

Inverclyde
Children's Services Plan
2023 - 2026





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Part 1

Introduction



Introduction



Inverclyde Children's Service Partnership presents our Integrated Children's Services Strategic Plan for 2023-26 which includes our improvement plan focussed around the four key outcomes we hope to realise for children, young people and families by working together.

Our vision for children and their families within Inverclyde remains as we have set out previously:

'A Nurturing Inverclyde will give our Children and Young People the Best Start in Life'

Nurturing Inverclyde' was developed by our Community Planning Partnership (CPP) the Inverclyde Alliance in 2012. The national GIRFEC approach was adapted by the Inverclyde Alliance to inform our vision for Inverclyde. In 2023, this unwavering and consistent vision remains as important today as it was then.

This Children's Service Plan is very much a continuation of the previous Children's Services Plan (2020-23), building upon what has worked well and what can be improved further. Through the lifetime of this plan our key focus will continue to be progressing the delivery of more integrated

services wherever possible and working together to support children and their families in Inverclyde.

There has been collaboration and engagement with young people, agency staff and community and voluntary sector representatives to inform the plan direct the priorities

Delivery of this Plan will be overseen by the Children's Services Partnership. We plan to formally review progress on a yearly basis to ensure that we continue to respond to the changing needs of our children and families.

Our Children's Services Plan is one of a suite of Statutory Plans which support delivery of the Community Planning Partnership's Local Outcome Improvement Plan. There are many strategic plans for children, and we have worked to integrate the full range of statutory Plans into this Children's Services Plan.

Ruth Binks
Corporate Director
Education, Communities and Organisational Development



Local Authority Plans



Attainment Challenge Plan for
Inverclyde
•
Inverclyde Education Service Plan
•
Inverclyde Parental Involvement
and Engagement Plan
•
Inverclyde Child Protection
Committee Business Plan

IJB Plans



Inverclyde HSCP Strategic Plan
•
Inverclyde Carers Strategy

Shared Partnership Plans



Inverclyde Alliance Partnership
Plan
•
Inverclyde Children's Services Plan
•
Inverclyde Child Poverty Action
Plan
•
Community Learning and
Development Strategic Plan
•
Inverclyde Alcohol and Drug
Partnership Strategy
•
Inverclyde Community Justice
Outcomes Improvement Plan
•
Active Inverclyde Strategy



Part 2

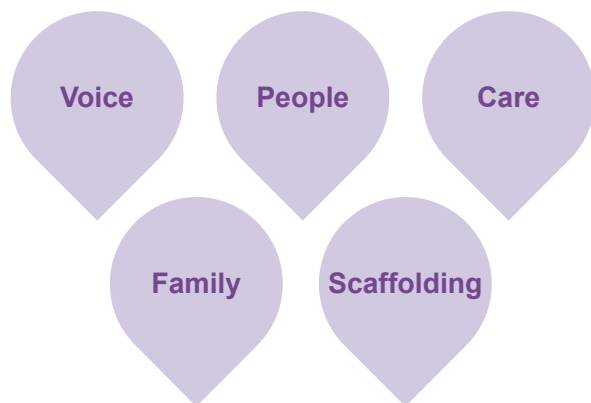
Plan on a page



Plan on a page



The 5 foundations of The Promise:



What will we do:

- Our children, young people and families will help to shape their plans and their views will influence how we deliver services with them.
- Our care experienced children and young people will be fully involved in decisions and there will be nothing decided about them without them.
- We will ensure planning for children, young people and families is strengths-based and outcome-focussed and reflects the national refresh of GIRFEC
- We will work in truly trauma-informed ways with children, young people and families
- We will ensure children and young people have access to appropriate mental health supports
- We will ensure children, young people and families have opportunities to improve physical health and development
- We want to reduce rate of 27- 30-month developmental concerns being identified
- Provide evidence-based intensive home visiting programme to all young women.
- We want young people to have access to appropriate sexual health services and advice
- Support Young people's knowledge and awareness of alcohol and drugs
- We want our children and young people to be safe and remain in their own home and community
- Develop our multi-agency Whole Family Wellbeing model to provide targeted interventions that reduce risk of harm and build and strengthen family capacity.
- Young People feel safer and experience less harm within the wider community
- We want to reduce inequalities of educational outcomes linked to deprivation
- We will ensure that cost of living doesn't act as barrier for children, YP and families in Inverclyde
- We will have an ensure inclusive curriculum and methods of working to embrace cultural differences

Children's Services Plan 2023- 2026

How we will measure success:

- Number of pupils who qualify for free school meals by school type
- Percentage of Attendance at school: Primary, Secondary, ASN
- Exclusions from School (Rate per 1,000 pupils)
- Percentage of looked after school leavers who enter a positive destination
- Participation Rate Inverclyde (%)
- Number of staff trained in trauma informed practice
- Percentage of referral to treatment time target met for Children & Young People in Inverclyde Children and Adolescent Mental Health services (CAMHS).
- Percentage of children with a healthy weight at P1
- Percentage of women breastfeeding in Inverclyde.
- Participation uptake in Active Schools
- Percentage of children vaccinated for MMR.
- Percentage with a developmental concern at 27–30-month review
- Rate of uptake and numbers of young mothers completing the FNP programme.
- Rate of teenage pregnancies per 1,000 women under 20 years old
- Percentage of reported alcohol and drug consumption in S2 children and young people
- Percentage of young people accessing provision reporting they feel safe will increase Percentage
- Poverty related attainment gap between SIMD 1 – 3 and SIMD 4-10.
- Percentage of Children living in relative poverty
- Uptake of Free school meal/School Clothing Grant at Primary School
- Number of racist incidents being reported in schools
- Number of referrals received by childrens social work that progress to a Child Protection Investigation
- Percentage of Child protection conferences held within 28 days of notification of concern
- Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde.



Part 3

Inverclyde Children's Service Partnership and Governance of the Plan



Inverclyde Children's Service Partnership and Governance of the Plan

The strategic partnership responsible for the delivery of this Children's Service Plan is comprised of representatives of the main partner agencies – Inverclyde Health and Social Care Partnership, Education and Community Services, Police Scotland, Voluntary Organisations, Scottish Children's Reporter Administration, Skills Development Scotland.

The Children's' Services Partnership is governed by and accountable to the Community Planning Partnership (Inverclyde Alliance)

The partnership is responsible for:

- Ensuring that the requirements of the Children & Young People (Scotland) Act 2014 (CYP Act) are met throughout the Local Authority area of Inverclyde and that current legislation is adhered to
- Delivering on the Children's Services Plan and Improvement Plan
- Working together as a Community Planning Partnership to improve outcomes for children and young people within Inverclyde

The Inverclyde Children's Services Partnership meets formally on a quarterly basis with a number of subgroups and short life working groups meeting as required to progress various workstreams. The success of this plan will be monitored through delivery of the high level actions to meet the four outcomes which will ensure progress. This will help populate the Inverclyde Children's Services Partnership's Annual Report which is reported to the Inverclyde Alliance and the Scottish Government. The Performance Scorecard at Appendix 2 will be updated on a yearly basis in line with the Annual Report to show progress against the range of indicators.



Part 4

Key learning to take into the
2023-26 plan



Key Learning to take into the 2023-26 Plan

What Did We Learn From Our 2020-23 Plan

Our previous Children's Services Plan 2020-23 was focussed on four priority areas:

Priority Theme 1

To utilise our learning from the Addressing Neglect and Enhancing Wellbeing work stream to further embedded GIRFEC in Inverclyde to improve outcomes for children and their families by developing a strong professional base for identifying, understanding and responding to need at the earliest opportunity, with clear, agreed, high quality multi agency approaches throughout a child's experience.'

Priority Theme 2

Mental health is everyone's business and it affects all aspects of a child and young person's development. The promotion of a whole community approach to understanding mental health, wellbeing and the impact of trauma is essential.

Priority Theme 3

To reduce the inequalities of health and educational outcomes linked to deprivation.

Priority Theme 4

To further improve outcomes, including attainment, for care experienced children, young people and their families by developing a culture of ambition based on strong relationships that recognise the range of difficulties experienced by children and families and provide the scaffolding to protect safe, loving and respectful relationships.

The Annual Reports for the previous plan Children's Services Plan - Inverclyde Council show the progress we have made in delivering the plan against these four key priority areas. Whilst COVID-19 has continued to impact on services and service delivery, the Annual Reports identify key areas across all of the priorities where progress has been made. These include the establishment and ongoing work of

Quality Assurance Groups for GIRFEC, the progress of the Children and Young People's Community Mental Health (CYPCMH) agenda, the ongoing work in relation to the Scottish Attainment Challenge and the Child Poverty Action Group as well as the establishment of the I – Promise Team.

Whole Family Wellbeing Fund (WFWF)

The Whole Family Wellbeing Fund (WFWF) has been utilised in Inverclyde to scale up our outreach service to delivery whole family support and design intensive services within Inverclyde for our children with complex needs to meet the aspirations of the Promise. The focus of our work is around:

- Children and families to receive the right support at the right time from the right service
- Increase and improve families' access to early help
- Reduce unnecessary Social Work involvement
- A reduction of the number of Interagency Referral Discussions (IRDs)



Children's Rights

A major focus of our work in Inverclyde has been the advancement of our Children's Rights work with embedding our approach of 'Young people are the rights holders, and the adults are the duty bearers'. 100% of our schools are now signed up to the UNICEF award-The Rights Respecting School Award (RRSA). Throughout 2022/23 we also have our own Inverclyde Rights of the Child (IROC) Award, which is a self-evaluation toolkit that anyone, including partners, can get involved with to recognise how much of a role they also play within children's rights in Inverclyde and what they can do going forward to ensure that they maintain this good practice. This was designed in partnership with local schools and over 200 children and young people were involved, and it is also overseen by a Young Person's Assessor's Board who assess all the evidence and make the decision if the candidates have met set criteria. We aim to continue embedding Children's Rights into all we do.

Working with our 3rd Sector

The Best Start in Life, hosted by CVS Inverclyde, is Inverclyde's children and young people's network which provides a space for third sector organisations and public sector partners who support children and families to come together to discuss relevant topics, local and national updates and best practice. Recognising the truth in the adage, "it takes a village to raise a child", this collaborative and holistic approach ensures that Inverclyde's children, young people and families have the support they need to have the best start in life. The network was relaunched in June of 2020 in response to the changing landscape brought on by the Covid-19 pandemic. The members of the network decided the direction it took, often choosing the topics and leading discussions. Much of this work mirrored the priorities in Inverclyde's Children's Services Plan, including mental health, inequalities and the challenges of attainment due to the impact of Covid-19.

In early 2022 an opportunity arose to increase the third sector's contribution to the planning and delivery of services in Inverclyde. Developed as a partnership between Children in Scotland and the

Scottish Government, the How Good is Our Third Sector's Participation in Children's Services Planning Self-Evaluation Tool contributes to an integrated approach to supporting children, young people and families. Inverclyde Children's Services Planning Group agreed to pilot the tool, with CVS Inverclyde leading the work. Engaging in this tool offered valuable and meaningful discussion, with notable outcomes including:

- The development of a resource from CVS Inverclyde's mapping exercise, which categorised third sector organisations by the 4 priorities in the local Children's Services Plan. The resource also provided links to either the organisation's website or their page on Inverclyde Life, the local service directory. The priority leads welcomed the resource, acknowledging that it would make a positive contribution to standard CSPP planning processes and as a companion to future applications of the How Good is Our framework.
- The topics for the Best Start in Life Network meetings have been aligned with the priorities of the Children's Services Plan, with regular updates on the plan's progress now built into the meeting structure. The aim of restructuring the format of the Network has been to increase both the third sector's understanding of the plan and their ability to contribute to its objectives.

Inverclyde's diverse third sector embraced these changes and look forward to demonstrating how its work contributes to the aims and priorities of the Children's Services Plan



What Did Our Children, Young People and Families Tell Us

As a partnership we value and respect the lived experiences of the children, young people and families we work alongside and are eager to involve them much earlier in decision making processes through a participative approach, developing informed insights, ideas, recommendations and solutions for corporate priorities, policy and practice.

Inverclyde Council Education Services gather parental opinion and views in a number of different ways. These include parent meetings and discussion groups, participation in surveys and questionnaires such as the Parental Involvement and Engagement National Census of 2019 and of 2022, parental involvement working groups, Parent Council meetings and parental involvement in Education Scotland school inspections and authority school reviews.

In February 2022, a large scale national parental involvement and engagement census involving parents across all of our schools was carried out. The results of this survey are contained in the Parental Engagement Strategy (2022 - 2025) Parents & Families as Partners Parental Engagement Strategy - Inverclyde Council.

The outcome of this consultation highlighted the following areas for development:

- Although most of those who responded to our census are aware of the Parent Council within their child's school and shared that the majority are in touch with the wider parent forum each year, parents indicated differences in how often and how well informed they are on the work of the Parent Council.
- Delivery of activities that allow families to learn together has been impacted by the pandemic. The majority of parents who responded to our census indicated that they are not aware of opportunities for families to learn together and that they have not participated in this type of activity.
- Parents welcome general information about the school, information about what their child is learning and how their child is progressing, and information on how they can support learning at home. Most feel that contact regarding general information is enough, but the majority of those who responded shared that they would benefit from further engagement regarding what is being learned, what progress is being made and how they can further support the learning at home.
- The majority of parent council members who responded shared that they help to develop the school improvement plan. However, when all parents were asked if schools sought the views and opinions of parents to inform school policy and improvement, less than half felt that they did.

In terms of our engagement with Children and Young People, a vital part of our engagement is in sharing the learning and findings and keeping children, young people and families informed throughout their journey.

- Listening to children, young people and their families' experiences of the care system
- Carrying out digital surveys and face to face engagements with children, young people and their families to inform on a range of areas including Child Protection Processes, the Inverclyde HSCP Strategic Plan refresh and Inverclyde's Promise Plan.



Children, Young People and Families have told us:

We want to see the changes not just people talking about them

We need to facilitate opportunities for families to come up with solutions. Let's empower our families.

Services are not working together – I must keep repeating myself, they are not communicating.

They use too many big words, it should be in layman's terms, for everyone to understand. I struggle to understand policies

It can feel shameful to ask for help, it really puts you off as you feel judged

Don't see my worker often enough, it be good if you had a better relationship with them and felt a bit more that they are interested. And stop changing your worker so you get to know them, and they know you

Trust, communication, loyalty and respect makes a good relationship

Going forward we will ensure we listen and respond to our children, young people and families, who are our partners and ensure these are included in our preparation for this plan. We have included opportunities for participation, face to face engagements, completion of surveys and a range of ways to reach a diverse and the quieter voices. This information

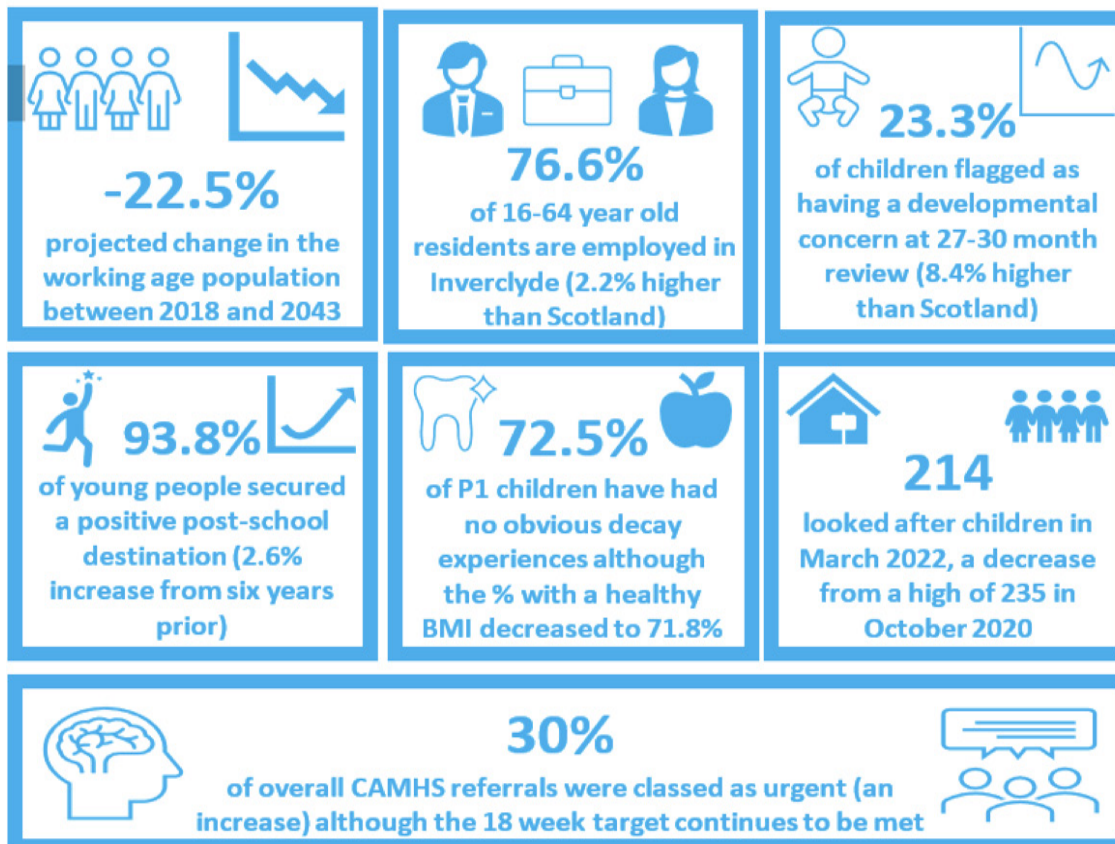
has helped us understand the needs of our families to date. Feedback will continue to be sought and will include the use of the digital platform, Mind of My Own and through our participation and engagement strategy.



What Does Our Data Tell Us

Our Children's Strategic Needs Assessment (SNA) has been refreshed for 2023 and we have provided a range of updated data (Appendix 1). This document has been drafted to provide up to date evidence regarding the progress of Inverclyde's Children's Services' Partnership (CSP) mandate of improving outcomes of those living in Inverclyde. The SNA details the progress of children and young people across a wide range of domains including parental, environmental and demographic factors which impact on the health and wellbeing of the children and young people in Inverclyde.

The most recent population estimates for 2021 (published in July 2022) from The National Records for Scotland (NRS) estimate that the population size in Inverclyde has been decreasing for a decade and predict it will continue to do so in the next 20 years or so. The selective decreases are thought to be because of falling birth rates as opposed to outward migration. With future projections showing a decrease in both young and working age groups population size, this is a key area of concern.)



Part 5

Developing our new Plan 2023-26





Developing our new Plan 2023-26

All of those who work with children, young people and families in Getting it Right for Every Child, strive to ensure that every child or young person has the right to be safe, healthy, active, nurtured, achieving, respected and responsible.

For our 2023-26 Plan we have identified four key outcomes:

Outcome 1

Children, young people and families are listened to and their views are instrumental in designing and delivering services

Outcome 2

Children and young people's health and wellbeing is promoted and improved

Outcome 3

Children and Young people feel safe and loved and are supported to stay in their families

Outcome 4

Children, young people, families and services work together to reduce inequalities

In Inverclyde we are committed to keeping The Promise from the Independent Care Review and have threaded this through our Children's Services Plan to ensure our work is built on the 5 foundations of The Promise: Voice, Family, Care, People and Scaffolding:

Voice

Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.

Family

Where children are safe in their families and feel loved they must stay- and families must be given support together to nurture that love and overcome the difficulties which get in the way.

Care

Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

People

The children that Scotland care for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.

Scaffolding

Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.



Along with these key foundations there are a number of key drivers which are important to our delivery and service improvement which are embedded throughout the Plan:

Trauma

Delivery of early and preventative trauma informed support across all services

Poverty

Ensuring that our local services know and understand the impact of poverty and work to reduce the number of children growing up in poverty and the negative outcomes associated with that

Whole Family Support

Supporting families) with a focus on what support works to keep families together and support wider families to care, ensuring that support feels coherent, holistic and relational

Children's Rights

Embedding a rights-respecting approach into all services and ensuring that rights of the child, their own needs and their voice is at the centre of decisions about what is best for them

Participation

Involve the care community and lived experience in our plans to #KeepthePromise by working with families to redesign the services available to them to make them work better for those that use them



Part 6

Outcomes Action Plan



Outcomes Action Plan

Outcome 1

Children, young people and families are listened to and their views are instrumental in designing and delivering services.

We have prioritised equal partnerships with our families in improving and designing services.

What is it we want to do	High level actions	Lead officer	How will we show progress
<p>Our children, young people and families will help to shape their plans and their views will influence how we deliver services with them.</p> <p>Our care experienced children and young people will be fully involved in decisions and there will be nothing decided about them without them.</p>	<ul style="list-style-type: none"> • With children, young people and families, we will develop an engagement plan to ensure their views are (a) reflected in individual plans and (b) help shape our future delivery model • We will deliver training and engagement with multi-agency staff and managers to improve their effective communication with children, young people and families • Our strategic and delivery plans and policies will demonstrate how we are delivering on the UNCRC. 	<p>Virtual Head Teacher Inverclyde Council</p> <p>iPromise Lead; HSCP Children's Rights Officer</p>	<ul style="list-style-type: none"> • Increase the number of children and young people reporting that they are listened to • Increase the number of children and young people using participation tools • Work with children, young people and families in the design of HSCP children's services and develop models of practice that keep children and young people with their families.
<p>We will ensure planning for children, young people and families is strengths-based and outcome-focussed and reflects the national refresh of GIRFEC.</p>	<ul style="list-style-type: none"> • We will develop and deliver a training programme for all children's services staff on GIRFEC • In partnership, we will develop quality assurance actions that evaluate our progress and share learning from individual plans. • We will audit plans for care experienced children and young people to ensure our services have positive impact to support positive, ambitious outcomes 	<p>Head of Children and Families and Criminal Justice Inverclyde HSCP</p>	<ul style="list-style-type: none"> • We will measure the impact of children and young people's safety outcomes on their wellbeing • We will use an evidence-based, quality assurance framework for single and multi-agency plans to measure impact on positive outcomes for children and young people
<p>We will work in truly trauma-informed ways with children, young people and families</p>	<ul style="list-style-type: none"> • We will deliver multi-agency Trauma Informed Practice training and awareness across Inverclyde and embed measurable trauma informed approaches that reflect our diverse communities 	<p>Principal Educational Psychologist Inverclyde Council</p>	<ul style="list-style-type: none"> • Increased number of staff trained in trauma informed practice • Evidence of engagement by New to Scotland families • Improved, strengths-based relationships and participation with children, young people and families that reflects their experiences and focuses on outcomes



Outcome 2

Children and young people's health and wellbeing is promoted and improved

We have prioritised health and wellbeing. Our workforce will be trauma informed and will deliver services to our children and young people that reflect their uniqueness. Services will be timely, proportionate and deliver the right outcome.

What is it we want to do	High level actions	Lead officer	How will we show progress
We will ensure children and young people have access to appropriate mental health supports.	<ul style="list-style-type: none"> • Continue to commission and deliver the Wellbeing Service for Children and YP • The National Trauma Training Programme will be rolled out across Inverclyde • Continue to deliver the Inverclyde Emotional Wellbeing Triage meetings (IEWTM) • Continue to ensure delivery of 18-week referral to treatment timescales for CAMHS 	Principal Educational Psychologist Inverclyde Council Service Manager Children's Health Inverclyde HSCP	<ul style="list-style-type: none"> • We will monitor the number of children and young people accessing Wellbeing Service and reporting on improvements in relation to their wellbeing • We will monitor the number of staff trained in trauma informed practice. We will gather feedback from staff, children and young people. There will be evidence of the principles of trauma informed practice being embedded throughout the workforce. • We will monitor the number of multiagency IEWTM's held • We will maintain the percentage of referral to treatment time target met for Children & Young People in Inverclyde Children and Adolescent Mental Health services (CAMHS).
We will ensure children, young people and families have opportunities to improve physical health and development.	<ul style="list-style-type: none"> • Continue to support breastfeeding • Continue to support high of immunisations across Inverclyde • Encourage participation in sports and activities • Improve uptake in the Young Peoples H&W survey • Implement the thrive under 5 programmes across Inverclyde 	Service Manager Children's Health Inverclyde HSCP	<ul style="list-style-type: none"> • We will increase the percentage of women breastfeeding in Inverclyde. • We will increase the percentage of children vaccinated for MMR. • We will increase the participation uptake in Active Schools • We will increase the percentage of children with a healthy weight at P1



What is it we want to do	High level actions	Lead officer	How will we show progress
We want to reduce rate of 27- 30-month developmental concerns being identified.	<ul style="list-style-type: none"> • Roll out of PALs- Play Assisted Language skills across health and education • Implement Psychology of Positive Parenting (POP) delivered to parents 	Service Manager Children's Health Inverclyde HSCP	<ul style="list-style-type: none"> • We will decrease the percentage with a developmental concern at 27–30-month review • We will increase the number of PALS interventions undertaken • We will increase the number of POP interventions delivered • We will monitor attrition rate from the above programmes
Provide evidence-based intensive home visiting programme to all young women.	<ul style="list-style-type: none"> • We will continue to resource and sustain the concurrent model of Family Nurse Partnership programme delivery alongside delivery of the Revised Universal Pathway • We will explore the potential to deliver programme to all eligible young women < 21 years old as per best start bright futures vision 	Service Manager Children's Health Inverclyde HSCP	<ul style="list-style-type: none"> • We will increase the rate of uptake and rate of young mothers completing the programme • We will review our information currently collated including data analysis, client voice, feedback and key stakeholders' responses
We want young people to have access to appropriate sexual health services and advice.	<ul style="list-style-type: none"> • Deliver the Inverclyde Sexual health Local Implementation Group (SHLIG) Action Plan 	Service Manager Children's Health Inverclyde HSCP	<ul style="list-style-type: none"> • We will reduce the rate of teenage pregnancies per 1,000 women under 20 years old
Support Young people's knowledge and awareness of alcohol and drugs.	<ul style="list-style-type: none"> • We will develop substance use programmes in schools that develop personal & social skills and increase knowledge of substances and related issues • We will provide initiatives that tackle normative beliefs around prevalence of substance use • We will develop initiatives that involve families and communities to encourage development of healthy attitudes towards substances • We will provide targeted/indicated prevention work with Young People at risk of harm from substance misuse 	Service Manager – Community Learning and Development, Community Safety & Resilience and Sport Inverclyde Council	<ul style="list-style-type: none"> • We will reduce local reported alcohol and drug consumption in children and young people in Secondary 2 • We will codesign programmes with young people, schools, and families • We will monitor and review the number of young people receiving targeted prevention work



Outcome 3

Children and Young people feel safe and loved and are supported to stay in their families

We are committed to deliver on the Promise. We will support our children and young people to remain at home or in a safe, loving homely environment. We will listen to and learn from children, young people and their families. We will develop services that strengthen family resilience and reduce the risk of harm. We will support children and young people to be equal partners in their plans.

What is it we want to do	High level actions	Lead officer	How will we show progress
We want our children and young people to be safe and remain in their own home and community.	<ul style="list-style-type: none"> • Work with key partners for more children and young people who are looked after away from home to remain in Inverclyde. • Work with key partners to review the service and provision offer around Lomond View Academy to ensure less young people need to be educated away from Inverclyde. 	Service Manager Children's Services Inverclyde HSCP	<ul style="list-style-type: none"> • We will work with statutory, independent and voluntary sector partners to develop innovative early help and family support services that reduce the number of children and young people that require formal child protection processes. • Increased number of local Kinship Carers • Increased number of foster carers and supported carers through a revised media campaign. • We will improve our timescales from Interagency Referral Discussion (IRD) to investigation. • We will increase the number of children and young people who are referred to the Scottish Child Interview Team • Children and young people who are subject to a forensic interview are supported to disclose significant harm • We will see the number of young people being educated outside of Inverclyde reduce
Develop our multi-agency Whole Family Wellbeing model to provide targeted interventions that reduce risk of harm and build and strengthen family capacity.	<ul style="list-style-type: none"> • Deliver on the Whole Family Wellbeing Fund through service redesign by creating early intervention hub and additional intensive family support 	Principal Educational Psychologist Inverclyde Council Head of Children and Families and Criminal Justice Inverclyde HSCP	<ul style="list-style-type: none"> • Multi-agency, strengths-based early help with families • Reduction of children and young people requiring statutory social work services that are in receipt of family group decision-making • More families reporting that they have increased confidence in their parenting skills



What is it we want to do	High level actions	Lead officer	How will we show progress
Young People feel safer and experience less harm within the wider community.	<ul style="list-style-type: none"> • Deliver on the Whole Family Wellbeing Fund through service redesign by creating early intervention hub and additional intensive family support 	Principal Educational Psychologist Inverclyde Council Head of Children and Families and Criminal Justice Inverclyde HSCP	<ul style="list-style-type: none"> • Multi-agency, strengths-based early help with families • Reduction of children and young people requiring statutory social work services that are in receipt of family group decision-making • More families reporting that they have increased confidence in their parenting skills
Young People feel safer and experience less harm within the wider community.	<ul style="list-style-type: none"> • Informed and influenced by the experiences of our young people, we will work together to co-design interventions and supports which improve young people's feelings of safety, inclusion, belonging and ambition in the local community. • We will continue to resource the delivery of community-based youth work opportunities, which meet the needs of young people, offering universal and targeted provision. • We will work in partnership with key partners to promote campaigns and deliver programmes to children and young people with a focus on safety. 	Service Manager – Community Learning and Development, Community Safety & Resilience and Sport Inverclyde Council	<ul style="list-style-type: none"> • Increase in number of young people (through the health and wellbeing survey) reporting positive engagement in local community activities. • Effective measures and quality assurance to evidence improved outcomes for young people. • Increase in contacts made by young people in schools to CLD staff about drug and alcohol issues



Outcome 4

Children, young people, families and services work together to reduce inequalities

We have prioritised our activity to reduce the gap in attainment caused by poverty. In addition we will continue to keep the cost of the school day under review. Culturally we are seeing greater diversity in our population in the demographics of our children and as such further work needs to be developed to embrace cultural differences.

What is it we want to do	High level actions	Lead officer	How will we show progress
We want to reduce inequalities of educational outcomes linked to deprivation.	<ul style="list-style-type: none"> • Deliver the Scottish Attainment Challenge Plan for Inverclyde • Deliver the Education Services Senior phase action plan • Deliver the Education Services Directorate Service plan 	Head of Education Inverclyde Council	<ul style="list-style-type: none"> • We will reduce the poverty related attainment gap between SIMD 1 – 3 and SIMD 4-10. • We will improve positive destinations with a focus on pupils with ASN and those from SIMD 1 - 3
We will ensure that cost of living doesn't act as barrier for children, YP and families in Inverclyde.	<ul style="list-style-type: none"> • Continue to deliver the Child Poverty Plan for Inverclyde 	Director of Education, Communities and Organisational Development Inverclyde Council	<ul style="list-style-type: none"> • We will reduce the % of Children living in relative poverty • We will increase uptake of Free school meal/School Clothing Grant at Primary School • Cost of the School Day initiatives and training has been implemented and reported across all schools.
We will have an ensure inclusive curriculum and methods of working to embrace cultural differences.	<ul style="list-style-type: none"> • Deliver resources and training as identified by the Inclusive Curriculum Group 	Head of Education Inverclyde Council	<ul style="list-style-type: none"> • Reduce number of racist incidents being reported in schools • Increase staff confidence and knowledge relating to racial literacy • Increase diversity of the workforce



Part 7

Resources 2022/23



Resources 2022/23

Financial Spend on Children, Young People and Families in Inverclyde 2022/23

Resources- Mainstream	£
Inverclyde Council Education and Communities	£98,905,000
Inverclyde HSCP Children and Families	£20,459,811
• Council	£15,959,511
• NHS	£ 4,500,300
Resources-External Funding (Non recurring)	
Whole Family Wellbeing Funding	£423,000
Care Experienced Young People Funding (The Promise)	£203,000
Attainment Challenge Funding	£2,775,000
Pupil Equity Funding	£3,268,000
Mental Health and Wellbeing Fund-Children and Young People	£192,000



Part 8

Appendices



Appendix 1 - Strategic Needs Assessment 2023



Appendix 2 - Outcomes Framework



Inverclyde Childrens Strategic Needs Assessment **Update**

Executive Summary

NRS estimate that the population size in Inverclyde has been decreasing for a decade and predict it will continue to do so in the next 20 years or so. The selective decreases in past are thought to be because of falling birth rates as opposed to outward migration. With future projections showing a decrease in both young and working age groups population size, in addition to a continued decreasing birth rate, it's essential for those demographics to be offered opportunities to entice them to stay in Inverclyde. This may be opportunities when leaving school or beginning/continuing employment.

A higher proportion of the population in Inverclyde are economically active compared to Scotland. The unemployment rate is also slightly lower in Inverclyde compared to Scotland. Inverclyde also has a lower proportion of households 'out of work'. Despite this, Inverclyde has a higher proportion of 18–24-year-olds who are unemployed compared to Scotland, highlighting the need for further opportunities for that demographic.

School attendance in Inverclyde has decreased over the last ten years in both primary and secondary schools. Despite this, the percentage of looked after school leavers who enter a positive destination has increased (including participation) and was only 0.1% less than the national figure in 2020/21.

The proportion of young children with developmental concerns (at 27–30-month review) has decreased in the last five years, although the gap with the Scottish average remains. The health of children at Primary 1 age has seen a decrease in terms of BMI but not in terms of oral health. Inverclyde has also closed the gap with Scotland in terms of teenage pregnancies which have decreased in the past decade.

Child protection referrals have decreased since 2020, as have child protection investigations and the number of children on the register. The number of children in care has decreased in Inverclyde as well as then number of referrals made to the Scottish Children's Reporter Administration.

Introduction

This document has been drafted to provide up to date evidence regarding the progress of Inverclyde's Children's Services' Partnership (CSP) mandate of improving outcomes of those living in Inverclyde. The document will detail the progress of children and young people across a wide range of domains including parental, environmental and demographic factors which impact on the health and wellbeing of the children and young people in Inverclyde.

This Strategic Needs Assessment (SNA) update will aid service improvement, highlight where investment is required and focus activity of local agencies and partners to work together more effectively.

This report will be split in to six topics followed by a conclusion. The indicators included have been selected due to their effectiveness and availability to analyse potential service improvements most succinctly.

Population

This section seeks to assess the structure of the population relevant to what affects outcomes of children and young people in Inverclyde.

National Records Scotland (NRS) population estimates for 2021 (published in July 2022) state the following:

- The total population of Inverclyde was estimated at 76,700 (mid-2021)
- There are 20,386 people aged 25 and under living in Inverclyde – this is approximately 26% of the total population.
- Children aged 0 to 15 comprise 16% of Inverclyde's total population.

Figure 1 displays the latest published age group & gender composition in Inverclyde:

Estimated population by broad age group (mid 2021) - Inverclyde

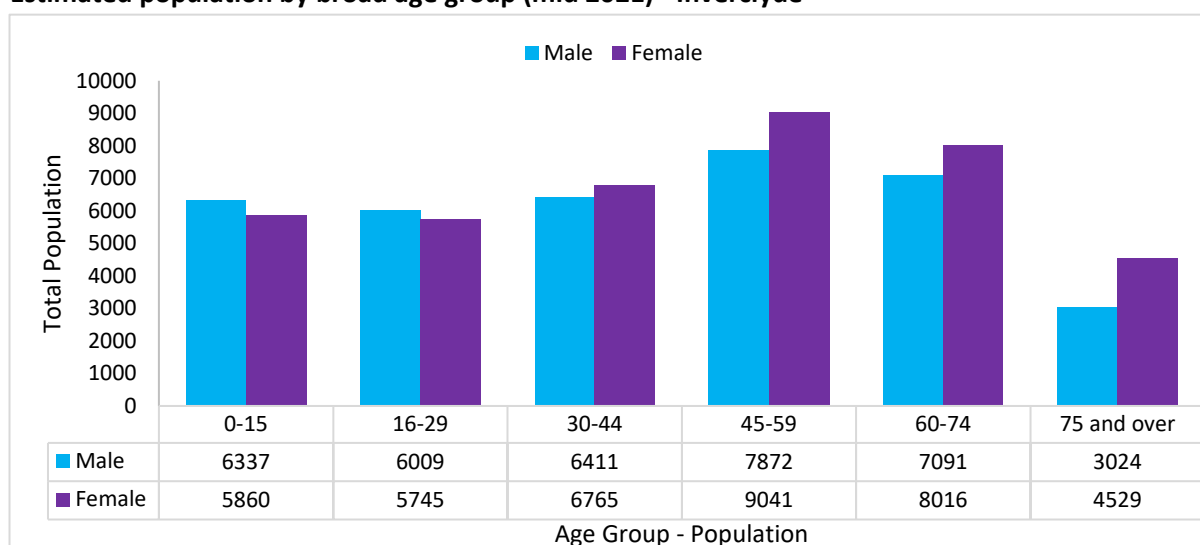


Figure 1: [Mid-Year Population Estimates | National Records of Scotland \(nrsotland.gov.uk\)](https://nrs.scot.nhs.uk/nrs/scotland/population/)

Over the decade, 2011-2021 Inverclyde had the highest drop in population of all Scottish Council areas (-5.6%). Population decline in Inverclyde has been selective and has had a greater impact on young people, young families, and people of working age.

A review of the age profile shows that between 2011 and 2021 the number of young people fell sharply in Inverclyde. The number of young people aged 15 years and under fell by 10% over this 10-year period.

In recent years Inverclyde's population decline has been driven by natural change, largely attributable to a falling birth rate, rather than out migration. In 2012/13 there were 777 births in Inverclyde compared to 570 in mid-2020 to mid-2021. Looking ahead, NRS population projections (2018 based) predict that the number of births will continue to fall up to 2029/30 as shown in Figure 2:

Projected births (2018 based) - Inverclyde

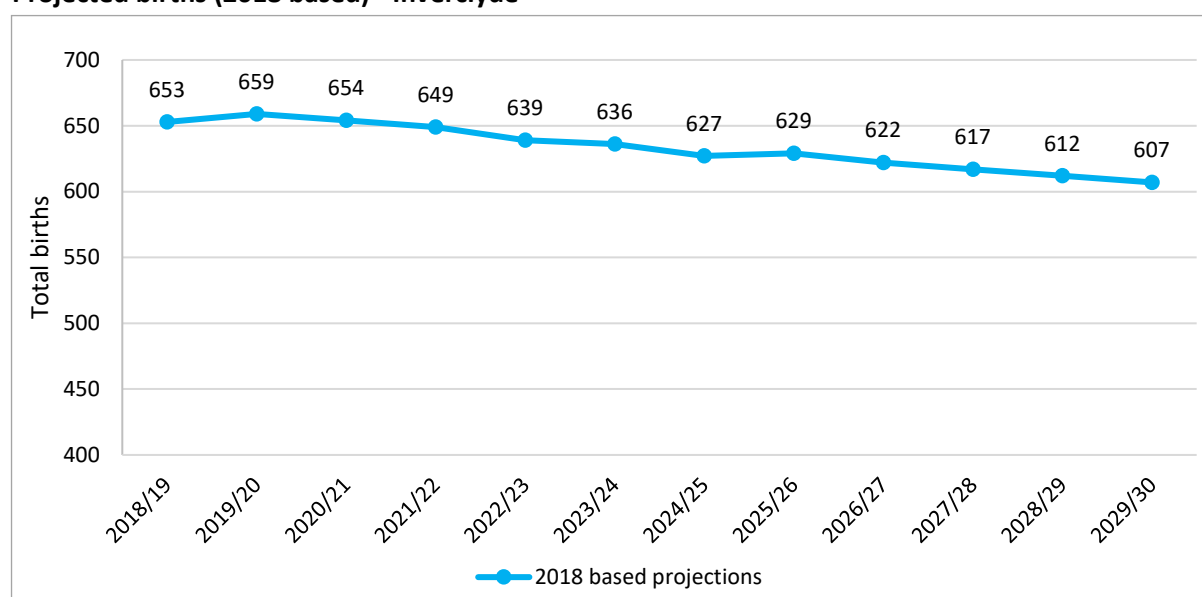


Figure 2: Total births projections (2018-based) – NRS Scotland

Population Projections

The most recent published NRS data for population projections by council area are the mid-2018 estimates, meaning no update since the previous Child Strategic Needs Assessment (CSNA). Figure 3 shows how the population has been predicted to change in the next 20 years and how that compares to the rest of Scotland.

Inverclyde % projected change in population by 2043 (2018 based) (all ages)

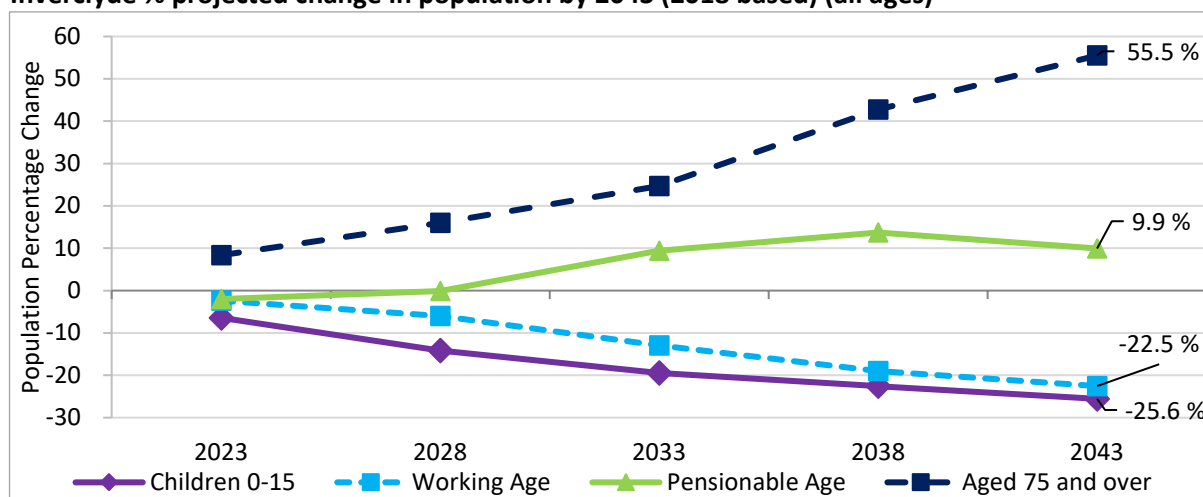


Figure 3: Predicted Population % Change – [NRS 2018-based population projections](#)

As stated in previous reports, the severity of population decline has resulted in this being identified as a strategic priority for the Inverclyde Alliance. Critical to the success of stemming and ultimately reversing population decline in the longer term will be encouraging young people to stay in the area once leaving school by offering a range of opportunities around key areas such as work, education and housing.

We hope to analyse the effect the COVID-19 pandemic has had on population projections which should be available at next update.

Economic Activity

The economic state of Inverclyde deeply affects the outcomes of the children and young people living there. In order to accomplish the strategic priority of reducing inequalities, help must be given to those brought up in households where less opportunities are available.

Lone Parent Households

Child health & wellbeing is also affected by household income and employment status. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories.

According to the Annual Population Survey there were an estimated 2,600 lone parent households with dependent children in Inverclyde in 2019.

In August 2022, there were around 2,336 lone parent families with dependent children claiming UC or tax credits in Inverclyde. This is a decrease of 774 since August 2017 although this is likely due to changes of how UC and tax credit's are offered.

In August 2022, there were around 1,525 lone parent households in Inverclyde receiving help with housing costs from UC or Housing Benefit. (Source: IC CTR Data). This included 442 lone parent households in Inverclyde claiming housing costs from housing benefits and 1,083 lone parent households claiming UC with a housing entitlement.

Reducing poverty for children in lone-parent families is possible and obviously desirable. Child poverty in lone-parent families has fallen in the past in Scotland, driven by action at a national and local level. Reducing child poverty for this priority group would make an important contribution to improving health and reducing health inequalities.

Below Average Household Income

Using population estimates, we can calculate the number of children and young people living in areas of high deprivation. Based on the 2021 population estimates produced by NRS, 4,620 people aged 18 and under live in data zones that fall into SIMD decile 1 (10% most deprived in Scotland). This is 31.5% of Inverclyde's total population aged 0-18.

Based on data collected by DWP and HMRC, the graph below shows the percentage of children in households below 60% median, before housing costs, by all local authorities in Scotland. The figures use mid-year population estimates to calculate percentage rates.

Percentage of children in households below 60% median income, before housing costs 2019/20

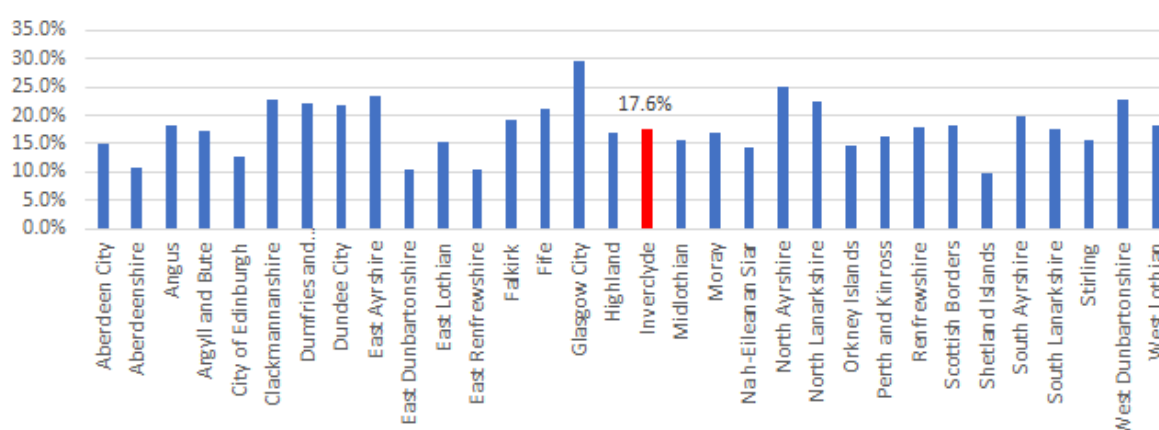


Figure 4: Children living in households earning below 60% median income – DWP & HMRS

Between October 2021 and September 2022 there were 37,700 economically active residents between the age of 16 – 64 living in Inverclyde, of those, 76.6% were in employment compared to Scotland's figure of 74.4%. 1,300 (3.4%) residents between of 16 – 64 years were unemployed. Scotland's figure was 3.5%. The number of people living in Inverclyde now claiming Universal Credit has increased. Figures from DWP showed that 9,144 (figure Oct 2022) people were claiming Universal Credit.

NOMIS Labour Market Profiles tell us that in the calendar year 2021, 15% of households in Inverclyde were out of work. Across Scotland, this percentage was 18.6% and 14% of Great Britain. In December 2022, 5.9% of 18- to 24-year-olds in Inverclyde claimed to be unemployed. This compares with 4.1% across Scotland and 4.7% across Great Britain.

Poverty is fundamentally about lack of money and Inverclyde's Child Poverty Action Group has been working in partnership with Public Health Scotland to identify local data sets and to map out service provision for families living in poverty. Feedback from the Best Start in Life Network highlights that there is also 'hidden' poverty within more affluent areas of Inverclyde. This has resulted in a comprehensive analysis of the challenges around inequalities and poverty in Inverclyde. Addressing the stigma around poverty needs to be a priority and could be part of the work of Inverclyde Cares.

Free school meals (FSM)

The prevalence of children eligible for and claiming free school meals provides an indication of how many children in Inverclyde schools come from low-income households. Criteria qualifying pupils for FSM's include households receiving benefits such as Income Support, Job Seekers Allowance, Child Tax Credit, Working Tax Credit or Universal Credit.

Figure 5 shows the number of pupils in Inverclyde who were entitled to FSM's as of February 2023, including the proportion of total school roll.

Number of pupils who qualify for free school meals by school type – Inverclyde, Feb 2023

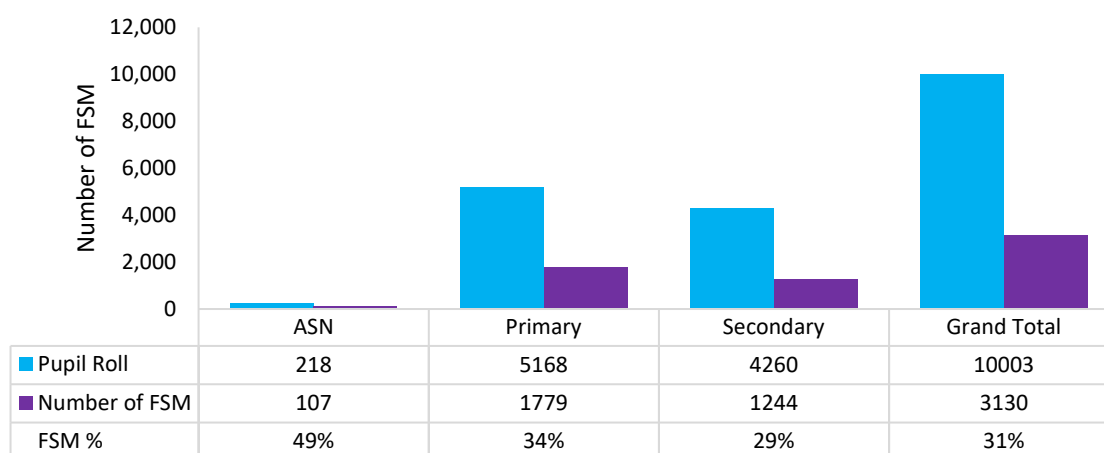


Figure 5: Pupils qualifying for FSM's Inverclyde – Inverclyde Education Services SEEMIS 2022

As shown in Figure 5, almost half of ASN pupils are entitled to free school meals. A slightly higher proportion of primary school pupils qualify for FSMs in comparison to secondary school pupils.

Education

There are several different statistical outputs and analyses of data from education services that can be employed as indicators of the SHANARRI wellbeing measures that have been adopted across the whole Community Planning Partnership.

Percentage of Attendance in Primary, Secondary & ASN Schools - Inverclyde

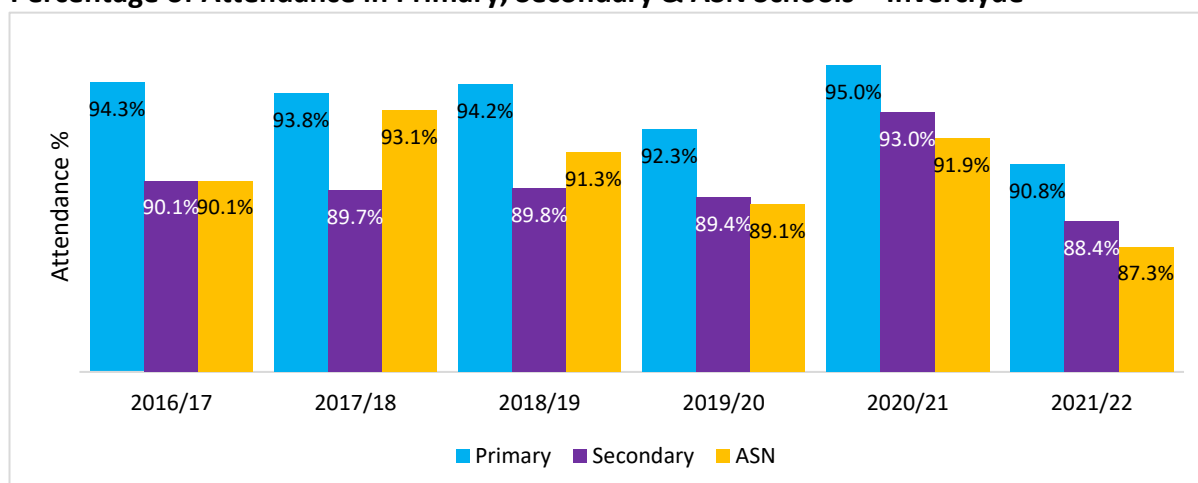


Figure 6: Inverclyde Education Services - SEEMIS 2022

Figure 6 tells us that the attendance rate in primary schools has dropped by 3% in the last 5-years. There has been little change in secondary school attendance although there has been a noticeable decrease in the most recent year. Additional support needs school attendance has fluctuated which may look drastic due to the smaller total pupil roll size.

When comparing to the most recently recorded national school attendance figures in 2020/21, Inverclyde's attendance was 2% higher (Scotland 92%, Inverclyde 94.1%). For Inverclyde, this is an improvement since 2018/19 where school attendance was below the national rate (Scotland 93%, Inverclyde 92.2%).

When comparing the deprivation level of pupils, it's expected that there will be a gap in attendance levels.

School attendance deprivation gap split by primary & secondary school - Inverclyde

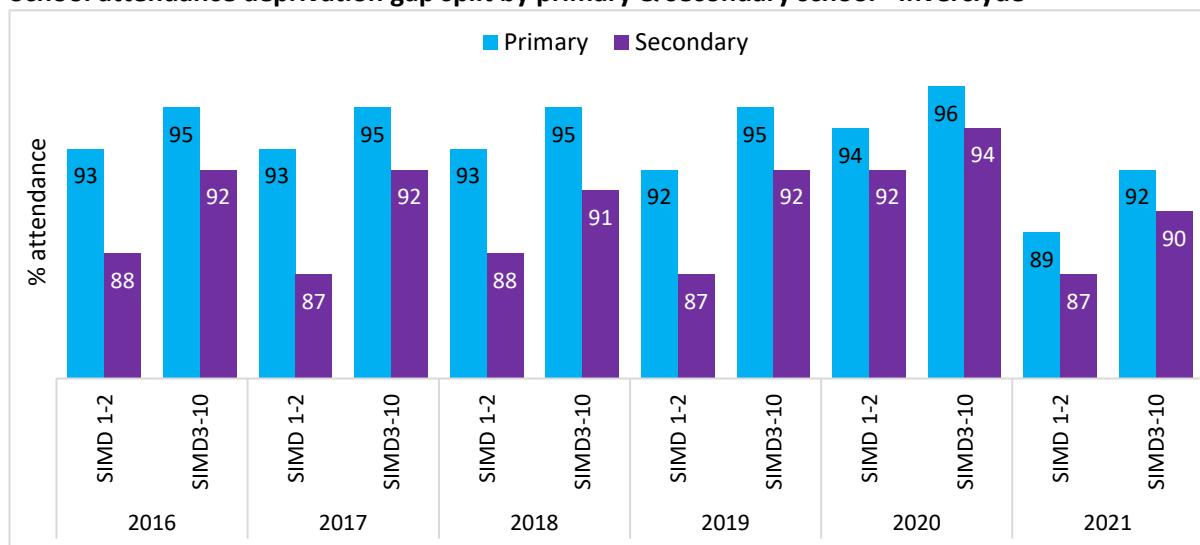


Figure 7: Deprivation Attendance Gap Inverclyde Education Services – SEEMIS

Figure 7 shows that there is approximately a 3% gap in the attendance levels between SIMD 1-2 (most deprived areas) and SIMD 3-10 (rest of the pupil roll). The gap is larger in secondary schools compared to primary schools but the two school types were equal in 2021.

Exclusions

The number of exclusions from school in Inverclyde has somewhat fluctuated in the past 5-years. Figure 8 shows there was a 4-year decrease in the overall rate of exclusions before a sharp increase in 2021/22, mainly in secondary & ASN schools.

Exclusions from School (Rate per 1,000 pupils) – Inverclyde & Scotland

Year	2017 18	2018 19	2019 20	2020 21	2021 22
ASN	12.1	95.51	36.08	15.00	37.38
Primary	5	3.11	0.37	1.13	1.31
Secondary	45.6	39.12	33.91	26.91	44.14
Local Authority	22.8	20.50	15.89	12.97	21.39
National		21.60		11.90	

Figure 8: Exclusions rate per 1,000 pupils in Inverclyde – Inverclyde Education Services (SEEMIS)

Attainment & positive leavers destination

The following figure shows the attainment for pupils in Inverclyde. The measure for attainment used is average tariff scores which is built up of each students' individual qualifications on its SCQF level and credit points. The average tariff for an area is an average of the total points for each learner.

School Attainment split by Deprivation (Average tariff scores) – Inverclyde 2021/22

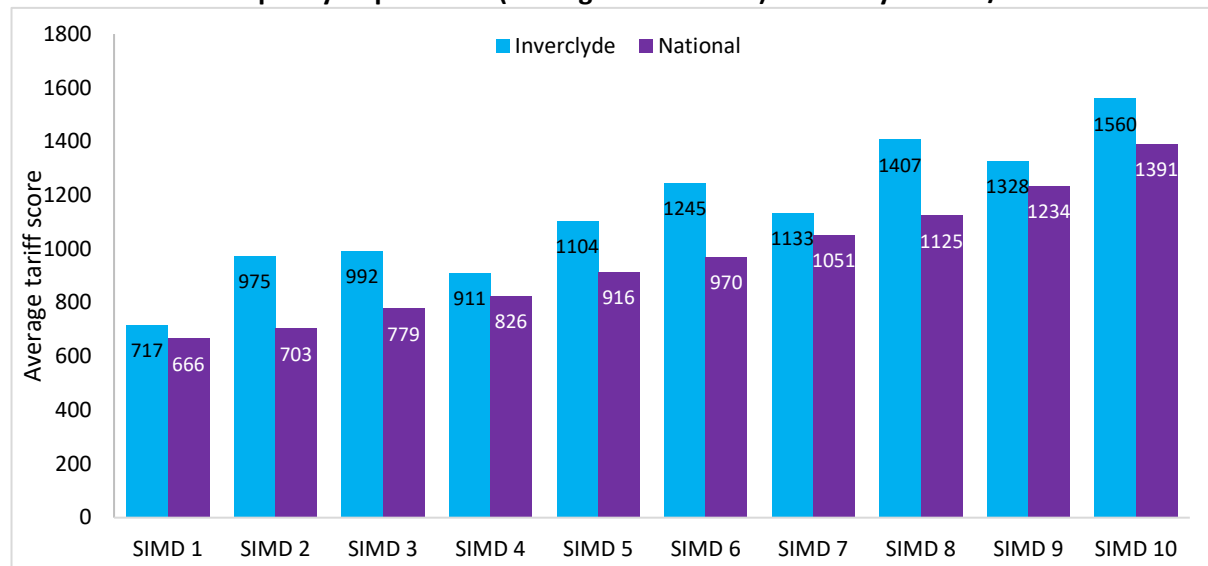


Figure 9: Attainment split by deprivation Inverclyde – Inverclyde Education Services (SEEMIS)

As shown in Figure 9, there is a linear correlation between deprivation and attainment, both in Inverclyde and Scotland. Relative to the population size in each decile, Inverclyde has a slightly higher rate of attainment across all deprivation levels compared to the national average, which wasn't the case in past years.

Figure 10 below shows that the percentage of looked after children in Inverclyde entering positive destinations when leaving schools has increased slightly in the last four years, as it has across Scotland.

Percentage of looked after school leavers who enter a positive destination (Local Government Benchmarking Framework)

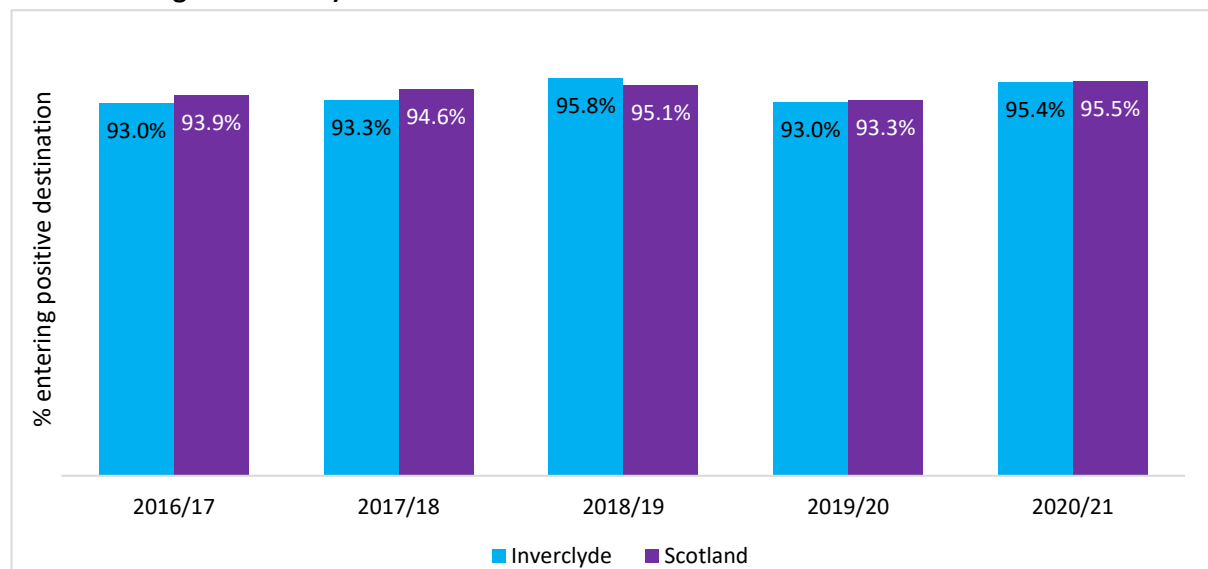


Figure 10: Improvement Service - [Explore the data](#) | [Benchmarking \(improvementservice.org.uk\)](#)

Participation rate is the proportion of young people who secured positive post-school destinations in employment, training, volunteering, or further/higher education. The change over time in participation rate is shown in Figure 11.

Participation Rate Inverclyde (%)

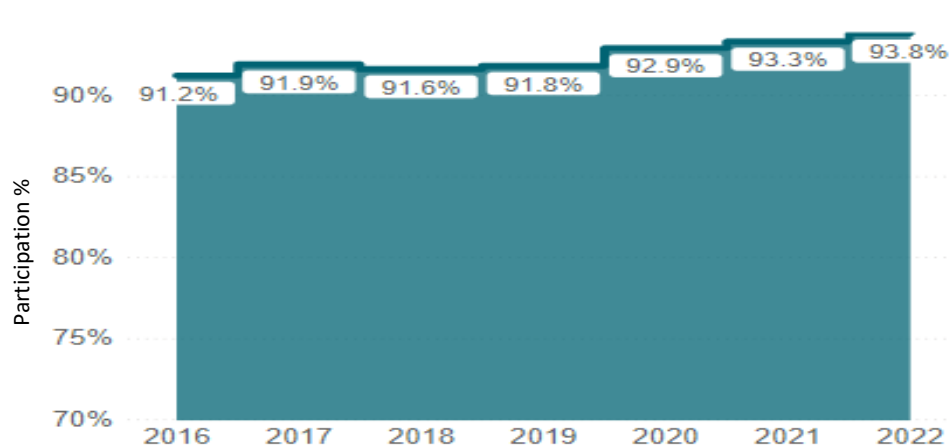


Figure 11: Participation Rate - [Annual Participation Measure | Skills Development Scotland](#)

There has been an increase in the proportion of school leavers 'participating' in one of the specified activities. In addition to this, data from The Improvement Service states that the rate of school exclusions in Inverclyde has decreased from 37 exclusions per 1,000 pupils in 2012/13 to 13.3 in 2020/21.

Health & Wellbeing

Children's 27-30 month reviews

The Scottish Government target is 85% of children with no concerns on all 9 developmental outcomes. In 2016/17, there was a change to the domains assessed by health visitors at a child's 27-30 month review.

In 2020/21, 23.3% of children reviewed in Inverclyde had at least one developmental concern recorded at 27-30 month review. This is a slight decrease since 2015/16 where the figure reached a high of 27.7%. In comparison, only 14.9% of children reviewed at 27-30 months were recorded as having a developmental concern across Scotland.

Local Authority	Percentage with a developmental concern at 27-30 month review							
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Inverclyde	24.6%	27.5%	27.7%	26.2%	23.6%	24.2%	24.4%	23.3%
Scotland	19.2%	19.2%	18.4%	17.6%	15.4%	14.5%	14.3%	14.9%

Figure 12: [PHS - Early Child Development](#)

Breastfeeding

Evidence shows that even modest increases in breastfeeding has the potential to dramatically improve outcomes for infants and children and bring about short and long term health, attainment and economic benefits.

105 babies in Inverclyde were exclusively breastfed when attending their 6-8 weeks review in 2021/22. This equates to 17% of the reviews with a valid feeding status, a 5% increase in the last 3 years for Inverclyde.

Percentage of babies who have been exclusively breastfed (reported at 6-8 weeks)

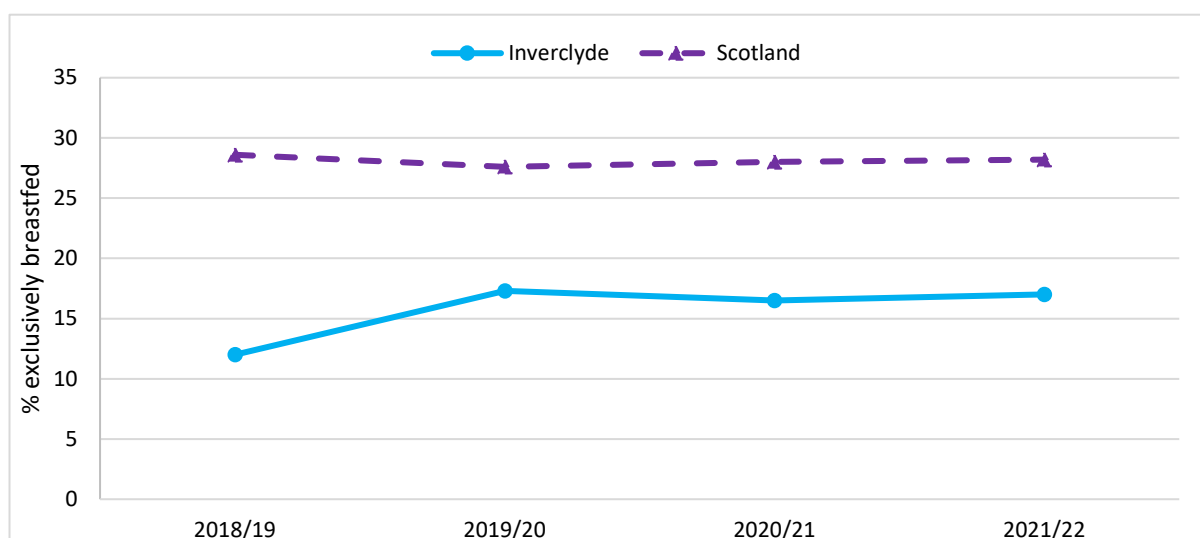


Figure 13: [Infant feeding statistics](#) – PHS

Number who have been exclusively breastfed at 6-8 week review				
Financial Year	2018/19	2019/20	2020/21	2021/22
Inverclyde	76	97	92	105
Scotland	13,077	12,411	12,023	12,268

Figure 14: [Infant feeding statistics](#) - PHS

Child weight & height

Child weight and growth can be used as an indicator of the general nutritional and physical health of a child. Research suggests that if a child is short, under or over weight, for their age, then this may be an indication of an underlying health or social problem.

71.8% of P1 children in Inverclyde were classed as being a healthy weight in 2021/22 (epidemiological threshold for BMI). This is a decrease of 3% since 2018/19. Compared to the national average, Inverclyde has a lower proportion of P1 children at a healthy BMI (3% difference)

Percentage of children with a healthy weight at P1

		18/19	19/20	20/21	21/22
All participating boards	Number of healthy weight	34,510	19,272	15,123	39,413
	% healthy weight	76.6%	76.3%	69.7%	74.7%
Inverclyde	Number of healthy weight	516	x	775	529
	% healthy weight	74.9%	x	65.4%	71.8%

Figure 15: [P1 BMI statistics](#) - PHS

In 2021, 28% of children in Scotland aged 2-15 were at risk of being obese/overweight (31% for boys, 25% for girls). This data is not currently available at local authority level. 64% of the total population in Inverclyde were overweight (including obese) in the period 2016-19.

Dental Health

Every year children across Scotland take part in the National Dental Inspection Programme (NDIP) where samples of children in Primary 1 and Primary 7 have their teeth inspected to inform parents of the dental/oral health status of their children. Aggregated data is then provided to advise the Scottish

Government, NHS boards and other organisations concerned with children's health of the oral disease prevalence in their area.

72.5% of Primary 1 children in Inverclyde had no obvious decay experience in 2019/20. This is a higher proportion than the equivalent figure for Glasgow City, Renfrewshire and West Dunbartonshire. These figures have been taken from the NDIP results for HSCPs which require a minimum sample size of 250 children in each HSCP. The results for this study were weighted by population deprivation categories specific to each NHS Board.

Percentage of P1 children with no obvious decay experiences – 2019/20 split by HSCP

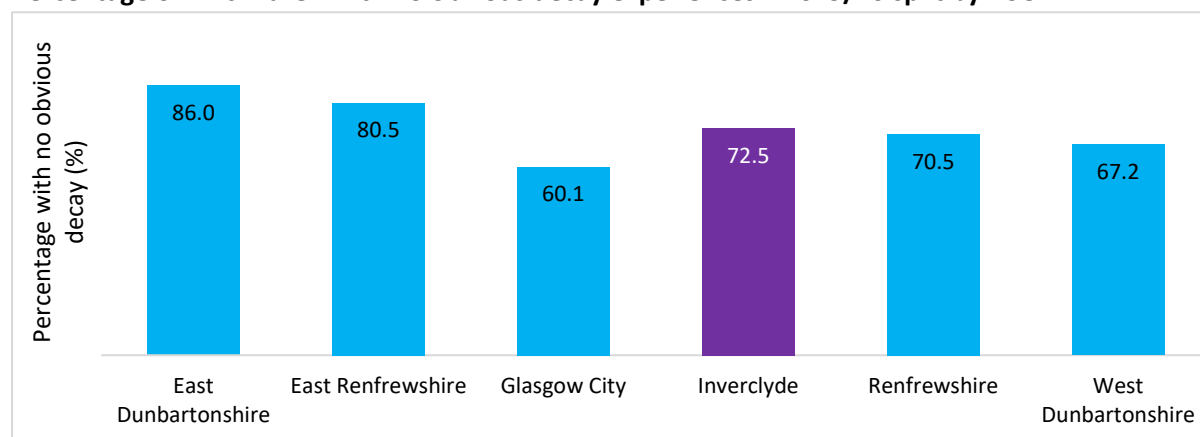


Figure 16: [National Dental Inspection Programme \(NDIP\) 2020 \(publichealthscotland.scot/\)](https://publichealthscotland.scot/)

Teenage Pregnancy

From a local perspective, in 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 31 local authorities in Scotland. By 2017, this had fallen to 20th out of 31. This data is no longer available on ISD website, however national data reflects that teenage pregnancy is at its lowest rate since recording began; Teenage Pregnancies a national statistics publication for Scotland 6 July 2021

In 2019 there were 26.9 teenage pregnancies per 1,000 women under 20 years old in Inverclyde. This is a decrease from 42.7 in 2010. In comparison, the Scotland rate of teenage pregnancies in 2019 was 27.7 and 51.3 in 2010.

Rate of teenage pregnancies per 1,000 women under 20 years old

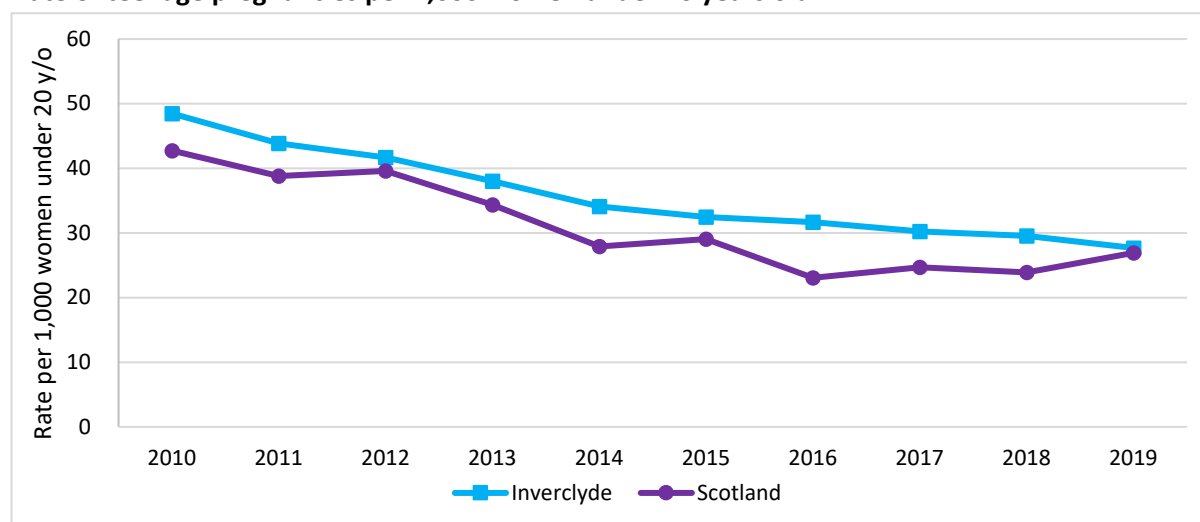


Figure 17: [Teenage pregnancies - Year of conception, ending 31 December 2019 - Public Health Scotland](https://publichealthscotland.scot/)

Teenage Drinking & Drug Use

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) of smoking, drinking and drug use was conducted within Inverclyde secondary schools in 2018. The report presents key findings to aid comparative analyses and benchmarking from the 2013 SALSUS report and to the national average (difference from Scotland 2018). There were 1,513 13 and 15 year olds within year groups S2 and S4 eligible to take part in the survey, with 391 (26% of all eligible pupils) participating. As in previous SALSUS surveys, schools dedicated to children with additional support needs were excluded from the sample. Some of the results are shown below:

Alcohol Use

- 32% of 13-year-olds reported they had an alcoholic drink (`a whole drink – not just a sip`) which is 4% less than the percentage for Scotland.
- 11% of 13-year-olds said they had drunk alcohol in the week prior to the survey (5% more than the Scottish average).
- 12% of 15-year-olds said they had drunk alcohol in the week prior to the survey (14% less than the Scottish average).

Drug Misuse

- 94% of 13-year-olds had never tried drugs. 79% of 15-year-olds had never tried drugs. These rates equal the Scotland average.
- 29% of 13-year-olds reported they'd been offered drugs (6% higher than the Scottish average).
- 21% of 15-year-olds reported they'd be offered cannabis (6% higher than the Scottish average)

Vulnerable Children

Child Protection

Child protection means protecting a child from abuse or neglect. Where a child has been assessed as at risk of significant harm from abuse or neglect consideration will be given to the need for an inter-agency child protection plan. Where the need for such a plan is agreed by a Child Protection Case Conference their name will be recorded on the local child protection register.

Initial referrals around Child Protection are made to the Request for Assistance Team (RFA). The chart below shows the referrals received by the RFA team for the last 3 years. Request for Assistance Referrals for 2021/22 have reduced and remained, on average, lowest since September 2020.

Figure 18 details referrals received for the last 3 years:

Referrals received by request for assistance team - Inverclyde

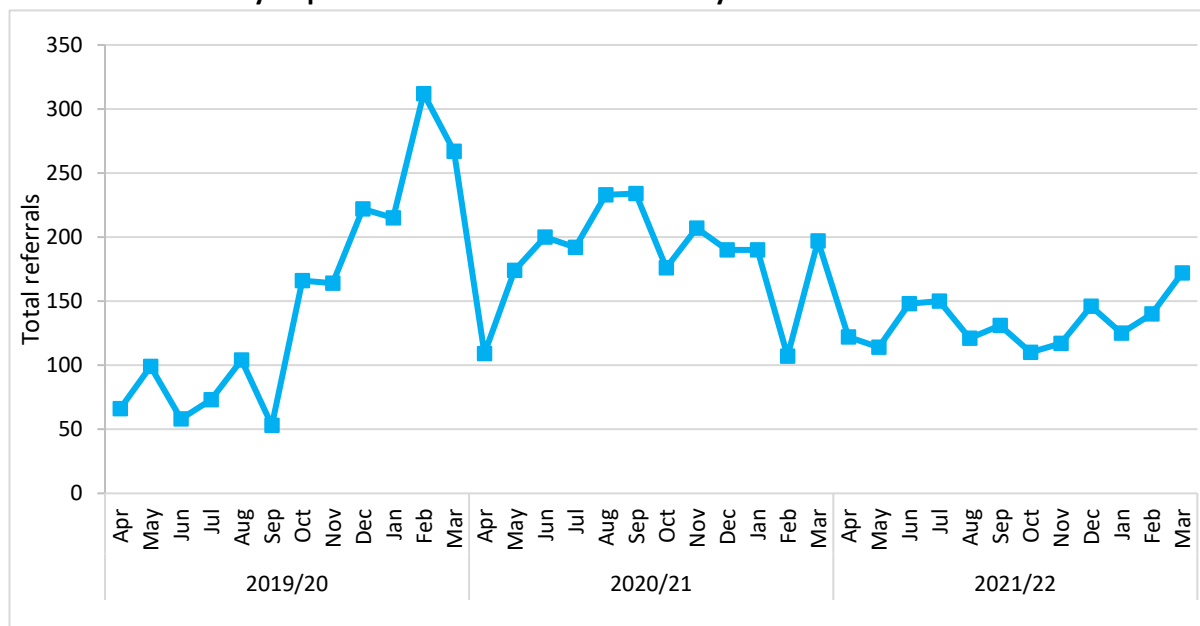


Figure 18: Child protection referrals – Swift

The number of initial referral discussions (IRD's) has fluctuated in the most recent 12 months with a high of 40 IRD's in February 2022 and a low of 9 in August 2021.

IRD's (Initial Referral Discussions) - Inverclyde

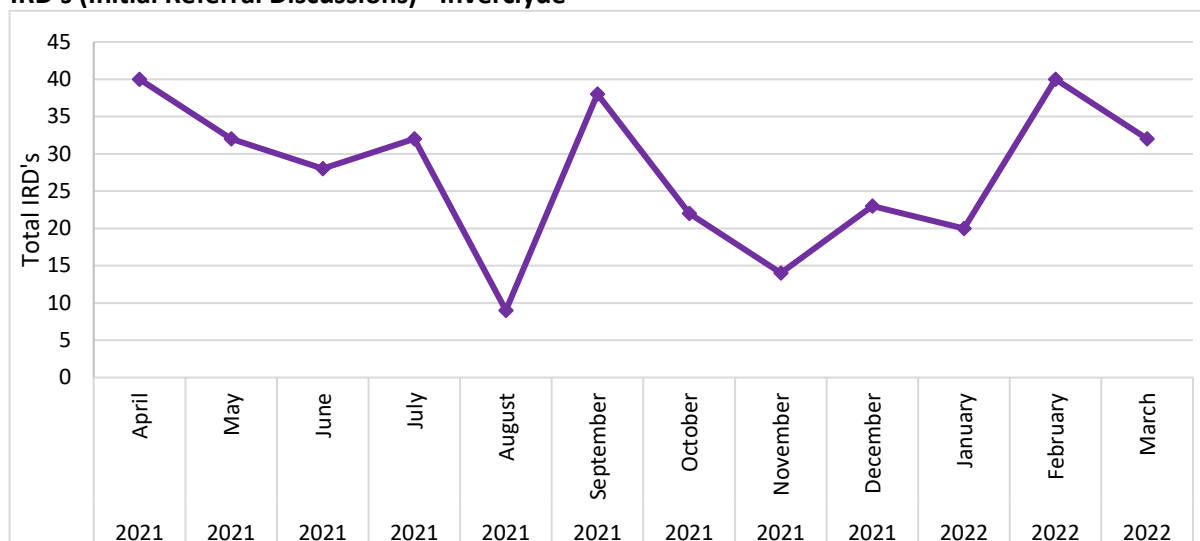


Figure 19: Initial Referral Discussions - Swift

Where appropriate, an investigation is undertaken; the number of child protection investigations undertaken are shown in the chart below. Note, the figures below are Child Protection Investigations started within the month labelled.

CP Investigations - Inverclyde

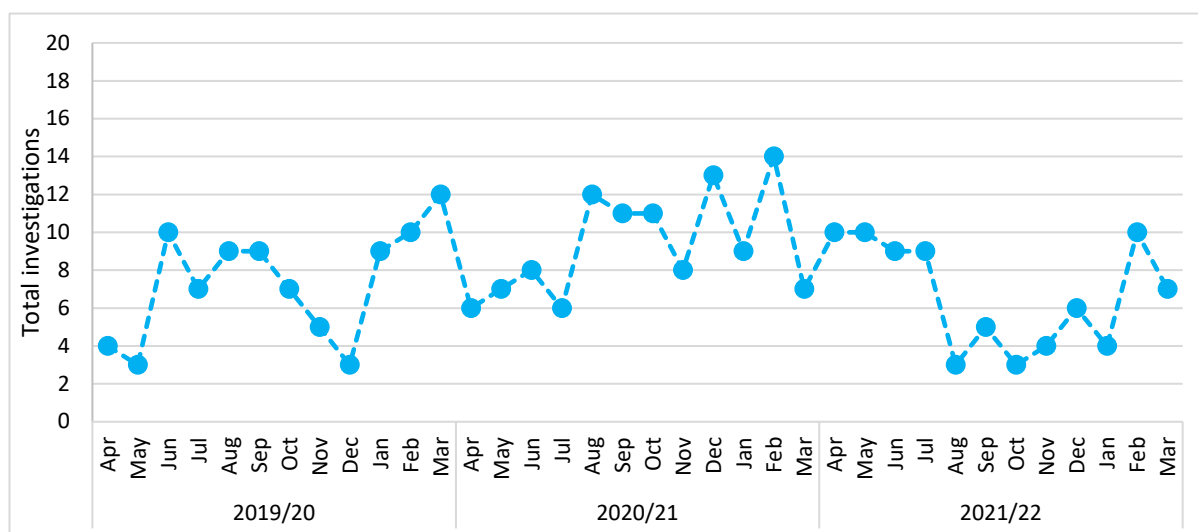


Figure 20: Child Protection Investigations - Swift

The number of noted IRDs remains broadly in line with previous years however the number of child protection investigations are on the whole lower. During the data gather for this report it has been identified that the data gathered not fully reflective of the picture throughout the year. The service has committed to a data improvement plan to be implemented throughout 2022/23 to ensure the data is more accurate and reliable going forward.

Child Protection No of Referrals/Investigations – Inverclyde 2021/22

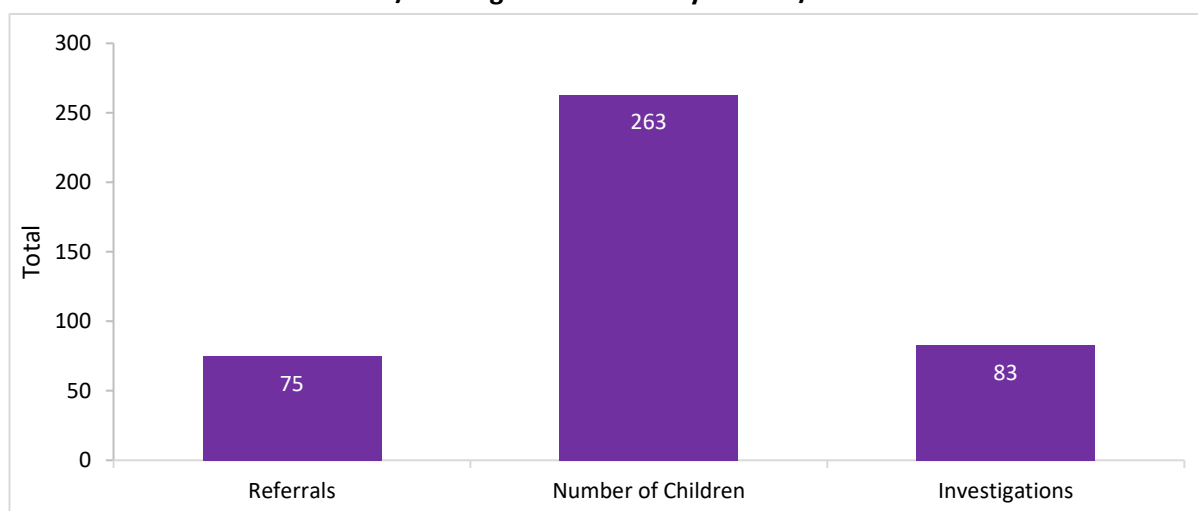


Figure 21: Child Protection Referrals/Investigations - Swift

The number of children and young people on the child protection register has reduced to levels typically seen prior to the COVID-19 pandemic – throughout the year 2021/22 numbers have been consistently back to an expected level. As noted in previous years at the beginning of national lockdown restrictions it is likely children and young people remained on the child protection register for longer periods of time and there may have been a more cautious approach taken due to the changes to working practices and lower availability of partner agencies. The pattern would suggest this trend is stable and number for the next year could remain at similar levels.

Number on Child Protection Register (CPR) at 28th of each month - Inverclyde

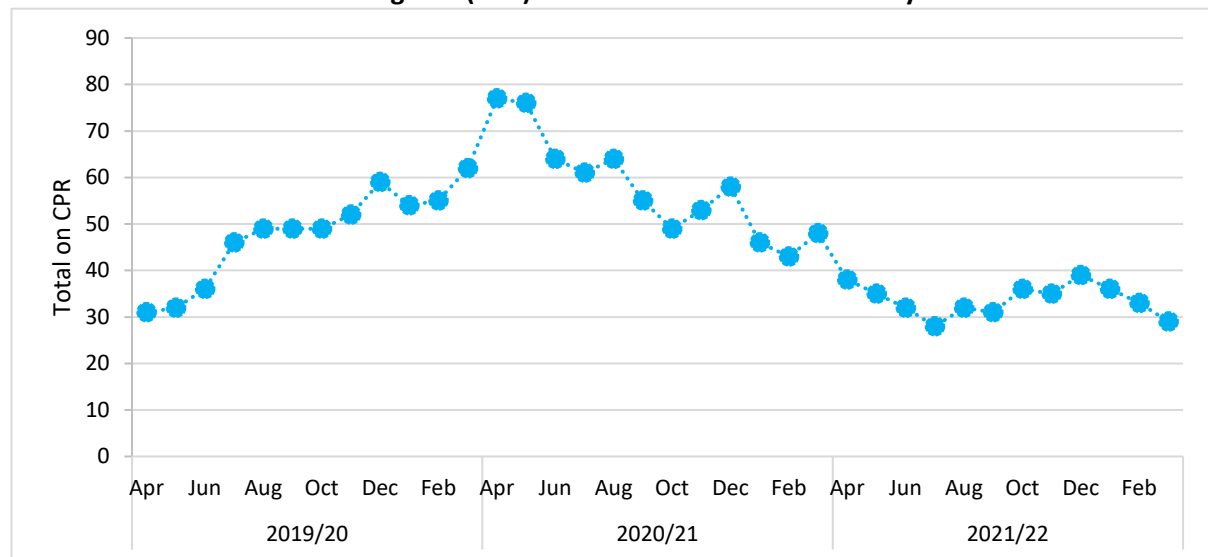


Figure 22: Number of children on CPR - Swift

Areas of concern

After an investigation a child may be placed on the child protection register; there are various reasons for this and sometimes multiple reasons are identified. The chart below highlights the main reasons for a child being added to the register.

Areas of concern: Newly placed on child protection register

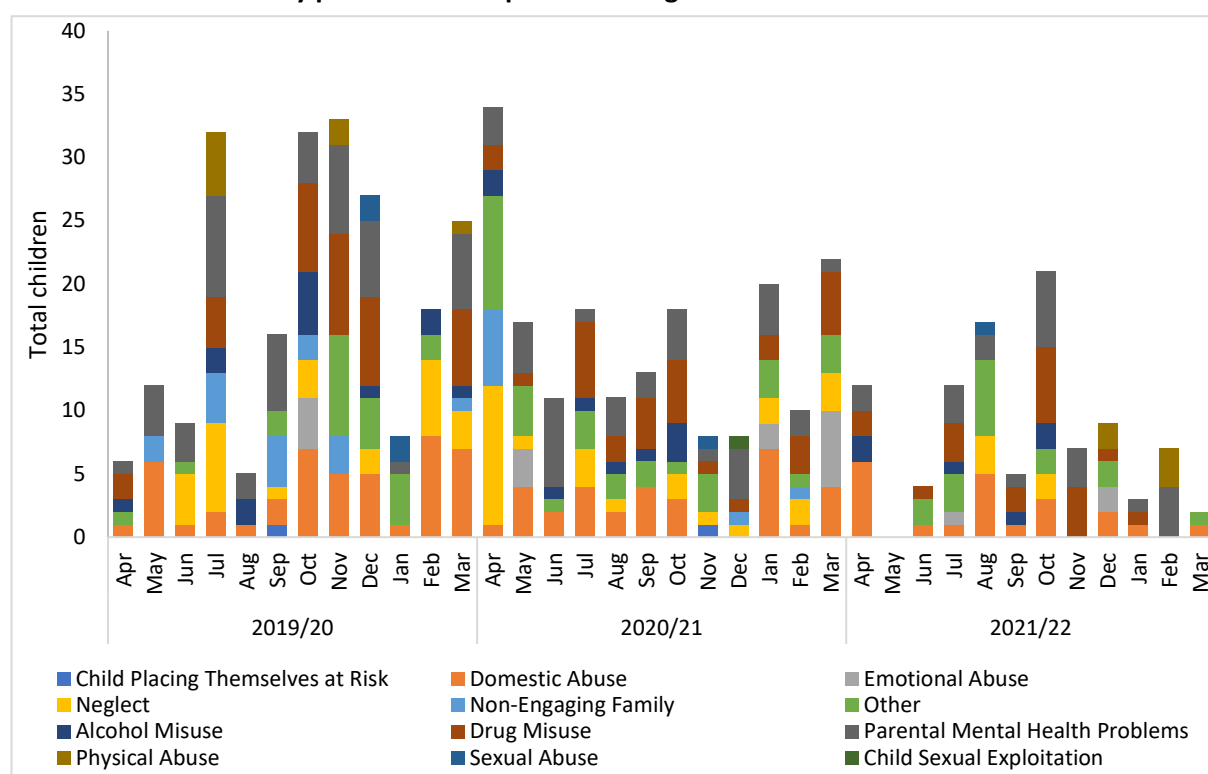


Figure 23: Children placed on CPR – Swift

Looked After Children

The Children and Young People (Scotland) Act 2014 brought about extensive changes with specific focus on improving outcomes of the needs of our looked after population in conjunction with a strong emphasis on improved planning that provides security and stability from birth until adulthood. This includes children who are looked after at home subject of compulsory supervision orders, children in foster placements, residential placements, secure care, formal kinship placements and children affected by disability who are looked after.

The total number of looked after children has reduced with January 2022 (211) showing the lowest figures since July 2019.

Total Number of looked after children - Inverclyde

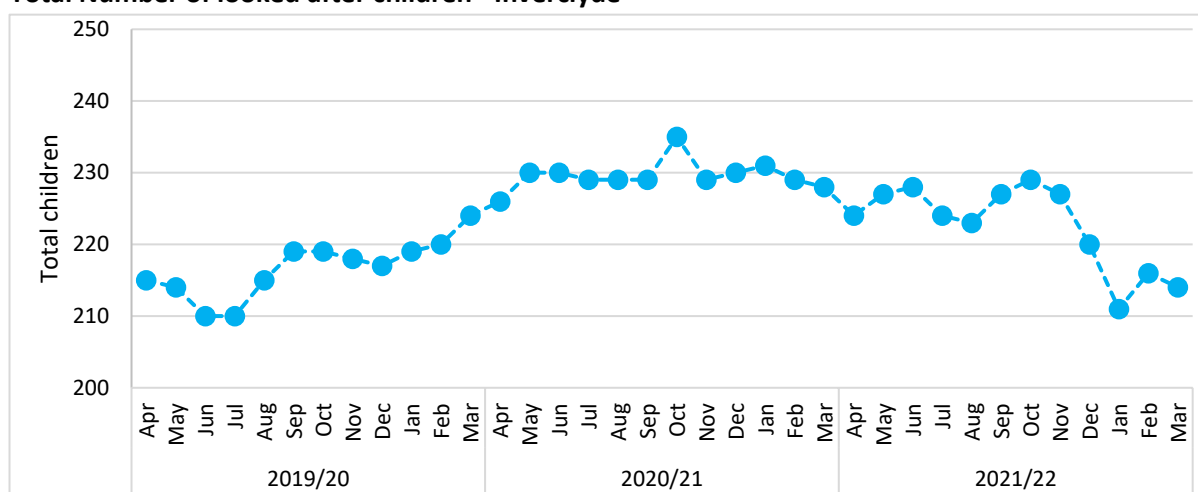


Figure 24: Looked after Children - Swift

Looked after placements as at year end

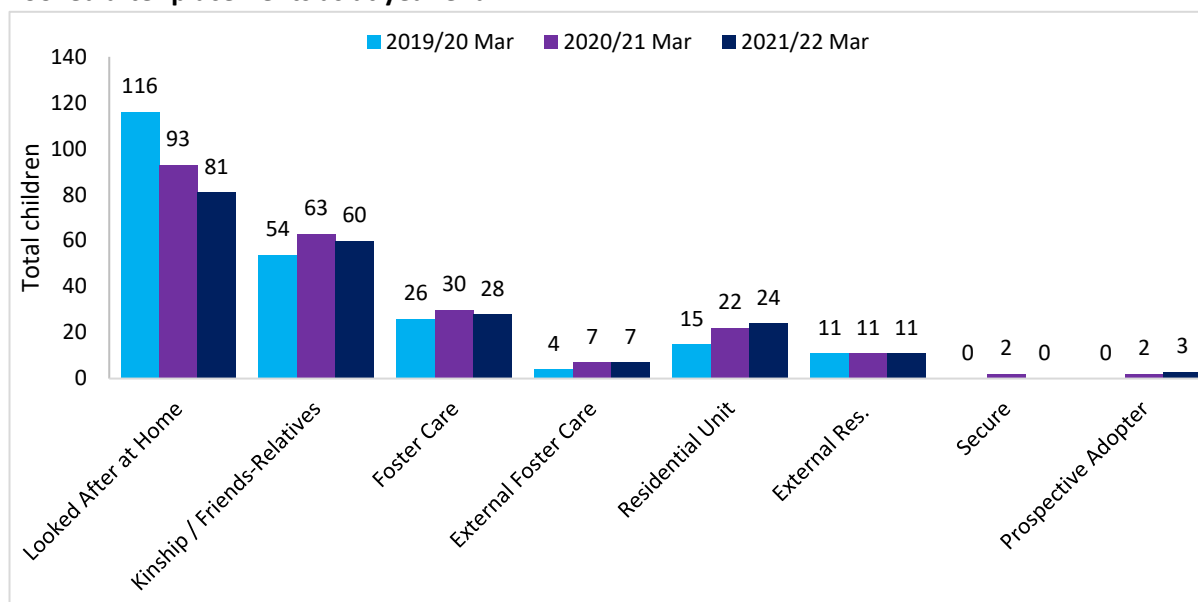


Figure 25: Looked after placements - Swift

Foster Care placements have remained stable throughout. The majority of placements were with local carers. This included young people who remained with carers beyond their 16th birthday in continuing care placements and externally commissioned placements being long term placements for young people subject to permanence orders. The graph below details foster care placements and types.

Total children being looked after in foster care

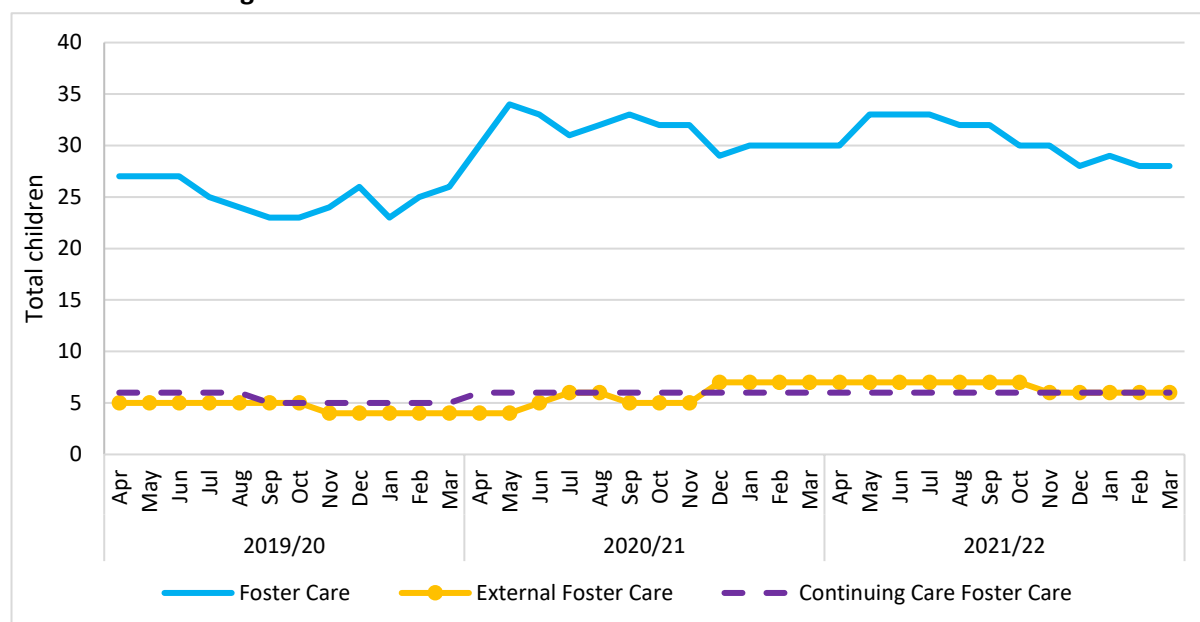


Figure 26: Children looked after in Foster Care - Swift

There has not been considerable change in the number of looked after in Residential Care over the last 3 years. As with foster care, there are a number of young people who have remained in their placement beyond their 16th birthday. The graph below details the total number of young people split by residential care type.

Total children being looked after in residential care

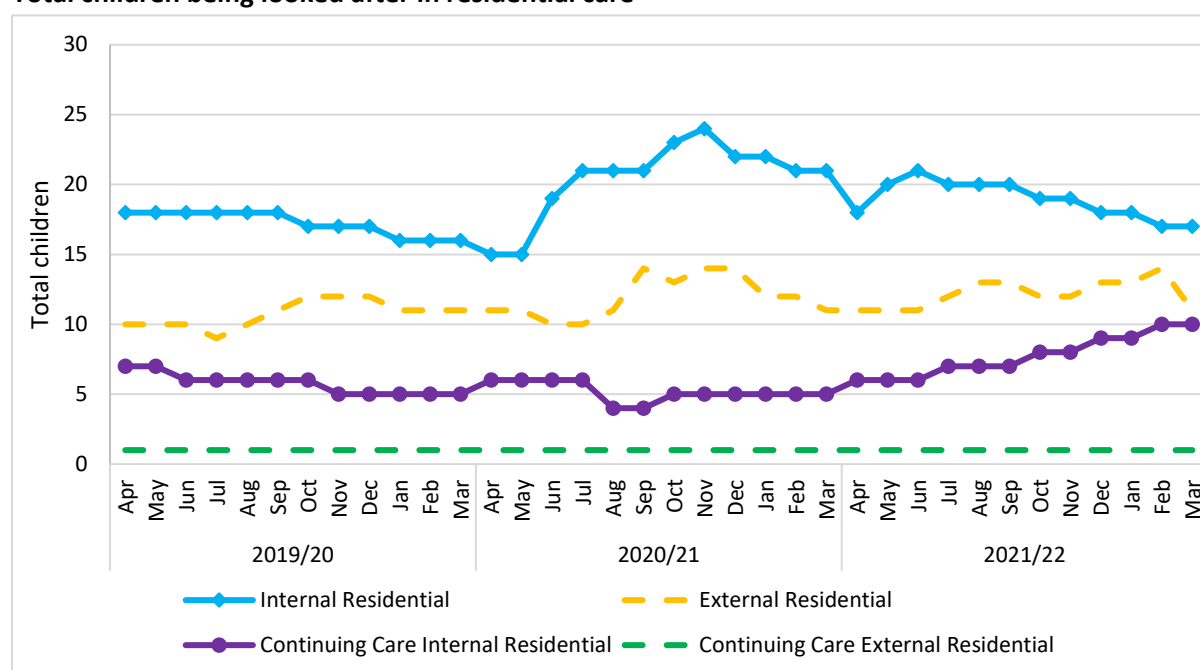


Figure 27: Children looked after in residential care - Swift

The graph below details Kinship Placement types with the highest number of young people being placed on a Section 11 (residence order).

Kinship Placements – Inverclyde 2020/21

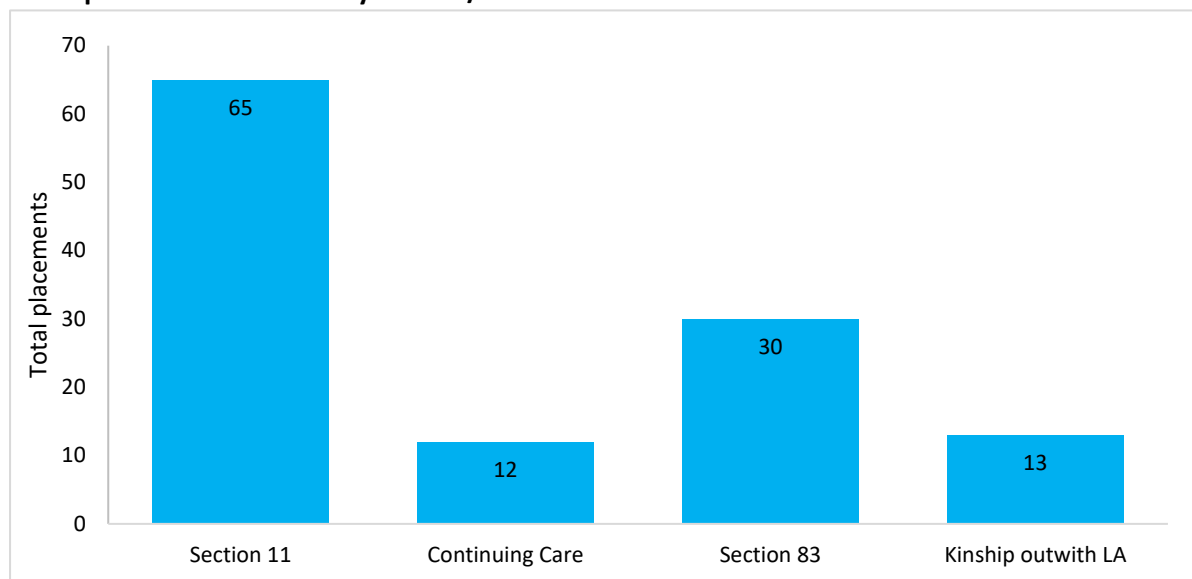


Figure 28: Kinship Placements - Swift

The number of Looked after at home figures have decreased recently, which reflect in the decrease of the total number of Looked After figures in the graph shown earlier.

Number of children looked after at home – Inverclyde

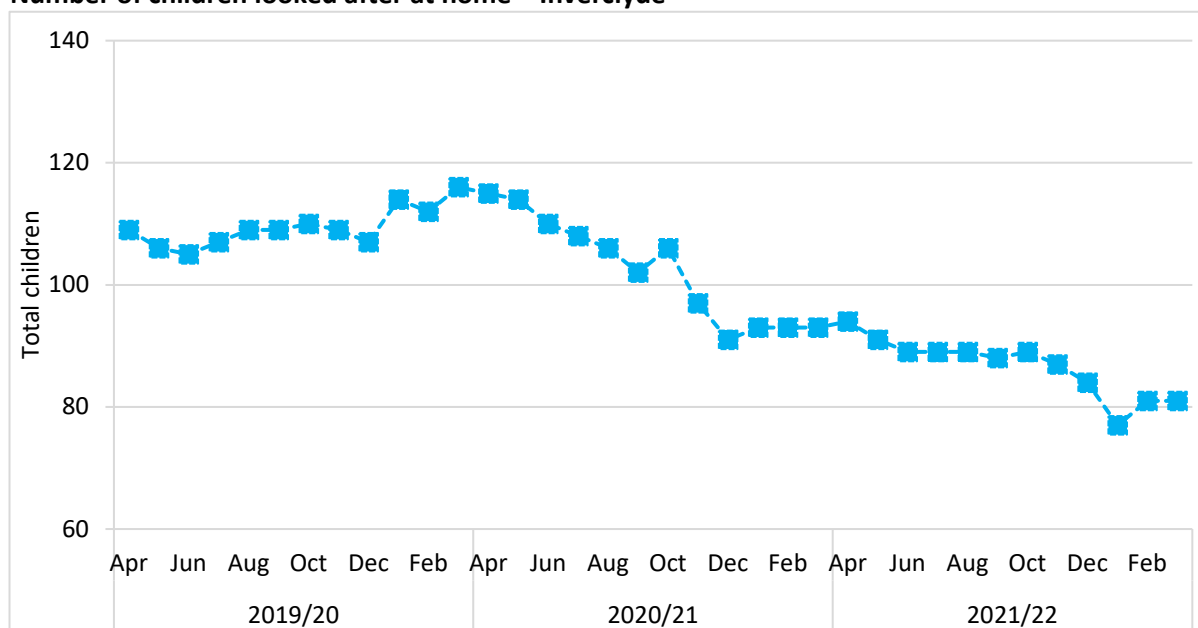


Figure 29: Children looked after at home – Swift

Children's safety in the community

In 2020 the Community Safety Partnership published its two-year strategic assessment 'Making Inverclyde Safer Together' which focuses on three priority outcomes around violence, crime and disorder, unintentional harm and building resilient communities. The strategic assessment contains a number of community safety themes with several focusing on the safety and wellbeing of children and young people in Inverclyde.

Figure 30 shows the number of children referred to the Children's Reporter on Offence and Non-Offence Grounds split by year.

Scottish Children's Reporter Administration (SCRA) Referrals - Inverclyde

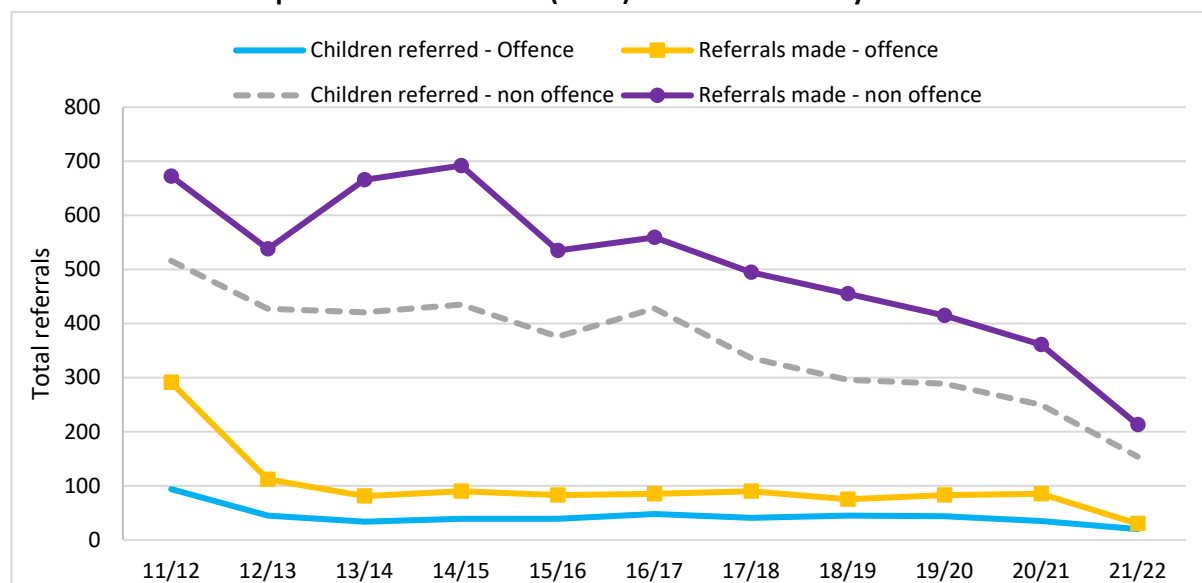


Figure 30: Referrals to SCRA - Swift

There has been an overall decrease in the number of referrals to SCRA in the last decade, with the largest decrease being seen in the non-offence referrals made. Despite this being the largest decrease, children are still most likely to be referred for non-offence grounds.

Child & adolescent mental health services (CAMHS)

Over the past 3 years, Inverclyde has continued to meet the CAMHS waiting times target (referral to treatment within 18 weeks). Within this period, there has been a rise in the number of urgent cases in Inverclyde with 30% of overall referrals being classed urgent with children & young people presenting as a risk to themselves and in terms of their behaviours and mental-health presentations.

CAMHS Longest wait in weeks from Referral to Treatment – Inverclyde & NHS GG&C

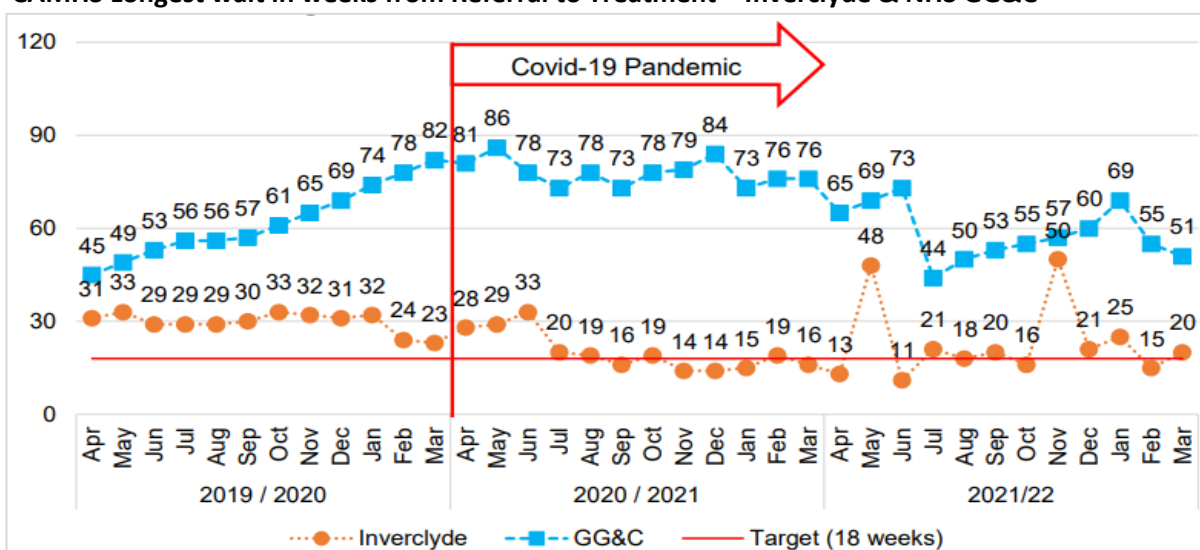


Figure 31: CAMHS Waiting Times – GG&C CIS (Central Information Centre)

Figure 31 shows that the longest wait for treatment (from referral) has consistently been lower in Inverclyde compared to NHS GG&C as a whole. With the longest wait being close to the national target of 18 weeks, it's clear that the majority of patients have met the target.

In the quarter ending June 2021, there were 10.1 referrals to CAMHS services per 1,000 population under the age of 18 across NHS Greater Glasgow & Clyde (NHS GG&C). This is an increase from 4.1 per 1,000 population under age of 18 back in the quarter ending June 2020.

CAMHS referral rate per quarter per 1,000 population under 18 years old – NHS GG&C

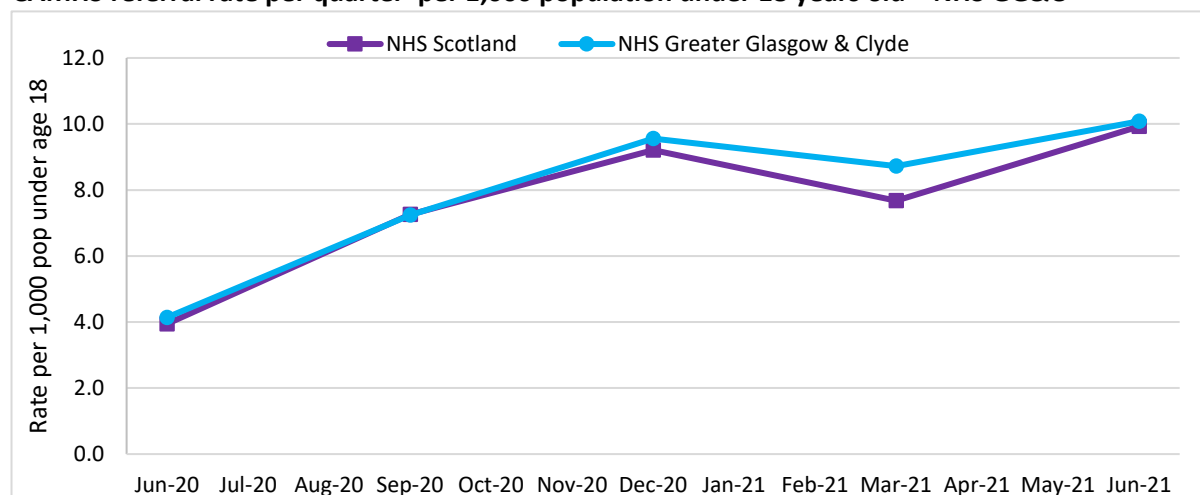


Figure 32: [CAMHS Waiting Times - PHS](#)

Conclusion

The total population in Inverclyde is decreasing in size with the young population even more so than the total. With this said, it's essential that the younger generations currently living in Inverclyde are supported and encouraged to stay in the area to ensure the area has a healthy level of economically active residents.

In terms of early development, there is a decreasing birth rate in Inverclyde. There has also been a decrease in the rate of teenage pregnancies in Inverclyde with their rate now matching the national average. For those born in the past few years, there have been less development concerns (at 27–30-month review) compared to five years previous although there is still a gap to the Scottish average.

Child protection referrals and investigations have decreased slightly since highs in 2019/20 in addition to a decrease in total looked after children which was highest in 2020/21. Referrals to The Scottish Children's Reporter Administration (SCRA) have decreased in the past few years with non-offence referrals leading in reason for referral.

Evidence shows that Inverclyde is still slightly behind the rest of Scotland in terms of providing opportunities to young adults. Despite this, school leavers are more likely than they were in past to enter in a positive destination (employment, further education etc.). School attainment rates are at a level slightly above the national average relative to the deprivation level of the pupil.

MEASURE	SOURCE	SCOTLAND	21/22	22/23	23/24	24/25	25/26	Notes
Number of pupils who qualify for free school meals by school type								
Primary	Survey supplementary statistics -	300765	4127					
Secondary		55454	1254					
Special		5902	185					
Percentage of Attendance at school								
Primary	https://www.gov.scot/publicatio	91.4*	90.8					* Schools open dates used. SEEMIS data used for 21/22 data
Secondary		83.2*	88.4					
Special		86.5*	87.3					
Exclusions from School (Rate per 1,000 pupils)	SEEMIS	11.9 (20/21)	21.39					Only 2020/21 available. Cases of exclusion used for comparisons to Scotland
Percentage of looked after school leavers who enter a positive destination	Explore the data Benchmarking	95.5 (20/21)	95.4 (20/21)					
Participation Rate Inverclyde (%)	Annual Participation Measure I	92.4	93.8					
Number of staff and partner organisation trained in trauma informed practice	LOCAL		42	173				
Percentage of referral to treatment time target met for Children & Young People in Inverclyde Children and Adolescent Mental Health services (CAMHS).	LOCAL		99.15%	98.49%				
Percentage of children with a healthy weight at P1	Dashboard - Primary 1 Body Ma	74.7	71.8					
Percentage of women breastfeeding in Inverclyde.	Dashboard - Infant feeding statu	28.2	17					Used exclusively breastfeeding at first visit
Participation uptake in Active Schools	Active Schools Online Monitor	31% (21/22)	48%	50%	-	-	-	
	Primary	-	88%	88%	-	-	-	
	Secondary	-	12%	12%	-	-	-	
	ASN	-	15%	16%	-	-	-	
Percentage of children vaccinated for MMR.	Childhood immunisation statisti	94.8	97.6					
Percentage with a developmental concern at 27–30-month review	Dashboard 26 April 2022 - Early	14.9 (20/21)	23.3 (20/21)					2020/21 only available
Rate of uptake of young mothers starting the FNP programme.	FNP End of Year Analysis of Mo	79.5	91.3	87.5	-	-	-	
Percentage of young mothers completing the FNP programme.	FNP 10 Year Data Analysis.	80% Completed (May22)	90.5% Expected to complete (May22)	90.5% Expected to complete (May22)	-	-	-	
Rate of teenage pregnancies per 1,000 women under 20 years old	Teenage pregnancies - Year of conception, ending 31 December 2019 - Teenage pregnancies - Publications - Public Health Scotland	27.7 (2019)	26.9 (2019)					
Percentage of reported alcohol and drug consumption in S2 children and young people	Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) - gov.scot (www.gov.scot)		32% alcohol/ 6%drugs (2018)					
Percentage of young people accessing provision reporting they feel safe will increase			N/A					This is new measure and at the moment we have no baseline information available
Percentage Poverty related attainment gap between SIMD 1 – 3 and SIMD 4-10.	SEEMIS							Only have 21/22 which was sent locally. Don't have the available data to change the breakdowns in the Childs SNA. Also found report showing 17/18 attendance difference; SIMD 1 & 2 = 93.1% attendance, SIMD 3 to 10 = 94.5%
Percentage of Children living in relative poverty	Local child poverty dashboard - gov.scot (www.gov.scot)							2019/20 latest I could find. 24% for Inverclyde
Uptake of Free school meal/School Clothing Grant at Primary School	SEEMIS			5168 (34%)				Data from Feb23 (total & % qualifying for FSM - Primary schools)
Number of racist incidents being reported in schools	Local	N/A	10	31				
Number of referrals received by childrens social work that progress to a Child Protection Investigation	Swift			63				
Percentage of Child protection conferences held within 28 days of notification of concern	Local			47				Changed from 21 days to 28 days
Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde.								
	Local		83%	75%				