



Report To:	Inverclyde Alliance Board	Date:	17 June 2019
Report By:	Corporate Director Education, Communities & Organisational Development	Report No:	
Contact Officer:	Ruth Binks	Contact No:	01475 712761
Subject:	Progress with actions from the Children's Services Inspection and the Year 2 Delivery Plan for the Strategic Children's Service Plan		

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Inverclyde Alliance Programme Board on progress with the Children's Service Plan.

2.0 SUMMARY

- 2.1 The strategic Children's Services Plan for Inverclyde was published in August 2017. The plan contained the more in depth "delivery plan" for the first year.
- 2.2 After the outcome of the Children's Services Inspection led by the Care Commission was published in October 2017, an inspection action plan was written to take forward the 3 key action points.
- 2.3 Progress has been made in all of the key areas but there is still further work to take forward. The action plan from the inspection is now subsumed into the delivery plan for the second year. Appendix 1 details the present status of each of the 3 Key Areas for Improvement.
- 2.4 The year 2 delivery plan for the strategic Children's Services Plan is attached as Appendix 2. The report highlights the many strengths and achievements of Children's Services over the last year as well as actions for the future. A lot of work has been undertaken to streamline this delivery plan and establish effective governance arrangements. This has now been completed and the strategic group now feels that the delivery plan and the associated groups are more reflective of multi-agency Children's Services rather than individual service plans.
- 2.5 There is still further work to be undertaken on establishing the most pertinent key performance indicators and this will be completed over the next year.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
- Approves the second delivery plan for the Children's Services three year plan.

Ruth Binks
Corporate Director
Education, Communities & Organisational Development

4.0 BACKGROUND

- 4.1 The strategic Children's Services Plan for Inverclyde was published in August 2017. During the period May to June 2017 the Care Inspectorate led a joint inspection of Inverclyde Children's Services and the report was published in October 2017.
- 4.2 Many strengths were identified in the report and the report listed 3 main areas for improvement which were:
- further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect
 - develop joint quality assurance systems and processes to achieve high standards of practice in key processes more consistently
 - demonstrate clearer links between activities and measurable improvements in outcomes through implementation of key priorities in the children's services delivery plan.
- 4.3 Whilst a specific action plan was produced to take forward the areas outlined in the plan, these actions have now been subsumed into the second year of the delivery plan.

5.0 PROPOSALS

- 5.1 Feedback on the first delivery plan from both stakeholders and the Care Inspectorate was that there were too many activities listed under the key priorities. The four key priorities have been maintained (the fourth changing focus from strategic housing to corporate parenting) and the number of activities have been streamlined to ensure that they truly reflect joint Children's Services planning.
- 5.2 All actions relating to Key Action 1 of the inspection action plan (further strengthen joint risk assessment and decision-making in response to child protection concerns) are being taken forward by the performance management sub group of the Child Protection Committee. As GIRFEC practice is integral to multi agency working these actions also join with work streams of the GIRFEC Implementation group and CELCIS in their work on improving practice in relation to addressing Neglect in Inverclyde. Joint working and collaboration is also taking place with the domestic abuse working group and the training sub group. All actions are contained within the actions plans of the performance management sub group and the relevant sub groups; these in turn link to the Child Protection Committee business plan which is monitored by the Child Protection Committee.
- 5.3 The delivery plan highlights that whilst some progress has been made with Key Action 2, to develop joint quality assurance systems, this work has mainly been undertaken at individual service level. Whilst some quality assurance systems have been put in place by individual services to reflect on the quality and standard of children's plans this is yet to be taken forward on a multi-agency basis.
- 5.4 To address Key action 3, the governance structure and groups to take forward the plan have been revised over the last year. The old SOA6 structure was no longer fit for purpose and the purpose of groups, membership of the groups and how the groups feed into the plan had to be clarified. The new governance structure is outlined in the delivery plan.
- 5.5 The Key Performance Indicators for the plan still need to be revised and streamlined and this will be undertaken by the strategic leads for the groups over the coming year. The work undertaken for the

strategic needs assessment was very strong and gives a firm platform to build on.

- 5.6 The delivery plan highlights the many successes and achievements over the last year in relation to the four identified priorities. Many of the successes have built on strong working relationships and partnership working. The positives include the work of the Champions' Board, the inspection of the Attainment Challenge and Community Learning and Development, the emerging work with CELCIS, the links with poverty initiatives across Inverclyde and the establishment of the funding model to support attainment money for care experienced young people.

6.0 IMPLICATIONS

- 6.1 Legal: There are no known legal implications.

Finance: There are no known financial implications.

Human Resources: There are no known HR implications.

Equality and Diversity: There are no known equality and diversity implications.

Repopulation: There are no known repopulation implications.

Inequalities: There are no known inequalities implications.



7.0 CONSULTATIONS



- 7.1 N/A.




8.0 LIST OF BACKGROUND PAPERS




- 8.1 Joint Children's Services Findings – Inverclyde Alliance Board – 11 December 2017.





Inspection Action Plan – Update Report April 2019






1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect		
Outcome	Initial Referral Discussions will be consistently undertaken, with evidence of key partners being actively involved in the decision making process.	
End of year position	<p>This outcome has been ACHIEVED</p> <p>EVIDENCE QA activity shows improved, effective and consistent application of IRD processes Initial Referral Discussions are taking place in 100% of cases where concern is raised about children thought to be at risk, we are continuing to develop practice to ensure that this includes those at risk through accumulating neglect. 100% of Initial Referral Discussions take place as soon as reasonably practical or within 24 hours of the concern being received. 100% of IRD records show clear multi-agency discussion, decision making and rationale regarding the provision or non-provision of medicals.</p>	
Outcome	IRD records are consistent within all agencies files.	
End of year position	<p>This outcome has been ACHIEVED</p> <p>EVIDENCE Following the improved IRD process Quality assurance activity has evidenced that 100% of IRD's audited were consistently stored within all agencies files.</p>	


Outcome	Systems will support “real time” Initial Referral Discussion.	
End of year position	This outcome has been ACHIEVED EVIDENCE Real time conference calls between Police , SW , CPS (Health) and any other relevant agency went live in March 2018	
Outcome	There will be consistent high quality assessment of risk and need.	
End of year position	This outcome is PARTIALLY ACHIEVED and improvement activity shall continue EVIDENCE An improvement project is underway involving CP lead officer, Children and families service manager, SW Quality Improvement officer and SW’s from the request for assistance team to address the quality of Child Protection reports initially as a test of change. This is a longer term outcome that is anticipated to take up to 2 years to identify issues, design and implement improvements and review progress and then scale up across all teams. * RESOURCING ISSUE IDENTIFIED This Outcome has been delayed as a result of the SW CP QI officer having limited capacity due to the completion of S21 notices relating to the historic abuse enquiry.	
Outcome	Agency responses to domestic abuse is child centred, joined up and streamlined	

End of year position	<p>This outcome has been ACHIEVED</p> <p>EVIDENCE RFA team was established which has aligned the SW duty response and Domestic abuse screening process under one team remit. Collaborative approach to addressing perpetrator based work between criminal justice and children and families SW teams sourced and training to commence in Autumn 2019.</p>	
Outcome	The cumulative impact of neglect is recognised and addressed.	
End of year position	<p>This outcome is PARTIALLY ACHIEVED</p> <p>EVIDENCE The Addressing Neglect and Wellbeing Work stream shall continue to collaborate with CELCIS on this until 2020. This is a longer term outcome that is anticipated to take up to 2 years to identify issues, design and implement improvements and review progress and then scale up across all Inverclyde.</p>	
Outcome	All Child's Plans are SMART and consider all wellbeing indicators routinely.	
End of year position	<p>This outcome has been PARTIALLY ACHIEVED</p> <p>EVIDENCE All reviews chaired by our child planning and reviewing officers have their plans recorded on a SMART / Outcome focused format. Quality Assurance of these plans to ensure the target of 80% of plans are graded good or above has not been possible due to the vacant Post within the team. This was filled on 23/3/19 and should allow work to progress.</p>	
Outcome	All Named Persons and Lead Professionals will engage in joint risk assessment re child protection concerns, both for new cases and for cases where there are accumulative signs of neglect.	

End of year position	This outcome has been PARTIALLY ACHIEVED EVIDENCE The improved IRD process does ensure that named person / lead professionals are consulted and if can be possible involved. Further coaching of named persons is planned to allow named persons to be competent participants in IRD's.	
Outcome	All staff will receive appropriate level of support and challenge in order to meet their responsibilities.	
End of year position	This outcome has been ACHIEVED EVIDENCE The communities of practice continue to share good practice in relation to their roles as named persons. This Outcome shall continue to be developed as the learning from the ANEW work stream feed into these learning / good practice forums	
Outcome	All multi-agency chronologies are fit for purpose and used meaningfully to inform assessment of risk/need.	
End of year position	This outcome is NOT ACHIEVED EVIDENCE The aim of implementing a shared format for Health, SW and Education has not yet been achieved. There are issues relating to different ways of recording in each agency and strategic liaison is underway to address this	
Outcome	Chronologies are subject to review and analysis.	

End of year position	<p>This outcome has been ACHIEVED</p> <p>EVIDENCE CP Chairs and Reviewing Officers have been including review of the chronology as an agenda item in review meetings. Further improvement is required to evidence the quality of chronologies and the difference they are making for children and young people.</p>	
<p>2. Develop joint quality assurance systems and processes to achieve high standards of practice in key processes more consistently</p>		
Outcome	<p>A Joint Quality Assurance framework is in place with measurable standards which is used to improve quality across key processes.</p>	
End of year position	<p>This outcome has been PARTIALLY ACHIEVED</p> <p>EVIDENCE The Performance Management Group created a multiagency QA Calendar across key processes – the IRD group has met regularly, single agency file reading has occurred , audit activity feedback is shared as a fixed agenda item at PMG agenda Multi-agency screening of child plans has not occurred due to vacancy in the planning officer role and shall now be progressed.</p>	
Outcome	<p>Quality assurance systems and processes are applied and improvements are evidenced through Plan, Do, Study, Act cycle as part of the continuous improvement framework</p>	

End of year position	<p>This Outcome is NOT ACHIEVED</p> <p>*RESOURCING ISSUE IDENTIFIED</p> <p>HEALTH and SW capacity at Performance Management Group has been diminished due to staff being allocated to other duties. i.e.: S21 historical child abuse enquiry.</p> <p>NHS Child Protection Service have recently advised that they are temporarily unable to participate in committee business due to a shortage of operational staff.</p>	
<p>3. Demonstrate clearer links between activities and measurable improvements in outcomes through implementation of key priorities in the children's services delivery plan</p>		
Outcome	<p>Key outcome measures from the children's services delivery plan are linked to specific, measurable and activities that are tracked and reported on.</p>	
End of year position	<p>This Outcome is ACHIEVED</p> <p>Evidence</p> <p>Significant work is underway to realign the children's service plan and its reporting structure to include links with CPC and GIRFEC strategic group</p>	
Outcome	<p>Integrated children's services plan sits within a framework for evaluating, monitoring and intervening to ensure that it delivers improved outcomes for children and young people.</p>	
End of year position	<p>This Outcome is ACHIEVED</p> <p>Evidence</p> <p>A new reporting structure including flash reports shall be utilised to report on the progress of the CSP.</p>	

Outcome	Robust governance and structures support our statutory planning and reporting requirements for the integrated children's service plan.	
End of year position	This Outcome is ACHIEVED Evidence The governance arrangements for CSP have been mapped and continue to be developed.	

Inverclyde Alliance Children's Services Delivery Plan (second year)

2019



Welcome to the second Delivery Plan for the Inverclyde Children’s Services 3 year Strategic Plan (2017-2020). This plan reflects on the progress to date and also takes forward the learning and challenges from the first year. There have been very many positives over the last year built upon the strong relationships and partnership working across Inverclyde. The positives include the work of the Champions’ board, the inspection of the Attainment Challenge and Community Learning and Development, the emerging work with CELCIS, the links with poverty initiatives across Inverclyde and the establishment of the funding model to support attainment money for care experienced young people.

Whilst, there have been many successes taken forward through the plan, initial feedback has suggested that the first year delivery plan had too many priorities and that the plan was too cluttered. Therefore work has been taken forward over the last months to streamline the plan and prioritise actions and governance. The second delivery plan has 4 main priorities, each with a priority lead, and the simplified “plan on a page” can be seen on page 12. Priority 4 is the only priority to change and this is because the priority very much focussed on corporate parenting through strategic housing rather than the other way round as initially presented. Priority 4 is now corporate parenting but will encompass the work of strategic housing. Work has also been undertaken to ensure that there is a clear linkage between delivery groups and to put a governance structure in place so that all groups are clear as to how the actions will be taken forward and who is responsible.

As well as delivering on the plan, work undertaken over the next year will be to review and streamline the key performance indicators which will be revised as the plan progresses.

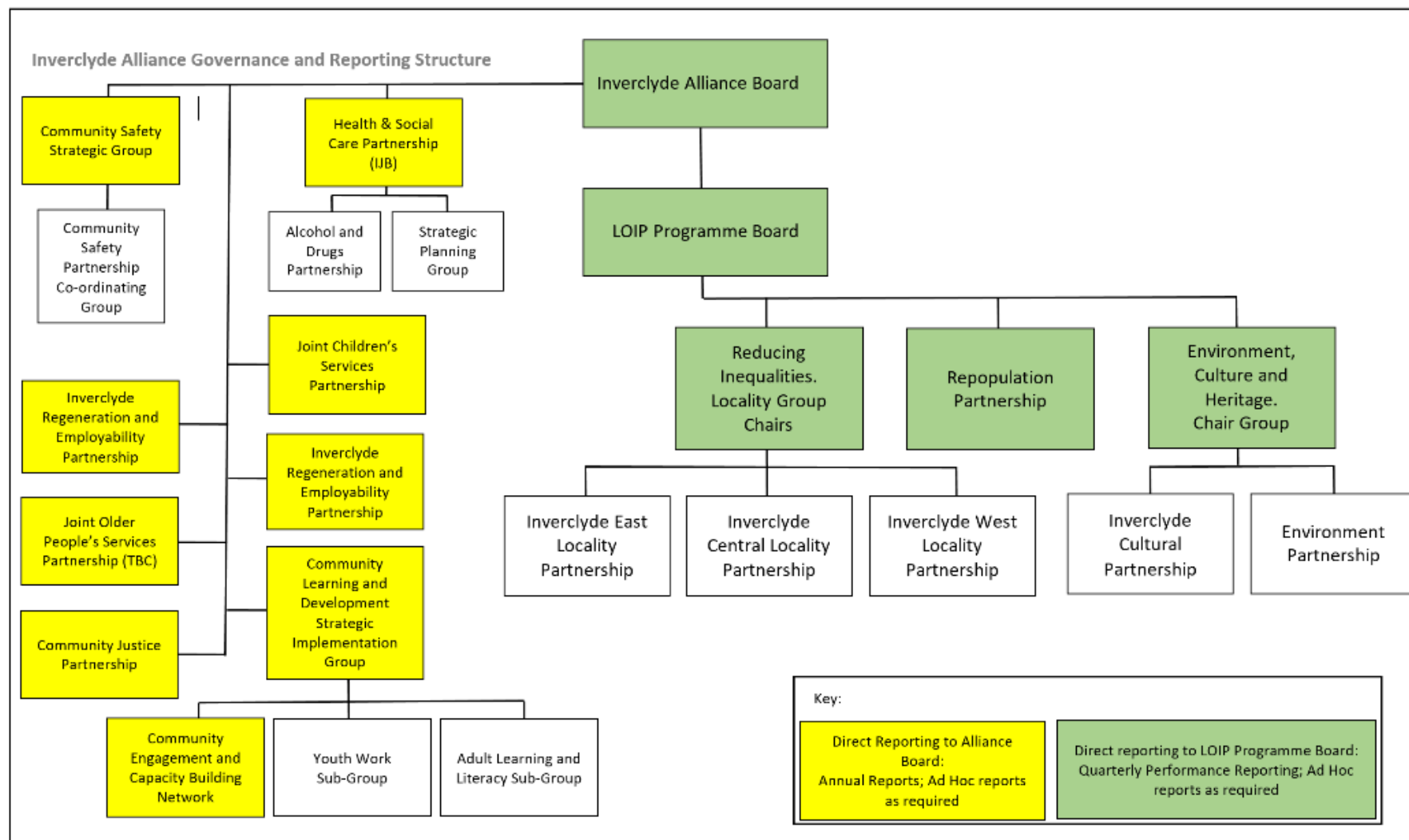


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The Inverclyde planning partnership structure and the delivery groups for the Children’s services plan are detailed in the diagrams below:



Priority 1

Priority 2

Priority 3

Priority 4

Early Help & Support

Improve Health & Wellbeing

Maximising Achievements,
Learning & Skills

Corporate Parenting

1.1.2 Poverty: **Child Poverty Action Group - GB**

3.1 **Attainment and Achievement Group – SP** (Priority 3)

Housing and Accommodation

1.1.1, 1.1.3, 2.2.3 Mental Health Strategy – **Mental Health Programme Board – LL**
(new sub group) (Priority 2)

1.3.1, 1.3.2, 1.3.3, 2.1.1, **3.1**, 3.2.1,
3.2.2 Attainment Challenge

Proud to Care
1.4 2.2 3.3 3.5 4.2 4.3

2.2.5 SHLIG (Priority 2)

Housing Partnership Group
4.1 4.2 4.3

1.2.2 **IRD QA Group – KC CPC**

2.2.2 **HWB Curriculum** (Priority 3)

Champions Board

1.3.1, 1.3.2 1.3.3, 2.1.1, **2.1.2 Families / Parenting Strategy Group – FH** (Priority 1)

3.2.3, 3.2.4, 3.3.1, 3.4.1 **ASN / LAC Group – locality forums Head of Education**
(Priority 4)

1.2.1, 1.2.3, 2.2.1, **2.2.4 Inverclyde GIRFEC Pathway – GIRFEC Strategic Implementation Group SMcA**

Workforce – **Lead and group required 1.4.1, 1.4.2, 1.4.3**

Outcome Performance Management Framework
HSCP Performance Team and Corporate Policy Team members – responsibility for collating the audit information from the sub groups regarding the agreed outcome measures

Leads for Priorities 1 – 4 will be responsible for reporting on a quarterly basis to the Joint Children Service Partnership based upon the information provided via the Outcome Performance Management Framework

Evaluation

Children's Services Plan 1 Year On

Priority 1: Access to early help/support.

We said we would focus on the following key areas:

- GIRFEC/Inverclyde framework - well understood, multi-agency training, communities of practice (multi-agency)
- Early year's expansion - impact for under 2s
- 27-30 month assessment - identified needs - early years collaborative work. Children/parental support related to child behaviour (strengths and difficulties—parenting strategy)
- Parental participation on school by school basis

Priority 1 areas of achievement were:

- Request For Assistance / Duty team in place giving clarity and single point of access to social work services
- Significant developments over the last 2 years focused on system wide understanding of wellbeing; development, alignment and implementation of multiagency assessment & planning processes, and workforce development and awareness raising.
- Under 2's - early years - uptake and provision
- Financial inclusion strategy
- Primary care improvement plan - access to Primary Care Multi-disciplinary team
- Commitment to more Health Visitors and school nurses
- Immunisation uptake - streamline service
- Sexual health strategy
- Wellbeing assessment/ESP parents active contribution to child's plan
- Literacy development work - attainment challenge

- Parent Councils – increasingly involved in school improvement
- Your Voice
- Community learning and development activity
- Health - Experience of Service Questionnaire survey - moving to digital technology 2019 / CAMHS (Child and Adolescent Mental Health Services)
- Implementation of recommendations of the Scottish Government report “Rejected and redirected Referrals CAMHS paper” since May 2018 improved access to CHOICE appointment and increasing referrals into Tier 3 CAMHS services
- Active work and improvement in did not attend for CAMHS appointments with reduction and improved attendance rates
- Barnardo’s evaluations of work undertaken
- Full Implementation of universal pathway by September / October 2019
- Core and additional Health Plan Indicator (HPI) implemented. HPI assigned by health visitor in all 0 – 5 year olds in Inverclyde.
- Wellbeing assessment and unmet needs identified and child’s plan progression
- Special Needs in Pregnancy co-ordinated support
- Whole system approach to tackling youth offending
- Post Autism Diagnostic clinic - ASN – interface. Reviewed to improve uptake and meet local needs of parents and practitioners based on first two years of delivery
- LACC - permanence - PACE
- Birth Ties
- Kinship care
- Neglect - CELSIS - strong growth
- Drug and alcohol - use - impact at birth/early years etc.
- GIRFEC continued implementation
- Improved health input at ASN cluster forum meetings

Priority 2: Improved health and wellbeing outcomes.

We said we would focus on the following:

- Children’s Screening and immunisation uptake
- Mental health - tier 2 services (nurturing Inverclyde)

- Areas from inspection for improvement - update on progress
- Participation of children and YP - strategic plan and children plan

Other Priority 2 areas of achievement are:

- Attainment - participatory budgeting approach to allocation for care experienced funding
- Health survey being progressed
- School support - Pupil Equity Funding, HSCP, Attainment
- LIAM project for mental health - school nurses. NES whole system approach to low level 8-18 year old anxiety management using CBT framework and intervention. Commenced with school nurses and Barnardo's. Second phase Education staff still to be progressed.
- Family support and relationships
- Nurturing approach
- Active living schools strategy
- Champion's Board
- Summer clubs and holiday hunger initiatives
- Alcohol and Drugs Partnership strategy
- Children's Plan - reviewed every 3 months reviewed
- Mental wellbeing - national strategy being taken forward
- Proud 2 Care - very strong group established - connected with senior leaders
- Family Nurse Partnership is well established
- Poverty strategy being progressed
- Health Visitors - at full staffing compliment as per the 2019 caseload weighting tool. Ongoing annual review via the national workload tool.
- Progressing the Healthy Child Programme through establishment of Local Implementation Groups (LIG) in Inverclyde to ensure good learning in line with collaborative and Scottish Government strategy
- Support for full implementation of national universal pathway in 2019
- LACC health pathway in place
- Advocacy - participation

- Children Affected by Parental Substance Misuse (CAPSM) Plan is in place and progressing
- Kinship - financial support for kinship care
- Awards related to children and YP

Priority 3: Opportunities to maximise learning, achievements and skills for life.

We said we would focus on the following:

- C&YP participation- student councils, Rights respecting schools, LGBT group, Proud 2 Care, Clyde Conversations, Representation Scottish Youth parliament, working towards education committee representation and policy development i.e. anti-bullying PRPB
- Attainment challenge - Barnardo's
- Consistent approach in GIRFEC pathways in schools, multi-agency training and consistent approach partner agencies
- Family support - learning, pathways for parents - signposting and increased confidence - qualification, Inverclyde Live.

Other Priority 3 areas of achievement are:

- Rights respecting schools status continues on almost all schools with many now achieving level 2
- Well progressed GIRFEC strategic implementation group – CELSIS + QA
- Community Engagement taking place - our place, our future (OPOF); LOIP priority
- Joint training- strategic children services - structure
- Report back from Education Scotland on inspection of Attainment Challenge work in Inverclyde hugely positive
- Introduce participatory budgets to support children looked after in their learning needs
- Effective values programme
- Nurture/trauma, anxiety, autism training. Inverclyde Communication Outreach Service team into primary schools
- Clyde conversations/Proud 2 Care/Champions Board events have all taken place
- Redesign principles - Strategic Planning consultation
- Working continuing on closing attainment gap + improving attainment across the board
- Taking forward the Community empowerment Act
- Localities and development of LOIP and participatory budgeting
- Move towards ASN locality forums on locality basis for decision making

- PEF/attainment funding - individual schools and planning based on school and individual needs to improve attainment
- Team Around the Child meetings and progressing collaborative children's planning

Priority 4: Housing and accommodation as part of the corporate housing strategy.

We said we would focus on the following:

Role of Government as corporate parents- £250K, Council enables to waive council tax, what more can you do?

- Developed young person's housing contribution statement
- Registered Social Landlords- rapid housing - eradicate homelessness
Strategic Housing Investment Plan - housing stock improvement

Other Priority 4 areas of achievement are:

- Community tolerance, respect and support
- Child poverty action gap - conference
- Developed continuous care core and cluster
- Champions Board - relationship - advocacy
- Participation of care experienced YP - housing strategy
- Reducing number of care leavers reporting homelessness
- Champions network
- Strong links to attainment and employability - see priority 3
- Resettlement scheme - unaccompanied minors
- Strategic Plan - HSCP
- Corporate parenting - relationships
- Looked after raising awareness - Proud 2 Care
- Teacher nurturing relationships - high proportion of teachers now trained
- Commissioned research
- Continued multi-agency representation and awareness on the agenda of Children's service Strategic group

What were the challenges we faced when taking the plan forward?

The challenges identified primarily fell into themes related to poverty, deprivation and health and social inequalities, barriers to systems working and structure and governance.

Barriers to working across boundaries and commissioning as a system were identified:

- How do we design /achieve whole system approaches when funding and policy focus is in silos and ring-fenced?

Challenges related to poverty, deprivation and health and social inequalities included:

- Lowest attaining children/LACC
- In Scotland, children in the most deprived 10% of small neighbourhoods were around 20 times more likely to be looked after or on the child protection register than children in the least deprived 10% (Nuffield foundation 2017)
- Intergenerational impact and across service, inequalities and deprivation, unemployment, poverty
- Family support - strategy refresh required
- Breast feeding initiation
- Drugs and alcohol
- CAMHS targets - demand and capacity

Structure and governance challenges included:

- Quality assurance across agencies and information sharing
- Groups - governance structures - how to reorganise and how do groups fit together?

Children and Young People Services Plan 2017-20

Delivery Plan

Priority Theme 1: Early Help and Support

- Outcomes:**
- 1.1 Children, young people and families experience less poverty, neglect and harm;
 - 1.2 Children, young people and families have access to early intervention.
 - 1.3 Parents are more confident and have improved parenting skills.
 - 1.4 The workforce that supports children and young people is well trained, motivated and feels valued.

Priority Theme 2: Improve Health and Wellbeing

- Outcomes:**
- 2.1 Parents make positive attachment and are actively engaged in their child's development
 - 2.2 Children and young people's health and wellbeing is improved.

Priority Theme 3: Maximising Achievements, Learning and Skills

- Outcomes:**
- 3.1 Close the attainment gap.
 - 3.2 Parents support their children to improve attainment.
 - 3.3 Learning and skills for life are improved, including for LAC,
 - 3.4 Young people aged 16-24 are in employment and training.
 - 3.5 Children young people and parents influence planning decisions.

Priority Theme 4: Corporate Parenting

- Outcomes:**
- 4.1 LAC young people where possible, will be supported and maintained in their local community
 - 4.2 Care experienced young people know how to get the help they need to sustain a home.
 - 4.3 Care experienced young people have nurturing relationships through key transition points.

Priority Theme 1: Early Help and Support

- Outcomes:**
- 1.1 Children, young people and families experience less poverty, neglect and harm;
 - 1.2 Children, young people and families have access to early intervention.
 - 1.3 Parents are more confident and have improved parenting skills.
 - 1.4 The workforce that supports children and young people is well trained, motivated and feels valued.

1.1 Children, young people and families experience less poverty, neglect and enhancing wellbeing

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
1.1.1	<p>ACES / Trauma Informed Improve outcomes for children impacted by Adverse Childhood Experiences (ACEs) / Trauma</p> <p>Raise awareness</p> <p>Identify Trauma</p>	<p>Continue to raise awareness of the importance of Adverse Childhood experiences by sharing research across agencies. Screening and panel discussions on Resilience film are held (multi-disciplinary)</p> <p>Common use of language by professionals supporting children with adverse childhood experiences and their families</p> <p>Presence of Trauma / ACEs Risk is identified to minimise impact of adverse childhood</p>	<p>Practitioners become reflective skilled workforce more aware of poverty, neglect and harm impact and the affect into adulthood and chronic lifetime conditions.</p> <p>Parents, public and other key agencies e.g. Police service are given opportunity to develop understand and skills around the ACEs and Trauma.</p> <p>Develop a common understanding and collaborative approach, and ensure this is accessible to all those in support services.</p> <p>Improved outcomes for children and young people. Reduced generational ACES being recorded.</p>	Workforce Strategy Group		2.2.3 3.5.1 4.1

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
	<p>Assess effect of Trauma</p> <p>Understand intervention techniques and strategies</p>	<p>experiences.</p> <p>All children's service staff are trauma informed to ensure barriers to accessing services and early help are reduced</p> <p>All services consider their 'front door' from a trauma informed perspective.</p> <p>All trauma framework training materials and animations are cascaded throughout children's services</p>	<p>Staff understand the impact of trauma on children's wellbeing, family dynamics and challenge to attainment, both social and educational.</p> <p>All services maximise opportunities to ensure that early help is accessible to the children and families who have experienced ACEs and Trauma.</p> <p>Staff in all agencies become aware of how their interactions with services users – however short- can make a difference to their ability to access early help and overcome the effects of trauma by developing resilience and having a trusting relationship with those working with the child and their family.</p>			

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
1.1.2	<p>Poverty Reduce the impact of poverty and deprivation as a barrier to positive educational outcomes for children and their families. Decreasing those people living in or close to poverty thus improving Health and Wellbeing for all and closing the attainment gap.</p>	<p>Improved financial and welfare access for those identified as in greatest in need.</p> <p>Increase the number of families accessing IDEAS project through Nurture services:</p> <ul style="list-style-type: none"> • Continue to promote the IDEAS service through social media; • Targeted approach focusing on educational establishments across Inverclyde; • Continue with regular meetings to review and track progress. <p>There will be an increased awareness of the impact of poverty on families when implementing educational systems and processes.</p>	<p>Impact will be seen in adult life is addressed early in childhood.</p> <p>Parents and families through empowerment and support move out of poverty bracket.</p> <p>Income maximisation for families. Reduction in levels of poverty across Inverclyde. Reduction in parental and family stress resulting in reduced risks to children and young people. Increase in the number of families attending meetings.</p> <p>The monthly outlay of a family reduces by an average of £3.10 per female (£37.18 annually), school absenteeism reduces.</p>	Child Poverty Action Group		Child Poverty Action Plan 3.1.1 3.1.2 3.2.1

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<ul style="list-style-type: none"> • The cost of a school day is reduced by providing free sanitary products in schools, council buildings, health centres; • Free school meals continue through the summer holidays; • The cost of a school day is reduced by grant support for activity expenses (sport equipment, etc); • 1140 hours Early Phase project will be prioritised to support families experiencing poverty; • Cost of the School Day will be highlighted to all heads of establishments to ensure that families do not have additional costs for everyday educational 	<p>The financial pressure and stress upon families is reduced as children on low incomes continue to have access to a hot healthy meal during the school holiday</p> <p>Children living in poverty have less barriers to achieving / being active</p> <p>Parents/carers will have the opportunity to access employment, education and training due to increased early learning and childcare hours</p> <p>Fewer requests for additional costs will be made. e.g. costs of trips, activity weeks etc. to avoid children being at risk of missing out on opportunities Children will have access to free school meals during holiday periods.</p> <p>Those eligible receive the monies/transport they are entitled to. The most vulnerable are not reliant on parents sourcing and completing the relevant paperwork.</p>			

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<p>activities;</p> <ul style="list-style-type: none"> • Holiday lunch clubs will continue to provide family lunches and learning • Review current practices for distribution and completion of clothing grant/free school meal/transport. <p>Successful CELSUS project Interagency outcomes and Improvement collaborative in neglect in Inverclyde.</p> <p>Groups to use data in Strategic needs assessments and identifying areas of concern and targeting future provision to avoid ACES and impact on children and young people health and wellbeing. All staff dealing with children, young people</p>	<p>Completion of Project September 2020 with changed methodology and improved outcomes for test of change area identified.</p> <p>Staff have greater awareness and can apply the local knowledge base to children individual plans in the analysis of need.</p> <p>Improved staff awareness of the national picture. Improved staff confidence in resources and supports available locally to support those greatest in need.</p>	<p>GIRFEC Strategic Group</p> <p>Child Poverty Action Group</p>		

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		and families to have poverty strategy awareness and workshop session to support staff awareness on the local prevalence, causes and impact to support person centeredness and family resilience and empowerment.				

1.2 Children, young people and families have access to early intervention

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
1.2.1	Early Interventions 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	Analyse practice at transition points as the child's steps down the Inverclyde GIRFEC pathway.	Named person and lead professional practitioners will be well equipped to promote and support the wellbeing of all children especially at points of transition, when responsibilities are handed from one practitioner to another. Professionals, children and their families will collaborate to develop support packages that effectively address unmet need.	GIREFC Strategic Group		3.1.2 3.1.3 4.1
		Investigate and observe multi-agency cooperation through the team around the child approach, noticing whether equality of partnership and participation is achieved by agencies, children and their families	Relationships and collaboration, between partner agencies, children and their families, will be based on a minimum standard offer of timely and evidence informed assessment.			

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<p>Promote the use of evidenced informed tools in assessment and planning practice, noticing to what extent they are offered by early help practitioners at the Collaborative and Enhanced collaborative levels of the Inverclyde GIRFEC pathway</p> <p>Refresh of staff training to enable a commonality of understanding of the role, function and practice for Named Persons, Team Around the Child and the use of the wellbeing indicators.</p> <p>Review of referral pathways to ensure early and effective support for children and young people.</p>	<p>The use of evidence informed tools, validated in the UK context, will result in improvements in assessment of risk for children in need and their families and help ensure developmental and health needs are adequately met.</p> <p>Staff will be equipped to provide early and effective safeguarding for children and young people.</p> <p>Streamlined multi agency processes and delivery of support.</p>			

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		Continue to monitor Internal governance and practice to ensure a cohesive approach.	Practices continue to be underpinned by an effective review process and are reflective of trend, demand and needs of young people within Inverclyde.			
1.2.2	IRD Further strengthen joint risk assessment and decision making in response to child protection concerns including new concerns arising in open cases and from accumulating signs of neglect	<p>A collaborative approach is taken to improve services and multi-agency procedures to protect children and young people.</p> <ul style="list-style-type: none"> • The Initial Referral Discussion (IRD) includes the Named Person where appropriate. • Review and develop IRD multi-agency guidance. • Provided coaching to named persons to facilitate robust engagement in multi-disciplinary discussion about thresholds of risk 	<p>Children are safer as a result of early identification of potential for significant harm</p> <p>Staff are supported and confident when engaging in discussions</p> <p>Children are safer due to informed professionals jointly assessing and planning to manage risk Better early information which will support IRD</p>	Child Protection Committee		4.1

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<p>and decision making</p> <ul style="list-style-type: none"> Promote consideration of issues of poor parenting in police referrals 	process.			
1.2.3	<p>Health and Wellbeing: Early interventions Improve health and wellbeing outcomes for all children aged 0 – 5 years.</p>	<p>Full implementation of the Universal health visiting pathway in Inverclyde HSCP by Sept 2019</p> <p>All core children will have 11 core home visits and 3 child health assessments.</p> <p>Evaluated via case record audit and performance management data. ISD reports.</p> <p>Team will focus on Family strengths and respond to “needs”</p>	<p>Improved outcomes for children 0-5 years.</p> <p>Captured in school readiness and improved assessment scores and ratings across the 9 domains.</p> <p>Early interventions for children and parents. Collaborative working identified at earlier age. Improved developmental outcomes for children.</p> <p>Standardised approach to understanding and capturing additional vulnerabilities and risk</p>	GIRFEC Strategic Group		

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		Application of the Health plan Indicators to assess level of need and address vulnerability at each visit.	in children and families. Universally adopted across caseloads. Evaluated at Case load management to ensure health visitors have capacity to build strong relationships from pregnancy with parents. Improved knowledge of strategic needs in Inverclyde's child population and level of need.			

1.3 Parents are more confident and have improved parenting skills

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
1.3.1	Skills for Parents	<p>Continue to identify initiatives to promote parental skills with Neighbourhood Officers continue to engage with schools and youth groups to ensure identification of parents requiring assistance;</p> <p>Continued development of services with a range of external partners including Barnardo's Business Development Unit</p> <p>Ongoing identification of gaps in service provision, directed through relevant forums, groups and partnerships.</p> <p>Complete a follow up analysis of recent parental engagement survey and event</p> <p>Continue to work in partnership with Barnardo's and other relevant agencies</p>	<p>Children and young people are safeguarded from significant harm. Provide broader opportunities to identify those families in need of assistance and generate ground level collaboration.</p> <p>Improved joint working across and opportunities for new service growth.</p> <p>Improved service provision to children and families</p> <p>Parents' views are collated and points for future action agreed</p> <p>Bespoke packages of support are provided for families</p>	Family/ Parenting strategy Group.		2.1.1 3.2.2

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		Embed Parental Engagement Strategy	More parents are engaged in their child's education			
1.3.2	Range of Support and Help	<p>A range of parenting supports are implemented and evaluated across the locality with all agencies contributing cohesively:</p> <ul style="list-style-type: none"> • Improved understanding of parenting approaches in Staff groups at universal level; • Improved evaluations to measure impact adopted across the approaches and programmes used; • Involve parental evaluations and comments into future service developments/ initiatives 	<p>Staff able to identify need and link children and parents to what service they require early and with success.</p> <p>Improved data collection across universal services to detail level of parenting currently undertaken in 121 basis by practitioners. To access demand and capture unmet needs and gaps for future planning. Providing a service that meets needs and allows attendance and accessibility to improve outcomes for children and young people.</p>	Family /Parenting Strategy Group		1.3.1, 1.3.2 1.3.3, 2.1.1, 2.1.2
1.3.3	Parental Engagement	<p>Continue to collate & evaluate feedback that evidences sustainable changes for children and families.</p> <p>Increased provision in numbers of parenting</p>	<p>Parental confidence increased leading to improved child-family relationships.</p> <p>Improved sustainable family relationships.</p>	RIC Families & Communities		RIC Families & Communities 2.1.2 3.2.2

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<p>programmes provided.</p> <p>Continue to work in partnership with Barnardo's and other relevant agencies</p> <p>Embed Parental Engagement Strategy</p>	<p>Bespoke packages of support are provided for families</p> <p>More parents are engaged in their child's education</p>			

1.4 The workforce that supports children and young people is well trained, motivated and feels valued.

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
1.4.1	Analysis of workforce needs	<p>Joint workforce training needs analysis The workforce that supports children and young people is well trained, motivated and feels valued</p> <p>Review and develop quality of joint training and awareness sessions with Inverclyde Social Work and CLD Outreach.</p> <p>Recognition both within service and partners of good practice and reporting to Governance Groups with partners and Inverclyde Council.</p> <p>Continue to identify existing skills across all agencies and utilise these through multi-agency training.</p> <p>Ongoing scoping and identification of training needs on local and</p>	<p>Joint roles / working teams in areas of GIRFEC, Neglect and Child protection are adopted.</p> <p>Enable multi partners perspectives and priorities to be examined and shared across partnership</p> <p>Deliver improved practice and highlight positive work across partnership.</p> <p>Continual increase in staff knowledge and diversity in service delivery across workforce enabling ongoing improved response to the needs of children and their families. Improved health and</p>	Workforce Strategic Group		3.2.2 4.1 4.2

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		national areas of priority.	wellbeing in children and their families.			
1.4.2	Partnership	<p>Workforce training and development is done on a multiagency basis where possible to have shared understanding of roles and responsibilities and collaborative approach is adopted to poverty, neglect and harm.</p> <p>Continue to support the work of the multi-agency Child Protection Practitioner's forum in developing and sharing expertise amongst practitioners in this area.</p> <p>Collective approach to identifying thematic workforce training relevant to the changing needs of children and families.</p>	<p>Reduced training costs and continued promotion of consistent multi-agency working further recognition and evidence of the breadth of transferrable knowledge and expertise which Inverclyde's workforce have to offer.</p> <p>Shared understanding of child protection issues and developments across the partnership. Increase in skills and expertise. Opportunity for frontline staff to contribute to strategic issues in the field of child protection.</p>	Workforce Strategy		<p>2.2.4</p> <p>3.2.3</p> <p>3.3.2</p> <p>4.2</p>

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
1.4.3	CPD Workforce development improves the skills of Named Person and Lead Professionals	<p>Improve awareness and education of self-care and identifying secondary traumatisation for staff supporting vulnerable/ high risk children and families</p> <p>Deliver staff training on maintaining staff wellbeing and resilience building</p> <p>Establish group reflective practice sessions to combat work stress to help staff identify when they need individual support and provide it</p> <p>There is a continued focus on developing Leadership skills at all levels.</p> <p>Five to Thrive approaches are evident in more establishments</p> <p>Effective use of wellbeing assessments</p>	<p>Staff feel valued and motivated</p> <p>Support to vulnerable children and families is more effective as a result of trauma informed self-reflective relationship based practice</p> <p>Workplace Stress is reduced /Absenteeism is reduced</p> <p>Increased motivation to improve outcomes for children and families</p> <p>Increased understanding of attachment leads to improved support strategies</p> <p>Clear identification of needs results in</p>			3.2.3

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		Integrate training into practice around Corporate Parenting responsibilities	<p>appropriate support provided</p> <p>Increased knowledge across Education and HSCP of responsibilities in Corporate Parenting</p>			

Priority Theme 2: Improve Health and Wellbeing

Outcomes:

- 2.1 Parents make positive attachment and are actively engaged in their child's development
- 2.2 Children and young people's health and wellbeing is improved.

2.1 Parents make positive attachment and are actively engaged in their child's development

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
2.1.1	Nurture and Attachment Parents' understanding of the importance of attachment and nurturing is supported.	<p>Five to Thrive workshops are delivered in schools and Early Years establishments</p> <p>Nurturing approaches continue to be developed across all establishments, with Nurture teachers meeting regularly with parents</p> <p>Health visiting assessments result in early identification of nurture need and assessment leading to individualised action plans to address areas of development</p>	<p>More parents understanding Five to Thrive approaches.</p> <p>Increased engagement from parents who were previously reluctant to attend school events Parent(s) are helped and supported at the earliest possible stage of their child's development</p> <p>Services are targeted to offer early help and support to support parents in accessing services to increase their confidence and their parenting skills</p>	Families/Parenting Strategy Group		<p>2.1.2</p> <p>1.3.1</p> <p>1.3.2</p> <p>1.3.3</p>

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
2.1.2	Parental Engagement Increase parental involvement by providing opportunities for engagement and participation with staff across CPP.	<p>Pilot a Parents/Carer Group, modelled on the structure of the Lomond View Parents Group, in a small number of schools.</p> <ul style="list-style-type: none"> • Increase parental and carer involvement • Kinship Care • Foster Care • ASN/LAC at Home <p>Family Support Workers linked to schools and early years' establishments to model family learning activities</p>	<p>Reduces the barriers to engaging with parents/carers.</p> <p>Parents/Carers become more invested in their child's education</p> <p>Increased parental confidence in use of Five to Thrive approaches through seeing this modelled with their own children</p>	Families/Parenting Strategy Group		<p>RIC Families & Communities</p> <p>1.3.3</p> <p>3.2.2</p>

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

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
2.2.1	Early Development Children and young people's right to good health is increasingly being recognised	Develop partnership working with services to support wellbeing All children to have Health plan indicator identified and recorded on EMIS record. Those vulnerable and additional High to have wellbeing assessment and child's plan.	Children and young people access support services when needed Additional assessment / visit will identify early family strengths and respond to "needs" via national practice Model and wellbeing assessment if Additional High identified.	GIRFEC Strategic Implementation Group		2.2.4 1.2.1 1.2.3
2.2.2	Health & Wellbeing Curriculum Schools and Early Years establishments continue to develop a comprehensive programme of learning experiences to develop health and wellbeing.	Ensure pupil voice influences HWB curriculum Health improvement is included in local promotions and in the school curriculum; including on-line safety	Relevant learning experiences provided Children and young people know how to access information and support when needed	HWB Implementation Group		Priority 3

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
2.2.3	Mental Health Strategy Early identification of need for those children and young people identified as requiring emotional health and mental health being needs can access suitable services in Inverclyde	<p>Improved GIRFEC approach and interagency response to Wellbeing concerns to those children identified as vulnerable.</p> <p>Implementation of recommendations from mental health strategy around prevention and early intervention for Emotional and mental health.</p> <p>Opportunities for professional learning in mental health awareness.</p> <p>All children seen by health visiting team to have Health Plan Indicator identified.</p>	<p>Improved outcomes for children at lower level of collaborative working by applying Team Around the Child (TAC).</p> <p>As per GGC 5 year mental health strategy.</p> <p>The National 10 year mental health strategy with specific areas for children and young people.</p> <p>Teaching and support staff have increased knowledge and understanding of mental health issues.</p>	Mental Health Programme Board		1.1.1 1.1.3

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
2.2.4	Inverclyde GIRFEC Pathway A multi-agency collaborative approach to identify and find relevant support	<p>Application of record keeping audit tool in health visiting EMIS records to ensure quality standards are high and continuous improvement is addressed.</p> <p>Childs plans evaluated and outcome goal based focussed.</p> <p>Establish a robust system to identify health and well-being outcomes that require support.</p> <p>Develop a clear and concise referral process. Continue to develop nurturing approaches across all establishments</p> <p>Provide opportunities for professional learning to support</p>	<p>Children and young people with areas of concern identified for further professional discussion.</p> <p>Children and young people receive appropriate targeted support.</p> <p>More staff confident in supporting children affected by trauma</p> <p>Relationships develop as sense of belonging Children and young people are active in their local communities</p> <p>Improved access to services.</p>	GIRFEC Strategic Implementation Group		1.2.1 1.2.3 2.2.1

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<p>assess health and wellbeing need through adult mentoring</p> <p>Continue to build peer networks of support Implement the recommendations identified in the Scottish Government Rejected and Redirected referral Audit August 2018.</p>	<p>Ensure that children and young people are receiving the right help at the right time from services</p>			
2.2.5	Sexual Health Improvement - young people	<p>Young people can access contraception from primary care providers and from Sandyford sexual health service but face barriers in relation to accessibility.</p> <p>Young people who are or may be pregnant require easy and fast access to information about pregnancy and services which can support them. Particularly vulnerable</p>	<p>Young people have increased knowledge and skills around contraception and sexual negotiation</p> <p>All young people have equal access to information about contraception and support to make informed choices Young parents have increased knowledge about local services</p>	Sexual Health Local Improvement Group		Pregnancy and Parenthood Young People Strategy

Outcome	Development Area	Actions	Expected Impact	Who is Responsible	Timescale	Links
		<p>young people are able to access appropriate services</p> <p>Aligned services, focusing on the needs of vulnerable young people are supportive of their needs.</p>	<p>and are confident using them</p>			

Priority Theme 3: Maximising Achievements, Learning and Skills

Outcomes:

- 3.1 Close the attainment gap.
- 3.2 Parents support their children to improve attainment.
- 3.3 Learning and skills for life are improved, including for Looked After/Care Experienced,
- 3.4 Young people aged 16-24 are in employment and training.

Priority Theme 3: Maximising Achievements, Learning and Skills

3.1 Close the attainment gap

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
3.1.1	Reduce poverty related barriers to accessing education which will supporting learning and life skills.	Raise awareness of the availability and eligibility of free meal entitlement/clothing grants/Education Maintenance Allowance.	Children and young people are ready for their school day and work experience	Financial Inclusion Partnership; Education Services; Services/Attainment Challenge Programme Manager.	Ongoing 2019-20	
	Close the attainment gap between the poorest pupils and their classmates.	Schools to raise awareness of impact of cost of the school day on families. Implement strategies to reduce cost of the school day.	Impact reduced	Child Poverty Action Group; School management Team; Education Officers	December 2019	
		Develop teacher's capacity through Coaching and Modelling sessions in Nurture and Family Learning Sessions	Whole system approach to improve attainment	Head of Education; Services/Attainment Challenge Lead; Locality Education Officer	Ongoing 2019-20	
		Further develop <i>Holiday Literacy Lunch Clubs</i> within Attainment Challenge Communities.	Reduce barriers between parents/carers and school.		June – August 2019	
3.1.2	Close the attainment gap for LAC at home children	Review/revisit Inverclyde GIRFEC	Whole system support of children,	Integrated Children's Services Partnership	Ongoing 2019-20	

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
	and young people	<p>model including:</p> <p>Quality Assurance of wellbeing assessment process; TAC procedures, Education Action Plans and Child's Plan.</p> <p>School improvement planning priorities improved outcomes for LAC/Care Experienced young people</p>	<p>young people and families supports attainment</p> <p>Whole school, departmental and teacher planning for LAC/CE improves.</p>	<p>- LAC Outcomes Group Head of Education Education Services</p> <p>Head of Education Head Teachers</p>	June 2019	
3.1.3	Reduce the number of LAC and Care Experienced young people who are NEET.	<p>Ensure all opportunities for work, further education and training are explored for all LAC/Care Experienced young people.</p> <p>Create and develop partnerships working with colleges, universities and employers to create education, training and work opportunities for LAC and Care</p>	<p>More robust procedures. Employers, colleges and training providers widen their support for LAC and Care Experienced (CE) young people.</p> <p>All LAC/CE and Care Experienced young people will have participated in work/college/training prior to leaving school thus enhancing their</p>	<p>Head of Education; Champions Board; MCMC Team; Head Teachers; Integrated Children's Services Partnership - LAC Outcomes Group (See CSP Revised Structure)</p> <p>Head of Education MCMC Team Head Teachers Integrated Children's Services Partnership - LAC Outcomes Group</p>	<p>Ongoing 2019-20</p> <p>Ongoing 2019-20</p>	

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
		Experienced young people. Develop current tracking and intervention strategies to targeted groups.	opportunities for a positive destination. Young people develop skills to support them in the world of work, training and further education.	Head of Education Head Teachers	August 2019	

3.2 Parents support their children to improve attainment.

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Link
3.2.1	Parents/carers work collaboratively with schools and Early Year establishments.	Develop and implement Parent Strategy to improve partnership working	Whole system approach to improve attainment	Head of Education Locality Education Officer; Services/Attainment Challenge Programme Manager.	Ongoing 2019-20	
	Increase school's capacity for family learning	Develop partnership working between Education Services, 3rd Sector, parents/carers and young people'	Reduced barriers between parents/carers and school.	Head of Education Locality Education Officer Champions Board.	Ongoing 2019-20	
		Increase parent capacity to engage and be involved in	Events to build partnerships that shares the learning	Head of Education; Locality Education Officer;	Ongoing 2019-20	

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Link
		their children's learning.	between parent/carer and child Working together sustains learning	Champions Board.		
3.2.2	Improve attendance in all Inverclyde schools.	Identify the children within SIMD 1 and 2 with less than 80% attendance in P1, 2, and 3. Review/revisit GIRFEC pathway for this cohort.	Improved attendance. Longer term increased attainment for children in SIMD1 & 2.	Head of Education Services; Head Teachers Attainment Challenge Lead; Barnardo's Nurture Inverclyde Integrated Children's Services Partnership - LAC Outcomes	Ongoing 2019-20 Ongoing 2019-20	
3.2.3	Reduce exclusions in Inverclyde Schools	Identify the children and young people at risk of exclusion. Review/revisit GIRFEC pathway.	For LAC/CE improve: tracking and monitoring; Target setting; Curriculum flexibility. Improved integration and partnership working to support LAC/CE.	Head of Education; Locality Education Officers; Locality ASN Forum; Integrated Children's Services Partnership - LAC Outcomes Group. Multi-agency and 3 rd Sector partners; Integrated Children's Services Partnership - LAC Outcomes Group.	Ongoing 2019-20 Ongoing 2019-20	

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Link
3.2.4	Raising awareness of Corporate Parenting responsibility improves outcomes for LAC	<p>Review impact of Champions Board</p> <p>Consultation events around priority areas</p> <p>Increase parental and carer involvement for those in Kinship/Foster Care and ASN/LAC at Home</p> <p>Multi-agency review of GIRFEC model.</p>	<p>Provide a governance and communication framework</p> <p>Builds networks of support and social capital</p> <p>Reduced barriers to engaging with parents/carers allowing them to become more invested in their child's education</p>	Champions Board; Proud2Care Group/Inverclyde Council/Elected members/Inverclyde Corporate Parenting Steering Group; Integrated Children's Services Partnership - LAC Outcomes Group	Ongoing 2019-20	

3.3 Learning and skills for life are improved, including for LAC

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
3.3.1	Improve employability, skills and sustained positive school lever destinations for LAC.	<p>Young people have experiences while at school to prepare them for post-school outcomes.</p> <p>Develop Annual Survey of all S3-S6 pupils which shows</p>	<p>Improved pupil readiness for post-school destinations.</p> <p>Increased resilience and capacity of LAC as they</p>	<p>Education Services; Inverclyde Corporate; Champions Board; Parenting Steering Group.</p> <p>Inverclyde Corporate Parenting Steering Group;</p>	<p>Ongoing 2019-20</p> <p>Ongoing 2019-20</p>	<p>3.3, 3.4, 4.3</p> <p>3.5</p>

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
		<p>their thoughts and aspirations for the senior phase, this also supports schools and post-school partners.</p> <p>Listen to the views of LAC/CE young people as they prepare for beyond their school years.</p> <p>Developing partnerships to improve opportunities to provide work experienced learning and develop skills.</p> <p>Promote an improvement culture that engages young people, families and communities.</p>	<p>prepare for the world outside school.</p> <p>Enhanced partnership between school and home for LAC and CE young people.</p> <p>Improved community involvement in offering opportunities for local skills development for LAC pupils.</p> <p>Improved destinations for LAC.</p>	<p>Integrated Children's Services Partnership - LAC Outcomes Group; MCMC Team</p> <p>Inverclyde Corporate Parenting Steering Group.</p> <p>Inverclyde Corporate Parenting Steering Group/Inverclyde Academy/Education Scotland/children and young people Improvement collaborative.</p> <p>Parenting Steering Group; Integrated Children's Services Partnership - LAC Outcomes Group; MCMC Team</p>	<p>Ongoing 2019-20</p> <p>Ongoing 2019-20</p> <p>Ongoing 2019-20</p>	<p>3.5</p> <p>2.2, 3.3, 3.5</p> <p>4.3</p>

3.4 Young people aged 16-24 are in employment and training.

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
3.4.1	Increase the number of Care Experienced 16-24 year olds in employment and training	<p>Pathway assessment and Plans reviewed at key transition points</p> <p>Consultation event with Chamber of Commerce and Inverclyde Council</p>	<p>Care experienced young people's self-esteem will be increased</p> <p>Engage and lobby local need</p>	<p>Champions Board; Inverclyde Corporate; Parenting Steering Group; Economic Regeneration; Integrated Children's Services Partnership - LAC Outcomes Group; Chambers of Commerce.</p>	Ongoing 2019-20	3.3.1 4.3

Priority Themes and Outcomes:

Priority Theme 4: Corporate Parenting

Outcomes:

- 4.1 LAC young people where possible, will be supported and maintained in their local community
- 4.2 Care experienced young people know how to get the help they need to sustain a home.
- 4.3 Care experienced young people have nurturing relationships through key transition points.

Priority Theme 4: Housing and Accommodation

Outcome	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
4.1	A collaborative approach is taken to improve services to give care experienced young people a sense of place and belonging in their local communities	Evaluate the effectiveness of the TAC to promote the wellbeing areas identified in the Pathway Plan.	Increased capacity and knowledge amongst the TACs to build an evidence base of what works to improve health and wellbeing.	Champions Board, Child Poverty Action Group, Integrated Children's Services Partnership, Inverclyde Corporate Parenting Steering Group	Ongoing 2019-20	1.1.1 1.1.3 1.2.1 1.2.2 1.4.1 2.2.3 3.3.2 3.4.1
		Provide opportunities for multi-agency professional learning to support staff to improve their understanding of the lived experience of care experienced children, young people and their families.	Increased awareness improves practice and support to care experienced young people and their families.	Inverclyde Corporate Parenting Steering Group, Proud2Care Group	Ongoing 2019-20	3.2.4
		Establish a Care Experienced Champions Network across the Community Planning Partnership.	Sharing practice improves outcomes for experienced young people.	CEYP Attainment Fund Evaluation Group, Proud2Care Group, Your Voice	Autumn 2019	3.2.4 3.3.1

Outcome	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
4.2	Reducing housing instability is improved by co-ordinated approaches from services	<p>Analyse with the Throughcare/Aftercare Team, RSLs and care experienced young people the impact of the launch of the Youth Housing Statement.</p> <p>Review the existing packages of support with care experienced young people and support services.</p> <p>Establish an Aftercare / Continuing Panel</p> <p>Establish a gateway community hub that promotes access to information and support networks.</p>	<p>Increasing opportunities for care experienced young people to build skills in preparation to move into a tenancy.</p> <p>Reduce barriers that support care experienced young people to sustain their tenancy.</p> <p>Care experienced young people know how to access relevant support to improve them sustaining a tenancy.</p>	<p>Champions Board, Housing Partnership Group, Inverclyde Corporate Parenting Steering Group</p> <p>Inverclyde Corporate Parenting Steering Group, Aftercare Team and care experienced young people</p> <p>Inverclyde Corporate Parenting Steering Group, Aftercare Team and partnership with RSLs</p>	Ongoing 2019-20	1.4.1 1.4.2
4.3	A collaborative approach to workforce development improves graduated transitions	<p>Analyse and evaluate the Child's Planning process to ensure that wellbeing need is identified and addressed early.</p> <p>The ICPG, a multi-agency group of</p>	<p>Care experienced young people know who will support them at key transition points.</p> <p>Outcomes for individual care</p>	<p>Champions Board, Inverclyde Corporate Parenting Steering Group, Child's Planning and Improvement Officers and the Team Around the Young Person</p> <p>Joint Children's Services Partnership,</p>	<p>Quarterly Reporting</p> <p>Quarterly Meetings</p>	<p>2.2.4 3.1.1 3.2.4</p> <p>1.4.3</p>

Outcome	Development Area	Actions	Impact	Who is Responsible	Timescale	Links
		<p>corporate parents increasingly uses data to track transition points.</p> <p>Care experienced young people identify who will support them at transition points</p>	<p>experienced young people are improved by data analysis.</p> <p>Care experienced young people feel valued</p>	<p>Inverclyde Corporate Parenting Steering Group</p> <p>Advocacy, Child's Planning and Improvement Officers</p>	<p>Cycle of pathway planning</p>	<p>3.3.1</p>

Appendix 1

Glossary of Terms	
Child	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Care Experienced Leavers	Aged 16-26 previously looked after at the age of 16
Neglect	<p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Child's Plan	Where those working with the child and family have evidence that suggests that one or more targeted interventions is required to meet the child's wellbeing needs, then a Child's Plan should be drawn up to include a single plan of action, managed and reviewed through a single meeting structure even if the child is involved in several processes. Where a child protection intervention is required, the Child's Plan will exist and incorporate a „Child Protection Plan“ for as long as this is deemed to be necessary.
Child Protection	Child protection is when a child requires protection from child abuse or neglect. For a child to require protection, it is not required that child abuse or neglect has taken place, but rather a risk assessment has identified a <i>likelihood</i> or <i>risk</i> of significant harm from abuse or neglect
Getting It Right For Every Child (GIRFEC)	The GIRFEC approach is a Scotland-wide programme of action to improve the wellbeing of all children and young people. Its primary components include: a common approach to gaining consent and sharing information where appropriate; an integral role for children, young people and families in assessment, planning and intervention; a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the Wellbeing Indicators; a Named Person in universal services; a Lead Professional to co-ordinate and monitor multi-agency activity where necessary; and a skilled workforce within universal services that can address needs and risks at

Glossary of Terms	
	the earliest possible point. Key elements of the GIRFEC approach, such as Named Person and Child's Plan, are given a statutory basis through the Children and Young People (Scotland) Act 2014
Harm/significant harm	Harm means the ill treatment or the impairment of health or development of the child – in this context, "development" can mean physical, intellectual, emotional, social or behavioural development and "health" can mean physical or mental health. Child protection is closely linked to the risk of <i>significant</i> harm – whether the harm suffered, or likely to be suffered, by a child is „significant“ is determined by comparison of the child's health and development with what might be reasonably expected of a similar child.
Lead Professional	For a child who is receiving support from a number of different agencies, the Child's Plan will be multi-agency. In these circumstances, the role of the Lead Professional is vital to ensuring that support is coordinated across agencies the child, young person and family are kept informed and are actively involved in the process, and the agreed support is being taken forward in line with the plan. The Lead Professional will be the professional who is best placed to carry out that coordinating role and work with the family to improve outcomes for the child, or young person. The role of the Named Person in relation to promoting, supporting and safeguarding the child's wellbeing, will continue to be important alongside the coordinating role of the Lead Professional
My World Triangle	As part of the GIRFEC National practice model for assessing risk and need, the My World Triangle is a framework that provides a starting point for considering what risks might be present in a child's life. It focuses attention on the three dimensions of a child's world: <i>how I grow and develop what I need from people who look after me, my wider world.</i>
Named Person	The Named Person is a professional point of contact in universal services, most often known to the family and available as a single point of contact both to support children and families their parents/carers when there is a need, and to act as a point of contact for other practitioners who may have a concern about the child's wellbeing.
Request for Assistance	Where a practitioner has a concern about a risk to a child's wellbeing, they should share that concern with the child's Named Person as soon as is reasonably possible. Where concerns about possible harm to a child arise these should always be shared with the appropriate agency (normally police or social work) so that staff responsible for investigating the circumstances can determine whether that harm is <i>significant</i> . Concerns should be shared without delay as per local guidelines. Once a concern is shared, information will be gathered by the investigating agencies to determine whether a response under child protection is required.
Parents/carers	A parent is defined as someone who is the genetic or adoptive mother or father of the child. A carer is someone other than a parent who has rights/responsibilities for looking after a child.
Resilience Matrix	The Resilience Matrix is a tool for analysing what the information gathered around a particular child protection concern might mean for a child. It provides practitioners with a framework for weighing up the particular risks against any protective factors for the individual child in relation to resilience, vulnerability, adversity and the protective environment.
Risk	In the context of this guidance, risk is the <i>likelihood</i> or <i>probability</i> of a particular outcome given the presence of factors in

Glossary of Terms	
	a child's or young person's life. What is critical with respect to child protection is the risk of significant harm from abuse or neglect.
Wellbeing indicators	The Wellbeing Indicators are the broad framework for identifying a child's needs where potential child protection (and other) concerns are identified. They do so under eight headings – <i>safe; healthy; achieving; nurtured; active; respected; responsible; and included</i> – which are used to identify what needs to change in the Child's Plan (or the incorporated Child Protection Plan) and how progress on outcomes should be monitored and recorded.
Team around the Child	Skill set around the child, young people and family to work in partnership to deliver improved SMART outcomes in the Child's Plan