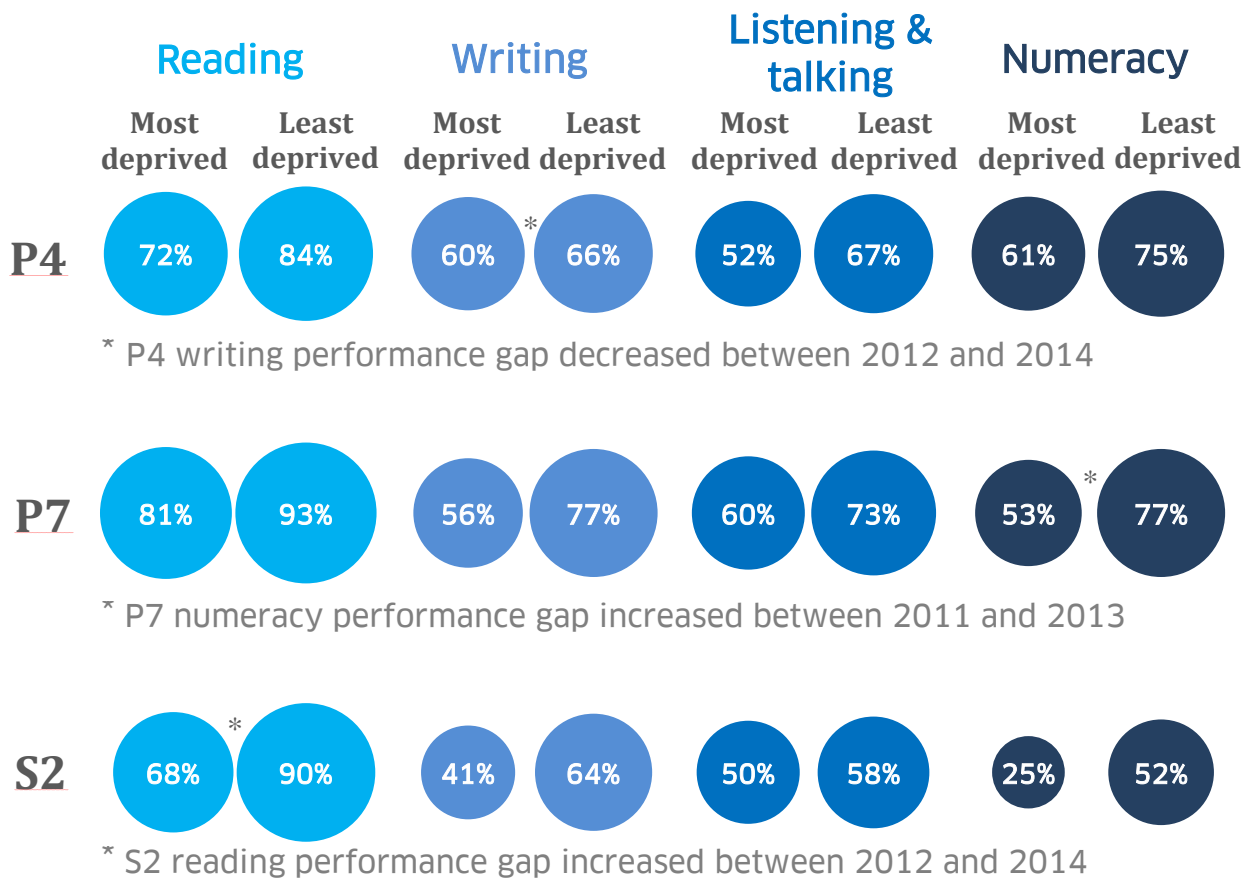### Numeracy

P4	69%	76% in 2011
P7	66%	72% in 2011
S2	42%	42% in 2011
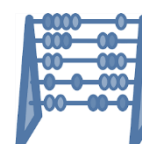
Evidence on the attainment gap

In both the SSLN 2014 (literacy) and SSLN 2013 (numeracy) pupils from the least deprived areas showed statistically significant higher performance than pupils from the most deprived areas. This was true across all stages measured.

The proportions of pupils in the 30% most deprived and in the 30% least deprived areas who performed well, very well or beyond their level (the 'beyond' category only exists for writing and listening and talking) were:

	Reading		Writing		Listening & talking		Numeracy	
	Most deprived	Least deprived	Most deprived	Least deprived	Most deprived	Least deprived	Most deprived	Least deprived
P4	72%	84%	60%	66%*	52%	67%	61%	75%

* P4 writing performance gap decreased between 2012 and 2014

	Most deprived	Least deprived	Most deprived	Least deprived	Most deprived	Least deprived	Most deprived	Least deprived
P7	81%	93%	56%	77%	60%	73%	53%	77%*

* P7 numeracy performance gap increased between 2011 and 2013

	Most deprived	Least deprived	Most deprived	Least deprived	Most deprived	Least deprived	Most deprived	Least deprived
S2	68%	90%*	41%	64%	50%	58%	25%	52%

* S2 reading performance gap increased between 2012 and 2014

2.3 Senior phase: Qualifications and sustained school leaver destinations

Qualifications form an important part of the picture of how well young people do when they leave school. In addition to formal qualifications, many young people achieve vocational and other awards, gaining skills relevant to a wide range of employment opportunities. Another key part of the picture is whether young people enter positive destinations after leaving school, such as attending college or university, entering employment, securing activity agreements or undertaking voluntary work.

Information on qualifications and sustained school leaver destinations are published annually in June. Below are the main findings from the 2015 publication. The full publication and more information on this data collection can be found in the [Summary Statistics for Attainment, Leaver Destinations and Healthy Living](#) publication.

Qualifications: Main findings

Under Curriculum for Excellence, schools and partners are able to offer a greater personalisation and choice in the Senior phase (S4 to S6) in a range of ways. For example by designing the Senior phase as a three-year experience rather than planning each year separately, or by delivering qualifications over a variable timeframe in response to young people's needs and prior achievements. It is therefore important that we look at the attainment of young people at the point of exit from school (leavers), not at some specific point during their school career (e.g. in S5) or in specific qualification types (e.g. Highers).

In 2013/14, **58.8%** of school leavers left with one or more passes at SCQF level 6 or better

1.7% with no passes at level 3 or better

39.6% with highest level of pass at 3, 4, or 5

The percentage of school leavers gaining one or more qualifications at level 6 or above increased from 55.8% for 2011/12 and 2012/13 to 58.8% for

2013/14 leavers. Prior to 2009/10, less than half of leavers gained one or more qualification at this level, although the methodology was updated from 2011/12 onwards, so care should be taken when making comparisons over time.
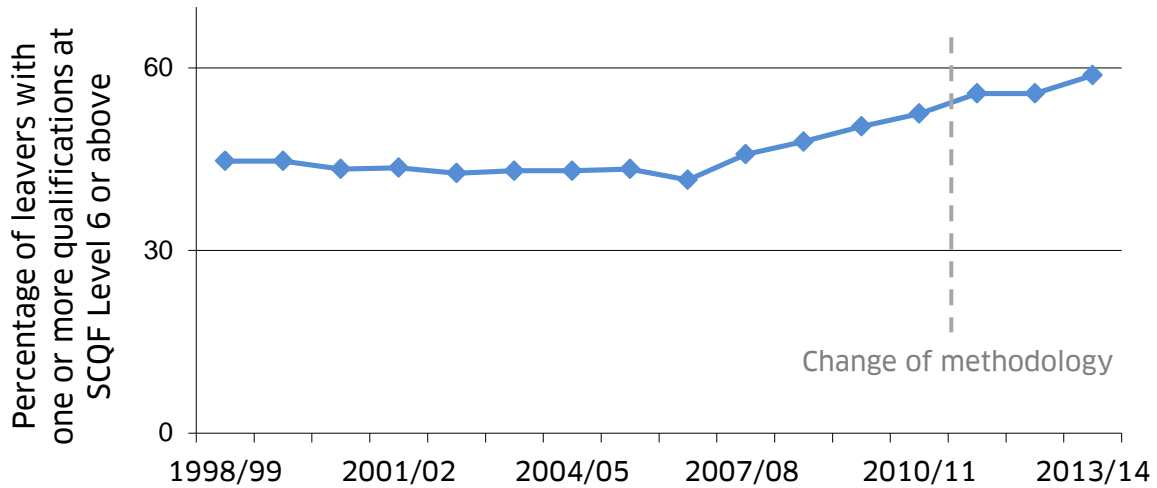
Literacy and numeracy are essential skills for any school leaver. Pupils can achieve literacy or numeracy at a certain level by passing the relevant Scottish Qualifications Authority (SQA) literacy or numeracy units at National 3, 4 and 5. These units are included within a range of courses at these levels. The percentages of leavers attaining Scottish Credit and Qualifications Framework (SCQF) levels 3 to 5 in literacy and numeracy for 2013/14 are shown below. More information on these figures can be found in the 2015 Summary Statistics for Attainment, Leaver Destinations and Healthy Living publication. More information on the SCQF levels can be found on the SCQF website.

Around **97%** of leavers attained literacy at SCQF level 3 or above in 2013/14. Likewise, **97%** achieved this in numeracy. At SCQF levels 4 and 5 or better, a higher proportion of pupils attained literacy skills than numeracy skills.
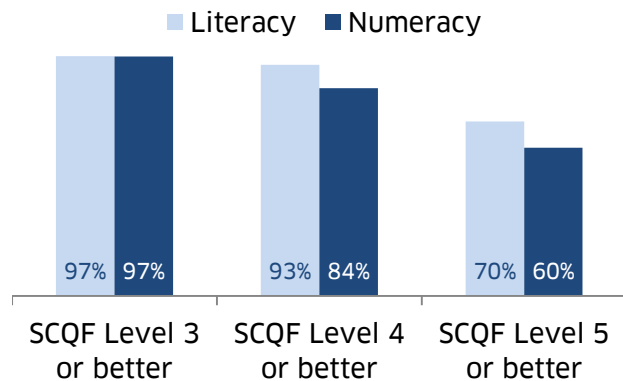
Within the qualifications being attained by young people, we are seeing notable increases in the volume of wider awards such as Skills for Work and Personal Development Courses, SQA Awards, National Certificates, and National Progression Awards. For example, the SQA post-review results for December 2015 showed that such awards had increased by 10% compared to 2014, to 52,544. More information on the attainment of wider qualifications is available on the Scottish Qualifications Authority Statistics 2015 website.

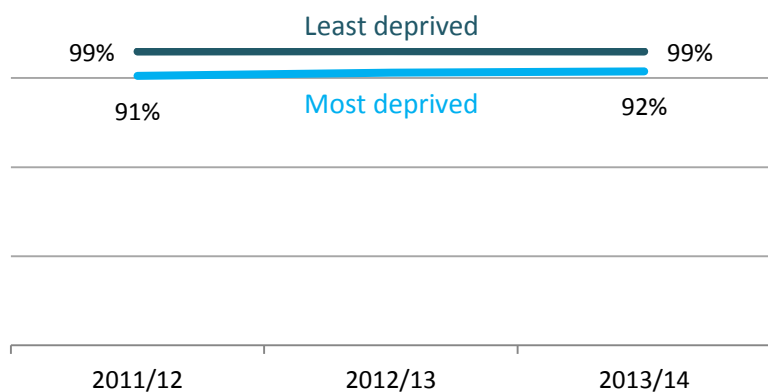## Qualifications: Evidence on the attainment gap

Attainment at SCQF level 3 or better is broadly similar between pupils in the 20% least deprived and most deprived areas. **99%** of school leavers from the least deprived areas and **97%** of leavers from the most deprived areas gained one or more qualifications at SCQF level 3 or better in 2013/2014.

The gap in attainment at SCQF level 3 or better has decreased slightly over the past three years: from 3.3 percentage points in 2011/12 to 2.6 percentage points in 2013/14:
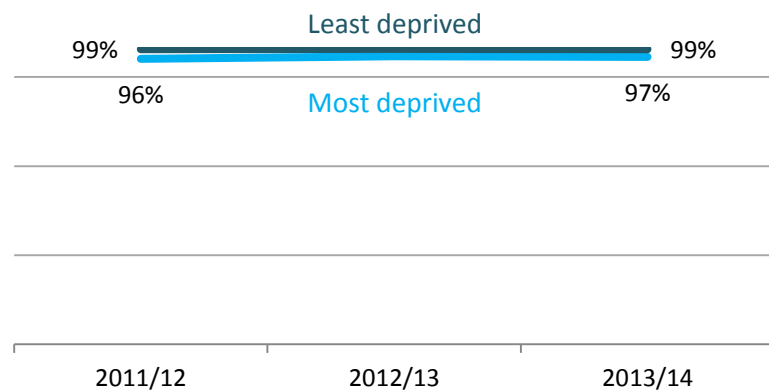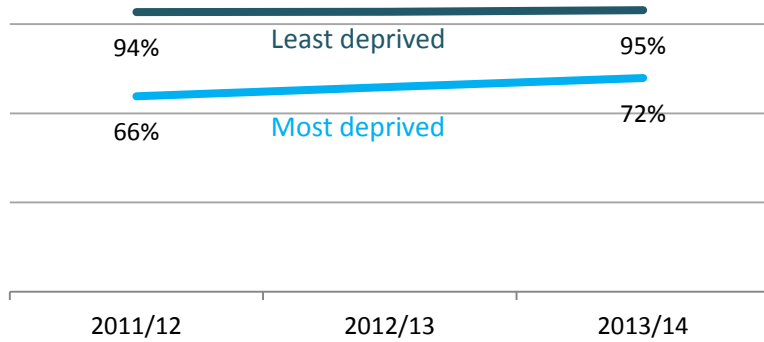

99% of school leavers from the 20% least deprived areas and **92%** of leavers from the 20% most deprived areas gained one or more qualifications at SCQF level 4 or better in 2013/2014.

The gap in attainment at SCQF level 4 or better has decreased slightly over the past three years: from 8.2 percentage points in 2011/12 to 6.6 percentage points in 2013/14:
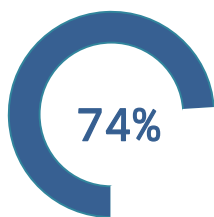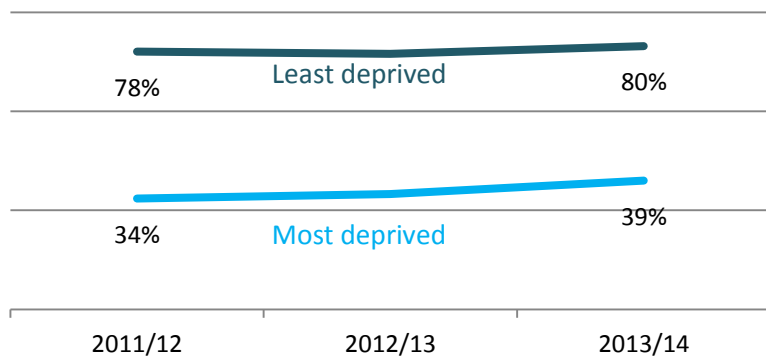

14

The attainment gap is wider at higher levels of qualifications: **95%** of school leavers from the 20% least deprived areas gained one or more qualifications at SCQF level 5 or better in 2013/2014, compared with **72%** of those from the 20% most deprived areas.

This gap in attainment at SCQF level 5 or better has decreased over the past three years: from 28 percentage points in 2011/12 to **23 percentage points** in 2013/14:

94%   Least deprived   95%

66%   Most deprived   72%

2011/12   2012/13   2013/14

80% of school leavers from the 20% least deprived areas gained one or more qualifications at SCQF level 6 or better in 2013/2014, compared with **39%** of those from the 20% most deprived areas.

This gap in attainment has decreased slightly over the past three years: from 45 percentage points in 2011/12 to **41 percentage points** in 2013/14:

78%   Least deprived   80%

34%   Most deprived   39%

2011/12   2012/13   2013/14

74% of looked after school leavers gained one or more qualifications at SCQF level 4 or better in 2013/14, which was an increase from 67% in 2011/12. This is substantially lower than the **96%** of all school leavers who achieved this in 2013/14.

The difference is wider at higher levels of qualifications, **40%** of looked after school leavers gained one or more qualifications at SCQF level 5 or better in 2013/14 (an increase from 28% in 2011/12), whereas **84%** of all school leavers achieved this. More information can be found in the Education Outcomes for Scotland's Looked After Children publication.

School leavers with additional support needs have lower attainment compared to school leavers with no additional support needs. For 2013/14 the percentage of school leavers by attainment at SCQF levels 4 to 6 are shown below for pupils with additional support needs and those with no additional support needs. More information can be found in the 2015 Summary Statistics for Attainment, Leaver Destinations and Healthy Living publication.

	One or more passes at SCQF level 4 or better	One or more passes at SCQF level 5 or better	One or more passes at SCQF level 6 or better
ASN	88%	63%	32%
No ASN	98%	89%	65%
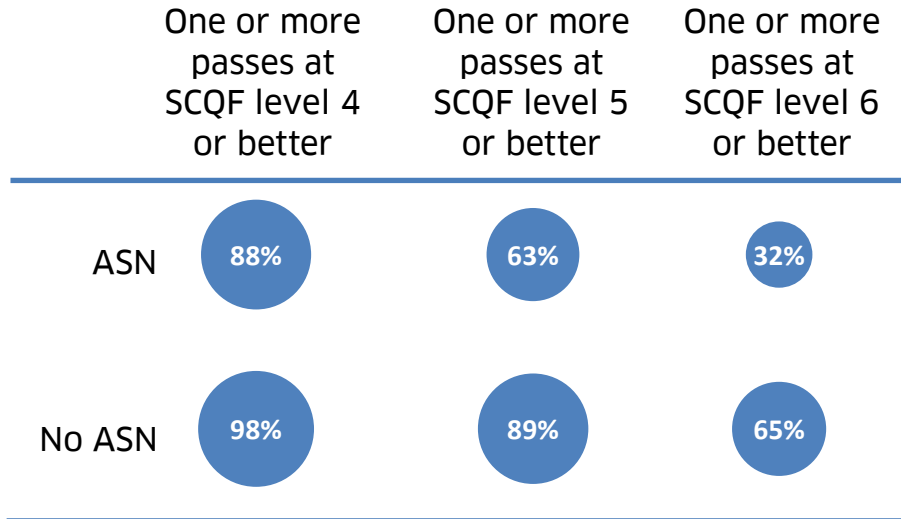
Leaver destinations: Main findings

91.7% of leavers in 2013/14 were in a positive destination in March 2015 (an increase from 90.4% for 2012/13 and 89.6% for 2011/12)

'Positive destinations' include higher education, further education, training, voluntary work, employment and activity agreements. The chart below shows the percentage of leavers from 2013/14 in positive destinations in March 2015, as well as the percentage of leavers who were unemployed.

Higher or further education: **63.1%**

Employed: **24.9%**

Training, activity agreement or voluntary work: **3.6%**

Unemployed: **8%**

(Unknown: 0.3%)
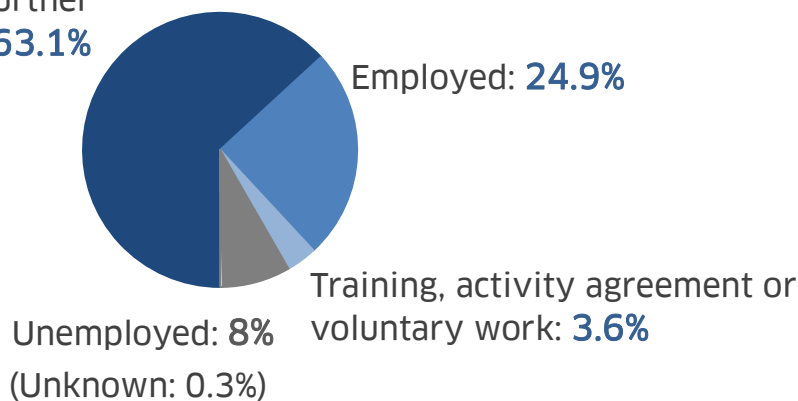
Leaver destinations: evidence on the attainment gap

While **96.9%** of 2013/14 school leavers from the 20% least deprived areas were in a positive follow-up destination in March 2015 (3% were unemployed), **85.0%** from the 20% most deprived areas were in positive destinations (14.4% unemployed)
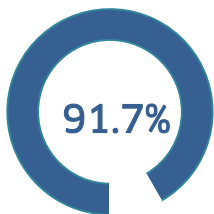
| Least deprived |
| Most deprived |

This gap in positive leaver destinations has decreased slightly over the past two years: from 13.6 percentage points in 2011/12 to **11.9 percentage points** in 2013/14:

95%   Least deprived   97%

82%   Most deprived   85%

2011/12   2012/13   2013/14
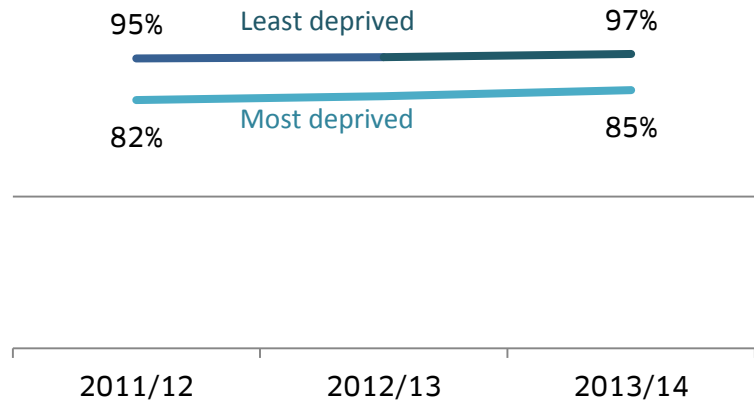
Of the various types of positive destinations, the difference is most notable for further or higher education: while **73.9%** of 2013/14 school leavers from the least deprived quintile were in further or higher education in March 2015, this is the case for only **55.6%** of leavers from the most deprived quintile.

More information on leaver destinations can be found in the 2015 Summary Statistics for Attainment, Leaver Destinations and Healthy Living publication.

2.4 International comparison: PISA results

The Programme for International Student Assessment (PISA) is an assessment of 15-year-olds' skills carried out under the auspices of the Organisation for Economic Co-operation and Development (OECD). Each survey includes questions on three domains - reading, mathematics and science. The latest published data is from 2012. More information can be found in the PISA Highlights from Scotland's Results report.

PISA 2012: main findings

Scotland's performance in 2012 compared to the OECD average was as follows:

Maths performance was **similar to** the OECD average

Reading performance was **above** the OECD average

Science performance was **above** the OECD average

Between 2003 and 2006 there was a decrease in Scotland's performance for maths and reading, both in absolute terms and compared to the OECD average (there was no comparable assessment for science in 2003). But since 2006 Scotland's performance has remained stable for all three domains.

In 2012 Scotland's performance was similar to England, and above Wales, for all three domains. Performance was similar to Northern Ireland for the reading and science domains and above Northern Ireland for maths.

International comparison: Evidence on the attainment gap

Differences in attainment between pupils from more disadvantaged and less disadvantaged backgrounds exist across the world, but in some countries the differences are larger than in others. For example, the 2012 PISA study showed that in Norway 7% of the variation in 15-year-olds' performance in mathematics was explained by differences in their socio-economic background, while in France this was 23%.

Across OECD countries, on average 15% of the variation in 15-year-olds' performance in mathematics in 2012 was explained by differences in their socio-economic background.

In Scotland, England and Northern Ireland the level of variation explained by socio-economic background was similar to the OECD average. In Wales, it was lower than the OECD average.

OECD average

Scotland	England	Wales	Northern Ireland
13%	12%	10%	17%
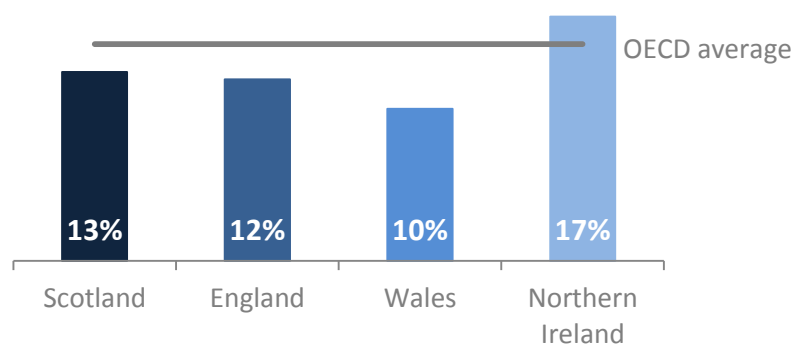
While the above figures show the share of variation in test scores that is explained by students' background, the PISA study also measures the *degree to which* pupils' average attainment changes as socio-economic background changes. In 2012, a one point improvement on PISA's Index of Economic, Social & Cultural Status had an average impact across OECD countries of 39 points for maths, 37 for reading and 38 for science.

In Scotland, this difference between disadvantaged and less disadvantaged pupils was similar to the OECD average for all three domains. But the impact of socio-economic background did become smaller between 2009 and 2012:

In maths, it was 37 points in 2012 compared to 45 points in 2009.
In reading, it was 34 points in 2012 compared to 44 points in 2009.
In science, it was 36 points in 2012 compared to 47 points in 2009.

2.5 Summary

The evidence in this chapter has shown that Scottish pupils are performing better than or similar to the OECD average, but also that attainment in numeracy and literacy in the Broad General Education phase has declined in recent years. At the same time, data on qualifications at the end of the Senior Phase and on positive leaver destinations shows improvement.

There is evidence of a considerable gap in development between pupils from the most deprived and least deprived areas from before pupils start Primary 1, which continues to exist throughout the Broad General Education and Senior phase, and is clearly visible in final qualifications results. Evidence suggests that the effect of pupils' socio-economic background on their attainment in Scotland is comparable to the OECD average.

3. Evidence on health and wellbeing

One of the aims of the National Improvement Framework is to improve children's and young people's health and wellbeing. There are many aspects to children's health and wellbeing, which the Getting it Right for Every Child approach defines as the SHANARRI indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included. Families, communities and schools all influence these aspects. This chapter shows some of the main findings from recent data on aspects of children and young people's wellbeing that closely relate to the school environment: physical health and health behaviours (section 3.1), life satisfaction and wellbeing (3.2), relationships with peers, parents and teachers (3.3), experience of the learning environment (3.4), and leisure time (3.5).

This data is drawn from a range of surveys. The Scottish Government is currently working with stakeholders to review the existing health and wellbeing data collections and investigate the possibility of a new Scottish children and young people's health and wellbeing survey. It is anticipated that in future years this survey will be used as a key source for evaluating progress in health and wellbeing and for monitoring differences between those from the most and least deprived areas.

3.1 Physical health and health behaviours
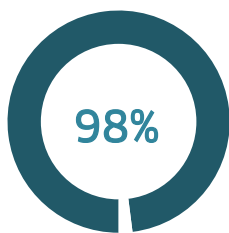
98% of all primary and secondary schools were meeting the target level of PE provision in 2015, an increase from 96% in 2014. More information can be found in the 2015 Summary Statistics for Attainment, Leaver Destinations and Healthy Living publication.

The Scottish Health Survey is an annual survey that covers many aspects of the health of the Scottish population. Below are some key findings from the latest survey on children's physical activity and weight levels. More information can be found in the 2014 Health Survey report.

76% of children aged 2 to 15 met the recommended weekly level of at least one hour of moderate to vigorous activity daily in 2014, when activities at school are also taken into account. This is comparable to 2013 (75%), but there has been an increase since 2008, when it was 71%.

There was no overall relationship between area deprivation and the proportion of children meeting the recommended level of moderate to vigorous activity. But the proportion of children in the most deprived areas who participated in sport in the week before the survey has been at least 10 percentage points lower in most survey years than the proportion in the least deprived areas. This difference has increased significantly over time because of declining levels of sport participation amongst children in the most deprived areas.
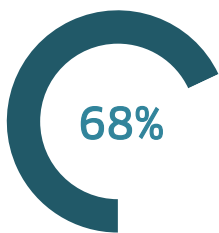
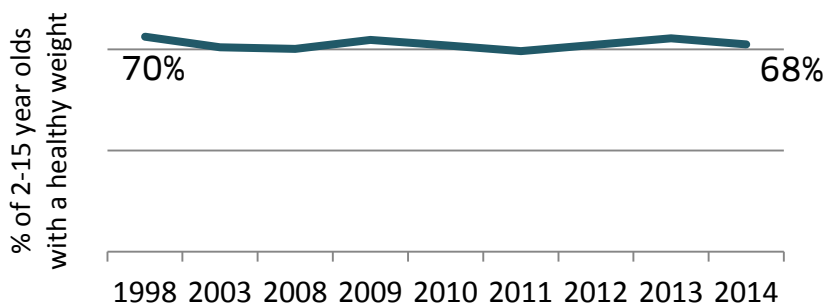**68%** of children aged 2 to 15 had a healthy weight in 2014

This percentage has remained broadly the same since 1998:

While 63% of children in the most deprived quintile had a healthy weight in 2014, the figure was 73% of children in the least deprived quintile. In every year since 1998, children in the least deprived areas had the lowest levels of obesity risk (Body Mass Index at or above the 95th centile) and, from 2009 onwards, those in the most or 2nd most deprived areas had the highest risk (difference of 9-14 percentage points).

3.2 Life satisfaction and wellbeing

The cross-national Health Behaviour in School-Aged Children (HBSC) survey gathers information on many aspects of young people's wellbeing. It has taken place every four years since 1990 amongst a nationally representative sample of 11, 13 and 15-year-olds attending school. In Scotland, the study is funded by the NHS and organised by the Child and Adolescent Health Research Unit at the University of St Andrews. Below are

some of the main findings from the 2014 survey. Detailed findings and more information about the survey can be found in the HBSC 2014 national report.

87% of young people reported they were highly satisfied with their life in 2014. This percentage has remained broadly the same since the question was first included in the 2002 survey.

The HBSC survey also showed that the percentage of pupils who were very satisfied with their lives decreases with age. This is especially the case for girls, which corresponds to other findings in the HBSC survey, such as that teenage girls report higher levels of stress than boys. In addition, the recently published 'Mental Health and Wellbeing Among Adolescents in Scotland' report showed an increase in mental health and wellbeing problems amongst 15-year-old girls between the 2010 and 2013 surveys.

In the HBSC survey, proportionately more pupils aged between 11 and 15 living in the least deprived quintile were highly satisfied with their lives than in the most deprived quintile: 91% compared to 86%, respectively.

This corresponds to findings on younger children in the Growing Up in Scotland report 'Family and School Influences on Children's Social and Emotional Wellbeing' in which a higher proportion of seven-year-olds in households in the lowest income quintile reported relatively low life satisfaction: 29% compared to 19% in the highest income quintile.

This report also showed that some of these differences can be explained by school factors. Even controlling for other differences between children with lower life satisfaction (including socio-economic and parenting factors), low emotional engagement at school, problems with school work and not being happy in the school playground were independently associated with lower life satisfaction.
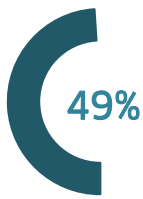
49% of young people in the 2014 HBSC survey said they often or always felt confident in themselves. This was higher amongst pupils living in the least deprived areas: **55%** compared to **50%** amongst those in the most deprived areas. It was also higher amongst boys than girls.

The survey also showed a gradual decrease in the percentage of young people who said they often or always felt confident, after a peak of 61% in the 2002 and 2006 surveys:

54%   61%   61%   49%

1994 1998 2002 2006 2010 2014
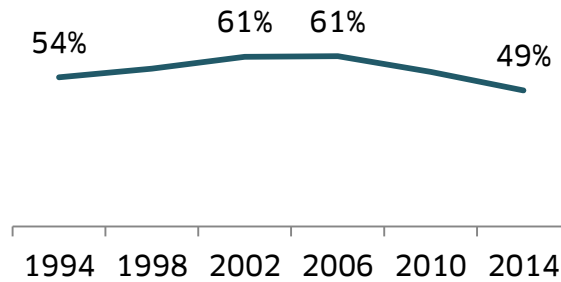
3.3 Relationships with peers, parents and teachers

Peers

In the 2014 HBSC survey
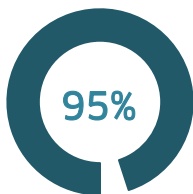
95% of 13 and 15-year-olds reported having three or more close friends. 1% said they had no close friends, 1% had one close friend, and 3% had two. This was broadly the same for pupils living in the least and most deprived areas.
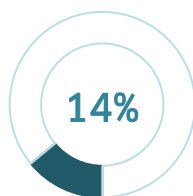
14% of 11, 13 and 15-year-olds said they had been bullied at least 2 or 3 times a month in the past couple of months. This was slightly lower amongst pupils living in the least deprived areas (10%) than those living in the most deprived areas (14%).

Looking at younger children, the Growing Up in Scotland report 'Children's Social, Emotional and Behavioural Characteristics at Entry to Primary School' showed that at the age of school entry **24%** of children from families in the lowest income quintile displayed problems with peer relationships, compared with only **12%** of those from families in the highest income quintile.

Parents

In the 2014 HBSC survey, **82%** of pupils said they find it easy to talk to their mother about things that really bother them, and **66%** said they find it easy to talk to their father. These percentages have gradually increased since the early 1990s:

79%　　　　Mother　　　　82%

66%

56%

Father

1990　1994　1998　2002　2006　2010　2014
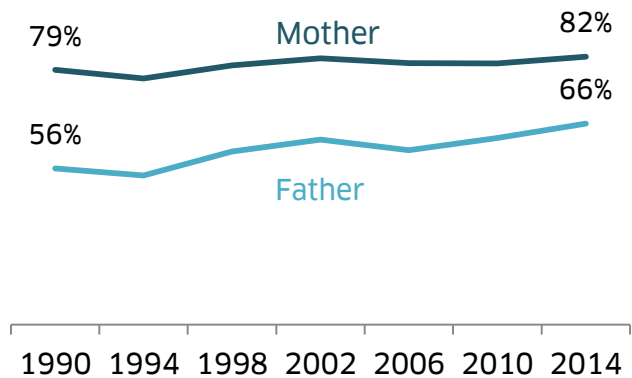
The proportions of pupils who find it easy to talk to their father and mother were slightly higher amongst pupils in the least deprived areas than amongst those in the most deprived areas, with a difference of between 3 and 4 percentage points for both.

Teachers

59% of pupils in the 2014 HBSC survey agreed or strongly agreed that their teachers care about them as a person. This was broadly the same for pupils living in the least deprived areas and those living in the most deprived areas.

3.4 Experience of the learning environment

Enjoyment of learning

94%　93%　87%

P4　P7　S2
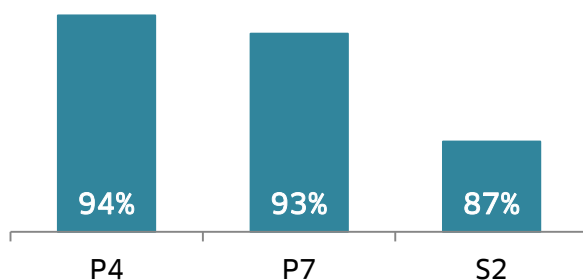
In the 2014 SSLN pupil questionnaire, **94%** of pupils in P4 agreed they enjoy learning, **93%** in P7 and **87%** in S2.

72% of pupils in the 2014 HBSC survey reported that they like school 'a lot' or 'a bit', and as in the SSLN, this percentage was lower amongst older than younger pupils. It was also slightly lower amongst pupils living in the most deprived areas (73%) than amongst those in the least deprived areas (77%).

Other research indicates that differences in experience of the school environment between children from different socio-economic backgrounds may exist at a younger age too:
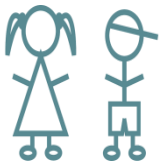
When children were approaching their sixth birthday, the Growing Up in Scotland study measured parents' perceptions of how ready the child was for school. Children living in areas of lower deprivation had slightly higher perceived readiness scores than those living in areas of high deprivation. More information can be found in the Growing Up in Scotland report 'Early Experiences of Primary School'.

Pressure from schoolwork

In the 2014 HBSC survey, 21% of pupils said they felt 'a lot' of pressure from the school work they had to do. This was broadly the same amongst pupils living in the most deprived and least deprived areas. But the percentage has increased from 10% in 1994:
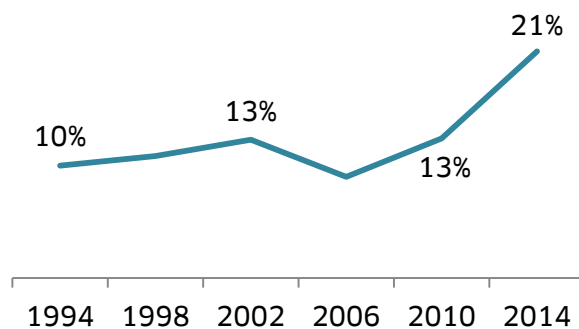
Whilst there was an increase amongst both boys and girls in the proportion saying that they felt a lot of pressure from their schoolwork, this change was particularly noticeable in girls, with an increase from 14% in 2010 to 25% in 2014. For boys, there was an increase from 11% to 16%.

The proportion of pupils feeling a lot of pressure from school work increased with age: it was lowest amongst the 11-year-old and highest amongst the 15-year-old respondents. This corresponds to findings from the 2013 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), in which 41% of 15-year-olds compared to 15% of 13-year-olds reported feeling strained or pressured by their schoolwork 'a lot of the time'.

Early years home learning environment

For pre-school children, good relationships with parents and carers ('nurture'), are crucial for children's development and health and wellbeing. The 2009 Growing Up in Scotland report 'The impact of children's early activities on cognitive development' measured activities parents undertook with their children aged 10 months and 22 months, such as playing games that involved number, shape or letter recognition and reading or looking at books. It showed a strong link between home learning activities and children's cognitive development, regardless of children's socio-economic background.

The Growing Up in Scotland report Tackling Inequalities in the Early Years showed a statistically significant increase in the proportion of parents who look at books with or read stories to their children every day or most days from the earliest years of their lives:
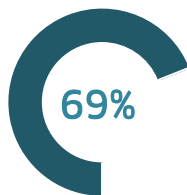
69% of parents of children born in 2010/11 looked at books with or read stories to their 10-month-old child every day or most days, compared to 66% among parents of children born in 2004/05.

3.5 Leisure time

In 2014, 74% of 15-year-old pupils in the 2014 HBSC survey said they were able to do things that they wanted to do in their free time 'quite often', 'very often' or 'always'. This is a decrease from 82% in 2006.

64% of 11, 13 and 15-year-olds in the HBSC survey said they watch television, 55% that they play computer games and 63% that they use a computer for other activities for at least two hours daily during the week.

■ Weekday   ■ Weekend

	Watching TV	Playing computer games	Using a computer (not games)
Weekday	64%	55%	63%
Weekend	79%	67%	71%
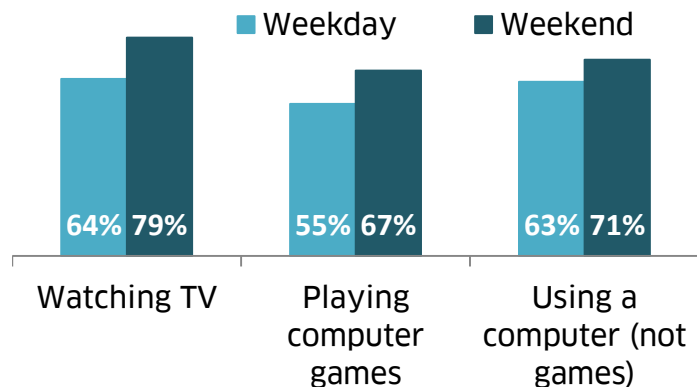
The HBSC survey showed an increase in 11 to 15-year-olds' use of computers for purposes other than games for at least two hours a day: from 51% in 2010 to 63% 2014.

Yet the proportion of 11 to 15-year-olds in the survey who said they watched TV for at least two hours a day decreased between 2002 and 2014, from 75% to 64%.

In contrast, the Growing Up in Scotland report 'The Circumstances and Experiences of 3 Year Old Children Living in Scotland in 2007/08 and 2013' showed an increase in TV watching amongst three-year-olds: while 12% of children aged three in 2007/08 watched over three hours of TV on a typical weekday and 26% during a typical weekend, these proportions increased to 15% and 42% respectively amongst three-year-olds in 2013.

Watching TV or using computers during the school week was higher amongst pupils living in the most deprived areas:

69% of pupils in the most deprived areas and 55% in the least deprived areas watched TV for more than two hours daily

60% in the most deprived areas and 44% in the least deprived areas played computer games for more than two hours daily

67% in the most deprived areas and 57% in the least deprived areas used computers for other purposes for more than two hours daily

This difference is seen amongst younger children as well. The Growing Up in Scotland report 'The Circumstances and Experiences of 3 Year Old Children Living in Scotland in 2007/08 and 2013' shows that the majority of three-year-olds in the study watched television every day. But children from more disadvantaged households were more likely to watch television for more than three hours daily during the week and on the weekend than children from less disadvantaged households.

3.6 Summary

The findings in this chapter show a mixed picture on progress in health and wellbeing. There are positive results on some aspects, such as that almost all pupils say they enjoy learning, that pupils are finding it easier to talk with their parents, and that more parents look at books with or read stories to their children from the earliest days of their lives. There are challenging results on other aspects, such as a decrease in confidence and an increase in mental health problems and pressure felt by schoolwork, especially amongst teenage girls.

In addition there are differences between pupils from the most deprived and least deprived areas on many of the aspects of health and wellbeing, including life satisfaction and confidence, and healthy weight, sports and computer games. The fact that one of the most important measures of children's wellbeing - life satisfaction - is associated with aspects of their engagement at school, suggests that schools may be able to help improve children's wellbeing.

4. Evidence on other drivers of improvement

School improvement, school leadership, teacher professionalism and parental involvement are all factors that contribute to the quality of our education system. The Draft National Improvement Framework has set out a number of goals for each of these 'drivers of improvement', which can be found on pages 8 and 9 of the document.

This section presents the main information available about these drivers. The information currently available is limited, and together with stakeholders we are considering how best to collect information on these drivers in future years.

4.1 School improvement

Each year, Her Majesty's (HM) Inspectors inspect the quality of education in a sample of schools. These inspections cover primary, secondary, all-through and special schools. They aim to provide assurance on the quality of Scottish education and promote improvement in schools. Inspection reports for individual schools and more information about school inspections can be found on the Education Scotland inspection and review pages.

Below is a summary of main findings on school improvement from school inspections. This information includes inspections of publicly funded and grant aided schools. It does not include inspections undertaken by Education Scotland of independent schools and independent special schools.

One of the aspects which HM Inspectors evaluate in school reports is the overall performance of their pupils' progress, and how well the school does in improving this.

Between April 2014 and March 2015, 128 schools were inspected. **75%** of them were evaluated as good, very good or excellent on 'improvements in performance' (and 91% as satisfactory or better). However, note this is not representative of all Scottish schools.

HM Inspectors also evaluate schools' ability to undertake self-evaluation in order to improve the quality of learning and teaching.

Of the 128 schools inspected between April 2014 and March 2015, **63%** were evaluated as good, very good or excellent on 'improvement through self-evaluation' (90% as satisfactory or better). Again, this is not representative of all Scottish schools.

HM Inspectors also inspect pre-school centres. This includes local authority pre-school centres and private, independent and voluntary pre-school centres which are in partnership with local authorities to provide pre-school education for children. Of the 131 pre-school centres inspected between April 2014 and March 2015:

73% were evaluated as good, very good or excellent on 'improvements in performance' (and 96% as satisfactory or better).

61% were evaluated as good, very good or excellent on 'improvement through self-evaluation' (87% as satisfactory or better).

4.2 School leadership

The National Improvement Framework sets out the commitment for all new headteachers to hold the Standard for Headship by 2018/19. Headteachers are responsible for leading schools effectively and play a vital role in ensuring high quality teaching and learning, as well as engagement with parents and the community. The Standard for Headship is a professional standard by the General Teaching Council (GTC) Scotland which defines the knowledge, understanding and skills required of headteachers.

The number of primary and secondary school teachers who hold the Standard for Headship has gradually increased over the past years, from a total of **1,120** in 2010 to **1,273** in 2014:
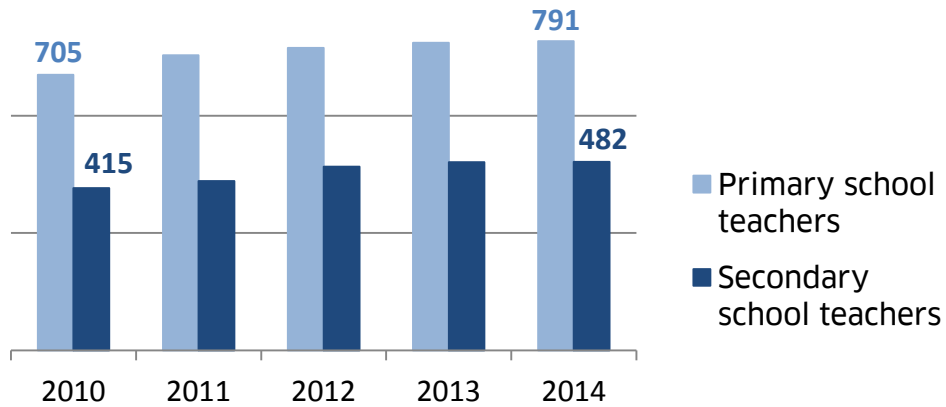
These figures are from the annual Teacher Census results, and exclude certain teachers, such as those on maternity leave or secondment on the census day. At the moment, 145 teachers are undertaking the new 'Into Headship' programme that will result in the award of the Standard for Headship.

As part of an evaluation of the Teaching Scotland's Future programme, teachers across Scotland in all grades and at all stages of their careers were recently surveyed about their views of current professional development opportunities. The full evaluation results will be published in 2016 on the Scottish Government publications website, but one of the initial findings related to school leadership is that:
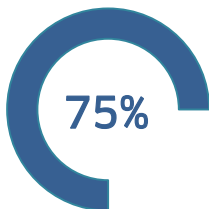
75% of teachers said they had opportunities to develop their leadership skills by leading projects, initiatives or pieces of work.

4.3 Teacher professionalism

Since August 2014, all teachers who are fully registered with the General Teaching Council (GTC) Scotland are required to engage in 'Professional Update'. This aims to support career-long professional learning (CLPL) and thereby to promote the quality of teachers, the impact teachers have on children's learning, and the reputation of the teaching profession in Scotland. More information can be found on GTC Scotland's website.

One element of the Professional Update programme is that teachers are required to keep a record with evidence of and reflections on their professional learning, which is signed off with GTC Scotland every five years. GTC Scotland's records show that of the cohort of teachers who were to have their Professional Update signed off in 2014/15:
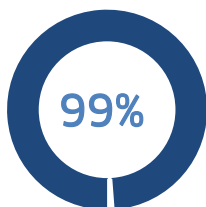
99% had their Professional Update signed off with GTC Scotland.

Teachers take part in many different types of CLPL activities. The 2013 and 2014 SSLN teacher questionnaire results showed the percentage of primary school teachers who took part in CLPL activities in the year before the survey in relation to numeracy (2013) and literacy (2014). The types in which teachers most commonly took part were:
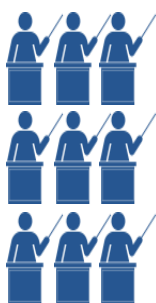
- Reading and discussing the CfE literacy or numeracy experiences and outcomes with colleagues
  (90% of teachers for literacy, 92% for numeracy)
- Sharing standards and moderation
  (91% of teachers for literacy, 84% for numeracy)
- Professional enquiry through reading / personal study
  (86% of teachers for literacy, 84% for numeracy)

The least common types were:

- Attending local or national conferences
  (24% of teachers for literacy, 19% for numeracy)
- Visits to other schools to observe good practice
  (34% of teachers for literacy, 27% for numeracy)
- Attending training sessions run by external providers
  (44% of teachers for literacy, 36% for numeracy)

Since the publication of Teaching Scotland's Future in January 2011, partners across education have worked to provide teachers with the opportunities to develop their skills and a culture of career-long professional learning (CLPL). Below are some initial key findings from the recent survey as part of the ongoing evaluation of Teaching Scotland's Future. The full results will be published in 2016.

Dissatisfied: **24%**

Satisfaction with current provision of CLPL is low among teachers, with **32%** reporting being satisfied:

Satisfied: **32%**

Neither: **43%**

83% of teachers said that they regularly try new approaches to improve their professional practice. The same proportion agreed that they would know how to evaluate the impact of the new approaches they try.

19% of teachers said they have either completed or are currently undertaking SCQF level 11 learning, whilst **29%** are not interested in undertaking this learning.

3,500 Since 2012 the Scottish Government has provided funding to enable teachers to undertake SCQF level 11 professional learning, as part of its aim to ensure that teachers have the necessary skills and knowledge. To date it has supported around **3,500** teachers, of which around 1,500 were in 2015/16.

89% The latest PISA survey (2012) showed that **89%** of 15-year-olds are in schools where the headteacher agrees or strongly agrees that "the morale of teachers in this school is high". This percentage is similar to the OECD average.
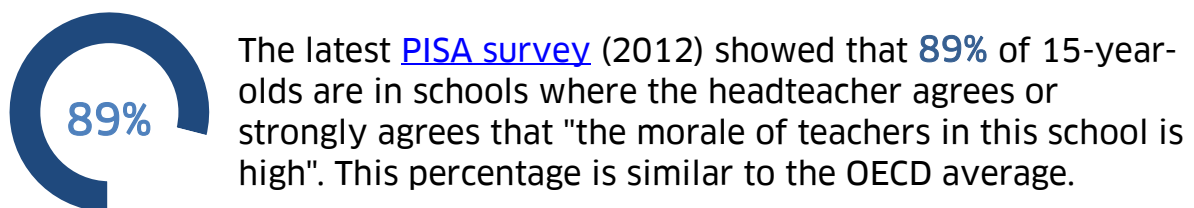
4.4 Parental involvement and satisfaction with schools

Satisfaction with schools

Every year, the Scottish Household Survey asks adults (not only parents) how satisfied they are with a number of local services, including schools. The latest findings of the survey are published in the 2014 survey report. These showed that:
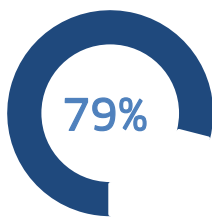
79% of adults were very or fairly satisfied with the quality of local schools in 2014. This was broadly the same for people living in the most deprived and least deprived areas.

The percentage of adults very or fairly satisfied with local schools is the same as it was in 2007, after a small increase between 2007 and 2011 and a small decrease between 2011 and 2014.

Before school inspections take place, HM Inspectors issue questionnaires to parents. These give an indication of parents' satisfaction with their schools to inform the inspection. The results are not representative of all parents across Scotland.

6,161 parents of pupils in primary, secondary and all-through schools completed the questionnaire between September 2014 and June 2015. Of those:

91% agreed that overall, they are happy with the school

92% agreed that their child's learning is progressing well

2,167 parents of pupils in pre-school centres completed similar questionnaires in the same period. Of those:

97% agreed that overall, they are happy with the with the care and education their child gets in the nursery

96% agreed that their child's learning is progressing well

Parental involvement

The pre-inspection questionnaires also ask questions about parents' satisfaction with the extent to which schools involve them with the school and their child's learning. Again, the results are not representative of all parents across Scotland.

Of the 6,161 parents of pupils in primary, secondary and all-through schools who completed the questionnaire between September 2014 and June 2015:

82% agreed that the school keeps them well informed about their child's progress

75% agreed that the school asks for their views

66% agreed that the school takes their views into account

Of the 2,167 parents of pupils in pre-school centres who completed the questionnaires:

91% agreed that the nursery keeps them well informed about their child's progress

89% agreed that the nursery asks for their views

36

88% agreed that the nursery takes their views into account

The SSLN questionnaire asks pupils how involved their parents or other people at home are with their schoolwork. In 2014 the following percentage of pupils said that someone at home "very often":

Asks them what they did in school

P4	68%	Similar to 2012
P7	78%	▲ Higher than in 2012
S2	71%	Similar to 2012

Helps them with their homework if they need help

P4	53%	Similar to 2012
P7	65%	Similar to 2012
S2	58%	Similar to 2012
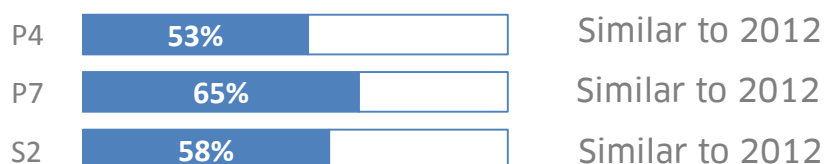
4.5 Summary

This chapter has given an overview of existing evidence on school leadership, school improvement, teacher professionalism and parental involvement. Each of these is important to create and maintain an education system that provides excellent teaching and learning opportunities for its pupils, and is able to reduce the gap in attainment between pupils from the most deprived and least deprived areas. The evidence shows that many aspects of the Scottish education system are performing well, but that there is also room for improvement. As part of the National Improvement Framework, the Scottish Government and stakeholders are considering how to gather further evidence on these aspects in future years in order to support such improvement.

5. What happens next?

As part of the National Improvement Framework, this is the first report outlining the evidence available on Scottish education. A similar report will be published annually to reflect new findings and to provide a broad overview of how Scotland's children and young people are progressing against the priorities set out in the National Improvement Framework. This evidence will show what is working well and where there is need for further improvement towards the aspiration of annual progress on narrowing the attainment gap.

The revised Framework document will further outline the steps to be taken to tackle the attainment gap and the statutory guidance within the Education (Scotland) Bill will clarify the role of the reporting process in future years.

References

This report is based on a wide range of evidence sources. Below is an overview of all sources cited throughout the report.

Research reports and statistical publications

- Children's Development at the Start of School in Scotland and the Progress Made During their First School Year: An Analysis of PIPS Baseline and Follow-up Assessment Data
  http://www.gov.scot/Publications/2015/12/5532

- Children's Social Work Statistics Scotland
  http://www.gov.scot/Publications/2015/03/4375

- Education Outcomes for Scotland's Looked After Children
  http://www.gov.scot/Publications/2015/06/6439

- Growing Up in Scotland: Children's Social, Emotional and Behavioural Characteristics at Entry to Primary School
  http://www.gov.scot/Publications/2010/04/26102809/0

- Growing Up in Scotland: Early Experiences of Primary School
  http://www.gov.scot/Publications/2012/05/7940

- Growing Up in Scotland: Family and School Influences on Children's Social and Emotional Well-being
  http://www.gov.scot/Publications/2 the achievement 014/06/7422

- Growing Up in Scotland: Tackling Inequalities in the Early Years: Key Messages from 10 Years of the Growing Up in Scotland Study
  http://www.gov.scot/Resource/0048/00486755.pdf

- Growing Up in Scotland: The Circumstances and Experiences of 3 Year Old Children Living in Scotland in 2007/08 and 2013
  http://www.gov.scot/Publications/2015/10/9668

- Growing Up in Scotland: The impact of Children's Early Activities on Cognitive Development
  http://www.gov.scot/Resource/Doc/263956/0079071.pdf

- Mental Health and Wellbeing Among Adolescents in Scotland: Profile and Trends
  http://www.gov.scot/Publications/2015/11/9339

- Programme for International Student Assessment (PISA) 2012: Highlights from Scotland's Results
http://www.gov.scot/Publications/2013/12/4338

- Scottish Health Behaviour in School-Aged Children (HBSC) Study
http://cahru.org/research/hbsc-scotland

- Scottish Health Survey
http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey

- Scottish Household Survey
http://www.gov.scot/Topics/Statistics/16002

- Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)
http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS

- Scottish Survey of Literacy and Numeracy (SSLN)
http://www.gov.scot/Topics/Statistics/Browse/School-Education/SSLN

- Scottish Qualifications Authority – Statistics 2015
http://www.sqa.org.uk/sqa/63001.html

- Summary Statistics for Attainment, Leaver Destinations and Healthy Living
http://www.gov.scot/Topics/Statistics/Browse/School-Education/PubAttainment

- Summary Statistics for Schools in Scotland
http://www.gov.scot/Topics/Statistics/Browse/School-Education/Summarystatsforschools

- Teacher Census, Supplementary Data
http://www.gov.scot/Topics/Statistics/Browse/School-Education/teachcenssuppdata

Policy documents

- Draft National Improvement Framework for Scottish Education
  http://www.gov.scot/Resource/0048/00484452.pdf

- Education Scotland – Inspection and Review
  http://www.educationscotland.gov.uk/inspectionandreview/

- Getting it Right for Every Child
  http://www.gov.scot/Topics/People/Young-People/gettingitright/well-being

- Scottish Credit and Qualifications Framework (SCQF)
  http://scqf.org.uk/

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ARGYLL AND BUTE COUNCIL   COMMUNITY SERVICES COMMITTEE

COMMUNITY SERVICES: EDUCATION   10 March 2016

VALIDATED SELF EVALUATION FOR EDUCATIONAL PSYCHOLOGY SERVICES

1.   EXECUTIVE SUMMARY

1.1   The purpose of this report is to provide Elected Members with details of the outcome of the process of Validated Self Evaluation (VSE) for the Educational Psychology Service (EPS), undertaken in conjunction with Education Scotland in November 2015.

1.2   There was very positive engagement between Education Scotland, the educational psychology team and partners throughout the VSE process. Helpful documentation on the service's self-evaluation journey were produced in advance of the process and demonstrated that the service has a well-developed approach to continuous improvement.

1.3   A number of action points were identified and these will be systematically addressed by the service. The education authority will now engage the EPS more closely in strategic partnership working to ensure that the service can continue to make a positive contribution to authority priorities to improve outcomes for children and young people.

1.4   At the end of the process, the Education Scotland team validated the EPS self-evaluation and produced a formal report, now published on the Education Scotland website.

2.   RECOMMENDATIONS

2.1   It is recommended that the Community Services Committee:

- Note the outcomes of the formal report produced by the Education Scotland team;

- Agree the EPS report and action plan arising from the VSE process. This report and the associated self-evaluation documents are included in the appendices

- Note the report and associated self-evaluation documents as referred to in the appendices

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES   **10 March 2016**

VALIDATED SELF EVALUATION FOR EDUCATIONAL PSYCHOLOGY SERVICES

3.   INTRODUCTION

3.1   VSE is a collaborative, evaluative process. It aims to improve the quality of provision and outcomes for learners through providing support and challenge to the work of educational psychology services (EPS). The process is led by the EPS and involves a partnership in which Education Scotland staff work alongside the service, applying both their knowledge of education and expertise in evaluation. The purpose of this partnership is to support, extend and challenge the service's own self-evaluation thereby strengthening outcomes for learners and other stakeholders.

3.2   As outlined at the Community Services Committee on 12 June 2015, Education Scotland are engaging with all Scottish Educational Psychology Services to undertake a process of Validated Self Evaluation (VSE) over the next two years.

3.3   The VSE process in Argyll and Bute took place over October / November 2015.

4.   RECOMMENDATIONS

4.1   It is recommended that the Community Services Committee:

- Note the outcomes of the formal report produced by the Education Scotland team included in the appendices

- Agree the EPS report and action plan arising from the VSE process. This report and the associated self-evaluation documents are included in the appendices

- Note the report and associated self-evaluation documents as referred to in the appendices

5. DETAIL

5.1 In consultation with a national reference group and the wider educational psychology profession, Education Scotland identified two key themes, to guide the selection of key areas to be explored through VSE. The national themes and the Argyll and Bute EPS focus are both detailed below:

National theme 1: Learning and teaching, exploring EPS contribution to learning and teaching with a focus on raising attainment and achievement for all and closing the poverty-related attainment gap.

EPS focus: To review the impact of the EPS on the implementation of the Reading Initiative and to clarify the EPS role moving forward to improve outcomes for learners.

National Theme 2: Partnership working / Impact on the wider community to capture Health and Wellbeing, Getting it Right for Every Child and partnership working.

EPS focus: To evaluate the impact of the EPS involvement in the roll out of the Promoting Alternative Thinking Strategies (PATHS) curriculum across ELCC and primary schools.

5.2 Themed groups were established to allow educational psychologists to work in partnership with education colleagues and partner agencies to undertake a programme of self-evaluation activities under the two themes. The activity was aimed at informing next steps for both PATHS and Literacy developments, as well as forming part of the ongoing process of continuous improvement for the EPS.

5.3 The initial engagement between Roslyn Redpath, Principal Educational Psychologist; Nicola Robertson, Lead Facilitator from Education Scotland, and Ann Marie Knowles, Head of Education took place on 29 September 2015. The first full briefing and discussion took place on Wednesday 7 October 2015 and was attended by Ann Marie Knowles, the EPS team, members of the central education team and thematic group members across education and partner agencies. This was a very positive meeting with the commitment and quality of engagement of the EPS, education staff and partners commented on positively by Nicola Robertson.

5.4 During the week of focused activity (w/b 2 November 2015), Nicola Robertson, Lead Officer, and two Associated Assessors currently employed as principal psychologists in other Scottish local authorities, joined with the themed groups to undertake self-evaluation activity. During the VSE week, in order to ensure that the process helped to close the gap between where we are now and where we want to be, and assess our capacity for improvement, the EPS aimed to ensure:
- there was a reflection of the EPS team's commitment to self-evaluation
- an appropriate range of activity was planned
- a full and appropriate range of stakeholders were involved

- an appropriate range of evidence was explored
- strong evaluative questions were asked
- there was appropriate challenge
- there was a sustained focus on outcomes for children and young people

During the sharing of learning from this process, the EPS, partners and the Education Scotland team agreed that these aims had been met. The Education Scotland team confirmed that the service's self-evaluation had been validated.

5.5 A number of features contributed to the success of the service's engagement with the process of VSE, including
   o The psychological service's commitment to ongoing self-evaluation over time
   o The chosen themes reflecting a point in time on the service's self-evaluation journey
   o Willing and reflective engagement by partners across education, social work, health and community learning and development
   o Rigorous preparation in advance of the week of focused activity
   o A range of well planned, meaningful self-evaluation activities taking place
   o The preparation of effective document to support the process
   o Support from Chief Officers within the Council
   o Rigorous support and challenge from colleagues within the Education Scotland team.

5.6 The Education Scotland team produced a short, written report that was published on Education Scotland's website in January 2016. Argyll and Bute EPS also produce a report on the experience and outcome of the VSE activity that has been made available on Argyll and Bute's website.

5.7 Education Scotland reported that they are confident that the EPS has a strong capacity for improvement. In particular, Education Scotland identified that evidence based expertise within the service is strong, and staff contribute with skill and confidence to improvement planning and evaluating service delivery. It was noted that there is close synergy between the service's work and the educational priorities of the council. It was reported that the education authority should now need to engage the EPS more closely in strategic partnership working to ensure that they can continue to make a positive contribution to authority priorities.

6. CONCLUSION

6.1 VSE provided a positive opportunity for the psychological service and wider Education Service to engage with Education Scotland to support processes of self-evaluation and improve outcomes for children and young people. Both identified themes reflect authority wide developments and are captured within Education Service and Integrated Children's Service planning.

6.2 The following next steps were agreed to further improve the self-evaluation processes.
- Continue to utilise and develop an implementation science approach or other robust framework, to further embed initiatives and build capacity in others.

- Work with partners to consider how to use and share data more effectively to inform future developments and exit strategies.
- Utilise the psychological knowledge and expertise of the service to make a strong strategic contribution to national policy initiatives, including Scotland's Attainment Challenge, particularly in relation to health and wellbeing and closing the poverty-related attainment gap.
- Continue to work with partners to consider the most effective way to maximise the impact of the service across Argyll and Bute by consistently delivering on key strategic objectives, taking account of the unique geographical challenges.

6.3 The willing and high quality engagement of partners, from both within education and beyond, was a significant factor in the success of this process.

6.4 It was identified that the EPS has a strong capacity for improvement. A robust cycle of self-evaluation, planning and reporting will continue to ensure the EPS continues to make a positive contribution to authority priorities to improve outcomes for children and young people.

7. IMPLICATIONS

7.1 Policy – None

7.2 Financial – No implications beyond staff time across services to deliver on next steps

7.3 Legal – None

7.4 HR – High level of engagement from staff within Education and beyond over a focused period, with associated time and travel cost implications

7.5 Equalities – ensure any recommended policy / guidance change is equality checked

7.6 Risk – Potentially reduced ability to deliver next steps should the team reduce through Service Choices

7.7 Customer Service – Further engagement with stakeholders to inform future service delivery

Cleland Sneddon
Executive Director of Community Services

Councillor Rory Colville
Policy Lead for Education
21 January 2016

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APPENDICES:

APPENDIX 1: Psychological Service Self-Evaluation Report

APPENDIX 2: Education Scotland Self-Evaluation report for Argyll and Bute
Educational Psychology Services

Community Services: Education

Psychological Service

Self Evaluation Report

23 October 2015

Self Evaluation Profile

This document builds on existing self-evaluation information and provides the rationale and context for validated self-evaluation (VSE) activity. Throughout the document a number of hyperlinks provide the opportunity to consider further detail.

1.   Local authority and service context

1.1   Argyll and Bute Educational Psychology Service (EPS) is located within Community Services: Education with the Principal Educational Psychologist (PEP) reporting directly to the Head of Service, Education. The PEP is a member of the Education Management Team, along with the Head of Service and the Education Managers for Performance and Improvement, Learning and Achievement and Inclusion and Integration (Central Education Team Structure Oct 2015).

1.2   The EPS staffing has remained at 7.4FTE, including the PEP, over the last five years (EPS Team information August 2015) with the service currently fully staffed. There have been some recent changes due to retirement and relocation. Vacant posts have been filled successfully. At present the EPS supports a second year trainee educational psychologist from the University of Dundee. The psychological service is not located in a centralised office but has psychological service bases in five separate locations across Argyll and Bute. These bases are located in Helensburgh, Dunoon, Lochgilphead, Oban and Campbeltown. There is one full time senior administrator for the service, based in Argyll House in Dunoon. There is administrative support available one day per week within the other bases.
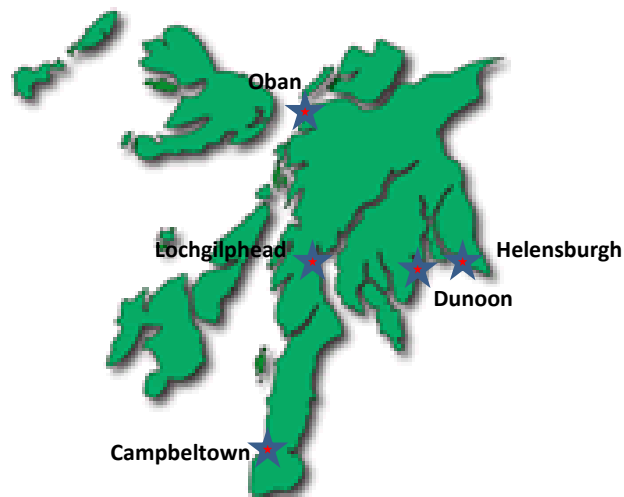
1.3   The Scottish Government, Education Scotland and local authorities have a strong commitment to raising attainment for all and addressing barriers to learning. There is a clear focus on overcoming disadvantage and reducing the significant gap in educational attainment between the most and least deprived children and young people. The term *disadvantage* is used to describe children and young people who are experiencing barriers to learning caused by factors including:

- deprivation
- **rural isolation**
- additional support needs
- Looked After status

1.4   Argyll and Bute is geographically the second largest authority in Scotland. There are 84 educational establishments in total, comprising two ELCC establishments, 71 primary schools, four 3-18 schools, five secondary schools, one joint campus and one special school. The size of schools varies significantly across the authority with primary school rolls ranging from three to 398, and secondary school rolls ranging from 22 to 1328. There are currently 25 primary schools with a roll of under 20 pupils. Many children and families live in remote and rural locations, with Argyll and Bute having the largest number of inhabited islands in Scotland. Argyll and Bute has only one special school located in Helensburgh. The needs of most pupils, even those with significant and complex needs, are met within mainstream classes or in learning centres situated within mainstream schools. A very small, and reducing, number of children and young people are educated in day and residential schools outwith Argyll and Bute.

1.5   The EPS provides a named link educational psychologist to all schools across the authority including eight island locations. A number of issues arise from the diverse nature of the authority which impact on service delivery, including the following:

- There is a need for flexibility and responsiveness as schools with fewer pupils can still have a high level of need for support;
- The geography and economies of scale mean that specialist services cannot be delivered in central locations and therefore there is a high level of inclusion of children with severe and complex need in mainstream schools, requiring creative supports to be developed and delivered locally;
- Small schools frequently have had no previous experience of responding to particular additional support needs or child protection issues;
- Staff support and development, in its widest sense, is a key requirement to build skill and confidence in front line staff;
- Strong partnership working is of crucial importance, following GIRFEC principles, to deliver creative solutions locally, and
- It is important to learn from individual cases and local issues to inform strategic developments.

Argyll and Bute is a diverse local authority which offers exciting opportunities for the EPS to continue to build and develop effective services to improve outcomes for children and young people.

1.6   Through the Authority Service Choices process, a proposal to reduce the budget for the EPS by 7.4% is being considered. If this option progresses, this will result in a 0.6FTE reduction in EP staffing from April 2016 which will impact on the way in which services are delivered.

2.   Improvement through self evaluation

2.1   The work of the EPS embraces all areas of the education service and engages with partners to support developments and projects as they emerge across the year. The Psychological Service Improvement Plan (PSIP) links directly to Education Service planning and the Integrated Children's Services Plan (ICSP 2014-17; Education Service Plan 2015-16; EPS Improvement Plan 2015-16). The EPS is committed to a rigorous approach to self-evaluation and improvement planning.

2.2   In the autumn of 2010 the psychological service was inspected by HMIE. The web based report was published on 1 February 2011 (HMIE Report Argyll and Bute Council EPS 1 February 2011). The HMIE team identified the following key strengths and areas for development:

The service had:
- shown high levels of commitment, professionalism and energy to improving outcomes for children and young people;
- developed a range of innovative approaches to change the lives of children and young people; and
- developed strong partnership working with a wide range of agencies.

The service should
- build on existing good practice to increase the effectiveness of consultation and assessment;
- develop an effective management information system to track trends in performance and measure impact and outcomes;
- continue to build on the positive start made by the head of education and PEP to enhance the impact of the service at strategic levels; and
- improve self-evaluation and establish more effective support and challenge within the service.

2.3   Following the inspection, these themes were addressed through the service improvement plan to ensure the information generated through this scrutiny supported the process of continuous improvement (EPS S&Q and Plan 2011 FINAL Oct 2011).

2.4   The service has a clear vision which has been developed collaboratively by all members of the team, taking in to account feedback from stakeholders.

The EPS vision is *to promote the wellbeing and development of all children and young people using the knowledge and evidence base of child psychology.*

In accordance with statutory obligations, the service aims to fulfil this vision by:

- undertaking high quality assessment, intervention and consultation;
- following GIRFEC principles to work in close partnership with children, parents, schools and other agencies;
- raising attainment and promoting achievement through Curriculum for Excellence by delivering training and developing the skills of others;
- adopting a reflective and evaluative approach, and
- contributing to research and policy development.

2.5   Each year the improvement plan is reviewed following the Plan, Do, Review, Act cycle.   There is a focus on impact and outcomes to support continuous improvement.   There is also an emphasis on being able to answer the 'so what' question.   Every effort is made to meaningfully involve and engage stakeholders. This requires ongoing reflection and review to ensure that the approaches being taken are effective.

2.6   The approach taken to service improvement is detailed within the Quality Management guidance document (EPS Quality Assurance policy revised Feb 2015) which highlights activity relating to:

- arrangements for quality assurance and improvement;
- support and challenge;
- evaluating outcomes and feedback from stakeholders;
- planning for improvement and monitoring progress, and
- reporting progress to stakeholders.

3.   What key outcomes have we achieved?

3.1   During 2014/2015 the service worked to deliver the actions below with associated outcomes linked directly to wider authority planning (EPS Service Improvement Plan 2014 2015).   The PSIP is directly linked to objectives within the Education Service Plan 2014 – 15 and the Integrated Children's Services Plan 2014 - 17.

3.2   The PSIP has been evaluated by the team on an ongoing basis to identify those actions that have been **completed**, those where **progress has been made** and those that remain at an **early stage of development**.   The team has identified where we are in relation to these objectives, how we know and what needs to be done next (Educational Psychology Service Plan evaluation August 2015 vs4).   This review of the PSIP, along with consideration of authority data and stakeholder feedback, has informed the development of the PSIP for 2015 – 16.

Safe	
Contribute to the development of an authority pathway for supporting children and young people in relation to self-harming and suicidal behaviour	🟩
Review the outcome of the self-harm questionnaire to schools and develop a training plan for education staff	🟧
Healthy	

Undertake self-evaluation work on the delivery of therapeutic interventions by this service	🟧
Achieving	
Support schools to assess effectively the literacy skills of Looked After children at the primary stage	🟩
Improve processes for identification of additional support needs of children in Gaelic Medium Education classes	🟧
Work with partners in schools and other services to evaluate the transition process from primary to secondary school for pupils with Autism Spectrum Disorder	🟥
Evaluate the Homunculi approach for supporting effective transition, including children with Autism Spectrum Disorder	🟩
Achieving	
Share the information from the Reading Initiative with head teachers and centralised staff and consider next steps to raise literacy skills of those identified as underachieving in reading	🟩
Continue to lead the PATHS developments across the authority including evaluation of impact	🟩
Nurtured	
Evaluate the current nurture provision across the authority and generate next steps for extending nurture approaches in schools and ELCC establishments	🟧
Active and included	
Provide ongoing support to GIRFEC advisors and Lead Professionals on leading Solution Oriented meetings	🟩
Respected and responsible	
Extend the pilot of *Living Life to the Full*	🟩
Link with the Opportunities for All team regarding young people educated outwith Argyll and Bute as they move to the transition phase	🟥
Continuous improvement	
Evaluate psychologists' contributions across strategic groups linked to key authority initiatives and developments	🟩
Review processes for evaluating training delivered by psychologists on an ongoing basis to identify impact	🟩

3.3   The EPS considers authority data to inform improvement planning and measure impact, in addition to considering trends over time. This data includes:

- Profile of pupil need: Secondary and primary pupils with a Universal Child's Plan or Coordinated Support Plan;
- Attendance: trends over the last 3 years for primary and secondary;
- Exclusions: data over the last 3 years across both primary and secondary (School Exclusions report 2012-2015);
- Requests for centralised support assistant and support teacher time;
- Pupils educated outwith Argyll and Bute: 22 pupils in total representing a 53% reduction since August 2010 (Specialist day and residential placements summary July 2015);
- Attainment: P4 Suffolk reading assessment data over the last 5 years (Reading Initiative draft Report August 2015);
- Attainment: Literacy skills of learners who are Looked After at the primary stage, and
- Requests for support from the EPS: there has been a significant increase in the number of children and young people being identified as in need of intervention

from an educational psychologist, with a 93% increase over the last 4 years (EPS referral trends over 4 years to June 2015). Behavioural and emotional issues continue to represent a significant proportion of the reasons for a request for a consultation meeting.

3.4   Overall, service performance is measured against objectives within the PSIP, alongside wider authority planning to ensure that, year on year, appropriate objectives are set and achieved.

4.   How well do we meet the needs of our stakeholders?

4.1   Through a MORI poll, five key drivers, in addition to perceived value for money, were identified that contribute to stakeholder satisfaction with services.
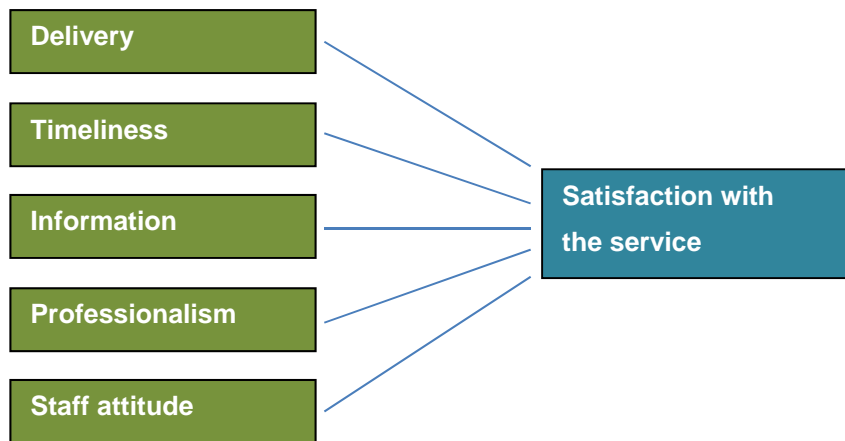
These features are reflected in questionnaires for stakeholders and areas for discussion with focus groups.   The methodology and rationale for gathering stakeholder views is detailed in the service Quality Management guidance referred to above.

4.2   Children/young people and parents/carers
Over the last three years feedback has been sought from parents and children through questionnaires (Parent feedback FINAL January 2014; Young person feedback FINAL January 2014).   The return rate has been below 30% despite including stamped addressed envelopes for return of questionnaires.   The feedback from parents and children is included in the service Standards and Quality Reports (EPS S&Q report 2012 -14).

Over 80% of parents responding found the meeting with the EP helpful and over 90% felt that their views had been listened to.   86% of parents responding believed that the EP had a good understanding of their child's needs and over 90% felt they had been treated fairly.   86% of parents responding were happy with the actions taken. Less than half the parents reported that they had been provided with a leaflet about the service in advance of a consultation meeting with the EP, and half the parents responding reporting not knowing what to expect before meeting the EP.   Where

parents were provided with a leaflet, all parents reported this to be helpful. Parents responding were able to comment specifically about the positive impact resulting from involvement of the EP including qualitative changes for the child / family, provision of additional or more effective support and improved understanding of their child's needs.

78% of young people said they understood why they were meeting with an educational psychologist while 70% said the EP had explained clearly to them how they may be able to help. 93% said the EP had listened carefully to them and all young people responding felt the EP had been polite and friendly. Fewer young people, 60%, felt that they had been involved in the plan to support them.

Action now needs to be taken to review processes used to seek feedback from parents / carers and young people to inform service delivery. In addition, there is a need to consider how to ensure that parents / carers and young people are provided with information about the service in advance of any consultation meeting taking place. Consideration also needs to be given to how to improve the extent to which young people feel involved in planning to support them.

Improving outcomes for children and young people is at the heart of all service delivery. A wide range of interventions are directed to ensuring the needs of children and young people are met. Interventions are directed at raising attainment or improving social skills. These include work in relation to self harming behaviour as well as universal and targeted interventions such as Living Life to the Full, Friends for Life, the Homunculi and Promoting Alternative Thinking Strategies. Schools are supported to gather good quality information to identify the impact of interventions for children and young people. Further detail is reported through EPS Standards and Quality Reports and service newsletters.

4.3   School staff and Area Principal Teachers (APTs)
In June 2014 focus groups of head teachers and APTs were held to provide an opportunity to review how schools, support teachers and the EPS can most effectively work together to make a difference to children and young people. The outcome of these discussions is detailed in the 2012-14 Standards and Quality Report. There is clear guidance in place to guide joint working underpinned by the GIRFEC practice model. The content of the head teacher focus group has been used to review and revise the guidance document for schools as well as providing valued feedback to guide service improvement. The guidance document has been updated on the website, highlighted at the conference for newly appointed head teachers and was circulated to all schools.

4.4   Staff development
Over the last year, the method of gathering evaluation information following staff development session provided by the service has been reviewed, to bring an increased consistency of approach (EPS training evaluation template FINAL March 2015). Core questions have been generated which can be supplemented as required. In addition, a pilot of a follow up evaluation has been put in place. A wide range of staff development is delivered to increase staff skill and confidence to meet

the needs of children and young people in an effective way. The staff development activity delivered this session has included:

- o Contribution to the launch of the Suicide and Self-harm Prevention guidance;
- o Attachment in the early years;
- o Attachment theory;
- o Autism awareness;
- o Autism Spectrum Disorder – An introduction;
- o Bereavement in the school context;
- o Professional development award for support staff;
- o Child development; Role of support staff in support ASN;
- o Promoting Alternative Thinking Strategies (PATHS);
- o Cognitive Behaviour Therapy and Homunculi approach;
- o Health and Wellbeing: A view from Health Psychology;
- o Homunculi approach – introduction;
- o Leading solution oriented meetings;
- o Mental health in children and adolescents in the school context;
- o Nurture group training;
- o Promoting Alternative Thinking Strategies (PATHS)
  Solution Oriented approaches;
- o The autism spectrum: The current state of knowledge and practice, and
- o Working with children with additional support needs.

More detail on the evaluation of staff development delivered by the service can be found in the Standards and Quality reports.

The results below are based upon the responses of 174 respondents over ten different training sessions who answered the following questions. The questions asked were: **1. "How useful did you find this training?"** and **2. "How confident are you that you will apply what you have learned from this training session?"** Participants were asked to mark their response to this using a Likert scale (1 – not at all useful/confident, 5 – extremely useful/confident).
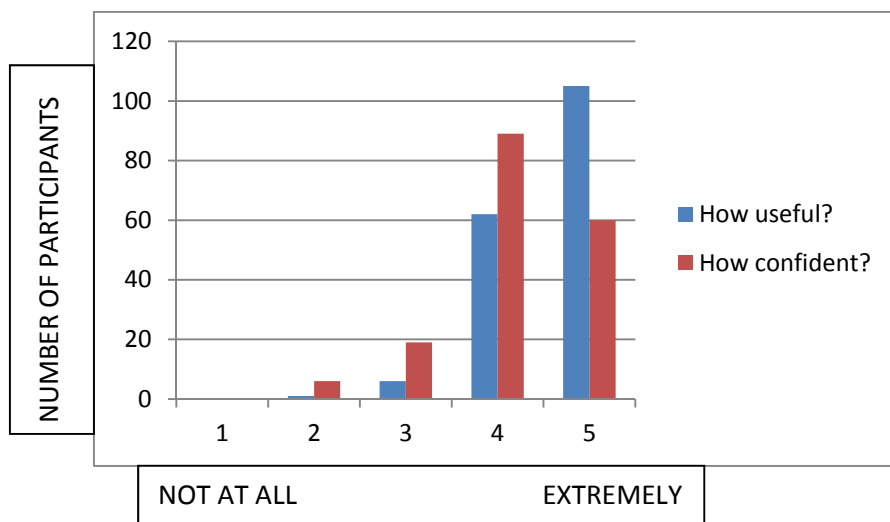
Many positive comments were received, particularly on the interesting and informative content of the session. Participants also reported on the utility of the training content, e.g. "[it] *gave me good ideas for working with young people*", "*I have lots of children with whom I could use this programme*". In addition, participants talked about specific actions that they would be taking following the session, e.g. *"… I now need to read the book to get some more ideas*", "[I will]*…explore creating Homunculi characters to deal with difficult emotions and situations with a group of P4-7 pupils*". Suggestions for improvement were largely around the practicalities of the session, including the room layout and the length of the session. In addition, one participant expressed a preference for an interactive training approach, while regarding the session content, several participants noted potential difficulties in implementation, e.g. "*I would like to* [apply in my practice] *however I don't think I could fit into my working day/routine*".

Both quantitative and qualitative data present a positive picture regarding the interesting and informative nature of training sessions provided by the EPS; training appears to be valued and seen as useful.   Next steps include the following:

o   The pilot of post training impact evaluation should be extended;
o   Barriers to implementation are reported by training participants in terms of taking forward new approaches. As such, it may be helpful to consider how the EPS negotiates training with establishments to ensure that there is adequate time set aside for any further work required following training sessions, and
o   Consideration should be given to the most effective way to feedback analysis of evaluation responses to the EPS team and individual EPs to support reflective practice and improvement in the service's delivery of training.

4.5   To provide feedback and information to stakeholders, newsletters are produced by the service twice a year. These are sent directly to schools to display on notice boards and in open areas, to social work managers across area offices and are also available on the website (EPS Newsletter March 2015 Final; EPS Newsletter Aug2014; Newsletter December 2013 FINAL; EPS Newsletter Aug 2013). This information is provided in addition to the Standards and Quality reports to share practice and provide feedback to stakeholders in an accessible way.

5.   How good is our leadership?

5.1   The professional leadership of all EPs has continued to grow and strengthen the overall impact of the EPS in line with the service aims and objectives.

5.2   All members of the team have a responsibility for taking forward elements of the improvement plan, with the plan being developed by the service as a whole during team meetings and service development days. Over the last number of years self-evaluation has increasingly become a responsibility that is meaningfully shared across the EPS team.   Individual psychologists take responsibility for progressing and reviewing objectives within the PSIP as well as reviewing data and planning for

improvement. As a result, the PSIP is now a working document that meaningfully guides and shapes the work of the service.

5.3 Given the financial constraints within local authorities and the requirement to consider how services could be delivered to ensure continued impact for stakeholders by a smaller team, the EPS has been involved with the Council's Service Choices process. This has involved considering risks, and balancing these against potential benefits arising from alternative means of delivering services (EDUC12 - SERVICE PACKAGE OVERVIEW Vs 5).

5.4 Strong collaborative working, both within and across the team, has continued to grow and develop. There is a good range of opportunities for EPs to work together on service developments and staff training which has allowed sharing of expertise and enhanced leadership capacity. The service is structured to build upon the collective knowledge and experience of all staff and provide the opportunity for staff to lead projects and development. All psychologists within the team now have a responsibility to contribute to strategic groups taking forward both service and authority objectives. There has been an increase in the number of psychologists involved in strategic groups over the last three years (EPS Summary of strategic groups 19 May 2015). The contribution has been evaluated to consider how this intervention links to key developments across the authority to ensure involvement of EPs is directed to the right meetings for maximum impact. In addition, a partner agency focus group took place in June of this year in an attempt to investigate further the perception of the added value of educational psychologists to strategic groups. For a number of reasons relating to availability of invited staff, most participants were unable to comment specifically on EP involvement in groups. Very helpful information was however obtained on service delivery. The partner agencies represented included Speech and Language Therapy, Community Child Health, Child and Adolescent Mental Health, Community Learning and Development, Social Work and Youth Services. There was also representation from Choose Life, a third sector organisation. The outcome of this group discussion is detailed in the 2014-15 Standards and Quality report. The focus group provided helpful information about the nature of engagement with the service and the impact of EPs on a range of stakeholders. Partners reported that the involvement of an EP tends to lead to improvements in staff confidence with a resulting impact on staff morale. In addition, there was general agreement that parents feel acknowledged and supported as central members of the Child's Planning process. The group appreciated that educational psychologists have a wide range of knowledge and experience. They did feel, however, that there should be more clarity in terms of the areas of specialism of individual psychologists. It was the view of the group that psychologists are generally attuned, empathetic and responsive, particularly when working individually with children/young people and their parents/carers. A number of issues emerged that will be taken forward through improvement planning. Points that require to be addressed include wider circulation of information on psychologists linking with particular schools, the provision of training to partner agencies and wider distribution of the service newsletter.

6. Strengths and areas for development / key challenges

6.1 Strengths

- There is evidence of strong skill, knowledge and expertise across the team.
- EPs are delivering well considered interventions that are linked directly to key authority objectives.
- EPs have continued to deliver effective interventions to individual children and families with an impact on learning and wellbeing, whilst also making a significant contribution to staff development and key strategic groups across the authority.
- Services are directed at meeting the needs of children and young people based on a clear assessment of need.
- EPs are delivering a wide range of approaches to address the mental health and wellbeing needs of children and young people through high quality staff training, and support for the delivery of evidenced based universal and group interventions.
- EPs are providing effective therapeutic interventions directly to children and young people delivered by skilled and confident psychologists.
- There are strong partnerships within and beyond education services to deliver improved outcomes for learners and maintain children in families, local schools and communities.

6.2 Areas for development / key challenges

- Continue to identify the key areas, linked to wider planning, that will have the greatest impact on children and young people.
- Respond creatively to financial constraints, shrinking resources and ongoing rural isolation of schools in order to continue to improve outcomes for children and young people.
- Consider how to gather further information from schools in a way that is helpful to guide service development and ensure continuous improvement.
- Address the low response rate from parents through considering how the views of parents and young people can be more effectively sought and acted upon.
- Consider a more focused approach to staff development around key authority priorities in order to make most effective use of the resource available.

7. Capacity for improvement

The service's capacity for improvement will be considered more formally through the process of VSE, taking in to account the overall self-evaluation journey.

Validated self-evaluation

Argyll and Bute Educational Psychology Services

January 2016

Contents   **Page**

1. What is validated self-evaluation in Educational Psychology Services?

Validated self-evaluation (VSE) is an evaluative activity which supports and challenges the work of Educational Psychology Services (EPS) by working collaboratively. It involves a partnership between the education authority, EPS and HM Inspectors, Education Scotland. In EPS the VSE focuses on two key themes.

- Learning and Teaching.
- Partnership Working.

The themes reflect the Scottish Government's national priorities and relate to the contributions made by EPS to raising attainment, addressing disadvantage and supporting and implementing, *Getting it Right For Every Child* (GIRFEC). Both themes also allow EPS to evidence the impact and outcomes of early intervention and prevention across the full range of their service delivery.

In addition to the core themes, services can choose an additional one to reflect their own context. An additional area may relate to the core themes or reflect other quality indicators which impact on the service's ability to improve outcomes for its stakeholders. For example, leadership, or the delivery of the five Currie (2002)[1] functions of consultation and advice, assessment, intervention, professional development and research and development.

2. What was validated self-evaluation in Argyll and Bute Educational Psychology Service?

Argyll and Bute Council Educational Psychology Service (A&BCEPS), worked closely with the wider educational authority and key partners. They used the VSE process to deepen their existing knowledge and understanding of their strengths and areas for development in a number of key areas of service delivery. The service has closely aligned its priorities to support the education authority's strategic objectives. Themes were selected from their self-evaluation evidence which they felt required further investigation. These were:

- the impact on learners of the EPS' role in the implementation of the *Reading Initiative*, in promoting community involvement in early literacy, assessing the fidelity and impact of specific assessments and interventions, and their practice in relation to the early identification of literacy difficulties; and
- the impact of the EPS' involvement in the roll out of the Promoting Alternative Thinking Strategies (PATHS) curriculum across early learning and childcare centres and primary establishments, with a particular focus on implementation, sustainability, parental engagement and partnership working. The focus was on early intervention to improve outcomes for children, young people and their families.

The service was keen to use the VSE as an opportunity to identify the areas of service delivery which made the greatest impact and which should be prioritised for further development and improvement. For the VSE process, A&BCEPS selected two areas of

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[1] Currie (2002), Review of Provision of Educational Psychology Services in Scotland. Scottish Executive.

work at different stages in the self-evaluation cycle. Their work on the Reading Initiative had undergone rigorous self-evaluation which had engaged a wide range of stakeholders and partners. The partnership theme was at an earlier stage of development and focused on the PATHS evidence based approach and the impact of multi-agency working linked to GIRFEC. The service wanted to build on their partnership working within the Early Years Collaborative Group and commissioned providers, and extend to partners within health and children's services. They wanted to look more closely at the impact and outcomes which had been achieved as a result of their interventions. Across both themes, A&BCEPS was keen to explore different models of capacity building and sustainability to guide the development of future service initiatives and authority policy.

Each themed group comprised of relevant partners and agencies, for example, senior education officers, quality improvement officers, social work managers, early years development officers, principal officer for early years, primary and secondary headteachers and deputes, an advanced nurse practitioner for vulnerable groups and an adult literacy development officer. Each group was led by a member of the A&BCEPS.

The service put in place a well-considered programme of activities involving a range of stakeholders and partners to support the VSE process. Activities included focus groups, visits to schools, and individual interviews with professionals, parents and young people. Telephone interviews were also used to ensure that all stakeholders across Argyll and Bute were able to participate. The use of telephone interviews was an effective way of taking account of the geography of the council and the accessibility challenges which this presented. Towards the end of each day, the theme groups met to reflect on what they had learnt, and to begin to identify strengths and areas for improvement. The theme group leads also met at the end of the day to share their findings across both themes. In this way, themed group members were able to see emerging strengths and areas for further development across and within each theme and in relation to the overall self-evaluation processes. Through such joint evaluative activity, Education Scotland staff were able to assess the rigour of the EPS' self-evaluation processes and the robustness of the evidence used to evaluate performance and service delivery.

3. What did HM Inspectors learn about the quality of self-evaluation in Argyll and Bute Educational Psychology Service?

The service provided a very good self-evaluation report which effectively identified their strengths and areas for improvement using robust evidence to support their evaluative statements. The self-evaluation provided a clear focus for the themed areas in both Learning and Teaching and Partnership working. The principal educational psychologist (PEP) demonstrated high quality thinking and analysis in relation to the themed areas. During the VSE, it became clear that A&BCEPS were adding significant value to the education authority's work in literacy and partnership working. Throughout the VSE process the service engaged in honest and challenging dialogue with their partners and with the Education Scotland team. Service team members, in their themed groups, demonstrated rigorous and objective analysis of the evidence gathered during the VSE self-evaluation activities.

The high quality participation and engagement of the EPS and their ability to articulate their learning was a strength of this VSE process. The theme leads created a supportive ethos for partners who were empowered to open up and explore areas for improvement with confidence. The service benefited from the challenge provided by partners and the Education Scotland team and responded positively by reflecting deeply on their practice and the implications for future engagement. Theme leads and educational psychologists asked insightful questions, listened and responded respectfully to each other. They were flexible and resilient, coping well with challenges from stakeholders during the VSE, for example, by changing evaluation activities to take account of the cumulative evidence being gathered during the week. The VSE found strong evidence of the service's growing strategic contribution to authority initiatives. The PEP is part of the education services management team, and senior managers reported positively about her role. It was agreed that the education authority and A&BCEPS now need to build on these developments and focus on those key areas where the EPS could have maximum impact strategically and operationally. This may require them to withdraw from some initiatives and hand over to partners once fully embedded. The A&BCEPS recognised that more opportunity for sampling a wider range of stakeholder views would have strengthened and enhanced their self-evaluation further. In particular, it would have been helpful to include harder to reach parents, more children and young people, speech and language therapists and stakeholders from across different geographical areas from within the authority. It was acknowledged that the scope of the VSE was already ambitious and lack of time during the week hindered more extensive stakeholder engagement. The Reading Initiative theme was a systemic piece of work with robust self-evaluation evidence. It was underpinned by strong research principles and evidence-based practice. Partners valued highly the research skills and knowledge that the EPS brought to the roll out of the Reading Initiative. In addition, they valued the support from the EPS in building school staff capacity through training, policy development and guidelines. This has allowed the EPS to focus on other strands of service delivery and not just direct assessment with individual children. Teaching staff also noted that the EPS coverage of the core functions in relation to the Reading Initiative was of high quality i.e. assessment, intervention, consultation, research and training. The service will support schools and partners to develop more robust models of implementation or action research to enhance the impact of interventions. This will ensure that the thinking behind the processes, assessments used, data interpretation and tracking and monitoring of progress at school level is more consistent across establishments. The EPS and partners will explore how to utilise good practice within the authority as a way of taking this forward. The EPS have valuable insights into where the good practice is, therefore, they are considering which next steps they need to take in order to promote higher order thinking around the literacy teaching and learning.

The partnership theme was at an early stage in the self-evaluation process and it was acknowledged by the service that there was a need for further development to strengthen this area of work. For example, the service recognised that they needed to make the work and role of the educational psychologist more visible to partners beyond education to help clarify where they could have most impact. The range of evidence gathered in relation to the PATHS curriculum suggested that this had been a successful initiative. For example, parents reported that the PATHS programme had improved their children's ability to regulate their emotional responses so that they were less likely to respond inappropriately. Teachers trained in PATHS reported that they were

confident in using the approach and did not require further support from the EPS. The service now needs to extend the programme to build capacity in a larger number of early learning and childcare centres and primary establishments, and improve outcomes for children and young people.

A&BCEPS' high-quality reflective dialogue and recording of the outcomes from the VSE self-evaluation activities, was highly effective in improving the quality of their self-evaluation and capacity to triangulate evidence. As a result, the Education Scotland team were confident that the service had effective processes for self-evaluation in place to bring about continuous improvement.

4. What does the Educational Psychology Service plan to do next?

The service identified strengths and areas for development within each of the two themed areas. These can be found on the services website at www.argyll-bute.gov.uk/education-and-learning/educational-psychology

Education Scotland and A&BCEPS agreed on the following next steps to improve their self-evaluation processes further.

- Continue to utilise and develop an implementation science approach or other robust framework, to further embed initiatives and build capacity in others.
- Work with partners to consider how to use and share data more effectively to inform future developments and exit strategies.
- Utilise the psychological knowledge and expertise of the service to make a strong strategic contribution to national policy initiatives, including Scotland's Attainment Challenge, particularly in relation to health and wellbeing and closing the poverty-related attainment gap.
- Continue to work with partners to consider the most effective way to maximise the impact of the service across Argyll and Bute by consistently delivering on key strategic objectives, taking account of the unique geographical challenges.

5. What is Argyll and Bute Educational Psychology Service's capacity for improvement?

Education Scotland is confident that A&BCEPS has a strong capacity for continuous improvement. The strong leadership of the PEP and the evolving distributive leadership within the team has impacted positively on the quality of the service delivered to children, young people and their families. The service has made very good progress in moving away from individual casework, towards capacity building since their last HM Inspectorate of Education inspection. Evidence based expertise within the service is strong, and staff contribute with skill and confidence to improvement planning and evaluating service delivery. There is close synergy between the service's work and the educational priorities of the council, with a shared vision for improvement. The education authority now need to engage A&BCEPS more closely in strategic partnership working to ensure that they can continue to make a positive contribution to authority priorities.

Nicola Robertson
Lead Facilitator
15 January 2016

Further information about the EPS VSE reports and self-evaluation can be found on the service's website at www.argyll-bute.gov.uk/education-and-learning/educational-psychology

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ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES: EDUCATION   **10 March 2016**

EDUCATIONAL LEADERSHIP

1.0   EXECUTIVE SUMMARY

1.1   On the 4th of June 2015 a report titled "Teaching Staff Recruitment, Retention and Leadership in Argyll and Bute "Growing our Own" was presented to the Community Services Committee to update members on current practice and future developments related to teacher and retention including "Growing Our Own" in place in Argyll and Bute. The paper detailed developments currently in place to provide professional learning opportunities at all levels from pre career entry through to Head Teacher. Future initiatives were noted as being developed by Argyll and Bute in partnership the new Scottish College of Educational Leadership (SCEL) and University of the Highlands and Islands Education Faculty (UHI).

1.2   The main purpose of this report is to update Community Services Committee on the current work within Argyll and Bute on Educational Leadership in partnership with the SCEL and UHI.

1.3   Educational leadership is recognised as one of the most important factors of success of a school. Head Teachers and teachers who are empowered, and empower others, have a strong record of ensuring highest quality learning and teaching. This ensures that all children achieve the best possible outcomes.

1.4   In Argyll and Bute, support is provided to promote the development of leadership at all stages of teachers' careers, recognising that this investment will have immediate impact upon schools as well as future implications for school leadership sustainability. The General Teaching Council's Standards for Registration, Standards for Leadership and Management and Career Long Professional Learning as the core for development, is used by Argyll & Bute.

1.5   The National Improvement Framework for Scottish Education (2016) highlights school leadership as one of the key drivers of improvement.

2.0   RECOMMENDATIONS

2.1   It is recommended that the Community Services Committee:

a)   Note the current work being taken forward by Education Services focusing on educational leadership development;

b)   Support the future developments with partners and the commitment to

continuing professional development, and

c) Note the impact of educational leadership within the improvement agenda of raising attainment.

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES: EDUCATION   **10 March 2016**

EDUCATIONAL LEADERSHIP

3.0   INTRODUCTION

3.1   On the 4th of June 2015 a report titled "Teaching Staff Recruitment, Retention and Leadership in Argyll and Bute "Growing our Own" was presented to the Community Services Committee to update members on current practice and future developments related to teacher and retention including "Growing Our Own" in place in Argyll and Bute. The paper detailed developments currently in place to provide professional learning opportunities at all levels from pre career entry through to Head Teacher. Future initiatives were noted as being developed by Argyll and Bute in partnership the new Scottish College of Educational Leadership (SCEL) and University of the Highlands and Islands Education Faculty (UHI).

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a) Note the current work being taken forward by Education Services focusing on educational leadership development;

b) Support the future developments with partners and the commitment to continuing professional development, and

c) Note the impact of educational leadership within the improvement agenda of raising attainment.

5.0   DETAIL

5.1   The importance of Leadership

5.1.1   Teaching Scotland's Future (2010) highlights the importance of all teachers developing leadership attributes to both improve teaching and learning as well as identifying and supporting future Head Teachers. The report stresses the importance of leadership development for teachers from the very start of their careers onwards.

5.1.2   The National Improvement Framework for Scottish Education (2016) highlights school leadership as one of the key drivers of improvement:

"Leadership is recognised as one of the most important aspects of the success of any school. Head Teachers and teachers who are empowered, and empower others, have a strong track record of ensuring the highest quality of teaching and learning. This in turn helps to ensure that all children achieve the best possible outcomes."

5.1.3   Leadership for continuous school improvement is most effective where there exists a climate and structure where every member of the school staff is empowered to lead and where every member of staff develops their ability to lead.

5.1.4   Argyll and Bute Council supports the development of leadership at all stages of teachers' careers and understand this investment will have immediate impact upon schools as well as future implications for school leadership sustainability. The General Teaching Council's Standards for Registration, Standards for Leadership and Management and Career Long Professional Learning as the core for development are used within Argyll & Bute.

5.1.5   The illustration below shows the development pathway which is being implemented to support teachers at all stages so as they can develop at the level which best suits their current needs and future aspirations.

This will be taken forward in Argyll and Bute by working in Partnership with UHI, SCEL, General Teaching Council for Scotland (GTCS) and Education Scotland.

Intitial Teacher Education	NQT	Teacher Leadership	Middle Leadership	Into Headship	Head-teacher Induction	School Leader-ship	System Leader-ship

Standards for Registration **Standards for Career Long Professional Learning** **Standards for Leadership and Management**
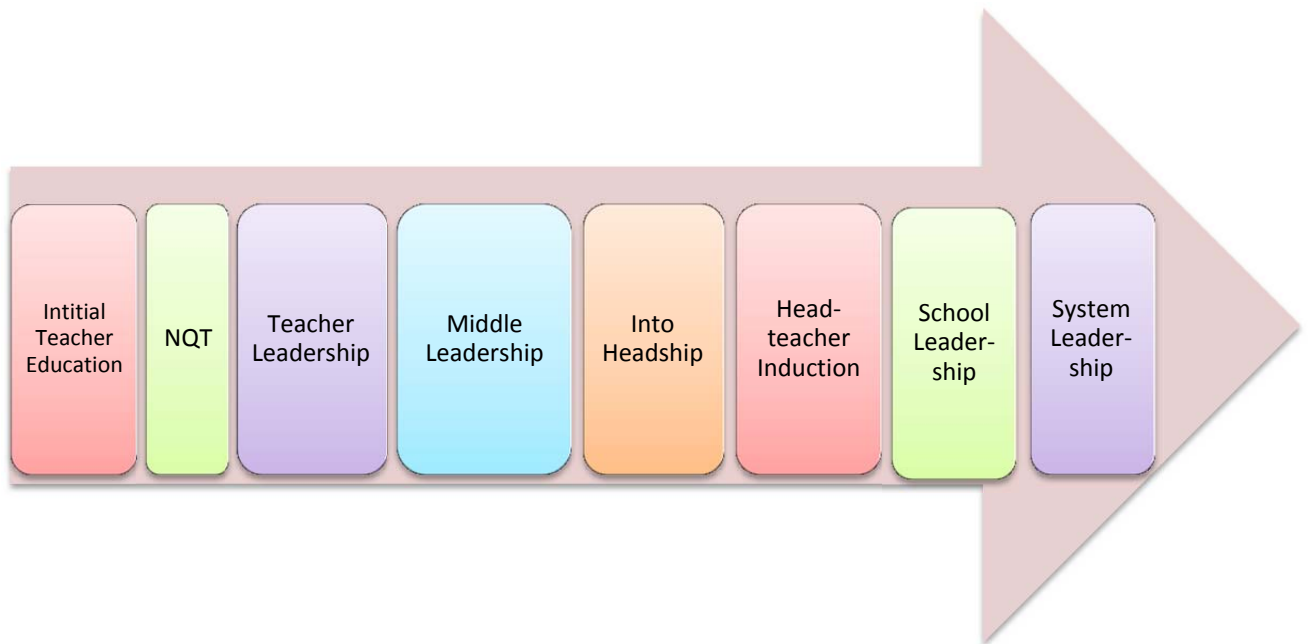
5.2 During session 2015/16 Argyll and Bute Education Service has reinforced the importance of leadership development and has allocated the Continued Professional Development budget to provide leadership development opportunities. These leadership developments have been in line with the Framework for Educational Leadership by SCEL (Appendix 1).

The following activities are in place:

Date	Development Path	Activity and number of participants	Numbers	Argyll and Bute Lead Officer	Partnership Provider
August 2015 – June 2016	Initial Teacher Education	Post Graduate Diploma in Education (PGDE)	9 Participants including 1 Gaelic	J Helbert - Education Officer	UHI/Argyll College
August 2015- June 2016	NQT	Probation Programme		J Helbert - Education Officer	An academic partnership is still to be developed
September 2015 – April 2016	Teacher and Middle Leadership	Argyll and Bute Middle Leadership Programme	9 participants	S Clarke – HT Sandbank Primary School	SCEL
September 2015- May 2016	Middle Leadership	Argyll and Bute Leadership Programme	20 participants	J Helbert - Education Officer	UHI
September 2015 – June 2016	Into headship	Into headship Qualification	6 participants	A Paterson- Education Manager	UHI
September 2015 – June 2016	System Leadership	SCEL Fellowship for existing Head Teachers	1 participant	A Paterson- Education Manager	SCEL
3rd September 2015	School Leadership	HT conference on Leadership		A Paterson- Education Manager	Glasgow University SCEL
December 2015 – May 2016	System Leadership	5th Scottish Leadership Development Programme (SLDP5)	10 participants	L Connor and A Paterson Education Managers	Virtual Staff College- Association of Directors of Education
January 2016	Head Teacher Induction	Newly Appointed Head Teacher Conference	8 participants	Head of Service Ann Marie Knowles	Argyll and Bute HR Service

5.3 **Post Graduate Diploma in Education Post Graduate Diploma in Education (PGDE)**

There is a growing body of evidence that a focus on leadership attributes and characteristics at the very beginning of a novice teacher's professional

learning helps impact the teacher's engagement with their own professional learning and that of colleagues and that this in turn leads to higher standards of professionalism and better outcomes for young people.   Through the partnership with University of Highlands and island, pre-career teachers undertaking the Post Graduate Diploma in Education are taught the importance of teacher leadership and given opportunities to reflect upon their development in this area. Schools have a role in supporting students during school placements. The 9 current PGDE students in Argyll and Bute are developing early leadership attributes during their course.

5.4   **Argyll and Bute Probation Programme - Newly Qualified Teachers (NQT)**

Teachers undertaking the Teacher Induction Scheme (probationary year, newly qualified teachers) in Argyll and Bute have several opportunities to develop as teacher leaders. During directed seminar input, the skills and attributes of teacher leadership are shared and NQT reflect upon their strengths and areas for development. The first years in teaching have a huge effect in shaping the type of practitioner a teacher becomes. During this time, teachers benefit from having mentors who demonstrate effective leadership as NQTs move from leaders of their own learning, to influencers of others' and school improvement. Schools have a role in providing support for probationers and teachers in their early career. During session 2015/16 we have 9 Primary NQT and 8 Secondary NQT who are placed within 15 schools in Argyll and Bute.

5.5   **Argyll and Bute Middle Leadership Programme**

5.5.1   A Middle Leadership Programme has been established in Argyll and Bute for session 2015/16. This work is being carried out by a current Head Teacher who is undertaking the SCEL Fellowship Programme. The Middle Leadership programme aims to develop leadership of teachers who begin to lead above and beyond their own classroom or department, and facilitates whole school change. This takes a specific set of attributes and characteristics and middle leaders need opportunities to explore these as well as learn from fellow middle leaders. The Middle Leadership Network is designed to develop these leaders and provide a platform for them to develop their skills and enhance school improvement.

5.5.2   Teachers taking part in the Middle Leadership Programme should fulfill the following criteria:
- A teacher who has at least a minimum of three years classroom experience and an interest in leading school improvement.
- Someone who has an interest in looking at current leadership theory.
- Someone who is interested in having an impact on an area of learning that they feel passionately about.
- Someone who wants to work with and learn from colleagues across the authority.
- Someone who is looking for a new challenge in terms of their practice.

- Someone willing to take responsibility for a particular area of learning within their school, as identified in the School Improvement Plan and moving it on with passion and enthusiasm.

Four full day sessions have been held so far and teachers involved have committed to two Friday's and two Saturday's to undertake the programme.

5.6 Argyll and Bute Leadership Programme

5.6.1 Leadership at a school level is an important role and one that requires a highly developed skills and knowledge base. It is not enough to focus on the development and acquisition of these skills and knowledge after one takes on a Principal Teacher, Depute Head Teacher or Head Teacher post, rather opportunities for aspirant promoted post holders, should be provided. The Leadership Programme is designed to do this.

5.6.2 The Argyll and Bute Leadership Programme has been developed in partnership with UHI and consists of four contact seminar days, two optional development days and a school based leadership project. Participants are assessed on their learning and development in line with the GTCS Standards for Leadership by means of two assignments. The aims of the programme are:

- Participants reflect on their leadership traits and styles, their professional values and professional actions as leaders.
- Participants develop and demonstrate a knowledge of current leadership theory and develop techniques to support the development of others.
- Participants understand the importance of developing collegiate learning communities and distributed leadership.
- Participants apply theory to lead an aspect of school improvement.
- Participants develop and follow strategic plans, leading others as they do so.

5.6.3 Successful participants will have the opportunity to apply for Masters Level credits as part of UHI's Masters in Education (Med) in Critical Enquiry and use their learning from Argyll and Bute's Leadership Programme as evidence of Relevant Prior Learning (RPL).

5.7 Into Headship Qualification

5.7.1 Following the SCEL consultation on National Leadership Pathways and a National Headship Qualification which was discussed fully with the SCEL Board and the National Implementation Board, a Design Group was established to take forward the recommendations and develop the new Into Headship Qualification

5.7.2 The Standard for Headship lays down the foundations for professionalism and leadership which is required by all Head Teachers. It is a framework for aspiring Head Teachers and identifies key qualities that are required to succeed as an experienced Head Teacher.

5.7.3   It is the aim of Scottish Government that from 2018/19 all newly appointed Head Teachers will have acquired the new 'Specific Qualification for Headship' which forms part of the wider Into Headship Programme. Candidates are supported by SCEL, University providers (including our main partner, UHI) and Argyll and Bute Education Service to gain the 60 Credits at SCQF Level 11 and the accompanying professional qualification. This will form part of a Masters Leadership pathway. Currently 6 promoted teachers are undertaking this qualification; Two from Cowal and Bute; one from Mid Argyll; two from Oban Lorn and the Isles and one from Kintyre. The Argyll & Bute Leadership programme and the Middle Leadership programme will provide a foundation of learning and experience to prepare candidates for the Into Headship Qualification.

5.8   **SCEL Fellowship**

5.8.1   The Scottish College for Educational Leadership was established in 2014 to enhance leadership in education across Scotland. One of its first tasks was to provide a Fellowship Programme for experienced Head Teachers. The aims of the Fellowship Programme were to provide outstanding leadership development experiences for serving Head Teachers and for experienced Head Teachers to help shape the future direction of educational leadership in Scotland. Argyll and Bute provided one of the 8 inaugural Fellows to complete the Programme and another Argyll and Bute Head Teacher has joined the second cohort. Both Head Teacher fellows are involved in the development of Educational Leadership in Argyll and Bute and during session 2015/16 are leading on the Middle Leadership Programme and the Leadership Programme

5.8.2   The ambition and vision for the SCEL Fellowship Programme is that it will, with time, serve as a form of recognition at the highest level for leaders in education whose status and expertise is recognised within and beyond the teaching profession. There is an expectation that SCEL Fellows become champions for leadership and the teaching profession. SCEL Fellows share their expertise in a variety of ways including: representation on internal SCEL groups; deliver/attend/lead at a wide range of external events representing SCEL; contribute to Fellowship responses to national consultations; input to the SCEL strategic plan; and working with Regional Network Leaders.

5.9   **Head Teachers' Conference**

The Head Teacher conference was an opportunity for all Head Teachers and managers within education to further develop an understanding of and commitment to leadership across Argyll and Bute. During the event participants were tasked with challenging existing views and assumptions on leadership and to develop a shared understanding. Participants were given the opportunity to familiarise themselves with SCEL Leadership Framework and Development. The day focused on the following presentations:

- Demonstrating Strategic Leadership – Cleland Sneddon, Executive

Director
- Attributes, characteristics and skills for High Performing Schools – Professor Clive Dimmock, Glasgow University
- Scottish Leadership Framework and model of Professional Learning – John Daffurn, SCEL
- Leadership Beyond Authority – Sir Andrew Cubie
- Leading with Courage – Iain White, Principal Newlands Junior College.

The purpose of the conference was to engage Head Teachers and senior leaders in the importance of leadership within school improvement and improving learning and achievement.

5.10 **Senior Leadership Programme Phase 5 (SLDP 5)**

The SLDP5 is in partnership with SCEL and Association of Directors of Education. The programme looks at development of leadership skills through focusing on a particular challenging issue. The programme aims to support leadership development within senior members of staff and provides support at a national level in providing networking opportunities as well as securing high level leadership development. During session 2015/16 two cohorts from Argyll and Bute are being sponsored to take part in this programme. The cohorts will each look at the strategic development of one of the key national programmes as follows:

Group 1 – Early Years (Education Manager, Early Years Principal Officer, Head Teacher, Principal Teacher Early Years and Educational Psychologist)

Group 2 – Raising Attainment (Education Manager, Education Officer, Head Teacher, Principal Teacher and Educational Psychologist)

5.11 **Newly Appointed Head Teachers' Conference**

There is a current programme of support and induction for newly appointed Head Teachers within Argyll and Bute that consists of an initial two day seminar and recall day (run annually). Head Teachers who had been appointed between October 2015 and December 2015 attended a two day seminar on the 14th and 15th January 2016. During this seminar Head Teachers undertook various training sessions related to their role in leading a school within Argyll and Bute. Newly appointed Head Teachers are assigned an experienced Head Teacher mentor, who meets with them on a regular basis to provide support. All new Head Teachers have regular support from the Area Education Officer and receive a school based visit from an Education Manager within 6 months of taking up post.

6.0 CONCLUSION

6.1 The Argyll and Bute programme of Educational Leadership Opportunities is essential in providing professional learning opportunities at all levels from career entry through to Head Teacher development and beyond. The programme in place is maximising opportunities to promote leadership in

learning and teaching in Argyll and Bute as one of the most important aspects of success of any school. Identifying and creating leadership opportunities will ensure that Argyll and Bute Council has in post Head Teachers and teachers who will provide leadership and support to our schools ensuring that they provide high quality learning experiences for all of our pupils. Access to leadership opportunities will provide high quality provision of education for all Argyll & Bute pupils.

6.2 Head Teacher and teacher leadership and recruitment of high quality staff remains a priority for improving the learning and teaching in our schools, Argyll and Bute Council Education Service will continue to work with partners to provide the highest quality staff in our schools.

7.0 IMPLICATIONS

7.1 Policy – Implementation of professional development and planning for developing the teaching workforce will continue to be developed in Argyll and Bute.

7.2 Financial – Continued Professional Budget will be allocated to teacher and Head Teacher leadership development.

7.3 Legal – All teachers require to be registered with GTC Scotland and undertake professional update.

7.4 HR – Meet statutory requirements for registration for teacher and Head Teacher posts.

7.5 Equalities – Ensure any recommended policy/guidance is equality checked.

7.6 Risk – National workforce planning related issues continue to have an impact.

7.7 Customer Service – None

Cleland Sneddon
Executive Director of Community Services
Councillor Rory Colville
Policy Lead for Education and Lifelong Learning
10th March 2015

For further information contact:
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APPENDICES
Appendix 1 – The Educational Leadership Framework – SCEL
http://www.scelframework.com/

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The Framework for Educational Leadership

Teacher
Leadership

Middle
Leadership

School
Leadership

System
Leadership

SCEL
Scottish College for
Educational Leadership

www.scelscotland.org.uk

SCEL
Scottish College for
Educational Leadership

The Framework for Educational Leadership

Who is it for?

The Framework for Educational Leadership has been designed to enhance teachers'understanding of the nature and importance of leadership in Scottish education.

It enables practitioners to shape their own leadership development pathway and increase their knowledge, development and practice as a leader, no matter where they are working in the system.

How does it work?

The Framework highlights the importance of engaging in regular and robust self-evaluation and supports practitioners in using the Model of Professional Learning to plan their own learning using the four connected elements of Reflective Practice, Experiential Learning, Cognitive Development and Collaborative Learning.

Practitioners can engage with the Framework at different levels of leadership: Teacher, Middle, School and System. Each level has identified key areas of focus along with a range of SCEL Professional Learning Activities. Each learning activity is supported by a selection of appropriate and stimulating resources which deepen knowledge and understanding and offer practical support to develop leadership skills and abilities.

Each learning activity is also mapped to relevant General Teaching Council for Scotland (GTCS) Standards and this provides a basis for practitioners to reflect on their own leadership development and evaluate the impact on their practice.

Additional resources are also provided and as the Framework continues to grow and develop, an ever increasing variety of professional learning opportunities will become available, including access to SCEL Endorsed programmes.

What are the benefits for you?

Engagement with the Framework supports the professional development of all teachers and early learning and childcare practitioners which will ultimately have a positive impact on all our young people. It can be used as a basis for productive Professional Review and Development (PRD) and Professional Update discussions and as a tool for evidencing your development in relation to the GTCS Standards.

This interactive and vibrant resource supports you in leading learning, not just in your own classroom, but at department level and across and beyond school.

More information

Start exploring the online Framework for Educational Leadership by logging in with your school/centre email at **www.scelframework.com**

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES: EDUCATION   **10 MARCH 2016**

ASHFIELD PRIMARY SCHOOL

1.0   EXECUTIVE SUMMARY

1.1   Since December 2014, there will have been no pupils in Ashfield Primary School for a period of over one year. Three pupils who were in the catchment area transferred to Tayvallich Primary School. Three registered preschool age children in the catchment area for the school, have registered to attend Tayvallich Primary School, Ardrishaig Primary School and Lochgilphead Primary School.

1.2   It is proposed that Ashfield Primary School is "mothballed" and that the building be retained on a care and maintenance basis until June 2017.

1.3   If there are no registered pupils by the beginning of session 2017/18, the school may be considered for formal closure through a statutory public consultation in accordance with the Schools (Consultation) (Scotland) Act 2010.

2.0   RECOMMENDATIONS

2.1   it is recommended that Community Services Committee:

a)   Ashfield Primary School discontinue as a school on a temporary basis and that the building be retained on a care and maintenance basis;

b)   If there are no registered pupils by the commencement of session 2017/18, the school be considered for formal closure through the statutory process, and

c)   The community will have prearranged access to the building to promote community functions.

ARGYLL AND BUTE COUNCIL　　　　**COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES: EDUCATION　　**10 MARCH 2016**

ASHFIELD PRIMARY SCHOOL

3.0　INTRODUCTION

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　　b)　If there are no registered pupils by the commencement of session 2017/18, the school be considered for formal closure through the statutory process, and

　　c)　The community will have prearranged access to the building to promote community functions.

5.0　DETAIL

5.1　Pupils in Ashfield Primary School transferred to Tayvallich Primary School in October 2014.

5.2 After consultation with parents it was agreed that as of December 2014 Ashfield children would become permanent pupils of Tayvallich.

5.3 The roll in Ashfield primary has declined over the last few years and there have been no pupils in the school since December 2014.

5.4 All Community Services staff from Ashfield Primary School have been redeployed to other posts within the authority.

5.5 In the event of a school age pupil moving to live within the catchment area for Ashfield Primary School and seeking to attend this school the present situation remains that the school would require to re-open at the next appropriate session.

6.0 CONCLUSION

6.1 Ashfield Primary School will discontinue as school on a temporary basis at the end of February 2016 and will be retained until June 2017 on a care and maintenance basis.

7.0 IMPLICATIONS

7.1 Policy: None

7.2 Financial: None

7.3 Legal: Compliance with Schools (Consultation) (Scotland) Act 2010, if appropriate.

7.4 HR: Community Services staff have been transferred to other posts within the Authority.

7.5 Equalities: Ensure any recommended policy/guidance is equality checked.

7.6 Risk: In the event of a school age pupil moving to live within the catchment area for Ashfield Primary School the school may require to re-open.

7.7 Customer Service: None

Cleland Sneddon
Executive Director of Community Services
Councillor Rory Colville
Policy Lead for Education and Lifelong Learning

10 March 2016

For further information contact:
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ARGYLL AND BUTE COUNCIL   **Community Services Committee**

Community and Culture   **10th March 2016**

The Housing Options Process in Argyll and Bute

1.0   EXECUTIVE SUMMARY

1.1   In 2010 the Scottish Government introduced the housing options approach to homeless prevention. Housing Options is the terminology currently used to describe the process whereby housing advice is made available to the public to assist them to make informed decisions on their housing situation. In order to promote this approach the Scottish Government established 5 Housing Options Hubs across the country. Argyll and Bute Council is represented by the Housing Service at the Tayside, Fife and Central Hub, not for any particular reason other than the date staff were available to attend the initial meeting.

1.2   The main purpose of this report is to update Members on the operation of housing options in Argyll and Bute. The report highlights the work which has been carried out to develop the housing options approach and the impact that this has had on the number of people presenting as homeless to the local authority. It details the housing options process and how it links in with the Statutory reporting of homeless cases (HL1) and prevention cases (Prevent1) to the Scottish Government.

1.3   **RECOMMENDATION**

It is recommended that the Community Services Committee note the content of the paper.

ARGYLL AND BUTE COUNCIL   **Community Services Committee**

Community and Culture   **10th March 2016**

The Housing Options Process in Argyll and Bute

2.0 INTRODUCTION

2.1   The Scottish Government set a target that by 2012 all unintentionally homeless households would be entitled to permanent housing. When the target was reviewed in 2009 it was recognised that this target would not be met if local authorities continued to take a traditional approach to homelessness. Argyll and Bute Council met the 2012 target and introduced a Housing Options approach to prevent homelessness occurring whenever possible.

In 2010/11 Argyll and Bute Council recorded 810 homeless applications and by 2014/15 this number had reduced by 47% to 431 applications, largely as a result of this approach. Although there has been a significant reduction in homeless applications during 2014/15, 1080 homeless prevention cases were recorded.

3.0 RECOMMENDATIONS

3.1   It is recommended that the Community Services Committee note the content of the paper.

4.0 DETAIL

4.1   The Scottish Government describes Housing Options as:

"a process which starts with housing advice when someone approaches a local authority with a housing problem. This means looking at an individual's options and choices in the widest sense. This approach features early intervention and explores all possible tenure options, including council housing, RSLs and the private rented sector. The advice can also cover personal circumstances which may not necessarily be housing related, such as debt advice, mediation and mental health issues.

Rather than only accepting a homelessness application local authority homelessness services will work together with other services such as employability, mental health, money advice and family mediation services etc to assist the individual with issues from an early stage in the hope of avoiding

a housing crisis."

4.2 Argyll and Bute Council are full partners of the HOMEArgyll Common Housing Register. Members of the public register for social housing online and complete one application for all 4 Registered Social Landlords(ACHA, Fyne Homes, Dunbritton and West Highland Housing Association). As part of this process applicants are required to complete an online housing options assessment. Advice is provided on the following housing options:-

- Social housing
- Adapted/amenity housing
- Private Rented Sector
- Home Ownership
- Sheltered Housing
- Supported Housing
- Mutual Exchange
- Mortgage to Rent

In addition there is extensive information on the following housing related topics:-

- Homelessness
- Disrepair Prevention
- Under Occupation
- Over Crowding
- Money or Benefits Advice
- Jobs and Training Advice
- Additional Support

4.3 The applicant receives a housing options action plan by e-mail on what action to take next. This will enable the applicant to decide which housing option is most appropriate and will also assist them to access services to sustain their current accommodation e.g. if they are in the private rented sector and have disrepair issues at their tenancy they will be able to access services such as mediation to resolve any problems they may have with their landlord.

4.4 The Housing Options process went live in July 2014 and since then over 3000 housing options self -assessments have been completed. However as this is a self-assessment process it is not possible to report on outcomes. Applicants have the opportunity to request further assistance from the Council and over 500 applicants have taken up this offer. A quarterly InfoGram is produced to summarise the advice and assistance provided (appendix 1).

4.5 In addition, the Scottish Government introduced an additional local authority statutory return (Prevent1) in April 2014. The purpose of the return is to enable the Scottish Government to monitor the effectiveness of homeless prevention activity across the country. Many of the Prevent1 cases start with a housing options assessment leading to the local authority providing

assistance to the household.

4.6   In addition to the direct contact from the public, there is a requirement for all landlords and mortgage lenders to notify the local authority if they are taking action to evict a householder. Housing Services staff will contact the householder in order to assist the household to remain in their current accommodation. These are recorded as Prevent1 cases.

During 2014/15, 1080 Prevent1 approaches were recorded and of these 852 were concluded. An analysis of the Prevent 1 data for 2014/15 shows:

- 45% remained in their current accommodation
- A need for assistance to sustain their current accommodation was identified in 27% of cases
- Only 17% went on to make a homeless application. 21% made the homeless application on the same day as the advice was provided and a further 59% made a homeless application within 1-4 weeks.
- 30% were in the 20-30 age bracket and,
- The majority were either single persons or single parents.

4.7   Table1. below shows the number of approaches recorded per 10, 000 households in each local authority in Scotland. Argyll and Bute Council is just above the average which means we have had slightly more approaches per 10 000 households compared to other local authorities.

Table 1. Prevent1Approaches per 10,000 households (Scotland)
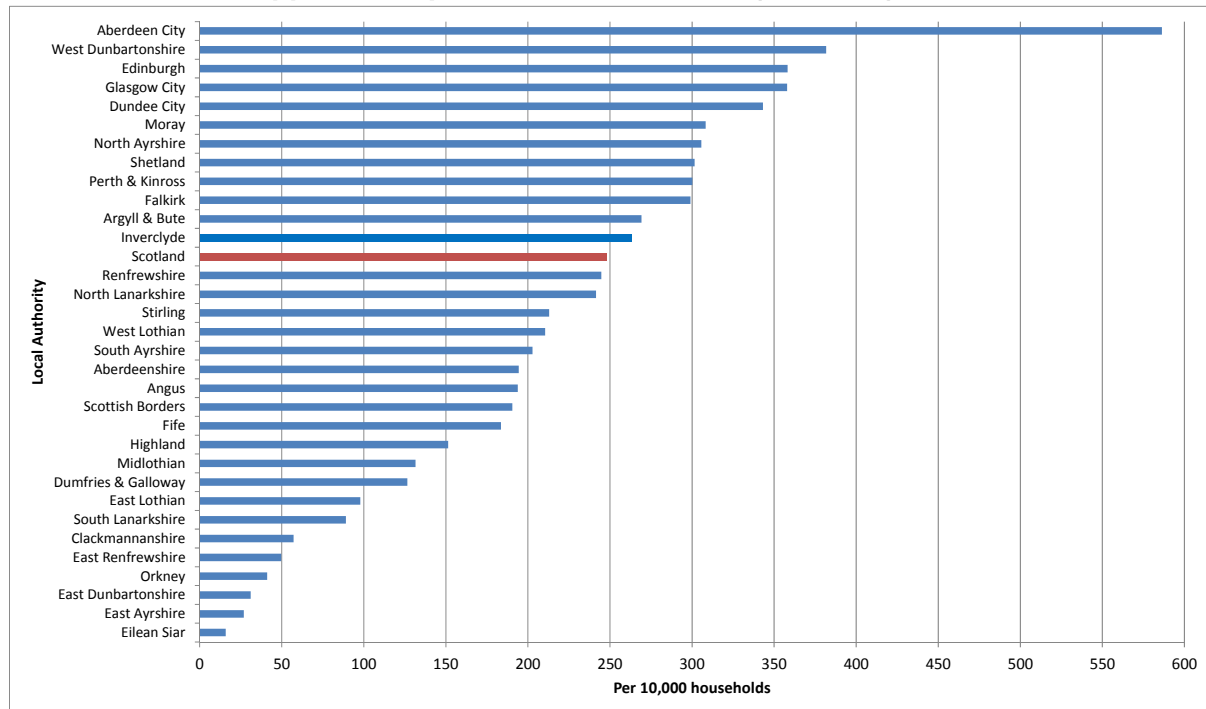
4.8   To ensure that we share best practice with other local authorities Argyll and Bute Council have participated in the Tayside, Fife and Central Housing Options HUB since 2010. The HUB consists of the following local authorities:-

- Dundee City Council
- Fife Council
- Perth and Kinross Council
- Stirling Council
- Clackmananshire Council
- Angus Council
- Argyll and Bute Council

The HUB has developed service user questionnaires so that we can continually improve the service provided. The HUB is also currently developing Housing Options training for all levels from front line practitioner to awareness raising at Councillor level

5.0 CONCLUSION

5.1 Argyll and Bute Council has implemented an effective housing options approach which is contributing to a reduction in homelessness in the local authority area. There will always be circumstances where a homeless presentation will be the best option but if we continue the pro-active housing options approach we can make best use of resources to assist the households in most housing need. Customers are well informed about all their potential realistic housing options based on their particular circumstances.

6.0 IMPLICATIONS

6.1 Policy - this approach is consistent with local and national policy and the outcomes set out in the Single Outcome Agreement.

6.2 Financial - Prevention of homelessness reduces the financial pressure on the Council's budget.

6.3 Legal - none

6.4 HR - none

6.5 Equalities - none

6.6 Risk - none

6.7 Customer Service – the preventative approach to homelessness assists customers to find housing solutions to meet their needs and helps to avoid crisis situations occurring.

Executive Director of Community Services – Cleland Sneddon

Policy Lead Strategic Housing, Gaelic, Community and Culture– Councillor Robin Currie
2nd February 2016

For further information contact:

Moira MacVicar, Housing Services Manager – 01631 572 18
Douglas Whyte, Housing Services Team Leader – 01546 604 785
Appendix 1

Enhanced Housing Options

Number of Self-Assessments Completed

1st July 2015 to 30th September 2015

829

Self Assessments
Completed

161

Contact with Argyll & Bute Council
Housing Services Requested

Self Assessments completed by Area

16
Mull &
Iona

259
Outwith

38
Islay, Jura
& Colonsay

93
Cowal

53
Bute

131
Helensburgh

3
Coll
&Tiree

67
Kintyre

86
Lorn

83
Mid-Argyll

Geographical Spread

Of the 161 households requesting contact 98 (61%) lived in mainland Argyll, 43 (27%) lived outwith Argyll and 20 (12%) lived on one of the 25 inhabited islands in Argyll and Bute.

Of the Argyll and Bute residents who requested contact 17% lived on the inhabited islands .

17% of the overall population live on the inhabited islands according to the 2011 census.

HOME
Argyll
Housing Options Made Easy

Argyll
Bute
COUNCIL

ARGYLL AND BUTE COUNCIL   **Community Services**

Community Services   **10 March 2016**

STRATEGIC HOUSING FUND GRANTS- INTERIM ARRANGEMENT

1.0   EXECUTIVE SUMMARY

1.1   In January 2016 the Scottish Government announced that it would accept the recommendation of the 2015 Subsidy Working Group, to increase benchmark grant subsidies for affordable housing development. The Group had been established, by the government, to collectively consider how to maintain the momentum of the Affordable Housing Supply Programme. The Group Membership comprised representation from the Association of Local Authority Chief Housing Officers, COSLA, SFHA, Glasgow and West of Scotland Forum of Housing Associations, Chartered Institute of Housing Scotland and the Scottish Government. This change took immediate effect for all tender applications from 25 January 2016.

1.2   At its meeting on 27 November 2014 the Council approved that grants of £25k per unit would be provided from the Strategic Housing Fund to supplement the Scottish Government subsidy and to assist RSLs to maintain rents at an affordable level, and to ensure the highest attainable design standards are achieved.

1.3   The Council, along with Registered Social Landlord (RSL) partners are currently in the process of undertaking a review of the Strategic Housing Investment Plan(SHIP) , including an analysis of the costs and outcomes associated with the 2011-2015 SHIP. The aim is to conclude this review by September 2016.

1.4   This report proposes an interim amendment to Strategic Housing Fund grants to be applied with immediate effect on approval and to remain in place until the conclusion of the SHIP review and a further report is considered by the Community Services Committee.

1.5   RECOMMENDATION

It is recommended that the Community Services Committee make a recommendation to Council to approve a reduction in the Strategic Housing Fund grant to £12k per unit thereby maintaining the status quo in terms of total grant subsidy to RSL's developing affordable housing In Argyll and Bute. This is an interim arrangement to take immediate effect on approval and to be the subject of a future report in September 2016 following the evaluation and review of the SHIP.

ARGYLL AND BUTE COUNCIL	Community Services
Community Services	10 March 2016

STRATEGIC HOUSING FUND GRANTS- INTERIM ARRANGEMENT

2.0   INTRODUCTION

2.1   The development of affordable housing is subsidised by Scottish Government grants and in Argyll and Bute, this is supplemented by the Council's   Strategic Housing Fund grants. RSL private finance completes the funding package.   It is important to note that no other Scottish Council provides this supplementary support to the extent that Argyll and Bute Council does. Given the increase in Scottish Government subsidy announced in January 2016, this report proposes an interim amendment to Strategic Housing Fund grants to be applied with immediate effect on approval by Council and to remain in place until a review of the SHIP is concluded this summer and a further report is submitted for consideration by the Community Services Committee.

3.0   RECOMMENDATION

3.1   It is recommended that the Community Services Committee make a recommendation to Council to approve a reduction in the Strategic Housing Fund grant to £12k per unit thereby maintaining the status quo in terms of total grant subsidy to RSL's developing affordable housing in Argyll and Bute. This is an interim arrangement to take immediate effect on approval and to be the subject of a future report in September 2016 following the evaluation and review of the SHIP.

4.0 DETAIL

4.1   **Scottish Government grants** are provided to RSL's to support the development of affordable housing.   Scottish Government set a benchmark per unit to calculate the grant contribution for each development.   This takes into consideration house types, energy efficiency standards and geographical locations.   The Scottish Government wrote to the Council on 25 January 2016 advising that they had decided to accept the recommendations of the 2015 Subsidy Working Group to increase benchmarks with immediate effect.   The Group had been established, by the government, to collectively consider how to maintain the momentum of the Affordable Housing Supply Programme. The Group Membership comprised representation from the Association of Local Authority Chief Housing Officers, COSLA, SFHA,

Glasgow and West of Scotland Forum of Housing Associations, Chartered Institute of Housing Scotland and the Scottish Government. Details of the previous and new subsidy levels are set out in Table 1 below.

TABLE 1: Range of benchmarks (all 3p equivalent benchmarks)

	West Highland, Island Authorities and remote and/or rural Argyll		Other rural		City and urban	
	Jan 2014	Jan 2016	Jan 2014	Jan 2016	Jan 2014	Jan2016
RSL social rent Greener*	£72k	£84k	£63k	£74k	£62k	£72k
RSL social rent-Other	£68k	£82k	£59k	£72K	£58k	£70K
All areas						
RSL mid-market rent –greener*	Jan 2014			Jan 2016		
	£34k			£46K		
RSL mid-market rent- other	£30k			£44K		

*to qualify for the higher greener subsidy the building standards must meet section 7, silver level of the 2011 Building regulations in respect of both Carbon Dioxide emissions and Energy for Space Heating.

4.2 **Strategic Housing Fund Grants**. Since 2010 the Council has adopted a policy to support the development programme in Argyll and Bute by providing additional grant funding from the Strategic Housing Fund. The Council has frequently reviewed its awards, as government benchmarks have varied, and the prevailing economic conditions in the housing market have fluctuated. The annual report on the Strategic Housing Fund was presented to the Community Services Committee on 25 June 2015 and as at 31 March 2015 there was an uncommitted balance of £4.252m, as set out in Table 2 below. There are plans in place to utilise the uncommitted balance over the next three years to support the affordable housing development programme, including empty homes grants and loans, as set out in the SHIP report that was approved by Council in November 2014.

TABLE 2: Strategic Housing Fund Balance

	£m
Balance at 31/03/15	10.440
Committed Expenditure	6.188
Uncommitted Balance	**4.252**

4.3 Current Council policy is to award £25k per unit for projects in the Strategic Local Programme Agreement (SLPA) once a Scottish Government grant approval has been issued. The amount of grant per unit awarded to a development project impacts directly on the rent levels charged and the quality of the design including energy efficiency standards. SHF grant levels were due for review in 2016 and that process has been started however, the government's recent

announcement has a significant impact on levels of grant funding to the RSL's and it is therefore recommended that until the review is complete an interim arrangement is put in place.

4.4 The review of the SHIP 2011-15 will consider the cost of development across the different housing market areas; rental charges for different sizes and house types to determine affordability; the impact developments have had on pressure ratios and the housing needs which have been addressed by the investment in new affordable housing. The review will also need to take into account the government's new target to build 50,000 affordable units over the lifetime of the next government and the SHF resources available. It is the intention that this analysis will inform how SHIP resources can be maximised to deliver more affordable housing as well as set thresholds that will guide feasibility analysis based on clear cost benchmarks.

4.5 The average increase to government subsidy is £13k and it is therefore proposed that SHF grant funding is reduced from £25k per unit to £12k per unit to maintain the **total** grant RSL's receive at current levels. Failure to implement this proposed change would mean that RSL's in Argyll and Bute would, in some cases, be receiving almost 100% grant funding. Even with this reduction the Housing Associations will still be receiving more grant funding than in any other local authority area.

5.0   CONCLUSION

5.1 Changes to recent Government subsidy benchmarks have necessitated reconsideration of SHF grant levels while the review of the Strategic Housing Investment Plan is undertaken. This is proposed as an interim solution until a final report is submitted to the Community Services Committee in September. Recent consultations with RSL partners have identified that their current investigations into potential development proposals will not be concluded until the middle of the summer and therefore the September Community Services Committee will present the first opportunity for submission of the revised SHIP.

5.2 A decision on this matter is required to ensure that applications for SHF grants for projects in the current programme can be processed without undue delay and without excessive grant support per unit for the small number of projects which will be coming forward in the next six months.

6.0   IMPLICATIONS

6.1 **Legal**:   Future grant offers will be amended to reflect the recommendations in this report.

6.2 **Financial**: The proposals are based on the Resource Planning Assumptions provided by the Scottish Government; the Strategic Housing Fund and RSL private finance.

6.3   **HR**: None

6.4   **Policy**: Proposals amend the current Council policy.

6.5   **Equal Opportunities**: The proposals are consistent with aims and objectives set out in the local housing strategy which has been subject to an EQIA.

6.6   **Risk:** Risk assessment is an integral part of each development and will be considered as the programme moves forward.

6.7   **Customer Service**: Increased access to a range of suitable, affordable housing options.

Cleland Sneddon, Executive Director Community Services
Cllr Robin Currie, Policy Lead Strategic Housing, Gaelic, Community and Culture
25 February 2016

For further information contact: Donald MacVicar, Head of Community and Culture   01546 604364

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ARGYLL AND BUTE COUNCIL

Community Services

Community Services Committee

10 March 2016

Supporting Services for Young Carers 2016-19

1.0 EXECUTIVE SUMMARY

1.1 This paper notes the support needs of young carers in Argyll and Bute and responsibilities placed on the Local Authority to meet those needs outlined in statutory guidance and in the imminent Carers (Scotland) Bill. The paper recommends a funding package from within existing Children and Families Service budgets is provided to organisations across Argyll and Bute involved in providing services to young carers.

1.2 The definition of a young carer from the *Care 21* report is "a child or young person under 18 who has a significant role in looking after someone else who is experiencing illness or disability, which would normally be undertaken by an adult".

1.3 In 2010 The Princess Royal Trust for Carers published a report *'Mapping Of Services to Young Carers in Scotland'* which estimated there were 1,117 young carers in Argyll & Bute.

1.4 The anticipated Carers (Scotland) Bill will require Local authorities to provide a **Young Carer's Statement** for any young carer requesting an assessment of need. This Young Carer's Statement must include information about the support available to young carers in the responsible local authority's area, and if the young carer's identified needs meet the local eligibility criteria, the Statement must contain information about the support the responsible local authority provides or intends to provide to the young carer to meet those needs.

1.5 The Scottish Government *"Young Carers Strategy for Scotland 2010-15 : Getting it Right for Young Carers"* acknowledged the vital role that support groups for young carers play in the lives of young people who have a caring role for their parents or siblings and placed the continued development of these sources of support at the centre of the strategy. Young Carers' Support Groups have formed and operated with varying capacity involving local third sector groups across five

out of the seven localities in Argyll and Bute, with the exceptions being the islands of Islay and Bute. While some groups have sustained operation at a consistent level over a number of years, notably those in receipt of Local Authority funding, others have struggled to launch or to maintain a sustained capacity due to difficulties in obtaining stable funding.

1.6   It is recommended that the Community Services Committee:

a) Note the increased responsibility that the Carers (Scotland) Bill will place on Argyll and Bute Council to provide Young Carers' Statements detailing the support available locally for any young carer.

b) Acknowledge the lack of resilience in funding for support provided to young carers across Argyll by the range of third sector groups identified.

c) Approve £0.020m for Helensburgh and Oban to allow infrastructure within current carer services to remain in place while services access funding from the Health and Social Care Partnership or external charitable trusts

d) Note that Argyll & Bute Health and Social Care Partnership will work with Mid Argyll Kintyre and Islay, to access appropriate funding to re-establish services for young carers locally.

e) Note that Argyll and Bute Health and Social Care Partnership will work with Dunoon's young carer service to establish a plan to sustain the service once the 3 year funding from the Big Lottery ends.

ARGYLL AND BUTE COUNCIL   **Community Services Committee**

Community Services   **10 March 2016**

Supporting Services for Young Carers 2016-19

2.0   INTRODUCTION

2.1   This paper notes the support needs of young carers in Argyll and Bute and responsibilities placed on the Local Authority to meet those needs outlined in statutory guidance and in the imminent Carers (Scotland) Bill.

2.2   It is recommended that the Community Services Committee:

a) Note the increased responsibility that the Carers (Scotland) Bill will place on Argyll and Bute Council to provide Young Carers' Statements detailing the support available locally for any young carer.

b) Acknowledge the lack of resilience in funding for support provided to young carers across Argyll by the range of third sector groups identified.

c) Approve £0.020m for Helensburgh and Oban to allow infrastructure within current carer services to remain in place while services access funding from the Health and Social Care Partnership or external charitable trusts.

d) Note Argyll & Bute Health and Social Care Partnership will work with Mid Argyll Kintyre and Islay, to access appropriate funding to re-establish services for young carers locally.

e) Note Argyll and Bute Health and Social Care Partnership will work with Dunoon's young carer service to establish a plan to sustain the service once the 3 year funding from the Big Lottery ends.

3.0   DETAIL

3.1   The Scottish Government "*Young Carers Strategy for Scotland 2010-15: Getting it Right for Young Carers*" and the imminent Carers (Scotland) Bill both accept the definition of young carer first outlined in the *Care 21* report: "a child or young person under 18 who has a significant role in looking after someone else who is experiencing illness or disability, which would normally be undertaken by an adult".

3.2   As described in the above *Young Carers Strategy* some studies have estimated there to be over 100,000 young carers in Scotland, which is 1 in 10 of the school age population. However, there are variations in the estimated number because different definitions of a 'young carer' exist and because universal services do not keep information on the numbers of young carers they are working with. Further, children and young people who provide care do not always see themselves as 'young carers.' The population Census in 2001 included a question to help identify the numbers of unpaid carers in Scotland, their ages and the impact their caring contribution made on their own health. This identified 16,701 young people in Scotland who were recorded as providing some unpaid care. However this figure is regarded as likely to significantly underestimate the actual numbers in part because it is adults rather than young people providing care who complete the Census returns. The more recent Census in 2011 records 166 young people in Argyll and Bute under the age of 16 providing between 1 and over 50 hours of care per week. In addition a further 348 between the ages of 16 and 24 are providing similar levels of care. However there is no evidence to suggest that this figure is any more accurate than in 2001.

3.3   The Education (Additional Support for Learning) Scotland Acts of 2004 and 2009 outline the responsibilities of the Local Authority to categories of children and young people defined as requiring additional support for learning. Statutory guidance includes young people with caring responsibilities within this group. Accordingly Argyll and Bute Education Authority record numbers of identified young carers on the national Education database Seemis. At present 112 young people are classified as "young carers" on Argyll and Bute Council's Seemis database. However again this figure is likely to be subject to the same difficulties in under recording identified above.

3.4   Although GPs are identified in the *Young Carers Strategy* as having a key role in identifying young people with additional caring responsibilities there is no national or local database of young carers, and within Argyll and Bute,   NHS Highland has only the census details to map need of young carers.

3.5   In 2010 The Princess Royal Trust for Carers published a report '*Mapping Of Services to Young Carers in Scotland*' which estimated there were 1,117 young carers in Argyll & Bute. This study extrapolated estimated need against total population based on a number of small studies across Scotland which showed a figure per head of population of between 10 and 15%. This figure has some evidential consistency when considered alongside the numbers of young carers identified through Carers' organisations in some areas of Argyll and Bute, with 127 young people registered as receiving support through the Carers' Centre in Helensburgh alone.

3.6   Therefore accepting the recognised difficulties in identifying young people as "young carers" and the consensus view of all data gathering reports considering the numbers of young carers that actual data is likely to be a considerable under-recording, the Health and Social Care Partnership along with colleagues in Education and the third sector are working with an estimated number of between 600 and 1100 young carers resident in Argyll and Bute.

3.7   The anticipated Carers (Scotland) Bill will require local authorities to provide a **Young Carer's Statement** for any young carer requesting an assessment of need. This Young Carer's Statement must include information about the support available to young carers in the responsible local authority's area, and if the young carer's identified needs meet the local eligibility criteria the Statement must contain information about the support the responsible local authority provides or intends to provide to the young carer to meet those needs.

3.8   The Scottish Government *"Young Carers Strategy for Scotland 2010-15 : Getting it Right for Young Carers"* acknowledged the vital role that support groups for young carers play in the lives of young people who have a caring role for their parents or siblings and placed the continued development of these sources of support at the centre of the strategy.

3.9   CURRENT PROVISION
Young Carers' Support Groups have formed and operated with varying capacity involving local third sector groups across five out of the seven localities in Argyll and Bute, with the exceptions being the islands of Islay and Bute. While some groups have operated at a consistent level over a number of years, notably those in receipt of Local Authority funding, others have struggled to launch or to maintain a sustained capacity due to difficulties in obtaining stable funding.

3.10   In three localities - Oban, Helensburgh and now Dunoon, Carers' Centres have been responsible for developing local provision. Support to children on Bute is provided from Dunoon.

3.11   Oban: Oban Young Carers offering primary and secondary after school clubs, one to one support, parenting support, holiday activities and respite has been supported by Oban Carers' Centre for ten years. Argyll and Bute Council Children and Families Service has historically provided grant funding to support this service. Continuation of statutory funding is required to sustain and allow Oban carers to lever additional funding from Health and Social Care Partnership or charitable organisations.

3.12   Helensburgh: The Young Carers Initiative was launched in 2012 with 2 full time members of staff. Once identified, they undertake a detailed carer's assessment and a tailored support package offered to suit their needs and circumstances. This includes: Short Breaks, Personal Development Programmes, Healthy Futures Programme, Homework Study Club, Volunteer mentoring, Group Work, Summer Programme, Workshops, Social Activities, Scottish Young Carers Festival, Educational trips and counselling. An additional part-time Support Worker was employed in April 2014 to deliver the Education, Training and Employment. This is primarily targeted at young adult carers in the 14-24 years age group and offers them assistance to explore options for further education, training or employment. The departure of the

Young Carers Development Co-ordinator to other employment during the year provided an opportunity for the Charity to review the staffing structure. This resulted in the post title being changed to Carer Services Team Leader and an additional part-time Young Carers post being added to the establishment. One of the aims of this change is to achieve greater integration of service delivery between adult and young carers staff. Unfortunately Helensburgh and Lomond Young Carers has very recently failed to gain an extension to their previous three years Big Lottery Funding and as a result are facing significant reduction in service provision. Helensburgh requires interim funding to allow the infrastructure to remain in place so it can apply for funding through Health and Social Care Partnership or external charitable sources.

3.13 Dunoon: Crossroads Carers' Centre has just been successful in obtaining a significant funding allocation from the Big Lottery which should see an expansion of available services to the level previously seen in Helensburgh. It will be crucial for this group to develop a strategy to sustain services beyond the three years.

3.14 In Mid-Argyll a service was previously provided by the Mid-Argyll Young People's Service with a third sector funded co-ordinator post and separate young carer support activities. However funding for this post was not sustained long term and young carers' support is now provided within mainstream young people's groups. This service has indicated that baseline funding from Argyll and Bute Council would enable match funding to be sought from third sector with a view to re-establishing dedicated young carer provision, access to this could be explored through the integrated care fund.

3.15 In Kintyre, the Kintyre Young Carers Service was founded as a multi-agency partnership in 2010. Argyll and Bute Council initially provided staffing hours and resources. However for the past two years the service has operated in partnership with Kintyre Youth Café (The Hub). Funding for the coordinator post from third sector sources was not sustained and again any services for young carers have been subsumed into the mainstream provision. This service has also indicated that funding would provide a platform for attracting additional funding and the re-establishment of dedicated service provision. No dedicated services for young carers currently exist on Islay.

4.0 CONCLUSION

4.1 The Scottish Government *"Young Carers Strategy for Scotland 2010-15: Getting it Right for Young Carers"* recognises the key role in supporting young carers fulfilled by dedicated Young Carers' support services. The Carers(Scotland) Bill will contain provision requiring local authorities to provide Young Carers' Statements on request by individuals identifying support services available locally. If young people requesting Young Carers' Statements also meet the eligibility criteria the local authority will also be required to provide services to meet the identified needs.

4.2   Current provision for young carers across Argyll is uneven and although some areas have successfully bid for significant lottery funding history has evidenced that without core statutory funding it has been difficult for any group to sustain a standard of service provision.

4.3   This paper outlines proposals that recognises the fragility of young carer services in Argyll and Bute.   It proposes that the Children and Families Service work with partners within the Health and Social Care Partnership to identify resources from within locality based funding streams which will allow Young Carers Groups to bid for similar funding for years 2017/18 and 2018/19.

5.0   IMPLICATIONS

5.1   Policy: Proposal anticipates imminent responsibility within Carers (Scotland) Bill to provide Young Carers' Statement and supports Scottish Government *Young Carers Strategy* aim of developing dedicated young carers services.

5.2   Financial: Anticipated that costs are met from redirecting funding from within existing budgets for 16/17 and future costs should be accessed through Health & Social Care Partnership.

                        2016/17
                        Helensburgh & Lomond: £0.020m
                        Oban: £0.020m
                        MAKI and Bute & Cowal to access Integrated Care Fund

5.3   Legal: Proposals support the Council's compliance with legal requirements expected to be implemented by Carers (Scotland) Bill for local authorities to provide Young Carers' Statements outlining services to support local needs of young carers.

5.4   HR: None

5.5   Equalities: Young Carers are an identified group requiring additional support under Education (Additional Support Needs) (Scotland) Acts 2004 and 2009. Service provision is currently dependent on postcode. Proposals will support services across Argyll and Bute equitably
                        .
5.6   Risk   Council unable to meet statutory requirements to provide services for young carers.

5.7   Customer   Proposals increase sustainability of services for young
        Service: carers across Argyll and Bute for the next three years and provide opportunity for supported groups to seek

Cleland Sneddon
Executive Director of Community Services

Policy Lead: Councillor Maurice Corry

15 December 2015

For further information contact:

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Agenda Item 16

ARGYLL AND BUTE COUNCIL

COMMUNITY SERVICES

COMMUNITY SERVICES COMMITTEE

10 MARCH 2016

Community Justice Redesign: Transition plan progress report.

1.0 EXECUTIVE SUMMARY

1.1 From 2017-18 responsibility for local strategic planning and delivery of community justice will transfer from the eight Community Justice Authorities (CJA) to Community Planning Partnerships.

The purpose of this report is to provide members with an update regarding the submission and progress of the transition plan regarding the establishment of local Community Justice Partnerships.

The Transition plan (appendix 1) follows requirements set out by the Scottish Government with a focus on the establishment of links between community justice statutory partners and with the Third Sector, service users and communities.

There are no financial implications for the Council. Transitional funding has been pooled between partner authorities and used to fund a temporary post of Transitions Programme Officer and will also be used to support consultation events and develop partnership initiatives.

1.2 It is recommended that the Community Services Committee:

a) note the progress made under the terms of the Transition Plan 2016-17 with regard to community justice redesign.

ARGYLL AND BUTE COUNCIL

COMMUNITY SERVICES COMMITTEE

COMMUNITY SERVICES

10 MARCH 2016

Community Justice Redesign: Transition plan progress report.

2.0 INTRODUCTION

2.1 In 2013 Scottish Government consulted on the future model of community justice in Scotland. The outcome of this consultation was that from 2017-18 responsibility for local strategic planning and delivery of community justice will transfer from the eight Community Justice Authorities (CJA) to Community Planning Partnerships.

2.2 The transition plan (Appendix 1) has been developed jointly by Argyll and Bute, West Dunbartonshire and East Dunbartonshire Councils. The background to this collaborative approach is that since 2002 the three councils have worked in partnership in relation to the strategic planning and delivery of criminal justice social work. In respect of Community Justice it is recognised that Community Planning Partnerships are the vehicle to bring partner organisations together to plan and delivery community justice outcomes.

2.3 The joint approach to transition planning is consistent with established partnership working and high level of inter-authority collaboration in respect of the planning and delivery of the above services. The transition plan draws on this experience and extends the collaboration with community justice partners within the framework of the North Strathclyde Community Justice Authority (NSCJA). The plan accommodates the particular issues affecting the delivery of community justice in the local authority areas, embracing a very wide range of social, economic and geographic diversity. Overlaying these factors are the organisational and service delivery arrangements of statutory partners, almost all of which overlap local authority boundaries; in connection with which there are additional efficiencies to be gained by partnership and collaboration in the transition planning process.

2.4 Community Justice is defined by the Scottish Government as *"the collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm it causes, to promote social inclusion, citizenship and desistance".* Outcomes for Community Justice will be supported by effective local planning and delivery of services by a range of partners in the public and third sector.

2.5 In order to ensure as smooth as possible transition to the new model local authorities were required to submit a transition plan setting out how they plan to manage this process over 2016-17. The Criminal Justice Partnership authorities worked together to create a plan, drawing on the experience of inter-authority partnership and creating efficiencies for partner agencies in terms of consistency. The plan was submitted in January 2016.

3.0 RECOMMENDATIONS

It is recommended that the Community Services Committee:

a) note the progress made under the terms of the Transition Plan 2016-17 with regard to community justice redesign

4.0 DETAIL

4.1 The issues addressed in the plan follow the requirements set out by the Scottish Government and focus on the establishment of links between community justice statutory partners and with the Third Sector, service users and communities. The plan also addresses governance and accountability and how most effective use will be made of the transition funding offered to local authorities to support the process

4.2 We have a clear understanding of the extent and nature of existing links with the current partnership between East Dunbartonshire, West Dunbartonshire and Argyll and Bute. Partners recognise existing strategic and operational relationships and that there is potential within the new arrangements to extend and strengthen the value of these relationships, by drawing on the contributions from a wider field. Therefore, where relationships and links are less well developed, partners will be consulted and engaged with in order to ensure mutual understanding of partner roles and potential contribution to fulfilling the aspirations underpinning community justice. Within this context, the integration of health and social care may afford opportunities for the development of a more consistent approach to strategic understanding of the contribution of health and social care services to community justice outcomes.

4.3 We have a clear understanding of the extent and nature of existing relationships with the third sector. There are a small number of commissioned services supporting Criminal Justice Social Work (CJSW) but a larger and more complex set of operational relationships, which are not directly commissioned but, are nonetheless critical to achievement of reductions in offending. The development of a strategic approach to commissioning is critical in terms of assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality

of future services and working in partnership to put these in place. The Criminal Justice Social Work Partnership commissioning strategy and performance planning and improvement framework offers a foundation from which to build an inclusive partnership approach to the achievement of community justice outcomes

4.4   In consulting with partners it was recognised that there are quite strong operational links between criminal justice social work and local third sector organisations. The challenge of bringing the benefit of these operational relationships to the table in the context of developing local community justice plans was recognised in terms of limited strategic capacity in smaller organisations. Support to improve this could be achieved in the short to medium term through the resource provided through the transition funding.

4.5   Community justice services require to develop a fuller understanding of the views of service users, including Sentencers, people with convictions who may be reluctant recipients of services and the public, including those who may be or have knowledge of victims of crime and whose views may be influenced by media reporting and portrayal of crime. Lessons may be learned from existing systems and consultation processes and the gaps identified in terms of public engagement through a variety of means. The local third sector partners potentially could support the extension of the range and reach of consultation in a number of areas.

4.6   The process of transition has been supported by the work of the (national) Community Planning Partnership Transitions Group. Community Justice Authorities (CJA) are involved in this group and have produced a toolkit /resource pack to support Community Planning Partnerships (CPP) staff. National events have also been held.

4.7   Within a local context North Strathclyde Community Justice Authority (NSCJA) has engaged with all Community Planning Partnerships (CPP) and partners collectively and individually in terms of information exchange, briefing and consultation. Over the period of transition, whilst engagement at national and regional level with Community Justice Authorities (CJA) will continue, the focus will shift to those matters critical to efficient local transition. The experience of the Criminal Justice Authorities (CJA) in relation to the development of strategic partnerships will be essential. Over the period of transition the local authorities involved in our local partnership will be determining priorities and identifying the means and capacity to effect continuity.

4.8   The present situation is that Criminal Justice Social Work Service provides progress reports on Single Outcome Agreement (SOA) priorities to the relevant outcome groups in each authority. In relation to the local authorities' responsibilities the Partnership Joint

Committee has delegated oversight and decision making powers. Accountability in relation to performance improvement is achieved via reporting on a balanced scorecard to the Joint Committee.

4.9   It is the intention that accountability and governance should so far as possible fit within existing arrangements. The Criminal Justice Social Work Service remains accountable to and subject to governance by the organisational arrangements which accommodate Social Work Services within each local authority. This includes any cross authority accountability which may be required or developed.

4.10   In terms of accountability for community justice outcomes there will be a clear link to existing relevant Single Outcome Agreement (SOA) outcome groups. This will involve a review of current arrangements. The Service will be consulting internally and with partner agencies in order to fully develop proposals in relation to the best governance arrangements to ensure the appropriate location, level and focus of accountability, (legal, financial, outcomes). The guiding principles are that there will be;

- clear arrangements for performance reporting on achievement of outcomes;
- clear lines of accountability for policy and resourcing decisions;
- a Commissioning Strategy reflecting the new community justice partnership landscape;
- that resources meet operational needs in relation to effective delivery of statutory services and outcomes;
- opportunities for shared services and systems are identified and appropriate protocols developed.

4.11   For Community Justice it is proposed that the reporting arrangements will collectively go to a Community Justice Partnership Committee. From there, each Local Authority will consider their internal reporting arrangements to their respective Community Planning Partnership (CPP). Within West Dunbartonshire and Argyll and Bute this reporting will be to the respective Community Planning Partnership Management Committee on an Annual or bi-annual basis; within East Dunbartonshire to the Community Planning Executive Group. Reporting of specific outcomes and performance for Community Justice will continue under local reporting arrangements in relation to Safe, Strong and Included outcomes.

4.12   Prior to the formal transition process outlined in this document the Service has begun to identify organisations and individuals with whom to work in partnership. This transition plan was informed through consultation with key statutory partners and representatives of local third sector providers. It is the intention that future planning activity will be informed by a wider representation and will draw in views from a constituency of interested parties including the public and service users.

4.13   The Service recognises the opportunity to identify existing connectivity to strengthen the links and to develop new ones where appropriate. This activity will require to be informed by the priorities developed within the national strategy. In relation to individuals and communities affected by crime and those involved in committing offences, common themes such as access to employment opportunities, housing and health services have been identified.

4.14   Beyond the period of transition it is recognised that a constructive approach to community justice will require partnerships to look beyond the formal response to crime through the criminal justice system. Consideration will be given to the factors which support desistance from crime in relation to those already involved, and to early intervention which may divert and prevent criminal activity.

4.15   In the short to medium term the transition funding (£50,000 to each Local Authority) has been pooled to maximise capacity to support transition and future planning activity. A key aspect of this is the appointment in December 2015 of a Community Justice Transitions Programme Officer post hosted by West Dunbartonshire Council and managed by the Partnership Manager. The post holder reports to an executive group comprising the Criminal Justice Partnership Strategic Management Group and Community Planning Managers

4.16   The Programme Officer's work refers directly to the transition plan. The first task identified was to undertake a mapping of the current landscape of partnership engagement with key services. This initial exercise has been completed and will be reviewed at relevant times to ensure account is taken of any changes made in the Community Justice (Scotland) Bill in its final form.

4.17   The Programme Officer has begun to establish contacts with and meet representatives of local third sector organisations and with the national Community Justice Voluntary Sector Forum. The Partnership is also utilising opportunities and experience afforded by the Community Justice Authority (CJA) and our relationship with the various Public Service Partnerships to provide insight into and network with a range of partners.

4.18   The Programme Officer has met with the CJA Planning Officer and arrangements have been made for the executive group to meet with the CJA Chief Officer. The primary purpose of establishing and developing these relationships is to ensure that continuity of involvement in and, where appropriate, leadership of strategic and operational partnerships are prioritised.

4.19   The question of how partner resources will be leveraged to support change and innovation is critical and ultimately will be a key factor in the measurement of success and achievement of the aspirations

underpinning the change. An element of this, referred to in the forthcoming legislation, will be access to support from general services; housing, education, employment health etc. There are in many instances good operational links which require developing to ensure consistency, sustainability and clarity with regard to their contribution to Community Justice outcomes.

4.20 The provision of funding to facilitate the transition to the new model was noted above. The funding commenced in 2015-16 and was recently confirmed as continuing into 2016-17 and, subject to review, into 2017-18. Part of this funding is being used to employ a Programme Officer. The balance will be utilised to fund consultation events and opportunities and, subject to the terms of the funding, could be used to support the establishment of partnership initiatives for instance involving local third sector organisations individually or collectively and or partnership between national and local service providers. It is intended that the first phase of consultation with statutory and other partners due to commence in March/April 2016 will help in identifying potential initiatives of this type.

4.21 In summary, Criminal Justice Social Work and Community Planning Partners were required by Government to indicate, by January 2016, how they will manage the transition from current arrangements to a local community justice model by 2017 and how transitional funding would be used to support this.

4.22 The Plan (appendix 1) addresses 5 key questions set out by the Government and focusses on how we will build links and engage with partners, the Third Sector, service users and communities; how we intend to work with the outgoing Community Justice Authority; and how we will engage with partners to support change and local innovation.

4.23 A Transitions Programme Officer has been recruited to carry forward the transitions plan and report to Criminal Justice and Community Planning managers. It is early days but work has begun scoping out and mapping existing partners and structures within the three Local Authorities. This initial work is expected to be concluded by March this year with more detailed consultative and developmental sessions throughout the summer and into 2017 in respect of the 5 key areas. Governance of the plan rests with the Community Justice Partnership Executive Group (comprising of Criminal Justice social work and Community Planning mangers from all three Local Authorities). The plan, currently on target, highlights key tasks and timescales leading to full transition to the new arrangements in April 2017.

5.0 CONCLUSION

5.1 Criminal Justice Social Work and Community Planning Partners submitted to Government in January 2016, their plan to manage the transition of community justice responsibility from the North Strathclyde Community Justice Authority to the three constituent Local Authorities.

5.2 Transitional funding has been pooled to maximise opportunity, has been used to fund a temporary post of a Transitions Programme Officer and will also be used to support consultation events and develop partnership initiatives.

5.3 A primary function of the Programme officer is to progress the transitions plan and report to an executive group of the Criminal Justice Partnership and Community Planning Managers. Progress is underway and due to meet expected timescales.

6.0 IMPLICATIONS

6.1 Policy — There are no policy implications in respect of the Transitions Plan

6.2 Financial — The transition funding, noted above, is £50,000 per authority per year for three years (subject to the outcome of the spending review). The Partnership authorities have pooled their funding in order to derive maximum benefit in terms of resourcing a post to drive matters forward and also to support local partnership working and consultation initiatives. We hope to have confirmation of the ability to carry forward underspend of this funding from 2015-16 which if possible would add substantially to the capacity for innovation.

6.3 Legal — The redesign of Community Justice will provide an opportunity to review the existing formal partnership arrangements between Criminal Justice Social Work services within Argyll and Bute, East and West Dunbartonshire's.

6.4 HR — There are no people implications arising from this report.

6.5 Equalities — An equalities impact assessment is not required at this time.

6.6 Risk — Strong partnership arrangements for the delivery of justice services are already in place and will continue to deliver throughout the period of

transition and beyond. However, it should be noted that the National Strategy for Community Justice and National Performance Framework will not be available until mid-2016 with a consequent impact on the timeframe for the detailed development of local Community Justice plans for the period from 2017 due to be submitted by the end of this year.

6.7   Customer Service   The redesign of Community Justice to deliver local outcomes will attract improved consultation and planning with service users.

Cleland Sneddon
Executive Director of Community Services

Policy Lead Councillor Maurice Corry
23 February 2016

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APPENDICES

1. ABD CJ Transition Plan 2016-17 Final draft

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Argyll, Bute and Dunbartonshires' Partnership   **Community Justice Transition Plan: 2016-2017**

Key Question 1	Current situation	Ambition by 2017	Transition: How do we get there?	Timescale and Responsible Officer / Service
How we build links with and between community justice partners?	Partner involvement in place in relation to the strategic planning and delivery of Criminal Justice Social Work Services (see introduction re partnerships) and within existing community planning arrangements. Strategic review and consultation has identified need/opportunity to widen and strengthen partnerships.	Establish robust strategic partner relationship between partner local authorities and statutory partners. Local Community Justice plans developed over 2016 to be underpinned by consultation with and involvement of statutory partners See below re commissioning strategy.	Map current landscape of meetings / engagement with key services	February 2016 Community Justice Redesign Programme Officer (Community Justice Partnership Executive Group)
			Identify/create specific opportunities for engagement with Crown Office and Procurator Fiscal Service (COPFS) and Scottish Court and Tribunal service.	March 2016 Community Justice Redesign Programme Officer (Community Justice Partnership Executive Group)
			Further development sessions throughout year to develop shared ambition and understanding of agenda	April 2016 – March 2017 Community Justice Redesign Programme Officer (Community Justice Partnership Executive Group)
Key Question 2	**Current situation**	**Ambition by 2017**	**Transition: How do we get there?**	**Timescale and Responsible Officer / Service**
How we plan to involve the Third Sector, service users, people with convictions, and communities in their	The current situation is characterised by examples of good local arrangements. This applies to	Focused and meaningful engagement at varying levels with all relevant groups. An inclusive, partnership	Map existing structures / groupings	February – March 2016 Third Sector Interface in each area
			Use existing engagement routes and opportunities available to	As required

local arrangements, planning and delivery in 2016/2017.	involvement of the third sector in support of Criminal Justice Social Work and regular reporting on formal service user feedback. There is a need for a more systematic approach which embraces the wider community and translates into the planning process.	approach, underpinning strategic planning <u>and</u> development of a community justice partnership commissioning strategy.	statutory and third sector partners to engage with and ascertain views of service users communities etc.	Community Justice Redesign Programme Officer
			Work with Community Justice Voluntary Sector Forum (CJVSF) to develop more refined engagement tools	February 2016 – May 2016 Community Justice Redesign Programme Officer
Key Question 3	**Current situation**	**Ambition by 2017**	**Transition: How do we get there?**	**Timescale and Responsible Officer / Service**
How we intend to work with Community Justice Authorities (CJA) to ensure that community justice issues that are led on by North Strathclyde Community Justice Authority (NSCJA) are picked up, where appropriate, by the relevant Community Planning Partnerships	Transition packs are being prepared. North Strathclyde Community Justice Authorities (NSCJA) are engaging with local Community Planning Partnerships providing briefings and engagement opportunities in relation to existing	Community Justice Improvement plan embedded within planning and performance frameworks of partners with a clear frame of reference and accountability regarding the achievement for outcomes.	North Strathclyde Community Justice Authorities (NSCJA) are a key partner in transition planning and will continue to be over the period of transition 2016-2017. We will identify and engage in specific areas of activity/issues currently led on and /or supported by North Strathclyde Community Justice Authority (NSCJA).	April 2016 – March 2017 North Strathclyde Community Justice Authority and Community Justice Partnership Executive Group.

Argyll, Bute and Dunbartonshires' Partnership **Community Justice Transition Plan: 2016-2017**

(CPP) in 2016/17.	partnership arrangements.			
Key Question 4	**Current situation**	**Ambition by 2017**	**Transition: How do we get there?**	**Timescale and Responsible Officer / Service**
Looking to 2016/17 and beyond, what the local governance arrangements will be for:				
Community justice accountability lines	Criminal Justice Social Work currently reports to a Joint (partnership) Committee with delegated powers in respect of sect.27 functions. Community Justice Partners report on Single Outcome Agreement (SOA) commitments through the relevant local outcome groups.	A clear link to existing relevant outcome groups. This will involve a review of current arrangements. We will be consulting internally and with partner agencies in order to fully develop proposals in relation to the best governance arrangements to ensure the appropriate location, level and focus of accountability, (legal, professional, financial, outcomes).	Development sessions across the wider partnership to map current and future reporting lines consult internally and with partner agencies in order to develop governance arrangements to ensure the appropriate location, level and focus of accountability, (legal, financial, outcomes). The guiding principles are described in the introduction.	March 2016 – July 2016 Community Justice Partnership Executive Group.
Which organisations and individuals will be involved across the statutory, non-statutory and community sectors.	There is an identified need to widen and strengthen partnerships with a focus on the planning and delivery of Community Justice services.	A robust strategic partner relationship between local authorities and statutory partners. Community Justice Strategic Group established to drive forward Community Justice	Work to be done on appropriate engagement and involvement of key non statutory groups, users of services and residents.	February – May 2016 Community Justice Redesign Programme Officer.

3

| | This will build on existing relationships which principally involve Criminal Justice Social Work, Police Scotland, the Scottish Prison Service and third sector organisations, the most significant of which is presently Turning Point Scotland.

There is a challenge to engage a wider range of non-statutory partners, including local third sector organisations who are currently or have potential to contribute to the delivery of community justice outcomes. | Improvement planning objectives.
Local Community Justice Improvement Plans underpinned by consultation with and involvement of statutory and non-statutory partners

An inclusive, partnership approach, underpinning strategic planning <u>and</u> development of a community justice partnership commissioning strategy.

Clear arrangements and systems re inter authority/agency accountabilities. | | |
| How community justice arrangements will link into wider Community | See development of accountability lines. (5.4 and 7) | Community Justice arrangements will involve links into appropriate | Ongoing development sessions across the wider partnership to map current and future reporting | April 2016 onwards

Community Justice Redesign |

Argyll, Bute and Dunbartonshires' Partnership   **Community Justice Transition Plan: 2016-2017**

Planning Partnership (CPP).		outcome groups and reports to authority Community Planning Partnership (CPP) committees.	lines Community Justice will be built into any Single Outcome Agreement (SOA) refresh required through the Community Empowerment Act.	Programme Officer & Community Justice Partnership Executive Group
How links will be made from broader community planning themes to the community justice agenda and vice versa.	Each Community Planning Partnership (CPP) currently focuses on a similar but locally prescribed outcome set.	Community Justice will be embedded and mapped in the same way as all other outcome areas and interdependencies / links highlighted.	CPP meetings will encourage partners to identify gaps in progress and look at any further partner input. This encourages further cross-linkages. Further to this, the national plan is critical to creating the framework within which any themes for developing Community Justice will be developed.	In line with publication of national strategy and performance framework. Community Justice Partnership Executive Group
Key Question 5	**Current situation**	**Ambition by 2017**	**Transition: How do we get there?**	**Timescale and Responsible Officer / Service**
How partner resources will be leveraged to support change and innovation locally and to make the most effective use of transition funding.	Partner resources are mainly staff.	The transition funding allows for the starter resource and will help to create capacity for change and innovation.	The partner local authorities have agreed to pool their transitions allocations in order to maximise the efficient use of the resource and permit modest support/testing of innovation in partnership working. We will encourage and support	April 2016 – March 2017 Community Justice Redesign Programme Officer & Community Justice Partnership Executive Group

			the development of partnership projects in 2016/17. This may include the development of apps or software that is required to better engage with service users and partners.	

ARGYLL AND BUTE COUNCIL COMMUNITY SERVICES COMMITTEE

COMMUNITY SERVICES **10 MARCH 2016**

JOINT INSPECTION OF OLDER PEOPLES SERVICES 2015

1.0 EXECUTIVE SUMMARY

1.1 The purpose of this report is to confirm and set out the grades and improvement actions from the Inspection of Older People's Services by the Care Inspectorate and Healthcare Improvement Scotland between April and June 2015. The inspection focused on the services provided by Partnership agencies involved in older person's services including the Council, NHS and 3rd sector providers.

1.2 The grades awarded by the Care Inspectorate are set out in 4.3.

1.3 The improvement actions contained within the inspection report are set out in Appendix one.

1.4 The next steps to be undertaken by the Partnership to address the improvement actions are set out within this report in section 5.2.

1.5 The Report recommends that Community Services Committee:

a) note the grades achieved by the partnership as a result of the inspection of Older People's Services in Argyll and Bute.

b) endorse the Improvement Actions set out by the Care inspectorate at Appendix one.

c) note the next steps to be undertaken by the Partnership to address the improvement actions contained within the inspection report.

ARGYLL AND BUTE COUNCIL   **COMMUNITY SERVICES COMMITTEE**

COMMUNITY SERVICES   **10 MARCH 2016**

JOINT INSPECTION OF OLDER PEOPLES SERVICES 2015

2.0   INTRODUCTION

2.1   The purpose of this report is to confirm and set out the grades and improvement actions from the inspection of Older People's Services by the Care Inspectorate and Healthcare Improvement Scotland between April and June 2015.   The inspection focused on the services provided by Partnership agencies involved in older person's services including the Council, NHS and 3rd sector providers.

2.2   The grades awarded by the Care Inspectorate are set out in 4.3.

2.3   The "Improvement Actions" contained within the inspection report are set out in Appendix one.

2.4   The next steps to be undertaken by the Partnership to address the improvement actions are set out within the report in 5.2.

3.0   RECOMMENDATIONS

3.1   It is recommended that Community Services Committee:

(a)   note the grades achieved by the Partnership as a result of the inspection of Older People's Services in Argyll and Bute.

(b)   endorse the Improvement Actions set out by the Care Inspectorate at Appendix one.

(c)   note the next steps to be undertaken by the Partnership to address the improvement actions contained within the inspection report.

4.0   DETAIL

4.1   The Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of Health and Social Work services for older people in Argyll and Bute between April and June 2015. The purpose of the joint inspection was to find out:

- How well Health and Social Work services delivered good personal outcomes for older people and their carers
- How well Health and Social Work services worked together to deliver services to older people, which would enable them to be independent, safe, as healthy as possible and have a good sense of wellbeing.
- How well Health and Social Work services were prepared for the coming legislative changes designed to integrate Health and Social Work services.

4.2 The joint inspection involved meeting over 100 older people and their carers, and around 400 staff from Health and Social Work services. Inspection staff read 111 older people's Health and Social Work records. They also studied a lot of written information about the health and social work services for older people and their carers in Argyll and Bute.

4.3

Quality indicator	Heading	Evaluation
1	Key performance outcomes	Good
2	Getting help at the right time	Adequate
3	Impact on staff	Adequate
4	Impact on the community	Good
5	Delivery of key processes	Adequate
6	Policy development and plans to support improvement in service	Adequate
7	Management and support of staff	Adequate
8	Partnership working	Adequate
9	Leadership and direction	Adequate

4.4 *Gradings Matrix*

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

5.0 IMPROVEMENT ACTIONS

5.1 The improvement actions are set out in Appendix one.

These actions describe the areas for improvement and set the scene for future improvement activity the partnership will be taking forward within the new improvement plan 2016/18 for Adult Services.

5.2 The Partnership are expected to produce an improvement plan by the end of March 2016 which incorporate the improvement actions identified by the inspection team.

6.0 CONCLUSION

6.1 The Partnership now has a number of improvement actions that will be set out within Adult Services Improvement plan 2016/18. This plan will be examined by the Care Inspectorate and endorsed by the end of March 2016 as the agreed improvement plan for adult services.

6.2 The Partnership welcome the findings of the inspection process and will use this to help guide our improvement journey as we move towards improved joint working within our new Health and Social Care Partnership (HSCP) management structure. It is the stated intention of the new HSCP to improve outcomes for all adults in Argyll and Bute by working together more effectively across our localities to deliver safe, sustainable and person centred care.

7.0 IMPLICATIONS

7.1 Policy The recommendations from the Inspection agencies will be addressed within the new improvement plan 2016/18.

7.2 Financial None

7.3 Legal None

7.4 HR None

7.5 Equalities None

7.6 Risk The new improvement plan will address the improvement actions identified by the Inspection agencies.

7.7 Customer Service Improving outcomes for older people sits at the heart of inspection activity.

Cleland Sneddon
Executive Director of Community Services

Policy Lead Cllr Maurice Corry
March 2016

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APPENDICES

Appendix 1 Improvement Actions

Appendix 1

No.	Recommendations for improvement
1	The Partnership should put further measures in place that help deliver on the Scottish Government delayed discharge targets to make sure older people return to their own home or a homely setting in which their needs are better met.
2	The Partnership should develop and improve its approach to reablement across Argyll and Bute which could demonstrate positive outcomes for service users and their carers. This should be supported with an outcomes framework capable of producing effective, performance improvement data.
3	The Partnership should work further with the carer's centres to improve how information about carers' needs are shared between carer's centres and social work staff so that carers have better access to services for themselves and those for whom they care.
4	The Partnership should work towards improving the geographical equity of services ensuring that pathways for accessing services are more joined up and effective.
5	The Partnership should ensure that all relevant case records contain accurate chronologies and, where appropriate, have written risk assessment and risk management plans in place so that people's care needs are better assessed and planned for.
6	The Partnership should ensure that plans to support vulnerable older people are updated and training is provided for staff in hospitals and that alternative places of safety are found to ensure that older people can receive the right support at times when they most need it.
7	The Partnership should enable a wider range of client groups to access independent advocacy services. This should ensure the most vulnerable people are supported through complex and challenging life events to express their own views as far as possible.
8	The Partnership should make sure that the future joint strategic commissioning plan gives detail on: • How priorities are to be taken forward and resourced • How joint organisational development planning to support this is to be taken forward • How consultation, engagement and involvement are to be maintained • Full and detailed costed action plans including plans for investment and disinvestment based on identified future needs, and • Expected outcomes.
9	The Partnership should complete and deliver a joint workforce strategy to support health and social care integration. This should include a clear

No.	Recommendations for improvement
	workforce plan to support sustainable recruitment and retention so that there is sufficient capacity and suitable skills mix to deliver high quality services for older people and their carers.
10	The Partnership should update, in cooperation with NHS Greater Glasgow and Clyde, the service specification of their service level agreement to clarify issues such as financial governance and quality assurance measures.
11	The Partnership should update its consultation, engagement and involvement policies and procedures with stakeholders and ensure that these are fully implemented. This should include better engagement on: • Its vision and objectives • Integration pathways • Service redesign • Supporting improvement and change management • Realising the full potential of the third and independent sectors, and • Providing feedback on how the results of consultations have been considered, and the subsequent actions resulting from the views of stakeholders.

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Services for older people in Argyll and Bute

February 2016

Report of a joint inspection of health and social work services for older people

Services for older people in Argyll and Bute
February 2016
Report of a joint inspection

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards.

Healthcare Improvement Scotland works with healthcare providers across Scotland to drive improvement and help them deliver high quality, evidence-based, safe, effective and person-centred care. It also inspects services to provide public assurance about the quality and safety of that care.

We can also provide this report:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in languages spoken by minority ethnic groups.

Services for older people in Argyll and Bute
February 2016
Report of a joint inspection of health and social work services for older people

Contents

Summary of our joint inspection findings

The Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of health and social work services for older people in Argyll and Bute between April and June 2015. The purpose of the joint inspection was to find out how well health and social work services delivered good personal outcomes for older people and their carers. We wanted to find out how well health and social work services worked together to deliver services to older people, which would enable them to be independent, safe, as healthy as possible, and have a good sense of wellbeing. We also wanted to find out how well health and social work services were prepared for the coming legislative changes designed to integrate health and social work services.

Our joint inspection involved meeting over 100 older people and their carers, and around 400 staff from health and social work services. We read 111 older people's health and social work records. We studied a lot of written information about the health and social work services for older people and their carers in Argyll and Bute.

The Argyll and Bute Partnership includes principally Argyll and Bute Council and NHS Highland and is referred to as 'the Partnership' throughout this document. In Argyll and Bute, social work services, most community health, and acute hospital services, were delivered by Argyll and Bute Council and NHS Highland. In addition many specialist health services were delivered by NHS Greater Glasgow and Clyde on behalf of the Argyll and Bute Partnership. These were agreed through a service level agreement.

Quality indicator 1 – Key performance outcomes

The Partnership performed well compared to national trends on preventing avoidable admissions of older people to hospital. Its performance on ensuring the timely discharge from hospital of older people who were medically fit for discharge varied. The balance between hospital and community care was good, with most older people supported at home, compared to the proportion supported in care homes.

There was a positive preventative approach to providing care and support to service users. This helped to reduce the need for admission to hospital, supported discharge from hospital as well as supporting service users to remain at home. Reablement, respite and care at home services were having, in the main, a positive impact in helping older people maximise their quality of life. However, there was room for improvement in the availability of these services.

Enabling choice for service users and their carers was growing with steady progress being made in the offering of self-directed support. Overall, services were delivering good outcomes for service users, helping them to maintain their independence, their ability to manage and live at home or in a homely setting.

Quality indicator 2 – Getting help at the right time

The Partnership's approach focused on outcomes that prevented admission to hospital or to a care home and aimed to decrease social isolation. It aimed to improve wellbeing and health through increased mobility, better self-management and developing support in partnership with individuals and their carers. This approach to earlier intervention and prevention was gathering momentum in some communities. However, staff vacancies meant that delivery of services did not always meet planned support requirements.

The quality and accessibility of anticipatory care planning was improving. However, it was an area requiring further development. The development of the falls prevention was, in part, a success. However, availability of falls prevention services and management of falls was variable across localities and access was not equitable.

Older people and their carers with whom we spoke were generally content with the quality of services they received. The Partnership had worked with the independent sector to increase support to carers and had developed carers' centres in each of the four localities. These were providing valuable services and support to carers. Carers wanted better access to respite care to support them to enable their older relative to stay at home for longer.

Services for people with dementia were generally well delivered. However, some gaps meant that some older people did not always get the diagnostic and post diagnostic support when they needed it. Steady progress was being made in making sure that older people were offered self-directed support. However, the Partnership recognised that assessment processes were cumbersome for both staff and service users and these were under review.

Quality indicator 3 – Impact on staff

Staff were generally well motivated and thought they worked well together to support older people to live in the community. There was evidence of positive attitudes across all staff groups. Some staff advised that they were working to capacity and, as a result, were unable to carry out early intervention work. Pressures in some front line services were being compounded by vacancies and staff absences and this impacted on staff morale.

There was evidence of good multi-disciplinary and multi-agency working, communication and a commitment to providing good standards of care to service users. Although there was evidence of staff consultation activities, staff felt that communication about proposed changes, such as integration of health and social work services, could be improved.

Senior managers recognised that changes were needed to improve dialogue with staff. However, staff told us that communication could be improved to enable staff to feel more engaged.

Generally staff had good access to training but most of this was delivered separately by health and social work services. The Partnership recognised it needed to develop different approaches to deliver training especially in remote areas.

Quality indicator 4 – Impact on the community

The Partnership demonstrated a strong commitment to engagement and consultation with the community and building the capacity of local communities. The Partnership engaged and involved local communities to better meet the health and social care needs of older people. A good range of community supports for older people was already in place.

The Partnership was seeking to work productively with older people, the third and independent sectors to improve engagement and increase awareness of the local community responses to delivering support.

The Partnership had adopted a locality-based approach to design services to meet the needs of the local population. However, the Partnership needed to do more to measure the outcomes of these community supports, to formalise the evaluation of initiatives, and ensure shared learning. The Partnership needed to do more to keep staff updated on the positive work they were undertaking.

Quality indicator 5 – Delivery of key processes

Assessment and care management was generally good. Assessments were carried out, and care and support plans were regularly reviewed. However, there were some areas for development such as the preparation of chronologies. While staff felt confident and supported in managing risk, the preparing and recording of risk assessments and risk management plans needed to improve.

Older people were being involved in decisions about their care and support and were also being well supported to self-manage their condition by Partnership staff.

Work had been done to embed an outcomes approach. New processes were introduced to support the consistent implementation of self-directed support. The options available for service users were limited by availability of provider services in some areas. Further development was needed in areas such as choice and support for carers and independent advocacy.

People who used both health and social work services and their carers were, on the whole, satisfied both with the services they received and the positive outcomes for them that resulted. They highlighted that family members and service users were involved in reviews and in decision making. Some improvements were needed in areas such as respite and care at home.

The Partnership needed to work towards improving the geographical equity of services to make sure that pathways for accessing services are more joined up and effective, for example, the development of a single point of access.

Quality indicator 6 – Policy development and plans to support improvement in service

The Partnership had set out a clear overall direction for the future planning and delivery of services for older people. However, some of the plans lacked the finer details on how they would be achieved. Joint formal strategies and costed action plans for themes such as carers, dementia, telecare and management of assets were needed. The Partnership needed to refresh and articulate its strategic priorities for these areas in the context of health and social care integration timescales.

Using the Change and Integrated Care Funds, the partners had taken a joint approach to the deployment of resources and this was influencing the future shape of health and social work services. Learning from these investments had led to a number of successful service redesigns.

A wide range of performance information was produced, reported and made available for consideration by the Partnership's senior and local management as well as council elected members and NHS board members. A draft joint performance framework linked to national outcomes was being prepared. The Partnership needed to be sure that the framework contained challenging, but achievable targets for service users and their carers.

Many stakeholders, such as the third and independent sectors, were positively engaged with meaningful involvement, in formal planning structures. The Partnership recognised local care market challenges and was beginning to address them. Joint strategic commissioning activity to date had primarily focused on older people's services. We saw evidence of cross-sector engagement and involvement between health and social work partners.

However, we saw less evidence of how strategic joint commissioning developments were to be progressed and how these would be led. The Partnership needed to develop its commissioning approach to further shift the balance of care to carry on the progress made so far.

Quality indicator 7 – Management and support of staff

Argyll and Bute Council and NHS Highland were developing joint workforce planning but this was at a very early stage.

Staff recruitment and retention was a challenge in some geographical areas and in some parts of the workforce. This affected the capacity and capability of some services. Although there were few joint posts, there was evidence of new approaches to service delivery through a range of projects and schemes.

Resource allocation and deployment of staff were still largely at an individual agency level. However, there was evidence that frontline staff from health and social work services worked hard to ensure a joined up approach to provide positive outcomes for older people.

Staff development and training were largely specific to each of the partners. Most staff thought there was good access to training appropriate to their post.

On the whole individual supervision arrangements and support were positive. In the partner's own staff surveys the need to improve management support for staff was identified as a key priority. A range of initiatives was in place which showed the Partnership's intentions to address this and other areas including training and development.

Quality indicator 8 – Partnership working

The Partnership was actively planning for health and social care integration. However, it had yet to establish pooled budget arrangements including accounting and reporting frameworks. Separate but effective budget management approaches were in place. However, the shadow Integration Joint Board had yet to have detailed discussions about the scope of the budgets aligned to those services it had agreed to commit to integration. The Partnership needed to progress this area to make sure they delivered the same standard of effective governance that both health and social work services had previously achieved.

There were major challenges of working across separate client information systems. We identified some key information sharing gaps which will need to be addressed as integration moves forward. A joint information technology strategy was awaited.

Good groundwork was in place in relation to health and social care integration. Integration work streams had been established and the senior tier of the new management structure was in place. The Partnership was adopting new ways of collaborative working. These included locality needs assessment, service planning and delivery structures. However, while there were strong links with most stakeholders being forged, more work needed to be done.

Quality indicator 9 – Leadership

NHS Highland and Argyll and Bute Council had a shared vision for services for older people and had an agreed model for integration of health and social work services. They were building working relationships throughout the Partnership. Integration planning was progressing.

A joint management structure was being implemented and a governance structure was being established. Senior managers and staff were working with partners to progress locality commissioning structures. Senior Partnership managers were engaging with other partners such as the third and independent sectors, local communities, service users and carers. They were identifying assets to develop locality commissioning. However, progress was at an early stage.

Leaders needed to communicate better about plans for health and social care integration. More work was needed to make sure that all staff understood the vision and priorities. While we saw evidence of joint working across the Partnership, the management of change needed to become more effective.

Quality indicator 10 – Capacity for improvement

The Partnership had many areas of strength. For example, we noted that staff were well motivated and jointly working together to deliver good outcomes for service users and their carers at a local level. We also found a commitment to realise the potential contribution from within the community to help service users and their carers. Leaders had identified the future challenges in delivering joined up services for service users.

However, we also noted areas for improvement. The Partnership needed to improve services for service users and their carers by reducing the delays in discharging people from hospital. It needed to improve the carers' assessment process, and access to independent advocacy services. This would help enable better access to services for carers and for those that they cared for.

The Partnership needed to develop a better approach to reablement which could demonstrate positive outcomes for service users and their carers. Other areas for future improvement included working towards better geographical equity of services, better care planning, chronologies, risk assessment and management.

Joint workforce planning was needed to support health and social care integration. This would better help support sustainable staff recruitment and retention so that there was sufficient capacity and a suitable skills mix to deliver high quality services for older people and their carers.

Taking forward joint strategic commissioning in cooperation with NHS Greater Glasgow and Clyde and other providers would assist in setting the overall direction of services to deliver good outcomes for services users across Argyll and Bute.

Evaluations and recommendations

We assessed the Argyll and Bute Partnership against nine quality indicators. Based on the findings of this joint inspection, we evaluated the Partnership at the following grades.

Quality indicator	Heading	Evaluation
1	Key performance outcomes	Good
2	Getting help at the right time	Adequate
3	Impact on staff	Adequate
4	Impact on the community	Good
5	Delivery of key processes	Adequate
6	Policy development and plans to support improvement in service	Adequate
7	Management and support of staff	Adequate
8	Partnership working	Adequate
9	Leadership and direction	Adequate

Evaluation criteria

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

No.	Recommendations for improvement
1	The Partnership should put further measures in place that help deliver on the Scottish Government delayed discharge targets to make sure older people return to their own home or a homely setting in which their needs are better met.
2	The Partnership should develop and improve its approach to reablement across Argyll and Bute which could demonstrate positive outcomes for service users and their carers. This should be supported with an outcomes framework capable of producing effective, performance improvement data.
3	The Partnership should work further with the carers' centres to improve how information about carers' needs are shared between carers' centres and social work staff so that carers have better access to services for themselves and those for whom they care.
4	The Partnership should work towards improving the geographical equity of services ensuring that pathways for accessing services are more joined up and effective.
5	The Partnership should ensure that all relevant case records contain accurate chronologies and, where appropriate, have written risk assessment and risk management plans in place so that people's care needs are better assessed and planned for.
6	The Partnership should ensure that plans to support vulnerable older people are updated and training is provided for staff in hospitals and that alternative places of safety are found to ensure that older people can receive the right support at times when they most need it.
7	The Partnership should enable a wider range of client groups to access independent advocacy services. This should ensure the most vulnerable people are supported through complex and challenging life events to express their own views as far as possible.
8	The Partnership should make sure that the future joint strategic commissioning plan gives detail on: • how priorities are to be taken forward and resourced • how joint organisational development planning to support this is to be taken forward • how consultation, engagement and involvement are to be maintained • full and detailed costed action plans including plans for investment and disinvestment based on identified future needs, and • expected outcomes.
9	The Partnership should complete and deliver a joint workforce strategy to support health and social care integration. This should include a clear workforce plan to support sustainable recruitment and retention so that there is sufficient capacity and suitable skills mix to deliver high quality services for older people and their carers.
10	The Partnership should update, in cooperation with NHS Greater Glasgow and Clyde, the service specification of their service level agreement to clarify issues such as financial governance and quality assurance measures.

| 11 | The Partnership should update its consultation, engagement and involvement policies and procedures with stakeholders and ensure that these are fully implemented. This should include better engagement on:
• its vision and objectives
• integration pathways
• service redesign
• supporting improvement and change management
• realising the full potential of the third and independent sectors, and
• providing feedback on how the results of consultations have been considered, and the subsequent actions resulting from the views of stakeholders. |

Background

Scottish Ministers have requested that the Care Inspectorate and Healthcare Improvement Scotland carry out joint inspections of health and social work services for older people. The Scottish Government expects NHS boards and local authorities to integrate health and social care services from April 2016. This policy aims to ensure the provision of seamless, consistent, efficient and high quality services, which deliver good outcomes[1] for individuals and carers.

At the time of inspection, Partnerships across Scotland were establishing transition arrangements, and each was producing a joint integration plan, including arrangements for older people's services. In addition, Partnerships had to produce a joint strategic commissioning plan. We will scrutinise how prepared Partnerships are for health and social care integration. It is planned that the scope of these joint inspections will be expanded to include health and social work services for other adults.

The purpose of this report is to evaluate the progress that the Argyll and Bute Partnership was making towards joint working, and how that progress was impacting on outcomes for older people who used services and their carers. The Argyll and Bute Partnership includes principally Argyll and Bute Council and NHS Highland and is referred to as 'the Partnership' throughout this document.

How we inspect

The Care Inspectorate and Healthcare Improvement Scotland worked together to develop an inspection methodology, including a set of quality indicators to inspect against (see Appendix 1). Our findings on the Argyll and Bute Partnership's performance against the 10 quality indicators are contained in the 10 separate sections of this report. The sub-headings in these sections cover the main areas we scrutinised. We used this methodology to determine how effectively health and social work services worked in partnership to deliver very good outcomes for service users and their carers. The inspections also looked at the role of the independent sector and the third sector[2] to deliver positive outcomes for service users and their carers.

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1 The Scottish Government's overarching outcomes framework for health and care integration is centred on, improving health and wellbeing, independent living, positive experiences, improved quality of life and outcomes for individuals, carers are supported, people are safe, health inequalities are reduced and the health and care workforce are motivated and engaged and resources are used effectively.
2 The Third Sector comprises community groups, voluntary organisations, charities, social enterprises, cooperatives and individual volunteers (Scottish Government definition).

The inspection teams were made up of inspectors and associate inspectors[3] from both the Care Inspectorate, Healthcare Improvement Scotland and clinical advisers seconded from NHS boards. We also had volunteer inspectors, who were carers, and Healthcare Improvement Scotland's public partners on each of our inspections.

Our inspection process

Phase 1 – Planning and information gathering

The inspection team collates and analyses information requested from the Partnership and any other information about the Partnership sourced by the inspection team before the inspection period starts.

Phase 2 – Scoping and scrutiny

The inspection team looks at a random sample of health and social work records for around 100 people to assess how well the Partnership delivers positive outcomes for older people. This includes case tracking (following up with individuals). Scrutiny sessions are held which consist of focus groups and interviews with individuals, managers and staff to talk about partnership working. A staff survey is also carried out.

Phase 3 – Reporting

The Care Inspectorate and Healthcare Improvement Scotland jointly publish a local inspection report. This includes evaluation gradings against the quality indicators, examples of good practice and any recommendations for improvement.

To find out more go to: **www.careinspectorate.com** or **www.healthcareimprovementscotland.org**

The Argyll and Bute context

Argyll and Bute is situated in the west of Scotland and is bounded by the urban areas of Helensburgh and Dunoon along the Clyde, Loch Lomond to the east, the Mull of Kintyre to the south, Atlantic Islands to the west, and the Sound of Mull and Appin to the north.

The area's population of 89,590 is spread across the second largest local authority area, by land mass, in Scotland. It has the third sparsest population density of any Scottish local authority. Nearly 20% of Argyll and Bute's population live on islands. Overall 80% of Argyll and Bute's population live within one kilometre of the coast with 55% of them living in settlements smaller than 3,000 people.

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3   Experienced professionals seconded to joint inspection teams.

The changing demographic profile indicates that the proportion of the population of pensionable age will increase by 10% over the next two decades alongside an increase of 73% in the population aged 75 years and over. The ageing population profile in Argyll and Bute brings with it opportunities, with health and social care a prominent employment sector throughout the area. Forty per cent of employee jobs in Argyll and Bute were in 'public administration, education and health'. The care sector offers growth potential for both independent and third sector business. There are challenges too with the traditional working age population reducing.

The Scottish Index of Multiple Deprivation identified 10 data zones in Argyll and Bute as being in the 15% most overall deprived data zones in Scotland. These 10 were all located in towns (Helensburgh, Dunoon, Rothesay, Campbeltown and Oban).

Argyll and Bute is divided into four localities, which are used for service planning. These are Bute and Cowal, Helensburgh and Lomond, Oban, Lorn and the Isles and Mid-Argyll, Kintyre and the Islands.

The Argyll and Bute Partnership has to meet the considerable challenge of delivering health and social work services to remote and island communities. This is against a backdrop of meeting the needs of an ageing population and managing rising expectations of service provision from patients, service users and carers.

Quality indicator 1 – Key performance outcomes

Summary

Evaluation – Good

The Partnership performed well compared to national trends on preventing avoidable admissions of older people to hospital. Its performance on ensuring the timely discharge from hospital of older people who were medically fit for discharge varied. The balance between hospital and community care was good, with most older people supported at home, compared to the proportion supported in care homes.

There was a positive preventative approach to providing care and support to service users. This helped to reduce the need for admission to hospital, supported discharge from hospital as well as supporting service users to remain at home. Reablement, respite and care at home services were having, in the main, a positive impact in helping older people maximise their quality of life. However, there was room for improvement in the availability of these services.

Enabling choice for service users and their carers was growing with steady progress being made in the offering of self-directed support. Overall services were delivering good outcomes for service users, helping them to maintain their independence, their ability to manage and live at home or in a homely setting.

In this section we look at a range of local and national data to assess the Partnership's performance in respect of key outcomes for older people. For example, over time, we would expect to find that fewer older people had an emergency admission to hospital. Where older people had been admitted to hospital, we would expect to find fewer had their discharge delayed. We also looked at how the Partnership provided services to support older people at home or in a homely setting, and how the Partnership was improving the health and wellbeing outcomes for older people and their carers.

1.1   Improvements in Partnership performance in both healthcare and social care

Emergency admission to hospital

An emergency admission is 'when admission is unpredictable and at short notice because of clinical need'. The Partnership was performing better than the Scotland average in the levels of emergency admissions, multiple emergency admissions and bed days occupied by patients aged 65 years and over for older people subject to an emergency admission.

There was also a positive reducing trend for emergency, including multiple, admissions of older people and bed days lost to these admissions. However, our staff survey found that there was room for improvement. Less than a third of respondents, agreed that there was a broad range of services available to offer alternatives to hospital provision.

Delayed discharge from hospital

Delayed discharge happens when a hospital patient is medically fit for discharge, but they are unable to be discharged for social care or other reasons. The experience of having their discharge delayed can be very distressing for an older person. An unnecessarily lengthy stay in hospital can result in significant loss of confidence and capacity for self-care. This jeopardises the possibility of the older person returning home to live independently.

Figure 1: Numbers of Argyll and Bute (standard) delayed discharges by length of delay/ performance against Scottish Government targets 2011–2015
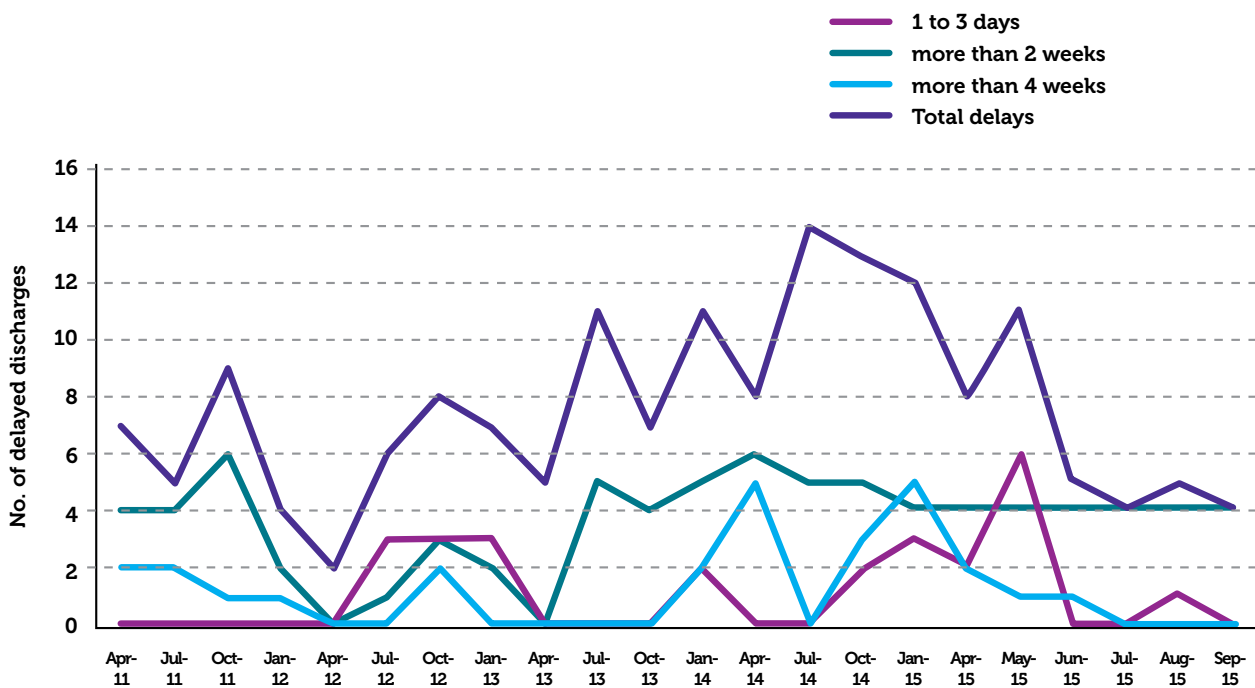
Source: Information Services Division

In April 2015, the Scottish Government strengthened its target for delayed discharges, in that there should be no delayed discharges over two weeks' duration. Before this, the target had been four weeks. There is evidence that the longer an older person spends in hospital when they do not need to be there, the harder it becomes to discharge them home or to an appropriate setting.

There were relatively few delayed discharges recorded by the Partnership. However, figure one shows that, overall the Partnership's performance on preventing delayed discharges against the current and the previous Scottish Government targets was inconsistent.

Figure two shows that, over time, the Partnership lost fewer bed days to all delayed discharges and standard delays, compared to the Scotland average. However, there was a rising trend of beds days lost for both of these indicators.

Figure 2: Numbers of bed days lost to delayed discharge, rate per 1,000 population aged over 65 years, 2012–2014 (Argyll and Bute and Scotland)
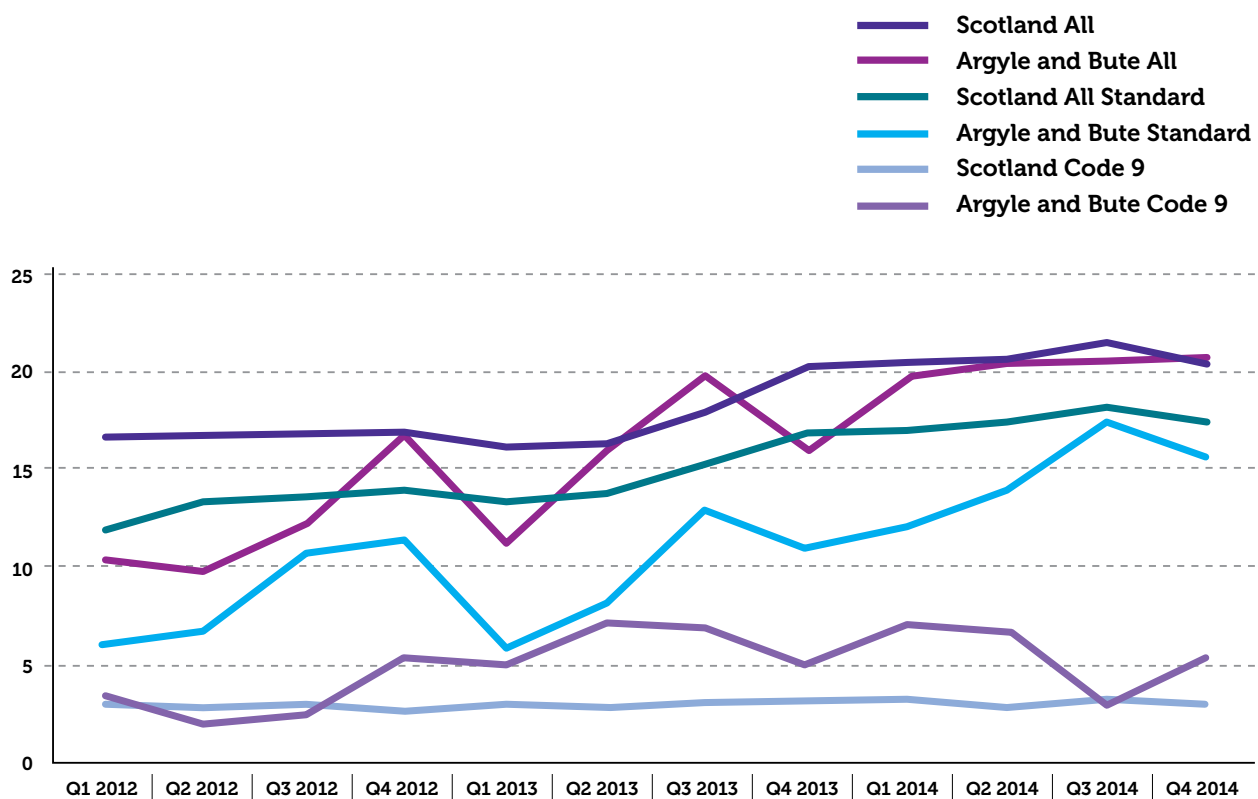
Source: Information Services Division

The most common reason for delayed discharge was because of the allocation and completion of community care assessments. Another common reason for delayed discharge was patients who were waiting to go home but were unable to do so because there was no care at home service immediately available.

Frontline health and social work services staff we spoke with mentioned the difficulties with timescales for assessment completion and unavailability of care at home as a causal factor of delayed discharge. Another common reason for delayed discharge was patients who were waiting on a care home place becoming available. Health and social work services staff said that individuals could spend a lengthy period in hospital while they waited for a vacancy in the care home of their choice, in the location of their choice. GPs managed many of the admissions to community hospitals which had a positive impact for patients in continuity of care both as an inpatient and in the community. However, we also noted that community hospitals were sometimes used as a temporary solution when an individual could not return home due to lack of community staff to support them at home.

Bed days lost to code nine[4] delays fluctuated above and below the Scotland average levels. Some of the health and social work services staff we met advised that a few individuals, who lacked capacity, experienced lengthy delays, while powers (in line with the Adult with Incapacity (Scotland) Act 2000) were obtained from a court to move them from the acute bed to a care home. The use of this legislation is important as it supports timely hospital discharges and protects the patients' rights.

Frontline health and social work staff told us there could be insufficient mental health officer capacity to carry out the work necessary to secure welfare guardianship powers from a court. This was a causal factor for some of the lengthiest delays. We heard from frontline staff about patients whose discharge was delayed over six weeks waiting for guardianship orders (code nine). They were unable to use section 13ZA[5], of the Social Work (Scotland) Act 1968, as a guardianship application had already commenced. Some health managers considered that at times Section 13ZA could have been used more effectively to discharge individuals, who lacked capacity, from an acute bed to a permanent place in a care home. Clinical leads were concerned that guardianship orders could take a number of months to complete.

> **Recommendation for improvement 1**
>
> The Partnership should put further measures in place that help deliver on the Scottish Government delayed discharge targets to make sure older people return to their own home or a homely setting in which their needs are better met.

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4 Code nine delayed discharges are mainly due to patients who lack capacity and require powers from a court to move them from an acute bed to a care home. Code nine delays can be due to the need to secure a specialist health resource for a patient.
5 Section 13ZA of the Social Work (Scotland) Act 1968 enables the local authority to move compliant individuals who lack capacity.

Provision of care at home services

Care at home is care and support for people in their own home to help them with personal and other essential tasks. It is a key service in supporting older people to remain at home.

Figure three shows the Partnership's performance on overall delivery of care at home services and intensive care at home services to older people. Since 2010, the Partnership delivered care at home services to an increasing number of older people. Since 2011, the Partnership delivered intensive care at home (10 hours plus) to an increasing number of older people too. These improving trends should be viewed against a Scotland average of Partnerships' delivering care at home services to lower levels of older people, and a recent stable Scotland trend for provision of intensive care at home services.

Figure 3: Provision of care at home, 10 hours plus care at home, rate per 1,000 population aged over 65 years, 2010–2015 (Argyll and Bute and Scotland)
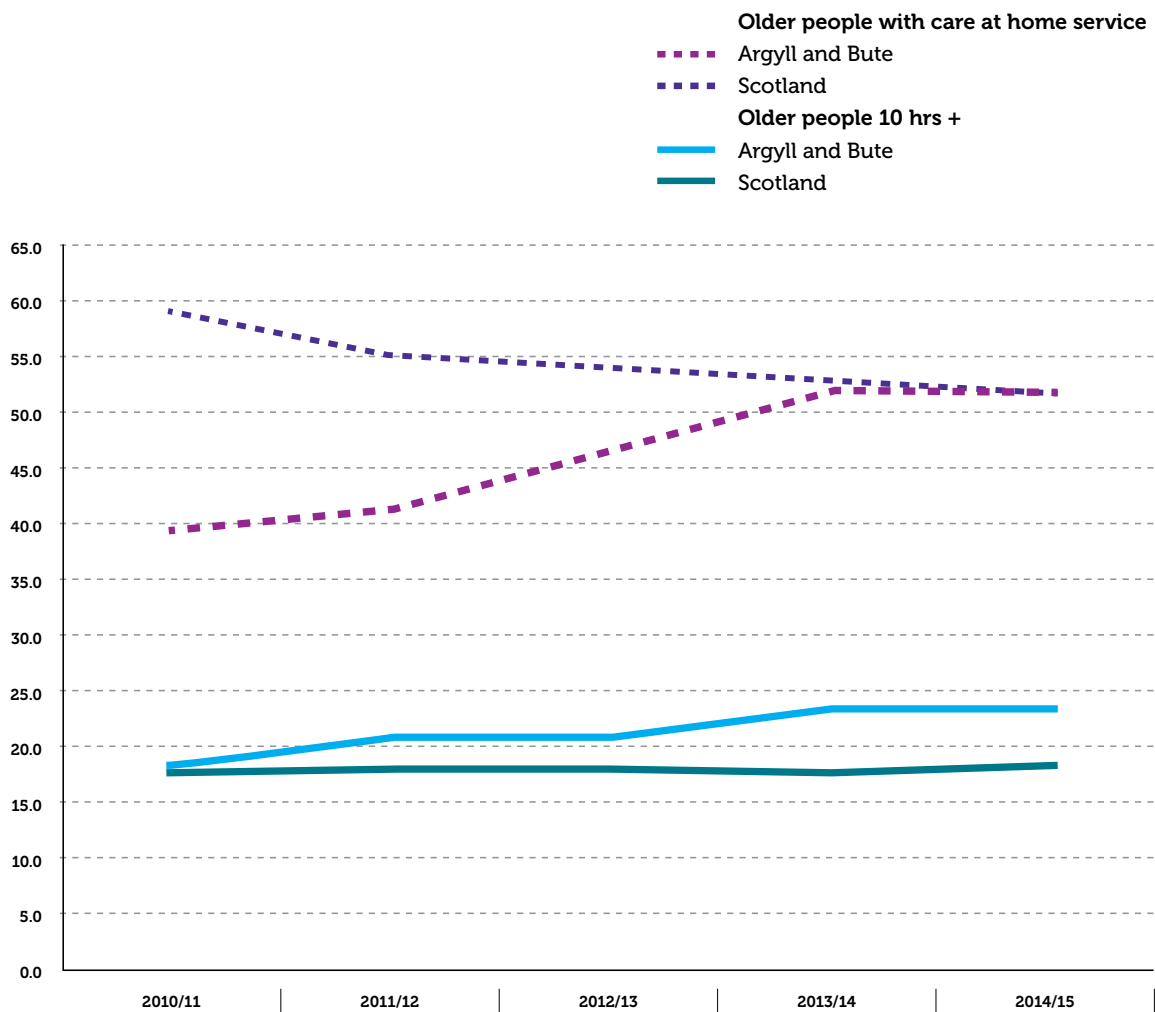
Source: Scottish Government

Unavailability of care at home staff in some locations, (from any sector), was a recurring theme throughout our inspection. Some older people had to wait for the deployment of the care at home staff they required to meet their needs and deliver their desired personal outcomes.

Despite the issues with the availability of care at home staff in some locations, the Partnership was supporting progressively more older people with intensive support needs to live independently at home.

Figure four shows that the Partnership delivered proportionately more 'out-of-hours' care at home services to older people than the Scotland average. Staff, older people and their carers whom we met acknowledged that this provision supported vulnerable older people, with complex medical conditions and complex social care needs, to remain at home.

Figure 4: Service users aged over 65 years receiving evenings/overnight and at weekends care at home as percentage of total 65+ years care at home service users, 2005–2013, (Argyll and Bute and Scotland)
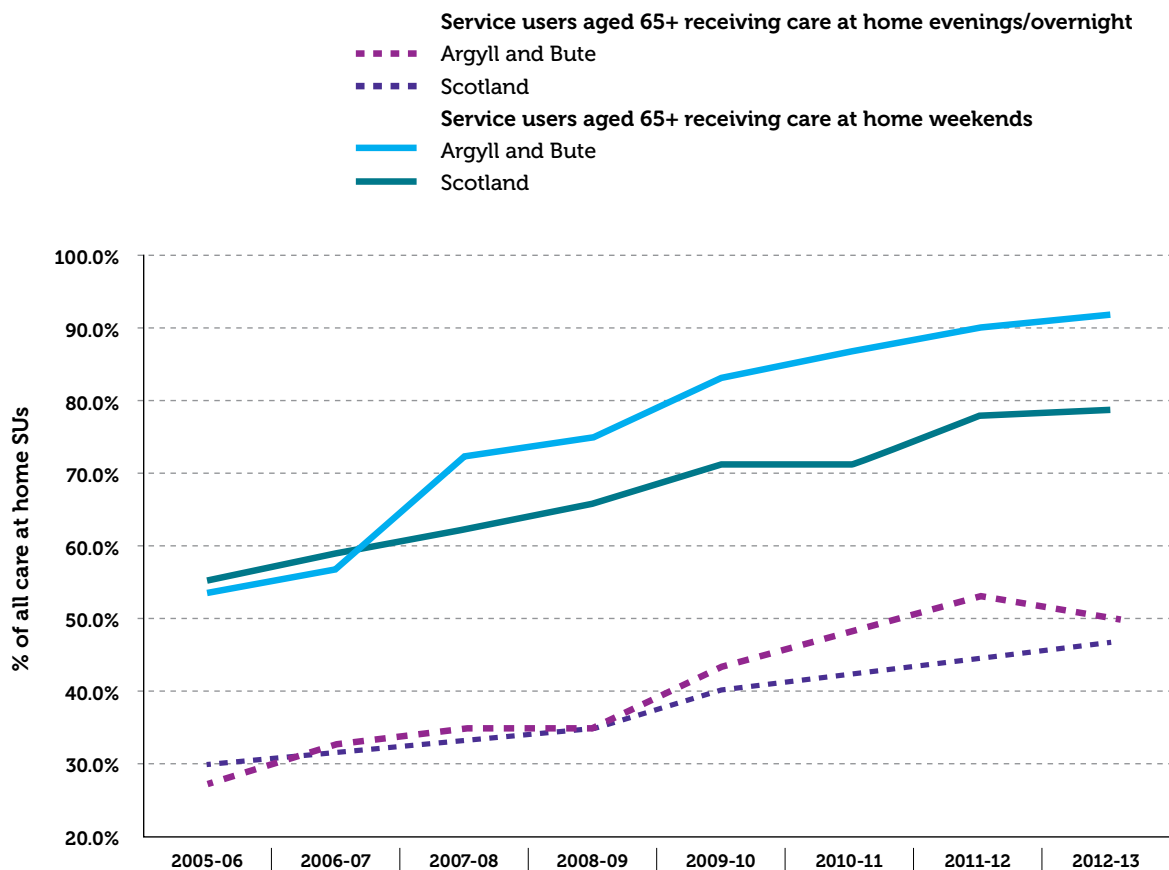
Source: Scottish Government

In summary, the Partnership was performing above the Scotland average in areas such as:

- percentage of care at home service users who were over 65 years

- percentage of care at home service users receiving a service during evenings/overnight

- percentage of care at home service users receiving a service during weekend

- average number of hours received by service users over 65 years receiving free personal care, and

- number of care at home care clients receiving community alarm/telecare.

The Partnership was performing less well, compared to the Scotland average, in areas such as:

- total number of care at home hours per population rate over 65 years

- number of care at home service users receiving personal care as a percentage of all home care clients over 65 years, and

- average care at home unit costs.

Most of the health and social work services staff we met said that there was an adequate level of care at home provision for individuals. However, a few health and social work services staff and families of service users we met with said that there was sometimes insufficient care at home provision to meet the needs of people at the time when the service user wanted the service.

Sometimes the service had difficulties in providing care for people at times when they needed it as they did not have the requisite number of staff, particularly when the person needed two staff for personal care. Staff told us the impact of this was that some people had to wait for the care at home support they needed and the patients' discharge from hospital was delayed.

Care at home managers told us teams often struggled to provide the right level of support for older people when it was needed. As a result, some individuals had their care delivered by more than one service provider. This made it difficult for teams to maintain continuity of care and promote personal choice. Provision was mainly service led, based on time allocation, as compared to user outcomes and the Partnership recognised that this had to change.

Care at home procurement officers told us that they had become, in some instances, care mangers by default. As demand pressure on assessment and care managers, such as social workers was so great, there would have been additional waiting times for a service if they had not intervened. They said they did not have the appropriate training for this impromptu role. The Partnership recognised that new ways of working were required in the care at home sector. It had established a strategic care at home group with the participation of Scottish Care (an independent sector provider representative organisation) and The Institute for Research and Innovation in Social Services (IRISS) to carry out a major review.

We met with a number of service users who were very satisfied with the care at home services they received. They told us that their needs were, in the main, met. We also met carers who were generally satisfied with the amount of care at home that the person they cared for received, even when the care at home support provided was relatively low. In addition, the community meals service helped enable older people to live independently in their own home. The Partnership performed at around the Scotland average level in the delivery of this service.

Reablement and intermediate care

Reablement is the delivery of intensive and specialist care at home support, often combined with intermediate care services such as physiotherapy, occupational therapy and rehabilitation. This is normally delivered for a prescribed period of up to six weeks and it aims to help people regain confidence, and focuses on skills for daily living. It can enable people to live more independently and reduce their need for ongoing services and supports. Reablement services are often delivered with intermediate care services.

Reablement was delivered by the Extended Community Care Teams. These teams helped support older people to return to their own homes when deemed medically fit for hospital discharge. The service was predominantly health-led although we were told that health support workers had generic roles to support services such as community nursing, care at home and occupational therapy. In some of the localities in-reach support was provided by social work staff.

These multidisciplinary teams were very much health focused with limited social work input. Extended Community Care Teams did provide effective reablement to some older people following a hospital admission or a crisis at home. However we found that Extended Community Care Teams were not able to fully deliver on the reablement approach as much of their time was spent delivering care at home services. This significantly restricted their capacity to deliver on reablement.

We concluded that there was a lack of strategic direction for reablement services. Reablement practice and the level of provision duration of each reablement episode varied between localities. Extended Community Care Team staff estimated that 20% of their time was employed in delivering reablement. Differing Extended Community Care Teams estimated that between 60–70% of their capacity was taken up in delivering care at home services particularly when there were delays in social work services deploying care at home services. The remainder was generally allocated to physiotherapy tasks.

Frontline staff and managers felt this was impacting on the teams' capacity to deliver on preventative work. Furthermore, staff told us that the concentration on personal care had prevented them from developing skills in reablement. Very limited information was available on the outputs or outcomes of reablement. The Partnership was unable to provide us with any aggregate activity or outcome data for older people who had a reablement episode. As a result, it was hard to measure the impact reablement activities had on preventing admission to hospital and supporting independence. Some local efforts were under way to gather information.

Some frontline health staff expressed concerns about the capacity and capability of private sector care at home service providers to take on reablement tasks. Some frontline social work staff were unclear about how reablement would progress in remote and island community settings when skills were in short supply. Senior managers acknowledged that reablement had not been as much of a success to date as it could have been and that there needed to be a new approach to reablement. The reablement service needed to involve a greater range of providers including cross sector care at home service providers.

This was a significant stress point in the care system in Argyll and Bute. The unavailability of a fully integrated reablement service had led significant resources to be diverted to care at home services. The establishment of a fully integrated reablement service could have led to substantial off setting for demand for care at home services. This could allow a commensurate resource release to help support overall service delivery.

There was a lack of a clear, coherent, jointly agreed approach for how reablement should be developed in each of the four localities. Health and social work services managers acknowledged this was an area for improvement. A draft reablement strategy was in preparation and additional resources were being allocated from the Integrated Care Fund to support its development. The Scottish Government had provided additional resources to Partnerships to support investment in integrated services in the form of an Integrated Care Fund. This fund was not restricted to older people, but extended to include support for all adults with long-term conditions.

Recommendation for improvement 2

The Partnership should develop and improve its approach to reablement across Argyll and Bute, which could demonstrate positive outcomes for service users and their carers. This should be supported with an outcomes framework capable of producing effective, performance improvement data.

Intermediate care can include a wide range of short-term interventions or rehabilitative services which will help promote independence, reduce the amount of time someone might spend in hospital, or help to avoid unnecessary admissions to hospital. Intermediate care can be provided in hospital, people's homes or in services such as a care home or day centre.

Step-up care aims to avoid unnecessary hospital admissions and step-down care aims to support early supported discharge. Senior managers told us that the lack of a formal framework on step-down care presented a challenge. As no permanent step-down beds were available, this had resulted in the transfer of service users from hospital beds to care home beds without the opportunity of rehabilitation in an interim supported setting. The Partnership was working with care home providers in Oban and Dunoon to pilot step-down facilities to help reduce the number of older people waiting in hospital when they were medically fit for discharge.

Senior managers advised us that funding had been secured to develop step-up and step-down services. It was anticipated that the service would be commissioned in each locality. A formal framework was expected to be in place by winter 2015. Some health staff told us they saw an opportunity for the Partnership to reduce GP hospital beds once they introduced step-up and step-down beds in care homes. They told us that GP beds were sometimes used in the absence of alternatives. This was counter-productive to enabling older people to improve their wellbeing.

Care home places

Figure five shows that the Partnership placed significantly less older people permanently in care homes than the Scotland average. Statistical evidence showed that the Partnership had the best balance of care of any Partnership area in Scotland. This was due to the relatively low proportion of older people the Partnership placed permanently in care homes and the corresponding relatively high proportion of older people receiving an intensive care at home service.

The Partnership was performing at similar levels regarding the complete length of care home residents' stay (aged over 65 years) on entry compared to the Scotland average. The Partnership should continue to monitor the level of care home provision along with the provision of care at home services to help improve its performance (for example in relation to delayed discharges).

Figure 5: Permanent residents (aged over 65 years) of care homes supported by councils (rate per 1,000 population), 2010–2015, (Argyll and Bute and Scotland)

Source: Scottish Government

Page 295
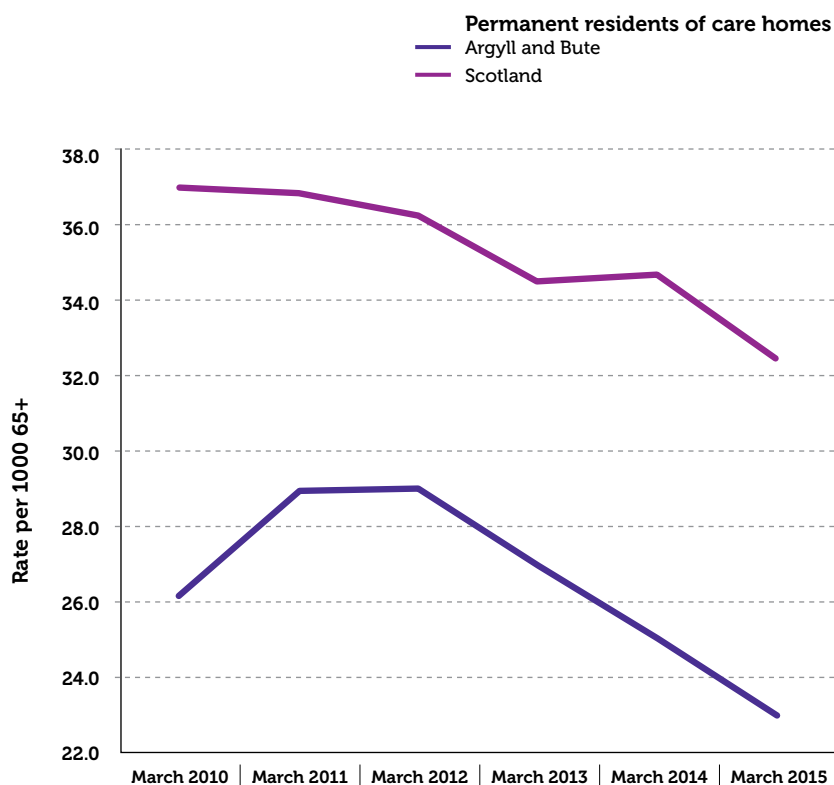
Community based social work staff told us they felt under pressure from hospital based staff to meet delayed discharge targets. They felt that sometimes tackling delayed discharge was not fully multi-disciplinary although it should have been. Whilst we observed tensions amongst health and social work staff around delayed discharges, our reading of health and social work services records found that in almost all cases there were no delays in the individual being assessed for key services (96% of cases) or in receiving key services following assessment (92%).

In some cases older people were placed in interim care home placements outside the Argyll and Bute area. We were told, by frontline staff, that sometimes it was agreed with families that this was only until a vacancy came up within the Argyll and Bute area. However, due to hospital discharge pressures this vacancy could be prioritised for a person waiting on discharge from hospital making it harder for the person placed outside Argyll and Bute to return to their home area. There were variations in the way that care home services were accessed across Argyll and Bute. Care home resources were not always available in some locations, due to demand exceeding the number of beds available. However, other causes included that some families wanted a particular care home, or no beds were available in their choice of home.

We were told, by frontline staff and managers, that in some instances where a care home was performing poorly, the Partnership had been supportive and provided assistance by having NHS nursing staff directly providing care in those care homes. Whilst this shows the Partnership's commitment to enabling high quality care in a range of settings, the Partnership needed to evaluate the effectiveness of this approach.

Respite care for older people and their carers

Figure six shows that the Partnership's respite provision for older people and their carers was below the Scotland average. There was a significant downward trend in total respite and daytime respite provision for older people. The amount of overnight respite provision had also fallen, but not as sharply as total respite and daytime respite provision. We met a number of carers who cared for older people who said that they benefitted from the respite they and the person they cared for had received.

Some older people and carers told us that respite had not been available to them when they were in crisis. We met a number of carers who cared for older people and older people with dementia, who said it was difficult to obtain respite and that this had a negative impact on their capacity to continue in their caring role.

Figure 6: Respite weeks for service users (rate per 1,000 population aged over 65 years), 2010–2015 (Argyll and Bute and Scotland)
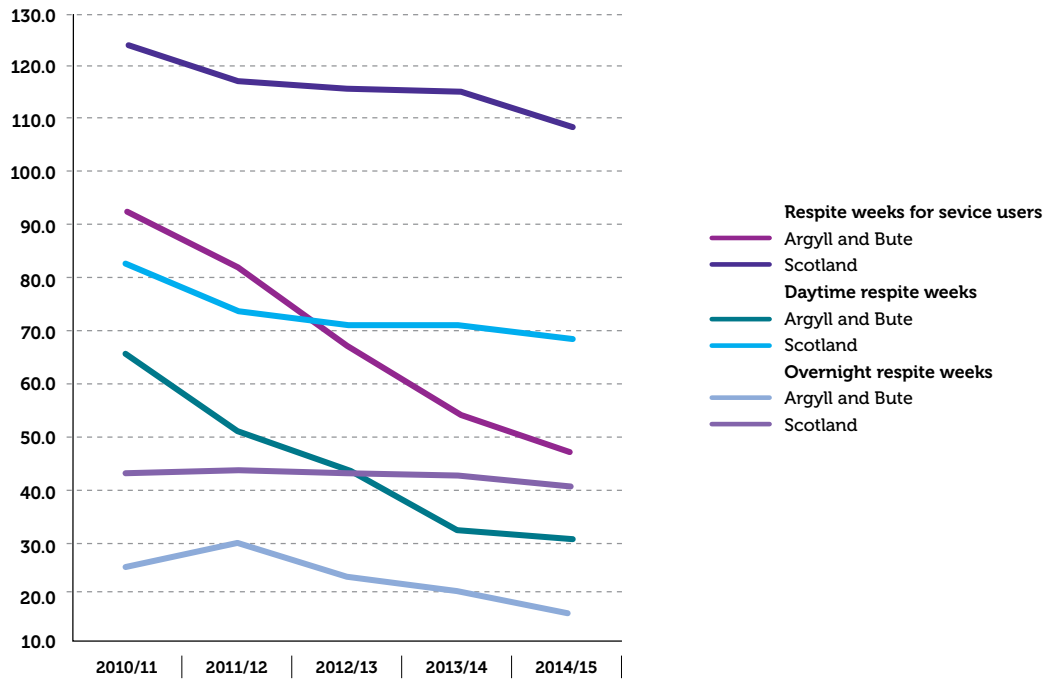
Source: Scottish Government

Social work staff told us that daytime respite was under-used with some day services operating with low levels of occupancy. Some staff said the reason was that referral processes were cumbersome and that the prioritising of need was inconsistent due to differing assessment practices between areas. Another reason given was that day services were now means tested. As a result of these changes to the charging policy, some individuals had chosen to opt out.

Managers told us that residential respite had been limited by bed capacity. However, they felt they were developing more flexible respite at home. Previous commissioning of third sector providers to develop more daytime respite had not been as successful as they had wished. There was a preference, among carers for respite care at home.

The Partnership had recognised the need to review respite care provision and a review was underway. Consultation was taking place with individual carers, carer representatives, carer organisations and the health and social work workforce. The next step was to consult with service providers, service users and other stakeholders. Recommendations for improvement were due in winter 2015. The Partnership needed to use the review to make available more flexible and available forms of respite to meet demand.

Telehealthcare and telecare

Telehealthcare assists the self-management of patients' conditions and may include video-conferencing, remote patients' consultations with healthcare professionals or environmental monitoring devices installed in people's homes. Telecare is equipment and services that support older people's safety and independence in their own home. Examples include community alarms and smoke sensors.

The Partnership provided lower levels of community alarms to older people than the Scotland average. However, compared to Scotland as a whole, it was delivering higher levels of enhanced telecare with approximately 600 enhanced telecare packages. From our review of health and social work services records, there was evidence that telecare, including community alarms, had effectively supported many vulnerable older people to live independently and safely in their own homes.

The majority of referrals to telecare were from occupational therapists for hospital discharges followed by social work referrals. The first six weeks of telecare were free. Very few service users refused to continue with the service.

Community alarms provided a useful reassurance to individuals and their carers that help could be available quickly. However, a requirement that three responders were needed meant that this option was not available to some older people in more remote areas. The council had been innovative by engaging an independent sector provider to enable a response when the required responders were not available. However, this option was not available across all of Argyll and Bute. On occasion, staff had made cross boundary arrangements with neighbouring authorities to cover remote communities where the Partnership did not have an established service.

Performance of regulated services for older people

The Care Inspectorate inspects regulated social care services delivered by local authorities, the voluntary and independent sectors. These services included care homes, housing support services and other support services for older people, for example care at home and day care services.

For each service, the Care Inspectorate awards performance grades on criteria such as the quality of care and support, environment, staff and management and leadership. At the time of inspection, in the main, regulated services were performing well across sectors and provision types.

Overall local authority care homes were performing at 'good' grades in areas such as quality of care and support, environment, staffing and management and leadership. Most, with some exceptions, council care at home and day care services were performing at similar levels. Directly provided housing support services had mostly 'adequate' grades.

On average, third sector care homes were receiving 'adequate' grades in the quality of care and support and environment and 'good' for staffing and management and leadership. Many, with some exceptions, third sector care at home and day care services were performing at 'very good' levels. Third sector housing support services had mostly 'good' grades.

Most independent sector care homes were performing at 'adequate' grades in areas such as quality of care, environment, staffing and management and leadership. With some exceptions, independent sector care at home and day care services were performing at 'good' levels. Independent sector housing support services had mostly 'good' grades.

As a commissioner of services, the Partnership needed to work with regulatory bodies to improve grades particularly in directly provided housing support services, as well as third and independent sector care homes. In the main, in Argyll and Bute, regulated care services delivered good outcomes for service users and their carers. For regulated care services that were not performing well, the Care Inspectorate was working with these services to support the required improvements.

1.2 Improvements in the health, wellbeing and outcomes for people and carers

Outcomes for older people

Outcome-focused assessments and care plans emphasise the desired positive changes the individual wants and the provision of services that are designed to achieve this. Health and social work services delivered a range of positive outcomes for almost all of the individuals who were part of our case record sample. The majority of the service users and carers we met had experienced positive personal outcomes delivered for them by health and social work services. A range of good personal outcomes was being delivered for service users by the Partnership. From our analysis of service users' social work and health records, we concluded that 98% of individuals attained one or more positive personal outcomes. However, it should be noted that 17% had also experienced one or more poor personal outcomes.

We were encouraged to find that 82% of care plans we read were outcome-focused. During our inspection, most service users and their carers told us that, as a result of the health and social work services they received, that they were safer, were living as well as they could be, had good wellbeing and things to do, as well as having friends and relationships. The results of our survey of health and social work services staff (569 staff responded) showed positive results on outcomes. For example:

- 72% agreed that their service works well with other agencies to keep people safe and to protect people from risk of harm

- 68% agreed that their service does everything possible to keep older people at home and in their local communities

- 67% agreed that their service does everything to ensure that older people receive the health care they need when they need it most

- 67% agreed that their service does everything possible to make sure people are supported to live as independently as possible

- 65% agreed that services work well together to ensure that they are successful in helping older people lead as independent a life as possible, and

- 65% agreed that their service works well with its partners in supporting older people and any legally appointed person to be actively involved in the planning of their care.

However, there were less positive staff responses to the questions on services working well together to prevent avoidable hospital admissions with 56% of staff agreeing with this statement. The Partnership had made progress in gathering aggregate data on a number of the national health and wellbeing outcomes[6]. Social work services staff had populated information technology systems with some health and wellbeing outcomes. Social work services staff used the 'Talking Points' framework to gather service users' views on the achievement of these outcomes. The Partnership had plans to extend this data collection to include all national health and wellbeing outcomes. The Partnership's data showed a high proportion of service users reported they felt safe at home, had things to do and greater access to social opportunities and were listened to and were involved in planning their services. A very small proportion of service users reported they experienced stigma or discrimination.

We saw a range of services that helped deliver good personal outcomes in areas such as:

- prevention of admission to hospital

- telecare, and

- care at home.

However, to additionally help deliver good personal outcomes there was room for improvement in areas such as:

- delayed discharges

- reablement, and

- respite.

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6   National Health and Wellbeing Outcomes Framework (Scottish Government 2015)

Quality indicator 2 – Getting help at the right time

Summary

Evaluation – Adequate

The Partnership's approach focused on outcomes that prevented admission to hospital or to a care home and aimed to decrease social isolation. It aimed to improve wellbeing and health through increased mobility, better self-management and developing support in partnership with individuals and their carers. This approach to earlier intervention and prevention was gathering momentum in some communities. However, staff vacancies meant that delivery of services did not always meet planned support requirements.

The quality and accessibility of anticipatory care planning was improving. However, it was an area requiring further development. The development of the falls prevention was, in part, a success. However, availability of falls prevention services and management of falls was variable across localities and access was not equitable.

Older people and their carers with whom we spoke were generally content with the quality of services they received. The Partnership had worked with the independent sector to increase support to carers and had developed carers' centres in each of the four localities. These were providing valuable services and support to carers. Carers wanted better access to respite care to support them to enable their older relative to stay at home for longer.

Services for people with dementia were generally well delivered. However, some gaps meant that some older people did not always get the diagnostic and post diagnostic support when they needed it. Steady progress was being made in making sure that older people were offered self-directed support. However, the Partnership recognised that assessment processes were cumbersome for both staff and service users and these were under review.

This section looks at whether the Partnership has an integrated approach, at the most appropriate time, to promote and maintain an older person's health, safety, independence and wellbeing. It considers the joint action taken to support an older person's capacity for self-care including those with increased frailty and long-term conditions as well as access and availability of information on care and support.

2.1   The experience of individuals and carers of improved health, wellbeing, care and support

An integrated approach

In the main we found good outcomes were delivered for service users where staff worked together as part of multidisciplinary teams, for example the Extended Community Care Team, and as multi-agency partners. A good range of options was available for older people to help support improved health and wellbeing. A number of self-management groups were in place supported by volunteers. Reshaping Care for Older People[7] implementation groups were taking the delivery of these initiatives forward.

Individuals using telecare and telehealthcare prompts told us about the effectiveness of this approach to help them manage their conditions. Voluntary organisations and volunteers provided good support to people, including befriending. Some service users were able to access support from community groups organised to support self-management of long-term conditions. They told us about the personal benefits they gained from these group activities.

We saw examples of older people being supported to remain in their own homes with appropriate and responsive levels of care and support in place including support to manage long-term conditions. Support from teams such as the Extended Community Care Team helped to support older people to remain at home. In many instances, staff were proud to tell us that older people who wanted to remain in their own home were supported to do that. We were concerned about the longer-term sustainability of the Extended Community Care Teams due to staffing availability. We learned, from Extended Community Care Teams and other frontline staff, of numerous examples of this team having to remain involved with individuals for much longer than needed, due to a lack of available mainstream care at home staff to take over longer-term care packages.

Improving care and support for frail older people

The Partnership had clear processes and protocols in place for admission, transfer and discharge of patients from acute and community hospitals. In the main these processes worked well for individuals. However, a lack of available care at home staff in several locations meant that for some people they had to stay longer in hospital than they needed. This meant that older people who were ready for discharge from hospital were sometimes placed in community hospitals while awaiting for care at home services to be available in the community.

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7   Reshaping Care for Older People (Reshaping Care for Older People) is a national policy aimed at balancing care services towards the community .The Change Fund was a Scottish Government resource allocation to health and social work services Partnerships, which aimed to help develop services for older people and their carers using the Reshaping Care for Older People approach.

Older people and their carers told us about good communication between care at home staff and community nursing staff who quickly picked up on changes in an older person's needs. However, communication between care providers when more than one service provider was delivering care and support could be improved. For some individuals, although positive about the quality of care and support they received, they were unaware of how long they would have to wait for assessment for additional care at home services, or in some instances, when equipment would be delivered, or adaptations made, to their home.

Occupational therapy staff told us there were waiting lists for occupational therapy assessments in some areas. No occupational therapists or physiotherapists were available at the weekend to carry out assessments in community hospitals. Instead hospital-based staff referred direct to the Extended Community Care Team. The team's health care workers had been skilled up in assessing older people for equipment and adaptations. Healthcare workers were able to provide emergency equipment to avoid unnecessary admission of the older person to hospital. Acute hospital staff could also make direct referrals to care at home services directly during out-of-hours periods. There were difficulties in Mid-Argyll in the recruitment of occupational therapists and this had caused delays in accessing some services.

Staff told us that delivering some specialist allied health professional services, such as occupational therapy and physiotherapy, was sometimes difficult as some services were delivered by NHS Greater Glasgow and Clyde, not NHS Highland. This had proved a challenge to local teams to sustain sufficient skills to deal with those who cannot access these services, for example, stroke recovery and acquired brain injury.

We found that service users and their carers did not wait for long for the delivery of equipment. However, the Partnership could improve communication on waiting times if there was a delay.

In the main we found appropriate levels of support and a responsive service from the primary care team. However, in some areas there had been long-term vacancies that had remained filled by locum staff. This had led to negative impacts on continuity of care for service users.

Supporting carers

The Partnership had increased access to support for carers through the development of independent carers' centres in each of the four localities. Carers' centres' staff were proactive in supporting carers to access information, advice and support such as respite. Gaps remained in how carers got information and some were not always aware of the options available to them for their own support and support for the individual they cared for. Some carers told us that they were not supported when they wished to return to education or employment.

Carer support workers, from carers' centres, completed carer assessments. They worked with carers to support them to continue in their caring role. Carers' centres had asked carers how well services had supported them. Of those who responded 87% felt it was worthwhile having a carer assessment and 59% said that there had been positives changes for them as a result.

Increased investment in services for carers had increased the numbers of carer assessments completed. However, better sharing of information about carers' needs between carers' centres and social work services was needed. In many cases, carer assessments remained with the carers' service with little information shared with statutory services.

Recommendation for improvement 3

The Partnership should work further with the carers' centres to improve how information about carers' needs are shared between carers' centres and social work staff so that carers have better access to services for themselves and those for whom they care.

Good communication with carers was important. Our staff survey found that 65% of the respondents agreed that the views of carers were taken into account when planning and providing services to individuals. A majority (57%) of respondents agreed that their service worked well with partners to make sure that older people and their carers were provided with full information about any support, care or treatments they required.

Some carers we met were not always involved or informed about care and support plans for the individual they cared for. This was particularly the case when an individual was due to be discharged from hospital. They were often not involved in discussions about whether they were able to meet care and support needs nor informed or consulted about discharge plans. This was most common when service users were being discharged from hospitals outwith Argyll and Bute.

A few carers we met felt that the services that they had been offered had been inadequate or had been offered at the wrong time. For example, they told us that care at home services were less likely to be available when the service user wanted them. They said that one of the reasons this had happened was due to difficulties with the recruitment of care at home workers and staff rotas. Independent advocacy services availability was reported by carers as limited.

From our case record reading we found that 80% of carers had not been given relevant information or advice on equipment or adaptations. Only one in 10 had attended training organised by health or social work services. However, we noted Macmillan cancer nurses were actively engaged with carers' centres to deliver training to carers.

Access to respite was important to carers and the person they cared for. Some carers we met told us that they could not always get respite near to where they lived or in a place that was familiar to the person they cared for.

This sometimes meant that they felt that the disruption to the older person's usual routine was not helpful to them. The availability of respite care both during the day and in residential services was reducing, and carers were feeling the impact of this. This was particularly so with unplanned respite. They often had to wait a long time for respite or confirmation of a place came to them too late to be able to plan a break. Some carers were beginning to use self-directed support as a way of organising and guaranteeing good quality respite at a time that suited them.

2.2 Prevention, early identification and intervention at the right time

Supporting people with long-term conditions

A challenge for the Partnership was meeting the needs of an increasing number of people living with long-term conditions. Having a better understanding of their long-term conditions helped people understand their symptoms and experiences, and improved their long-term health and wellbeing.

The role of health and social work professionals was to build peoples' self-confidence and their capacity for self-management, and to support them to have more control of their conditions and their lives. The Partnership had invested in community outreach workers to develop community resilience and capacity for self-management. A number of valuable projects were being developed to provide peer and social support to older people and their carers. Some of these projects were being supported long term through reallocation of resources from hospital-based care services.

We found that 97% of the people whose records we read were being supported in some way to self-manage their health condition. This included signposting to other support available in the community. Befriending services were core to a number of these initiatives.

'Living it up' was a website that gave easy access to information about the community groups running in each locality. Although this website covered the whole of Scotland, staff in Argyll and Bute had been proactive in making sure that the local section and local information was up-to-date. The website gave individuals a good range of information about groups and activities that would enable their participation in meaningful activity, help reduce isolation and improve wellbeing.

The Partnership's Joint Improvement Plan had identified that more work was needed to encourage engagement and were developing an action plan to improve self-management programmes for people with long-term conditions. This was reflected in our staff survey where 62% of respondents agreed that the service worked well together to support people's capacity for self-care/self-management.

However 32% of respondents agreed that older people were able to access a range of preventative and enabling services that suited their needs when they needed them.

Service users told us that they found self-management support enabled them to remain well at home. They thought more should be done to increase the number of self-management groups. Many of the service users we spoke with in self-management groups were positive about how they had been signposted to a helpful activity by staff at a time of diagnosis. We noted the enthusiasm of the third sector to engage in joint working to address issues such as long-term conditions.

Self-management services were not always accessible to people living in more remote areas and travel was challenging for people with long-term conditions. The Partnership had commissioned community transport services in some areas but this was not always available. The Partnership should ensure that the impact of a lack of access to transport is included in any planned improvements.

Pharmacists were involved in completing medication reviews as well as assessing an individual's ability to take medication themselves. The Partnership was working with health and social work services staff to address gaps in medication support. Inspectors from the Care Inspectorate had recently made a requirement that the council's care at home service provide medication training to relevant staff. Although a medication policy specifically for care at home staff had been developed, we were unclear when this would be implemented and rolled out across the service. NHS staff were awaiting approval of the medication policy. This would inform the roll out of training to care at home staff including council in-house services.

Implementing Scotland's National Dementia Strategy 2013–2016

At the time of the inspection, key Argyll and Bute strategies, such as the carers' strategy and dementia strategy, were both being refreshed. These included commitments to improving outcomes for service users and their carers. These strategies put individuals and communities at the centre of service planning and delivery. The Partnership was at the early stage of implementing its own draft dementia strategy which was based on Scotland's national dementia strategy.

The local strategy had set targets for improvement by the end of the first year of the plan (March 2016). Outcomes from the draft Argyll and Bute Dementia Strategy were based on the 'Standards of Care for Dementia in Scotland'[8]. It aimed to improve dementia awareness and knowledge, improve community inclusion, deliver early diagnosis and support and promote living well with dementia.[9] There were three locality multi-disciplinary community dementia teams. These usually consisted of a social worker, dementia link worker, community psychiatric nurse, occupational therapist and administrative support in addition to consultant psychiatrist and day care manager. However, due to staff vacancies this was not always the case.

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8 Scottish Government Standards of Care for Dementia in Scotland: Action to support the change programme, Scotland's National Dementia Strategy (2011).
9 Dementia Friendly: Draft Argyll and Bute Strategy 2015–2018.

We found that many of the good personal outcomes that had been achieved for individuals had subsequently been adversely impacted by gaps in staffing. Screening for dementia by psychiatric services was supported by active third sector involvement through post diagnostic support workers, NHS community psychiatric nursing services and mental health team occupational therapists. Partnership staff were very positive about the level of support provided post diagnosis. A dementia nurse specialist was also providing support to care home staff to help them manage the stress and distress experienced by individual residents diagnosed with dementia.

However, vacant posts in the community mental health team and long-term absence of consultant support had led to a reduction in the quality of services. This included reduced medication reviews and lack of available support from specialist dementia workers. Access to psychological therapies was described as poor by frontline staff. 'Dementia champions' were training care home staff to help improve understanding of the care of people with dementia. Not all staff trained as 'dementia champions' had previous experience of working with people with dementia. This reduced the potential positive impact of their role.

One hospital in Lochgilphead had a dedicated dementia assessment ward. This meant that some individuals had to travel large distances to receive services. Hospital-based health staff reported that there were communication challenges with social work due to differences in the way that different localities worked. Some frontline staff reported that there was a 'surplus' of residential care home beds and a lack of locally available nursing care and dementia beds. This had led to use of out of area placements. Day care provision levels for older people with a diagnosis of dementia was reported by staff to have geographical services gaps. This was attributed by managers to economies of scale and the diverse nature of the communities. We would encourage the Partnership to ensure that services were designed to meet local need and promoted equity of options in the remote communities.

We noted from statistical evidence that the Partnership performed above the Scotland average in diagnosis of dementia. However, we also noted there had been a decline in performance in recent months due to staff capacity issues. This was with the exception of Helensburgh area. This locality had different arrangements with an older people psychiatry service level agreement with NHS Greater Glasgow and Clyde. This had enabled them to achieve more timely diagnosis and earlier intervention of post diagnostic support.

Community Dementia Teams identified areas such as transport, (support to travel to access services) lack of community-based therapies for people aged over 65 years, staff availability, (for example GP/consultant locums) to deliver diagnosis and clinics, particularly on islands, as problems in service delivery. Several GPs were reluctant to diagnose dementia. This, coupled with the gaps in psychiatric assessment, meant that diagnosis and treatment was beginning to be delayed.

Example of good practice – Community Dementia Teams

These teams were established through effective collaboration between the statutory health and social work services and Alzheimer Scotland. They were delivering care to individuals, families and communities in some of the remotest areas of Scotland.

They provided direct support to those who require the services and also worked with other professionals and organisations to improve the recognition, knowledge, care and support for people affected with dementia. Their work made sure that people's dignity and independence was maintained and that they could remain within their families and their communities for as long as possible.

The specialist flexible service supported individuals and their carers to live well with dementia. This partnership approach was achieved by the development of good working relationships across health and social work at local and strategic levels.

The teams enabled members of each discipline to work together in a flexible way with partnership working that allowed for a sharing of resources, information, knowledge and training giving greater access to all staff in a variety of areas.

Not all GPs were trained in diagnosis of dementia which was carried out by some GPs with others seeking diagnosis from a consultant psycho-geriatrician. These variations meant that accessing services could be delayed due to differing practice depending on where an older person lived. A high turnover of consultants in some areas also hindered access to diagnosis.

Alzheimer Scotland advisors provided practical information and advice. Joint working with Alzheimer Scotland had the potential to deliver positive support to people in the community. Over 100 staff had participated in 'dementia informed' training. We heard about positive initiatives such as Marie Curie's 'Helper Model'. This model trained and supported volunteers in dementia care and the development of 'age friendly' shops and businesses in 'dementia friendly' communities.

Access to assessment and support in island communities was particularly under developed. This meant that post diagnostic support workers were seeing older people at a more advanced stage of dementia. This was reflected in our staff survey where:

- 51% of respondents agreed that the service worked well together to enable people with long-term conditions and those with dementia to remain active
- 41% of respondents agreed that their service did all it can to make sure that older people receive a timely diagnosis of dementia, and
- 37% of respondents agreed that older people were able to timely access post diagnostic support.

We met with some carers of people with dementia. They told us that they did not always feel supported by staff when trying to support their relative at home. Sometimes they were not offered choice of support options and were directed to consider a care home as the best option. When older people with dementia were admitted to hospital, sometimes their families did not feel listened to, even when power of attorney or other powers were in place for them. Consultation on service development included the local service user 'Stirrers Group'. This was a group of local people who represented some service users and commented on services.

Anticipatory care planning

An anticipatory care plan anticipates significant changes in an older person's health and social care needs and describes action, which could be taken, to manage the anticipated problem in the best way. This should take place through discussion with the individual, their carers, and health and social care professionals. Anticipatory care planning is more commonly applied to support those living with a long-term condition to plan for an expected change in health or social status. It also incorporates health improvement and staying well.

GPs, community and Macmillan cancer nurses, were increasing the number of anticipatory care plans they completed. However, there were variations in GP practice where some GPs were completing anticipatory care plans while others did not. Some of the health staff we spoke with (such as community nurses) said that these plans had directly prevented a number of older people from experiencing an admission to hospital. This positive approach would be improved if more information from the anticipatory care plans was shared. For example, social work staff could not access anticipatory care plans from the GPs' information technology system. Access to these plans was limited. There was uncertainty among frontline health staff that had the lead officer role. In addition, anticipatory care plans were single agency (health) plans, with very limited contributions from social work services.

We found that anticipatory care plans as an area requiring development. We found few plans when we reviewed individual case records. We heard from health staff that they were often completed without adequate consultation with the service user, their family or care home managers.

We heard from frontline staff that anticipatory care plans were not always consistently completed with different levels of recording in different care sectors. The plans were also part of polypharmacy reviews[10]. Pharmacy staff confirmed that GPs and district nurses made regular referrals to pharmacists when anticipatory care plans were completed. Staff felt that this worked well. However, the process for identifying those needing an anticipatory care plan could be improved. Pharmacists had recognised an opportunity to review the anticipatory care plans alongside poly pharmacy reviews routinely held at discharge from hospital.

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10 Polypharmacy – the use of multiple medications.

Unscheduled admissions of older people to hospital can be related to medicines issues. Pharmacists effectively carried out poly-pharmacy reviews for older people who had been prescribed multiple medications and who were at risk of an unscheduled admission to hospital.

Pharmacy technicians were providing valuable support in the community. Referrals were being received from hospital wards, GPs and social workers. The numbers of referrals in all areas was growing. The technicians had established good relationships with care providers across Argyll and Bute.

We were told by frontline staff that anticipatory care plans were routinely completed for people with a terminal illness. However, information from anticipatory care plans was not always accessed at the time it was needed. Some staff were unaware of what criteria leads to an anticipatory care plan 'alert'. Do not resuscitate information was not always accessible by Scottish Ambulance Service. Therefore ambulance crews had no choice but to attempt cardiopulmonary resuscitation with patients who may not have wished to be resuscitated.

Patient key information summaries were not able to be accessed by other staff such as district nurses. These summaries were a way for healthcare professionals to record and share information about people with complex care needs. In some cases, the summaries had no anticipatory care plan 'alert' copies attached.

Palliative and end-of-life care

Support to people at the end of their life was prioritised by all services. This was reported to us by a range of stakeholders including medical consultants, community nurses, physiotherapists, pharmacists, social workers and the Extended Community Care Teams. As part of a 'Delivering Choice' approach the Partnership was operating a 'generalist model' where mainstream nursing were being supported by specialist Macmillan nurses. The Macmillan nursing service was well resourced with multiple practitioners in most localities.

However, access to services in remote areas was difficult. District nurses were usually the lead professional in each locality. They worked closely with the patients and had close working relationships with Macmillan cancer nurses and Marie Curie staff who actively supported district nurses to help coordinate care. Multi-disciplinary 'gold standard' work undertaken by GPs in relation to end of life and palliative care was reported as positive by frontline staff. A dedicated palliative care change plan was being implemented.

There were no permanent dedicated beds available across Argyll and Bute for end of life hospice care. Individual rooms for palliative care patients were made available in hospital funded by Macmillan services. We found a willingness and commitment to ensure that patient wishes and preferences were respected and promoted. Palliative care summaries informed practice across health professionals. This included Macmillan cancer nurses and GPs developing anticipatory care plans and do not resuscitate forms, support and pathways. Some care home providers had concerns that no overarching agreement on the palliative care register was in place and GPs were individually interpreting their approach to this.

Macmillan cancer nurses also provided valued training to care home and care at home staff to help them provide appropriate care and support at the end of a person's life. This helped reduce the need for hospital admissions.

This good partnership working approach between the different sectors had supported people to die at their preferred place. The Macmillan and Marie Curie services had close working relationships with the carers' centres. They had jointly developed training.

Other initiatives included access to support and advice from end of life services within local libraries. Plans were underway to extend availability across Argyll and Bute co-funded through Macmillan Services. This was focused on cancer care but provision could be made for other end of life support. We also learned about Marie Curie's 'Death and Dying' café projects. We heard about good practice in Kintyre where anticipatory care plans and palliative care plans were stored on 'Vision' (an electronic database). This meant that plans could be accessed when people arrived at a hospital's accident and emergency services. However, the Scottish Ambulance Service did not always have access to anticipatory care plans. Overall this had led to a relatively high proportion (93%) of people in Argyll and Bute spending their last six months of life at home or in a community setting. This performance was in the top quartile of Partnerships in Scotland.

However, we met with staff and heard from carers that a few older people with palliative care needs had to wait for care services. This was due to the lack of available care at home staff to support them at home. This was also the case when they needed increased support. We found that it was sometimes difficult to provide care in more remote areas. The Partnership needed to work better to address support needs when care services were not immediately available.

We were concerned that where a social worker or care coordinator was absent for a prolonged period that a service user's changing needs were not addressed timeously. However, the lack of care at home medication administration was not described as a major hurdle to good care for people with palliative care needs with district nursing services providing this service.

Falls prevention and management

Managers told us the falls pathway was one of the significant successes of the Reshaping Care for Older People initiatives. Falls are a major cause of emergency hospital admissions for older people. The falls pathway was a factor in reducing the number of emergency admissions of service users to hospital. This included the work of the falls prevention projects preventing older people falling, and making sure that it they did fall and were uninjured, they would not be admitted to hospital as an unscheduled admission.

Falls prevention programmes had been tested in areas such as Bute and Helensburgh and had proved to be effective. One initiative aimed to ensure that people who fell but were uninjured were not transported to hospital. Instead they were provided with short-term support from the voluntary sector, followed by assessment and reablement and falls prevention classes as required. The service was a community-based model with third sector support.

Plans were underway to develop a standard operating procedure to provide support for people who fell but were uninjured particularly during out of hour's periods. However, no timescale had been agreed to implement this across the Partnership.

We found a few examples where a referral to the falls prevention service may have provided good preventative support but the falls service was not available in all areas. We were told by frontline health staff that falls prevention availability and management was variable across the localities and access was not equitable across Argyll and Bute.

Some service users also told us that getting to falls prevention classes had proved difficult due to a lack of transport. More work was needed to extend the falls prevention approach across Argyll and Bute.

2.3 Access to information about support options including self-directed support (self-directed support)

This section is about how well the Partnership was working to provide information to individuals and their carers about support options, including self-directed support. The Partnership was working hard to improve individuals' and carers' experiences of health and social work services. This was supported by locality Reshaping Care for Older People groups and a supporting multi-agency Programme Board.

A range of websites including Argyll and Bute Council, NHS Highland and the new health and social care partnership integration web page all had a range of information to help individuals consider their options and access services. These websites contained a range of information on how to access support with links to a number of services.

This information showed how to access services, including eligibility criteria, and what to expect from the service. Some information was out of date which the Partnership needed to address.

However, older people and their carers that we met did not always know where to find information about services and supports that may be available for them in their locality. We met several carers and even those from the same locality who often had very differing experiences of how information about support was shared with them or advised about what could be available to them.

The Partnership's focus on integrated working provided a further purposeful approach to supporting individuals and carers to have more control, choice and independence in their own care. It had recently published its 'outline' joint strategic commissioning plan[11] which set out their plans for the future shape of health and social care services.

Self-directed support

Self-directed support includes a range of options for exercising choices in which individuals and their carers can choose the way support is available to them. It includes a range of options for exercising those choices. Since April 2014, Partnerships had a statutory duty to offer the four self-directed options to older people and other adults who need social work services. The self-directed support options are:

- option 1. direct payment

- option 2. the person chooses and directs the available support

- option 3. the local authority arranges the support, and

- option 4. a mix of the above.

The Partnership delivered more direct payments to older people than the Scotland average. Of those individuals who chose direct payments just under half were older people. The level of funding received by them was around 37% of the total self-directed support spend. Both of these figures were above the average for Scotland in 2014.

However, there was a reduction in the number of older people receiving direct payments between 2012 and 2014. Rising numbers of older people were receiving direct payments across Scotland during this time.

We met some service users and carers who were in receipt of direct payments. They said that they valued the choice and control this gave them. However, across all services the proportion of people needing social work support getting to choose how their support needs were met was lower than the Scotland average.

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11 Argyll and Bute Health and Social Care Partnership Outline Strategic Plan 2016/17–2019/20.

Social work services frontline staff and managers told us that self-directed support assessment paperwork was lengthy and cumbersome. This had acted, in some instances, as a barrier to self-directed support outcomes-focused approach. There was a lack of third and independent sector service provider capacity (particularly on the islands and remote parts of the mainland) to deliver support to individuals following assessment.

This meant that the ability to select option two (individual chooses the service and the service provider) was constrained. In our staff survey 39% of respondents agreed that their service worked well with partners to promote the implementation of self-directed support.

However, our review of case records found a positive picture with 83% of individuals offered the four self-directed support options. The discussions had taken place with them at either the assessment stage or review stage. Existing service users were offered self-directed support at review meetings.

For the individuals who were offered the self-directed support options 10% chose direct payments. None had chosen to direct the available support. The local authority was arranging the services in 86% of the cases and 4% chose option four, a mixture of the other three options. For the 17% of individuals who should have been offered the self-directed support options, there was no evidence in their social work records that the options were offered.

These findings were compatible with our findings from our discussions with older people, their carers and staff. Many older people were content for the local authority to arrange or continue to arrange the social care services they required. Due to the lack of local provider capacity of social care services in some localities, option two was not always a realistic choice for many older people. Some older people had chosen direct payments, particularly when they needed such care at home services in remote areas.

A number of engagement events had been held across Argyll and Bute to inform individuals, their carers and staff about self-directed support. This included support from the Scottish Personal Assistants Employer Network (SPAEN) to provide advice to people who wanted to explore direct payments. In the main, many older people and their carers that we met with did not always know where to find information about self-directed support. Few people we met had chosen direct payments. However, of those who had, most had good experiences of having a say in how their support was delivered. We found good examples of person-centred care being delivered in remote areas that met most of the individual's desired outcomes.

The resource allocation system that helped staff and individuals cost their eligible budget helpfully included a weighting for rurality to help realise care supports in more challenging geographic areas. However, we also heard that paperwork to help assess for resources was cumbersome to complete and off-putting to use.

Quality indicator 3 – Impact on staff

Summary

Evaluation – Adequate

Staff were generally well motivated and thought they worked well together to support older people to live in the community. There was evidence of positive attitudes across all staff groups. Some staff advised that they were working to capacity and, as a result, were unable to carry out early intervention work. Pressures in some front line services were being compounded by vacancies and staff absences and this impacted on staff morale.

There was evidence of good multi-disciplinary and multi-agency working, communication and a commitment to providing good standards of care to service users. Although there was evidence of staff consultation activities, staff felt that communication about proposed changes, such as integration of health and social work services, could be improved.

Senior managers recognised that changes were needed to improve dialogue with staff. However, staff told us that communication could be improved to enable staff to feel more engaged.

Generally staff had good access to training but most of this was delivered separately by health and social work services. The Partnership recognised it needed to develop different approaches to deliver training especially in remote areas.

In this section we consider if staff were motivated and committed to delivering high quality services. We also consider if they were well supported, managed and provided with the resources to carry out their work well. We comment on whether staff felt there was good joint working, understood organisational priorities, had good opportunities for organisational development and contributed to change management.

3.1   Staff motivation and support

Motivation

We considered a range of evidence, including documentation submitted by the Partnership (for example training plans), results from recent health and social work staff surveys and a staff survey we conducted as part of the inspection. We met with approximately 400 health and social work services staff over the duration of the joint inspection. This included face-to-face meetings with managers and staff groups in health and social work and other care settings.

Just over 1,500 health and social work staff were asked to complete our survey with 569 responding. This was a 38% response rate. Of those who returned our questionnaire:

- 68% of the respondents were employed by NHS Highland

- 30% were employed by the local authority, and

- a further 2% were employed in 'other' sectors (for example GPs).

Staff they were clear about their roles and responsibilities. On the whole they were enthusiastic and committed to delivering and improving the care, support and treatment for older people and their carers. Responses to our survey showed that staff:

- enjoyed their work (86%)

- felt valued by other practitioners and partners when working as part of a multi-disciplinary or joint team (74%)

- felt well supported in situations where they may face personal risk (73%)

- felt valued by their managers (62%)

- agreed that their workload was managed to enable them to deliver effective outcomes to meet individuals' needs (57%), and

- agreed that there were effective systems for allocation and management across the partners and teams (31%).

There was little difference, in response type, between NHS and local authority staff. However, a slightly higher proportion of NHS staff indicated that they did not know whether they felt valued by managers or were well supported in situations where they faced personal risk. This was generally confirmed in our focus groups with frontline health and social work staff.

Staff morale was generally good. However, in some settings it was mixed and some staff felt they were 'fire-fighting' rather than adopting a planned approach to meet the need and desired outcomes of older people and their carers. We were told this was largely due to sickness/absence levels, unfilled vacant posts, increased workloads and a high volume of paperwork. Despite these pressures, staff told us they had continued to work hard to ensure they delivered a good service for older people.

Argyll and Bute Council's most recent staff survey and supporting audits indicated low staff morale in some areas. There was a perceived increase in workload and lack of support and communication from managers. The Partnership's action plan for improvement had begun to address these issues. For example, managers had access to training in management and leadership. Assessment documentation was reviewed to try and reduce the volume of paperwork. Most health and social work staff welcomed these developments.

The Partnership had developed a range of communication methods to help engage staff on the key developments of health and social care integration. These included a dedicated website, newsletters, road shows and events. However, some staff groups told us they did not feel engaged or have enough information about integration.

They were uncertain about how this would develop and what it might mean for them and the impact of this on service delivery and service users. Trade unions had also raised concerns about perceived gaps in communication to staff on developments linked to the Partnership. Frontline health and social work staff and some managers raised concerns with us about their perceived uncertainty on the future of directly provided care at home and care home services. We found similar comments in the results of the Partnership's own staff surveys. Improvements in communication, consultation, and reducing workload pressures were highlighted as some of the key areas identified for further improvement.

Senior managers recognised they needed to increase their visibility and improve communication and dialogue with staff. They acknowledged that strengthening workforce engagement was key to implementing positive change and the overall success of the Partnership. Feedback from a series of road shows, led by senior managers, highlighted the need to adopt a less formal approach when engaging with staff. This would encourage more open and frank discussion and contribution. We noted that senior managers were addressing this by reviewing their overall approach to staff engagement. They were considering plans to invest in external consultants to support them improve staff participation and better inform a wider range of staff groups.

Teamwork

There was a long history of informal joint working between health and social work staff at an operational level in Argyll and Bute. This was reported to work particularly well where teams shared offices and close, trusting working relationships had developed over a number of years. Many felt this had helped to prepare them as they moved forward to more formal joint working arrangements. This was less evident for some other staff who felt there was a long way to go before partnership working was fully developed across the localities.

Most staff said they felt valued by their colleagues, partner agencies and line managers. They welcomed integration and saw this as the formalisation of a joint working approach that already existed for most of the health and social work services. Our staff survey results showed that 67% of respondents agreed they had excellent working relationships with other professionals and 75% agreed that joint working was supported and encouraged by managers.

Multi-disciplinary and multi-agency meetings were well established in localities. The meetings provided opportunities for health and social work staff to come together to share information and expertise, and work productively to improve the health and wellbeing of older people.

Example of good practice – Virtual ward meetings

Virtual ward meetings had been established across all of the localities. This was a multi-agency meeting to review the needs of older people living in the community whose condition was causing concern, as well as individuals in hospital whose discharge was delayed. The meetings were led by healthcare staff and were attended by hospital and community social work services staff, community nurses, allied health professionals and ward managers. These meetings were a good example of joint working.

The remote geography of some of the region posed a barrier to effective liaison. However, we noted the wide use of technology to overcome this. We saw positive examples of teleconferencing being used to allow staff across the Partnership to interact. Overall, we were impressed by the collaborative and interagency approach to ensuring the delivery of the best possible care for older people.

When we met with staff it was clear they were genuinely committed to providing and delivering services to support older people to lead purposeful and fulfilling lives, increase opportunities for independence and keep people safe from risk of harm. For example, staff responded positively in our survey with the majority agreeing that services:

- worked well together to ensure they were successful in helping older people lead as independent a life as possible

- worked well to keep people safe and protect them from risk of harm

- did everything possible to keep older people at home and in their local communities, and

- that their workload was managed to enable them to deliver effective outcomes to meet individual needs.

Staff had reservations about whether there was sufficient capacity within their teams to cope with future demand. For example, 26% of staff felt they had sufficient capacity within their team to carry out preventative work. Frontline staff told us the number of referrals of older people with complex care and support needs had increased. We heard about the increasing pressures on social work services staff. Many of them told us they were struggling to cope with increases in workload and high volumes of paperwork. Assessment and care management paperwork was reported to be cumbersome and not directly accessible to healthcare staff. As a result, there was duplication of information and difficulties accessing information.

This could sometimes impact on the approval process and result in a delay in delivering services for older people. We saw some examples of this when we attended scheduled workplace meetings with health and social work services staff.

At times of crisis, services generally worked well together to provide an appropriate level of care and support for vulnerable older people who were at risk. We saw good examples of this when we reviewed the health and social work records of older people. This was confirmed by those service users and their families when we spoke with them.

Learning and development

Health and social work partners had arrangements in place for individual supervision, annual performance appraisal and individual professional development. Staff reported that they were able to gain access to appropriate training, development and supervision in their respective professions, although some thought there was less access to training than previously particularly in remote areas.

In our staff survey 68% of respondents agreed they had good opportunities for training and professional development, and access to effective line management, including regular professional specific supervision. There was little variation between the responses from NHS and local authority staff.

The Partnership's approach to the development of a more strategic approach to joint training was not fully developed. Health and social work services had their own suite of training and development resources. However, staff told us that training was largely delivered separately within their own organisation. Joint training opportunities were limited. Adult support and protection training was an example of joint training and was accessible to healthcare staff and third sector colleagues. However, there was a low uptake of this training from healthcare staff. The Partnership should encourage a more comprehensive approach to delivering joint training for staff, whilst acknowledging the issues around service provider sector and geography.

Quality indicator 4 – Impact on the community

Summary

Evaluation – Good

The Partnership demonstrated a strong commitment to engagement and consultation with the community and building the capacity of local communities. The Partnership engaged and involved local communities to better meet the health and social care needs of older people.

A good range of community supports for older people were already in place. The Partnership was seeking to work productively with older people, the third and independent sectors to improve engagement and increase awareness of the local community responses to delivering support.

The Partnership had adopted a locality-based approach to design services to meet the needs of the local population. However, the Partnership needed to do more to measure the outcomes of these community supports, to formalise the evaluation of initiatives, and ensure shared learning. The Partnership needed to do more to keep staff updated on the positive work they were undertaking.

4.1   Public confidence in community services and community engagement

In this section we looked at how the Partnership worked to promote positive community capacity and engagement. We looked at evidence that the characteristics of the local communities were understood and that there was evidence of community partnership working.

Engaging with the community

It was clear from meeting with senior managers and council elected members that significant importance was placed on building the capacity of local communities and that engaging them in service changes and developments was a priority.

Involving the public in policy and service development, co-production and community resilience building were themes that ran throughout the Partnership's draft Joint Strategy for Older People 2014, 'Long, healthy, active and happy lives', 'Outline Joint Strategic Commissioning Plan 2016–2020' and 'Joint Health Improvement Plan'.

The Partnership was in the process of updating its communication and engagement approach for involvement with stakeholders about the outline and final joint strategic commissioning plans. These plans were being co-produced by the statutory services and the third and independent sectors. The Partnership had learned from previous communication and engagement activities in the preparation of the Reshaping Care for Older People draft Older Peoples Strategy 2014.

We noted the variety of engagement methods used. These included conversation cafes, events, road shows, one to one conversations and the Public Partnership Forum. The Partnership's commitment to effectively engaging with communities was underpinned by training community representatives and public involvement champions from health, social work services and the third sector. Their role was to provide information for communities and engage them in consultation about integration. However, there was limited uptake of this training by health and social work staff. We saw examples of occasions when older people and carers had participated in engagement activities and events. These included:

- Local consultation in Helensburgh had scoped the local community's interest and preferences for a new befriending programme. The resultant service was then introduced and its delivery was consistent with the community views that had been expressed. Uptake of the service indicated it was positively received.

- Caring Connections Conversation Café had invited members of the public to address representatives from health and social work. The focus of the session was to identify positive experiences people had and areas for improvement.

The Partnership had demonstrated a strong commitment to building community resilience using Reshaping Care for Older People Change Fund. This included the development of community groups which articulated the needs of older people, supported the statutory agencies and enhanced community capacity.

Example of good practice – 'Grey Matters'

'Grey Matters', originating in Helensburgh, was initially set up as a local forum for older people to enable them to have a say in community life. The forum had over 200 members and had a weekly column in a local newspaper. The group had become an influential voice for the community, with clear changes made in response to their concerns. For example the GP appointment system was changed to improve access for older people. The group had shared their success at national events including those run by the Scottish Government's Joint Improvement Team. 'Grey Matters' had since expanded to Oban.

We also asked about community involvement in our staff survey. The results from those who responded were:

- 51% of respondents agreed that there was a strong positive engagement between the partners and local community and voluntary groups

- 46% of respondents agreed that their service recognised and consulted diverse local communities about levels, range, quality and effectiveness of services, and

- 46% of respondents agreed that there were clear joint strategies to promote and expand community involvement and communicate change.

However, 20% disagreed with these statements and around a third indicated that they did not know. From our focus groups with health and social work services and frontline staff, we also found that there was a limited awareness that health and social work services had an important role to play in developing community capacity. The Partnership should better promote the importance of engagement and involvement with local communities and other provider sectors with their staff.

Despite the overall positive sense of engagement with communities, we learned that the impact of community consultation was not always effectively shared with communities. The Partnership needed to ensure stakeholder feedback from the stakeholders is always used as a tool to drive improvement, and that the results of community consultation are always transparent.

Argyll Voluntary Action, part of the third sector interface, had an active role in community consultation activity. They had strong links with the Partnership and were represented on the community planning partnership. Argyll Voluntary Action told us of a significant improvement of the involvement of the third sector over recent years, referring to a more trusting relationship and a sense of moving forward together.

Community initiatives

The Partnership had a clear focus on developing community capacity. Projects, many of which were initiated using the Reshaping Care for Older People Change Fund, had been used as a tool to drive change. Argyll Voluntary Action had conducted a scoping exercise of the needs and preferences of older people to guide service development. They also had an active role in both the securing of funding and delivery of initiatives. The focus was on promoting healthy, active and independent lives for older people living in a homely setting. Examples of these projects included the following:

- the 'Happy Bus' in Kintyre. We heard from older people about the positive impact the service had on helping to reduce social isolation and promoting activities

- 'time banking' was a scheme in which members 'deposited' their time by giving practical help and support to others. They were then able to 'withdraw' their time when they needed something done themselves. This had started in 2003 and had grown in scale and had nearly 3,500 volunteers

- the 'Visiting Friends' project worked in partnership with community health, social work services and support agencies. Its role was primarily as befrienders. It made referrals directly to health and social work services. We heard, from frontline staff, that this resulted in earlier diagnosis of conditions such as dementia and better working with the dementia link workers, and

- the Joint Activity Programme led by Arthritis Care Scotland had trained people with long term conditions to run peer led self-management courses. Following this, generic self-management groups were established which were open to anyone with a long-term condition. Participants reported that they were able to communicate more effectively with health professionals about the services they needed, and when they needed them.

There had been significant investment, not just from the Reshaping Care for Older People Change Fund but also from the council and NHS Highland. We learned about successful projects being 'mainstream' funded following the end of the Change Fund. We heard from services users about the positive impact these projects had on their lives. There was evidence of evaluation of some projects. However, we were unsure whether evaluation was routine and robust across all projects.

We were advised by senior staff that there was an intention to establish better performance reporting systems and provide support as part of the Integrated Care Fund. We heard some critical comments, from service users and carers, about the lack of available community transport provision. Localised initiatives existed (for example, patient travel scheme and volunteers). However, we learned from some service users and carers of the difficulties faced by some older people in accessing services particularly from the more remote communities. Managers told us that the Partnership's vision was to develop locally available and sourced services, rather than invest in large-scale transport schemes.

The Health Improvement Team took a preventative approach to improving health which aimed to enable people to lead longer, healthier lives. The Joint Health Improvement Plan had included older people as one of its main target groups. As part of the plan we saw that activities such as befriending, shopping help, time banking, falls prevention, self-management of long-term conditions and active ageing were prioritised. However, we were unclear about the contributing resources that would be delivered from other partners such as leisure services.

Senior managers and frontline staff told us that a locality-based approach to capacity building and service design had been adopted. We read about the Partnership's ongoing commitment to design and adjust services to meet local need. However, there did not seem to be a strategic approach or overview of locality-based projects which ensured best practice was shared. Staff we spoke to acknowledged that there was a variation and inconsistency in services across Argyll and Bute.

We heard, from senior managers, about the positive impact of community resilience workers. Funding for these posts had been match funded by Argyll Voluntary Action and the Change Fund. The workers worked alongside statutory agency staff, had an interface role and provided awareness of community resources to signpost to. They also supported the third sector in completing grant applications to initiate projects and those seeking funding to expand. We also heard that the community resilience workers were instrumental in developing community capacity locally and were highly visible in local communities.

The Partnership needed to develop an overarching joint community capacity and co-production strategy, including how local services were to be supported, with a measurable action plan that clearly set out the role of community support interventions in delivering the overarching joint strategic commissioning plan.

Quality indicator 5 – Delivery of key processes

Summary

Evaluation – Adequate

Assessment and care management was generally good. Assessments were carried out, and care and support plans were regularly reviewed. However, there were some areas for development such as the preparation of chronologies. While staff felt confident and supported in managing risk, the preparing and recording of risk assessments and risk management plans needed to improve.

Older people were being involved in decisions about their care and support and were also being well supported to self-manage their condition by Partnership staff.

Work had been done to embed an outcomes approach. New processes were introduced to support the consistent implementation of self-directed support. The options available for service users were limited by availability of provider services in some areas. Further development was needed in areas such as choice and support for carers and independent advocacy.

People who used health and social work services and their carers were, on the whole, satisfied both with the services they received and the positive outcomes for them that resulted. They highlighted that that family members and service users were involved in reviews and in decision making. Some improvements were needed in areas such as respite and care at home.

The Partnership needed to work towards improving the geographical equity of services to make sure that pathways for accessing services are more joined up and effective, for example, the development of a single point of access.

This section focuses on the extent to which all staff recognised that an individual is in need of care and support. It considers how well information was shared between partners and was used to make decisions. It looks at the timeliness and effectiveness of the help and support provided, to older people and their carers, in preventing difficulties arising or increasing.

5.1 Access to support

The council had a call centre system for all adult care where referrals were logged and then passed to the relevant area teams. Access to services was through self-referrals, partner agencies and the council's website. A referral was passed to an area team's duty worker to take forward. No screening of calls took place between receiving the enquiry at contact and then passing the referral to duty workers. This meant there was a missed opportunity to screen and triage referrals.

This impacted on busy older people's community care teams. It also added an unnecessary layer in accessing pathways for older people requiring support. Access to NHS services was through a variety of routes such as community health services and GP practices.

A number of joint health and social work services teams existed across Argyll and Bute. They provided differing types of support including mental health and learning disability. Where these teams were established, we found that the NHS services were being accessed directly through traditional referral routes such as GP services while social work services were being accessed through the above described channels. This meant that there was a lack of joined up access pathways for health and social work services even where joint teams were established.

Senior managers described the steps taken to develop a single point of access as being a single agency strategy initially. Once a single point of access could be achieved for health, a multi-agency one may become an option. They said there were no active plans to develop this. We noted this was an important consideration as integration will only increase the need to jointly develop services and the subsequent access arrangements to them. There was no single point of access adopted across the Partnership and this needed to be addressed.

The Partnership had a set of eligibility criteria for accessing services. A set of priorities was in place to allow for the appropriate targeting of services across both health and social work services. Priority was given to older people who had critical or substantial needs. Individuals whose risks were assessed as moderate or low were directed to appropriate third sector organisations including carers' services. However, in our staff survey 28% of respondents agreed that there were joint eligibility criteria for services which were consistently applied. Nearly half (46%) said they did not know.

We found instances, (for example mental health, dementia, sensory impairment, falls prevention, out-of-hours and care at home services), where access to services in remote and island communities was sometimes limited. This was consistently identified as an issue by frontline staff and service users. This finding was supported by our staff survey which recorded that only 23% of respondents agreed that there was a fair geographical coverage of services. Over half (55%) disagreed. In some cases services were delivered after delays of several weeks or months depending on the type of service. An example mentioned by service users was that the sensory impairment team visited certain areas including islands only when there had been sufficient referrals to 'justify' a clinic. This resulted in significant delays.

> ### Recommendation for improvement 4
>
> The Partnership should work towards improving the geographical equity of services ensuring that pathways for accessing services are more joined up and effective.

The Partnership deployed Extended Community Care Teams to provide support for those living in their own home. These teams provided care at home services including aspects of rehabilitation and were managed by a mixture of health and social work professionals. Access to these teams service was by referral from hospital staff, GPs and duty social work as well as through other services such as the out-of-hours service delivered by the independent sector provider Carr Gomm.

The out-of-hours service aimed to deliver a rapid emergency response (for example to telecare calls) as well as planned visits. The overnight support service was reported by staff to be flexible. For example, it allowed a service to restart following a hospital accident and emergency department admission. The Carr Gomm service did not cover all of Argyll and Bute. Senior managers acknowledged this as an issue. We were told by them that plans were in place to remedy this.

The work of the Extended Community Care Team was being diverted, in many cases, to supporting staffing shortfalls in staffing in care at home services. Many staff including senior managers expressed frustration that they were not able to support people in the community earlier in order to prevent short-term needs becoming longer.

A prominent issue was the difficulty in recruitment to care at home services. Care at home support was provided by the council (in some locations), as well as third and independent sector providers. The supply of staff was constrained by the lack of suitable job applicants. Other reasons included travelling time, level of skills and training of staff to undertake a reablement approach and the use of 'zero hours' contracts in the directly provided care at home service. We were told by some frontline staff that delays in arranging care at home services following assessment were the most common reason for not receiving services at the right time. However, not all areas experienced the same level of accessibility of services.

5.2   Assessing need, planning for individuals and delivering care and support

The Partnership was carrying out work to refine and improve the assessment and care management processes. It had recently carried out work to better focus on individual outcomes for older people, as well as giving staff tools to offer self-directed support options in their assessments. We attended some hospital multi-disciplinary meetings which identified priorities for patients and helped ensure that service users experienced a smooth discharge from hospital along with the allocation of resources which were required to meet their needs.

However, in a few cases, older people experienced problems when being discharged from hospitals in the NHS Greater Glasgow and Clyde area. In these instances staff told us that they had received little notice of when the older people were to be discharged. This meant that packages of support could not be planned in advance. The way medical records were shared across NHS boundaries could be improved and patients did not always access timely rehabilitation as a consequence. They also said that community care assessments on leaving hospital were not always carried out in a NHS Greater Glasgow and Clyde hospital.

This meant that some older people would be moved from a NHS Greater Glasgow and Clyde area hospital to an Argyll and Bute hospital for assessment rather than returning home. In other cases, assessments carried out in NHS Greater Glasgow and Clyde by health staff had overestimated the care needs required, putting pressure on resources which could not be redressed until the social work service could reassess in Argyll and Bute. In both scenarios the outcomes for the older people involved were poor. This lack of coordinated planning and support for discharge should be addressed by health and social work managers.

Where care assessment was carried out in Argyll and Bute we found evidence from individuals' case records that supported a generally positive picture of assessment and care management. From the health and social work services records we read, 95% of people had a needs assessment completed. In 68% of those assessments, it was clear that a range of professionals had contributed to the assessment. Early intervention and prevention options had been considered in 73% of cases. We evaluated 69% of the assessments we read as good or better. In 2% of the assessments, we evaluated them as weak and needing improvement. The remainder were evaluated as adequate.

Chronologies set out key life events that can influence the care and support offered to individuals. They are a useful tool in assessment and practice which promote engagement with service users. An accurate chronology has sufficient detail but is not a substitute for file recording. They should be reviewed and relevant to the individual's circumstances. The majority of relevant records we read (65%) contained a chronology. However, two-fifths of those chronologies we read were of not of an acceptable standard. This was an area of work where the Partnership needed to improve its performance. The Partnership needed to ensure that all relevant case records contained accurate chronologies so that older people's care needs are better assessed and that the services they receive are better planned and delivered to meet individual need.

Recommendation for improvement 5

The Partnership should ensure that all relevant case records contain accurate chronologies and, where appropriate, have written risk assessment and risk management plans in place so that people's care needs are better assessed and planned for.

All assessments we read had taken account of the individual's needs and almost all had taken account of the individual's choices (98%), with 82% outcome-focused. Staff generally obtained agreement to share information across agencies. Most files (88%) included clear evidence that health, social work and other services had shared relevant information.

We noted that overall the Partnership performed better, than the Scotland average, for the time from referral to completion of assessment. However, it performed less well, compared to the Scotland average, from the time taken from assessment to the delivery of services (January–March 2015). From our staff survey:

- 66% of respondents agreed that individual care plans identified health and social care needs and the role of relevant staff

- 58% of respondents agreed that care plans were regularly reviewed, signed and implemented

- 35% of respondents agree that key professionals worked together to inform a single, user friendly assessment, and

- 34% of respondents agreed that joint teams responded within agreed organisational timescales.

Managers and frontline staff we spoke with across health and social work services, as well as the majority of older people using services, felt that clients received a good service and had good outcomes. This was supported by our review of individuals' case records. We evaluated that nearly all had achieved an improvement in their circumstances and that personal outcomes were achieved in almost all cases. Generally those individuals and their carers that we met with who expressed dissatisfaction noted that poor communication and a lack of clarity in the care plan as the main difficulties.

Frontline social work staff told us that paperwork for completing care plans and assessments was onerous. They said that there were often delays in completing assessments and care plans as the length of paperwork made it difficult to get the assessment process completed in the required 28 days. Health staff told us that care plans were generally slow to be reviewed by social workers when people were admitted to hospital.

Some of the records contained a 'Personal Outcome Plan'. These were designed to cover all aspects of the assessment, care planning and review processes. We found that assessments and reviews carried out using this approach were clearly linked to national health and wellbeing outcomes and focused on the individual. However, social work services staff told us that the processes were cumbersome and the introduction of the Personal Outcome Planning system had led to increased staff time spent in administrative tasks. This meant that less time was available to spend with service users.

In April 2014, the Partnership had commissioned a review of the assessment and care management processes and documentation. This review resulted in the development of a universal adult assessment tool. This was intended to facilitate the introduction of self-directed support and better person-centred planning. The universal adult assessment tool was being introduced in phases. Phase one for social work services staff was introduced in May 2015. Phase two, including healthcare staff, was planned for autumn 2015. Interim guidance had been issued to staff to address self-directed support implementation using the previous personal outcome plan system until the universal adult assessment tool was embedded.

The introduction of the universal adult assessment tool was at an early stage and not all staff had used the new format. Managers told us that the new system would take time to bed in and that the staff would initially have a greater amount of information to enter in to the new system.

It was expected that this would reduce significantly in the longer term. Universal adult assessment tool team leader 'champions' would be responsible for cascading training within their locality. At the time of the inspection work, on phase two was in its early stages with a number of tasks to be completed.

Phase two was expected to incorporate the 'supported assessment questionnaire and resource allocation system'. The universal adult assessment tool also contained risk assessment and risk management sections. From our review of health and social work case records we found that:

- in almost all cases there was evidence that the service actively sought and took into account, the individual's views at assessment (99%), care plan (94%), and review stage (97%)

- in almost all cases (93%) the health and social care support was subject to regular review, and

- just over half of all cases had a comprehensive care and support plan (51%), while for 40% the care and support plan was not comprehensive. The remaining 9% did not have a plan.

5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks

Well structured governance arrangements were in place for adult support and protection. The adult protection committee had an overview of adult protection procedures and used the 'West of Scotland' guidance to inform practice. There were four locality adult protection development forums. The development of these forums had been inconsistent. The chair and other members of the adult protection committee had recently committed to attend the forums to drive forward improvements. We attended a meeting of the adult protection committee. We saw how the independent chair challenged partner agencies to achieve more effective involvement in the adult protection agenda using detailed performance data. This supported improvement work.

We noted that stakeholder attendance at the adult protection committee was not always consistent. There were some difficulties in securing all the information required to inform the committee of user views. This hindered future planning. A chief officers group held an overview of public protection and routinely received performance reports from the adult protection committee. The adult protection committee chair was satisfied that chief officers were providing the necessary oversight.

Adult support and protection awareness training was described as excellent by some staff. Frontline staff told us that training had taken place across professions and agencies although there could be long periods between training sessions. They thought there should be more regular 'refresher' training. We were told that not all health staff who were offered awareness training attended. GPs' attendance was reported as mixed. Partner agencies and providers received a good level of training with the adult protection committee monitoring attendance.

Referrals were monitored by the adult protection committee, local forums and area team managers. Most referrals were received from Police Scotland. The adult protection committee was monitoring the rate at which cases resulted in a referral. Screening of referrals was carried out by social work. The Partnership aimed to meet the guidance target of five working days from referral to completed inquiry. This was monitored by the adult protection committee. The proportion meeting the target was low. We were told that the adult protection committee planned to explore the reasons for this.

The Partnership had a programme of adult support and protection self-evaluation. Recent self-evaluation file audits have been conducted with multi-agency involvement. This had resulted in improved practice within social work services. Team leaders audited 10% of instances where a referral was not raised and audited one of their team's cases a month. Results from this self-audit were due to be reported in winter 2015. The adult protection committee sought to build on this by learning from case studies from significant case reviews case studies. Attendance at case conferences was routinely monitored by the adult protection committee.

The completion and availability of comprehensive risk assessments and risk management plans are integral to the effective support and protection of adults at risk of harm. Our review of health and social work services records looked at risk assessment and risk management practice. The findings of this were variable and in some aspects concerning. We found that operational practice was not always consistent with the Partnership's own procedures and best practice. For example, in the files with adult protection type risks identified, (current or potential issues regarding adult protection or protection of the public), we found that:

- 60% had a risk assessment on file

- the timing of the most recent risk assessment was in keeping with the needs of the individual (100%)

- multi-agency partners' views had informed the protection risk assessment (89%)

- 66% of risk assessments were rated as 'very good' or 'good' with 22% rated as 'adequate' and 11% rated as 'weak'

- 40% had an up-to-date risk management/protection plan and in all cases these were up-to-date

- half of the risk management plans were rated as 'very good' or 'good', while the other half were rated as 'adequate'. No plans were rated as 'weak' or 'unsatisfactory', and

- 13% had not dealt with risks adequately.

Whilst some caution needs to be exercised with these findings, given the small sample size of adult protection type cases, there was room for improvement. A range of social work staff and managers told us that staff were completing risk assessments where these were needed. However, we found from our case record reading these were not always formally recorded in the service user's case record.

In the files with adult non-protection type risks identified (such as a frail older person at risk of falling and sustaining an injury) our case record findings indicated that for those cases where non-protection type risks existed:

- 78% had a risk assessment on file

- the timing of the most recent risk assessment was in keeping with the needs of the individual (84%)

- 20% had no evidence that multi-agency partners' views had informed the risk assessment

- 89% of risk assessments were rated by us 'good' or 'adequate'

- less than half had a risk management plan (47%)

- 90% of risk management plans were up-to-date, and

- 83% of cases had all risk concerns dealt with adequately.

A range of risk assessment frameworks were being used. During our review of case records we found that assessment of risk was included in the Partnership's assessment templates. However, not all assessments recorded risk in the same way and this meant that there were variations in risk assessment. This was more commonly found in lower level risks such as non-protection risk.

Not all risk assessments were shared routinely. In our staff survey we found that 64% of respondents agreed that there was a range of risk assessment tools which they could use. Around two-thirds (66%) of respondents agreed that there was clear guidance and processes in place to support all staff in assessing and managing risk. The Partnership aimed to adopt a standardised approach to risk identification with coordination of care by a lead professional. The lead professional role needed further development.

Health and social work staff told us they felt confident in dealing with adult support and protection. A large-scale investigation of adult support and protection issues, in a particular care home, was underway at the time of inspection. Staff told us they were confident in participating in the investigation even though this was the first investigation of this type that the local authority had undertaken for some time.

However, some of the challenges experienced by staff in providing support to vulnerable older people included a lack of infrastructure in place to manage some adult support and protection activities. This included difficulties in accessing out-of-hours services. For example, in some localities, the place of safety during the out-of-hours period for a patient who was held under mental health legislation was in an accident and emergency department, community hospital or police cells. On occasions patients had been admitted to a ward or local nursing home temporarily with extra staffing for support until additional services became available.

Access to mental health services was variable particularly out-of-hours with limited access to community psychiatric nursing and acute admission. We heard that this had led to older people being detained in inappropriate settings. No dedicated facility for those with dementia and challenging behaviour was available in some localities. Admissions to hospital in Lochgilphead, to allow access for diagnosis, could be delayed due to transport issues.

Some transport services only worked on weekdays. Staff told us that Police Scotland were helpful in holding vulnerable people safely and providing transport when no other option was available. However, these arrangements had the potential to undermine the outcomes and rights provided to older people under mental health legislation.

Managers told us that a contingency plan was in place for mental health response but this needed to be updated. Senior managers commented that the modernisation of mental health services had resulted in a reduction in beds, and an increase in community based care. During acute periods of illness the community hospitals were increasingly providing short-term support for individuals with mental illness until a safe transfer could be made. Some senior health managers recognised that staff did not yet have the skills and confidence to deliver the best care in community hospitals to meet these particular needs.

Recommendation for improvement 6

The Partnership should ensure that plans to support vulnerable older people are updated and training is provided for staff in hospitals and that alternative places of safety are found to ensure that older people can receive the right support at times when they most need it.

5.4 Involvement of individuals and carers in directing their own support

Self-Directed support

Self-directed support lead officers told us that good progress had been made in offering support to individuals and carers in taking up and managing their support. The council had taken positive steps and were working with Carr Gomm and Argyll Voluntary Action to engage with individuals and providers to explain and articulate self-directed support options.

The Partnership had updated its self-directed support policy and procedures in April 2015. Assessment procedures were developed to help enable a consistent approach, to streamline paperwork and enable health staff to complete assessments at a later stage. The resource allocation system had yet to be embedded into the new documentation. This was under development.

The range of providers was limited in some areas. Staff noted that this could be particularly challenging for island and remote communities where there may be just one service user requiring services. We were told about an initiative with Scottish Care and the Institute of Research and Social Sciences which aimed to identify more service providers across each of the locality areas with a target minimum of three service providers for each area.

Although this work was at an early stage, the Partnership anticipated that existing service providers could work differently to provide flexible services more efficiently through collaboration. Existing service providers displayed what services they provided on the council website. The Partnership was building a resource directory to include community activities with the aim of providing a web based self-service directory.

Carers

Support to carers was promoted by a network of carers' centres working alongside health and social work services. We met with the carers' centre network who told us of their involvement in strategic planning events. Members of the network were also members of the strategic planning groups and were actively contributing to the development of the joint strategic commissioning plan and the development of service plans in the context of anticipated legislative changes in support of carers. Network members told us they felt actively involved in the planning of future services for carers.

We attended a drop-in session for carers in Lochgilphead. We met staff and volunteers who were motivated and committed to helping others access support services. We were told about the activities within the carers' centres which encouraged new and existing carers to access support services.

Staff from the carers' centres, including outreach workers, were responsible for completing carer assessments. They identified a tension between carers' autonomy to direct their own care through carers' centre activities and accessing support through statutory services by carer assessment. The Chief Social Work Officer had met with carers' groups with the aim of helping them take a lead with carer assessments. One of the challenges highlighted was that carers needed consent to report back details on the carer assessments and that there were concerns raised by carers regarding confidentiality and data protection.

Carers' centre staff were working with carers to allow them to be confident on what could be shared. Some social work and health staff thought that carer assessments should be shared automatically, as a default, unless the carer indicated otherwise.

Of the health and social work services case records we read, half of service users had a carer who provided a substantial amount of care. Of these, we found that carer assessments were offered in 80% of cases (20% had not). Where the offer of an assessment had been accepted, a completed assessment was evident in two-thirds of cases. Where an assessment had been completed, we found that service users and carers had mostly led to improved outcomes for the carer and the person they cared for. In 80% of cases there was evidence of support for the carer to allow them to continue in their role based on their assessed need. However, there was limited evidence of carer emergency plans.

Assessment was offered on first contact. We were told that the carers' centres were proactively supporting carers by using some of their own budgets to access respite for them. Carer assessments included contingency planning, however, these plans were not always available alongside other plans such as anticipatory care plans. The uptake of carer assessments that were offered was high. Staff believed was this was due to them having time to spend discussing the assessment with the carer. The Partnership needed to find more joined up ways of sharing and making use of the carers' centres personal outcome data to develop support services.

Independent advocacy

Referrals for independent advocacy services were mostly linked to statutory mental health and adults with incapacity work with few referrals from older people. Good referral links were made with some staff within health and social work. The independent advocacy service (Argyll and Lomond Independent Advocacy) had an open referral policy. However, the service level agreement it had with the Partnership had, until recently, mostly limited the service to mental health and learning disability referrals. This had the effect of restricting access to other older people needing help. Staff from the independent advocacy service told us there had been limited referrals for adult support and protection and self-directed support. This was despite access to independent advocacy, being part of the adult support and protection and self-directed support implementation plans.

Advocacy services had provided support to older people to articulate their views and wishes in some cases. This had included support to challenge decisions of adult support and protection processes, care plans and housing services. During our review of health and social work service records we looked at the provision of independent advocacy services. We found that in half of the cases where independent support or advocacy should have been offered, those individuals did not receive it. Of those individuals who had received advocacy support, it helped to articulate their views in half of the respective cases.

Carers' advocacy was provided informally by staff at carers' centres. They would also redirect carers to Argyll and Lomond Independent Advocacy for older people, mental health and learning disability service users and their carers. Social work staff told us they had few difficulties in accessing advocacy when they referred to the service. Service users living in island communities told us that they had some difficulties accessing the service. The Partnership needed to ensure availability of advocacy support for older people as well as people subject to adult protection and support procedures. At the time of the inspection, the Partnership was re-negotiating the service specification with Argyll and Lomond Independent Advocacy, to help to improve availability across older people services.

Recommendation for improvement 7

The Partnership should enable a wider range of client groups to access independent advocacy services. This should ensure the most vulnerable people are supported through complex and challenging life events to express their own views as far as possible.

Quality indicator 6 – Policy development and plans to support improvement in service

Summary

Evaluation – Adequate

The Partnership had set out a clear overall direction for the future planning and delivery of services for older people. However, some of the plans lacked the finer detail on how they would be achieved. Joint formal strategies and costed action plans for themes such as carers, dementia, telecare and management of assets were needed. The Partnership needed to refresh and articulate its strategic priorities for these areas in the context of health and social care integration timescales.

Using the Change and Integrated Care Funds, the partners had taken a joint approach to the deployment of resources and this was influencing the future shape of health and social work services. Learning from these investments had led to a number of successful service redesigns.

A wide range of performance information was produced, reported and made available for consideration by the Partnership's senior and local management as well as council elected members and NHS board members. A draft joint performance framework linked to national outcomes was being prepared. The Partnership needed to be sure that the framework contained challenging, but achievable targets for service users and their carers.

Many stakeholders, such as the third and independent sectors were positively engaged with meaningful involvement, in formal planning structures. The Partnership recognised local care market challenges and was beginning to address them. Joint strategic commissioning activity to date had primarily focused on older people's services. We saw evidence of cross-sector engagement and involvement between health and social work partners.

However, we saw less evidence of how strategic joint commissioning developments were to be progressed and how these would be led. The Partnership needed to develop its commissioning approach to further shift the balance of care to carry on the progress made so far.

This section comments on the organisational and strategic management across the Partnership, and the extent to which the strategies and plans reflected its vision of the service. It also considers how purposefully the Partnership involved individuals and carers in service development. It also covers quality of services and how quality management drove improvement.

6.1   Operational and strategic planning arrangements

The community planning partnership had set out the joint vision for Argyll and Bute in its single outcome agreement 2013–2023. This identified that 'people live active, healthier and independent lives' as one of its main themes. This had been taken forward by the Health and Social Care Partnership. Informed by the agreement, the plans for services for older people were set out in the Partnership's draft Joint Strategy for Older People 2014, 'Long, healthy, active and happy lives', and consultative 'Outline' Joint Strategic Commissioning Plan 2016–2020 alongside NHS Highland's Local Development Plan 2015/16.

These plans gave a clear view of the direction of travel, but lacked some of the finer details on how they would be achieved. This limited their use as delivery management and accountability tools. They were not always fully costed in detail and delivery timescales were not always clearly identified. They did signal areas for future disinvestment and investment with some corresponding financial figures attached.

The strategic planning sub-group of the community planning Health and Social Care Partnership was taking forward the preparation of a joint strategic commissioning plan. An additional group focused on the planning and delivery of services for carers.

The draft Joint Strategy for Older People 2014 was circulated widely for consultation. It contained overviews of health and social work needs analysis, the strategic direction and identified strategic priorities. It also set out an implementation plan and some financial information. It highlighted areas for future disinvestment and investment including hospital sites. A finalised plan was not produced following consultation.

Geography posed challenges to delivering services. Senior officers told us that the commissioning of services took account of local circumstances. The Partnership was working towards developing a locality-based approach for the planning and delivery of services in the four locality areas. This would incorporate the seven Reshaping Care for Older People localities. This was at an early stage. Progress was inconsistent across the localities. As locality plans developed, the Partnership needed to set out a quality assurance framework for localities and detail how they would consistently measure local performance in addition to that already carried out.

The Partnership had recently agreed an ambitious one-year Joint Improvement Plan which set out a range of priority actions based on the Care Inspectorate's strategic inspection quality indicator framework. The plan had a strong social work focus. However, it would have benefitted from a more developed integrated health and social work perspective. There was a need to cross-refer to other strategic planning processes such those involved in the delivery of NHS Highland Local Delivery Plan, Strategy for Older People and 'Outline' Strategic Plan alongside existing and developing performance frameworks.

At the time of inspection, the Partnership was following national policy frameworks for carers, dementia and telecare. However, we were not clear if there were local formal costed strategies and action plans for these themes. The Partnership needed to refresh and articulate its formal strategic priorities for these areas in the context of health and social care integration timescales.

A clear joint approach to the joint management of assets such as premises was needed too. For example, during the inspection we noted that the role of some day care services was under review. The partnership needed to ensure that there was an ongoing, balanced and sustainable local demand for the services being invested in.

The Partnership had carried out a joint strategic needs assessment for older people in May 2013. Senior staff told us that they thought enough relevant existing analysis was available to support the existing strategic direction.

6.2 Partnership development of a range of early intervention and support services

Across health and social work services, services were being developed that helped to support older people to remain independently at home. This included the promotion of reablement, care at home and telecare. The delivery of this approach was inconsistent across localities. However, the development of reablement services was at a relatively early stage when compared to some other areas of Scotland. The tiered eligibility model for accessing services formed the basis of the approach to early intervention and prevention. This aimed to provide an incremental delivery of care and support.

Through the Change and Integrated Care Funds, the partners had taken a joint approach to the deployment of resources to support improved outcomes for older people. This funding had been used to test different working models. This was starting to inform the future shape of how health and social work services would be delivered. Learning from Change Fund investments had led to service redesign in areas such as:

- falls prevention and management
- reablement
- equipment, adaptations and telehealthcare
- community resilience
- palliative and end of life care
- carers support
- dementia support, and
- self-directed support.

The Partnership's Change Fund expenditure was profiled towards preventative and anticipatory care and proactive care and support at home. Some projects had a clear health promotion and prevention approach. More work was needed to set out how change would be implemented using the approaches that had been tested.

The Partnership was at an early stage of developing step-up (for example avoiding unnecessary hospital admissions) and step-down services (for example to support early supported discharge, capacity and associated procedures). The Partnership had recognised that respite services were in need of refocusing and development. At the time of inspection a review of respite services was underway and the findings were awaited in winter 2015.

6.3   Quality assurance, self-evaluation and improvement

A range of performance information was produced, reported and made available for consideration by the Partnership's senior and local management as well as council elected members, NHS board members and area committees.

Performance information based on national and local indicators formed the basis of the approach. A Health and Social Care Partnership bi-monthly performance report was available at locality level. It included areas such as emergency admissions, multiple admissions and the balance of care. The report also showed action taken to remedy poor performance and future improvement actions planned.

The council had a range of performance information through its 'Pyramid' performance management system. Performance across localities was inconsistent. The Partnership's own targets were not being met in areas such as delayed discharges, proportion of service users receiving care in institutional and community settings, timescales for carers assessments, unallocated work and staff absenteeism. The indicators tended to focus on input/output measures. The Partnership was aware of which areas required improvement.

The Reshaping Care for Older People performance management group had access to detailed information for most of the Reshaping Care for Older People work streams. However, some work streams did not have performance management information and some had measures in development. Again these were mostly focused on output measures monitoring. There was a need to incorporate more personal outcomes-based information more widely. The Partnership had made progress in gathering aggregate data on a number of the national health and wellbeing outcomes. Social work services staff had populated information technology systems with some health and wellbeing outcomes. They used the 'Talking Points' framework to gather service users' views on the achievement of these outcomes. The Partnership had plans to extend this data collection to include all national health and wellbeing outcomes.

NHS Highland had established the 'Highland Quality Approach'. This was an overarching method to improve services across priority areas. These included person centred care, safe care, primary care, unscheduled and emergency care, integrated care, care for multiple and chronic illnesses, health inequalities, prevention, workforce, innovation, efficiency and productivity. Its objectives were to:

- provide quality care at all times

- support people and communities to maximise their own health

- develop precision driven services so that when people need care they experience timely, focused, effective services, that minimised duration and frequency of contact, and

- ensure that every health pound spent delivers maximum health gain.

A range of improvement projects were underway employing 'rapid improvement' workshops and 'kaizen' continual improvement methodologies. This was led by a dedicated quality improvement hub team. It was intended that these improvement tools and techniques would be cascaded through the organisation over a three-year period. However, we were unclear how evidence was gathered to demonstrate what impact the improvement activity had achieved in the Argyll and Bute area.

A draft joint performance framework linked to national outcomes was being prepared. This was at an early stage. This would help partners to identify areas where performance was improving or required improvement. Joint performance measures would be based on national and local indicators. This covered areas such as 'reshaping care for older people', reablement, carers, telecare, long-term care, adult support and protection, and national NHS 'HEAT'[12] targets. It was intended that the performance framework would focus, in due course, on personal outcomes as well as input/output indicators. Outcome-focused and qualitative measures were still to be agreed and rolled out across all externally commissioned services also. The Partnership needed to be sure that the joint performance framework contained challenging, but achievable targets. The Partnership intended to assimilate elements of the Highland Quality Approach with the council's own performance improvement tools (for example the public sector improvement framework). However this work was at a very early stage as was the intention to incorporate more health information into 'Pyramid'.

The Partnership had carried out a series of 'thematic' self-evaluation exercises on issues such as Reshaping Care for Older People, self-directed support, adult care key processes, adults at risk, self-evaluation, joint performance scorecard and work with NHS Scotland's Information Services Division. These had helped to identify future areas for improvement.

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12 Health improvement, efficiency, access to services and treatment (HEAT) targets are an internal NHS performance management system that supports national outcomes. NHS Boards are accountable to the Scottish Government for achieving HEAT targets.

We were advised by senior managers that an ambitious programme of file audit and review in social work services was planned but had not yet commenced. File audit was already in place for adult support and protection cases. However, this approach needed to be expanded to other care areas to help improve and assure practice. In addition from the case records we read, we saw evidence of first line management scrutiny of files with 60% of records scrutinised by line managers. This particular approach was not so well developed in health services. The Partnership had a very detailed strategic risk management register which identified possible risks and mitigating actions. Examples of direct service user feedback included surveys for care home and day care users.

However, we were unsure if these questionnaires were available across all services and all sectors. Satisfaction levels with social work services were just above the Scotland average at 57%. NHS Scotland carried out an annual survey of patient experiences.[13] In NHS Highland this showed levels of satisfaction broadly comparable with the Scotland average.

Results from our staff survey showed that informing and receiving feedback on performance required some improvement as:

- 67% agreed that their service regularly evaluated its work and took appropriate action for improvement

- 59% agreed that the service had measures in place to ensure the quality of the services they deliver

- 55% agreed that their service had measures in place to ensure they monitor the impact of care and support, and

- 41% agreed that the quality of services offered to older people jointly by partner's staff had improved in the previous year.

NHS Highland complaints response times and recordings were a matter of concern to NHS Highland. The Partnership intended to use the Highland Quality Approach as one means of improving services and expected these improving services would lead to fewer complaints. There were separate governance systems for complaints across health and social work services. To make the process more joint, the clinical and care governance group were working on this.

The Partnership was also considering how they could jointly share learning on adverse incident reporting. Performance data on adverse events and high-level themes and trend information was being captured for the purposes of improvement work. NHS Highland was using this information to carry out 'hot spot' improvement work in the required areas of service and practice.

Health and social work services managers and staff recognised that they needed to do more to evidence the positive outcomes and impacts of some of the supports delivered to service users and their carers.

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13 Scottish Inpatient Patient Experience Survey.

6.4   Involving individuals who use services, carers and other stakeholders

NHS Highland and Argyll and Bute Council had policies for engaging with people who were using their services as well as with other stakeholders, including staff and external providers. Council elected and NHS board members and senior managers needed to better engage and communicate with staff and other stakeholders on future direction and implementing change. This was evidenced in our staff survey where:

- 51% agreed the vision for older people's services was set out in comprehensive joint strategic plans, strategic objectives with measurable targets and timescales

- 37% agreed that priorities set at Partnership, team and unit levels reflected jointly agreed plans

- 36% agreed views of older people and their carers who use services were taken into account fully when planning services at a strategic level, and

- 33% agreed views of staff were taken into account fully when planning services at a strategic level.

We found that senior managers felt involved in development and improvement activity. However, frontline staff were less positive and not as clear.

Overall, third and independent sector providers were generally content about the level of support they were given by the Partnership to improve their performance. They commented positively on the opportunities to contribute to strategic planning agendas. Ongoing consultation and engagement with service providers was a recurring and positive theme. This was helping to ensure that service providers were better engaged in reshaping how they provided services. However, an area that required improvement was the ongoing input from primary care services such as GPs. These practitioners needed to be more closely involved in strategic planning.

Local authority housing staff reported that they were encouraged to participate in joint planning at strategic and operational forums and they welcomed this. They were members of Reshaping Care for Older People groups and Change Fund monies had been invested in housing related projects. However, they advised they would like closer involvement with health and social care integration related planning.

Housing services invited social work and health partners to the local 'Strategic Housing Forum' alongside housing associations to discuss future investment decisions. A recent bespoke 'special needs' housing needs and demand assessment had been produced. This aimed to better identify the housing related services for older people. This would build on the work that 'Care and Repair' services delivered in areas such as adaptations and telecare. The council's local housing strategy had identified a major theme as 'supporting people to live independently'. The council's strategic housing investment plan had set aside capital investment for housing for particular needs including older people. Recent capital investment had included 'progressive care' and 'extra-care housing' and additional units were planned.

Senior managers told us that they had learned from issues arising from recent bed number reductions across Argyll and Bute, where the Scottish Health Council had advised, that, during consultation, the community had not been properly engaged or understood what was taking place. Future hospital/ward closures could not go ahead until the Partnership could demonstrate that it had adequately engaged and consulted and that a modelling process had been carried out.

From our meetings with council elected members, NHS board members and senior managers, it was evident, that they recognised the need to develop community capacity. They placed significance on the role that local communities and community organisations could play in providing support to older people.

They acknowledged that current service configurations for the care of older people were not sustainable. However, we saw less evidence of how the Partnership measured the impact of the outcomes achieved by the various community support services. Managers suggested that there was unrealised potential, to deliver services, in the third sector.

6.5   Commissioning arrangements

Joint strategic commissioning means all the activities involved in the partnership jointly assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

The Scottish Government expected health and social care partnerships to produce joint commissioning strategies for older people's services during 2013. Informed by Scottish Government guidance, these aimed to provide jointly assessed and forecasted needs, desired outcomes, and plan the nature, range and quality of future services. This plan should focus upon delivering improved outcomes for users and carers through better aligning investment with what the evidence tells about the needs of service users in local communities. In 2014, additional Scottish Government guidance advised that these plans were to be developed further to include detailed financial planning and extend to all adult groups. This joint strategic commissioning plan should be published by April 2016.

The Partnership recognised that there were challenges in local supply and capacity in areas such as care homes, care at homes and self-directed support market segments. 'Market testing' exercises had been undertaken in care home and care at home services. A care at home framework had been established to try to improve the quality and reliability of service delivery. However, this had been only partially successful. A strategic partnership with care at home providers, Scottish Care and The Institute for Research and Innovation in Social Services (IRISS) was looking to agree future care at home priorities. The Partnership had aspirations to provide a similar framework for directly provided services. They recognised that these services needed the same requirements as externally commissioned services.

Supply and quality was an issue in the care home sector. This was evidenced by the substantial number of service users (estimated at 35 or more by senior managers at the time of inspection) who were in 'out of area' placements outwith Argyll and Bute.

The Partnership recognised that they were providing a 'centre-based' model of day care. There were issues of under occupancy. This service delivery model should be reassessed to enable a greater choice of more flexible options for service users and their carers.

The council had contract supplier management and procurement procedures. These included contract monitoring, contract compliance and service review. Commissioning officers advised that externally commissioned services had quality assurance measures in place as part of contractual compliance procedures. Meetings were planned with all service providers every three months.

An Audit Scotland report published in May 2015[14] had made recommendations on improving procurement procedures in Argyll and Bute. Senior managers and commissioning officers advised us that they had learned from the report and would review and update their procedures accordingly.

The Partnership's preparations for locality commissioning were underway. Locality-based coordinators had a budget to develop services. Projects from local groups, to provide community based solutions, were encouraged. We heard from senior managers that learning from small scale local commissioning would help inform the approach to wider strategic commissioning.

Joint strategic commissioning activity to date had primarily focused on older people's services. We saw evidence of cross-sector engagement and involvement between health and social work partners. However, we saw less in terms of how strategic joint commissioning developments were to be progressed and how these would be led. The partnership needed to develop its commissioning approach to further shift the balance of care.

To further articulate its strategic intentions, and in line with Scottish Government guidance, the partnership should produce a 'SMART' (specific, measurable, achievable, realistic and time-bound) joint strategic commissioning plan by April 2016. The Partnership intended to formally consult on its draft joint strategic commissioning plan in the autumn of 2015.

14 Audit Scotland: Review of the commissioning process undertaken on behalf of the Argyll and Bute Alcohol and Drugs Partnership (May 2015).

Recommendation for improvement 8

The Partnership should make sure that the future joint strategic commissioning plan gives detail on:

- how priorities are to be taken forward and resourced
- how joint organisational development planning to support this is to be taken forward
- how consultation, engagement and involvement are to be maintained
- full and detailed costed action plans including plans for investment and disinvestment based on identified future needs, and
- expected outcomes.

Quality indicator 7 – Management and support of staff

Summary

Evaluation – Adequate

Argyll and Bute Council and NHS Highland were developing joint workforce planning but this was at a very early stage.

Staff recruitment and retention was a challenge in some geographical areas and in some parts of the workforce. This affected the capacity and capability of some services. Although there were few joint posts, there was evidence of new approaches to service delivery through a range of projects and schemes.

Resource allocation and deployment of staff were still largely at an individual agency level. However, there was evidence that frontline staff from health and social work services worked hard to ensure a joined up approach to provide positive outcomes for older people.

Staff development and training were largely specific to each of the partners. Most staff thought there was good access to training appropriate to their posts.

On the whole individual supervision arrangements and support were positive. In the partner's own staff surveys the need to improve management support for staff was identified as a key priority. A range of initiatives was in place which showed the Partnership's intentions to address this and other areas including training and development.

This section comments on how staff were supported and managed within the workforce. It also looked at how staff were supported to learn and develop in their roles and in the context of a changing culture, how the Partnership approached joint workforce planning and deployment of staff.

7.1 Recruitment and retention

We read a range of documentation provided by Argyll and Bute Council and NHS Highland. This included policies, procedures and strategies for safer recruitment, retention and the management and support of staff. Although the documents were specific to each agency, they were robust and fit for purpose.

Joint health and social work service planning was at an early stage particularly with moving to a locality and commissioning approach. Four commissioning localities had been identified and work was underway to look at the organisational development of the workforce. The Partnership had commissioned Scottish Care, to gather information about the skills profiles of staff working in older people's services across all sectors. Learning and development needs were collated to identify the different levels of skills and knowledge to inform the joint workforce strategy. However, this was still under development.

The Partnership's intentions were to reshape staffing models and skills mix in localities to meet the future need and demand of services for older people. In order to achieve the Partnership's strategic aspirations, it needed to fully identify the future needs in terms of staffing resources and skill mix/levels. Senior officers told us that the development of an integrated workforce plan was in preparation.

In our interviews and focus groups with a range of frontline staff and managers, we learned about the ongoing challenge of recruitment and retention in areas such as medical consultants, GPs, care at home, allied health professionals, social workers and community nurses. This had affected the delivery of services and delayed the development of some Change Fund projects. There was a particularly high turnover of staff in care at home services. Third and independent sector providers also reported difficulties with recruitment of nursing and social care posts. They also said this was more challenging in remote areas. Senior leaders and managers recognised that recruitment and retention was a significant constraining issue for the Partnership.

Most job descriptions and profiles were specific to each of the partners. Staff we met with confirmed they were clear about their roles and responsibilities. Although recruitment processes were separate, the Partnership had begun to look at a more joint and strategic approach to recruitment. A joint human resource group had been set up to provide expertise on the new management structure. It would also input to the development of job descriptions and role profiles for new integrated posts. The Partnership had established a workforce planning group involving Scottish Care and Social Work Scotland. This group would work with care at home providers to consider different approaches to support recruitment and retention, service mapping, training and conditions of service. However, we found limited evidence of its impact during our inspection.

The council had been working for a number of years to modernise their care at home services. This included tendering for services from the independent sector in an attempt to expand the range of care options available. However, recruitment across all sectors remained a challenge. In localities, where there was a lack of third or independent sector supply the council was the sole or main provider of care at home services. Most council care at home staff had 'zero hour' contracts.

This had led to staff turnover and a number of individuals were reported to have left the council for other service providers. We heard that this had led to occasions where care at home services were unavailable for service users or that the community nursing service had filled the gap. This in turn had affected their own capacity. The Partnership was negotiating with trade unions representing council care at home staff to try to resolve terms and conditions issues.

Heads of human resources from health and social work confirmed that recruitment was an ongoing issue. Recruitment campaigns, local advertising and other approaches including media broadcasts had taken place to try to attract people to work in the area. The council had established a working group, supported by the Institute of Research and Social Sciences to develop staff retention and to help develop social care as a career.

This group were also looking into the development of a 'training passport' to allow the training received by a staff member in one service provider to be transferrable to another. This would help speed up the recruitment process and avoid delays in staff commencing employment.

The Partnership had considered a range of approaches to make health and social work jobs more attractive career options. We heard about some positive developments that were underway such as:

- sharing staff across different care sectors to embed a multi-disciplinary working approach, and to move away from staff only carrying out tasks associated with their roles, and

- building 'grow your own' schemes as well as modern apprenticeships, staff using open university and distance learning materials to support their career progression and links with local colleges to develop career pathways for younger people.

Example of good practice – Health and Social Care Academy

To address some of the recruitment difficulties, the Partnership had developed a 'Health and Social Care Academy'. Argyll Voluntary Action, a third sector partner, had established links with Argyll College in a positive drive to develop more vocational and care courses to encourage young people to engage in health and social care career pathways. This had extended to the introduction of modern apprentice schemes. In local schools senior pupils were enabled to gain experience of working in a health or social care environment as part of the school curriculum.

Sickness and unplanned absence could have an impact on service delivery. We were advised that Argyll and Bute Council's adult care services had an average absentee rate of 17.5 days per full-time employee equivalent, (in 2014/15). This was above the council average and above target. NHS Highland (Argyll and Bute) had an absentee rate 4.72% (in 2014/15) which was above target. Both social work and health services had strategies in place to reduce absence levels. Absence information was reported regularly and monitored. This needed to continue to help deliver on targets.

> **Recommendation for improvement 9**
>
> The Partnership should complete and deliver a joint workforce strategy to support health and social care integration. This should include a clear workforce plan to support sustainable recruitment and retention so that there is sufficient capacity and suitable skills mix to deliver high quality services for older people and their carers.

7.2   Deployment, joint working and team work

We found that resource allocation and deployment of staff were still largely at an individual agency level. From our review of social work services and health records, we found positive aspects of joint working. In most cases, there was evidence of multi-agency working and that services worked together, for example, to provide care at times of crisis. There was evidence that multi-agency partners' views informed individuals' assessments and risk assessments. There was evidence of multi-agency working in 91% of cases. In 88% of assessments health, social work and other services were sharing information and recording it.

Frontline staff as well as NHS and social work services managers reported good working relationships with colleagues across the services. They said that an increased focus on outcomes was evolving as a result. GPs told us that they had good links and felt well supported by medicine for the elderly specialists. We saw a few examples where teams shared offices or were co-located in the same building but they did not always see themselves as working in integrated teams. They were, in effect, aligned teams although there was mutual trust and respect for each other in their respective roles.

Senior managers told us that the Scottish Government were supporting them to look at a flexible workforce model for integrated care. It was keen for the Partnership to develop test sites to pilot new models in remote areas. Plans were underway to review a model of integrated care that developed in the Netherlands. We also heard that a joint community nursing and care model was being tested on the islands and the Kintyre peninsula.

7.3   Training development and support

From our staff survey, we noted that three-quarters of respondents agreed that joint working was supported and encouraged by managers. A clear majority agreed that they had good opportunities for training and professional development. This was broadly consistent with both partners own staff survey results. Frontline health and social work services staff we met with were positive about training opportunities.

NHS Highland and Argyll and Bute Council had arrangements for individual supervision, appraisal and professional development. We read a range of documents and training plans from health and social work. This included a suite of statutory, mandatory and core training. It was clear there was a good variety of training available to ensure staff maintained their skills, knowledge and accountability in their respective professions. However, much of this was single agency. Formal joint ongoing staff training was limited to topics such adult support and protection.

Throughout the Partnership, there was an expectation that supervision for staff should be in place. However, in our discussions with organisational development staff, we were told that supervision on an individual basis was not always achieved.

We noted that over half (56%) of case records we read recorded decisions and discussions from supervision. Similarly 60% of cases had been read by line managers. Frontline staff told us they felt supported by immediate line managers but had limited contact with middle, and senior management.

The integration 'Organisational Development Plan' was under review and a lead officer had been appointed to support this process. An integration organisational development group had been set up to develop and consult on a joint workforce plan.

Self-directed support training had been rolled out to all social work staff so they were clear about their role. Basic awareness training about the values and ethos of the legislation had taken place for a limited number of health staff. However, we were told that more in depth training was planned to target a wider audience. This would include NHS and third sector partners.

Alzheimer Scotland was supporting the roll out of the 'Promoting Excellence' framework to deliver on dementia training for staff across the Partnership. This was reported to be at an early stage of development. Independent sector providers told us there was a wide range of dementia training available from the council and external sources. We were told that a network to support dementia 'ambassadors' and dementia 'champions' had been set up to develop and share learning. This would strengthen and support and leadership for staff providing care for individuals and the carers of those with dementia.

Example of good practice – Caring Connections Network

Financed through the Reshaping Care for Older People Change Fund, this course for health, social work and third sector staff aimed to change delivery of care and change practice. It sought to equip workers with new ways of planning and developing services through community asset building approaches and focus on person-centred care. It promoted an enabling model of health and social care and allowed staff to work with more awareness of service user and carers' requirements and wishes.

The course helped staff to find what can be done to make sure that service users were being listened to, inspiring and motivating people who provided and received care, bringing person-centred care to life in each health and care setting and helped people talk about their practice or experience of care and support.

We found there was a good but informal network of training from health professionals who had supported social work services staff working in care homes and in the community. This support extended to local authority services and the third and independent sectors. Themes included input on palliative and end of life care and anticipatory care plans.

Many courses were now available online or involving a distance learning element. It was reported, by frontline staff, to be more difficult to organise more specialised training as the numbers were not sufficient due to the dispersed nature of staff. Some difficulties were highlighted about the lack of available trainers to enable staff to attend refresher courses in moving and handling. That led to delays of up to six months in some instances. Argyll and Bute Council had continued to fund Scottish Vocational Qualifications when internal staff moved to another service provider.

Health and social work staff told us they felt they had good opportunities for training. However, this was less so for staff working in remote areas as we were told that most of the training was organised on the mainland. Staff reported it was difficult for them to attend because there was limited capacity in their teams to provide cover. The Partnership acknowledged these difficulties and was considering different approaches including investment in more online course and distance learning opportunities. Independent care at home service providers reported an improvement in access to training.

The Partnership had recruited a 'Releasing Time to Care' facilitator post to help develop more integrated teams. This would be re-visited at end of 2015/16.

The Partnership had established an action learning set of managers from the health, social work services, third and independent sectors. This was part of a national leadership programme to develop partnership working with support from external facilitators through NHS for Education for Scotland and Scottish Social Services Council. We heard about the Partnership working with a range of organisations, such as the Scottish Government's Joint Improvement Team and external consultants to learn and implement good practice. For example, a leadership development programme for senior managers across sectors had proved popular. Senior managers spoke positively about the benefits of this training and the opportunities it had created for them to work together in partnership to improve and develop services for older people.

Quality indicator 8 – Partnership working

Summary

Evaluation – Adequate

The Partnership was actively planning for health and social care integration. However, it had yet to establish pooled budget arrangements including accounting and reporting frameworks. Separate but effective budget management approaches were in place. However, the shadow Integration Joint Board had yet to have detailed discussions about the scope of the budgets aligned to those services it had agreed to commit to integration. The Partnership needed to progress this area to make sure they delivered the same standard of effective governance that both health and social work services had previously achieved.

There were major challenges of working across separate client information systems. We identified some key information sharing gaps which will need to be addressed as integration moves forward. A joint information strategy was awaited.

Good groundwork was in place in relation to health and social care integration. Integration work streams had been established and the senior tier of the new management structure was in place. The Partnership was adopting new ways of collaborative working. These included locality needs assessment, service planning and delivery structures. However, while there were strong links with most stakeholders being forged more work needed to be done.

This section comments on how finances and resources were managed across the Partnership and whether there was a whole systems approach. It also considers whether areas such as business support and information technology supported the delivery of outcomes for individuals and respective members of the Partnership.

8.1   Management of resources

As with many areas of Scotland, the Partnership was not at the stage of jointly pooling budgets. Financial management responsibilities remained separate with NHS Highland and the council until integration commencement in April 2016. Health and social work services partners were working collaboratively towards a shared approach to planning and budget management. Indicative budgets had been produced to support the 'outline' joint strategic commissioning plan.

The combined 2015/16 budget was £250.7 million. This represented a 1% and a 2% reduction on the 2014/15 social work and health budgets respectively, matched by savings within services included for integration. The achievement of these savings plans would be challenging and presented a risk to service delivery.

Despite agreeing the scope of services to be delegated and the indicative combined budget, we noted that at the time of our inspection the shadow Integration Joint Board had yet to discuss the overall detailed integration budgets.

At the time of the inspection, the Partnership had yet to establish joint accounting control measures, decide how the joint budget would be synchronised and develop a joint financial reporting framework. Although the Integration Joint Board would receive agreed budgets from both health and social work services it was unclear whether or not it would have a parent or partner relationship with existing bodies. The Partnership had established an integration financial work stream to oversee this work. This work stream would benefit from the appointment of a Joint Chief Finance Officer post. This had been established but not yet appointed.

Financial performance of Argyll and Bute Council

The council had reviewed their funding levels going forward as part of their 'service choices' exercise. It had identified that there was a growing budget gap resulting from anticipated increased inflationary cost pressures and central government funding. At May 2015, the total budget gap for the period covering 2016/17 to 2020/21 was estimated to be between £21.7 and £26.0 million taking in to account best and worst case scenarios. This gap was projected to be between £7.8 and £8.8 million by 2016/17, the first full year of operational Integration Joint Board responsibilities.

The challenge for the council and Integration Joint Board was that this position will require significant recurring savings year on year. This would be against an identified need for a 3% uplift in the older people's budget to meet the demographic challenges and projected impact on service demand. The council held financial reserves but at the time of our inspection had no plans to assign these to the Integration Joint Board.

The council adult care budget, including community care services for older people in 2014/15 was £43.4 million. Within this budget there was an under spend in the same reporting period of £0.2 million. A £1.3 million over spend in care at home services was offset mainly as a result of cost reductions made across learning disability, and mental health services and Change Fund disinvestment funds. Change Fund disinvestment fund were non-recurring. Removing this amount resulted in an over spend of £0.3 million. The main pressures on the adult care budget included the growth in the number of service users and the increasing complexity of new care packages.

Community care services met their efficiency savings target of £1.4 million with £0.6 million of this amount coming from vacancy savings. A similar target was set for 2015/16. This was against the backdrop of high agency costs required to maintain service delivery offsetting the positive aspects of this target being met.

A revised charging policy was being implemented. At the inspection we were advised by managers that this had no significant impact on take up of services. The non-residential element of this policy collected £0.7 million per year. However, there was a risk that existing levels of revenue could not be maintained in the longer term.

The Partnership needed to continue to monitor the impact of this policy both in terms of whether it prohibited service uptake and to ensure its ability to generate maximum income was being refreshed where appropriate.

Performance management of former Argyll and Bute Community Health Partnership (CHP)

NHS Highland's operational implementation plan (2015–25) relied on an achievement of planned recurring savings averaging at around 2% of funding each year. This totalled £161.7 million over the 10 year period to meet immediate cost pressures and planned investments.

Argyll and Bute CHP reported that it had an annual budget under spend in 2014-15 of £0.685 million. It had met its efficiency savings target of £3.4 million despite setting budgets based on establishments plus 25% for turnover including vacancies, sickness and absence cover with inpatient services particularly challenging. In addition, there were cost pressures associated with the high number of locums required to cover vacant senior clinician posts. We did not anticipate any reduction in these pressures in the short term.

NHS Highland faced challenges on the sustainability of its three year rolling service level agreement with NHS Greater Glasgow and Clyde. We were told that approximately 25% of the former CHP's total budget was allocated for this agreement for cross boundary services arrangements. Contributory factors to difficult budget monitoring were GPs referrals for specialist treatments such as cardiology, orthopaedics and ophthalmology services in NHS Greater Glasgow and Clyde. While access to these treatments was viewed as necessary to meet patients' assessed needs the Partnership did not have the level of service specification in the agreement that they would have wished (for example quality control measures). There were no immediate plans to address this issue. Senior managers told us that this issue was one of the major challenges for the Integration Joint Board to take account of. This issue was a significant risk that could adversely affect the Partnership's financial sustainability if not focused upon.

Recommendation for improvement 10

The Partnership should update, in cooperation with NHS Greater Glasgow and Clyde, the service specification of their service level agreement to clarify issues such as financial governance and quality assurance measures.

The Partnership had agreed that the Integration Joint Board would not yet have any direct capital budget. However, the joint strategic commissioning plan should articulate any revenue support to relevant capital projects.

It should also set out separately and jointly planned capital projects which contribute to the Integration Joint Board's objectives. This would help ensure that capital investment had a joint focus.

Change Fund/Integrated Care Fund

The council and NHS Highland had worked closely with the third and independent sectors to plan and deliver a range of services as part of the Reshaping Care for Older People agenda.[15] This was continuing with the Integrated Care Fund.

Since 2011/12 the Scottish Government had provided funding to the Partnership through the Change Fund as 'bridging finance' to enable the redesign of services towards early intervention and support. By March 2015 the Partnership had received £7.3 million in funding. We noted that a significant proportion was channelled to services supporting carers, those with dementia, end of life care and the third sector.

Partners had used the Change Fund and other tests of change to inform some of their investment and disinvestment decisions, and this had created an environment to make step changes to services in the future. These provided a basis to set the future direction that was shared with all key stakeholders.

Carried forward by locality Reshaping Care for Older People implementation groups, the work was led by a dedicated project manager who provided regular progress reports to a multi-agency Programme Board providing oversight. The projects were reviewed regularly and investment/disinvestment options were considered by the Programme Board based on an outcomes approach. This approach was to be emulated through investment from the Scottish Government's Integrated Care Fund of which the Partnership received £1.8 million per year up till 2017/18.

A sizeable proportion of this fund had been allocated to each locality with support from the health and social work commissioning staff to assist in developing locality commissioning. Central to investment decisions was the need for localities to use the funding to enable sustainable disinvestment/investment plans. This work would be complemented by £0.5 million technology enabled care funding in 2015/16.

8.2 Information systems

Integrated data sharing arrangements are a challenge throughout Scotland. Argyll and Bute was part of the Highland Data Sharing Partnership. Its aim was twofold. Firstly, it provided guidance to staff about what, when and how to share information. Secondly, it prioritised the developments of procedures which would support the practitioners across the different services and enable them to undertake effective integrated working. The Partnership recognised that the information sharing protocol needed to reviewed and refreshed.

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15 Scottish Government Reshaping Care for Older People: A Programme for Change 2011–2021.

As with many Partnerships in Scotland there was very limited evidence that progress had been made in delivering a coherent joint information technology approach that supported effective information sharing at both an individual practitioner and strategic levels. We were told that health staff access to the social work 'Carefirst' information technology system was very limited and that social work staff had similar access problems with health information technology systems such as 'MiDIS' and 'Vision'.

Information sharing in support of joint working was not straight forward. Both health and social work staff told us that information was difficult to share as information technology systems did not enable access to information from other agencies in most instances. Staff maintained effective contact using email and alternative formal and informal networks such as meetings and regular contact to support joint working. This was evident in our staff survey where 34% agreed that information systems supported front line staff to communicate effectively with partner organisations. Despite the lack of supporting information technology systems, we found that staff were being proactive and communicating effectively with each other to the benefit of the older people they were working with. From our review of case records we found that records were largely single agency. Few showed evidence of relevant multi-agency electronic information sharing. However, in 68% of records information from partners informed the assessment. This showed that there was good communication between frontline staff.

Information technology system gaps identified included human resources, referral, assessment, care planning and out-of-hours services. Improvements in information technology systems were planned for service monitoring in areas such as care homes, care at home, respite and day care services. We were told about difficulties communicating between frontline health services staff, as they used different information technology systems. Communication between primary care and secondary healthcare services with social work services was also inconsistent.

An example of the impact the difficulty in sharing information had included the risks to avoiding hospital admissions and supporting discharges. We were told that the out-of-hours support services had limited access to 'Carefirst' and healthcare patient records for the older people referred to them for night time support.

The Partnership planned to place the universal adult assessment tool form on the 'MiDIS' system. This would mean that healthcare staff could access the information held in the assessment. Staff told us that this would be available on 'MIDIS' on a read-only basis and would restrict healthcare staff from being able to enter information on the assessment forms alongside social work services staff. Some staff told us that they had shared information electronically in the past. However, clinical governance difficulties and problems with information technology systems had prevented further development of joint assessment tools that could be shared. Joint work being considered by the integration clinical and care governance work stream around shared electronic risk registers. Information systems provided frontline staff with a tool to monitor their own workload and performance. The capacity for social work services staff to record and measure outcomes had been embedded in the universal adult assessment tool.

At the time of the inspection, this assessment tool was being rolled out. It was anticipated that aggregated outcomes information would inform performance reports. Staff told that this had some difficulties. We noted that the Partnership was working with the Scottish Government's joint improvement team to help resolve these issues. This was reflected in our staff survey where 31% of staff told us that there was a coherent strategy to gather and use data to improve outcomes.

The Argyll and Bute Health and Social Care Data Integration and Intelligence Project was a thematic review project linked to national work commissioned by the Scottish Government. Its aim was to work with NHS Scotland's Information Services Division (ISD) to develop an information and intelligence framework to support services delegated to health and social care integration. The Partnership recognised the importance of this approach to developing more intelligent and sophisticated approaches to its strategic planning, commissioning, investment, disinvestment and service redesign modelling. A test platform had been set up allowing the Partnership to send wide-ranging social care data sets to ISD for analysis alongside health data. This would allow the Partnership to consider cost and quality issues more thoroughly. However, while this work was progressing, the Partnership still had work to do to ensure this was ready for health and social care integration. In particular, further work was needed on evaluating test systems, running pre-defined tests and familiarising themselves with the test platform ahead of going live.

Senior officers told us that work was being carried out to enable 'Pyramid', the council's performance management system, to be shared with health partners. The information management and technical integration work stream was responsible for overseeing this work. Much of this work was an early stage of development.

8.3   Partnership arrangements

The Public Bodies (Joint Working) Scotland Act 2014 requires NHS boards and local authority partners to enter into arrangements (the integration plan) to delegate functions and appropriate resources to ensure the effective delivery of those functions.

Compliance with integration delivery principles[16]

The Care Inspectorate and Healthcare Improvement Scotland are required by the Public Bodies (Joint Working) Scotland Act 2014 to review and evaluate if the planning, organisation or coordination of social services, services provided under the health service and services provided by an independent health care service is complying with the integration delivery principles.

Health and social work services had a well-established history of partnership working. Partnership working was established through community planning structures and integration arrangements were building on this.

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16 Section 31 of the Public Bodies (Joint Working) Scotland Act 2014 states in summary: high quality integrated, effective, efficient, and preventative services should improve service users' wellbeing, take account of their particular needs and characteristics, where they live (locality), their rights and dignity, keep them safe, involve them and engage with their communities.

Much of the groundwork was in place such as the shadow Integration Joint Board and an integration 'body corporate' model scheme approved by the Scottish Government. This was the delegation of functions and resources by NHS boards and local authorities to a body corporate. This would be managed by an Integration Joint Board with an appointed chief officer who would be jointly accountable to both chief executives.

A high level 'outline joint strategic commissioning plan' was being consulted upon. The joint chief officer and the senior tiers of the management structure had been appointed. Integration delivery work streams were constituted and making progress. A joint health and social care mangers meeting was well established.

Membership of the shadow Integration Joint Board was being finalised with the appointment of stakeholders such as public, third and independent sector and senior clinical representatives. A clinical and care governance group had been established to progress joint governance.

A communication and engagement group, steered by the third and independent sectors, was involved with public consultation support from both health and social work services communications services. However, more work was needed as 40% of the respondents to our staff survey agreed that there were effective partnerships which focussed on delivering key policies and plans for older people and included relevant stakeholders. Developing governance arrangements included the setting up of the Argyll and Bute governance committee. This was a subcommittee of NHS Highland Board and provided high-level governance of modernisation and redesign across both health and social work services. As well as reporting to NHS Highland, it had appointed two council elected members and a council officer to ensure a joint approach. We also noted that the council's community services committee also had an integration monitoring role with the Integration Joint Board.

Example of good practice – Progressive Care

Two 'progressive care' centres were established on the islands of Jura and Mull. These were developed to meet the needs of individuals with high levels of care needs. As there were no care homes on either island, service users had their needs met, in their own homes, by a range of community-based staff. Significant levels of capital funding were required. This was delivered by a combination of the council (social work and housing including the strategic housing fund), NHS Highland, housing associations and the local community. Revenue support was reported by the Partnership as sustainable as the unit costs of progressive care were consistent with care home costs.

The Partnership needed to build on existing individual models of governance and agree joint financial accounting and reporting frameworks for when the Integration Joint Board assumed full responsibility in April 2016. There would be significant challenges ahead for the Partnership. The impact of current and future savings and efficiencies targets for both partners needed to be considered jointly.

Quality indicator 9 – Leadership and direction that promotes partnership

Summary

Evaluation – Adequate

NHS Highland and Argyll and Bute Council had a shared vision for services for older people and had an agreed model for integration of health and social work services. They were building working relationships throughout the Partnership. Integration planning was progressing.

A joint management structure was being implemented and governance structure was being established. Senior managers and staff were working with partners to progress locality commissioning structures.

Senior Partnership managers were engaging with other partners such as the third and independent sectors, local communities, service users and carers. They were identifying assets to develop locality commissioning. However, progress was at an early stage.

Leaders needed to communicate better about plans for health and social care integration. More work was needed to make sure that all staff understood the vision and priorities. While we saw evidence of joint working across the Partnership, the management of change needed to become more effective.

This section comments on the quality of leadership and the contribution of corporate leadership to drive the vision, culture and communication with the workforce and wider population. It also considered the effectiveness of the leadership around strategic and cultural change and improvement.

9.1   Vision, values and culture across the partnership

The Partnership had a shared vision for services for older people. This was set out in a range of strategic plans. Leaders of health and social work services had identified many of the future challenges in delivering joined-up services for older people. They had an agreed model for integration and were building working relationships throughout the Partnership. A series of detailed integration work streams were progressing. Work stream and planning group papers showed a wide-ranging commitment to service improvement activity. Integration planning was well prepared and progressing.

The Partnership's 'integration scheme' had been approved by the Scottish Government. A shadow Integration Joint Board, with suitable representation, was being established. Its key aim was to provide joint direction and recommendations to both parent organisations (Argyll and Bute Council and NHS Highland). A strategic risk register was in place and was being monitored.

The Partnership needed to take steps to promote ownership of its vision, and the practicalities of integration. For example, from our staff survey, less than half said that there was a clear vision for older people's services with a shared understanding of the priorities. We asked staff if the vision for older people's services was set out in comprehensive joint strategic plans, alongside strategic objectives with measurable targets and timescales. Just over a half agreed with the statement. Nevertheless, across the Partnership, staff were committed to delivering joint services.

9.2   Leadership of strategy and direction

We attended meetings with shadow Integration Joint Board members and the leader of the council, NHS Highland and council committees. There was evidence of positive working relationship between NHS non-executive and council elected members, with agreement about the way forward on integration. Shadow Integration Joint Board members needed further support from senior officers to improve their capability to fulfill their roles.

Members of the shadow Integration Joint Board acknowledged that they needed to further develop their skills and understanding of integration. Existing council elected members' training included personal development plans, seminars and 360^0 reviews.

Development sessions had supported council elected members and NHS board members. They saw their role as providing oversight of governance and financial accountability, ensuring equitable services and developing a structure that supported good quality services that delivered good personal outcomes for individuals.

A bespoke training programme for shadow Integration Joint Board members was in preparation. Gaining a detailed understanding of health and social work service delivery as well as financial, performance, clinical and care governance were identified as training priorities by the shadow board and senior officers. Leadership development was another area where the shadow Integration Joint Board required detailed understanding also. The training needs for the shadow Integration Joint Board were being developed in cooperation with the Scottish Government.

We learned of previous varying levels of productive interaction between senior managers and council elected members. Board members told us that they felt confident on their ability to balance their roles as representing local community interests and their wider strategic role on the Integration Joint Board. Collective accountability and responsibility for leading integrated services was central to their delivery. It was important that Integration Joint Board members were fully capable to discharge their responsibilities and therefore addressing their learning and development needs was essential.

From the interviews we carried out with elected members it was clear that they felt that members and officers were working effectively together. They also felt that members were acting together in an increasingly constructive manner and as a result, the council was managing its business more effectively.

9.3   Leadership of people across the Partnership

Positive efforts had been made to develop and implement leadership development programmes across sectors. However, feedback from our staff survey showed that more work was needed to make sure there were clearer joint strategies to communicate change to staff. We asked staff whether their views were fully taken into account when services were being strategically planned. A third of respondents agreed with the statement.

Most staff we met with told us they had been involved in a number of consultation exercises for a variety of initiatives including integration. However, many of them told us they had not had the opportunity to ask detailed questions. Therefore, they did not feel their views were always taken into consideration or that their queries had been fully clarified. Senior managers told us they were already aware of some of these issues and action plans were under way or in preparation. Council elected members and NHS board members were aware of the need to concentrate efforts on engaging and involving staff. The Partnership needed to refresh and further develop its health and social care integration communication and engagement plan.

The profile and visibility to staff of leaders could be improved. Strategic leadership and the role of senior managers and Integration Joint Board members in supporting employees to deliver effective outcomes could be improved. In our staff survey, of those who responded:

- 47% agreed their views were fully taken into account when services were planned or provided (38% disagreed)

- 45% agreed there was a clear vision for older people's services with a shared understanding of priorities (29% disagreed), and

- 37% agreed that senior managers communicated well with frontline staff (52% disagreed).

From our staff survey and the staff we met with during our inspection, it was clear that the majority of staff in both health and social work services had good professional relationships with each other. In our staff survey, three-quarters of staff said that joint working was supported and encouraged by managers. In addition 52% of staff reported that there were positive working relationships between practitioners at all levels.

Recommendation for improvement 11

The Partnership should update its consultation, engagement and involvement policies and procedures with stakeholders and ensure that these are fully implemented. This should include better engagement on:

- its vision and objectives

- integration pathways

- service redesign

- supporting improvement and change management

- realising the full potential of the third and independent sectors, and

- providing feedback on how the results of consultations have been considered, and the subsequent actions resulting from the views of stakeholders.

9.4   Leadership of change and improvement

Arrangements for self-evaluation (for example the Highland Quality Approach and thematic reviews) were in place. There was a history of joint working between health and social work services. The integration agenda was a challenging one. We had some concerns about the effectiveness of change management. From our staff survey, under half agreed that the quality of services offered to older people jointly by partner's staff had improved in the previous year. Only 30% of staff agreed that changes which affected services were managed well (53% disagreed). However, 58% of respondents agreed that high standards of professionalism were promoted and supported by all professional leaders, council elected members and NHS board members. This would provide a good basis for taking developments forward.

As is the case nationally, securing resources to meet all the requirements to deliver services was challenging. One challenge that the leadership faced was the ability to deliver services across a wide range of communities. In the light of this they were developing local partnerships to deliver localised approaches to health and social care.

Senior managers were engaging with other partners such as the third and independent sectors, local communities, users of services and carers. They were identifying resources to develop locality commissioning. However, progress was at an early stage.

Staff reported difficulties in ensuring consistency of joint working and standards throughout the partner organisations. The consistency and equity of service access and quality within each of the localities was also a major priority. Clear and consistent senior leadership would be needed to forge stronger links between outcomes, activity, disinvestment and investment decisions.

Quality indicator 10 – Capacity for improvement

We do not award an evaluation grade for this quality indicator. From our evaluations against each quality indicator 1–9 we look at how confident we are that the Partnership had the capacity for improvement.

10. 1 Improvements to outcomes and the positive impact services have on the lives of individuals and carers

From evidence gathered in our inspection, we concluded that the Partnership delivered, in the main, good outcomes for service users and their carers. This evidence included our analysis of nationally and locally published performance data, documentation submitted to us by the Partnership and results from our review of social work and health service case records. This was complemented by the views expressed by service users, carers, council elected and NHS board members as well as the Partnership staff we met with. We saw a range of services that helped deliver good personal outcomes in areas such as:

- prevention of admission to hospital
- joint multidisciplinary and multi-agency working
- telecare
- care at home
- assessment and care planning, and
- community infrastructure.

However, to additionally help deliver good personal outcomes there was room for improvement in areas such as:

- delayed discharges
- reablement
- respite
- out of area care home placements
- risk assessment, planning and recording
- independent advocacy
- geographical equity of service delivery
- joint strategic commissioning
- workforce planning (including staff recruitment and retention), and
- information technology systems.

10. 2 Effective approaches to quality improvement and a track record of delivering improvement

The Partnership was progressing well with its plans on integration and monitoring how well they were delivering. The Partnership had well-established performance frameworks. A wide range of performance information was produced, reported and made available to senior and local management, as well as council elected members and NHS board members.

A draft joint performance framework linked to national outcomes was being produced. The Partnership needed to ensure that the joint performance framework contained challenging but achievable targets. Commissioning was still largely separate. An outline joint strategic commissioning plan was in place with a strong commitment to realise the capacity within the community to help service users and their carers. The council and NHS Highland were identifying joint financial resources with a joint financial framework under development. There was broad agreement on what resources were included in the Partnership.

10. 3 Effective leadership and management

With regard to integration, in the main, there was positive leadership and positive working relationships at senior levels between officials following a period of significant change. Leaders, including council elected members and NHS board members, needed to better share and communicate with staff the merits of the integration agenda in detail.

Senior managers told us that council elected members and NHS board members engaged with health and social work officers and were involved in addressing the issues of health and social care integration. This had been fostered in the Reshaping Care for Older People work. Council elected members, NHS board members and senior officials acknowledged the need to concentrate their efforts developing the capacity and capability of the shadow Integration Joint Board further. This would help deliver the sustained and focused effort that would be needed if a shared vision was to be implemented to meet future challenges. Good frontline working needed to be built upon by senior managers.

10. 4 Preparedness for health and social care integration

NHS Highland and Argyll and Bute Council had a good history of joint working with each other, the third sector and the independent sector. The Partnership had fostered a positive culture of working together. Leaders understood the future challenges in delivering joined-up services for older people. Constructive plans were in preparation to develop more integrated health and social work services. This would mean that older people and their carers would have more positive experiences and better personal outcomes. Our conclusion was that the building blocks to achieve better integration were being put in place and progressing well but needed further development.

What happens next?

We will ask Argyll and Bute Partnership to produce a joint action plan detailing how it will implement each of our recommendations. The Care Inspectorate link inspector, in partnership with Healthcare Improvement Scotland colleagues, will monitor progress. The action plan will be published on **www.careinspectorate.com** and **www.healthcareimprovementscotland.org**

February 2016

Appendix 1 – Quality indicators

What key outcomes have we achieved?

1. Key performance outcomes

1.1 Improvements in partnership performance in both healthcare and social care

1.2 Improvements in the health, wellbeing and outcomes for people and carers

How well do we jointly meet the needs of our stakeholders through person centred approaches?

2. Getting help at the right time

2.1 Experience of individuals and carers of improved health, wellbeing, care and support

2.2 Prevention, early identification and intervention at the right time

2.3 Access to information about support options including self-directed support

3. Impact on staff

3.1 Staff motivation and support

4. Impact on the community

4.1 Public confidence in community services and community engagement

How good is our joint delivery of services?

5. Delivery of key processes

5.1 Access to support

5.2 Assessing need, planning for individuals and delivering care and support

5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks

5.4 Involvement of individuals and carers in directing their own support

How good is our management of whole systems in partnership?

6. Policy development and plans to support improvement in service

6.1 Operational and strategic planning arrangements

6.2 Partnership development of a range of early intervention and support services

6.3 Quality assurance, self-evaluation and improvement

6.4 Involving individuals who use services, carers and other stakeholders

6.5 Commissioning arrangements

7. Management and support of staff

7.1 Recruitment and retention

7.2 Deployment, joint working and team work

7.3 Training, development and support

8. Partnership working

8.1 Management of resources

8.2 Information systems

8.3 Partnership arrangements

How good is our leadership?

9. Leadership and direction that promotes partnership

9.1 Vision, values and culture across the partnership

9.2 Leadership of strategy and direction

9.3 Leadership of people across the partnership

9.4 Leadership of change and improvement

10. Capacity for improvement

10.1 Judgement based on an evaluation of performance against the quality indicators

← What is our capacity for improvement? →

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

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

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.

Community Services Committee Work Plan 2015-16

March 2016: This is an outline plan to facilitate forward planning of reports to the Community Service Committee.

Date	Paper Designation	Lead Service/ Officer	Regularity of occurrence/ consideration	Comment
Thursday 10th March 2016				
	VSE Psychological Services (Ann Marie)	Education		
	Opportunities for All and Youth Employment	Education		
	National Improvement Framework for Scottish Education	Education		
	Performance report FQ3	Cleland Sneddon	Quarterly	
	Presentation by Skills Development Scotland	Education		
	Ashfield Primary School	Education		
	Argyll and Bute Council Youth Employment Opportunities Fund	Education		
	Educational Leadership	Education		
	Education (Scotland) Act 2016	Education		
	The Housing Options Process in Argyll and Bute	Community & Culture		
	Strategic Housing Fund Grants – Interim Arrangements	Community & Culture		
	Support Services for Young Carers – 2016-19	Children and Families		
	Community Justice Transition	Adult Services		
	Joint Inspection Report Services for Older People in Argyll and Bute	Adult Services		

Agenda Item 18

Community Services Committee Work Plan 2015-16

Thursday 2 June 2016				
	SQA School Examinations – National Position arising from information released by Insight	Education		
	Annual Gaelic Plan Report	Customer Services – Jane Fowler	Annually	
Thursday 8 September 2016				
	SHIP Review	Community & Culture		
Future Reports – dates to be determined				
	Hermitage Academy Curriculum Review	Education		
	ASN Review Update	Education		
	Dunclutha New Build	Community Services – Morag Brown and Billy Moore		
	Establishment of Leisure Trust	Community & Culture		
	Rezoning requests - Kerrera/Achahoish	Community & Culture		