Inverclyde council

AGENDA ITEM NO: 8

Report To:	**Health and Social Care Committee**	**Date: 24th August, 2017**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: SW/31/2017/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Service**	**Contact No: 01475 715282**
Subject:	**Integrated Children's Services Plan**	

1.0 PURPOSE

1.1 To advise the Committee of the Integrated Children's Service Plan, and accompanying Outcome Delivery Plan which have been informed by Inverclyde's Joint Strategic Needs Assessment of Children.

2.0 SUMMARY

2.1 The Children and Young People (Scotland) Act 2014 is the most significant legislation in relation to children and young people since the Children (Scotland) Act 1995 and is a key part of the Scottish Government's strategy in respect of children and families introducing to statute key policy objectives in respect of matters such as corporate parenting, kinship care orders, continuing care and GIRFEC.

2.2 Part three of the Children and Young People (Scotland) Act 2014 asserts the requirement for the local authority and its relevant health board to produce an Integrated Children's Services Plan in respect of a three year period. Scottish ministers specified 1st April 2017 as the date that the first three year Children's Services Plan required to be in place.

The Act also requires a corporate parenting plan to be developed and this has been presented to the Ccommittee previously. A report to Scottish ministers outlining how the the local authority is progressing the development of children's rights is also a new statutory requirement and work on this has commenced and will be presented at the appropriate juncture.

2.3 The Plan has been developed by the Best Start In Life Outcome Delivery Group and informed by a comprehensive Joint Strategic Needs Assessment. A delivery plan outlining performance and measurement is a requirement to meet the aspirations of the Children and Young People's Services Plan.

2.4 The Integrated Strategic Needs Analysis, along with other associated documents, has strongly informed our priorities for this Plan (2017-2020). The Plan underscores our collective aspiration that every child, citizen and community will be safe, healthy, achieving, nurtured, active, respected and responsible and included. We have identified three

overarching strategic priorities,

These are:
- Access to early help and support.
- Improved health and wellbeing outcomes.
- Opportunities to maximize their learning, their achievements and their skills for life.

The Inverclyde Corporate Parenting Strategy 2016-2019 has the same three strategic priorities but adds a fourth in recognition of the particular needs of our care experienced young people and this is:

- Accommodation and Housing.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Committee

(i) Notes that an Integrated Children's Services Plan has been developed along with an Outcome Delivery Plan, in line with the statutory requirements of the Children & Young People (Scotland) Act 2014.

(ii) Comments on and approves the Integrated Children's Service Plan and accompanying Outcome Delivery Plan.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 In line with the draft statutory guidance provided by the Scottish Government in relation to the Children and Young People (Scotland) Act 2014, each Local Authority and associated Health Board are required to produce a joint 3 year Children's Services Plan to be published no later than the 1st of April 2017 and running till the 1st of April 2020.

4.2 Section 3 of the statutory guidance states that the Children's Services Plan must align with existing strategies, legislation and plans such as:

- The Community Planning Partnership Local Outcome Improvement Plan.
- Inverclyde's Health and Social Care Strategic Plan.
- Corporate Parenting Plan.
- Community empowerment Act.
- Children's Rights..
- Community Justice Act.

4.3 The Integrated Children's Services Plan has been developed by the Best Start in Life for Children and Young People Outcome Delivery Group. The Best Start in Life Group is responsible for the strategic planning of services for children, young people and families. This is delivered within the "Nurturing Inverclyde" framework, which provides a set of values, partnerships and practices that deliver integrated child focused services for all our children, young people and families.

4.4 The Plan sets out our joint vision and agreed approach to improving outcomes for children across Inverclyde. It is based on local strategic priorities identified through the Joint Strategic Needs Assessment (JSNA) and consultation with young people, parents and partners. The new Children Service Planning Cycle should be the driver towards the development of a local commissioning strategy based on robust information about needs, costs and quality and ongoing engagement with service users and the wider community.

4.5 The development of a joint strategic needs assessments has enabled "the best start in life delivery group" to make an appraisal of what are the current needs of the children, young people and their families, what achievements we have made and what we need to do now and in the future. The exercise has been critical in identifying the priorities that the best start in life delivery group has agreed to focus on going forward.

4.6 The Integrated Strategic Needs Analysis, along with other associated documents, has strongly informed our priorities for this Plan (2017-2020). The Plan underscores our collective aspiration that every child, citizen and community will be safe, healthy, achieving, nurtured, active, respected and responsible and included. We have identified three overarching strategic priorities including the additional corporate parenting priority.

These are:

- Access to early help and support
- Improved health and wellbeing outcomes
- Opportunities to maximize their learning, their achievements and their skills for life
- Housing and accommodation as part of the Corporate Parenting Strategy 2016-2019

4.7 These four strategic priorities also frame our integrated commissioning intentions and will form the basis of our future joint commissioning strategy, and are broadly aligned with the Joint strategic commissioning themes of the HSCP Strategic Plan "Improving Lives". As our Child Protection Committee Annual Review and Business Plan becomes due for renewal in 2017, this will be directly aligned to these and our other key plans, providing a strong,

coherent and integrated suite of plans to guide our service improvements over the next planning cycle. Each priority is underpinned by a shared commitment to a relentless focus on improving outcomes for all children, reducing inequalities and narrowing the gap between those who are vulnerable or disadvantaged and their peers.

5.0 PERFORMANCE

5.1 Inverclyde's Children and Young People's Delivery Plan is the outcome performance management framework for Children's Services. Our outcome performance management framework informs this process.

5.2 Although at an early stage through the restructuring of SOA 6 in 2016, the purpose of the outcome performance management framework is to enable the SOA 6 delivery groups to:

- have a planned approach in scrutinising and challenging the quality and effectiveness of our Partnership to deliver services;
- performance monitor outcomes for children, young people and their families; and,
- report annually on the Integrated Children and Young People's Services Plan informed by need identified by national and local data and information.

6.0 PROPOSALS

6.1 No new proposals arising from this report.

7.0 IMPLICATIONS

Finance

7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 N/A

Human Resources

7.3 N/A

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 N/A

8.0 CONSULTATION

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 Integrated Children Service Plan 2017 – 2020
Integrated Children's Services Outcome Delivery Plan 2017 -2017
Joint Strategic Needs assessment 2017

Inverclyde Children and Young People's Services Plan 2017 - 2020

Getting it right for every Child, Citizen and Community

INVERCLYDE HSCP Health and Social Care Partnership

NHS Greater Glasgow and Clyde

Inverclyde council

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Introduction

This is Inverclyde Alliance's first Integrated Children's Service Plan. This plan covers the period 2017 – 2020 and has been prepared in accordance with the Children and Young People (Scotland) Act 2014.

This plan sets out our joint vision and agreed approach to improving outcomes for children across Inverclyde. It is based on local strategic priorities identified through the Joint Strategic Needs Assessment (JSNA) and consultation with young people, parents and partners.

Across Inverclyde we have a good track record of local collaboration as evidenced in our inspection of child protection services in 2011. We have made significant advances in strategic partnership planning since then. This includes the establishment of formal structures of integration of health and social care, and a refocus on the governance and structures of the Community Planning Partnership SOA 6 "Best start in life group". Whilst we have outlined in this plan some of our successes, the partnership acknowledges and understands, within the context of the financial climate and rising demands for services, our communities face challenging times. Tackling inequalities remains a key driver across all planning frameworks in Inverclyde, and with focused activity, we will continue to work with our communities to help improve lives.

This plan articulates our commitment to continued collaboration, working differently together and partnering with children and their families. It provides a new focus on outcomes and a new opportunity to tackle the big issues facing Inverclyde together.

Getting it right for every Child, Citizen and Community

Plan at a Glance

Priorities - Our priorities are that children and young people in Inverclyde have:

1. Access to early help and support
2. Improved health and wellbeing outcomes
3. Opportunities to maximise their learning, their achievements and their skills for life
4. Housing and accommodation as part of the Corporate Parenting Strategy

Objectives - Our improvement Objectives in children and young people's services in Inverclyde are that:

Priority 1: Access to early help and support

- Partners are more aware of provision available across the area, clear referral routes are in place leading to better targeting.
- Partners are better at co-ordinating support and development that is available, pathways are in place for parents to follow and continue participation
- A strategic approach of support to parents is in place which provides choice and helps to reduce inequality, is nurturing and proportionate, progressive, co-productive and linked to the Early Years Strategy
- Partners will implement the surveillance of Health Plan Indicators from birth, to identify children with core or additional health service needs
- Partners will provide targeted (additional) health visiting support and / or support from other disciplines / agencies to vulnerable children and their families

Priority 2: Improved health and wellbeing outcomes

- Children vulnerable to poorer outcomes through deprivation associated with working poor households are fully supported by co-ordinated provision of services
- Children who are vulnerable to poverty and other form of negativity
- Children living in households that are 'working poor' are fully supported by co-ordinated provision of services
- A Child's Plan is developed for all looked after children and young people
- The mental wellbeing of local children and young people will be sustained and improved
- Children age 0 – 19 will have access to a (core) universal service
- Partners will develop clear pathways from the assessment to evidence-based interventions
- Partners will support healthy lifestyle choices raising awareness across the community of risks associated with substance misuse
- Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances
- Partners will fulfil Inverclyde's corporate parenting duties and powers contained within Part 9 of the Children and Young People (Scotland) Act 2014
- Children and young people participate and their voice is at the centre of all our developments

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

- Children and young people participate and their voice is at the centre of all our developments
- Partners will implement the Children and Young People Act (Scotland) 2014 (GIRFEC), through embedding principles, processes and practice in all establishments
- We will increase the number of young people aged 16-24 in employment or training
- We will improve and increase engagement and capacity of all parents/carers
- Partners will build a culture of high quality with a skilled workforce with effective leadership
- Through implementation of the Community Empowerment (Scotland) Act 2015, we will engage communities across Inverclyde in planning and implementation of local initiatives to improve inclusion and participation
- Partners willwork together to meet the learning needs of every child

Priority 4: Housing and accommodation as part of the Corporate Parenting Strategy

- Young people where possible will be supported and maintained in their local community
- Increase the range of choice and sustainability of housing tenure
- All support underpinned by encouraging young people to maintain their nurturing relationships

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Our Vision - Nurturing Inverclyde

The Community Planning Partnership Vision for Inverclyde is:

Getting it right for every Child, Citizen and Community

'Nurturing Inverclyde' is an approach that has been developed by our Community Planning Partnership (CPP), the Inverclyde Alliance. It is a strategic planning framework that has been embedded in the CPP and has resulted in a shared approach and common language around the promotion of wellbeing being adopted by partners. 'Nurturing Inverclyde' began with the aim of making Inverclyde a place which:

- 'Nurtures' all of our citizens ensuring that everyone has the opportunity to have a good quality of life and good mental and physical wellbeing;
- Delivers better outcomes for the whole community in Inverclyde;
- Delivers better universal services for everyone in Inverclyde
- Delivers better targeted services for vulnerable children

The approach puts the child at the centre and recognises that every child grows up to become a citizen of Inverclyde and a part of the local community. The national GIRFEC approach has been adapted by the Inverclyde Alliance to inform our vision for Inverclyde.

Inverclyde Alliance Single Outcome Agreement

National Outcomes

Strategic Local Outcomes

1. Inverclyde's population is stable with a good balance of socio-economic groups.
2. Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
3. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
4. The health of local people is improved, combating health inequality and promoting and support
5. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
6. A nurturing Inverclyde gives all our children and young people the best possible start in life
7. All children, citizens and communities in Inverclyde play an active role in nurturing the environment to make the area a sustainable and desirable place to live and visit
8. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Best start in life

Access to early help and support

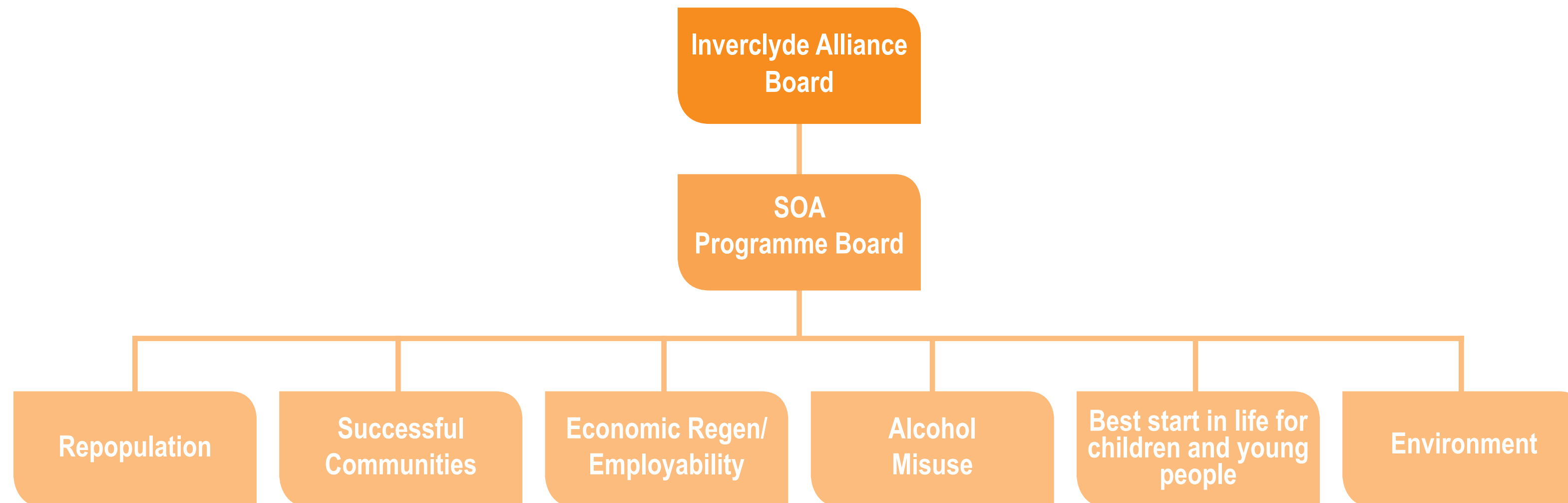
Improved health and wellbeing

Opportunities to maximise, their learning, their achievements and their skills

And for our looked after children, housing and accommodation

Outcome design planning

Inverclyde Alliance Structure, January 2017



- The Alliance Board is the strategic decision-making body which provides collective leaders and accountability. Its membership is made up from representatives of all of the key public sector agencies, the third sector, and communities.
- The Programme Board is responsible for the managing the delivery of the SOA outcomes, and is accountable to the Alliance Board.

Each Outcome Delivery Group (ODG) drives the day to day activities of the Partnership through the delivery of the improvement actions in its Outcome Delivery Plan. Community Planning became a statutory requirement with the introduction of the Community Empowerment (Scotland) Act 2015, and as of 1 October 2017 our SOA will be replaced by the Local Outcomes Improvement Plan (LOIP). That plan will set out how the Alliance will improve outcomes and reduce inequalities in our communities, and will be based on active participation with communities and community bodies. Initial engagement with our communities is scheduled to take place during the period May/June 2017, and the result of this engagement will inform the priorities that will be set out in the LOIP, as well as setting out our future engagement approaches. The overall focus of the LOIP will continue to be 'Getting it right for every child, citizen and community' and as such the LOIP and this Plan will be closely aligned.

Inverclyde Alliance Structure, January 2017

Sitting underneath the overarching outcomes will be the Locality Improvement Plans. There will be six locality plans spread across:

- Port Glasgow
- Greenock East and Central
- Greenock South and South West
- Greenock West and Gourock
- Inverkip and Wemyss Bay
- Kilmacolm and Quarriers Village

The focus will be on the first three of these to start with as these are the areas experiencing the greatest inequalities and disadvantage. Our refreshed outcome indicators for the ICSP will be aligned with the overall performance measure framework.

Nurturing Inverclyde gives all our children and young people the best possible start in life, and will remain a key outcome for Inverclyde community planning partners. In Inverclyde we are nurturing our young people as we recognise the importance of the early years in setting a better life-long context.

Ensuring that every child gets the best possible start in life is the best way to support them to realise their full potential. There remains a strong correlation between early years and outcomes for children's physical and mental health as they grow up. We will focus on the following:

- Importance of positive, healthy pregnancy
- Developing parental confidence
- Supporting children from birth, on how to grow to be safe, healthy, active, nurtured, achieving, respected, responsible, and included adults.

Improving the early year's experiences of these children continues to be a central element of the current SOA and the renewed LOIP to support the delivery of all the other local outcomes focussing on regenerating communities, reducing crime, tackling substance misuse and improving employability.

Inverclyde Integrated Children and Young People's Services Plan

This Children's and Young People's Services Plan sets out our aspirations for all children, young people and their families for the period 2017/2020. The Plan has been developed by the Best Start in Life for Children and Young People Outcome Delivery Group. This group has responsibility for the delivery of the following SOA outcome:

A Nurturing Inverclyde gives all our children and young people the best possible start in life.

However, some priorities in this Plan are directly linked to other local outcomes, namely:

- Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life
- The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential
- The health of local people is improved, combating health inequality and promoting healthy lifestyles

The Best Start in Life Group is responsible for the strategic planning of services for children, young people and families. This is delivered within the "Nurturing Inverclyde" framework, which provides a set of values, partnerships and practices that deliver integrated child focussed services for all our children, young people and their families. Its principles inform our strategic vision of providing early advice and support to our most vulnerable and "in need" children, young people and their families through engagement and participation; building both individual and community assets.

In accordance with the statutory requirements of the Act, the ICSP has been prepared with a view to securing the achievement of the strategic aims:

- Best safeguard, support and promote wellbeing
- Ensure that action is taken at the earliest appropriate time
- Take appropriate action to prevent need
- Be integrated from the point of view of service users
- Constitute the best use of available resources

This approach embraces the recommendations of the Commission on the Future Delivery of Public Services chaired by Dr Campbell Christie. The Christie report asserts that 'evidence demonstrates the need for public services to become outcomes-focussed, integrated and collaborative. They must become transparent, community driven and designed around users' needs. They should focus on prevention and early intervention.'

Where are we now? - What we know about our children and young people

A comprehensive understanding of our child population within the context of their local community has been informed by the following documents and consultation with the following groups:

- HSCP/ IJB strategic needs assessment
- Community safety strategic needs assessment
- Inverclyde's integrated children's strategic needs assessment
- Clyde conversations and health and wellbeing survey
- Consultation with local families
- Consultation with some of our most vulnerable groups of YP via the corporate parenting strategy

The coordination of several strategic assessments has enabled "the best start in life delivery group" to make an appraisal of what are the current needs of the children, young people and their families; what achievements we have made and what we need to do now and in the future.

The exercise has been critical in identifying the priorities that the best start in life delivery group has agreed to focus on going forward.

Our Area Profile

Inverclyde is located in West Central Scotland and is one of the most attractive places in Scotland to live and work, with 61 square miles stretching along the south bank of the River Clyde. The area offers spectacular views and scenery, a wide range of sporting and leisure opportunities, a vibrant housing market and well developed transport links to Glasgow and the rest of Scotland.

A strong sense of community identity exists within local neighbourhoods with people being rightly proud of their area and its history, which is steeped in centuries of maritime and industrial endeavour.

The authority has a population of approximately 79,500 (2015 NRS estimate), of whom 16.3% are children under 16 years and a further 4% are young people aged 16-18 years. By 2039 the population of Inverclyde is projected to be 70,271, a decrease of 12 per cent compared to the population in 2014. The under 16s population in Inverclyde is projected to decline by 16 per cent over the 25 year period. However, national projections predict an increase in the percentage of children who are deemed vulnerable.

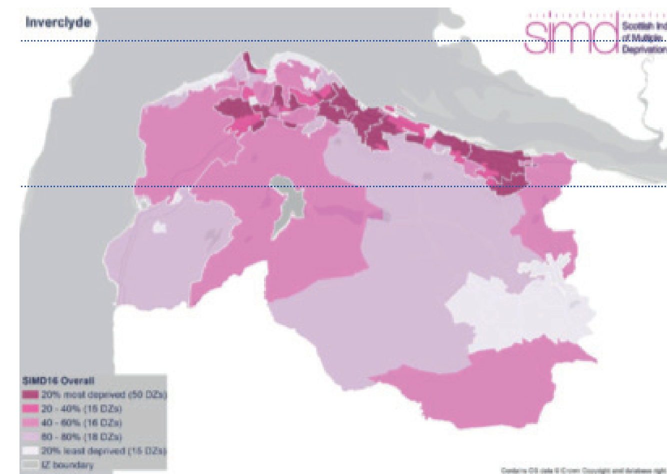
The Scottish Index of Multiple Deprivation (SIMD) highlights particular areas of deprivation and poverty in Inverclyde. Both income and employment deprivation are higher in Inverclyde than Scotland as a whole. Between SIMD 2012 and SIMD 2016, however number of Inverclyde's datazones in the 5% most deprived in Scotland fell by 3 from 14 to 11.

The number of Inverclyde datatzones in the 15% most deprived in Scotland decreased by 3 from 44 to 41 (2012-2016), this equates to 36% of Inverclyde's datazones featuring in the 15% most deprived.

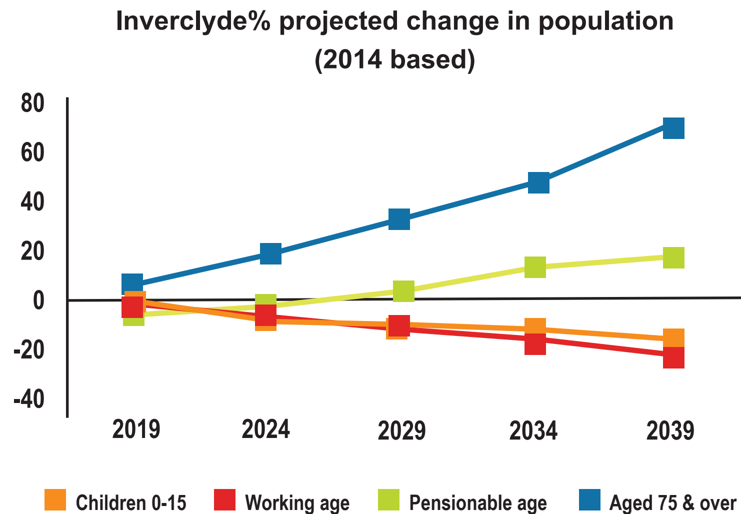
This means that one in three local residents live in areas considered being among the most deprived 15% in Scotland. The map provides an overview of deprived and less deprived areas in Inverclyde.

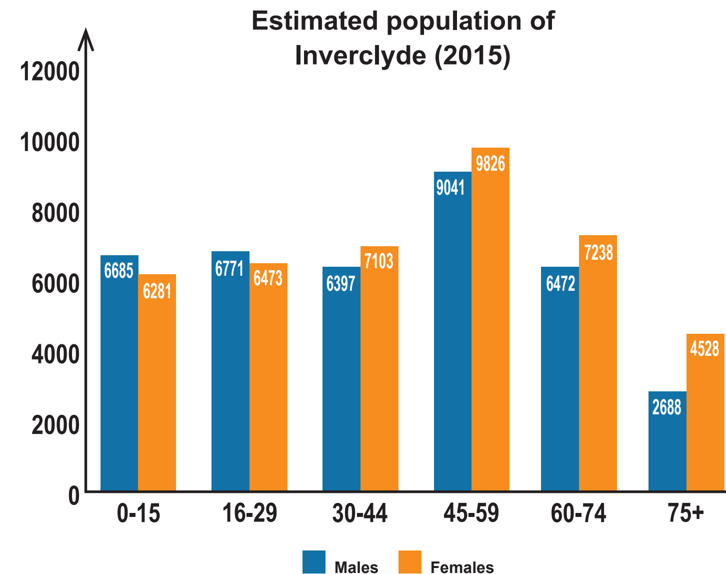
Tackling inequality continues to be a key principle which must inform all our work, but especially that for our children and young people.

The Alliance wants to get it right for everyone in Inverclyde, but recognise that particular communities require special attention. As a result of the deprivation information published in SIMD 2012, there have been targeted interventions in geographical communities such as Clune Park, Woodhall, Greenock East, Larkfield / Ravenscraig and Broomhill This relates to housing, health, community safety, environmental improvements and community capacity building.



Our Demographic Profile – Child population





The population structure of Inverclyde has fewer younger people and more older people than is reflected in Scotland as a whole. Children and young people (aged 0–15 years) make up 16% of the population, which is slightly lower than the national picture of 17%; while adults aged over 75 years comprise 9%, which is slightly higher than the national average of 8%.

Inverclyde is one of 11 Community Planning Partnership areas where the population is projected to decrease as a result of both net out-migration and negative natural change. The latest population projections estimate a 12% decrease in Inverclyde's population by 2039.

Our Demographic Profile – Child population

Child poverty is a growing national problem. More than 1 in 5 children in Scotland are officially recognised as living in poverty. In Inverclyde, levels of child poverty remain high. Latest figures published by 'End Child Poverty' show that more than 1 in 4 children (27.9%) in Inverclyde are living in poverty. The ward with the highest percentage of children living in poverty is Inverclyde East Central, whilst the ward with the lowest percentage is Inverclyde West. Child poverty is a significant risk factor that can have direct associations with poorer outcomes across all children's domains. Our needs assessment provides us with an understanding of children's general wellbeing as a consequence of indicators of child poverty. Child health and wellbeing is also affected by household income and employment status of parents. Children in lone parent families and non-working lone parents families are more likely to have lower mental wellbeing than those not in this category. Inverclyde has both a high percentage of lone parent families and lone parents who are not in employment.

Deprivation and worklessness, teenage pregnancy, poor attainment and young people not in sustained positive destinations are all known to be associated and linked to inter-generational cycles of deprivation and as a partnership we will continue to help people improve their lives by working closer with our communities. We will continue to focus on breaking the cycle of disadvantage – where children start in life should not determine where they end up.

Inverclyde CPP has a number of approaches in place aimed at tackling child poverty. The innovative Financial Inclusion Partnership (FIP) in particular has taken important work forward to mitigate immediate impacts of fuel poverty, low pay, and unemployment. The FIP aims to maximise people's income by targeting vulnerable group's i.e. pregnant women and families with children under five years. This year the Chair of the Alliance, who is also the Leader of the Inverclyde Council, announced the allocation of additional funding to continue to support our work in this area and especially to expand the range of employability initiatives and support to families living in poverty.

Maternity, births and early years

Health inequality such as smoking in pregnancy is linked to deprivation and is also a factor in babies born with a low birth weight. One in five women in Inverclyde smoke during pregnancy; whilst it nationally, smoking in pregnancy is reducing. The percentage of woman smoking during pregnancy tends to be greater in areas of deprivation.

Local maternity and post-natal services continue to promote healthy behaviours during early pregnancy and after birth. In particular healthy eating patterns during pregnancy, are promoted. We will continue to deliver targeted programmes such as "Eat better feel better", which is focused on addressing barriers in time, cost and food preparation and healthy eating habits. Other universal and targeted programmes are part of our continued efforts to support healtheir and active lives.

Antenatal and early years ha remained a key priority for Greater Glasgow and Clyde Health Board with a focus on prevention, identifying risk and responding early. Earlier access to ante natal care is being encouraged and facilitated via the establishment of the central booking system which allows women to call and directly make appointments for booking and scan appointments. Evaluation of local Special Needs in Pregnancy (SNIPS) processes has highlighted that there has been significant improvement in the early booking of pregnant woman, although this is an improving picture across the local population, our data highlights within this context that woman in our most deprived communities are more likely to present for later booking.

Breastfeeding rates remain a key challenge for the CPP in Inverclyde with our overall rate low and trend static. Inverclyde has held the UNICEF baby friendly award for community. Our health visiting staffs have undertaken the recommended training programmes and undertake a full range of activities that are most likely to lead to improvements in breast feeding rates. We maintain close relationship with the local breast feeding network that provide a texting service to support breast feeding parents and run well attended clinics. We have brought a high level of scrutiny to this area over a number of years and despite this it is an area that has proved stubborn for us to impact on.

We continue to regard maternal health and health in the early years as being critical to the short and long term health and wellbeing of mothers and children. The Healthy Child Programme is a key strategy to improve child health and has implemented across Inverclyde for a number of years. The programme focuses on early years as an opportunity to identify and support families where children are at risk of poor health outcomes. In 2014 as part of the revised structure and architecture of the Healthy Children's Programme a Getting It Right For Every Child (GIRFEC) Group has been established to take forward the responsibilities in relation to the requirements of the Children and Young People (Scotland) Act 2014, with a refreshed focus on the implementation of GIRFEC. Inverclyde will receive additional health visiting staff over a 3 year period to support the effective delivery of the named person within the context of GIRFEC.

Maternity, births and early years

Targeted programmes such as Family Nurse Partnership have seen 89% of engagement in the programme with 90% of the clients located within our most deprived communities. Early evaluations amongst this group are beginning to show encouraging signs:

- An increase in the average birth weight
- Babies meeting developmental milestones,
- Significant reduction in smoking during pregnancy and creating smoke free environments for infants and toddlers

The Early Years framework across Inverclyde is supporting children's learning, development, and preparedness for school. In Inverclyde we are working hard to continue to improve the proportion of children achieving a good level of development as they transfer to primary school. We are aware that the introduction of the 30 month assessment tells us that significant proportion of children are meeting their development milestones at 30 months. For those children where emerging concern are identified we are ensuring that these children are getting early help with any difficulties i.e. accessible parenting programmes and access to speech and language, communication help from a variety of professionals. We recognise the opportunities from identifying any barriers to learning or developmental concerns at this early stage.

Childhood health

Overweight or obesity in childhood and adolescence has consequences for health in both the short and long term. Once established, obesity is difficult to treat, so we firmly believe that prevention and early intervention are very important. In Inverclyde our strategic needs assessment highlights issues such as childhood obesity; oral health and not enough physical exercise tend to be clustered in our most deprived localities. Therefore continued targeted initiatives that promote whole life approaches to healthy eating and activity are more sustainable longer term. We continue to provide programmes through universal provision and targeted at particular vulnerable groups. Initiatives that combine parental and child participation are showing early signs of success. Initiatives such as literacy learning lunches, holiday lunch clubs and families connect are some examples of increasing engagement.

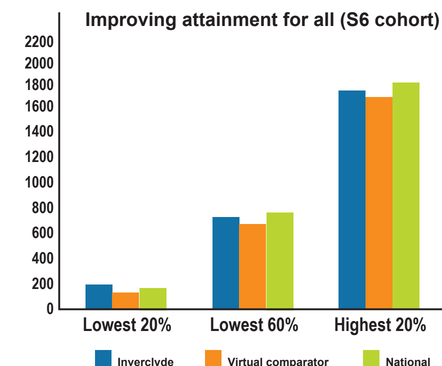
Our children and young people: raising attainment

Attainment remains a key priority for **all** children.

The trend for the last four years (2013 -2015) shows an extremely positive and encouraging picture within Inverclyde. Within the lowest 20% tariff scores, Inverclyde has consistently performed better than the National Average and Virtual Comparator score. Indeed in two of the last four years it has been reported as significantly greater. For the middle 60% tariff scores, for three of the last four years Inverclyde's performance has been in line or slightly above the National Average and Virtual Comparator score.

By the end of S6 performance in 2014/15 remains above our virtual comparator in all measures.

Our school attendance rates for all children remain high, with high attendance rates for our most vulnerable young people (LAAC) remaining above the national average. Our data alerts us to the fact that we need to continue to support improved attendance for those children looked after at home, and those children in our most deprived areas. Family support workers attached to attainment challenge schools are providing help to families to get their children to school. We have had considerable success in reducing the exclusion rates overall and we have made substantial reductions in the number of exclusions of LAC. However we recognise that we have more work to do to prevent exclusions of our most vulnerable. Our key polices and strategies i.e. Corporate Parenting Strategy, Attainment Challenge, Improving Outcomes for Looked After Children (education) and future Pupil Equity Funding linked to improving outcomes for our most vulnerable children and young people will continue to drive this improvement agenda.



Additional Support Needs can be a factor associated with poorer outcomes for those children or young people who face barriers to their learning, through illness or disability. In Inverclyde we seek to support inclusive education. This means that of our primary and secondary school population, 1.67% of children and young people are in an ASN specialised provision. Inverclyde has two schools focused on ASN. Our policy of assumed mainstream means that the majority of young people with additional support needs are within mainstream education, with their needs being met within the GIRFEC pathway.

Profile of the ASN population 2016/17

Across the twenty six mainstream primary and secondary schools, pupils with stated additional needs equates to 20% of the school population.

There are 1950 individual pupils across Inverclyde educational establishments with 3806 stated support needs (SEEMIS March 2017), including:

Autistic Spectrum Disorder	340
Dyslexia	519
Looked After	115
Social, emotional and behavioural difficulty	573

Our children and young people

Positive Destinations for the majority of our young people remain high, and we have been working together with key agencies such as Skills Development Scotland (SDS), youth employability, local schools and colleges to improve sustained destinations.

Our post school destinations tracked over time through the national data hub show a mixed picture for LAC pupils. The proportion of LAC pupils in negative sustained destinations is higher than we would like to see. As a result, more work is being undertaken on employability skills, and we are asking schools to improve the information they hold on leaver aspirations. In this way we can get help and put interventions to those who will need the most support to achieve their aspirations and access the world of work.

Protecting our most vulnerable children remains a key priority.

The 2015 statistics show that Inverclyde is within 10% of the national rate for Child Protection Registrations along with comparator authorities Renfrewshire and East Ayrshire. Nationally there was a 4% decrease from the previous year in the total number of children on the Child Protection Register on 31st July 2015. This was against the 10 year trend of increasing child protection registrations.

Child protection registrations across Inverclyde showed an increase from the previous year in the total number of children on the Child Protection Register from 26 children in 2014 to 42 children in 2015.

Although overall this represents a 62% increase in the total number of children on the register at a single point in time, this statistic does not give an accurate reflection of the trends in Inverclyde. The number of children on the register fluctuates from month to month. During the year the number on the child protection register at the end of each quarter fluctuated from a low of 22 on 31st October 2014 to a high of 42 on 31st July 2015.

Child Protection Registrations - Rate per 1,000 children under 16

	2014	2015
Inverclyde	2.0	3.2
West Dunbartonshire	2.6	1.0
North Ayrshire	4.6	3.9
Renfrewshire	2.6	2.8
East Ayrshire	2.3	3.1
North Lanarkshire	1.2	1.6
Scotland	3.2	3.0

Our children and young people

On 31st July 2015 more than half of children on the child protection register in Scotland (51%) were aged under five. This mirrors the local picture where on the same date, 55% of children placed on the child protection were aged 5 years and under. Over the year 22% of registrations in Inverclyde took place in relation to unborn babies. There is no strong gender pattern in Inverclyde's statistics.

The most commonly reported areas of concern across Scotland in 2015 were emotional abuse, neglect, domestic abuse and parental drug misuse. Across Inverclyde the pattern was slightly different with the most commonly reported areas of concern for the equivalent date being:

- domestic abuse
- followed by parental mental health problems
- neglect and parental alcohol misuse
- parental substance misuse (including alcohol and drug misuse)

Parental mental health problems and domestic abuse were priority areas for Inverclyde Child Protection Committee during 2015/16.

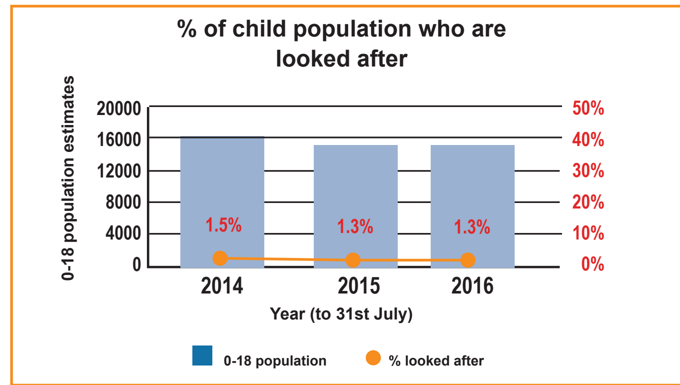
Inverclyde can therefore be seen to be generally in line with the national picture in relation to the core statistics for which national comparison data is available. A more extensive suite of management information is reviewed routinely by ICPC and this is used to identify local trends and areas for action or further investigation.

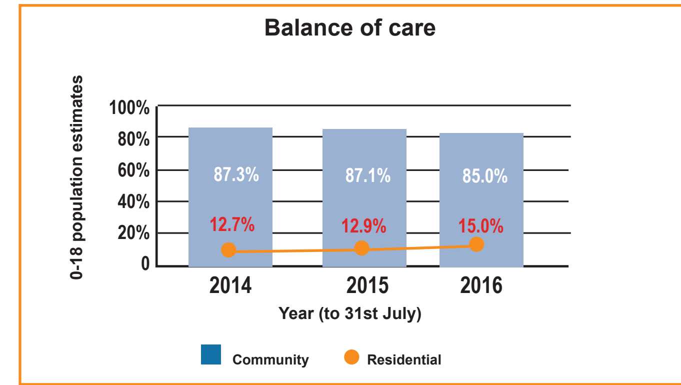
As part of the wider GIRFEC implementation process, both the child protection and the looked after children process has been aligned with the multiagency Inverclyde GIRFEC pathway. The benefits of aligning these planning process means that children will have one multiagency child's plan and will receive continuing support through the "stepping down" process following de registration. Teams Around the Child will continue to support families through this process, for as long as they need it.

Inverclyde has had constant numbers of looked after children. In 2016 this was 1.3%, which is just below the national average.

The Children and Young People (Scotland) Act 2014 brought about extensive changes in enabling us to better meet 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.

Our looked after children





As of 31st July 2015 there were 209 children and young people looked after by Inverclyde Council, with gender composition of 121 males and 88 females. Of this number of children 185 (89%) were residing within Inverclyde and 24(11%) were residing out with Inverclyde

Between 2014 and 2016 the balance of care has been consistently weighted towards community placements. These have accounted for over 85% of total placements, a figure which does not include the children placed in Inverclyde Residential Children's Units.

Looked after at home placements have comprised over 60% of community based placements. Foster care placements over the 3 years represent more than half of all looked after and accommodated placements.

Children looked after away from home in Inverclyde are unlikely to experience a series of different placements over short periods of time. The Corporate Parenting agenda has continued to drive improvement in all aspects of the lives of children and young people who are looked after. We are improving how children in our care influence the design and delivery of services as a local priority, in line with legislative requirements and within the framework of children's rights.

Steady progress has been made in transforming what were traditionally poor outcomes for this group of young people into positive outcomes. We place strong emphasis on young people remaining in care until they are ready to move on, as well as continuing support after they have moved on. Our data demonstrates that we have an increasing number of young people continuing to be in care beyond 16 years.

We have recently extended the offer of a yearly health assessment to all are children who are looked after at home, as our analysis illuminates that we need to do more by way of improving outcomes for this particular vulnerable group.

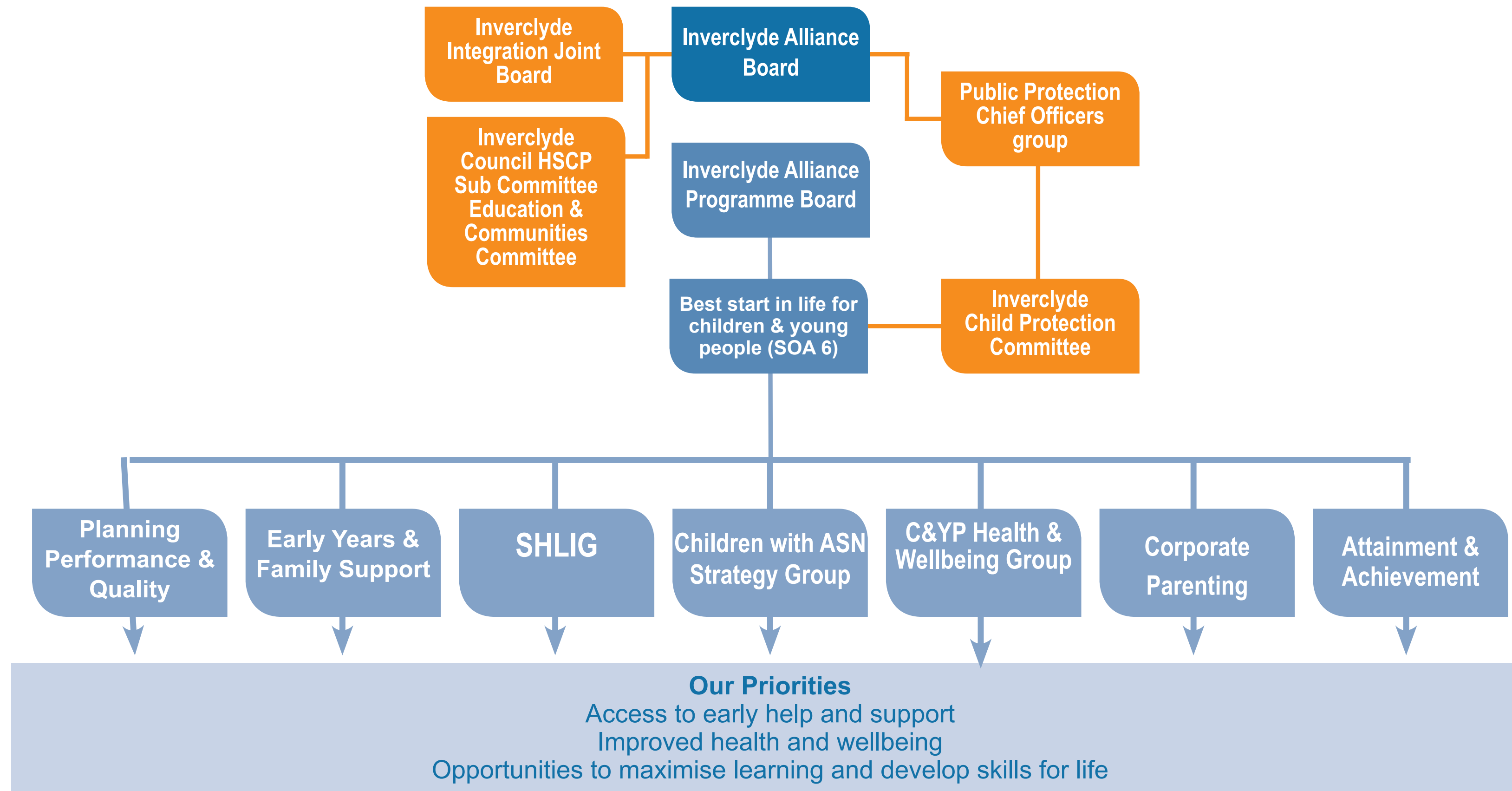
Inverclyde together - how we work together

The most successful programmes of intervention are those which draw on a wider range of expertise and skills. This requires strategic leadership and shared vision, collectively to find solutions with our communities on some of the challenges our communities are currently facing. Our efforts will be integrated into whole system strategies, recognising that the most effective approaches are those that are embedded across organisations and are part of the whole system.

Inverclyde community planning partnership recognises that key to improving wellbeing outcomes means a move to prioritise early intervention approaches. This is because many of the challenges that are experienced by those citizens in our most deprived areas in Inverclyde, will require more joined up strategies leading to an increased need to jointly commission services, in a strategic way. We will continue this targeted work through the development of Locality Plans for the areas of Port Glasgow, Greenock East and Central and Greenock South and South West. These Plans will set out what all partners will do to improve outcomes for those in our most disadvantaged communities, and will be in place by 1 October 2017.

We recognise that our most vulnerable and at risk children and young people continue to require support at an early stage and in a timely manner. In times of reduced budgets, prevention, early intervention and sustaining positive change is now more important than ever, and is key to not only making a real difference to the lives of children and families, but also to delivering the budget reductions all partners will need to deliver over the lifespan of this plan.

Inverclyde's Planning Partnership



Inverclyde's Planning Partnership

Children Services Planning Structures as it connects into the wider community planning framework.

- SOA Inverclyde Alliance 2012/17
- Education Corporate Directorate Improvement Plan
- Education Services Improvement Plan
- Health & Social Care Strategic Plan: Improving Lives 2016 - 2019
- Autism Strategy Action Plan
- Learning Disability Strategic Commissioning Plan
- Self-Directed Support Implementation Pla
- Carers & Young Carers Strategy
- Alcohol and Drug Partnership Strategy
- Financial Inclusion Strategy
- People Involvement
- Youth Participation Strategies
- Community Justice Partnership
- Community Safety Partnership
- Local Policing Plan

Inverclyde Child Protection Committee (ICPC) has responsibility for progressing our:

- Child Protection Business Plan

While some of our other work with children, young people and their families is described in the following documents:

- Best Start in Life Outcome Delivery Action Plan
- Child Protection Annual Report & Improvement Plan
- Corporate Parenting Strategy
- Healthy Child Programme
- Inverclyde Family support and Parenting Strategy

1 The needs of our care experienced children and young people are addressed in detail, in our Corporate Parenting Strategy. Its priority outcomes take account of the following:

- Children and Young People (Scotland) Act 2014
- Inverclyde HSCP Strategic Needs Assessment
- Inverclyde Attainment Challenge
- Feedback from Inspections of our regulated residential childcare, fostering and adoption services
- Feedback from looked after children, parents and carers
- Consultation with corporate parents and community planning partners

2 This level of engagement enables us to better understand the needs of our care experienced children and young people, including the inequalities they encounter throughout their care journey. We identified that a successful strategy required:

- shared assessment and planning processes that are outcome focused
- shared understanding of early help, intervention and transition
- consistent data sharing
- collaborative approaches and participation

3 Informed by this we have identified four key Corporate Parenting priorities for Inverclyde:

- Early help and assistance - Children, their families and carers receive early help and assistance with seamless transitions from birth to adulthood
- Health and wellbeing –Care experienced young people have improved physical, mental and emotional health and wellbeing;
- Education, training and employment – Care experienced young people benefit from aspirational education and have equal opportunities within training and employment
- Accommodation and housing – Care experienced young people have safe, secure, stable and nurturing homes

We have a successful track record of working together – examples of some of our joint work to date which has had a positive impact on children, young and their families include the following.

Working together to tackle poverty and inequality - what we have achieved

The areas of work that the Community Planning Partnership can influence are wide ranging, including Community Safety, Financial Inclusion, Community Engagement and Capacity Building, Area Renewal and Housing. Financial inclusion is a key priority for the Community Planning Partnership, Early Years' Framework and Raising Attainment.

- Development of Inverclyde life connecting people with services
- Regeneration of Broomhill and Branchton
- Partnership working between Health Improvement Scotland and the Inverclyde Alliance, to review our outcome delivery plans and ensure that our improvement work is being carried out through an inequalities lens
- A Health and Wellbeing Survey of all secondary school children has been carried out. The survey had an 83% response rate, and the results of the survey have provided a clear picture of the health and wellbeing issues that are affecting our young people. The CPP has continued to work with young people through the Clyde Conversations
- As part of Inverclyde Supporting Communities Week, 'Your Voice' and local recovery assets co-ordinated and hosted an Inverclyde Recovery Café Ceilidh, Recovery Music Jam Session and Inverclyde Recovery Café
- The Early Years Collaborative (EYC) includes providing free Healthy Start vitamins for families with children under 5 years from the early learning and childcare services within 3 local communities
- We are providing parents with one to one parental volunteer support through Action For Children Laughter in the Library Project
- The training and upskilling of parents in child development and brain development, using the five to thrive approach, was delivered to a group of parents from the Action for Children parental volunteers
- We have increased accessible and flexible early years provision
- Early Learning and Childcare Centres in the most disadvantaged communities participated in projects to improve outcomes for children and families, including Income Maximisation Project, IHeat collaborative project, Swap Shops, cooking on a budget and recycling uniform costs
- We have developed an end to end employability scheme
- We attained the UNICEF Rights Respecting Residential Unit award in line with UNICEFs Rights Respecting School Awards
- iheat: introduction of Inverclyde Home Energy Advice Team to provide face-to face energy advice to all Inverclyde residents with savings over £1million to date, improving the home environment of income-deprived families

- Successful implementation of the Scottish Welfare Fund by Inverclyde Council is helping to tackle child poverty.
- Extensive support pathways delivered by the HSCP Advice service also help to tackle child poverty

Much of the work to militate against local child poverty is taken forward by the Financial Inclusion Partnership.

It is important to note that much of the work that is within the control of the Community Planning Partnership seeks to mitigate the impact of child poverty on our local children, as well as look to the future by supporting better outcomes for individuals. As a result, change to levels of child poverty will be made over the longer term through raising attainment, enabling more people to be ready for work and help them into work where they can earn a living wage. Thus additional funding has been agreed to continue to support and expand a range of employability initiatives and support to families living in poverty in nurseries and primary schools across Inverclyde, by setting up income maximisation surgeries.

Partnership approach Barnardo's - Nurture Services Inverclyde (Improving Futures) - what we have achieved

'Nurturing Inverclyde' is our strategic Community Planning Partnership aim. This has led to the development of a number of highly innovative projects with Barnardo's Nurturing Services. We developed a public social partnership in 2012 to support parents with children 0-3 years, designed to address the needs of vulnerable families at an early intervention stage. This evaluated very well and demonstrated a good level of impact in parent-child relationships and parental confidence.

Since 2012 Barnardo's, in partnership with Inverclyde HSCP and the Council, we have secured additional funding to Inverclyde to the value of £4,139,297. Child Sexual Exploitation support is also provided by Barnardo's Scotland specialist service at no additional cost to the HSCP. Barnardo's provides strategic support to this agenda as well as providing a direct service to children and young people. The Nurturing Inverclyde delivery model has a multi-pronged approach to provide a diverse and holistic range of support to the families engaged with the project, which is part of the early help and support strategy.

Improving Attainment for all – what we have achieved

- In partnership with Barnardo's. Family support workers are attached to attainment challenge schools and are providing help to families to get their children to school;
- Improved attendance is demonstrated in all 9 focus schools. Overall, there is an increase of 2.24% in attendance across the 9 focus schools. 6 schools had increases of between 0.15% and 0.34%, one school stayed the same and 2 schools had decreases of 0.28% and 0.34%.
- Five to Thrive approach across all children's services particularly schools engaged in the attainment challenge.
- Schools have participated in family engagement sessions such as Families Connect (FAST), Family Support Workers in Schools, Soft Start in Primary 1. This has increased parental attendance at the child review meetings.
- Improving self-esteem and confidence through parental leadership training for parents through Columba 1400 has enhanced engagement in local planning
- Engaging families in their children's learning during school holidays with the holiday lunch clubs
- Encouraging family meals through holiday lunch clubs
- There have been no exclusions across Attainment Schools
- Across Inverclyde the PIPs data shows that we have raised attainment for all of our learners in P1 and have reduced the attainment gap linked to deprivation from 4.8% to 3.3% in maths and from 9.1% to 6.4% in reading.
- Improved school attendance of children looked after away from home.

Together with children, parents and families – what we have achieved

- Between January and March 2017 Community Learning Development family support workers have engaged with 123 parents/carers who are now classified as learners, 68% of whom are living in SIMD 1 and 2. The majority are female between the ages 25-44 years
- Three Early Years Establishments led holiday lunch clubs for families living in the communities around their centres. In total between the Summer and Autumn 2016 clubs, 391 families engaged in the service. 26 (20%) parents completed a feedback survey to tell us what they thought was good about the service and what could be even better
- Parents are engaged in the services around their children's learning through the Reading for Pleasure Project in St Francis Primary School and in 2016 in St Andrew's Primary School
- More than 250 parents from Rainbow, Gibshill Binnie Street Family Centres have been consulted and engaged in conversations around providing vitamins supplements to children under the age of 5. The Healthy Start Project has been offering vitamins to children in Rainbow Family Centre since March 2016 and in the following March (2017), Binnie Street Children's Centre offered this free service. However, every parent receives the information and is asked if they already provide vitamin supplements, and if not, has this changed now that they have received the relevant information
- Parents are involved in providing their opinion when the school receives an authority review as part of the inspection process
- 11 parents graduated from Columba 1400 Parental Leadership training and all of them advised that they could recommend someone who would benefit from this training, if it could be offered again
- Consultation and engagement have taken place every year since the we carried out the health and wellbeing survey in 2013
- The Barnardo's Parenting Group was involved in the evaluation of the Nurture service
- User involvement in the development of engagement tools through the child protection process
- A group of primary school children were involved in developing the Inverclyde Child Protection Committee's new website
- Young people were actively engaged in the refurbishment programme of our children's homes
- Development of the Proud2Care group, supported by our children rights and advocacy services, provides support to care-experienced children and young people

GETTING IT RIGHT FOR EVERY CHILD - what we have achieved

Inverclyde's Community Planning Partnership is committed to the culture, system and practice changes required to ensure effective implementation of GIRFEC. This remains our key priorities underpinning all partners' work in relation to children and young people change as a result of our implementation plan.

We have:

- Universal understanding of wellbeing
- Developed the Inverclyde's GIRFEC pathway as our integrated service delivery model
- Developed multiagency GIRFEC practitioner guidance
- An extensive programme of learning and delivery, targeted at different levels of the workforce
- Established local communities of practice to support implementation
- Created a GIRFEC champions network within schools.
- A single planning framework aligning child protection, looked after (away from home and at home), and children in need cases
- Electronic applications to support single agency wellbeing assessment at universal and enhanced universal levels in education and health
- A GIRFEC tool kit including multiagency assessment of wellbeing
- GIRFEC information sharing practitioner guidance
- Information sharing leaflets for parents and young people
- Evidence of single agency planning, which has strengthened particularly in education and health settings

The programme of improvement for Neglect supported by CELCIS – what we have achieved so far

Our joint strategic needs assessment with our quality assurance work in the child protection arena highlights the significance of the challenges facing children growing up in Inverclyde. The intergenerational blend of poverty, inequality, and specific challenges relating to alcohol, drugs and domestic abuse in Inverclyde has prompted us to become partners with CELCiS to focus on issues of neglect. The programme is entitled;

ANEW: A New look at Neglect and Enhancing Wellbeing

ANEW involves collaboration between CELCiS, service providers and our citizens and communities, and uses the science and practice of active implementation to secure improvements. The programme began in September 2016 and is presently progressing to the design stage. The programme will focus on improvement activity that we believe will have the greatest impact on neglect and improving outcomes for our most vulnerable.

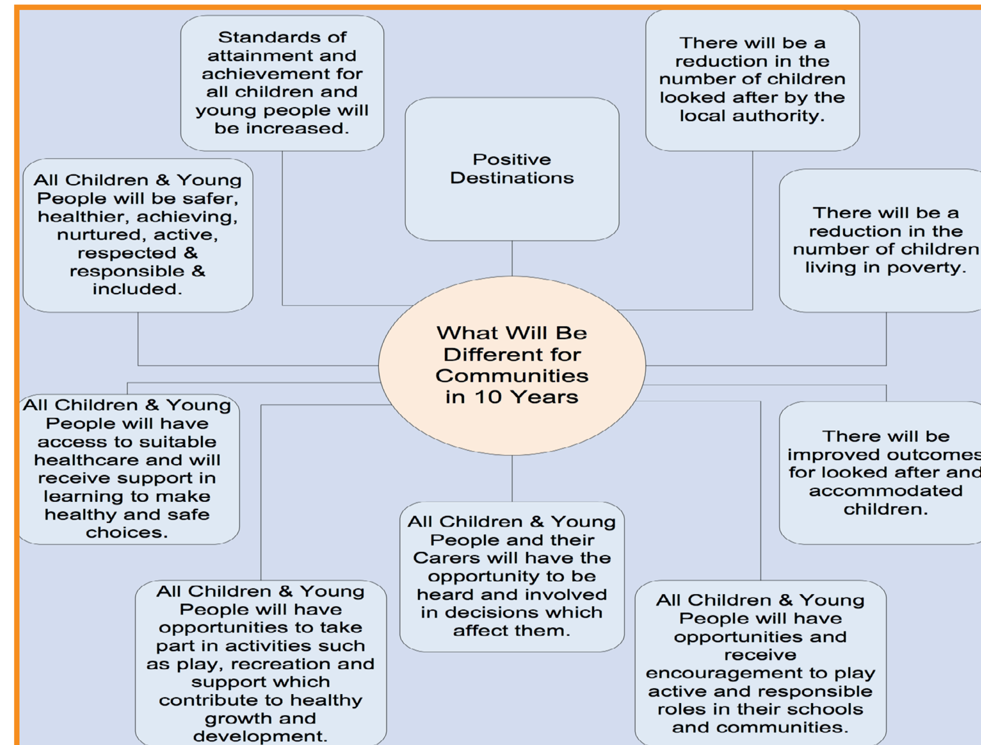
GETTING IT RIGHT FOR EVERY CHILD - what we have achieved

The CPP and Inverclyde's Child Protection Committee are fully committed to this programme over the lifetime of this Plan.

The Programme of Improvement for Neglect will provide an opportunity to for our Community Planning Partnership to drive sustainable improvements through:

- Taking demand out of the system through preventative actions and early intervention to tackle the root causes of inequality and negative outcomes
- Working more closely with individuals and communities to understand their needs and mobilise a wider range of Scotland's talents and assets in response to these needs, and to support self-reliance and community resilience
- Tackling fragmentation and complexity in the design and delivery of public services by improving coherence and collaboration between agencies and sectors
- Improving transparency, challenge and accountability to bring a stronger focus on value for money and achieving positive outcomes for individuals and communities

Where do we want to be - our strategic priorities



In 2015 the Best Start in Life Group embarked on a process of self-evaluation and review in preparation for the development of the statutory Integrated Children's Services Plan 2017-2020. Initial work focused on the overall effectiveness of the outcome delivery group with an aim of identifying areas for improvement (parallel processes have taken place in the ICPC and COG). The self-evaluation focused on clarity of purpose; clarity of leadership; governance & performance management; evidence based and client focused approach; and capacity to translate strategy into action.

Clear improvement actions emerged which included recognition of our need to move from an environment where we as a partnership were data rich, to one where we were data informed. From that recognition we have moved forward in a way that we believe has transformed our approach to Children's Services Planning. We have developed a joint approach to data collection. We have established a data repository that is shared across our key strategic services. This repository has been used to inform our first Integrated Strategic Needs Analysis for children's services.

The Integrated Strategic Needs Analysis, along with other associated documents, has strongly informed our priorities for this Plan (2017-2020). The Plan underscores our collective aspiration that every child, citizen and community will be safe, healthy, achieving, nurtured, active, respected and responsible and included. We have identified three overarching strategic priorities. These are:

- Access to early help and support
- Improved health and wellbeing outcomes
- Opportunities to maximize their learning, their achievements and their skills for life
- Housing and accommodation as part of the Corporate Parenting Strategy

The Inverclyde Corporate Parenting Strategy 2016-2019 has the same three strategic priorities but adds a fourth in recognition of the particular needs of our care experienced young people and this is:

- Accommodation and Housing.

These four strategic priorities also frame our integrated commissioning intentions and will form the basis of our future joint commissioning strategy, and are broadly aligned with the joint strategic commissioning themes of the HSCP Strategic Plan "Improving Lives" . As our Child Protection Committee Annual Review and Business Plan becomes due for renewal in 2017, this will be directly aligned to these and our other key plans, providing a strong, coherent and integrated suite of plans to guide our service improvements over the next planning cycle.

Each priority is underpinned by a shared commitment to a relentless focus on improving outcomes for all, reducing inequalities and narrowing the gap between those who are vulnerable or disadvantaged and their peers.

National context

Over recent years, our approach has been informed by three key national policies, namely Achieving Our Potential, the Early Years Framework and Equally Well. They advocate early intervention and prevention rather than focussing on what to do when a crisis happens; and all three inform our work with children, young people and their families. There is currently a shift in culture from dependency to active citizenship, where people should expect less from the state and more from themselves, their families and their communities.

The culture change taking place in Scotland is leading to a realignment and prioritising of resources toward early intervention (as set out in the Christie Commission report on transforming public services), shifting the focus from crisis management to prevention, early identification and early intervention, whilst realistically recognising that crisis management will still be needed in the short to medium term, and more occasionally in the longer term. The scale of the changes required are massive and complex, but in order to secure the best outcomes for the most vulnerable people, in a time of unprecedented financial challenge, these changes are necessary.

Priority 1: Our children and young people have access to early help and support - why is this priority in Inverclyde

We recognise that parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. The development of children's brains in the early years is crucial to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included throughout their lives. Attachment is a core part of this development and our ongoing work is focussed on developing parenting skills to ensure that next generations living in the area are happy, supported and safe.

Exposure to high levels of parental stress, neglect and abuse can have a severe effect on the brain development of children and affects them throughout their lives. We have therefore prioritised supporting children in their early years to help build resilience to try to break this cycle.

As a first step to achieving this, we recognise that it is important that partners are fully aware of the provision available across the area, and that clear referral routes are in place to ensure appropriate targeting and support is better co-ordinated.

Intermediate outcomes

- Partners are more aware of provision available across the area, clear referral routes are in place leading to better targeting.
- Partners are better at co-ordinating support and development that is available, pathways are in place for parents to follow and continue participation.

Progress

Inverclyde life developed in partnership with CVS to connect people to services

Mapping exercise of all services providing child care service across Inverclyde by Barnardo's as part of the process of developing the initial parenting and family support strategy.

Barnardos service agreed as the central referral mechanism for access to all parenting programmes support (HSCP / Inverclydecouncil) Family support and parenting strategy has been developed.

What next - we will refresh our family support and parenting strategy and firmly align with GIRFEC in doing this we will carry out a wider consultation and engagement event with parents and carers to inform the strategy. Work across Inverclyde with 3rd sector organisation has started through our work around Neglect, we will continue to promote, embed a wider reach of 3rd sector organisations and parents who have a clear understanding of our GIRFEC pathway and types of support available.

Intermediate outcomes

- Implement Health Plan Indicators from birth to identify children with core or additional health service needs.
- Provide a targeted (additional) health visiting support and / or support from other disciplines / agencies to vulnerable children and their families.

Progress

Health plan indicators have been implemented, and all health visitors have received training in relation to national practice model to assist assessment of wellbeing that determines the HPI. Health visitor provided more targeted support were needs have been assessed as requiring support, skills mix teams offer the availability of additional support to families when needed, although not statutory, we have implemented the language of request for assistance as part of the Inverclyde pathway. We already have well established connections and pathways with other services. We already have a focus on maternal infant and nutritional framework locally established to mirror GGC developments.

What next - we will to build capacity within the scope of universal and enhance universal services to be able to consistently provide the right help preventing needs from escalating, in doing this we need to have accessible support and expertise available at this level accessible to the named person. Firmly establish an understanding across the agencies about supporting the named person in their role. We need to help parents and carers to fully understand that help and support is available through the named person. We need to establish a collective performance measures in relation to general assessment activity and support offered and outcome at universal and enhance universal levels, we plan to develop a set of indicators to monitor our progress in relation to specific GIRFEC objectives as we continued to refine and adapt our approach to GIRFEC. We need to continue to collaborate with ante natal services as we move to fully introduce the new universal pathway from pre-birth.

Intermediate outcomes

- A collective approach is taken to improvement in services to protect children.

Partners are aware of the benefits of working together to provide early support to children who require protection, children needs are better understood when teams work together and partner with children and their families. The benefits of ensuring the right support is provided at the right time will enhance the likelihood of children meeting their needs. We firmly believe that helping parents who are struggling to care for their children can make a big difference, both now and in the future. The biggest gains in improved outcomes and reduced inequality will come from supporting parents

Research on Adverse Childhood Experience has associations of health harming behaviour, chronic ill health and poor mental wellbeing. Offering early help will reduce the likelihood of increased demand for more costly longer term or life-long interventions.

Progress

We already have a well-established multiagency performance reporting mechanism for children requiring protection and the types of support they are offered. Across Inverclyde agencies work together to identify at an early stage children and young people who need help. Parents have access to an increasing support service and a range of professionals from across Inverclyde, adult services are alert to signs of risk and need and systems are in place for the sharing of concerns at an early stage across Inverclyde to prevent escalation of problems. There is a wide range of flexible resources to meet the individual needs of the child or young person. The work being undertaken in this objective is taken forward by Inverclyde's child protection committee in collaboration with other partnerships within the public protection arena.

What next - we will continue to embed our GIRFEC approach as it applies across the partnership, children deemed to be in need of protection are seen on the enhance collaborative pathway, as needs and risk reduce these children will benefit from stepping down process, where continued support is offered. Inverclyde CPC has developed an outcome framework that will support a better understanding of how well we are meeting the needs of our children requiring protection.

Priority Two: All our children and young people have improved health and wellbeing outcomes - Why is this priority in Inverclyde

Child poverty is a growing national problem. More than 1 in 5 children in Scotland (220,000) are officially recognised as living in poverty (End Child Poverty, 2015).

In Inverclyde we know that in half of the wards 1 in 4 children are growing up in poverty, which equates to 26%.

Its impact is pervasive as outlined by national government policies:

- Achieving Our Potential, 2008
- Equally Well, 2008
- Children and Young People Improvement Collaborative, 2016

Intermediate outcomes

- We want to close the attainment gap between the poorest pupils and their classmates
- We want all children to have positive destinations when leaving school to develop skills that can make them employable
- We want all local people to have access to relevant local services that support income maximisation and debt provision
- Household poverty
- The financial capability and capacity of local people is increased

Progress

- A locality mapping to assess the impact of poverty on every child, citizen and community within Inverclyde has been undertaken under the 3 national outcomes of pockets (maximising resources of families on low incomes), prospects (improving life chances of children in poverty) and places (children from low incomes live in well-designed sustainable places).
- The Financial Inclusion Partnership (FIP), represented by the community planning partnership has been involved with initiatives, as well as bringing in £1.5 million extra funding to impact on child poverty and poverty for families.
    - iHEAT project has provided energy savings advice and practical help to nearly a 1,000 households resulting in savings of £598,000 in 2014.
    - The HEEPs fuel poverty project has improved 330 homes from 2013-2015.
- The Scottish Welfare Fund and Discretionary Housing payments have mitigated some of the impact of the welfare reform.
- The cost of a school day – universal P 1-3 free school meals, breakfast clubs, clothing grants, after school clubs, free swimming during school holidays and food banks.
- Raising Attainment for All (RAFA) – Inverclyde has been named as one of seven Local Authorities who have received money for the Attainment Challenge. This is a 3 year programme that is being supported by extra funding to Barnardo's Nurturing Inverclyde to work 8 primary schools and 6 high schools to raise attainment in literacy, numeracy, health and wellbeing.
- More Choices, More Chances are engaged in supporting young people to leave school at a later age and have a positive destination such as work experience, full-time or part-time college placement, training opportunities or modern apprenticeships.
- Locality regeneration that includes play projects and eco groups making greener areas and growing food.

What next - we will continue to close the attainment gap between children, continue to develop provide a range of services in Inverclyde's schools to support children to promote good physical and emotional health and wellbeing, increase accessibility of highly valued parenting programmes to support parents confidence. Increase options to prevent financial crisis and support low-income families to maximise their income

Intermediate outcomes

1. Embed our GIRFEC pathway through meeting the training needs of the single and multi-agency workforce
2. Implement the multi-agency GIRFEC paperwork and toolkit
3. Implement outcome focussed planning through the child's plan
4. The voice of the child and young person is key to decision making
5. Improvement officers review LAC child's plans in accordance with the Assessment and Care Planning Manual.
6. Monthly case file reading highlights areas for continuing improvement

GIRFEC in Inverclyde is about how services can best support children, young people and families so that outcomes can be improved, delivery made more efficient and the vision of making Scotland the best place to grow up.

We have four GIRFEC pathways; universal, enhanced universal, collaborative and enhanced collaborative. All children in Inverclyde are on this pathway, with only a small proportion of children and young people having more significant and/ or complex needs. Response to these needs will become increasingly targeted and specialist, and in the arena of looked after children this will be at enhanced collaborative and involve statutory services.

For all LAC, the lead professional responsible for the co-ordination of a multi-agency wellbeing assessment and child's plan is a social worker. This represents fewer than 3% of the population of children and young people aged between 0-15.

Progress

- Single and multi-agency training for the intensive workforce who will be the named person or lead professional
- Single and multi-agency training for the specific workforce who will contribute to the multi-agency wellbeing assessment and contribute to the delivery of improving outcome through the child's plan
- Outcome focussed planning training
- Introduced GIRFEC toolkit
- Commissioning of Who Cares and Barnardo's advocacy services for all Looked after children and children subject to child protection processes.

What next - we will continue to improve outcome focused planning to measure impact help, and have developed a multiagency GIRFEC outcomes framework to measures progress of implementation and impact in the medium to longer term. Enhance the routine practice of stepping up and stepping down plan through good transitions according to the GIRFEC pathway, co-production of plans with children and their families.

Intermediate outcomes

- Mental wellbeing is improved
- Mental health problems are prevented
- Staff are confident and supported to provide mental wellbeing support for children and young people

The mental wellbeing of children and young people is a national concern, as well as a local concern for Inverclyde.

Our local response is based on GG&C's Child and Youth Mental Health Strategy that promotes prevention and resilience through existing relationships in schools and the community learning development team to support children and young people.

It builds on nurturing approached in education services to develop emotional literacy and resilience to manage adverse situations through trusted relationships.

Progress

- One good adult to support and protect mental health
- Build emotional literacy in schools through a nurturing environment
- Build resilience in communities through networks of youth services with skilled staff to support and intervene
- Training so staff are confident and supported to help young people in situations of distress – Scottish Mental Health First Aid (young people), What's the harm, safeTALK, ASIST
- Opportunities for peer help and positive use of social media

What next - we will continue to embed resilience in practice, Promote policies that improve young people's wellbeing #clyde conversations, MVP, anti-bullying, Develop a service pathway detailing a range of support options for early intervention (tier 2) that can help find appropriate help quickly and that the named person can access for young people.

Intermediate outcomes

- Implementation of a 27-30 month assessment that is effective to supporting, promoting and safeguarding wellbeing need
- Ensure that the workforce training to implement assessment and care planning tools across this pathway is making a difference
- Implement Health Plan Indicators from birth to identify children with core or additional

Health service needs

- Establish health visitor as named person and their universal single agency assessment

Planning and review process

- Partners are better at co-ordinating support and development that is available, pathways
- Are in place for parents to follow and continue participation

The correlation between wellbeing and social inclusion promotes healthy children and citizens that can contribute to their communities.

The Healthy Child Programme and our Parenting Strategy is key to making Inverclyde the best place for children to grow up by having the best start in life.

The Healthy Child Programme has established a universal service for all children from 0-19 and a targeted service for vulnerable children and their families. The Health Plan Indicator determines the pathway of core, additional or intensive needs.

The 27-30 month assessment bench marks the health and wellness of children in Inverclyde and sign posts early help and supports services on a universal pathway to promote resilience in children and their families.

These developments have symmetry with our local GIRFEC pathway and our tiered parenting strategy approach that provides services to parents to ensure that they can successfully support their child's journey from early years to adulthood.

1. Parenting programme are co-ordinated effectively to ensure that they improve the wellbeing of children and support parents to achieve this outcome
2. The provision of support is of a high standard, timely, is accessible and avoids unnecessary duplication.
3. To ensure that consultation with and participation by families is integral to our planning, evaluation and development.

Progress

Inverclyde's Parenting Strategy has a tiered approach to family support that builds the assets and capacity of parents to promote the health and wellbeing of their child. Examples are: FNP; Positive Futures Project; Barnardo's Nurture Service. Our CAPSM approach is based on the recovery agenda that promotes early intervention through a co-ordinated communication and delivery of services that make the team around vulnerable children to support both them and their parents. Nurturing approaches in schools have been based on collaborative working across the community planning partnership to build sustainability by having family support workers and family learning clubs develop partnerships and relationships with parents through these support networks. Solution-orientated approaches in educational services that are strengths based. It seeks to address complex situations by setting goals to form positive relationships, understanding and connections with young people and between young people. Health visitors are undertaking universal single agency wellbeing assessments; this is identifying help at an early stage.

What next - we will build resilience in children to make safe choices, Build resilience in parents to meet their needs of their children, with the support of extended family members Embed peers support that build capacity and resilience in communities. Utilise the ready to learn (30 month assessment) data across the partnership to inform service planning and enhance transitions and support for children. Continue to build capacity of our universal service to provide help earlier.

Intermediate outcomes

- Recovery through treatment and support services
- Prevention through supporting healthy lifestyle choices and raising awareness in communities about the risk associated with alcohol and drug misuse
- Prevention and early intervention is critical to promote the wellbeing of children and young people
- Children have a right to be protected from harm

Protection as substance misuse harms individuals, families and communities, Inverclyde Alcohol and Drugs Strategy is to 'support partnership working which will reduce the impact of alcohol and drug misuse on our community'. Central to achieving this outcome for people with alcohol and drug misuse is a partnership with carers, families and the wider community. This is a challenging landscape as both drug and alcohol related admissions are higher than the Scottish average. It requires changing attitudes, environments and culture.

The Child Affected by Parental Substance Misuse (CAPSM) Procedures outlines the recovery agenda based on a family approach that is centred on early intervention. It is supported by the GIRFEC planning process that promotes supports and safeguards the wellbeing of children and young people.

Progress

Successful ADP/CPC working relation with the aim of whole population approach to prevention, delivery of universal and targeted education in relation to alcohol and drugs in primary and secondary schools and young centres. Development of young person alcohol team to offer support to young people. Initiative such as "drug proof your kids" aimed at raising awareness of parents and carers. The close working partnership has sought to improve data on children who are affected by parental alcohol or drugs misuse locally. Development of joint GOPR guidance GIRFEC principles embed in guidance in the single shared assessment.

What next - we will continue to implement a whole population and prevention and education programme through community hubs and parenting programmes Continue to implement prevention and education programme for young people and parents through schools Promote media links www.talktofrank.com. Implement a safe parenting campaign, Improve service user and carer's involvement in the assessment and care planning of their children.

Intermediate outcomes

- Care experienced young people have improved physical, mental and emotional health and wellbeing

We know that our looked after children are not a homogenous group; they are individuals with their own needs, strengths and vulnerabilities. As of the 31st July 2015, there were 209 children and young people looked after by Inverclyde Council and their placement type was as follows:

182 children and young people were in community placements

- 43% were looked after at home with parents
- 28% in kinship placements with relatives and friends
- 26% in foster placements
- 3% in adoptive placements

27 children and young people were in residential placements of this number 89% were residing in Inverclyde.

Our experience is that looked after children's health and wellbeing has been impacted by their experiences of trauma and their neurological development, with some looked after children and care experienced young people requiring long term support.

The duties and responsibilities of corporate parents outlined in the Children and Young People (Scotland) Act 2014 accord with the aspiration of "Nurturing Inverclyde". We accept responsibility for our children, young people and care leavers to uphold their rights, and make their safeguarding, health and wellbeing needs our priority.

Progress

- Our chief executive, elected member for young people and two care experienced young people signed the Care Leavers Covenant in December 2015
- The Corporate Parenting Strategy and Policy framework was informed by young people and key stakeholders across the community planning partnership
- All participation is underpinned by the UN Convention on the Rights of the Child (UNCRC), which underpins our rights respecting schools and residential units.
- We have an established Proud2Care Group that has representatives on the Youth Council and are part of consultation events around Corporate Parenting to promote the health and wellbeing of LAC and care experienced young people
- Inverclyde's Corporate Parenting Group is working on local outcomes identified through SOA 6 to promote, support and safeguard the health and wellbeing of LAC and care experienced young people. It includes:
    - Ensuring all LAC have the opportunity to attend their health assessment
    - Improve attendance at LAC health assessments
    - All LAC have a GP and dentist
    - Easier access to CAMHs services through a single point of contact and sign posting to other supports
    - Clear pathways at transitions points from children to adult services

What next - we will stablish a Champions Board, following a successful Life Changes Trust application that was confirmed in December 2016 to deliver the roles and responsibilities enshrined in the 2014 Act. Scope local resources supporting and promoting the health and wellbeing of LAC; agree a service pathway to meet local needs including housing and sustained positive destination. Establish a small grant award scheme to provide opportunities for the Proud2Care, Group to develop skills around decision making and resource management to promote Resilience and wellbeing.

Intermediate outcomes

- Establish UNCRC within communities through opportunities given to children and young people to take part in decisions that affect their lives
- Children and young people will be supported to develop skills, ability and confidence to speak out , to take part and to make a difference

Community engagement is at the heart of getting it right for ever community in Inverclyde. Your Voice Network is key to promoting social inclusion by empowering local citizens to be involved in the planning and delivery of services. The experience of the Network is that health and wellbeing is promoted through connecting people to their community through supporting people to speak out and get involved. We want to develop resilience in children and young people in Inverclyde by empowering them to know their rights and become skilled by being involved in things that matter to them.

Progress

- Implement the Youth and participation Strategy 2016-2019.
- Your Voice Network is partnering with the Children's Rights officer to engage in activities taking place in schools
- Promoting sustainability of projects through the involvement of Your Voice Network.

What next - we will establish a Joint Summit for Youth Participation, Establish a Public Partnership Forum Advisory Group to include children and young people, Review the impact of youth participation on the planning and delivery of services, develop a key set of tools that enables greater participation as part of the children's service planning cycle.

Priority Three: All our children and young people have opportunities to maximise their learning, their achievements and their skills for life – Why is this priority for Inverclyde

Attainment Challenge

The aspirational vision for Inverclyde's CPP is to develop practice which is both effective and sustainable. Supported by the Scottish Attainment Challenge we strive to narrow the attainment gap by meeting learning needs, improve parental engagement, building workforce capacity and expertise and leadership it is our vision that every school will be a nurturing school, with benefits to the pupils of improved attendance, attainment and well-being. In this context, Inverclyde's GIRFEC Pathway model provides a framework for training, support and partnership working across the CPP for our most vulnerable young people and has provided an opportunity to develop the commonality of approach, language and understanding needed to ensure the best outcomes for young people and their families through an integrated approach to early and targeted intervention.

The Attainment Challenge is based on a sustainable model focussed on upskilling our permanent workforce which will provide opportunities for leadership development at all levels, recognition and use of staff skills to develop practice across the community of schools. The programmes implemented for literacy, numeracy and health and well-being will be evidence based. All changes to practice will be monitored for impact and effectiveness. The focus for the attainment challenge schools will initially be on improving outcomes for young people in SIMD deciles 1 and 2 particularly in the Broad General Education, looked after pupils and young carers who are at risk of underachieving.

Intermediate outcomes

- To meet the learning needs of every child
- To improve / increase engagement and capacity of all parents/carers

Progress

Within the Attainment Challenge schools the enhancement of existing supportive partnerships with parents and carers through the Parent Council has been crucial to progress made. The attainment challenge schools are supported in sharing data and discussing the issues around attainment with parents in a meaningful way. Pupils have a key role in identifying their achievements and will have enhanced involvement in planning for their own learning.

What next - A number of targets have been set for the schools engaged in the Attainment Challenge with a particular focus on Literacy, Numeracy and Health and Wellbeing as measured by the PIP baseline test, including:

- In Primary - Increasing the percentage of pupils making appropriate or better progress in Mathematics and Reading by 1% each year from a baseline of 68.2%; and
- In Secondary - increasing the percentage of pupils achieving National 5 or above in Maths and English by the end of S6;
- Increasing attendance in Attainment Challenge Schools by 0.3% annually from a baseline of 93.7% each year. Inverclyde Council's current attendance target for primary schools is 95%.
- Decrease in exclusions across all schools with particular emphasis on our most vulnerable pupils.

What Next - Inverclyde's results are very strong in terms of the relative attainment of our pupils when they are compared to young people across the country who live in similar areas. We will seek to raise attainment for and all close the attainment gap. Work closely with parents/carers to remove the expectation that pupils are less likely to achieve if they live in deprived areas and to foster a culture of ambition in each school through developing aspirational vision and values.

Intermediate outcomes

- The standards of attainment and achievement for all our looked after and looked after and accommodated children and young people are raised

Progress

We have successful reduced exclusions and have supported our looked after (away from home) young people in increased attendance at school through our partnership approach. Youth achievement awards, representation on Inverclyde's Youth Council, activity grants, supported study, solution oriented approaches, nurturing approaches within schools and our residential homes under the policy of "improving outcomes for looked after children" some examples of the range of activity that are improving outcomes.

What next - we will have a focused agenda to improve attainment for all looked after children, particular those children looked after at home. Increase achievement opportunities for all looked after young people. Specific attainment outcomes for looked after children are contained within the Corporate parenting plan.

Intermediate outcomes

- Implement Children and Young People Act (Scotland) 2014 (GIRFEC) through embedding principles, processes and practice in across all children's services

Progress

We have commissioned Advocacy services from national 3rd sector organisation available for all children looked after children and young people and children subject to child protection processes. We have been involved in developing our Corporate Parenting agenda and plan over the last 3 years. We have developed our approach to furthering children rights agenda by adopting rights respecting schools approach to our children's units. Developed our Youth participation strategy.

What next - we will develop partnership working within the Inverclyde GIRFEC Pathway to ensure more effective cross-service planning for vulnerable children and to assist in the design of enhanced and targeted interventions as appropriate to the needs of individual children. Support community working to improve outcomes for all Looked After and vulnerable children.

Intermediate outcomes

- Increase the number of young people aged 16-24 in employment or training

Progress

Partnership actions are supporting the continued improvement of initial destinations, there are key strands of work across that will continue to support improved sustained destinations and particularly for our most vulnerable. Development of employability pipeline, named person support offered by "More Choices More Chances" service, Youth Employment Strategy locally has been developed.

What next - we will increase number of modern apprenticeships available to young people; collaborate together to progress key action plans such as Corporate parenting plan and youth employment action plan.

Intermediate outcomes

- To build a culture of high quality with a skilled workforce with effective leadership

Progress

Sustainable workforce development is a key priority of the attainment challenge plan underpinned through building staff capacity in appropriate pedagogy and assessment methodologies. Developing excellence and sharing practice in nurturing and solution-oriented approaches alongside partner providers to support all young people will continue to build on the success of our workforce learning and development framework. This is delivered through an extensive coaching and modelling strategy in education services and across the partnership.

What next - we will continue to further develop our workforce learning and development programme and to build on the success of our GIRFEC network of support. The strategic implementation group will developing an outcome framework to further support the effective progression of skills, capacity and capability across the partnership identified to close the gap in literacy, numeracy and health and wellbeing, solution focussed practice, restorative practice and nurture.

Intermediate outcomes

- Through implementation of Community Empowerment (Scotland) Act 2015 engage communities across Inverclyde in planning and implementation of local initiatives to improve inclusion and participation

Progress

The implementation of the 2016 ASN Review continues to enable closer working across the partnership to support our most vulnerable and disengaged young people. Progress towards the implementation of a Locality ASN Forum for each area provides a framework for inter-agency working enhanced by access to local assets and resources.

What next - we will further develop opportunities for community consultation and participation through consultation and building on collaborative partnership working across the partnership.

Monitoring and evaluation

Monitoring and reviewing of the plan

The SOA6 Outcome “Best Start in Life” delivery group will oversee the progress of the Inverclyde Integrated Children’s Service Plan. This group incorporates senior officers across the Community Planning Partnership and stakeholders with the commitment of working together to deliver the priorities and outcomes identified in the Plan. Other key priorities and outcomes identified in the Plan are directly linked to local outcome delivery groups (See Improvement Plan).

The SOA subgroup for planning and performance will be responsible for the monitoring and reviewing of the plan and reporting on its progress delivering to targets using the PDSA strategic planning cycle.

To ensure that the planning process remains dynamic and relevant, an annual consultation exercise with be carried out with targeted groups to continue to deliver on the priorities and outcomes within the plan.

Making the most of our resources

The Inverclyde Alliance has an overarching strategic framework that enables active participation including The Citizens Panel, Your Voice and Inverclyde Youth Council. Together these mechanisms ensure that inter-generational views have a voice ‘to improve the planning and delivery of services to make them more responsive to the needs and aspirations of their communities.

We will ensure that the participation of children and young people is based on the United Nations Convention on the Rights of the Child (UNCRC) across our partnership; this will include work at a whole community level promoting the rights of children and young people generally but will also include work to promote the rights and participation of our most vulnerable children and young people.

Working with children, parents and families, involving service users in the design and delivery of interventions and services allows a transparent, consistent process of participation. We will continue to build on our established consultation forums and realising the principles of inclusion as part of the youth participation strategy, to ensure they have a real impact on service design and delivery as we continue to meet the priorities and outcomes identified in this plan.

Inverclyde Alliance is committed to a partnership approach to ‘Getting it Right for Every Child, Citizen and Community’. An important dimension of this philosophy is to ensure that we get the maximum impact from our collective resources.

Monitoring and evaluation

As the lead Community Planning Partner, Inverclyde Council's investment in education, both in service provision and schools estate, is informed by the shared CPP objective to tackle the unequal outcomes that have characterised Inverclyde over the years. To combat this the Council has also structured services that support community planning through an integrated approach. For example, Community Learning and Development (CLD) falls under the remit of the Education Directorate and also works closely with local Third Sector organisations, supporting a whole-life approach to learning and a clear direction across the CPP. The development is at both an individual and community level which goes beyond formal education systems.

In essence, this represents an assets-based approach that recognises that while formal education helps tackle some inequalities, we need to have a range of approaches to suit a range of circumstances and learning styles.

Community Safety services are closely linked to CLD as well as local community policing, supporting a joint approach to tackling anti-social behaviour or engagement with crime, which can at times correlate with inequality. Another example of integrated resources and funding arrangements can be noted through the inputs of the NHS and statutory social work services of the Health and Social Care Partnership (HSCP).

Inverclyde HSCP has been established as an integrated partnership, meaning that as well as having a statutory requirement to include adult services, we have also included Children & Families and Criminal Justice. The HSCP Strategic Plan sets out the spend on children, young people and families for 2015/16, and frames this in a context of the wider HSCP spend, some of which relates indirectly to children, young people and their families.

For the financial year 2015/16, Inverclyde HSCP had a combined revenue budget from the Council and NHS of £120 million. From this, £36M was allocated to Family Health Services, GP prescribing children, young people and their families have had a proportionate share of this resource. Of the remaining £84M, £13.2M (15.7%) was allocated to children and families.

More detailed analysis of our Inverclyde Alliance Children's Services Strategic Needs Analysis will enable more precise targeting of the available resources to meet evidenced need. This work is underway as part of an Integrated Resource Framework approach, and aligns with the Christie Commission report on the Future Delivery of Public Services (2011), placing a clear emphasis on the importance of moving towards prevention and reinvesting monies from high end services.

We will continue to develop our integrated resource framework approach with the intention of developing a Joint Strategic Commissioning Strategy to support our shared priorities for children young people and families. This will co-ordinate and support our integrated approach to planning and delivering services and support for children, young people and their families.

The HSCP Strategic Plan (2016-19) is currently being reviewed to

Monitoring and evaluation

ensure that it dovetails with the CPP Integrated Children's Services Plan. It is framed within five strategic commissioning themes, shaped to ensure that we are **commissioning for outcomes rather than the traditional approach of commissioning for care groups and incorporates the outcomes in the Integrated Children's Services Plan. The themes are designed to keep a focus on the nine national wellbeing outcomes for adults, and the SHANARRI outcomes for children. The HSCP views both of these outcomes frameworks as being compatible with each other, therefore the Strategic Commissioning Themes will support the delivery of both.**

The Strategic Commissioning Themes are:

- Employability and meaningful activity;
- Recovery and support to live independently;
- Early intervention, prevention and reablement;
- Support for families;
- Inclusion and empowerment.

Our collective data intelligence is being set out within The Inverclyde Alliance Children and Young People Strategic Needs Assessment, in a way that identifies the needs of individuals and communities, enabling people to decide what will best address those needs, and working together with agencies to put the right services and support in place within our wellbeing localities. It should also be noted that our wellbeing localities were defined by local people, based on issues of inequality, and have been established with a clear remit for all Community Planning Partners to work with these communities to make a positive difference to experienced outcomes. The HSCP is required to identify localities too, so has adopted the CPP ones, to support an integrated approach in as much of our work as possible.

The work already started to develop an integrated resource framework will also take into consideration the Joint Scottish Government/COSLA agreement in Joint Resourcing (Sept 2013). The national agreement states that CPPs should:

- Share budget, investment and resource planning information at an early stage in the decision-making process, including setting out the broad financial parameters they are working to, key milestones, and how resources can further support SOA delivery;
- Agree how total resources can most effectively be deployed and aligned between partners to achieve the outcomes set out in the agreed Community Plan/LOIP; and ensure that deployment and alignment happens in practice; and
- Demonstrate commitment and adherence to the national Agreement though engagement in Community Planning and in relevant governance and budget making processes, including in final budget documents, delivery plans and subsequent accountability arrangements.

Conclusion

The Inverclyde Alliance is resolute in its commitment to reduce the inequalities that have become synonymous with our area. We believe that the most effective way to bring about lasting change is to focus our collective energies on getting it right for every child, citizen and community. The evidence base that has shaped Scottish Government policy over the past few years demonstrates that we need to support a positive lifetime context, firstly by providing the best possible start in life, but also to support all of our citizens and communities to feel empowered and in control of their own futures.

We know that inequalities are persistent and often inter-generational, and we do not claim to have all the answers. However, by directing our collective resources – both people and money – towards supporting early years, children and young people, and the most vulnerable across all of our communities to have their voices heard, we believe that we can work together to deliver better and more equal outcomes.

This Plan sets out some of the key commitments to that agenda, and we will review it annually to monitor our progress and make any changes as indicated by the evidence. We encourage all of our stakeholders to be active participants in the monitoring, review and adaptation processes that will sit behind the implementation of this Plan.

Appendix 1 - action plans

Appendix 1

IMPROVEMENT PLANS

Priority 1: Access to early help and support

Improvement Objective (Where do we want to be?)	**Strategies (How will we get there?)**	**Governance (Who is responsible?)**	**Wellbeing Indicator**	**C&YPSP Aim**	**SOA Outcome**
Partners are more aware of provision available across the area, clear referral routes are in place leading to better targeting.	Information from the community engagement, identified gaps, and mapping will be shared at the Early Years Family Support Group to identify the next steps and sustainability. Best Start in Life group agree the Family Support and Parenting Strategy for the CPP and share this with all partners.	**Early Years and Family Support Group.** **Best Start in Life Outcome Delivery Group**	**Nurtured** **Included** **Safe** **Healthy**	... best safeguard, support and promote wellbeing; ...ensure that action is taken at the earliest appropriate time; ... take appropriate action to prevent need;	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (local SOA 2) A nurturing community gives all our children and young people the best possible start in life (local SOA 6)
Partners are better at co-ordinating support and development that is available, pathways are in place for parents	The Family Support and Parenting Strategy completed and agreed by the Best Start In Life Outcome Delivery	**Best Start in Life Outcome Delivery**	**Nurtured** **Safe**	... best safeguard, support and promote wellbeing; ...ensure that action is	Communities are stronger, responsible and more able to identify, articulate and take action on their

to follow and continue participation.	Group and other appropriate governance mechanisms e.g. Council/CHCP committee.	**Group**	**Healthy**	taken at the earliest appropriate time; ... take appropriate action to prevent need;	needs and aspirations to bring about an improvement in the quality of community life. (local SOA 2) A nurturing community gives all our children and young people the best possible start in life (local SOA6)
Implement Health Plan Indicators from birth to identify children with core or additional health service needs.	Design the format and content of the 27-30 month assessment and ensure that all children are offered this universal health assessment at the appropriate time. Develop clear pathways from the assessment to evidence based interventions.	**Best Start in Life Outcome Delivery Group**	**Nurtured** **Safe** **Healthy**	... best safeguard, support and promote wellbeing; ...ensure that action is taken at the earliest appropriate time; ... take appropriate action to prevent need;	A nurturing community gives all our children and young people the best possible start in life (local SOA 6)
Provide a targeted (additional) health visiting support and / or support from other disciplines / agencies to vulnerable children	Establish Health Visitor as Named Person for all pre-school age children Focus on targeting programmes to the ante natal period,	**Early Years and Family Support Group.** **Best Start in Life**	**Nurtured** **Safe** **Healthy**	... best safeguard, support and promote wellbeing; ...ensure that action is taken at the earliest	A nurturing community gives all our children and young people the best possible start in life (local SOA 6)

<table>
<tr><td rowspan="2">and their families.</td><td>providing support to young vulnerable pregnant girls / women and infants in the very early stages of life up to 6 months.</td><td rowspan="2">Outcome Delivery Group</td><td rowspan="2"></td><td rowspan="2">appropriate time;

... take appropriate action to prevent need;</td><td rowspan="2"></td></tr>
<tr><td>Links made with the infant and maternal nutrition strategy.</td></tr>
<tr><td rowspan="3">A collective approach is taken to improvement in services to protect children.</td><td>Review child protection related management information from all agencies and identify implications for practice</td><td rowspan="3">CPC</td><td rowspan="3">Safe</td><td rowspan="3">... best safeguard, support and promote wellbeing;

...ensure that action is taken at the earliest appropriate time;</td><td rowspan="3">A nurturing community gives all our children and young people the best possible start in life (local SOA 6)</td></tr>
<tr><td>Undertake regular multiagency case file review activity and identify implications for practice</td></tr>
<tr><td>Undertake specific focus self-evaluation activity on:
- Interface between child protection processes and Children’s Hearing System
- Child Protection Medicals</td></tr>
</table>

Note:
The Health & Social Care Strategic Plan includes material from the following plans:

- Healthy Child Programme (redesign)
- Inverclyde Parenting Strategy
- Autism Strategy Action Plan
- Learning Disability Strategic Commissioning Plan
- Self-Directed Support Implementation Plan
- Carers & Young Carers Strategy

Where the link is explicit I have referenced it but there may be additional supporting evidence that ca be drawn from these other plans

Priority 2: Improved health and wellbeing outcomes

Improvement Objective (Where do we want to be?)	**Strategies (How will we get there? Including timescale)**	**Governance (Who is responsible?)**	**Wellbeing Indicator**	**C&YPSP Aim**	**SOA Outcome**
Children living in households that are 'working poor' are fully supported by co-ordinated provision of services.	A Child Poverty Short Life Working Group (SLWG) is mapping provision and will identify where there is potential to improve current provision. Investigate possibility of using the Scottish Welfare Fund to provide maternity	**CPP**	**Included** **Healthy** **Achieving** **Respected**	... best safeguard, support and promote wellbeing ... take appropriate action to prevent need;	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (local SOA 2)

	grants				
	Children, young people and families living across Inverclyde have a positive attitude to money management and an understanding of the dangers of high cost lending.				
A Child's Plan is developed for all looked after children and young people.	Single agency training to continue to be delivered and thereafter interagency training Single agency training to continue to be delivered and thereafter interagency training	**GIRFEC Strategic Steering Group**	**Safe** **Healthy** **Achieving** **Nurtured** **Active** **Respected Responsible** **Included**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest appropriate time ... take appropriate action to prevent need; ... be integrated from the point of view of service users; ... constitute the best use of available resources	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA 2)
	Establish a steering group to monitoring progress of Single Planning Process and Learning and Development work streams with clearly				

	defined work plans.				
The mental wellbeing of local children and young people's will be sustained and improved.	Establish Implementation Group to monitor and support progress and report quarterly Embed Resilience in practice Ongoing workforce development to ensure appropriate training and up skilling	**Child and Maternal Health Strategy Group**	**Safe** **Healthy** **Nurtured** **Included**	... best safeguard, support and promote wellbeing ... take appropriate action to prevent need;	The health of local people is improved, combating health inequality and promoting healthy lifestyles (local SOA 4)
Provide a (core) universal service to children age 0 – 19.	Establish Health Visitor as Named Person for all pre-school age children Promote a whole population approach to parenting that actively supports nurturing children.	**GIRFEC Strategic Steering Group** **Child and Maternal Health Strategy Group**	**Safe** **Healthy** **Achieving** **Nurtured** **Active** **Respected Responsible** **Included**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest appropriate time ... take appropriate action to prevent need; ... be integrated from the point of view of service users; ... constitute the best use of available	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA 2) The health of local people is improved,

				resources	combating health inequality and promoting healthy lifestyles (local SOA 4)
Develop clear pathways from the assessment to evidence based interventions	Design the format and content of the 27-30 month assessment and ensure that all children are offered this universal health assessment at the appropriate time Focus on targeting programmes to the ante natal period, providing support to young vulnerable pregnant girls / women and infants in the very early stages of life up to 6 months.	**GIRFEC Strategic Steering Group** **Child and Maternal Health Strategy Group**	**Safe** **Healthy** **Achieving** **Nurtured** **Active** **Respected Responsible** **Included**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest appropriate time ... take appropriate action to prevent need; ... be integrated from the point of view of service users; ... constitute the best use of available resources	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA 2) The health of local people is improved, combating health inequality and promoting healthy lifestyles (local SOA 4)
Support healthy lifestyle choices raising awareness across the community of risk associated with	Develop whole population approach to prevention and education Implement workforce development plan	**ADP**	**Safe** **Healthy** **Achieving** **Nurtured** **Active**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest	Communities are stronger, responsible and more able to identify, articulate and take action on their

substance misuse.	Develop Prevention and Education Programme for young people and parents		**Respected Responsible Included**	appropriate time ... take appropriate action to prevent need; ... be integrated from the point of view of service users; ... constitute the best use of available resources	needs and aspirations to bring about an improvement in the quality of community life. (SOA 2) The health of local people is improved, combating health inequality and promoting healthy lifestyles (local SOA 4)
Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.	Implement Parenting campaign Improve Service user and carer involvement Implement CAPSM plan	**ADO**	**Safe** **Healthy**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest appropriate time ... take appropriate action to prevent need;	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA 2) The health of local people is improved, combating health inequality and promoting healthy

					lifestyles (local SOA 4)
Fulfil Inverclyde's corporate parenting duties and powers contained within Part 9 of the Children and Young People (Scotland) Act 2014.	Develop Corporate Parenting that includes key themes that reduce the barriers faced by looked after children and care leavers Establish Champions Board as a mechanism to deliver the desired outcomes Hold Corporate Parenting Events with input from key policy implementers and decision makers.	**Health and Social Committee**	**Safe** **Healthy** **Achieving** **Nurtured** **Active** **Respected Responsible** **Included**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest appropriate time ... take appropriate action to prevent need; ... be integrated from the point of view of service users; ... constitute the best use of available resources	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA 2)
Children and young people are actively engaged in the Your Voice Network.	Established a Public Partnership Forum Advisory Group to include children and young people representatives. Audit all services on existing processes and practices and any opportunities they currently provide for	**Community Health & Care Partnership Sub Committee**	**Respected** **Included**	... be integrated from the point of view of service users;	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA 2)

	youth participation.				

Note:
The Health & Social Care Strategic Plan includes material from the following plans:

- Healthy Child Programme (redesign)
- Inverclyde Parenting Strategy
- Autism Strategy Action Plan
- Learning Disability Strategic Commissioning Plan
- Self-Directed Support Implementation Plan
- Carers & Young Carers Strategy

Where the link is explicit I have referenced it but there may be additional supporting evidence that ca be drawn from these other plans

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

Improvement Objective (Where do we want to be?)	Strategies (How will we get there? Including timescale)	Governance (Who is responsible?)	Wellbeing Indicator	C&YPSP Aim	SOA Outcome
The standards of attainment and achievement for all our looked after and looked after and accommodated children and young people are raised.	Further develop the Corporate Parenting/ Children's Champion programme,	**Strategic Leadership Development Group** **CMT**	**Achieving** **Respected** **Included**	... best safeguard, support and promote wellbeing; ... take appropriate action to prevent need; ... be integrated from the point of view of service users;	Our communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life (local SOA #2)
	Develop approaches where the third sector, public sector agencies and communities can support looked after/ looked after and accommodated children				
	Define each partner's role in supporting our looked after children to help support them to deliver services.				
Implement Children and Young People Act (Scotland) 2014	GIRFEC Strategic Implementation Group establish to lead and				Our communities are stronger, responsible and more able to

(GIRFEC) through embedding principles, processes and practice in all establishments.	advise on policy development and implementation	**GIRFEC Strategic Implementation Group** **GIRFEC Pathways Group**	**Respected** **Responsible** **Included**	... best safeguard, support and promote wellbeing	identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life (local SOA #2)
	Implement the GIRFEC Pathway to ensure effective planning for individual children and to assist in the design of enhanced and targeted interventions.				
	Children's rights are placed at the centre of the work we do for children and young people with all relevant policies and strategies linked to the UNCRC .				
	Implementation of single agency Action Plans and, where appropriate, multi-agency plans in place to meet the needs of individual young people up to the age of				

	18.				
	Multi-agency plan in place to meet the needs of individual young people up to the age of 25 for Looked After Children where appropriate.				
	Ongoing single and multi-agency workforce development to ensure appropriate professional development.				
	Transition at point of review for Looked After Children to on-line format for Wellbeing Assessment and Child's Plan where appropriate.				

Increase the number of young people aged 16-24 in employment or training.	Provides locally delivered and targeted employability services aimed at assisting those furthest from the labour market, and the newly unemployed to move into work and/or access training or further education.	**CPP**	**Achieving** **Respected** **Included**		The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential. (SOA 3) Our communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life (local SOA #2)
	Public and third sector agencies work together to provide local businesses with the support they require in order to access a wide range of services.				
	Focus on positive and sustained destinations for Looked After Children through enhanced programme for transition post-school.				

	Maintain contact with every school leaver to ensure that there are no 'unknown' young people and that all leavers are still in touch or involved with agencies that can support them if required.				
To improve / increase engagement and capacity of all parents/carers.	Formally and informally engage parents through their child's achievement and school activities.	**Attainment Challenge**	**Achieving**	... best safeguard, support and promote wellbeing;	A nurturing community gives all our children and young people the best possible start in life (local SOA 6)
	Attach Family Support Workers to schools to provide a holistic and intensive package of support to children and their families based on integrated assessment of need	**Education Senior Management Team**	**Respected**	... take appropriate action to prevent need;	
	Review and re-launch PRPB Policy to further develop restorative approaches, mediation to engage with schools		**Responsible**		
			Included		

	to support learning and solution orientated approaches. Attach CLD Workers to schools to deliver 1-2-1 support, targeted small groups, peer led activities, volunteering and community involvement: first steps adult learning, IT, health and wellbeing.	**Attainment Challenge**			
To build a culture of high quality with a skilled workforce with effective leadership.	Leadership at all levels will be developed through leadership programmes and opportunities for teachers to undertake masters level study. Develop a professional development plan for all staff to included training, coaching and mentoring on programmes identified to close the gap in	**Attainment Challenge** **Education Senior Management Team**	**Safe** **Healthy** **Achieving** **Nurtured**	... best safeguard, support and promote wellbeing ...ensure that action is taken at the earliest	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (local SOA 2) A nurturing community gives all our children and young people the best possible start in

	literacy, numeracy and health and wellbeing, solution focussed practice, restorative practice and nurture		**Active** **Respected** **Responsible** **Included**	appropriate time ... take appropriate action to prevent need; ... be integrated from the point of view of service users; ... constitute the best use of available resources	life (local SOA 6)
	Foster a culture of ambition in each school through developing aspirational vision and values, celebrating success of pupils and staff, involving parents in demonstrations of success and learning; accessing the world of work.				
	Through professional update and performance appraisals staff will be trained on descriptive and evaluative feedback; given constructive feedback on their performance and given opportunities to take				

	on enhanced roles.				
Through implementation of Community Empowerment (Scotland) Act 2015 engage communities across Inverclyde in planning and implementation of local initiatives to improve inclusion and participation.	Implement recommendations in ASN Review (2015).	**Education Senior Management Team** **Corporate Policy Team**	**Safe** **Healthy** **Achieving** **Nurtured** **Active** **Respected** **Responsible** **Included**		
	Development and implementation of Local Area ASN Forum to meet identified needs of Young People within locally managed support framework.				
	Align ASN Locality Planning with Corporate developments around Community involvement and management of local assets and resources.				

To meet the learning needs of every child.	Review the assessment and moderation processes across the nine Attainment Challenge schools and agree on consistent methods to be applied in all schools, including an appraisal of standardised testing.	**Education Senior Management Team**	**Achieving** **Nurturing** **Respected** **Responsible** **Included**	... best safeguard, support and promote wellbeing; ... take appropriate action to prevent need;	A nurturing community gives all our children and young people the best possible start in life (local SOA 6)
	Support school communities to improve outcomes for all Looked After Children	**Education Senior Management Team**			
	Implement the GIRFEC Pathway to ensure effective planning for individual children and to assist in the design of enhanced and targeted interventions.				
	Implement Inverclyde's Nurturing Support and Development resource by supporting all schools with self-				

	evaluation of nurturing principles and practice.				
	Continue to support all schools with the implementation of Inverclyde's Positive Relationships Positive Behaviour policy based upon the audit of each school's progress to date.				

INVERCLYDE

HSCP

Health and Social Care Partnership

NHS

Greater Glasgow and Clyde

Inverclyde council

INVERCLYDE HSCP Health and Social Care Partnership

Inverclyde's Children and Young People's Delivery Plan 2017-2018

Getting it right for every child, citizen and community

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1. Introduction

1.1 Inverclyde's Children and Young People's Delivery Plan is the outcome performance management framework for Children's Services. It represents the Single Outcome Agreement (SOA) between the Community Planning Partners (the Inverclyde Alliance) and the Scottish Government.

1.2 It sets out national and local outcomes that are delivered by:

SOA6: Best Start in Life for Children and Young People

1.3 Our vision is:

The actions and performance measures outlined within this delivery plan will are consistent with the 'statutory' definition of wellbeing detailed in the Children and Young People (Scotland) Act 2014:

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
Protected from abuse, neglect or harm at home, at school and in the community	Having the highest attainable standards of physical and mental health, access to suitable health care, and support in learning to make healthy and safe choices	Being supported and guided in their learning and in the development of their skills, confidence at self-esteem at home, at school and in the community	Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting	Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community	Having the opportunity, along with carers, to be heard and involved in decisions which affect them	Having opportunities and encouragement to play active and responsible roles in schools and communities, and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them	Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn

1.4 Inverclyde's Children and Young People's Delivery Plan accompanies the Children and Young People's Services Plan 2017-2020, the Strategic Needs Assessment Inverclyde Alliance (Community Planning Partnership) and the Corporate Parenting Strategy (2016-2019).

1.5 The Children and Young People's Services Plan 2017- 2020 accords with the statutory responsibilities of the Children and Young People (Scotland) Act 2014. The CYP Act introduces new joint children's services planning and reporting duties for Inverclyde HSCP, Inverclyde Council with our service providers, and lays out the aims of children's services in line with Getting It Right for Every Child:

- to promote, support and safeguard wellbeing;
- to shift resources to prevention and early intervention;
- to be integrated from the perspective of children, young people and families; and,
- to make best use of available resources.

1.6 Improving outcomes and reducing inequalities for children, young people and their families through nurturing and enabling partnerships is our aim, as we seek to ensure the best use of resources. Better design and delivery of children's services has been a common theme across all areas of our Community Planning Partnership; a key pillar of the Christie Commission and Scottish Government programme of public sector reform.

1.7 Both the CYP Act and the Community Empowerment (Scotland) Act 2015 further provides opportunities for our communities, with the third sector to continue to shape the delivery of children's services with the Partnership, and continue to work toward improving outcomes for children, young people and families.

2. Strategic Commissioning Priorities

2.1 The Children and Young People's Delivery Plan is informed by the local wellbeing needs identified by Inverclyde Alliance's Strategic Needs Assessment. This, in turn supports our strategic commissioning processes by providing an understanding of the priorities that gives direction to shaping and delivering services that target our resources to meet wellbeing need in the most effective way. As a Partnership our strategic commissioning approach will be focussed on children and young people having:

- access to early help and support;
- improved health and wellbeing;
- opportunities to maximise their learning, their achievements and their skills for live; and,
- suitable and sustainable housing and accommodation for care experienced young people.

2.2 Cross cutting themes identified by the strategic needs assessment are part of this plan. They include:

- Poverty
- Neglect
- Mental Health
- Substance Misuse
- Maternal Health
- Domestic Abuse

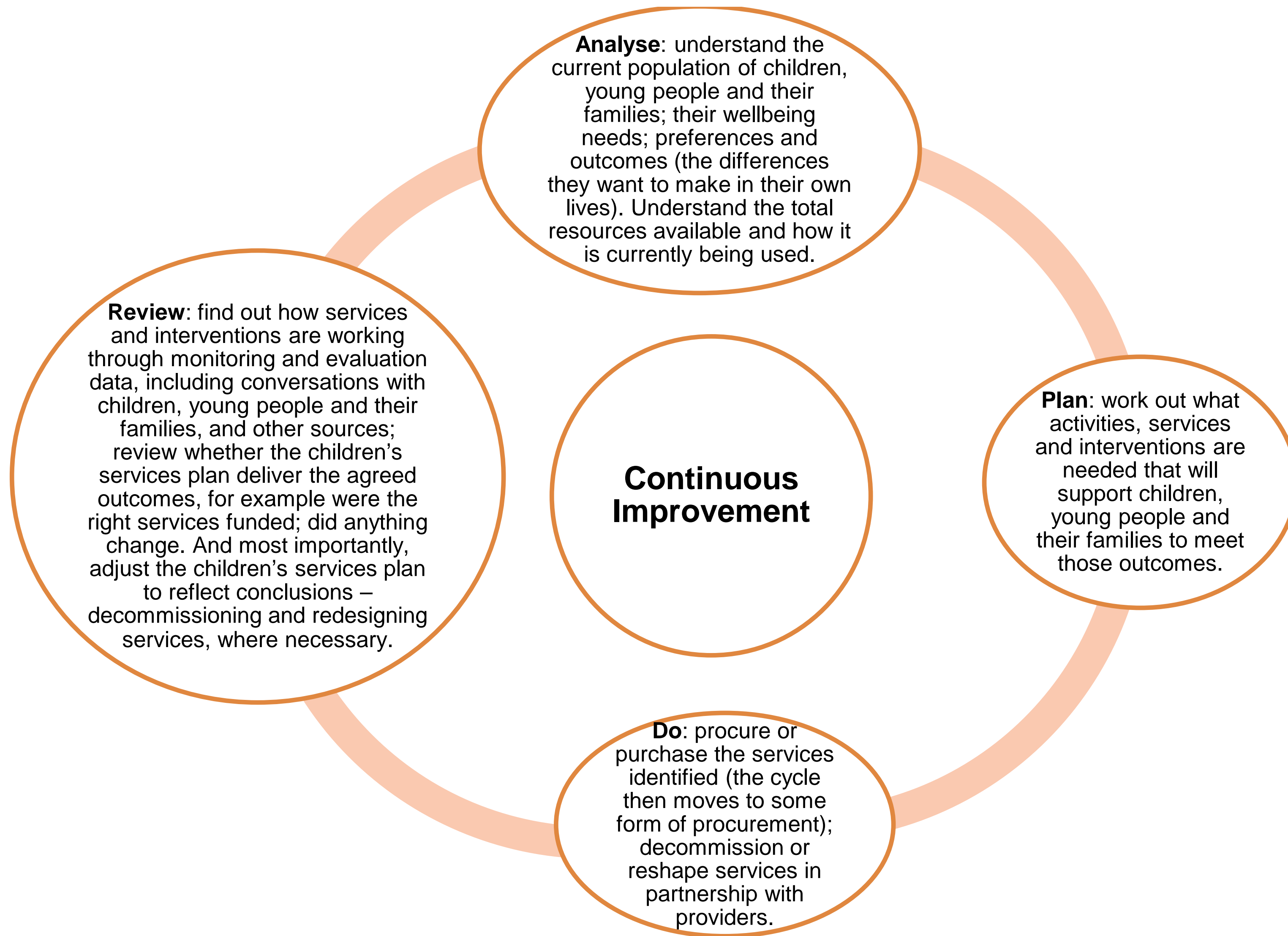
2.3 Our outcome performance management framework informs this process. It is a key part of our GIRFEC implementation; placing emphasis on the provision of early help and support by our Partnership. We want this to be established across the GIRFEC pathway; from universal services to more targeted services for our most vulnerable children and young people, so that we achieve early stability and permanence.

2.4 Although at an early stage through the restructuring of SOA 6 in 2016, the purpose of the outcome performance management framework is to enable the SOA 6 delivery groups to:

- have a planned approach in scrutinising and challenging the quality and effectiveness of our Partnership to deliver services;
- performance monitor outcomes for children, young people and their families; and,

- report annually on the Integrated Children and Young People's Services Plan informed by need identified by national and local data and information.

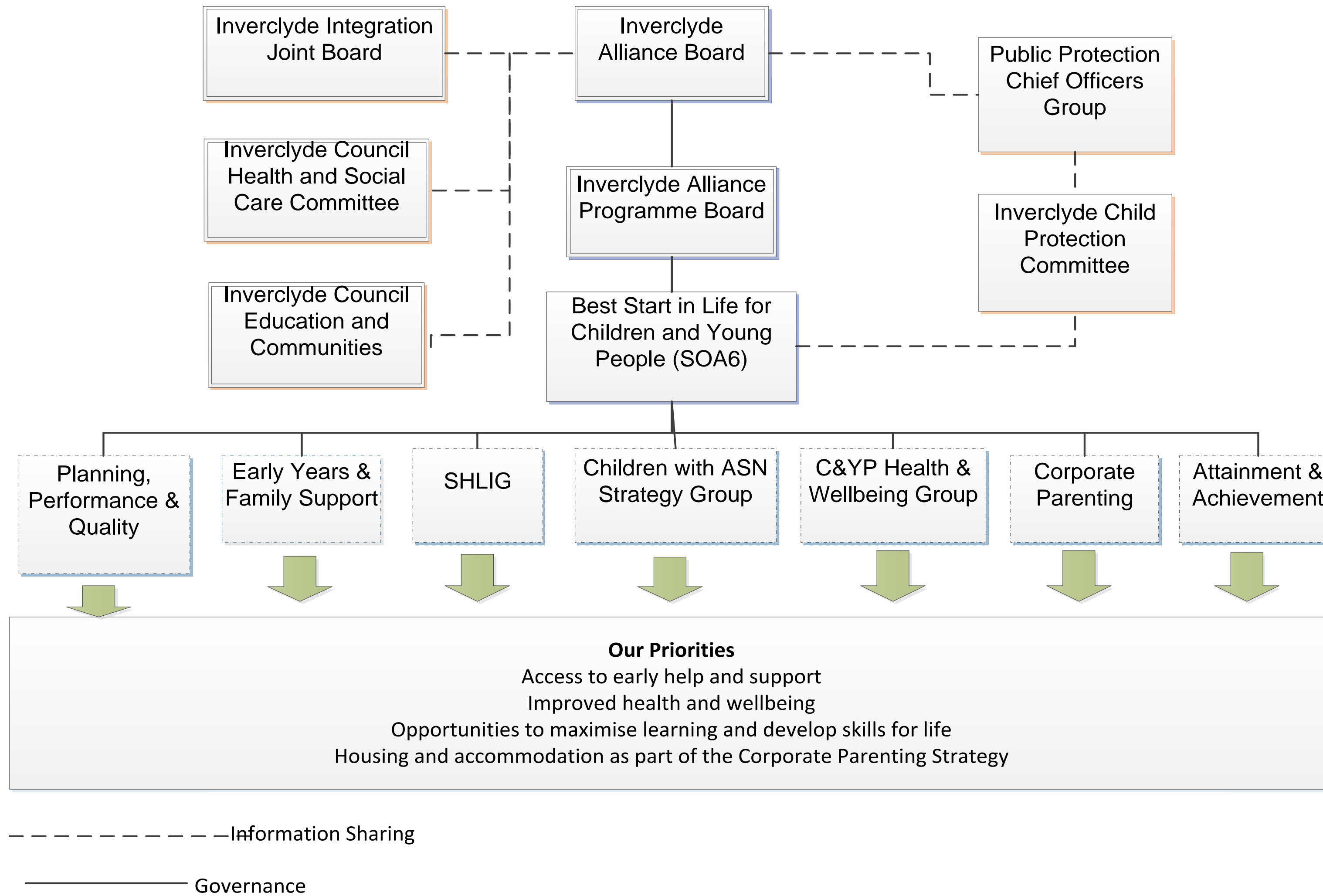
2.5 In short, through our activities (Analyse, Plan, Do and Review) we will:


Analyse: understand the current population of children, young people and their families; their wellbeing needs; preferences and outcomes (the differences they want to make in their own lives). Understand the total resources available and how it is currently being used.
Review: find out how services and interventions are working through monitoring and evaluation data, including conversations with children, young people and their families, and other sources; review whether the children's services plan deliver the agreed outcomes, for example were the right services funded; did anything change. And most importantly, adjust the children's services plan to reflect conclusions – decommissioning and redesigning services, where necessary.
Continuous Improvement
Plan: work out what activities, services and interventions are needed that will support children, young people and their families to meet those outcomes.
Do: procure or purchase the services identified (the cycle then moves to some form of procurement); decommission or reshape services in partnership with providers.

2.4 We want to embed this cycle of improvement across our Community Planning Partnership over the next twelve months. Consequently, the performance framework approach focuses on 'outcomes' rather than simply measuring how well we have complied with processes and procedures. It is a child-centred approach, based on the UNCRC that demands an active engagement with children, young people and families focussed on "what positive difference has been made by our Partnership to make children and young people's lives meaningfully better?

3. Governance: Relationships and Accountabilities

3.1 The Inverclyde planning partnership structure is detailed in table 1 below:



3.2 On behalf of SOA 6 Best start in life for children and young people, seven sub-groups will be responsible to deliver on the key outcomes in the Children and Young People's Service Plan 2017- 2020, and the accompanying Children and Young People's Delivery Plan 2017- 2018. This involves:

- overseeing the implementation of the relevant strategies to their area of responsibility and accountability;
- agreeing and monitoring the core performance indicators;
- ensuring that the membership of each sub group provides data and information to understand needs;
- identifying and responding to emerging needs based on collation and analysis of audit information and sharing best practice for service improvement; and,
- report on progress to the SOA6 Best start in life for children and young people quarterly.

3.3 The chair of each SOA 6 sub-group will provide a quarterly report (RAG status) to the SOA6 Best start in life for children and young people.

3.4 The Chair of SOA 6 will report to the Programme Board, which includes the Chief Officer for the HSCP who also links with Inverclyde Joint Integration Board. This annual report will contain a breakdown of the contributions made by the partner agencies and expenditure by SOA 6. This ensures scrutiny over the financial commitment to, and efficiency and operational performance of, SOA 6 Best start in life for children and young people.

3.5 Governance arrangements may be changed with the implementation of Local Outcome Improvement Plans (LOIP), with accountabilities being realigned to reflect this.

4. Outcome Performance Management Framework

4.1 Understandably, each agency will continue to have their own reporting mechanisms for determining how well they are promoting, supporting and safeguarding the wellbeing of children, young people and their families across the GIRFEC single planning process. The development of our outcomes performance framework sets out the commitment and the key performance elements of SOA 6 Best start in life for children and young people.

4.2 The aim of the framework is:

- to provide a greater understanding of how we promote, support and safeguard the wellbeing of children and young people in Inverclyde;
- use this information to inform the development of appropriate strategies to improve performance and outcomes for children, young people and their families; and,
- to provide evidence of best practice and areas of improvement through, for example audits and themed audits.

4.3 The Integrated Children and Young People's Services Plan sets out the content area of the framework through four priorities, with the data set comprising national and local measures as detailed below:

Priority Theme 1: **Our Children and Young People Have Access to 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 .

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Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
1.1	1. Children, young people parents/carers and partners are more aware of provision available across the GIRFEC pathway.	Family Support and Parenting Strategy will be refreshed and aligned with local GIRFEC implementation. This will continue to be an inclusive approach which will involve children, young people, parents/carers.	Early help and early support identifies need	GIRFEC Implementation Steering Group.	Autumn 2017.
		Co-ordination of partnership services to raise awareness	Lower substance misuse related harm.	Community Safety Partnership / Alcohol and Drug Partnership/	Sept 2018

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		around substance misuse amongst children, young people, parents and carers.			
		Access to early intervention and prevention.	Lower substance misuse related harm.	Community Safety Partnership / Alcohol and Drug Partnership/	Sept 2018
1.2	2. Clear referral routes are in place leading to better targeting of early help and support across the GIRFEC pathway.	Embed a wider awareness across 3rd sector organisation and parents/carers	Timely early help and support offered to meet wellbeing need.	GIRFEC Implementation Steering Group.	Autumn 2017.
		Embed GIRFEC pathway processes supporting stepping down to universal and enhanced universal services.			
1.3	3. Implement Health Plan Indicators from birth to identify children with core or additional health service needs.	Embed the new anti and post-natal pathway for health visiting services. This will include engaging with parents/carers on feedback of the Named Person role and function.	Access to early help and support.	C&YP Health and Wellbeing Group.	2017
		Workforce planning –	Improved capacity	C&YP Health and	2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		increase the ratio of health visiting numbers to caseload.	to deliver services	Wellbeing Group.	
		Evaluate the health plan indicators related to core and additional health needs – early help and support	Health visiting promotes, supports and safeguards wellbeing need.	C&YP Health and Wellbeing Group.	2017
1.2	4. Provide a targeted (additional) health visiting support and / or support from other disciplines / agencies to vulnerable children and their families.	Improve early intervention via enhanced team around the child and young people Team Around the Child.	Improve early intervention.	GIRFEC Implementation Steering Group/GIRFEC 3 Locality Communities of Practice	2017
		Test of Change – information sharing from Named Persons in health to education .	Bridge the attainment gap by P1 for all children.	C&YP Health and Wellbeing Group/GIRFEC Implementation Steering Group.	August 2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		Build community and parental capacity through the offer of early help and support community hubs (nurseries, community centres, schools and Barnardo's - Nurturing Inverclyde).	Parents are empowered to build confidence and skills through universal provision	Early Years and Family Support Group.	CYPIC - Stretch Aims by 2020
		Continue to develop workforce skills across early year's professionals - upskilling staff to enable them to identify wellbeing needs.	Early Years workers are confident and competent in carrying out their role.	GIRFEC Implementation Steering Group/GIRFEC Communities of Practices share good practice example of what works	CYPIC - Stretch Aims by 2020
1.4	5. A collective approach is taken to improve services to protect children.	Initial Referral Discussion (IRD) – early identification of significant harm and if a crime has been committed - in partnership with Health, Police and Social Work and Named Person.	Children and young people are safeguarded from significant harm	Inverclyde Child Protection Committee (ICPC)	Annual Reporting
		Monitor and review IRD information		Child Protection Performance	Annual Reporting

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		sharing protocol.		Management sub group	
		Pilot use of technology to support earlier sharing of information via conference calling.	All parties have simultaneous conversation and responsibility	Child Protection Performance Management sub group	Autumn 2017
		Increased use of comprehensive medical assessment (CMA)	Informs decision-making around neglect	Child Protection Performance Management sub group	2017
		Unintentional Injuries to children	Safeguard children from harm	Service Manager for Children's Specialist Services	2017
		Develop assessment indicators that measure neglect.	Neglect Toolkit Use of the Graded Profile benchmarks areas of neglect	Child Protection training sub group	Autumn 2017
		Using EMIS web to provide DNA information for Medical appointment.	Inform assessments of wellbeing	Service Manager for Children's Specialist Services.	2017
		Implementing the findings from the scoping and design phase of the pilot programme (CELSIS and Inverclyde): Addressing Neglect and Enhancing Wellbeing.	Evaluation of the Pilot Programme to reduce neglect.	Inverclyde Neglect and Enhancing Wellbeing Implementation Group	2018

Priority Theme 2: **All our Children and Young People Have Improved Health and Wellbeing Outcomes**

Outcomes:

- 2.1 Parents make positive attachment and confidence is increased,
- 2.2 Children and young people's health and wellbeing is improved.
- 2.3 Child poverty's is reduced.
- 2.4 LAC and Care Experienced young people achieve positive destinations.

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
2.1	1. Maternal health and wellbeing (including mental health) is improved.	**All universal provision**: antenatal care will include assessment of mental health and partner relationships.	Improved preparation for parenting reducing neglect.	Maternity Services	2018
		Specialist Provision: Vulnerable women and partners will have access to SNIPS and perinatal services.	Early identification of wellbeing need so that the child has Best Start in Life.	Maternity Services	2018

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		Involve partners in the maternity pathways.	Improved family resilience.		
2.2	2. All vulnerable unborn babies will be part of the GIRFEC single planning process, with a named person and/or lead professional to promote, support and safeguard unmet wellbeing needs.	SNIPS Pathway actions the GIRFEC single planning process.	Early identification of wellbeing need and management of significant harm where appropriate.	SNIPs Liaison Group/Child Protection Performance Management Sub Group	2018
		Family Nurse Partnership targeted attachment based programme for vulnerable 16-19 year old mothers and partners	Achieve best possible outcomes for young families	NHS GG&C	2017
		Lead professional will coordinate wellbeing assessment and the team around the child will complete a Child's Plan.	All wellbeing needs will be addressed via the child's plan.	Children's Services	Quarterly Reporting.
		Implementation and monitoring of the Assessment and Care Planning Manual.	Better understanding of pathway by staff.	Quality Assurance Children and Families Services	Quarterly Reporting.
2.2	3. Implementation of the health visiting universal	National practice model assessments	Collaborative Children's Plans.	NHS GG&C Information Sharing Group/NHS	2019

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
	pathway identifies health and wellbeing need.	including 27-30 month assessment will be shared where there is unmet need. Information sharing protocols will be updated when the 2014 Act is passed.		GG&C GIRFEC Group/GIRFEC Steering Group.	
2.2	4. Early identification of risks from “Going Missing”.	Going missing concerns will be the subject of single planning processes in discussion with children, young people and parents and carers.	Reduced harm from “Going Missing”.	Police Scotland/Children and Families Services/Education Services.	Quarterly Evaluation
2.3	5. All children’s education and wellbeing needs are identified through the Curriculum of Excellence	Use of the GIRFEC staged national practice model – • Single Agency Chronology • Wellbeing indicators • Five GIRFEC questions • National practice model • Single agency wellbeing	Pathways provide early identification of wellbeing need and signposting to appropriate services.	Education Services /Head of Establishments/Head Teachers	Autumn 2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		assessment and Child's Plan • Request for Assistance.			
2.3	6. Early identification of health and wellbeing needs of children and young people supporting Improved access to learning.	Agree a Tier 2 service pathway to support, promote and safeguard wellbeing within an early intervention framework. GIRFEC single planning process to identify key transition points in the child's journey. Including : • Early years to primary schools. • Primary to Secondary • Post school destinations • Supporting needs around significant events. Commissioning of	Prepares children and young people for their classroom experience.	NHS GG&C Planning Performance & Quality Improvement	2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		resources improve health and wellbeing.			
		Peer Led Prevention Strategies: Peer support models supported by CLD Youth Services. Production of resource materials for young people: including online material around mental health and wellbeing.	Raising awareness to prevent escalation to crisis.	Community Learning and Development /Education Services	2018
2.2	7. Children and young people have access to physical activity through their curriculum.	Completion of school estates programme will increase access to opportunities for physical activity within the curriculum.	Improved health and wellbeing.	Active Schools	Annual Report

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
2.2	8. Reduce Obesity Rates	Implement a strategy based on a whole population approach to raising awareness of lifestyle choices for individuals and communities on obesity.	Improved Health and Wellbeing.	Health Improvement Team	2018
		Implementation of National Practice Model at key development stages. (0-5).		C&YP Health and Wellbeing Group	2017
		School Nurse Health Surveillance (5-18) supporting early identification and intervention.		C&YP Health and Wellbeing Group	2017
		Working with young people to reduce weight "Weigh to Go" 12+ programme.		Your Voice Inverclyde	Annual Report
2.4	9. Parents/carers have access to programmes to support the health and wellbeing of their children and young people.	Inverclyde's Parenting Strategy will offer a tiered pathway and choice of parenting support across the GIRFEC pathway.	Promote parental/carer confidence and capacity to support their children.	Early Years & Family Support Group.	Quarterly Reporting

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
2.2	10. Improving the health and wellbeing needs of LAC children and young people.	Annual health assessments will be offered to all LAC.	Early identification of health and wellbeing needs of LAC.	Vulnerability Pathway / Corporate Parenting Group	2017
		Raising awareness of the role of health assessments with children, young people, parents/ carers and Lead Professionals (coordinating role) to improve uptake of health assessments.	Increased uptake of attendance at annual health assessment.	Vulnerability Pathway / Corporate Parenting Group	2017
		Review quality of health assessments to identify need and to signpost to appropriate services.	Appropriate signposting.	Vulnerability Pathway / Corporate Parenting Group	2017
2.3	11.Reducing health and wellbeing barriers which impact on positive and sustainable destinations for school leavers.	All pupils are supported to take up their right and entitlement to a Senior Phase from S4-S6 unless moving into a positive and sustained destination. If a pupil leaves	All children leave school with a positive destination that is sustainable. 95% of all children leave school with a	More Chances More Choices/ Education Services	Autumn 2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		before S6 and the destination becomes negative they then will go back on the school roll until they move into a positive and sustained destination.	positive and sustained destination.		
		SDS coaching support to targeted school pupils should encourage a positive attitude & identify appropriate post school options - which should impact on pupils progressing to a positive destination.	Pupils progress to a positive destination on leaving school	Skills Development Scotland	Autumn 2017
		Post school support from SDS coaches continues when young people are in a positive destination which should impact on sustainability	Young people sustain a positive destination with continued input from the SDS coach in conjunction with appropriate partners, e.g. Training provider, Through Care team, college staff, etc.	Skills Development Scotland	Autumn 2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
2.4	12. All LAC leave school with a positive destination that is sustainable	Partnership with school, parents/carers and children to build confidence and aspiration in school by offering a range of experiences All LAC pupils are encouraged to remain in school until S6	Promote positive choices post school.	Education Services /More Chances More Choices/SDS	2018
1.4	13. The financial capability and capacity of families is increased. Parent/carers have access to financial advice	Awareness raising and financial inclusion interventions with families through community hubs– nurseries, schools and community centres Parent/carers have access to financial advice.	Families and parents (low income households and workless households and lone parent households) will have increased financial resilience and ability to manage money better.	Financial Inclusion/Ideas Steering Group/ Partnership/Children and Young People Health and Wellbeing – subgroup SOA 6.	2018
2.3	14. Reducing the impact of child poverty	Strategic approach through the establishment of the anti-poverty fund.	Better intelligence will support a cohesive approach across council services and wider	Council Corporate Policy Team	2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
			CPP partners.		
		Increase uptake of breakfast clubs Remove financial barriers to school activities and travel costs Free school swimming	Promote children and young people's inclusion in social activities.	Financial Inclusion Partnership/ Early Years and Family Support sub-group SOA 6.	2017
3.6	15. GIRFEC Planning process includes the voice of the child	Evaluate the role and impact of advocacy support within the GIRFEC planning process. This is comparable with UNCRC. Evaluate the tools used by lead professions to capture the voice of the child in GIRFEC planning processes	Child at the centre of GIRFEC planning processes.	Quality Assurance Children and Families.	2017
2.2	16. Better meeting the needs of children and	Implementation of the locality ASN Forum.	Improved identification of	Children with ASN Strategy Group	2018

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
	young people with ASN needs.		health and wellbeing of children and young people with ASN needs.		
3.5	17. The voice of children, young people and parents/carers are at the heart of ASN planning.	Develop a toolkit and consultation strategy supporting effective engagement with young people and parents/carers.	Voice of the child is reflected in the Child's Plan.	Quality Assurance Children and Families.	2017
1.4	18. Staff are confident and supported to provide support for children and young people in situations of distress including self - harm and risk of suicide.	Embed the NHS GG&C Child and Youth Mental Health Strategy. Key transition points will be targeted including significant events.	Partnership response to Improving mental health outcomes for children and young people. Improved resilience and recovery from trauma for young people.	Community Planning Partnership	Spring 2018
2.2	19. Prevention and intervention strategies will support children and young people to make healthy lifestyle choices.	Young people will be provided with information to make safe life style choices around: • drugs and		SOA6 sub groups C&YP Health and Wellbeing Group and SHLIG	2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		alcohol • sexual health • obesity Services will be provided to support safe life-style choices, Parents/carers, professions and the wider community will be equipped to support young people in their choices.			
2.2	20. Reducing reported bullying.	Anti-bullying policy and promoting positive relationships (Positive Relationships Positive Behaviour) will be adopted by all schools. Evaluate existing restorative approached (e.g. MVP) Explore opportunities to develop young people's resilience	Promote the health and wellbeing of all children through pro–social behaviour.	Head of inclusive education culture and corporate policy/IEPS. Head of Inclusive Education Culture and Corporate Policy/IEPS. Health and Wellbeing Steering Group.	Review policy 2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		and self-esteem.			
2.2	21. Children Affected by Domestic Abuse	Raising awareness of domestic abuse within GIRFEC processes.	Reduction in the number of children living in an environment with domestic abuse.	Violence Against Women Group.	2018
		Workforce Development: Long term impact of living with violence.	Improvement in assessing the impact of domestic abuse on wellbeing of the child and young person.	Violence Against Women Group.	2018
2.2	22. Children Affected by Parental Substance Misuse (CAPSM).	Improve information around CAPSM data including implementation of parental /carer responsibility within National Addictions Data Base (DAISY).	Early identification of wellbeing needs and risk.	Alcohol & Drugs Partnership (ADP)	April 2018
		Review of Addictions Single Shared Assessment **processes** evaluating GIRFEC single agency assessment.	Early identification of wellbeing needs and risk.	Addiction Services	2018
1.1	23. Young Carers know how to access support..	Implement recommendations of the Carers (Scotland)	Promote the rights health and wellbeing of young carers.	Children with ASN Strategy Group	2018

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		Act 2016 as they apply to young Carers. Named Person is a single point of contact to progress the assessment of wellbeing needs of young carers compliant with the 2016 Act.			
1.4	**24. Workforce Development** Ensure the implementation of the GIRFEC pathway and single planning process.	Embed our GIRFEC pathway through meeting the training needs of the single and multi-agency workforce Implement the multi-agency GIRFEC paperwork and toolkit.	Monthly case file reading highlights areas for continuing improvement	GIRFEC Implementation Steering Group	Three Reporting Periods per Year.
		Ensure outcome focused planning is SMART via Quality Assurance framework within children's services.	The role of child planning and improvement officers will have ensured SMARTER Child's Plans.	Quality Assurance Children's Services Team	Bi-annual.

Priority Theme 3: Opportunities to Maximise Their Learning, Their Achievements and Their Skills for Life

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.**

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
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/Attainment Challenge Programme Manager	2017
3.2	2. We want to close the attainment gap between the poorest pupils and their classmates.	Coaching and Modelling Teachers	Whole system approach to improve attainment	Head of Education Services/Attainment Challenge Programme Manager.	CYPIC 2020
		Nurture Teachers		Head of Education Services/Attainment	CYPIC 2020
		Family Learning			

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		Sessions		Challenge Programme Manager	
		Upskilling Teachers and Leaders			
		Holiday Literacy Lunch Clubs within Attainment Challenge Communities.	Reduce barriers between parents/carers and school.	Education Services/Attainment Challenge Programme Manager	Summer 2017
	3. Partnerships between Education Services, 3rd Sector, parents/carers and young people are working to raise levels of numeracy and literacy.	Events to build partnerships that shares the learning between parent/carer and child	Working together sustains learning	Education Services/Attainment Challenge Programme Manager/Parents/Carers	
3.2	4. Improve attendance at the Authorities 9 attainment schools.	Identify the children within SMID 1 and 2 with less than 80% attendance in P1, 2, and 3.	Improved attendance.	Head of Education Services/Attainment challenge programme Manager/	December 2017
		Identify GIRFEC pathway for this cohort.	Longer term increased attainment for children in SMID1 and 2.	Attainment Challenge Improvement Programme Manager	June 2017
		Identify the TAC for this cohort.		Attainment Challenge Improvement Programme Manager	June 2017
		Communication and support for parents	Increase parents capacity to engage	Barnardo's Nurture Inverclyde	2021 Stretch Aim 4

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
			and be involved in their children's learning		
3.1	5, We want to close the attainment gap for our LAC at home children and young people	GIRFEC single planning process identifies need TAC promotes the meeting of wellbeing need The Child's Plan reviews early stability and permanence	Whole system support of children, young people and families supports attainment	Inverclyde Community Planning Partnership/Children's Services/SCRA	3 monthly review of the Child's Plan
1.2	6. Outcome focussed Planning has brought early stability and permanence for LAC.	Multi-agency review of Child's Plan	Early stability promotes wellbeing	Children's Services	3 monthly review
3.3	7. Young people have experiences while at school to prepare them for leaving.	An Annual Survey of all S3-S6 pupils which shows their thoughts and aspirations for the senior phase, this also supports schools and post-school partners.	Improved pupil readiness for post school destinations. Increase in pupils staying on ratio.	Education Services	Annual 2017
3.3	8. To improve employability, skills and	Developing partnerships to	Improved destinations for	Inverclyde Corporate Parenting Steering	2020 Stretch Aim

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
	sustained positive school lever destinations for LAC.	improve opportunities to provide work experienced learning and develop skills.	LAC.	Group.	
		Promote an improvement culture that engages young people, families and communities.	Improved community involvement in offering opportunities for local skills development for LAC pupils.	Inverclyde Corporate Parenting Steering Group.	2018
		Listen to the views of looked after children as they prepare for beyond their school years.	Increased resilience and capacity of LAC as they prepare for the world outside school	Inverclyde Corporate Parenting Steering Group.	2020
		LAC Parents Engagement *Test of Change* Pilot. Engage parents of LAC in supporting their children for life beyond their school years.	Enhanced partnership between school and home for LAC in S2 and S3 within the pilot school.	Inverclyde Corporate Parenting Steering Group/Inverclyde Academy/Education Scotland/children and young people Improvement collaborative.	June 2017
3.4	9. Increase the number of Care Experienced 16-24 year olds in employment	Pathway assessment and Plans reviewed at key transition	Care experienced young people's self-esteem will be		

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
	and training	points	increased	Champions Board/Inverclyde Corporate Parenting Steering Group/Economic Regeneration/Chambers of Commerce	Autumn 2017
		Consultation event with Chamber of Commerce and Inverclyde Council	Engage and lobby local need		
1.4	10. Workforce development improves the skills of Named Person and Lead Professional	Integrate training into practice around Corporate Parenting responsibilities	Increased knowledge	Inverclyde Corporate Parenting Steering Group	2017
3.5	11. Raising awareness of Corporate Parenting responsibility improves outcomes for LAC	Establish the Champions Board	Provide a governance and communication framework	Pround2Care Group/Inverclyde Council/Elected members/Inverclyde Corporate Parenting Steering Group	2017
		Consultation events around priority areas	Builds networks of support and social capital		

Priority Theme 4: Housing and Accommodation

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.

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
4.1	1. LAC young people where possible will be supported and maintained in their local community.	Wellbeing assessment and Children Plans will identify need and the pathway to early stability and permanence.	Young people will stay connected with their families and communities	Planning and Improvement Team/Children and families	2017
		The skill mix of the team around the child and young person will promote, support and safeguard their needs.	Choice supports relationships	Children's Services	2017
		Children and young people will be actively	Promotes a sense of belonging	Inverclyde Council/Champions	2017

Outcome Reference	Development Area	Actions	Impact	Who is Responsible	Timescale
		encouraged to be part of recreational activities in their communities.		Board/Proud2Care Group	
4.2	2. Increase the range of choice and sustainability of housing tenure for Care Experienced young people.	Pathway Plans and the team around the young person will identify wellbeing need.	Reduced homelessness and housing application re-referrals	Champions Board/Housing Strategy Group	2018
		Provide opportunities for the young person to build the skills to cope with having their own home.	Builds confidence and network of support	Champions Board/Housing Strategy Group	
		Choice of home will provide the opportunity and support from services to sustain tenancies.	Improves safety	Champions Board/Housing Strategy Group	
4.3	3. Care experienced young people maintain their nurturing relationships.	The team around the child will be consistent where possible.	Increased confidence and opportunities to expand their network of support by choice.	Children and Families	2017
3.5	4. Engagement with young people, parents/ carers.	The voice of the child will be listened to through the GIRFEC planning process.	Service user at the centre of service development and delivery.	Children and Families/SCRA	2017

5. Performance Indicators

The performance indicators correspond to the outcome management framework. Performance will be monitored through SOA6 sub groups and single agency monitoring processes. Annual reporting of progress will be made to the SOA Programme Board this will include reporting on RAG status.

Priority 1: Our Children and Young People Have Access to Early Help and Support

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
1	Total number of children on the Child Protection Register as at 31st July. Outcome 1.1	27	42	40	Context	Safe
2	Child protection registrations – rate per 1,000 children who are under 16 years. Outcome 1.1	5.6	5.2	4.7	Context	Safe
3	% of child protection concerns relating to neglect. Outcome 1.1	-	16.15%	11.85%	Decreasing	Safe
4	% of child protection concerns relating to parental alcohol abuse. Outcome 1.1	-	11%	11.25%	Decreasing	Safe
5	% of child protection concerns relating to parental drugs misuse. Outcome 1.1	-	14.78%	11.55%	Decreasing	Safe
6	% of child protection concerns relating to parental mental health. Outcome 1.1	-	10.31%	11.55%	Decreasing	Safe
7	% of child protection concerns relating to domestic abuse.	-	14.43%	19.45%	Decreasing	Safe

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
	Outcome 1.1					
8	% of children in poverty (after housing costs) Outcome 2.3	24% (2012)	25.6% (2013)	27.9% (Dec 2015)	Decreasing	Nurtured
9	Lone parents/carers not in employment (% of all lone parents) Outcome 2.3	51.2% (2011)			Decreasing	Included
10	Child Development – % of eligible children reviewed at 27-30 month. Outcome 1.3	92.9%	97.5%	92.2%	Increasing	Achieving
11	% of children reaching standardised score of 50 for literacy and numeracy by the point of starting P1. Outcome 3.1					Achieving
12	0-3 years Interagency referrals - Number of referrals received. Outcome 1.1			74 (March 2016-Feb 2017)		Nurtured
13	Qualifying Benefits Criteria: children identified via DWP for targeted early identification of need. Outcome 2.3					Nurtured
14	% of maternities of mother under 20 years of age. Outcome 1.2	5.15%	3.95%	4.52%	Reduce by 1%	Healthy
15	Maternities recording drug misuse – rate per 1,000 maternities. Outcome 2.1	2011/12-2013/14 aggregate 21.5	2012/13-2014/15 aggregate 16.3	2013/14-2015/16 aggregate 12.2	Reduce three year rate to 10.0	Healthy
16	Number of children referred to the Children's Reporter. Outcome 3.5	441	451	398	Context	Respected & Responsible
17	Number of children referred on non-offence grounds.	421	435	376	Context	Respected

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
	Outcome 3.5					& Responsible
18	Number of children referred on offence grounds. Outcome 3.5	34	39	39	Context	Respected & Responsible
19	Number of children with joint reports. Outcome 3.5	31	31	27	Context	Respected & Responsible
20	Number of children subject to CSO's. Outcome 3.5	201	197	170	Context	Respected & Responsible
21	Number of children with a CPO referral. Outcome 2.2	13	7	9	Context	Respected & Responsible
22	Number of children with a CSO terminated. Outcome 1.3	102	60	69	Context	Respected & Responsible
23	% children with a change of lead professional while on CPR Outcome 1.4	30%	57.69%	30% (Trial Data from Jan 17)	Decreasing	Safe
24 New	% CP Investigations with completed IRD Outcome 1.2			67% (Trial Data from Jan 17)	100%	Safe
25	% Lead Professional files with multi-agency chronology Outcome 2.2			77% (Trial Data from Jan 17)	I00%	Safe
26	% IRDs completed within 1 day Outcome 1.2			70% (Trial Data	100%	Safe

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
New				from Jan 17)		
27 New	% CP Case Conferences held within 21 calendar days of IRD Outcome 1.4			60% (Trial Data from Jan 17)	95%	Safe
28	% Pre-birth CP Conferences taking place by 28 weeks gestation Outcome 1.4	14.3%	8.3%	50% (Trial Data from Jan 17)	95%	Safe
29	% of Reporter decisions made within published timescales (currently 50 working days) Outcome 1.2			74.1% (Q3)	100%	Respected & Responsible
30	% of hearings that take place within published timescales (currently within 20 working days of Reporters decision) Outcome 1.2			95.2% (Q3)	100%	Respected & Responsible
31	Number of Deliberate Secondary Fires Outcome 3.3	22 (2014-15)	12 (2015-16)	27 (2016-17)	Decrease	Respected & Responsible
32	Number of Complaints Regarding Disorder (Police Scotland) Outcome 3.3	4,111 (April 2014-March2015)	3,496 (April 2015-Feb 2016)	3,358 (April 2016-Feb 2017)	Reduction	Respected & Responsible

Priority 2: All our Children and Young People Have Improved Health and Wellbeing Outcomes

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
1	Healthy Living - % of schools meeting PE target. (Primary School) Outcome 2.2	80%	80%	100%	Maintain the 100% target.	Active
2	Healthy Living - % of schools meeting PE target.(secondary schools) Outcome 2.2	100%	100%	100%	Maintain the 100% target.	Active
3	Healthy Living - % taking a school meal (free or paid for). (Primary School) Outocme 2.3	72.3%	67.4%	70%	Increase the uptake of school meals.	Healthy
4	Healthy Living - % taking a school meal (free or paid for). (Secondary School) Outcome 2.3	54.7%	55.6%	62.7%	Increase the uptake of school meals.	Healthy
5	% of adults surveyed who are satisfied or very satisfied with leisure facilities. Outcome 3.5		2013-2016 86%		5% increase in Satisfaction .	Included
6	Teenage Pregnancies – Rates per 1,000 female population (Aged 15-19) Outcome 2.2	Jan 2013-Dec 2013 37.1	Jan 2014-Dec 2014 30.3	Jan 2015-Dec 2015 30.7	Reduce rate by 2%	Healthy
7 New	Number of parents/carers participating in the family nurse partnership. Outcome 1.2				Increasing	Nurtured
8	% of Women Smoking During Pregnancy. Outcome 2.2	19.8% (April 2013-March 2014)	19.% (April 2014-March 2015)	17.1% (April 2015-March 2016)	20% HEAT Target	Healthy
9	% of Women Smoking During Pregnancy (Most Deprived Quintile in SIMD) Outcome 2.2	29.4% (April 2013-March 2014)	28.2% (April 2014-March 2015)	21.6% (April 2015-March 2016)	20% HEAT Target	Healthy

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
10	Child Mortality Ages 0-4 (Yearly rate per 1,000 children) Outcome 2.2	0.7	0.4	0.3	N/A	Healthy
11	Child Mortality Ages 5-9 (Yearly rate per 1,000 children) Outcome 2.2	0.1	0	0.1	N/A	Healthy
12	Babies born of Low Birth Weight (<2.5kg) as a % of all babies born in Inverclyde (Rolling year) Outocme 2.2	5.6% (October 2012-September 2013)	6.9% (October 2013-September 2014)	8.4% (October 2014-September 2015)	Reduce the number of babies born with a low birth weight.	Healthy
13	BMI Distribution in Primary 1 School Children - % at risk of underweight. Outocme 2.2	0.5%	1.3%	0.3%	Continue to reduce the number of children at risk of being underweight.	Healthy
14	BMI Distribution in Primary 1 School Children - % healthy weight (epidemiological) Outcome 2.2	74.1%	74.9%	75.7%	Further improve the number of children who have a healthy weight.	Healthy
15	BMI Distribution in Primary 1 School Children - % at risk of overweight. Outcome 2.2	14.0%	12.1%	12.0%	Reduce the number of children at risk of being overweight.	Healthy
16	BMI Distribution in Primary 1 School Children - % at risk of obesity.	11.4%	44.8%	12.0%	Reduce the number of	Healthy

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
	Outcome 2.2				children at risk of obesity.	
17	BMI Distribution in Primary 1 School Children - % at risk of overweight and obesity combined. Outcome 2.2	25.4%	23.9%	24.0%	2% decrease	Healthy
18	Breastfeeding at the first visit - % breastfeed (includes mixed breast and formula fed) Outcome 2.2	27.6%	28.7%	30.3%	Further improve the number of babies being breastfed.	Healthy
19	Breastfeeding at the first visit - % exclusively breastfed. Outcome 2.2	19.5%	20.9%	19.5%	Further improve the number of babies being breastfed.	Healthy
20	Breastfeeding at the 6-8 week review - % breastfed (includes mixed breast and formula fed) Outcome 2.2	19.7%	19.9%	21.6%	Further improve the number of babies being breastfed.	Healthy
21	Breastfeeding at the 6-8 week review - % exclusively breastfed. Outcome 2.2	14.0%	14.0%	14.9%	Further improve the number of babies being breastfed.	Healthy
22	Dental Care - % of P1 children with no obvious decay experience.	(2012) 59.7%	(2014) 65.3%	(2016) 69.6%	Increase by 3%	Healthy

	Key Performance Measure	Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
	Outcome 2.2					
23	Rate per 1,000 births – stillbirths. Outcome 2.2	8.0	4.1	2.9	N/A	Healthy
24	% of all Young People Seen With 18 Weeks of RTT for CAMHS. Outcome 2.2		100% (2015-2016)	100% (2016-2017)	Maintain RTT target of 90% for access to 18 weeks to treatment for children and young people in CAMHS.	Healthy
25	% of 15 year old pupils who have used illicit drugs in the last month (areas with lower prevalenece). Outcome 2.2	13% (2006)	10% (2010)	17% (2013)	5% reduction	Healthy
26	% of 15 year old pupils who have used illicit drugs in the last year (areas with lower prevalenece). Outcome 2.2	20% (2006)	14% (2010)	19% (2013)	5% reduction	Healthy
27	% of 15 year old pupils drinking alcohol on a weekly basis. Outcome 2.2	27% (2006)	10% (2010)	16.2% (2013)	5% reduction	Healthy
28	Mean number of units of alcohol consumed by 15 year old pupils in the last week. Outcome 2.2	-	-	18	Reduction to 13 units	Healthy

Priority 3: Opportunities to Maximise Their Learning, Their Achievements and Their Skills for Life

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
1	% of secondary school pupils who have achieved 5 plus awards at SCQF level 5 or higher. Outcome 3.1	53%	55%	57%	Increase to 59% (Scottish average)	Achieving
2	% of secondary school pupils from deprived areas who have achieved 5 plus awards at SCQF level 5 or higher. Scottish average 39%. Outcome 3.1	32%	41%	41%	To continue to meet or exceed the Scottish average 39%..	Achieving
3	% of secondary school pupils from deprived areas who have achieved 5 plus awards at SCQF level 6 or higher. Scottish average 15%. Outcome 3.1	12%	12%	16%	To continue to meet or exceed the Scottish average 15%.	Achieving
4	% of adults surveyed who are satisfied or very satisfied with local schools. Scottish average is 78% Outcome 3.5	2010-2014 83.3%	2012-2015 86.3%	2013-2016 87.3%	Increase to 87.3%.	Included
5	% of pupils entering a positive destination upon leaving school (education, employment, training or voluntary work) Outcome 2.4	94%	94.6%	94.3%		Achieving
6	% of pupils who have additional support needs. (Primary School)	18.9%	20.5%	15.3%	Continue to identify	Achieving

	Key Performance Measure	Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
	Outcome 3.1				pupils at the earliest point of additional support needs.	
7	% of pupils who have additional support needs. (Secondary School) Outcome 3.1	22%	25.2%	24.3%	Co9ntinue to identify pupils at the earliest point of additional support needs.	Achieving
8	% of pupils from SIMD 20% most deprived. (Primary School) Outocme 3.1	46.6%	47.2%	46%	Reduce further the attainment gap.	Achieving
9	% of pupils from SIMD 20% most deprived. (Secondary School) Outcome 3.1	42.9%	43%	42.5%	Reduce further the attainment gap.	Achieving
10	% of Looked After Children Gaining at Least One Subject at SCQF Level 3 or Better in Current Diet for Examination. Outcome 3.3	93%	91%	93%	Increasing	Achieving
11	% Looked After Children gaining both English and Maths at SCQF level 3 or better by end S4 Outcome 3.3	65%	76.9%	79.1%	Increasing	
12	% attendance of pupils. (Primary School)	95.0%	94.6%	94.8%	95.1%	Achieving

Key Performance Measure		Performance			Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
	Outcome 3.1					
13	% attendance of pupils. (Secondary School) Outcome 3.1	91.7%	91%	91.1%	Improve on maintaining a high level of attendance.	Achieving
14	Rate of exclusion per 1,000 pupils. (Primary School) Outcome 3.1	1.6	0.4	1.3	Further improve on reducing the number of pupils excluded.	Included
15	Rate of exclusion per 1,000 pupils. (Secondary School) Outcome 3.1	23.7	14.4	19.1	Further improve on reducing the number of pupils excluded.	Included
16	% of unemployed people assisted into work from council funded / operated employability programmes. Outcome 3.4			19.2%	Increase the number of people being assisted.	Included
17	% of young people receiving aftercare services who are in education, Employment or Training of those where Economic Activity is Known. Outcome Outcome 2.4	51.2%	45.6%	58.5%	Increasing	Achieving

Priority 4: Housing and Accommodation as Part of the Corporate Parenting Strategy

Key Performance Measure		Performance			Target Target 2017/18 Unless Otherwise Specified	Wellbeing Indicator
		2013/14	2014/15	2015/16		
1	% of looked after children who are being cared for in a community rather than a residential setting. Outcome 4.1	87.3%	87.1%	85%	Increase by 2% to 85%	Nurtured
2	% of young people eligible receiving aftercare services. Outcome 3.5	68.9%	57.7%	48.8%	Increase to 75%	Nurtured
3	% of young people receiving aftercare services with one or more spells of homelessness. Outcome 4.2	10.7%	7.7%	4.8%	Reduce to 4%	Nurtured
4 New	Reduce the average time period that children and young people who are looked after at home are subject to a CSO with parents. Outcome 2.2				Reduce time period	Nurtured

6. Workforce Planning and Development

6.1 The continuous knowledge acquisition through this framework will have a bearing on future workforce planning and development in terms of how we deliver services and evidence informed practice - what works?

6.2 This learning will be passed on to improve outcomes for children and young people and their families. Examples of this are:

- how we respond to children, young people and families' needs and wishes through direct practice;
- review and revision of policy and procedures;
- integration of training into practice; and,
- workforce development strategies - learning, development and recruitment of staff

7. Learning and Continuous Improvement

7.1. While we have evidence of very good quality multi-agency work through the Child Protection Committee, with a variety of sub-groups, themed audits, short term improvement working groups and our annual conference; the restructuring of SOA6 Best start in life for children and young people lets us take this to a new level of integrated working across the Partnership to become data informed for our other core business areas.

7.2 The governance arrangements around SOA 6, with quarterly reporting from the each sub-group and the annual report to the Programme Board brings a corporate focus and discipline that develops and implements a robust framework for learning and improvement to support our goal to improve outcomes for children and young people as noted in section 5.

7.3 The Multi-Agency GIRFEC Learning and Development Plan outlines our aspiration for the implementation of our GIRFEC pathway as we move forward. The three locality communities of practice are central to how we embed this; parents/carers have told us that they would like to be part of this forward direction. The pilot programme with CELSIS around health and enhancing wellbeing is a further example of the Partnerships community asset building. Our opportunity and challenge is how we engage in this to meaningfully better the lives of our most children and young people.

7.4 The combination of restructuring SOA6 and the activities of the outcome performance management framework feeds into learning and continuous improvement of our services. Its progress will be captured in the annual report of the Integrated Children and Young People's Service Plan to the Scottish Government.

Appendix 1: SOA 6 Groups Performance Management and Quality Assurance Planner

Planner 2017

January New SOA 6 sub group TORs to be completed	**February**	**March**
April Integrated Children and Young People's Plan – Scottish Government	**May**	**June**
July Quarterly Reports from each SOA sub group	**August** SOA 6 Programme Board	**September**
October Quarterly Reports from each SOA sub group	**November** SOA 6 Programme Board	**December**

Planner 2018

January Quarterly Report -December 2016 SOA6 Report to Programme Board to be submitted	**February**	**March**
April Quarterly Report Children's Services Plan annual report to be completed	**May**	**June**
July Quarterly Reports from each SOA sub group	**August**	**September**
October Quarterly Reports from each SOA sub group	**November**	**December**

Appendix 2

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	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: • 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. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
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 *likelihood* or *risk* 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 the

Glossary of Terms	
	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 *significant* 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: *how I grow and develop what I need from people who look after me, my wider world.*
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 *significant*. 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

Glossary of Terms	
	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 *likelihood* or *probability* of a particular outcome given the presence of factors in 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 – *safe; healthy; achieving; nurtured; active; respected; responsible*; and *included* – 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

Strategic Needs Assessment Inverclyde Alliance (Community Planning Partnership)

Getting it right for every Child, Citizen and Community

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1

1. Introduction

1.1 Background

The Inverclyde Alliance (Community Planning Partnership) Vision for Inverclyde is **'Getting it right for every Child, Citizen and Community'** and the Inverclyde Alliance has developed the award-winning[1] **"Nurturing Inverclyde"** approach, with the intention is to make Inverclyde a place that "nurtures" all of our citizens, ensuring that everyone has the opportunity to have a good quality of life; and good mental and physical wellbeing.

"Nurturing Inverclyde" places our children at the centre, in recognition that every child grows up to become a citizen and part of a local community. Yet at the same time we believe this approach promotes supports and safeguards the wellbeing of all our citizens. This pioneering and innovative approach has been threaded across Inverclyde Council and has informed the developments of community planning since 2010. Moreover, **'Getting it right for Every Child, Citizen and Community'**, will be achieved through working in partnership to create a confident and inclusive Inverclyde with safe, sustainable, healthy, nurtured communities; a thriving, prosperous economy; active citizens who are achieving, resilient, respected, responsible, included and able to make a positive contribution to the area.

In order to respond to the national outcomes that have been identified by the Scottish Government[2] local services have formed Community Planning Partnerships (CPP) – ours is called the Inverclyde Alliance. We demonstrate how we would achieve these national outcomes by producing a Single Outcome Agreement (SOA)[3], which is modelled on the Getting it Right for Every Child (GIRFEC) principles.

Inverclyde Alliance has agreed 8 local outcomes, which will be delivered for all our children, citizens and communities –

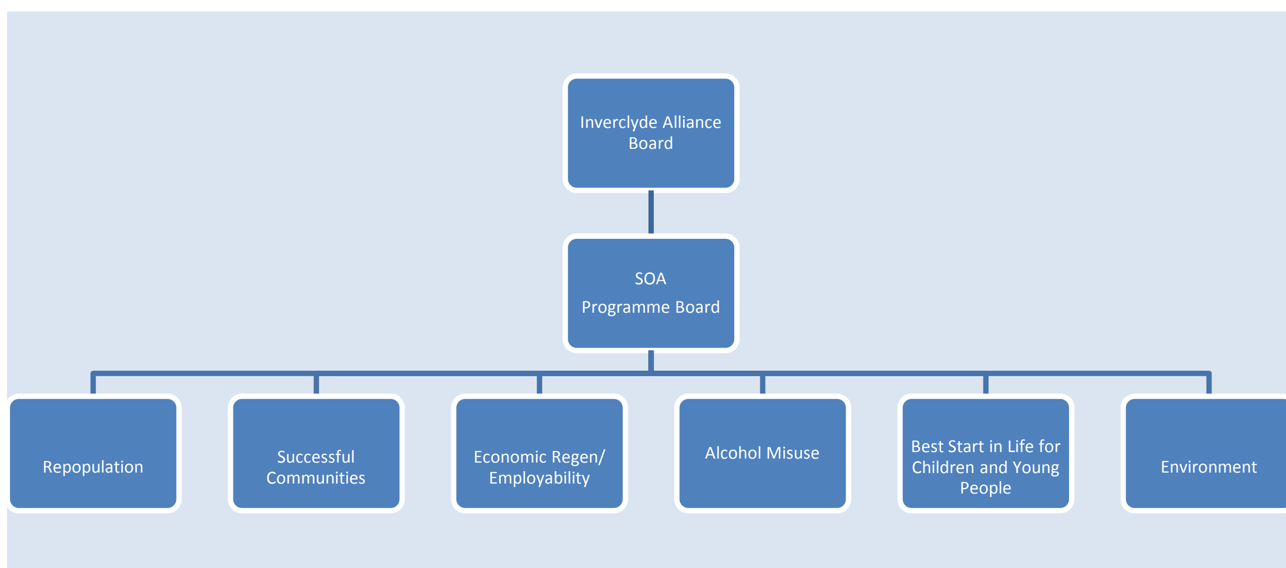
1. Inverclyde's population is stable with a good balance of socio-economic groups;
2. Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life;
3. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential;
4. The health of local people is improved, combating health inequality and promoting healthy lifestyles;
5. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates;

[1] http://awards.cosla.gov.uk/achieving-better-outcomes-inverclyde-council-nurturing-inverclyde/
[2] http://www.gov.scot/About/Performance/scotPerforms/outcome
[3] https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership

6. **A nurturing Inverclyde gives all our children and young people the best possible start in life;**
7. All children, citizens and communities in Inverclyde play an active role in nurturing the environment to make the area a sustainable and desirable place to live and visit and
8. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Informed by consultation feedback and a comprehensive analysis of information, these outcomes reflect the social, economic, health and environmental challenges of the area.

Diagram 1: Inverclyde Alliance structure



At an Inverclyde level the Alliance Board holds Programme Boards to account for the delivery of the above outcomes, while Outcome Delivery Groups oversee the more specific actions that are required in order to achieve the outcomes.

The Alliance has well-established governance arrangements to oversee the effective delivery of these local outcomes *(diagram 1).* Initially an Outcome Delivery Group was established to deliver improvement projects focusing on health inequalities, however following partnership working with Health Scotland on the fundamental causes of health inequalities it was acknowledged that a single group could not take this work forward in isolation. Consequently, it was agreed that inequalities would be a cross cutting theme across all the Outcome Delivery Groups, with the aim that tackling wider inequality would in turn reduce health inequalities

Services for children, young people and their families are, in the main, captured under Local Outcome 6 (mentioned above). This ensures a strategic approach, taking account of the requirements and inputs of the full range of partners across Inverclyde. However, the cross-cutting nature of this work means that some priorities link to other Local Outcomes, namely:

- Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life. (SOA2)
- The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential. (SOA3)
- The health of local people is improved, combating health inequality and promoting healthy lifestyles (SOA4)

From the 1 October 2017 our SOA will be replaced by a Local Outcomes Improvement Plan (LOIP)[4].

1.2 Inequalities and Inequalities in Health

Inequalities and particularly inequalities in health is a significant issue for Inverclyde. From a community planning strategic perspective, a key local priority is protecting and promoting the health and wellbeing of children, as well as the fundamental approach to improving the health and wellbeing of the whole population and reducing inequalities.

Health and social inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience higher levels of these poorer outcomes, and are committed to working to find ways to respond by improving lives; preventing ill-health and social exclusion; protecting good health and wellbeing and promoting healthier living.

For many years now, Inverclyde has been characterised by some notably unequal health and socio-economic outcomes, and these inequalities are recognised as the biggest challenge we face going into the future.

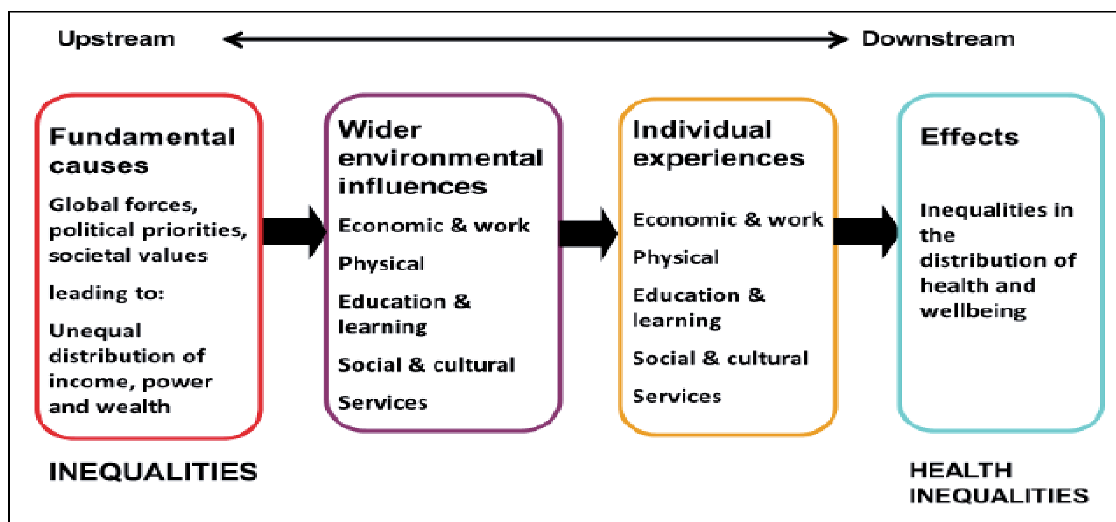
The causes of inequality are well-evidenced in terms of economic and work-related opportunities; levels of education; access to services and societal or cultural norms. Health inequalities are therefore inextricably linked to the unequal distribution of a range of opportunities.

In their work on determining the fundamental causes of health inequalities, NHS Health Scotland suggests that they are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups. These **fundamental causes** also influence the distribution of **wider environmental influences on health**, such as the availability of good quality housing, work, education and learning opportunities, as well as access to services and social and cultural opportunities in an area and in society. The wider environment in which people live and work then shapes **their individual experiences** of, for example, low income, poor housing, discrimination and access to health services[5,6].

[4] https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/inverclyde-alliance-board-papers/inverclyde-alliance-board-papers-2016/inverclyde-alliance-board-papers-3-october-2016, agenda item 7
[5] Beeston C, McCartney G, Ford J, Wimbush E, Beck S, MacDonald W, et al. Health Inequalities Policy review for the Scottish Ministerial Task Force on Health Inequalities. Edinburgh: NHS Health Scotland, 2013.
[6] Marmot M, Atkinson T, Bell J, Black C, Broadfoot P, Cumberlege J, et al. Fair Society, Healthy Lives. The Marmot Review. London: The Marmot Review, 2010.

This all results in the effects of unequal and unfair distribution of health, ill health (morbidity) and death (mortality) and has implications beyond health inequalities, with less equal societies, in terms of the differences in the income, power and wealth across the population show an association with doing less well over a range of health and social outcomes including violence and homicide, teenage pregnancy, drug use and social mobility[7,8].

'**Health Inequalities: Theory of Causation' diagram below,** illustrates well that tackling inequalities is required at all three levels: fundamental, wider and individual level.



The Inverclyde Alliance, through the previous Inequalities Outcome Delivery Group, worked in partnership with NHS Health Scotland to undertake a critical review of all of the Outcome Delivery Plans and provide feedback on how these could be strengthened from an inequalities perspective and be clear around what we can actually prevent, mitigate and undo.

Each Outcome Delivery Group was asked to review their plans though an "inequalities lens" and was asked to ensure that their outcome delivery plan contains at least one action which has an inequalities focus, with associated measures and indicators.

1.3 Strategic Needs Assessment

The SOA6 Outcome Delivery Group Best Start In Life is the locality Children's Services Strategic Partnership, which incorporates several different strategies and programmes across a range of sectors including Education, Health and Social Care including adult services, Community Justice, Community safety, Community Learning and Development, including youth work and 3rd sector.

Joint Strategic Needs Assessment (JSNA) is the process of identifying the health and well-being needs of an area. This JSNA considers parental, environmental and

[7] Wilkinson R, Pickett K. The Spirit Level: why more equal societies almost always do better. London: Allen Lane; 2009.
[8] Wilkinson RG, Pickett KE. Income inequality and population health: A review and explanation of the evidence. Social Science & Medicine 2006; 62(7): 1768–84.

demographic factors that impact on health and wellbeing needs of children residing in Inverclyde. Each section provides details of outcomes indicators across age ranges (early years, primary, secondary and post-16) and shows data around local inequalities in children's outcomes. Where possible, insights to how local people feel about the issue are included.

Joint strategic needs assessment is an integral part of the refreshed 3 year children services planning cycle, and provides the basis of informing our planning of children's services over the next 3 years.

As we refine our JSNA we will extend its scope to triangulate the key messages with the depth of intelligence we have gathered in relation to our engagement activities with our children, young people, families and other stakeholders.

2. Demographical Scoping

2.1 Children and Family Demographic and Population Health Data

2.1.1 Demographic and population health statistics[9]

A complete analysis of recent and anticipated changes to Inverclyde's demographic is provided with this joint strategic needs assessment.

- There are 22,533 people aged 25 and under living in Inverclyde, which is nearly 3 in 10 of the total population of 79,800.
- Children aged 0 to 15 comprise 16% of Inverclyde's total population.

Over the last decade there has been a decrease in the total children and young people population from 25,525 in 2005 to 22,533 in 2015. This represents a decrease of approximately 3,000 children and young people.

The table below is sourced from the National Records of Scotland 2015 Mid-Year population estimates and highlights the population figures from 2005 and 2015 split into age groups. The largest decrease has been in those aged between 11 and 15; the number of young people in this group fell by approximately 25%.

Inverclyde population by age group

Inverclyde's rate of depopulation is amongst the highest in Scotland. The rate of Inverclyde's depopulation was proportionately larger than any other local authority in the UK between 1981 and 2009. During this period, Inverclyde's population decreased by almost 21% (21,000 people).

Over the period, 2001- 2011 Inverclyde had the second highest drop in population of all Scottish Councils.

Population decline has been selective and has had a greater impact on young people, young families, and working age people.

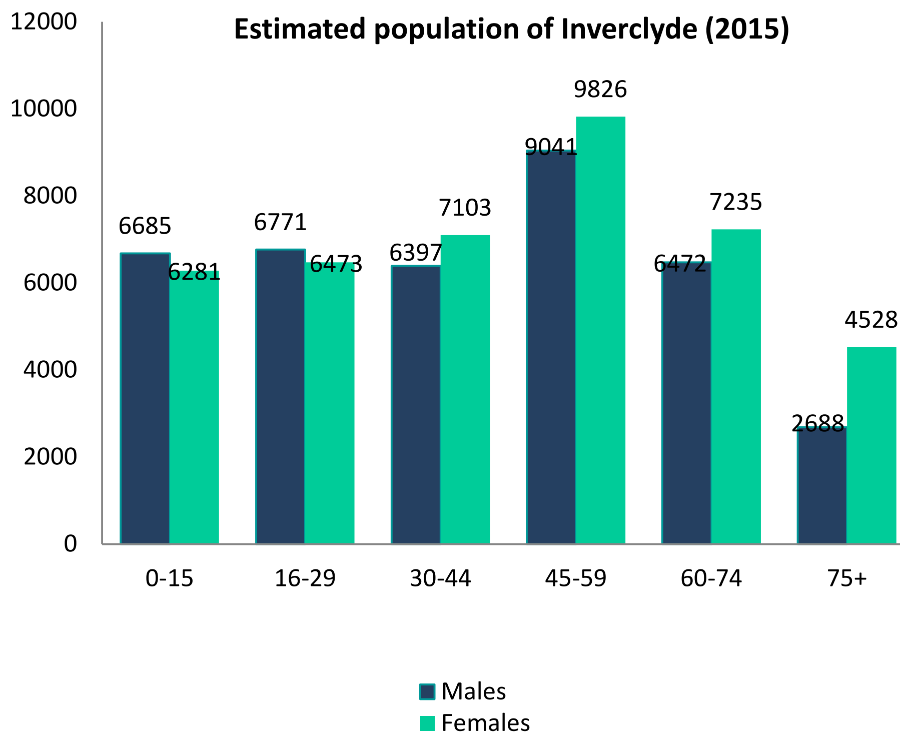
[9] National Records of Scotland 2015 Mid-Year Population estimates

A review of the age profile shows that between 2001 and 2011 the number of young people fell sharply in Inverclyde. The number of young people aged under 15 years fell by 16% over this 10-year period. In addition, whilst most Council areas saw an increase in the number of pre-school children over the same period, Inverclyde's pre-school population had fallen by 6%.

The population age grouping of 15 to 64 year olds also fell by 1.9% in Inverclyde whilst the same age group in Scotland has increased by 6% over the period 2001 – 2011.

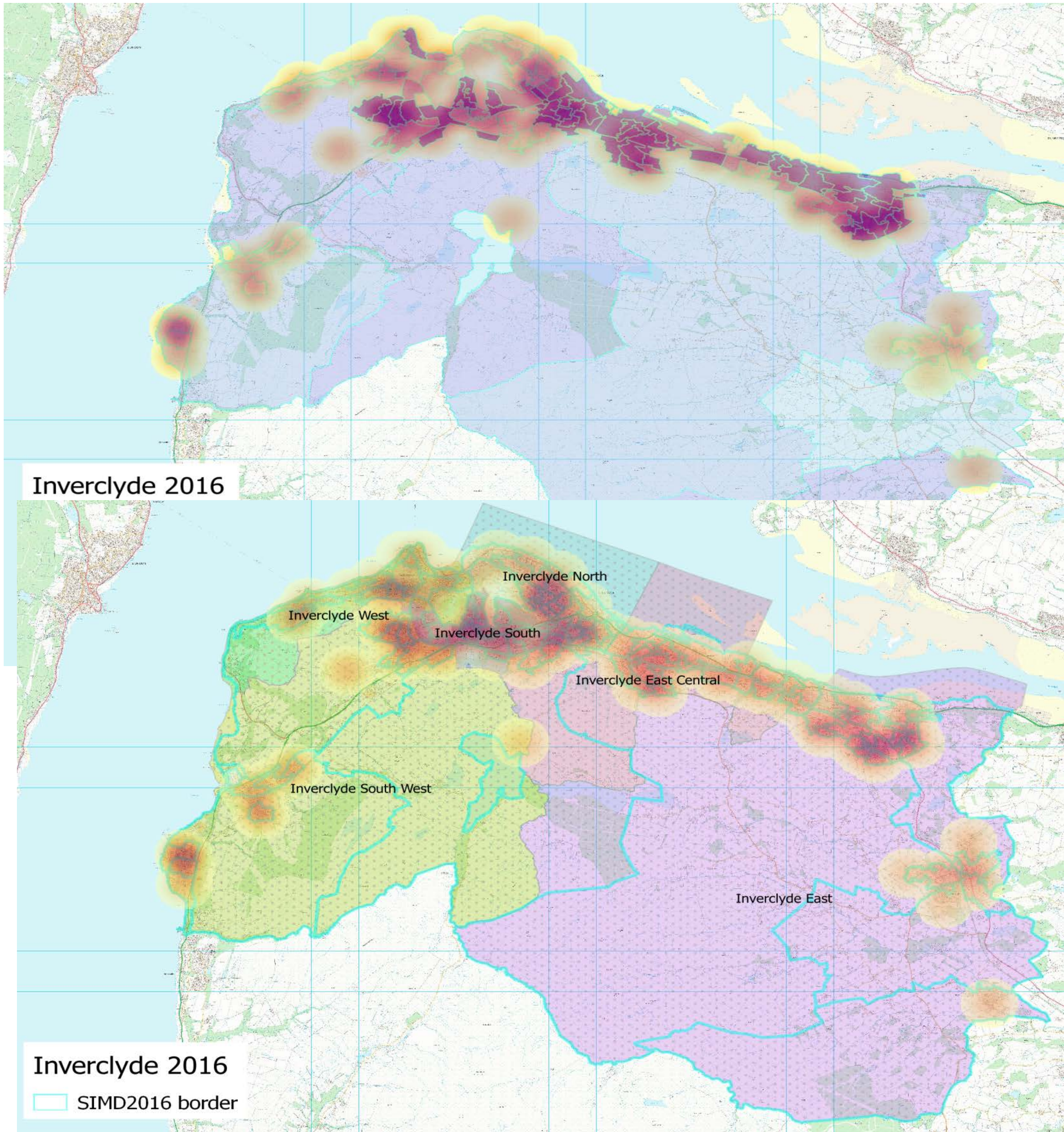
In 2016 Pre-school age infants (0-4 years) accounted for 24.98% of the child population.
Primary school age children (5-10 years) accounted for 32.26% of the child population.
Secondary school age (11-17 years) accounted for 37.39% of the child population.

There are intensive community planning actions, through the local Single Outcome Agreement (SOA) under the outcome areas of Repopulation and Best Start in Life that will develop into a Local Outcome Improvement Plan (LOIP), from October 2017.



2.1.2 Children and Families in Inverclyde: Where Do They Live?

The map captured below, drawn from SIMD 2016 data, providing a pictorial representation of some of the information mentioned above. This highlights the yellow to red shading, showing the concentration of households with dependent children, with the lighter (yellow) showing those less dependent and the darker (red), those children who are considered more dependent.



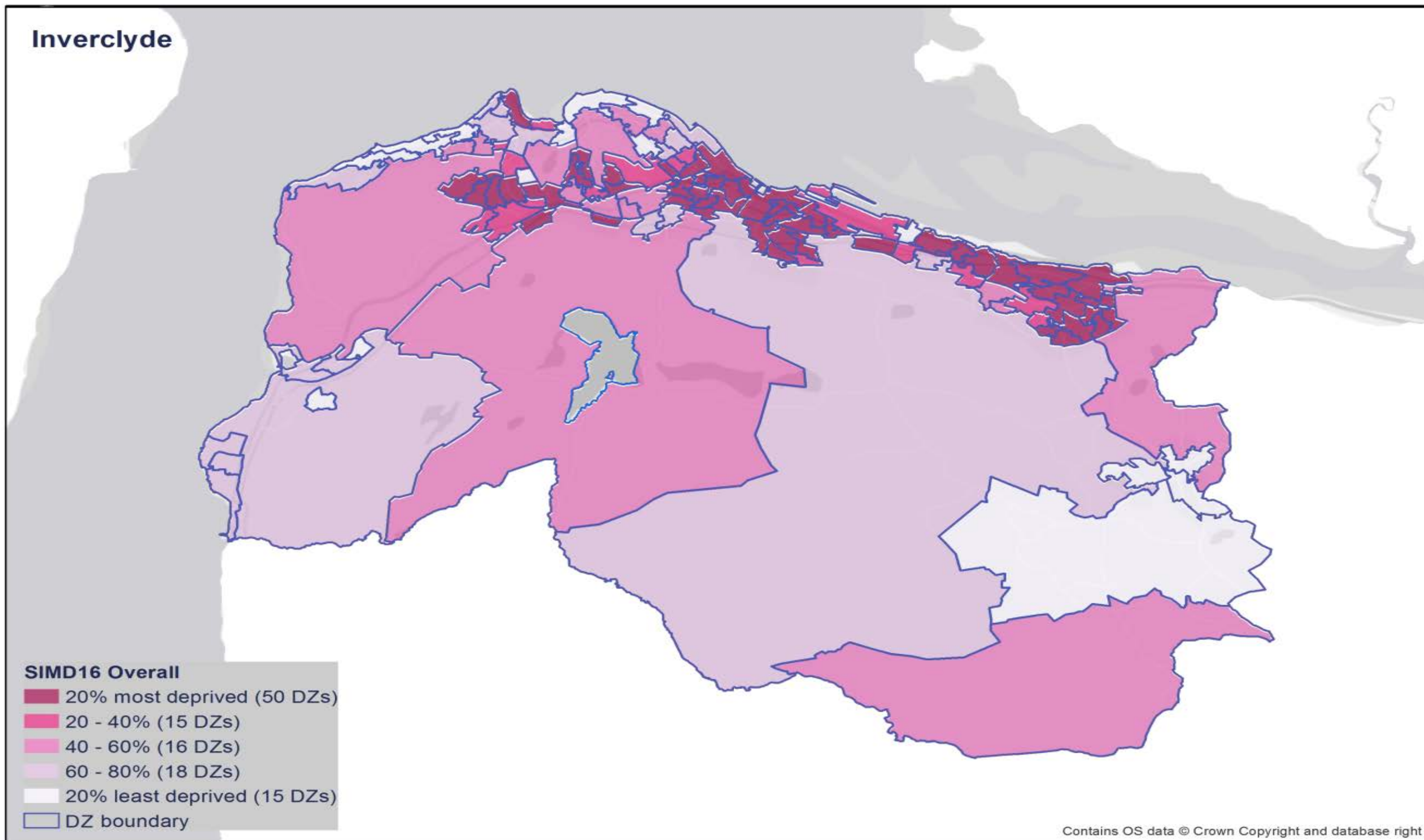
2.1.3 Deprivation

There are high levels of multiple deprivation in Inverclyde as defined by the Scottish Index of Multiple Deprivation (SIMD, 2016)[11], which is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. This incorporates several different aspects of deprivation that includes housing, employment, and health, combining them into a single index.

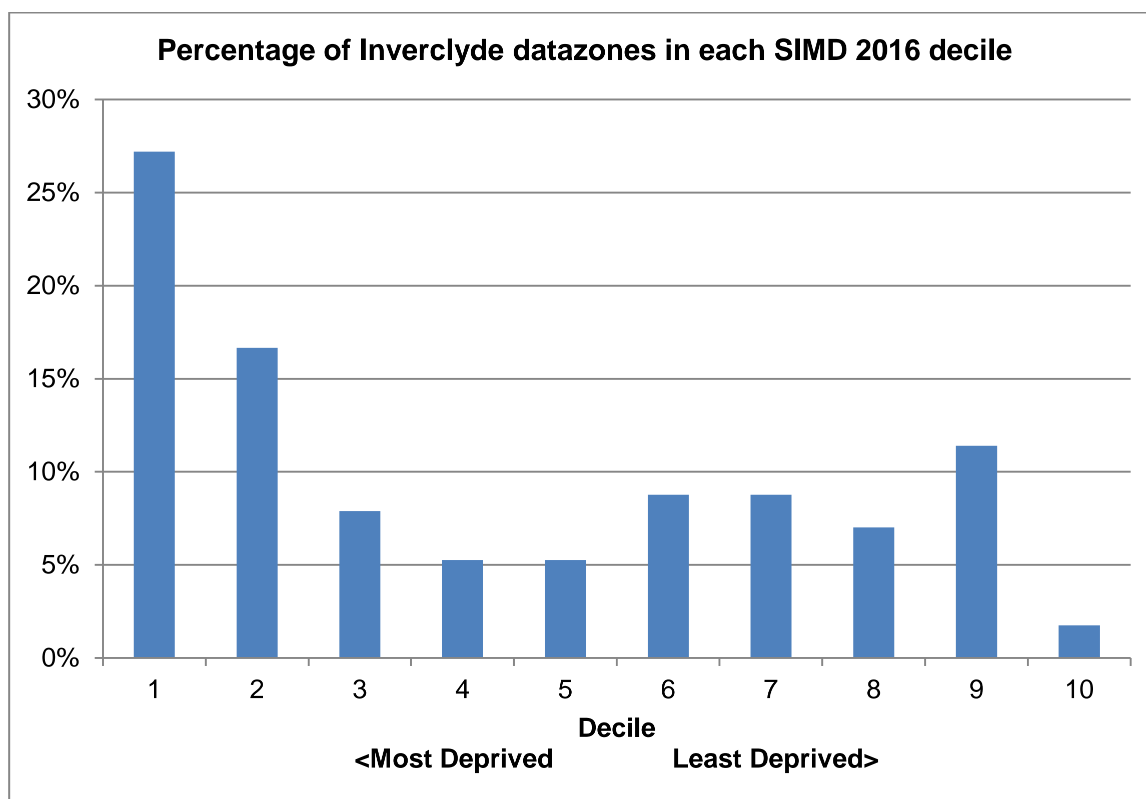
[10] https://www.inverclyde.gov.uk/council-and-government/councillors
[11] http://www.gov.scot/Topics/Statistics/SIMD

The following map outlines the scale of the local challenges and highlights particular areas of deprivation and poverty in Inverclyde. Both income and employment deprivation are higher in Inverclyde than Scotland as a whole.

Between SIMD 2012 and SIMD 2016, however the number of Inverclyde's datazones in the 5% most deprived in Scotland fell by 3 from 14 to 11. This equates to 9.6% of all 114 Inverclyde data zones in the 5% most deprived category. -



Datazones by Deprivation Decile



Source: SIMD 2016

In 2016, 31 of the 697 most deprived datazones in Scotland (the lowest 10%) were situated in Inverclyde. These datazones represent 27% of the 114 datazones in Inverclyde.

Areas of high deprivation are based on several indicators within seven domains, including in employment, income, crime, education, access, health and housing. Deprivation can refer to difficulties caused by lack of resources and opportunities, all of which can have a negative impact on wellbeing outcomes. For example, in the housing domain, areas of high deprivation are more likely to have people living in households without central heating, and in the health domain we expect to see a higher number of emergency stays in hospital. Within these domains, Inverclyde has a higher rate of income and employment deprivation compared to Scotland as a whole.

Using population estimates, it is possible to calculate the number of children and young people living in the areas of high deprivation. Based on the 2015 population estimates from the National Records Scotland, 3,926 people aged 18 and under live in the datazones with the highest levels of deprivation, a quarter of the total population of that age group.

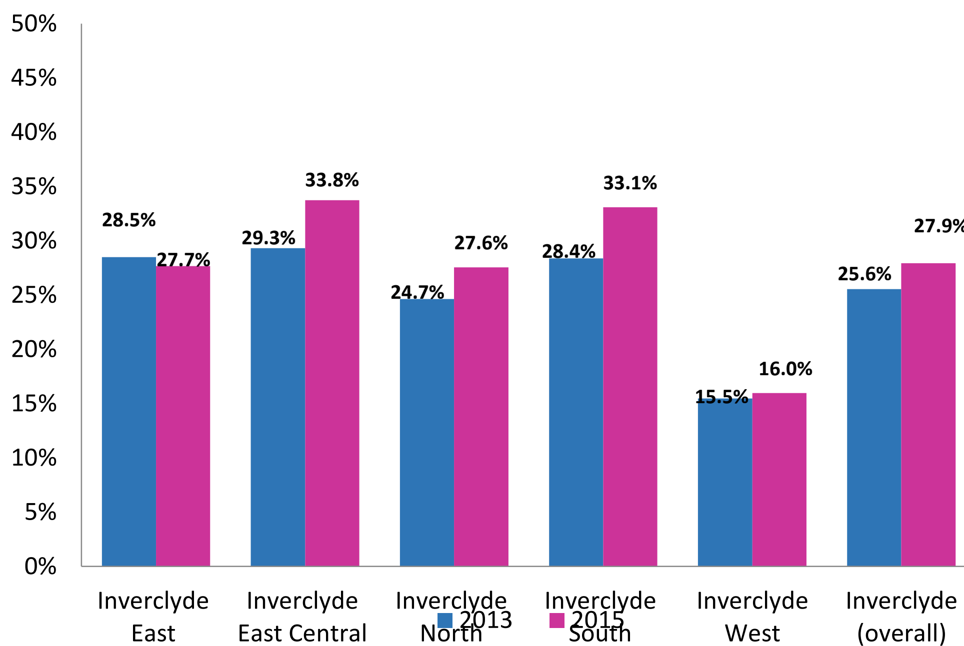
Inverclyde is second only to Glasgow City for the percentage of children and young people who live in high deprivation areas[12]. These children and young people are more likely to have greater need and use of services across the different sectors.

The Scotland Public Health Observatory (ScotPHO)[13] publishes information on a number of different public health indicators. The datazones were split into five equal population groups in this analysis. The latest data on child poverty from 2012 showed that 37% of children who

[12] SIMD 2016 and NRS population estimates
[13] http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool

lived in the most deprived areas were living in poverty. Poverty is a measure of income, and an influential contributor to wider deprivation.

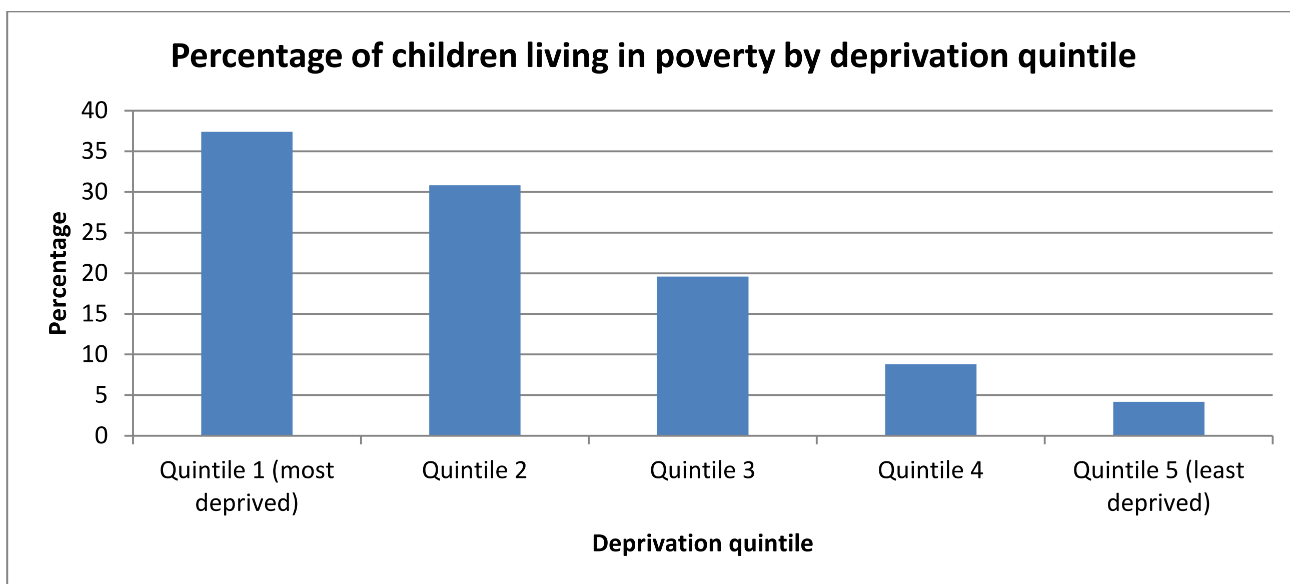
From an Inverclyde perspective and according to the End Child Poverty Campaign[14], the latest figures show that more than 1 in 4 children (27.94% after housing costs) are living in poverty. The ward with the highest percentage of children living in poverty is Inverclyde East Central (33.76% after housing costs) whilst the ward with the lowest percentage is Inverclyde West (15.98% after housing cost).



[14] http://www.endchildpoverty.org.uk/poverty-in-your-area-2016/

Poverty by deprivation quintile

As highlighted elsewhere the most deprived quintiles, as set out in the Scottish Index of multiple Deprivation, have higher proportions of children living in poverty**.**



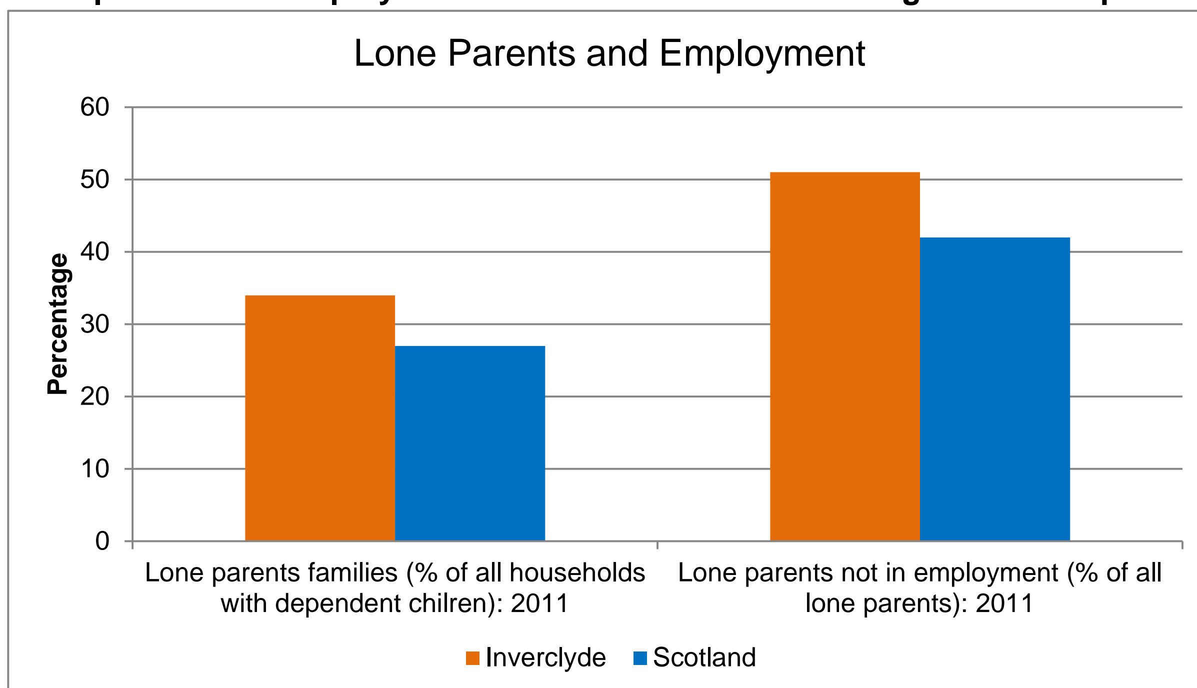
Source: ScotPHO Deprivation profiles

2.1.4 Lone Parent Families

Child health and wellbeing is also affected by household income and the employment status of parents. 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.

Inverclyde has both a high percentage of lone parent families and lone parents who are not in employment. Data that was published in the ScotPHO 'Lone parents in Scotland: work, income and child health; in-work progression; and the geography of lone parenthood'[15], using 2011 census data, highlighted that 51% of lone parents in Inverclyde were not in employment. This was the highest of all local authorities in Scotland.

Lone parents and employment in local authorities with a high % of lone parents



Source: ScotPHO (2016)

There are several possible explanations for differences in lone parent employment rates. These might include: local variation in conditionality associated with health and wellbeing; local labour market conditions; and local variation in childcare availability. Lone parents experience a diversity of circumstances.

ScotPHO suggest in their findings that higher employment rates for lone parents are associated with a greater availability of jobs and childcare. The use of benefit sanctions tends to be higher in areas with low lone parent employment rates, but the association is not strong.

Consequently, the children of lone parents are more likely to live in poverty than children in a two-parent family[16].

2.1.7 Free School Meals (FSM)

The prevalence of children eligible for and claiming FSMs in Inverclyde schools also, provides an indication of how many children in Inverclyde schools come from low income households.

Pupils entitled to free school meals are those within families who receive Income Support (IS) or Income-based Job Seekers Allowance (IBJSA). Those within families who receive support under Part VI of the Immigration and Asylum Act 1999 may also be entitled. Children, whose parents or carers receive Child Tax Credit, do not receive Working Tax Credit and had an annual income (as assessed by the Inland Revenue) of below £16,010 (from April 2013) are entitled. Children whose parent/s or carer/s are in receipt of both maximum child tax credit and maximum working tax credit are also eligible. Young people in

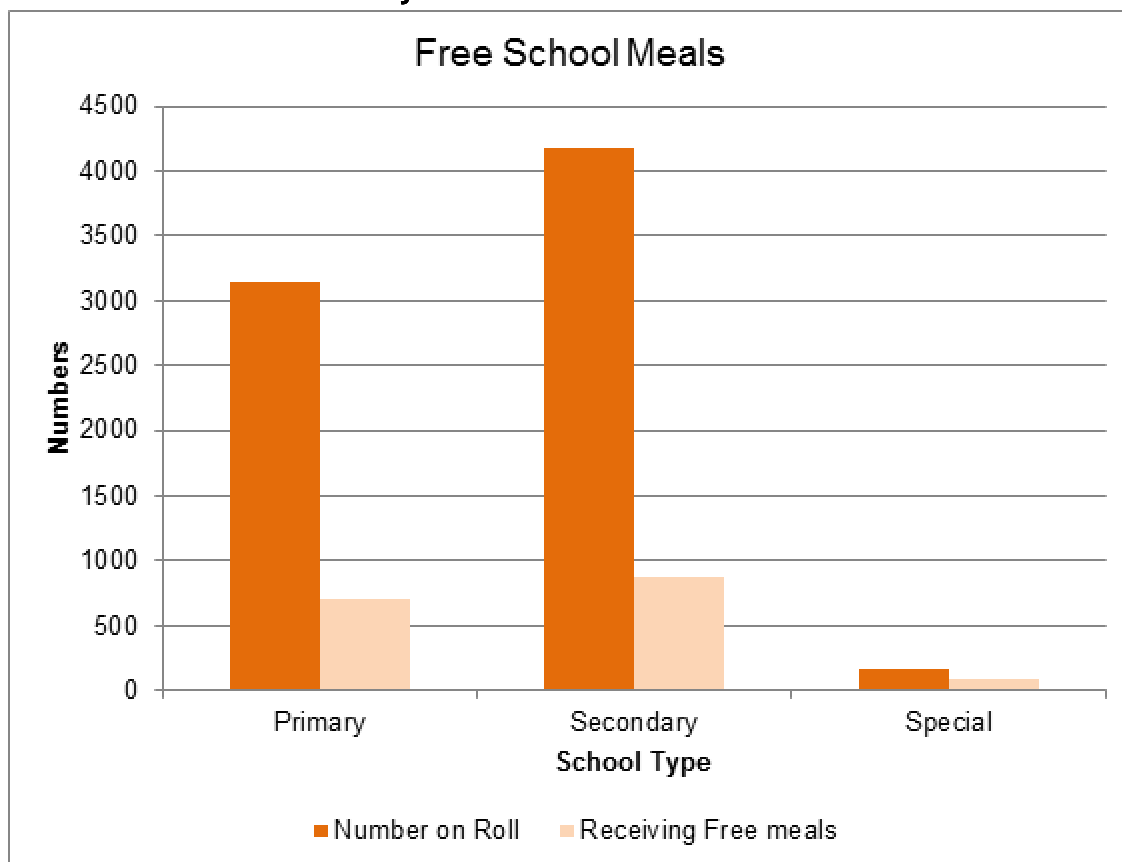
[16] Poverty and Income Inequality in Scotland figures, Table 2, Income Thresholds for Different Family Types (AHC) 2014/15 www.gov.scot/Publications/2016/06/3468/Downloads

school education who receive any of these benefits in their own right are also entitled to receive free school meals.

From January 2015, the Scottish Government extended the eligibility provision to free school meals to all pupils in P1-P3, with the aim of ensuring every child has the best possible start in life and gets every chance to succeed at school. This was also included as an amendment to the Children and Young People (Scotland) Act.

The table below shows the number of pupils in Inverclyde who were registered for free school meals in February 2016, and as a percentage of the total school roll. The percentage for primary school pupils is higher than secondary school pupils as all P1 to P3 pupils are eligible.

Free school meals Inverclyde



The table below shows information regarding registrations for free school meals of children and young people in census roll as of February 2017 , as a percentage of school roll. We have only included primary school pupils in P4 – 7 who have registered for FSM as all primary school pupils P1 – 3 are automatically entitled. On this date 22.3% of P4-7 received FSM. In secondary schools 21.1%. In our ASN provision 51.8% (roll of 164).

2.2 Implications and Considerations

- With the changes in population, we need to understand how this changes the school population. School estate and class sizes need to be planned, but in terms of addressing need, we also need to consider important dimensions such as impact of deprivation within our child population, predicted attainment levels and the views and priorities of children and young people.

- Integral to this planning, we need to consider the rate of children eligible for free school meals within this cohort and the profile of deprivation from the SIMD from which they are moving. The data shows that there is a high level of uptake of free school meals from those children who are eligible.
- The increased prevalence of lone parent households is likely to heighten the demand for accessible and affordable childcare to support lone parents into work and reduce child poverty. Across Inverclyde we have increased the provision of early year's provision, availability and uptake of universal provision for 3 and 4 year olds is high; however flexibility and entitlement has increased which better meets the needs of parents in employment, education and training. The new entitlement for 2 year olds from workless households has been very successful due to partnership working with the Department of Work and Pensions.
- As a consequence of associations with poverty, the concentration of large families in particular wards have implications for locality-based service demand, including but not limited to demand for larger family homes, social care and health provision in those areas.
- Targeted work continues to be required to be done to tackle the significant gap between our more affluent areas and those which experience high levels of poverty, deprivation, inequalities (population) and inequalities in health (individual). Some of this needs to be considered within the locality strategic planning and delivery structures and moving forward to the LOIP and where targeted programmes are more likely to have the greatest impact.
- Continue to target employability schemes and child care options for lone parents.
- Integral to this planning across our children services is the data regarding free school meals eligibility and the profile of deprivation SIMD data

3. Impact of Welfare Reform

3.1 Welfare Reform Impact on Families

Since June 2010 the UK Government has announced a number of reductions to the social security budget amounting to approximately £70 billion in total as of 2015/16. The Scottish Government estimated the cumulative impact of these reforms would result in a reduction in Scottish benefits expenditure of approximately £6 billion, in the period between 2010 and 2016. Consequently, families with children are one of the groups most affected, with couples with children losing an average of more than £1,400 a year, and lone parents around £1,800 a year.

The main impacts of these reductions on the possible social security entitlements of families with children include:

a) **Benefits Uprating -** In 2011/12, 2012/13, the basis for uprating benefits was switched from using the Retail Price Index (RPI) to the Consumer Price Index (CPI) of inflation. The CPI is generally a lower measure of inflation. The Institute of Fiscal Studies (IFS) indicated this was the 'most important' of poverty increasing tax and benefit changes.

In April 2016, it was announced uprating will be frozen for the next 4 years. The Government's own impact assessment indicates this could result in a notional loss of £312 a year, per household, by 2019/20 if benefits had increased by CPI.

b) Child Benefit - In 2011 the rate of Child Benefit was frozen for 3 years.

In 2014/15 Child Benefit uprating was limited to 1%. It is estimated that between 2011 and 2015 a family with 2 children received £1,100 less than would have received if uprated by RPI. Further, in 2016 it was announced Child Benefit will be frozen for the next 4 years.

c) Universal Credit – the impact of the roll out of universal credit could be significant on families**.** It is being rolled out in stages and was implemented local in November last year. Inverclyde became only the third Scottish local authority to move to Full Service Universal Credit. This means any new claims for a means-tested benefit or tax credit, including those for families with children, in Inverclyde will instead need to be made as a claim for Universal Credit.

Universal Credit is subject to a number of changes from April 2017, which will adversely affect families with children:

- A child element will not be awarded for third and subsequent children on new claims after April 6th 2017.
- Families with more than two children will be directed to claim Tax Credits until November 2018. In addition, the higher rate of the child element paid for a first child will no longer be awarded if the first child is born after April 6th 2017.
- While 9 out of 10 families with children were eligible for Tax Credit in 2010 only 5 out of 10 families with children will be eligible for Universal Credit.

In assessing the situation, from a local kinship carer viewpoint, all kinship carers have an Income maximisation check from a welfare rights officer, supporting the notion that good advice is crucial in ensuring the financial basis of a placement is sound. This formed part of the Healthier Wealthier Children programme (see below) and involves the following robust process –

- Identifying the correct kinship allowance
- Identifying the correct level of benefit and tax credit entitlement
- Kinship allowance paid by the local authority.

The above demonstrates ways that efficiencies can be realised from the local authority budgets and most importantly, it plays a part in developing a stable secure and nurturing placement for children and young people.

Feedback from carers, children and families and family placement social workers shows the value and satisfaction from the service and we are aware that this delivery framework has been adopted by many other Scottish local authorities.

d) **Lone Parents -** From October 2011 entitlement to Income Support as a lone parent ends on the youngest child's fifth birthday. The lone parent is moved onto Jobseekers Allowance and subject to sanction if they fail to comply with conditionality job seeking requirements.

Lone parents, from April 2014 who are claiming Income Support must attend work focused interviews if the youngest child is age one or over, and partake in work related activity if the youngest child is age three or over.

From April 2017, lone parents claiming Universal Credit will be expected to prepare for work when their youngest child turns two or look for work when their youngest child turns three.

e) **Benefit Cap -** A benefit cap of £26,000 a year for a couple/lone parent was introduced in April 2013. This affected families with three or more children, affecting 2,700 households in Scotland, including 7,800 children. 56% had their benefits reduced by up to £50 a week and 26% saw their benefit reduced by between £50 and £100 a week.

The cap was further reduced to £20,000 a year for a couple/lone parent from November 7th 2016, significantly expanding the scope of those families affected by the cap.

From an Inverclyde perspective, there are 33 local households whose Housing Benefit is reduced because they are subject to the reduced Benefits Cap introduced in November 2016; 30 families are affected by an average of £ 47.48 each week. This compares with approximately 7 households before the reduction from £26,000. No Universal Credit claimants are affected as yet by the cap.

In mitigating circumstances, Discretionary Housing Payment (DHP) can assist with the shortfall and in Inverclyde, up to 50% of the difference between the amount received in Housing Benefit and the tenant's rent charge.

40 housing benefit claims have been affected by the revised Benefit Cap since 7 November 2017. Applications for Discretionary Housing Payments have been received for 30 applicants (75%) with 23 awards made receiving an average award of £29.66 per week.

Claimants affected by the cap and yet to apply for assistance are regularly identified and work has been carried out with local Registered Social Landlords and Community Learning Development staff to assist and encourage applications.

f) **Discretionary Housing Payment (DHP) under financial hardship:**

Within the current DHP policy there is consideration for assistance towards rent for households under financial hardship. DHP can be awarded at 50% of the shortfall between the applicants housing benefit entitlement and weekly rent charge (or in the private rented sector the households Local Housing Allowance Rate). Any awards are dependent on financial assessment where there is deemed to be less than £20 excess income per week after essential expenditure.

This priority group can benefit families and/or lone parents who may be in low paid or part time work who require further assistance towards their rent costs and may be worthwhile noting. 47 awards have been made for discretionary housing payments under financial hardship for the current financial year 2016/2017. 22 of these awards (30%) have been made to families/lone parents and it is worth noting that 57% of these are private rented sector tenants.

g) **Scottish Welfare Fund:** this is available through the provision of Crisis Grants for one off situations to assist with basic living expenses such as food, gas and electricity in an emergency where there is a risk to health and safety within a household. Usually these are where there are financial difficulties, which would be expected as a result of numerous welfare reforms such as families moving on to UC and having to wait 6 weeks for payment and will not receive any income including tax credits over this period.

For example, family changing benefits in the past such as Employment and Support Allowance (ESA) to Job Seekers Allowance (JSA) would still continue to receive child benefit and child tax credits while this change was processed. This may result in a reduced income for a few weeks but still providing some financial income over this period. Under Universal Credit where a claimant may be moving from ESA and having to claim Universal Credits the applicant can be waiting approximately 6 weeks for their first payment and as Child Tax Credits are now included as part of UC, they will not receive this income during the assessment period leaving the family to live on Child Benefit only. A Crisis Grant can be considered to provide financial support until the applicants next benefit payment, or until they are eligible for a Universal Credit Advance Payment.

In terms of uptake, A total of 224 Crisis Grants amounting to £25,823.68 have been made directly to families/lone parents since the introduction of Universal Credit (November 2016). 178 of these awards being for lone parents (79.46%) and 46 to families (20.54%). Out of the 224 awards made since UC full service in November, with 31.70% of these are as a direct result of claiming Universal Credit and the issues that are then faced.

In May 2015, the Scottish Government published the results of a tracking study, 'The Impact of Welfare Reform'. The study highlighted 'the cognitive strain of the demanding process of interacting with the benefits system', and the role of advice services in relieving some of that pressure on clients. The study also indicated the key role played by Health and Social Care professionals in accessing benefits for clients:

"there should be more joined-up practice between Health and Social Care and Welfare Services. Health and Social Care professionals need not be experts, but should at least be aware of the kind of support that people might be entitled to, and referral mechanisms between Health and Social Care and advice services should be established."

Inverclyde HSCP already facilitates such an approach with referral mechanisms and other supports in place between all services for children and families and HSCP Advice Services.

2.2 Implications and Considerations

- The benefit cap is expected to disproportionately impact on families with children with larger families and children living in workless households.
- In general the welfare reform may have implications for increased levels of homeless on families over the medium term; however, current Inverclyde Homelessness data shows downward trends over the last 10 years.
- For families that do present as homeless we recorded no families placed in unsuitable accommodation i.e. hostel or bed and breakfast. The data alerts us to the fact that families in Inverclyde are spending less time in temporary accommodation, and securing permanent accommodation.
- There is potential for increases in rent arrears and personal debt as benefits are reduced and future uprating is pegged lower than inflation. Families at risk will need information, advice and guidance on how to make applications for discretionary housing payments and Inverclyde's local welfare assistance schemes.
- Continue to identifying families who may at risk of financial difficulties much earlier.

4. Maternity, Births, Early years

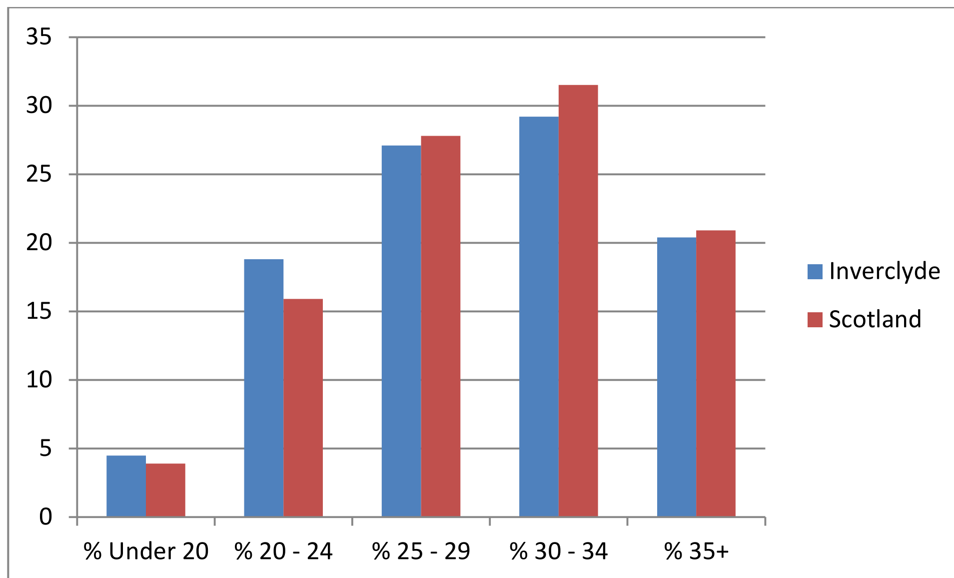
4.1 Births

In the period 2015/6, there were 701 births in Inverclyde, the fewest births since 1998. The actual rate of births per 1,000 women aged 15-44 has not changed significantly over that 18-year period, therefore the reduced numbers can be attributed to the depopulation referenced in section two. The 2016 rate, 50.1, was slightly under the Scottish average of 52.6 but still the 5th lowest birth rate of all the council areas in Scotland.[17]

The 2016 data for Inverclyde shows the percentage of maternities for women under 20 was 4.5%, slightly higher than the overall figure for Scotland at 3.9%. Analysis and research has demonstrated that the age of a mother when giving birth influences the health of the child[18]. Additionally, older mothers have been associated with children having fewer hospital admissions and accidental injuries, better completion rates for immunisation programmes, increased language development, and fewer social and emotional difficulties. The chart below shows the percentage of maternities by mother's age in 2016 in Inverclyde. Although significantly reduced over a longer period of time, in 2016 Inverclyde was slightly higher than Scotland.

[17] http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/2016-11-29/mat_bb_table1.xlsx
[18] http://www.bmj.com/content/345/bmj.e5116

Percentage of Maternities by Mother's Age 2016



Source: ISD Scotland Inverclyde data.

Reducing teenage motherhood is an important part of improving the health and wellbeing of children as it is associated with negative outcomes for children and mothers. This potentially could include:

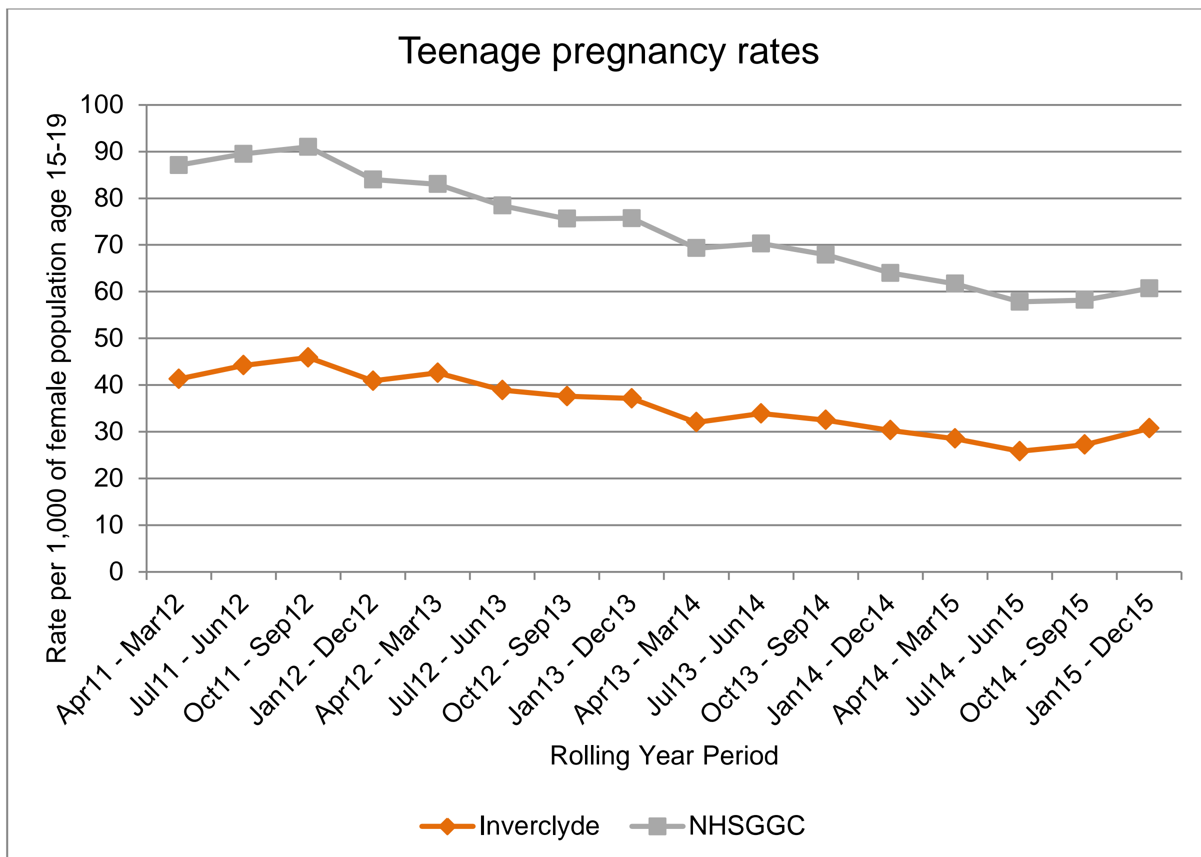
- Babies with a lower than average birth weight.
- Higher infant mortality rates.
- Lower rates of breastfeeding, which means babies, are less likely to benefit from the associated positive health outcomes.
- Greater risk of living in a lone parent household, with greater risk of poverty, poorer quality housing and poorer nutrition.

Throughout the document, there is local data/information that refers to the above.

There are multiple associations between teenage pregnancy and inequalities, rather than teenage pregnancy being a cause of inequalities in itself.

In Greater Glasgow and Clyde, the rate of teenage pregnancies in high deprivation areas is nearly five times the rate of teenage pregnancies in low deprivation areas. This is important for Inverclyde as a quarter of the 0-18 age group live in high deprivation areas.

From a local perspective, in 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 31 local authorities in Scotland. By 2013, this had fallen to 22nd out of 31. The chart below identifies this significant reduction and the ways this has reduced over time.



Local actions that could be attributed to the reduction are as follows:

- A number of key research areas[19] and learning from other strategic approaches[20] have paved the way for the Inverclyde Sexual Health Implementation Group (SHLIG)'s direction of travel.
- The local prevention and promotion activities that have formed part of the work through the Inverclyde Sexual Health Implementation Group (SHLIG), has seen targeted efforts that were initially attributed to a post that was specifically funded by CRF/Fairer Scotland Funding that now forms part of mainline budgets.
- In parallel in this period, there has been a significant culture shift in attitudes and intense awareness-raising and support with and to both denominational and non-denominational schools.
- In 2008, the Scottish Government Pharmacy Public Health contract was established, making Emergency Hormonal Contraception available free of charge in virtually every pharmacy in Scotland plus the numbers of Free Condoms sites from 6 in 2011, rising to 33 by the end of December 2016.
- Scottish Government (2007) released additional funds to enable local authorities and health Boards to collaborate on training teachers to deliver Relationships, Sexual

[19] https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf; https://www.beds.ac.uk/knowledgeexchange; Wilkinson P, French R, Kane R, Lachowycz K, Stephenson J, Grundy C, Jacklin P, Kingori P, Stevens M and Wellings K. Teenage conceptions, abortions, and births in England, 1994–2003

[20] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181078/TPIAG-FINAL-REPORT.pdf; the UK national teenage pregnancy strategy. Lancet, 2006; 368: 1879-1886; http://www.gov.scot/Publications/2016/03/5858/downloads; http://www.healthscotland.scot/publications/outcomes-framework-for-the-pregnancy-and-parenthood-in-young-people-strategy

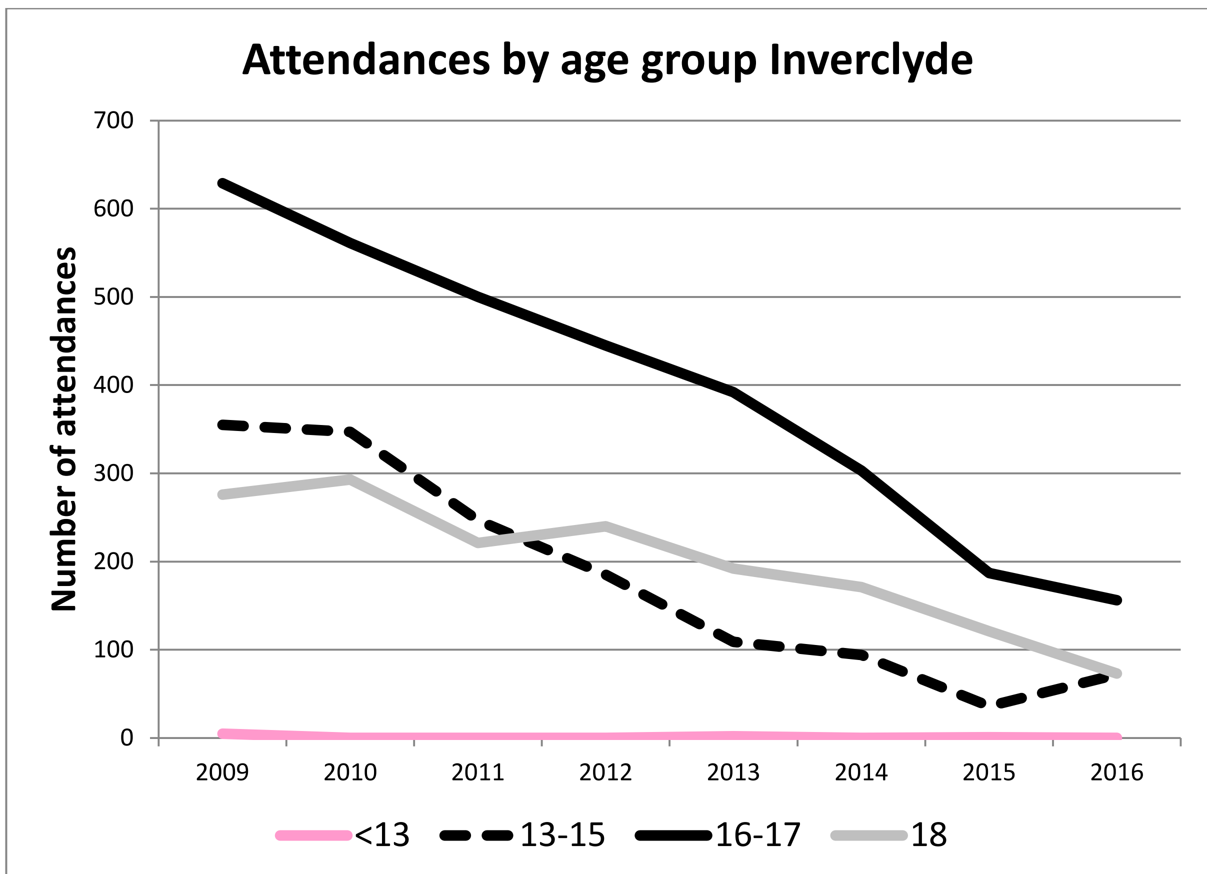
Health and Parenthood Education in Schools (RSHP). For Inverclyde, this triggered work allowing for the training to be delivered locally.

- In a further drive to continually improve our performance in this area, there is the local articulation of the Scottish Government's Pregnancy and Parenthood for Young People Strategy, with the developments under the leadership of the SHLIG.

4.2 Sandyford Services

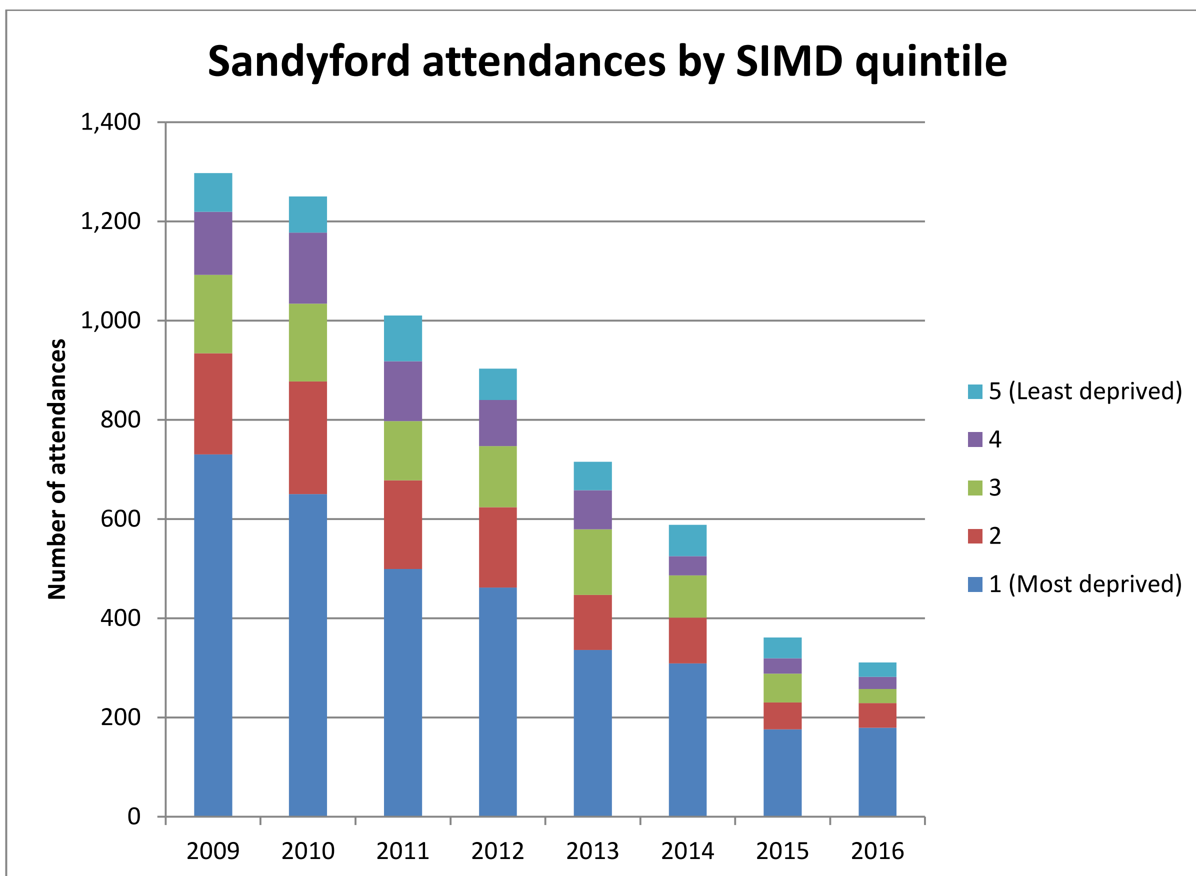
Currently hosted by the Glasgow City Health and Social Care Partnership, Sandyford in the brand name of the specialised sexual health services for NHS Greater Glasgow and Clyde, including both clinical and health improvement elements. The organisation works to the definition of sexual health in its widest sense, as defined by the World Health Organisation. We have a vision to achieve the best sexual health and wellbeing for the population of NHS Greater Glasgow and Clyde.

The following chart provides an overview of the recorded attendances in the age groups < 13 year old; 13-15 year olds; 17 year old and 18 year olds.



From the above it suggests that there has been a noticeable decline in the number of attendances during the above reporting period, despite this decline in attendance in the age range 16 years and upwards, there has been a slight increase over 1 year in attendance of the younger age group 13- 15 years. However this decline in attendance is taking place within the context of an overall reduction of teenage pregnancies.

In reviewing the number of attendances by SIMD quintile, this shows – that although reducing number a higher percentage of attendance was observed from the SIMD 1 most deprived.



In the same period and age groups, this highlights that issues concerning contraception and sexually transmitted infections are the most common episode reasons, although there is a noticeable decline. We understand some of this could be attributable to –

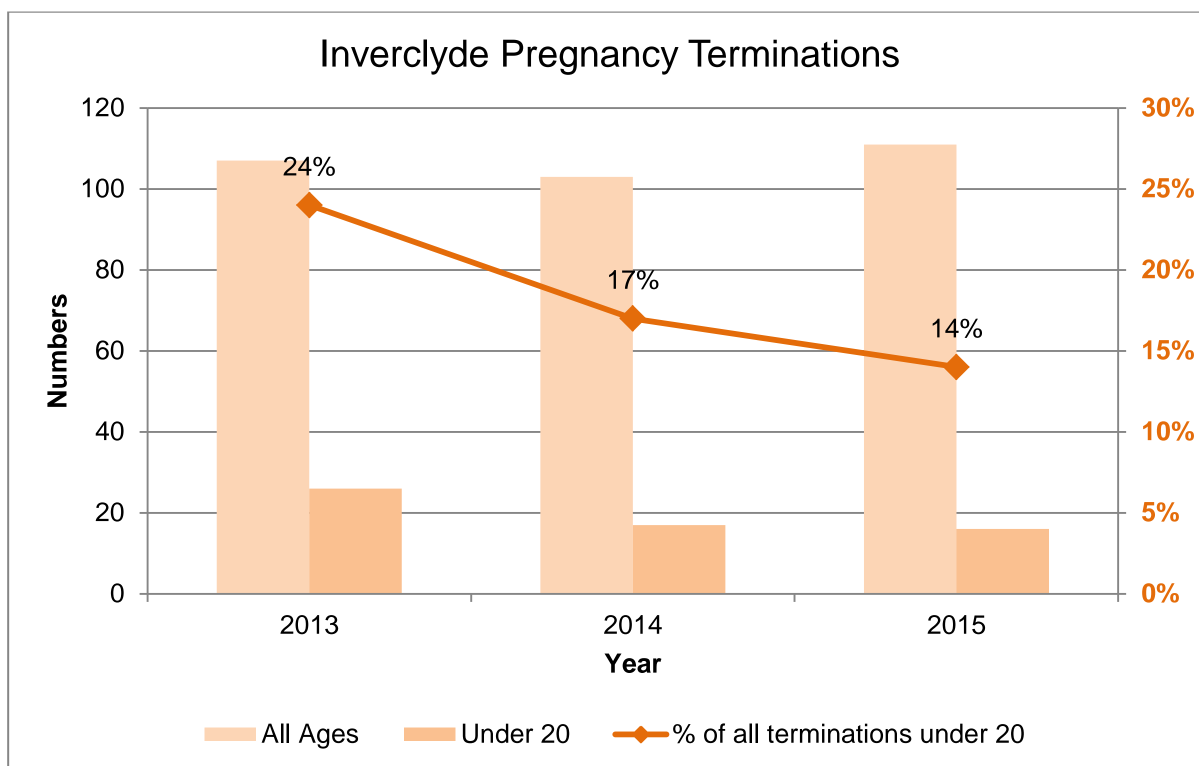
- The service move from the hospital campus in Greenock to Boglestone (Port Glasgow).
- In 2011, the Free Condoms service was introduced, replacing the c-card scheme, where young people were required to register as a patient and undergo assessment before being able to access condoms, which are now more widely available. Young people who may have been attending Sandyford primarily to get condoms, no longer need to attend the service and this will have had an impact on numbers.
- In 2015, Sandyford services changed from walk in to appointment system with a telephone triage and urgent care model being implemented. Dedicated young people clinics did not change, and young people are still able to walk in for a service, and are prioritised for an appointment if they phone or attend out with the dedicated time slots.

During 2017, Sandyford will undergo a major service review of its core services to ensure that services are provided more effectively and efficiently in localities supported by team structures, better skill mix of staff, and improved patient pathways.

4.3 Terminations of Pregnancy

Terminations of pregnancy in Inverclyde rose slightly between 2014 and 2015 but the number of women under 20 who had a termination fell. Between 2013 and 2015 the number of terminations for women under 20 decreased from about 1 in 4 to 1 in 7. This reduction is consistent with the pattern for Scotland.

Termination of Pregnancy[21]



Source: ISD Scotland

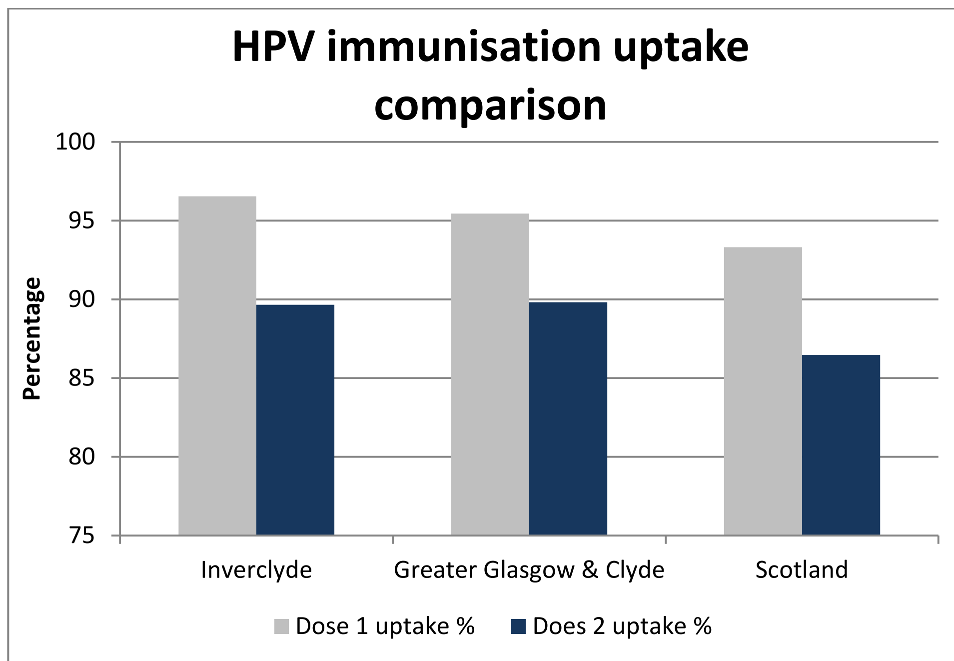
Human Papillomavirus (HPV) Vaccine Uptake

The human papillomavirus (HPV) vaccine for girls aged 11 to 13 years helps protect against cervical cancer. The HPV vaccine is offered to girls at secondary schools across Scotland.

The vaccine is designed to protect against the two types of HPV that cause 75% of the cases of cervical cancer. It is important that you get this protection early enough for it to be effective. It can be given any time from 9 years of age upwards and most girls may not become exposed to the virus until their late teenage years but the vaccine works best when it is given earlier to provide long-term protection

[21] https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2016-05-31/mat_aas_table5.xlsx?60707820

A graphic illustration, as a local response to the above, shows –



From an Inverclyde perspective, the uptake is higher for dose 1 compared to Greater Glasgow &Clyde (GG&C) and Scotland-wide. The uptake for dose 2 is slightly lower than dose 1 (89.7% compared to 96.6%) and the uptake for dose 2 in Inverclyde is higher than the Scottish average but almost the same as the total for GG&C.

Our locality promotional activities have been implemented using a variety of communication channels, such as the national campaign[22] materials of posters, flyers and information bulletins, pro-active engagement in schools by nursing staff, also in youth settings and social media inputs.

4.4 Smoking in Pregnancy

Smoking during pregnancy is known to be harmful to women and unborn children, yet a significant proportion of pregnant women in Scotland are smokers. There is a strong relationship between smoking in pregnancy and deprivation.[23]

The reasons why women continue to smoke in pregnancy are complex but there is a strong association with a younger age, poverty, low educational attainment, poor social support and psychological illness.[24] Smoking is seen by some women as a way of taking a break from daily problems, of dealing with stress, of responsibilities of caring for others and as a way controlling their emotions.[25] Women who are economically disadvantaged and socially unsupported face parenting challenges in isolation, and say that they smoke to relieve anxiety and depression.[26]

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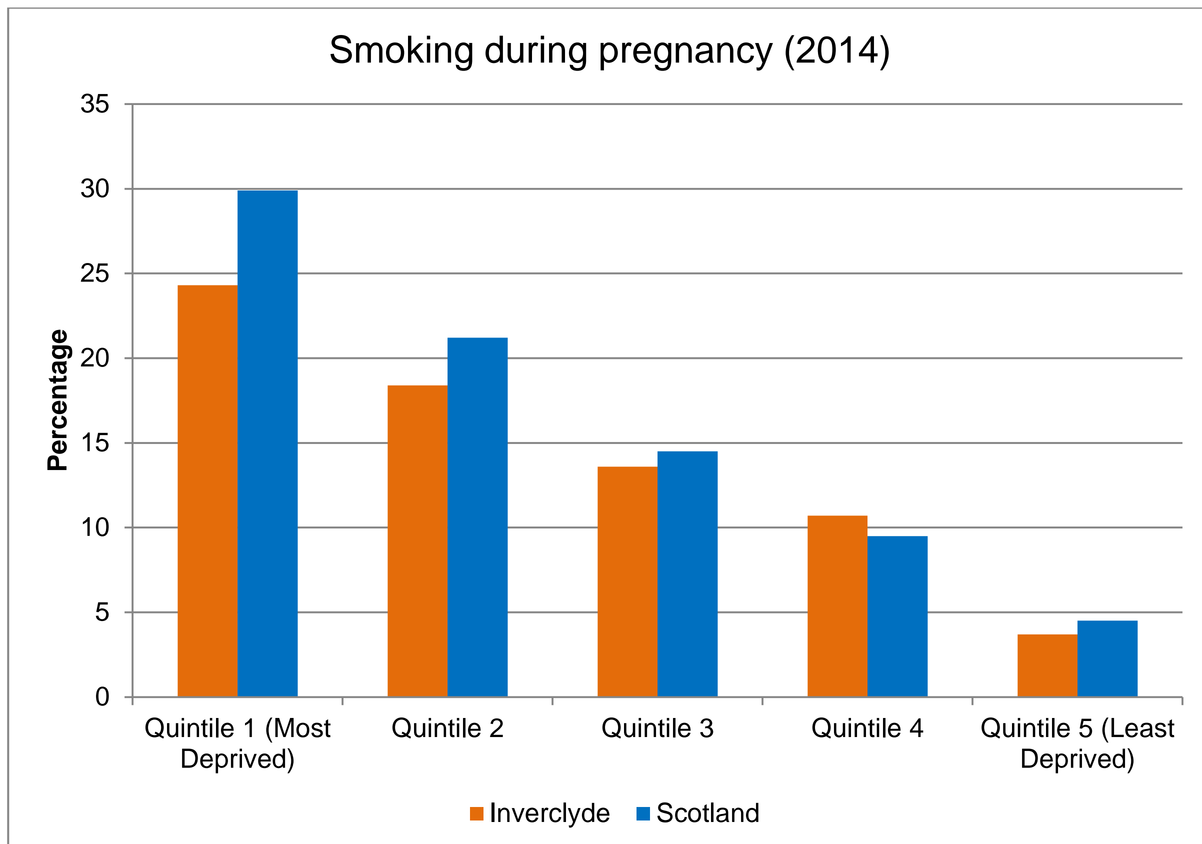
[22] http://www.immunisationscotland.org.uk/vaccines-and-diseases/hpv.aspx
[23] http://www.ashscotland.org.uk/media/6688/Tobacco%20and%20pregnancy.pdf
[24] Haslam C, Lawrence W. Health-related behavior and beliefs of pregnant smokers. Health Psychology. 2004;23(5):486–491. http://ukpmc.ac.uk/abstract/MED/15367068
[25] 70Irwin L, Johnson J, Bottorff J. Mothers who smoke: confessions and justifications. Health Care Women Int. 2005;26(7):577–590. http://ukpmc.ac.uk/abstract/MED/16126601
[26] Pletsch P, Morgan S, Pieper A. Context and beliefs about smoking and smoking cessation. MCN Am J Matern Child Nurs. 2003;28(5):320–325. www.ncbi.nlm.nih.gov/pubmed/14501634

There is evidence that self-reported smoking is under-reported and that the true smoking figures for pregnant women may be underestimated by up to 25%.[27]

All of the above is supported by data showing that approximately one in five women in Inverclyde smoked during pregnancy, this overall rate is similar to the national average. The percentage of women who smoked during pregnancy was greater in the high deprivation areas in 2014 across Scotland, as shown in the table below.

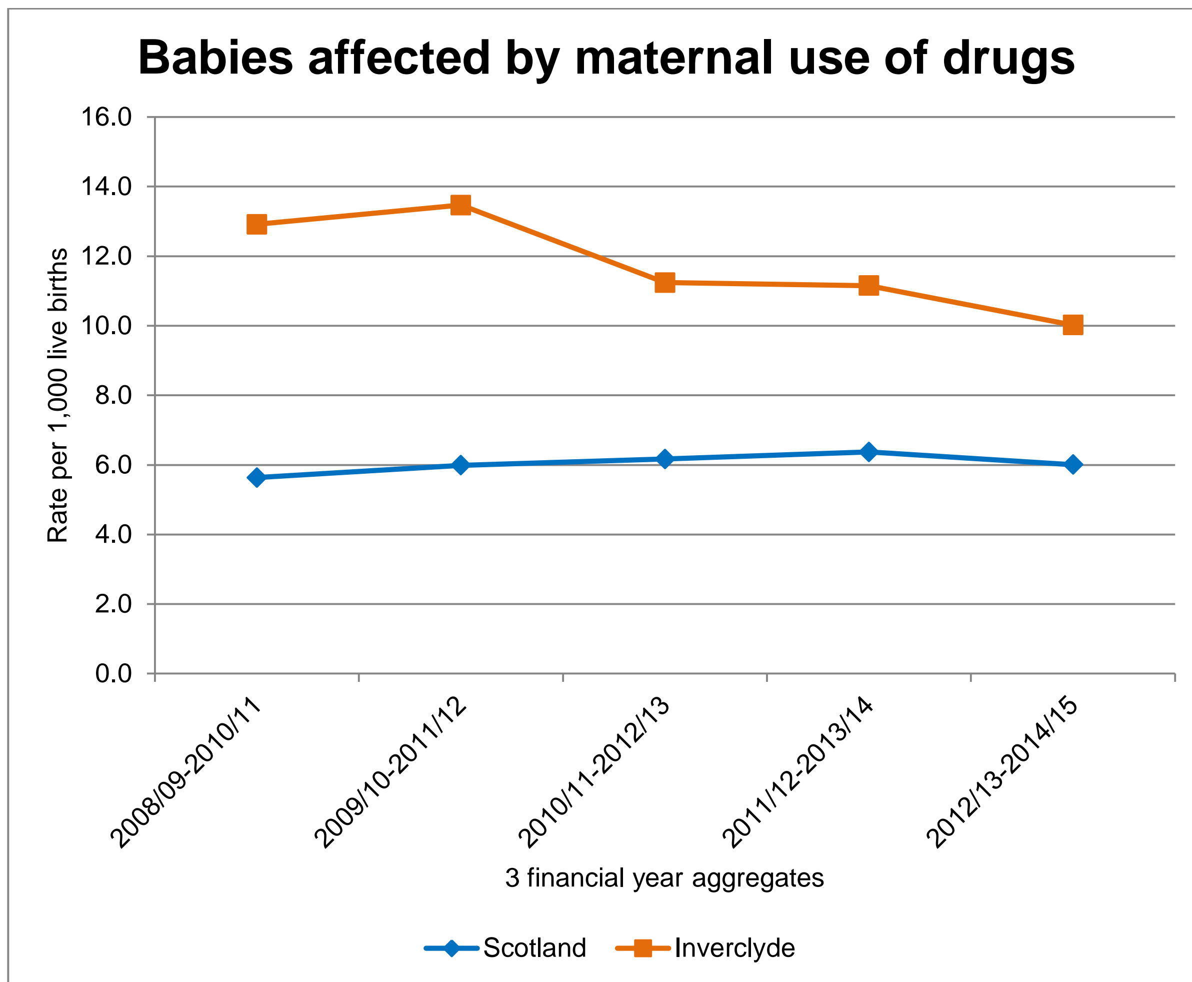
Inverclyde figures are slightly lower than the Scottish averages, in the most deprived areas.



Source: ScotPHO Tobacco Control Profile

[27] Shipton D, Tappin D, Vadiveloo T, Crossley J, Aitken D, Chalmers J. Reliability of self reported smoking status by pregnant women for estimating smoking prevalence: a retrospective, cross sectional study. BMJ 2009;339:b4347. www.bmj.com/content/339/bmj.b4347.full

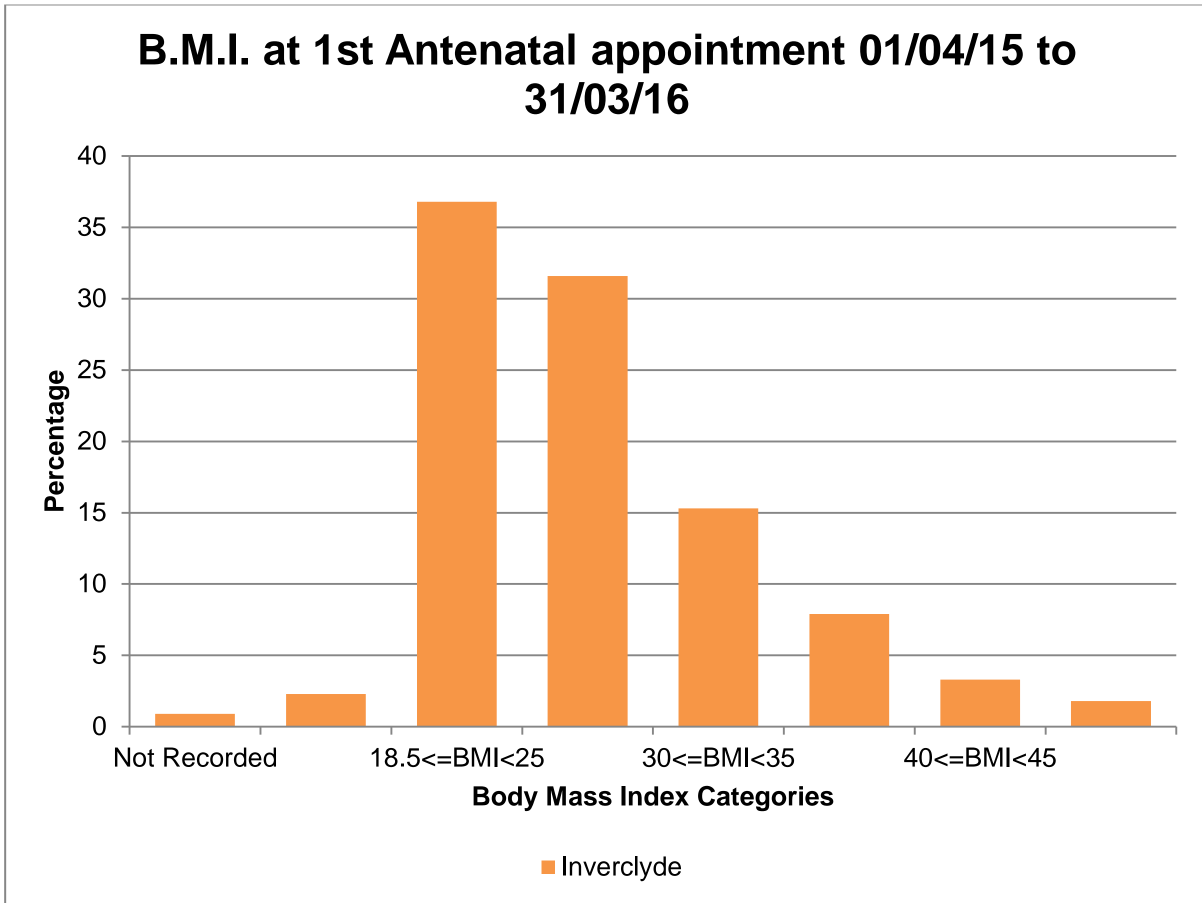
4.5 Drug use in Pregnancy



Both rate and absolute numbers have been on a downward trend in Inverclyde over the 2008/09 - 2014/15 periods. Comparing Inverclyde with Scotland as a whole Inverclyde has a considerable lower rate of babies affected by maternal drug misuse than Scotland as a whole; this is within the context of Inverclyde having considerably high estimated drug misuse prevalence rates when compared to Scotland as a whole.

4.6 Obesity in Pregnancy

Obesity in pregnancy carries significant risks both to the woman and babies. Babies born to obese woman face increased risk of stillbirth, congenital abnormality, and subsequent obesity. In Inverclyde 60 % of woman were overweight or obese at the time of booking of this 28% were obese and 1.8% of the woman in Inverclyde had a BMI greater than or equal to 45.

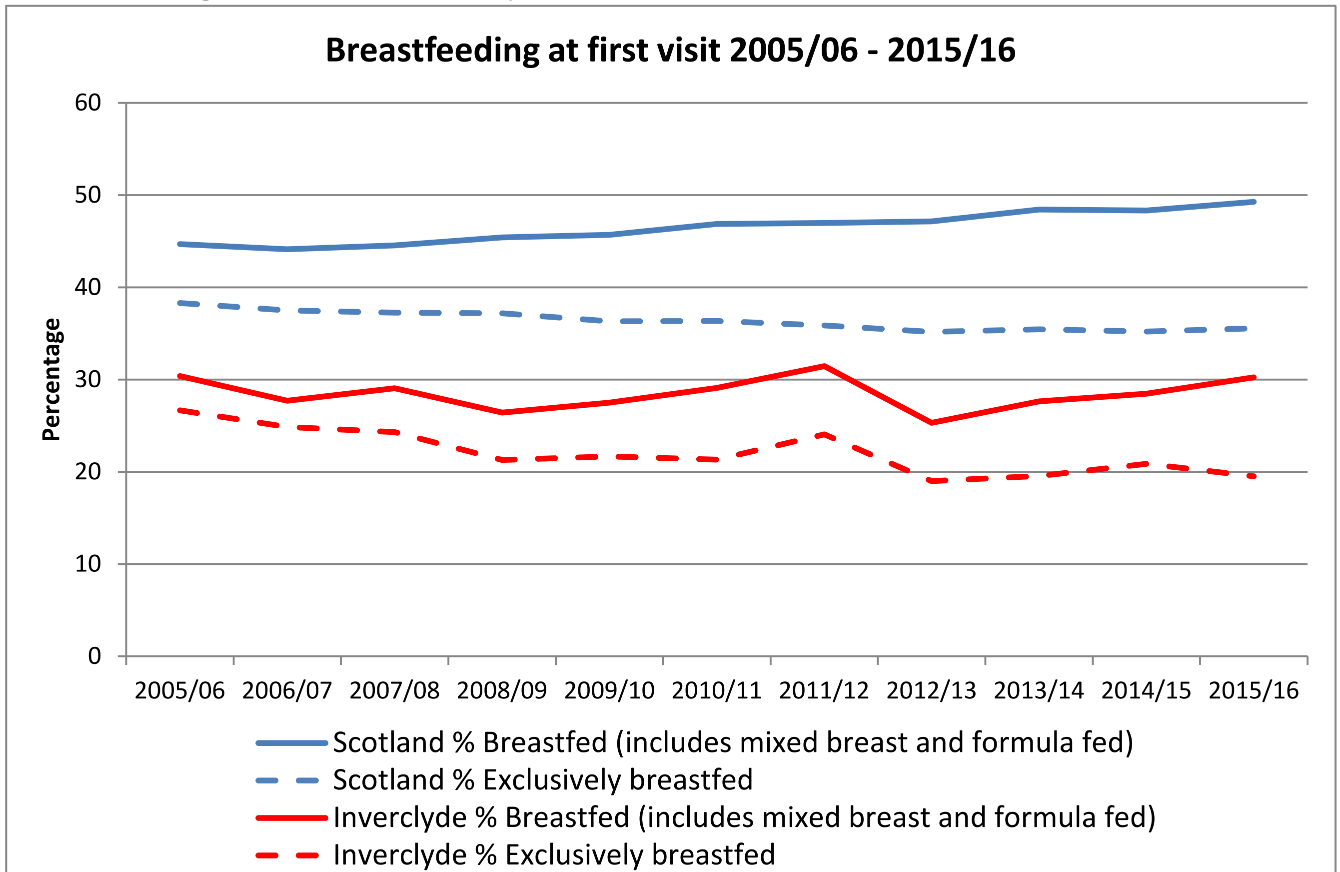


Breastfeeding

Authoritative studies show that there is good evidence demonstrating the short and long term health benefits of breastfeeding for both mothers and infants, including reduced risk of infection and childhood obesity. The chart below shows the trend of breastfeeding at the first routine child health review. The percentage of breast-fed babies (both mixed and exclusively breast-fed) is lower in Inverclyde than the Scotland average.

Breastfeeding in Inverclyde is at almost exactly the same level as in 2005/06, although it has been rising slightly in the last few years from lows in 2012/13.

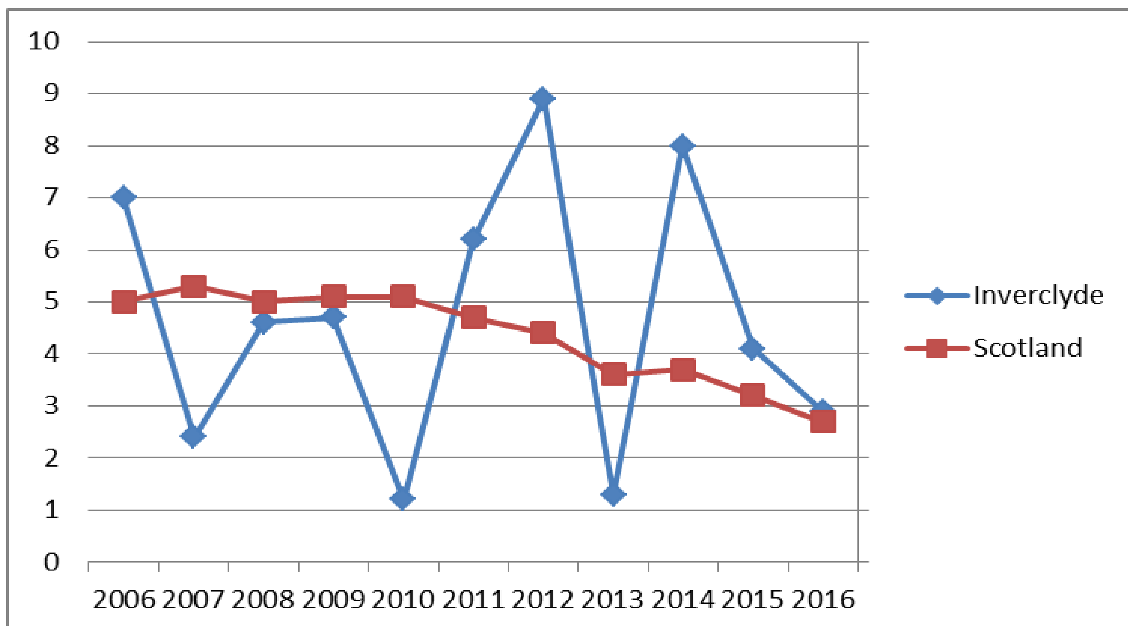
Breastfeeding at first visit Inverclyde and Scotland



Source: ISD Scotland

4.7 Child and Infant Mortality

The following chart, based on data available from ISD Scotland, is a graphic illustration of still births for Inverclyde and Scotland rate per 1000 of total births.



This shows low numbers of still born babies in the years from 2006 to 2016; however, the rate of still births per 1000 has been higher in Inverclyde than in Scotland for the last three years.

A caveat for this is data is that we have low population numbers – and therefore low birth numbers - mean that still births will register a higher rate per 1,000. For example, if there are 1,000 births with one still birth, then the rate is 1:1,000. If there are 250 births with one still birth, then the rate is 4:1,000). This brings us to the conclusion that our local incidence is so low that this can easily misrepresent an accurate picture.

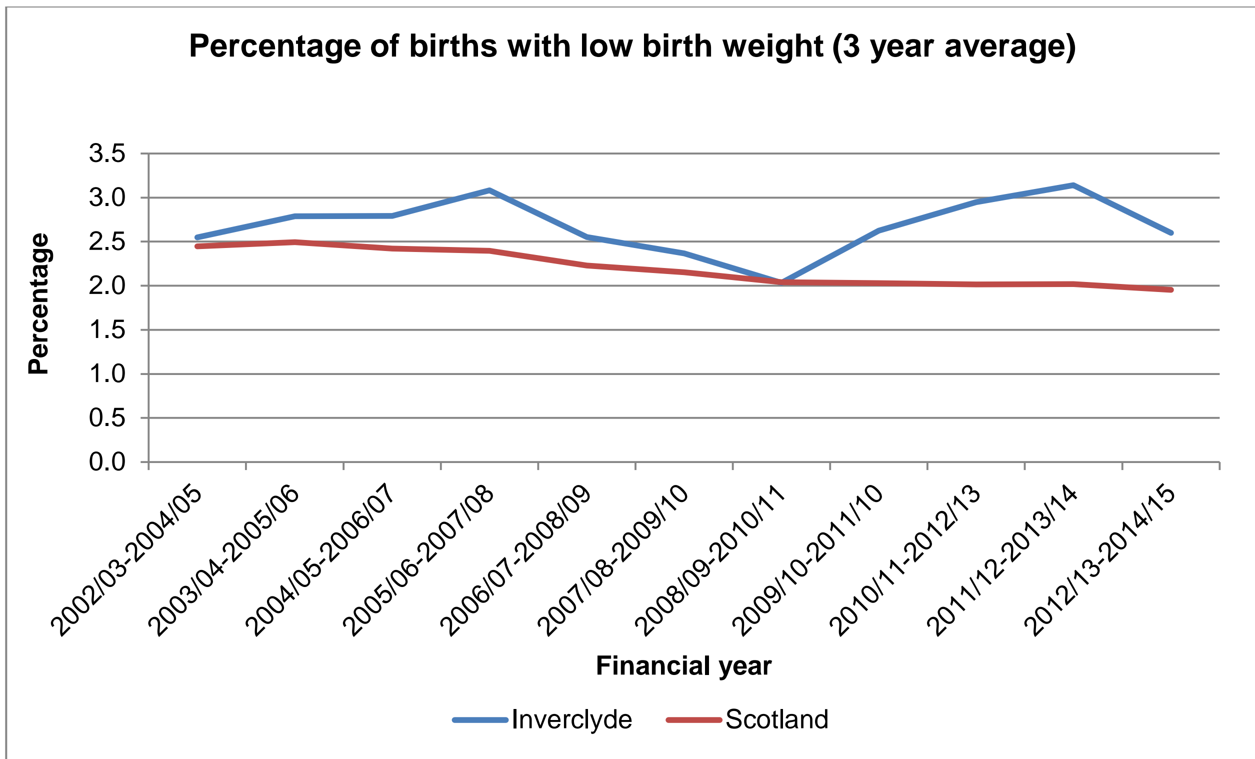
Interventions designed to reduce still births are those focussed on reducing poverty, smoking cessation and decreasing alcohol use and promoting healthy pregnancies.

4.8 Birth Weight

Low birth weight babies are defined as those who weigh less than 2,500 grams at birth. This can be further subdivided into very low birth weight babies (<1,500g) and extremely low birth weight babies (<1000g). These babies are at increased risk of mortality and morbidity. They are more likely to suffer from respiratory distress and require ventilation in intensive care units immediately after birth. In the longer term, low birth weight babies are more likely to have some form of disability than those with a normal birth weight.

There are a number of factors associated with low birth weight babies, which include smoking, the age of the mother (younger and older mothers are more likely to have low birth weight babies), deprivation and whether the birth is a multiple birth.
In Inverclyde between 2012/13 and 2014/15, 2.6% of all babies had a low birth weight, which was a reduction in the percentage from the previous year but was higher than the Scottish figure of 2.0%.
With a lower than average percentage of mothers under 20, deprivation could be one of the main reasons for a higher than average rate of low birth weight babies in Inverclyde, which is consistent with what the research suggests.

The chart below highlights a comparison of birth weights between Inverclyde and Scotland between 2002/03 and 2014/15. The chart show that a reduction from a higher percentage 3.1% between 2011/12 -2013/14 (above the rate of Scotland) to 2.6% in 2015 which is slightly above national average.

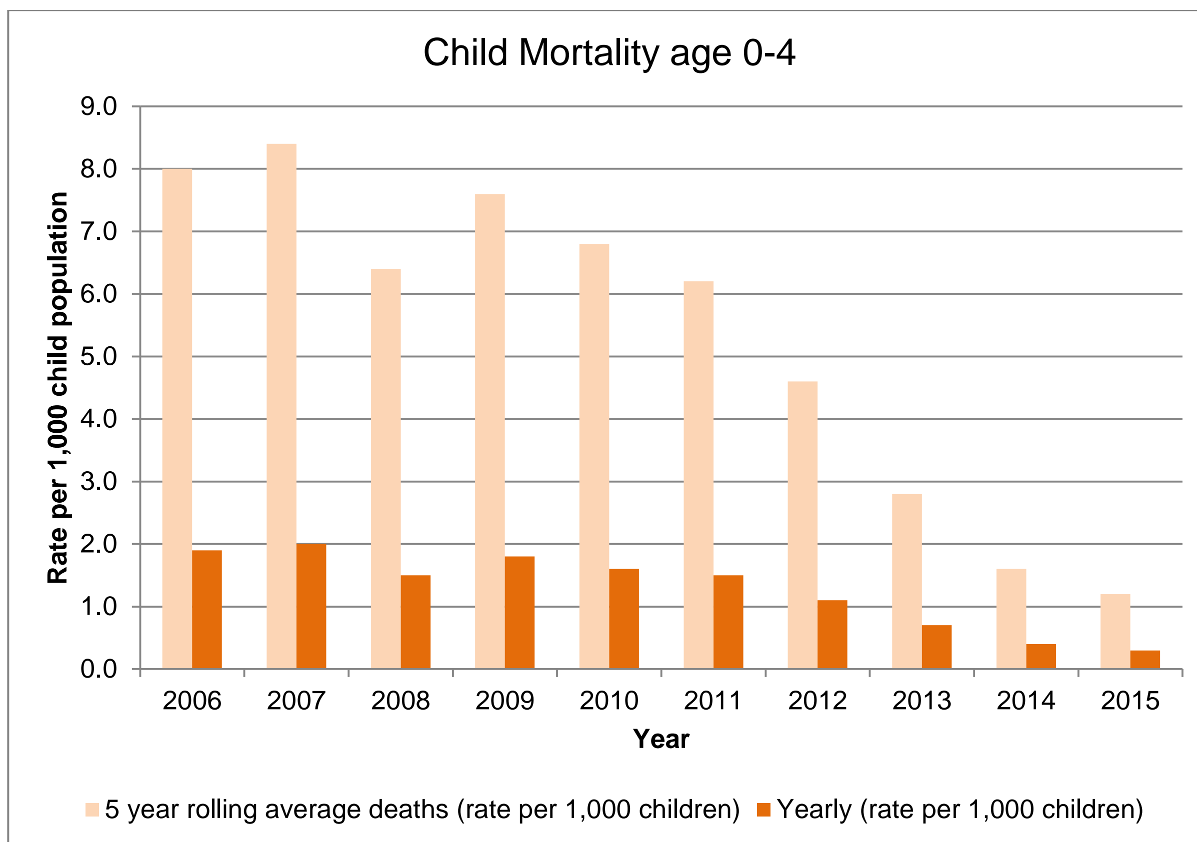


Source: ScotPHO health and wellbeing profile

4.9 Mortality for children aged 0-4, and 5-9

The table below, drawn from information published by the National Records Scotland, shows the mortality data for children aged 0-4 in Inverclyde. There has been a steady fall in mortality for this age group since 2006. By 2015 the 5-year mortality rate was the lowest in a decade.

Child Mortality Ages 0-4



Source: National Records of Scotland

These statistics, from the National Records Scotland, have been presented separately from still births but the same caveat described above applies, given the low numbers in our local area.

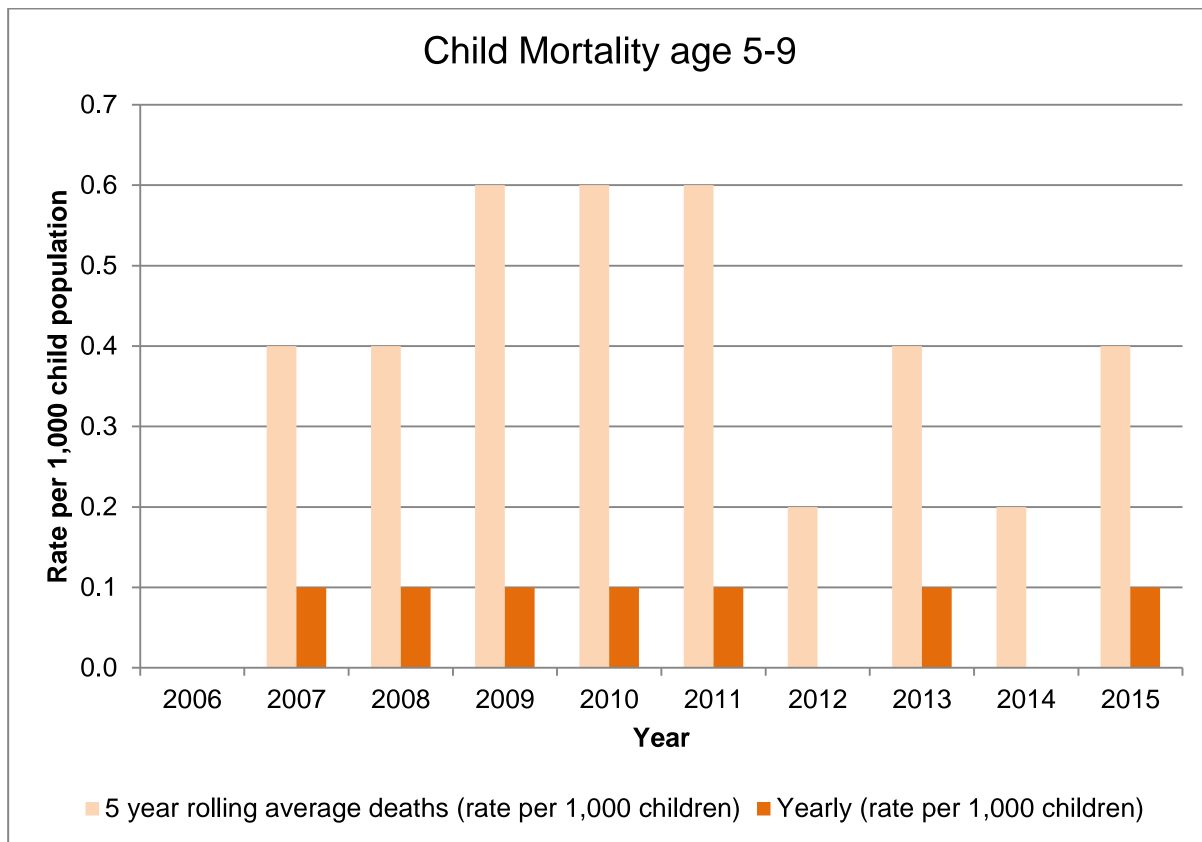
Given the causes of still birth and child mortality is different for the two age groups; therefore the prevention strategies are not the same.

For infant mortality (children aged up to 1 year), the chief contributors to mortality are incorrect safe sleeping position, smoking in parents and carers (and wider second hand smoking), and poverty.

For 0-4 year olds (excluding 0-1), mortality is more likely to be caused by congenital anomalies, sleeping position, smoking exposure, and some preventable injuries, mainly in the home.

For children aged 5-9 the mortality rate is low. A reason nationally for this is that the main cause of mortality for this group is road traffic accidents, and the numbers of these which cause the death of a child are not frequent occurrences. The table below shows both the low rolling average and the low mortality rate per 1,000 children.

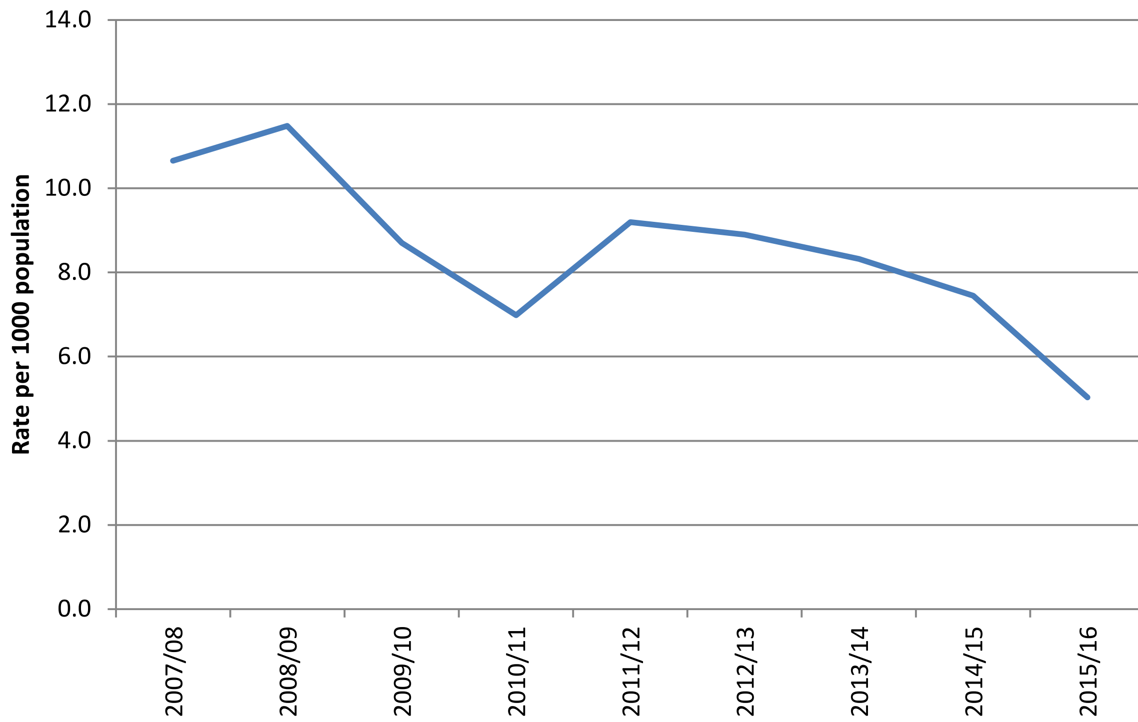
Child Mortality Ages 5-9



Source: National Records of Scotland

4.10 Unintended Injuries

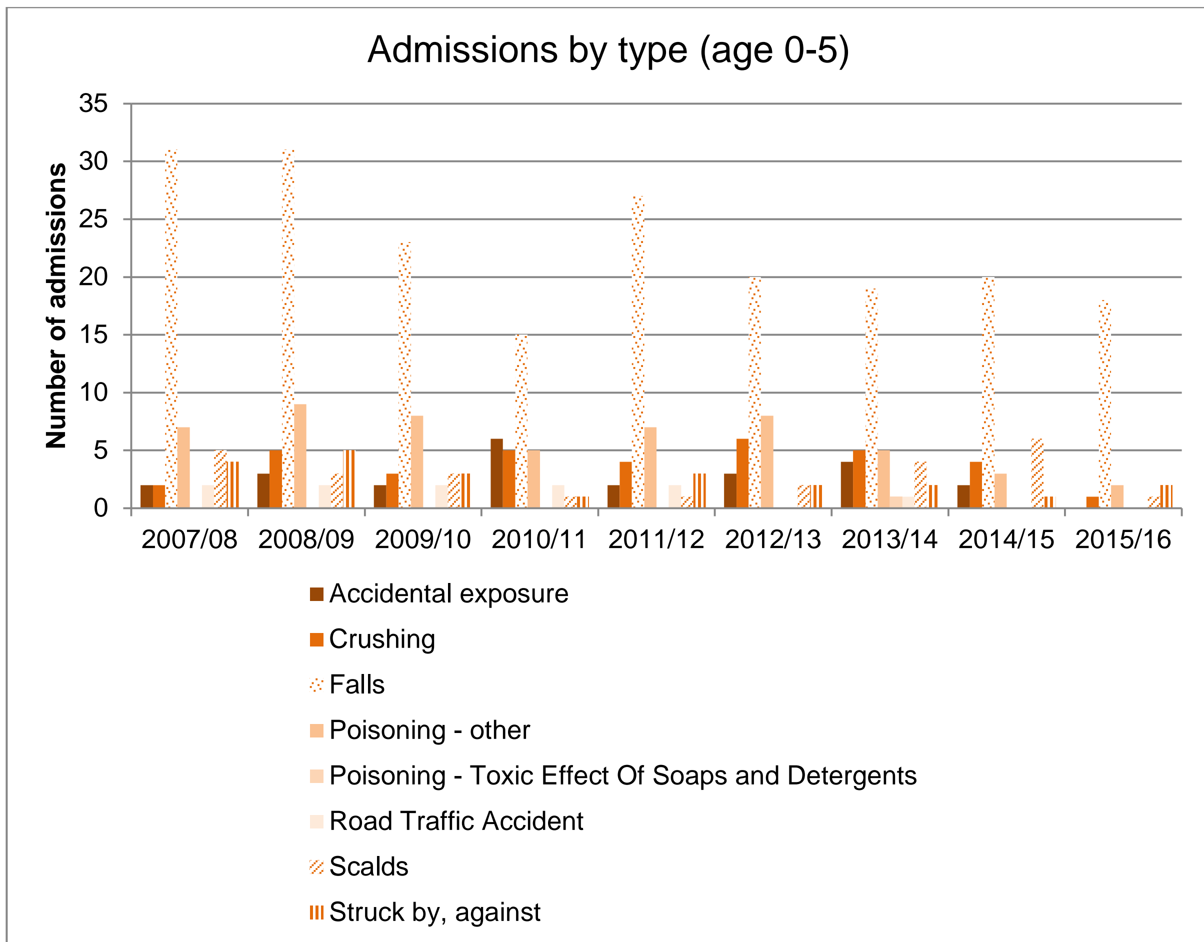
The following table highlights the rate, per 100,000 for unintended injuries in children aged 0-5 for the period 2007/8 to 2015/16.

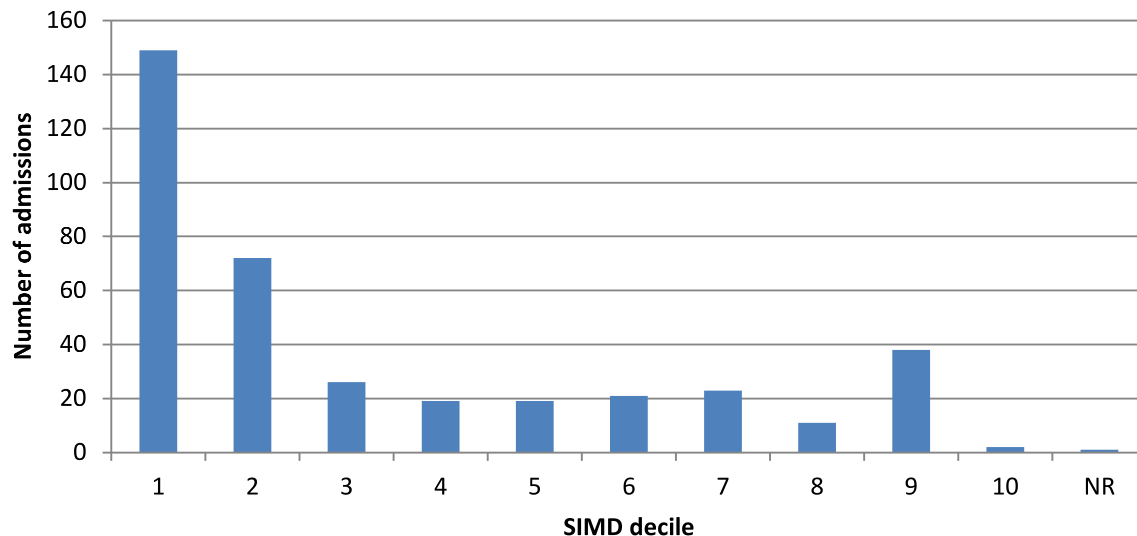


Source: SMR01 and NRS population estimates

There is a decline in the rates of unintentional injuries since.

For the same reporting period and for the number of admissions by unintended injury by type, we can see that the majority of admissions are for falls and Poisonings have been split into other poisonings and those that involved the toxic effect of soaps and detergents.





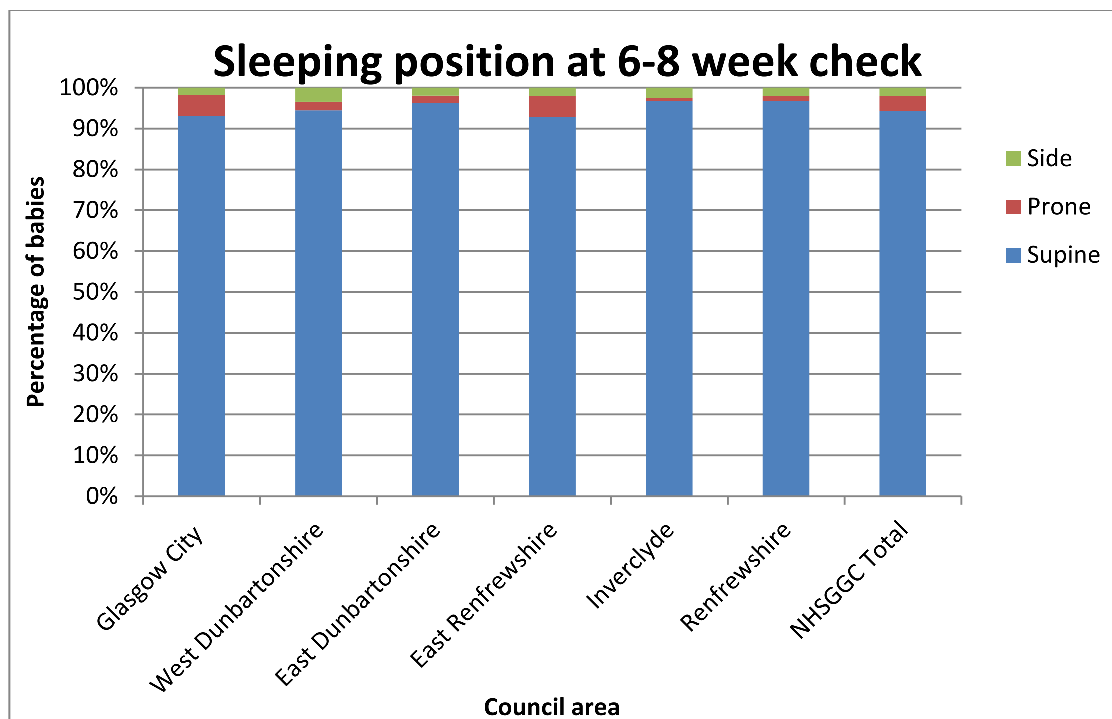
The above chart provides further analysis breaking down Unintentional injuries by SIMD. The graph illustrates that the highest level of admissions for unintentional injury falls within the SIMD levels 1&2.

Sleeping Position for Babies and Infants

Placing a baby on their back is the safest sleeping position. Other positions such as on the side or on the front are not as safe and lead to an increased risk of sudden infant death syndrome (SUDI).

In 2011/12 Inverclyde had the lowest percentage of babies sleeping in the prone position (0.8%) at the 6-8 week check compared to the other partnerships in the board. The side position was slightly higher meaning that overall the total percentage of babies sleeping on their back was similar to the board average.

Sleeping position at 6-8 week in Inverclyde



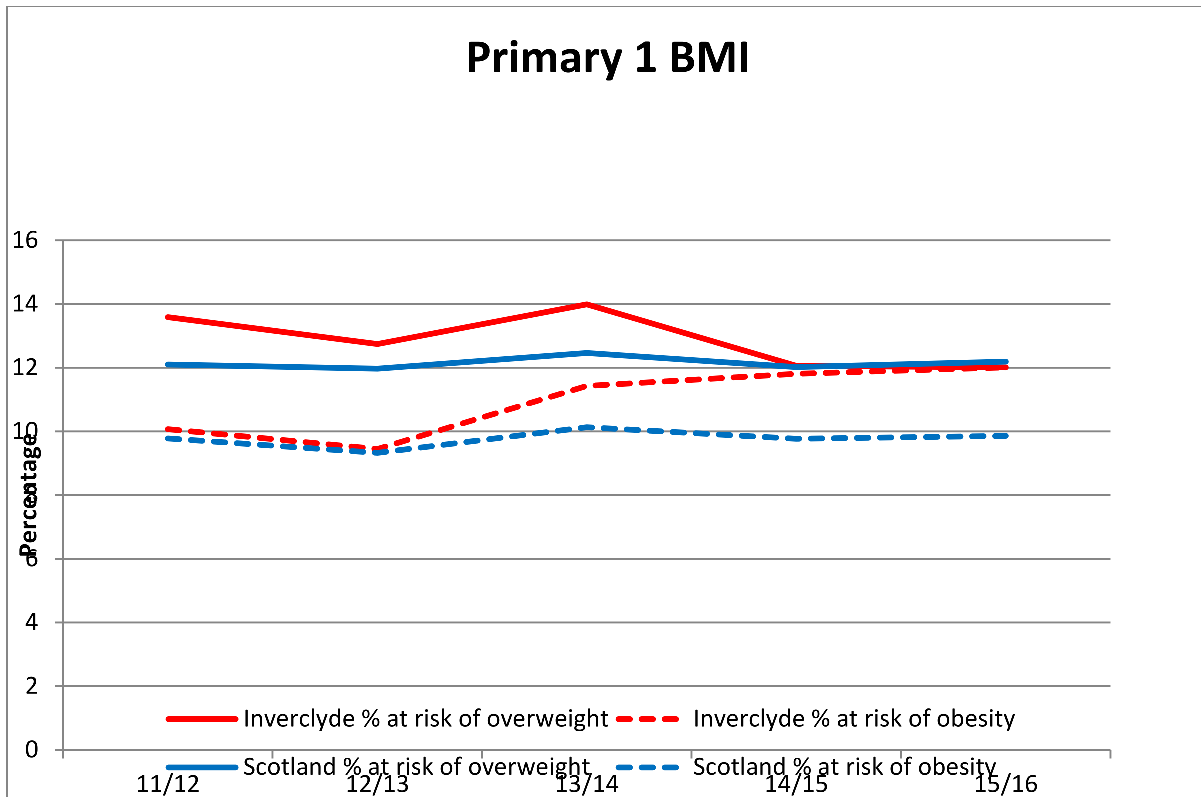
Source: CHS-PS 2011/12

4.11 Child Weight and Growth

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.

The child health programme operated by NHS boards in Scotland offers routine reviews at various stages of a child's life. Height and weight is collected as part of the review when children are in Primary 1 at school, and the measurements can be used to derive estimates of the prevalence of overweight and underweight children.

The chart below demonstrates the percentage of children in Primary 1 in Inverclyde and Scotland who are at risk of being overweight or obese from 2011/12 to 2015/16



Source: ISD Scotland

This clearly shows that children in Inverclyde are at a slightly higher risk of weight problems compared to the national average, although this is not a statistically significant difference and the variation between the percentages at risk of being overweight has narrowed, however more children in Inverclyde are at risk of obesity.

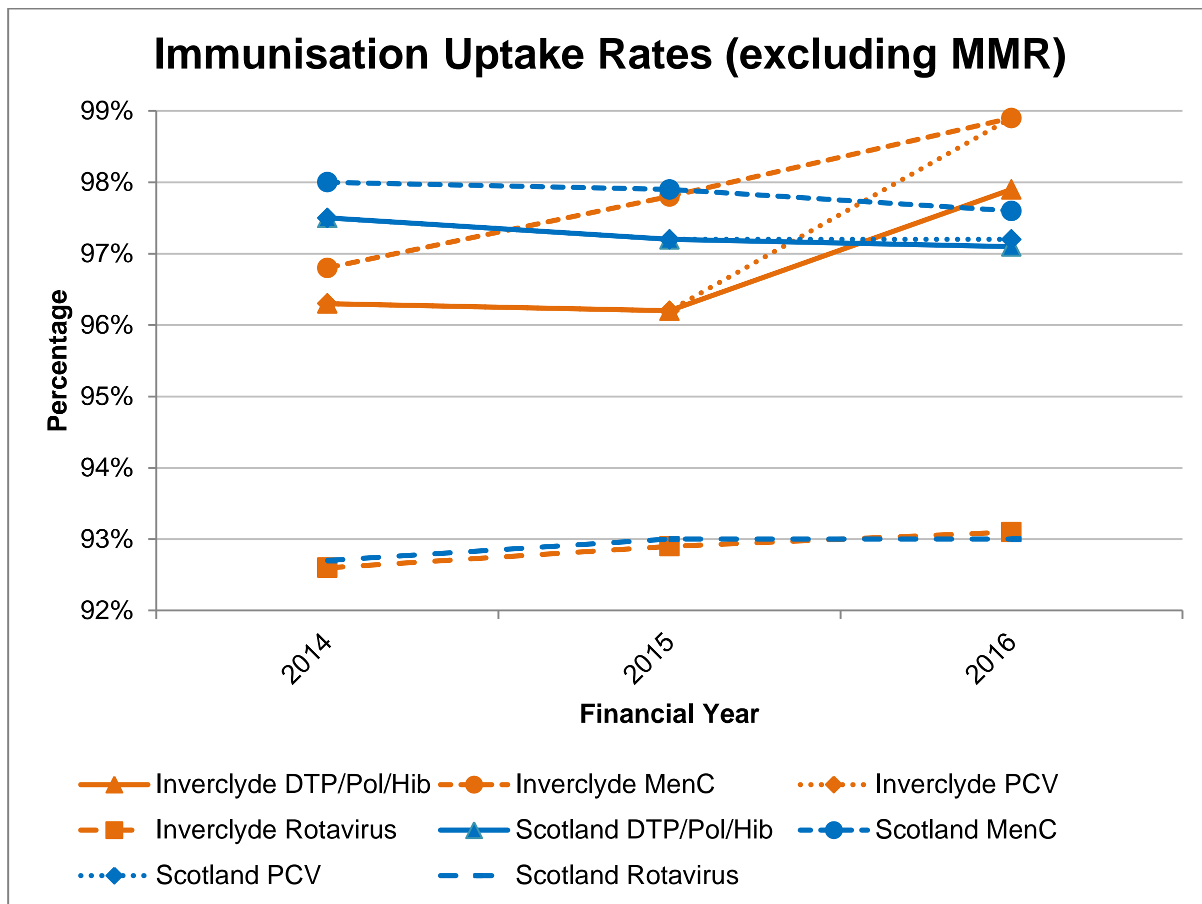
Within the intermediate zones, only children in the Port Glasgow Mid, East and Central zone in the East locality have a significantly higher risk of obesity compared to Scotland. In 2014/15 a quarter of children in this area in Primary 1 were at risk of being overweight.

4.12 Immunisations

Vaccination programmes, delivered to children in Scotland, aim both to protect the individual and to prevent the spread of these illnesses within the population. Furthermore, children are protected through immunisation against many serious infectious diseases.

In Scotland, the target of the national immunisation programme is for 95% of children to complete courses of the following routine childhood immunisations by 24 months of age: Diphtheria, Tetanus, Pertussis, Polio, Hib, Men C and Pneumococcal Conjugate Vaccine (PCV). An additional target of 95% uptake of one dose of Measles, Mumps and Rubella (MMR) vaccine by 5 years old (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts to reduce the number of susceptible children entering primary school. The most recent figures on immunisation from September 2016 are shown in tables below.

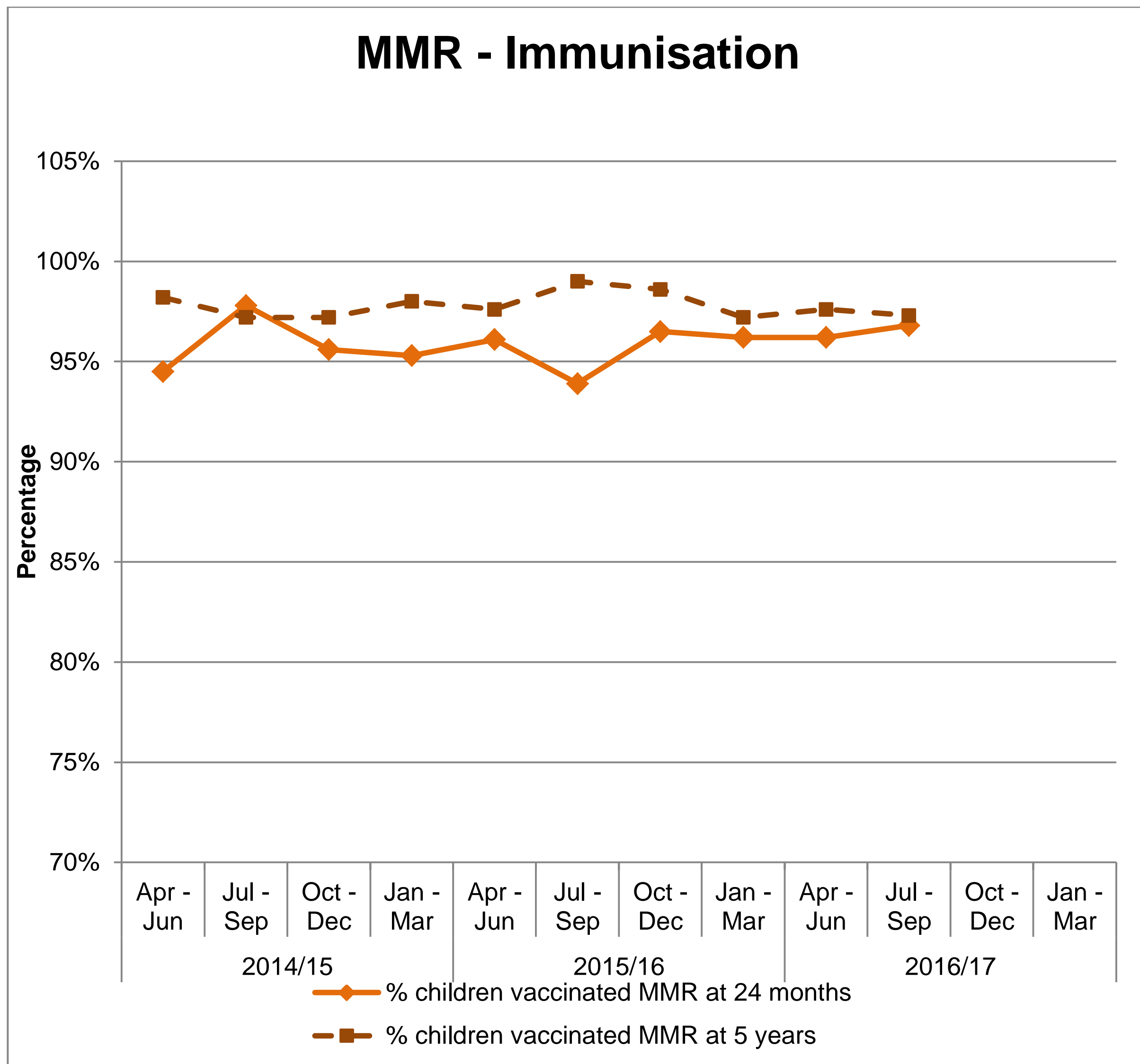
Immunisations complete by 24 months (Children born 1 July to 30 September 2014)



Source: ISD Scotland

The graph above shows that immunisation for routine childhood immunisations by 24 months of age: Diphtheria, Tetanus, Pertussis, Polio, Hib, Men C and Pneumococcal Conjugate Vaccine (PCV) have been consistently above 95% and slightly above the national average for Rotavirus.

Immunisations complete by 24months and 5 years (Children born 1 July to 30 September 2011)

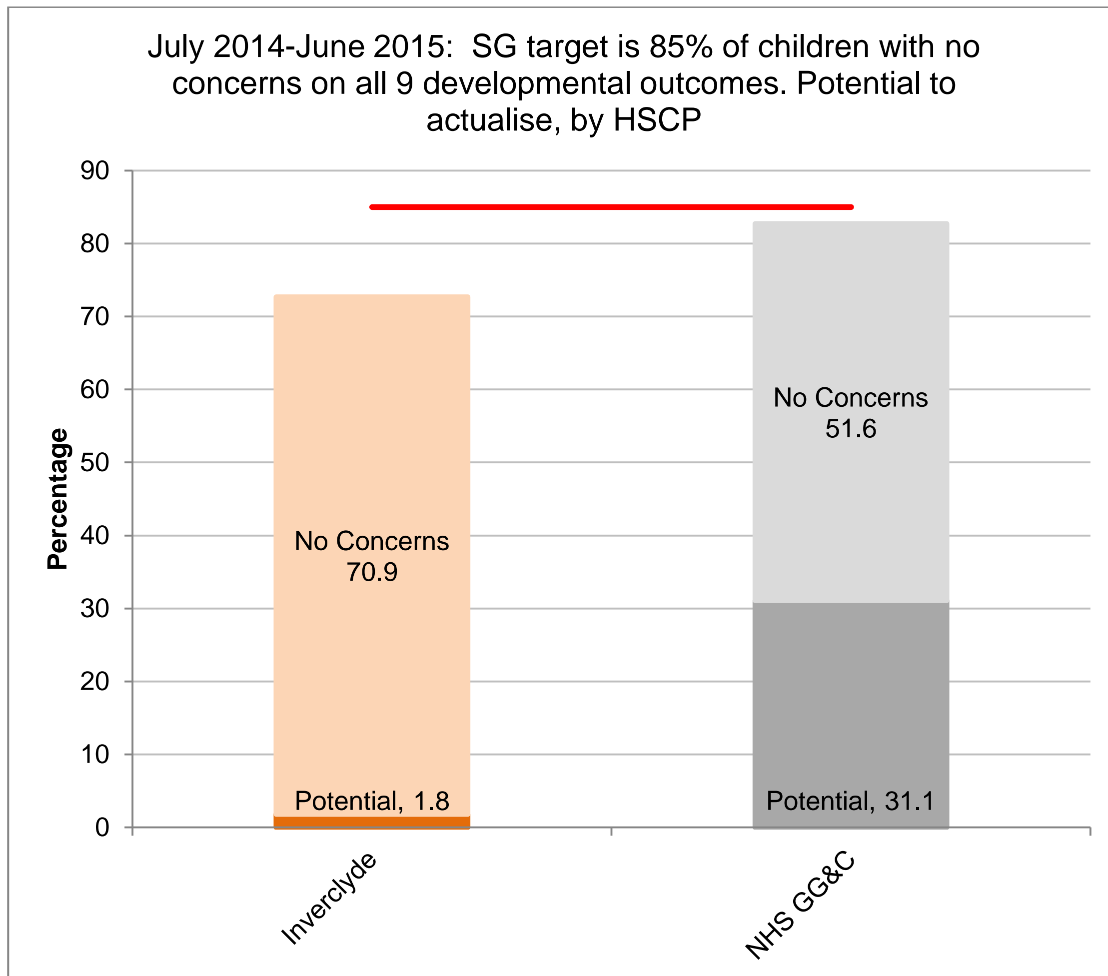


MMR AT 5 Years Each year we are consistently above target, however MMR at 24 months we have exceeded the target of 95% with the exception of two quarters (1 in 2014 & 1 in 2015).

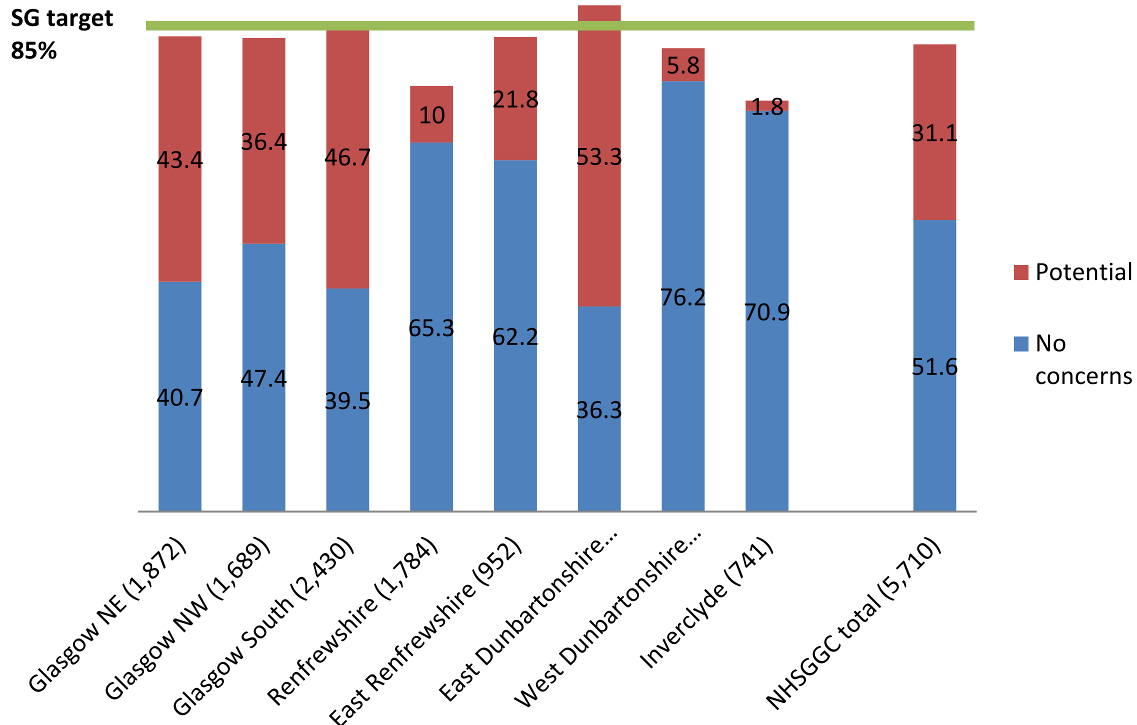
Source: ISD Scotland

These data demonstrate that the immunisation uptake in Inverclyde is comparable to the national average, with marginally higher immunisation percentages across the board.

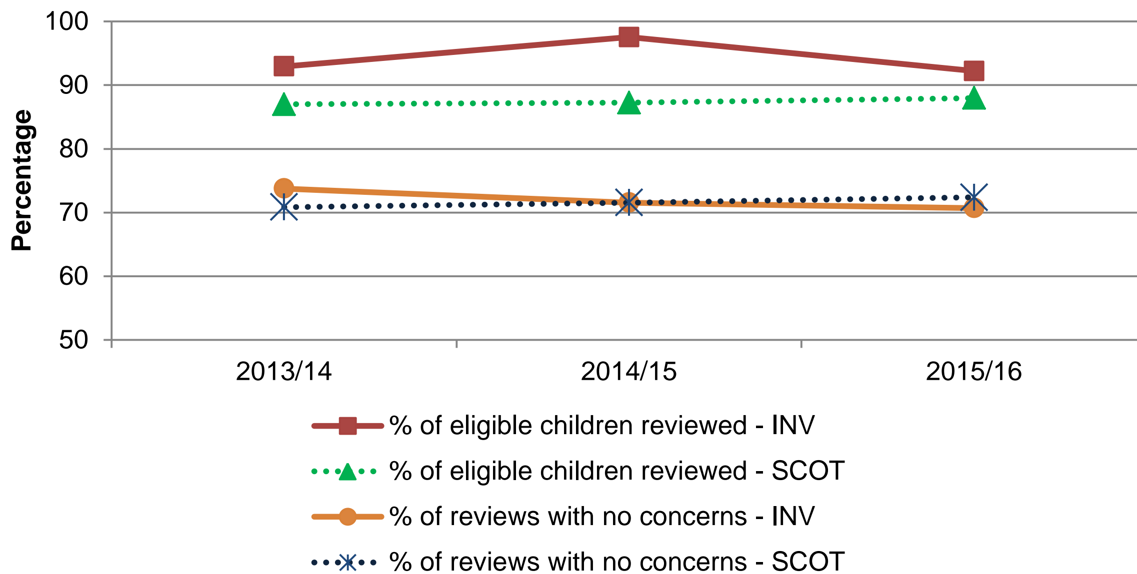
Children's 27-30 month reviews



Scottish government target is 85% of children with no concerns on all 9 developmental outcomes. In Inverclyde the data shows that over 70% of children are meeting their developmental milestones at 30 months.

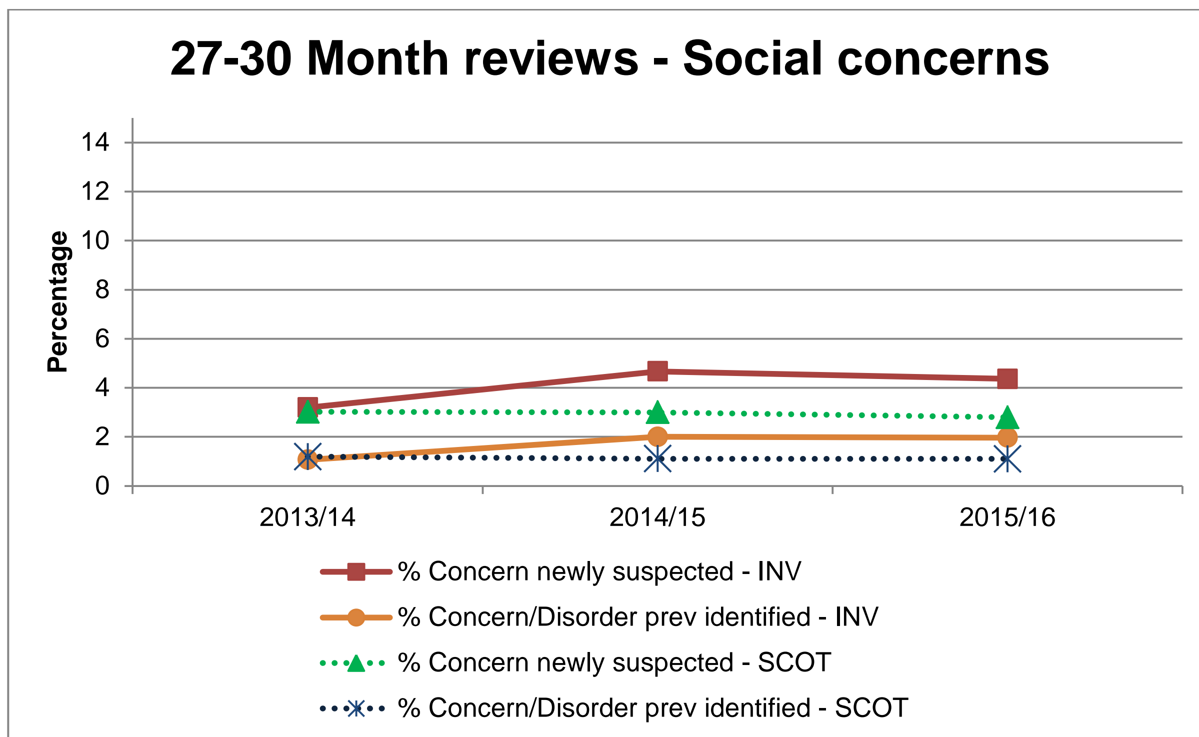


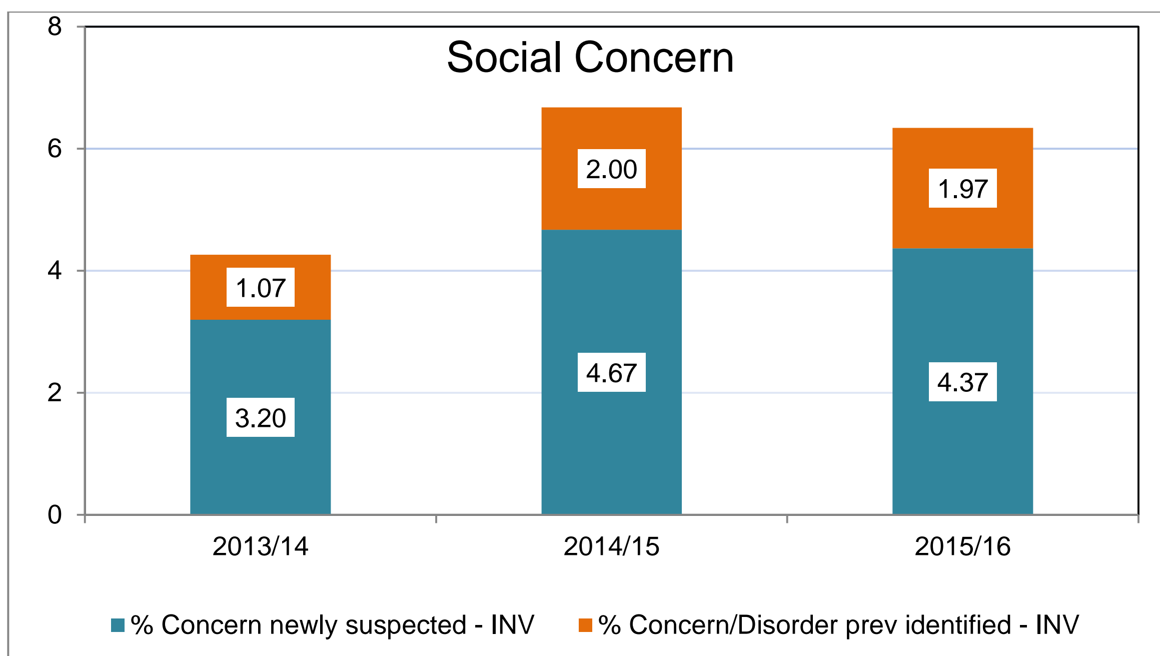
The above chart shows the percentage of no and potential concern on all nine developmental outcomes for all other Greater Glasgow and Clyde health board areas.



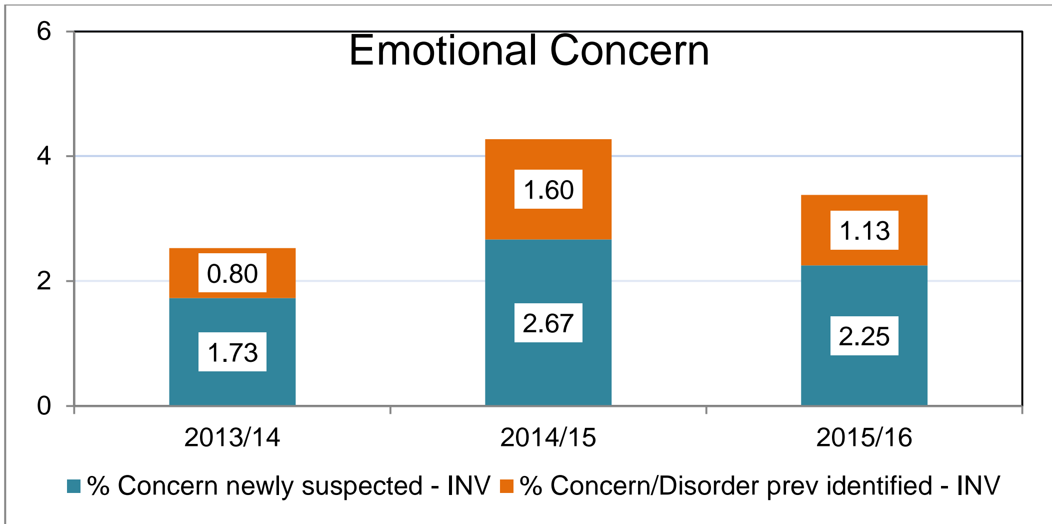
Compared to Scotland figure of percentage of eligible children reviewed, Inverclyde has had a higher rate of reviews since 2013.

The percentage of reviews where there have been no concerns has reduced slightly from 73.8% to 70.9% over the 3 year trend. Scotland figures have increased from 70.9% to 72.4%, therefore 2016 figures we are slightly below the Scotland figures. The increase could be related to the earlier identification of developmental concerns because of the introduction of this measure at this age.

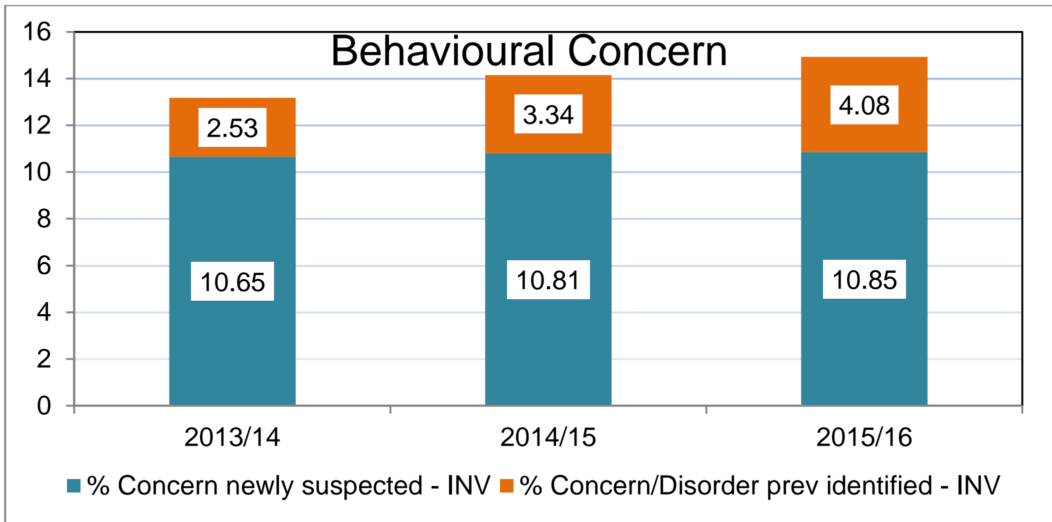




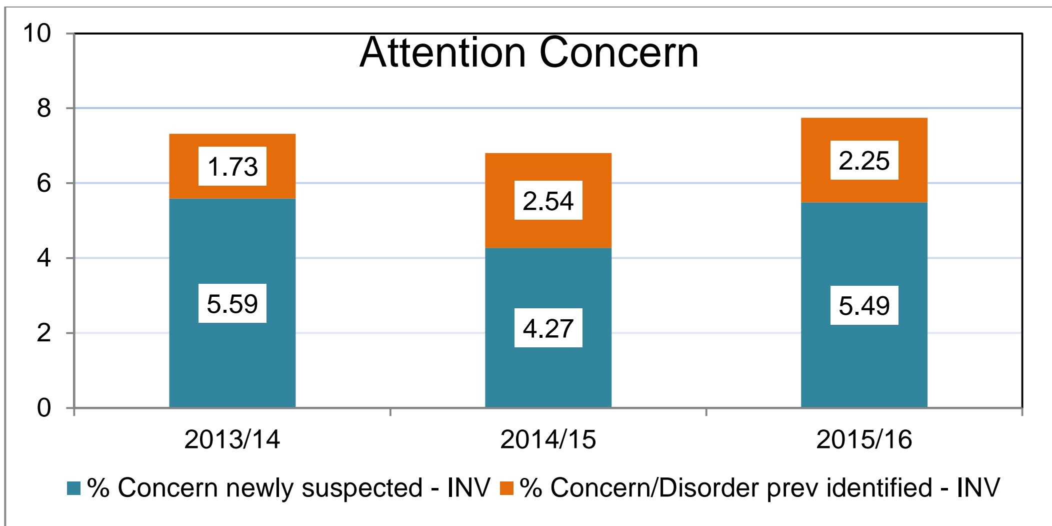
The chart above shows over the three year period % of social concerns identified. The chart shows that over the last 2 years social concern newly identified has remained similar.



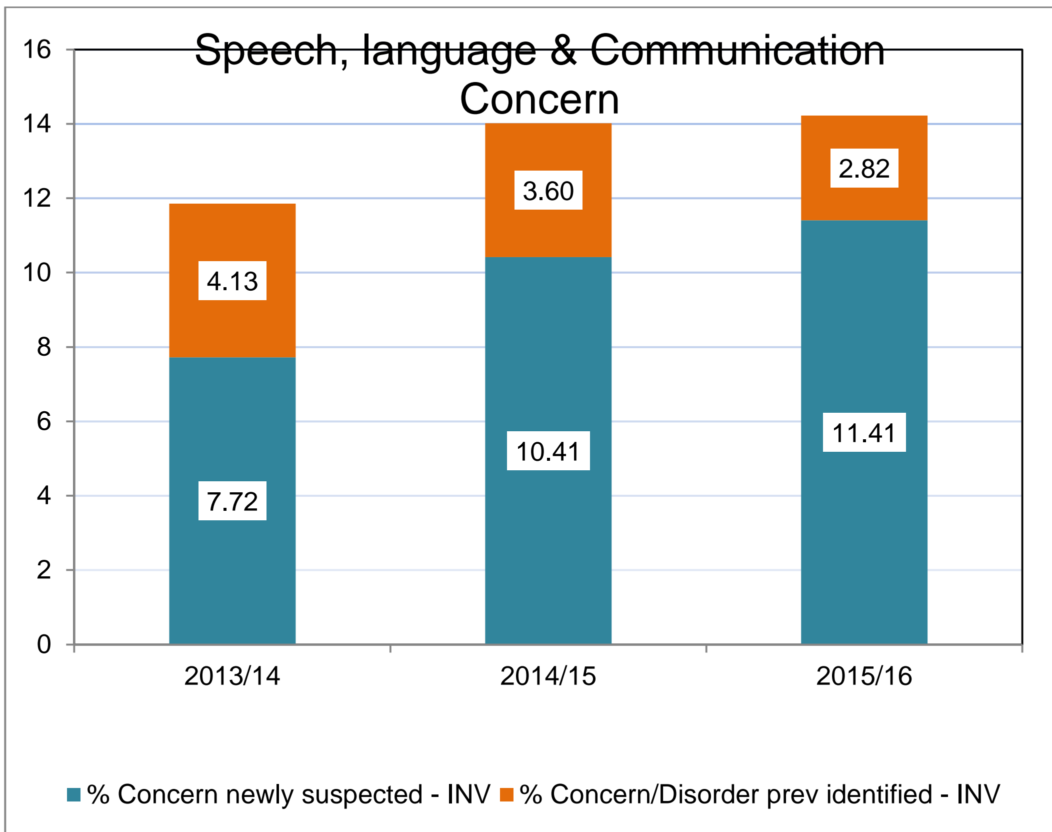
The chart above shows that % of newly identified Emotional concerns is similar to the previous year.



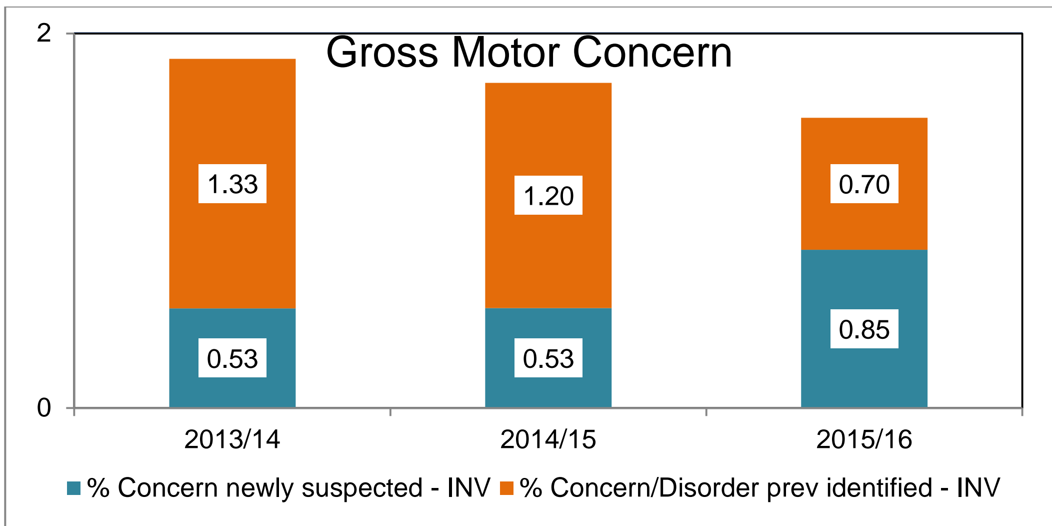
The graph above shows that since the introduction of the 30month assessment 3 year ago, the % of newly identified concerns regarding behavioural concern represents some of the highest level percentages of newly identified concerns.



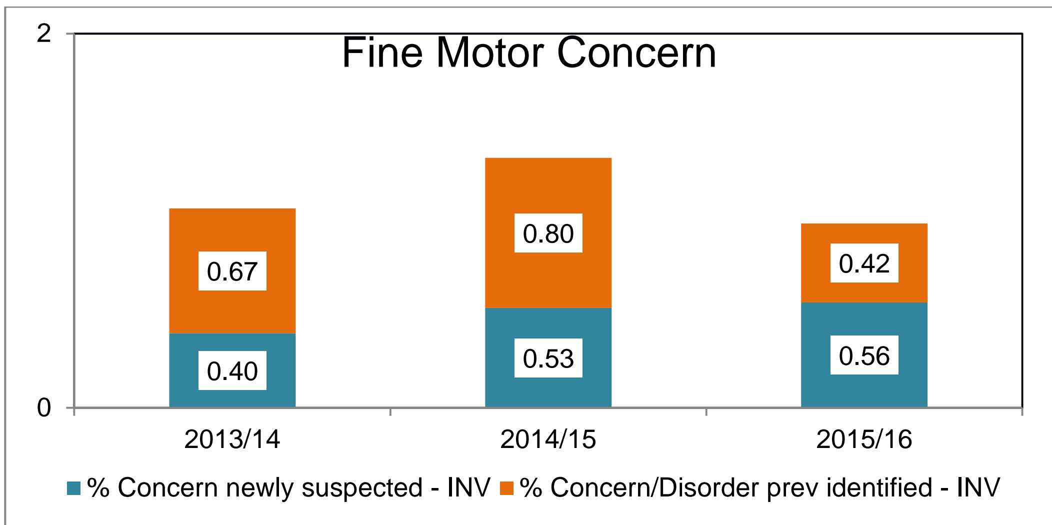
The chart above show the % of newly identified attention concern over a 3 year trend.



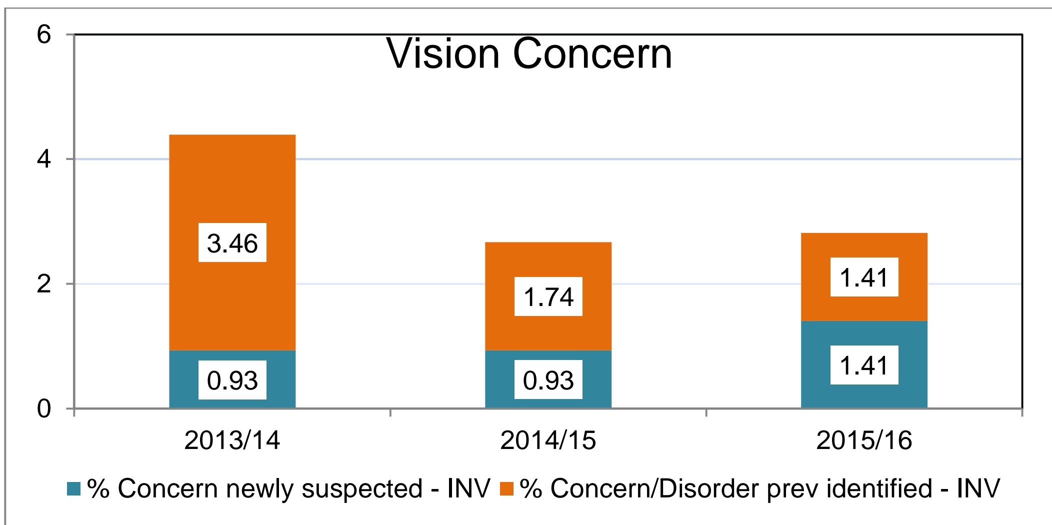
The chart above shows the % of newly suspected concerns in relation to speech, language and communication over the three years. This represents the highest percentages of newly identified concerns across Inverclyde, and shows an increasing numbers of children at 30month are being identified as having speech, language and communication concerns.



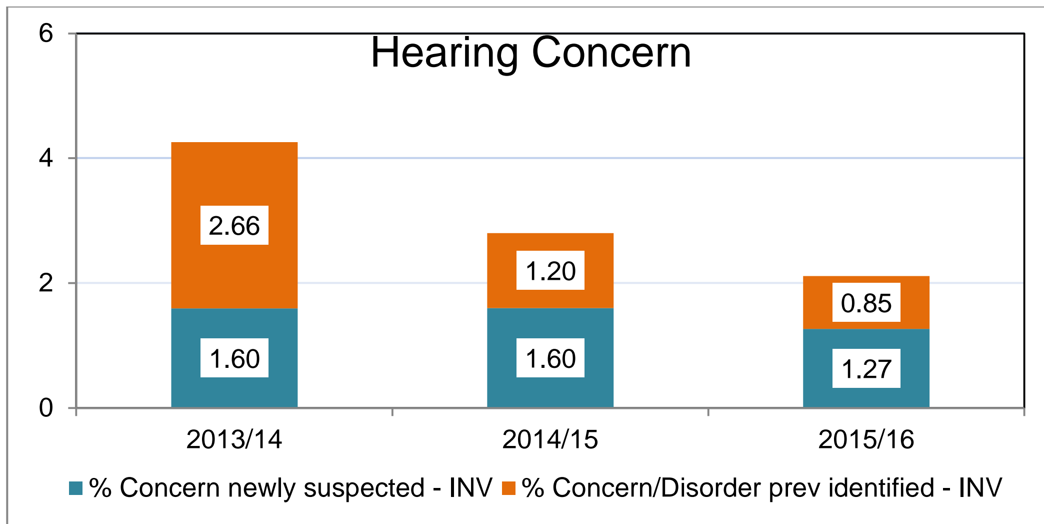
The table above shows the % of newly identified Gross Motor concerns. The data shows that whilst there is a slight increase this developmental domain remains low.



The table above shows the % of newly identified Fine Motor concerns. The data shows that whilst there is a slight increase this developmental domain remains low.



The table above shows the % of newly identified vision concerns. The data shows that whilst there is a slight increase this developmental domain remains low and consistent.

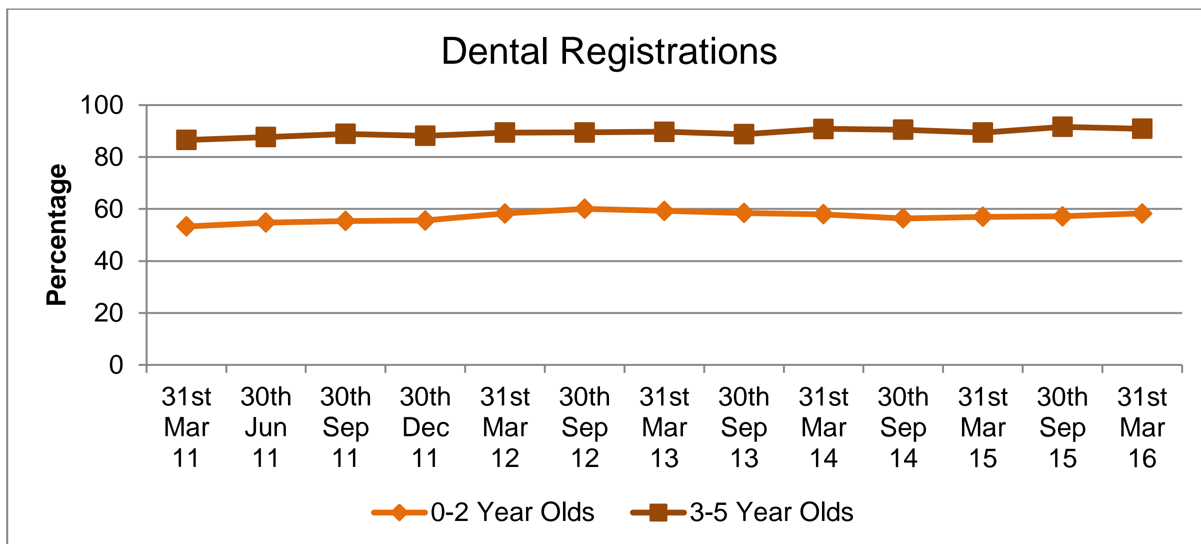


4.13 Dental Care and Dentistry Provision

Every year children across Scotland take part in the National Dental Inspection Programme 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.

Dental registrations 0-2 years and 3-5 years

The table below shows that just under 60% of children 0-2 years were registered with a dentist and 90.9% of children aged 3-5 years are registered with a dentist during the same period.

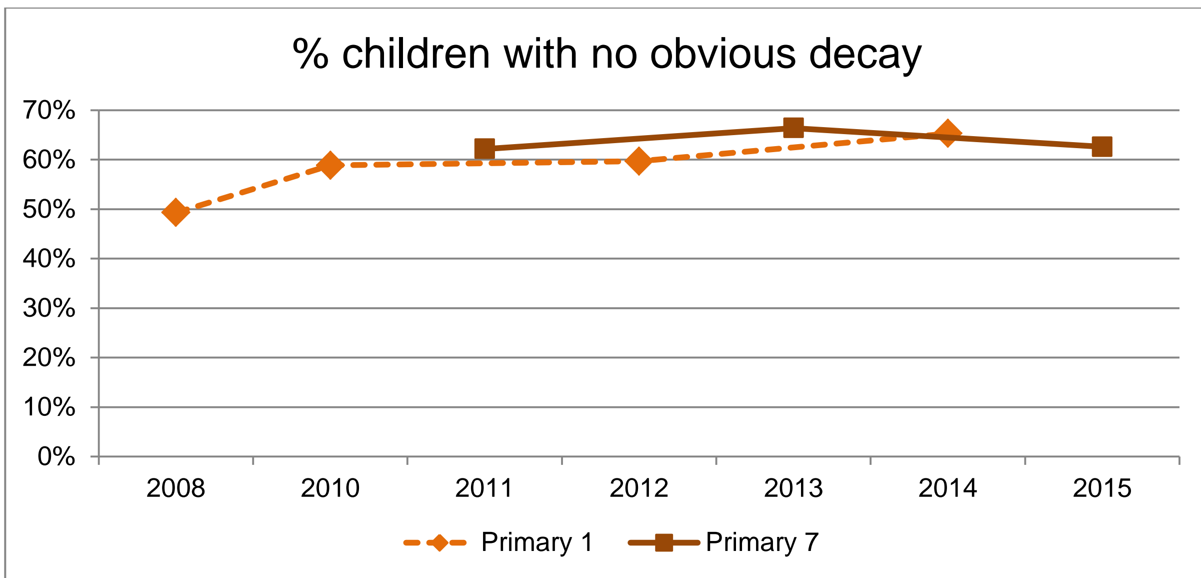


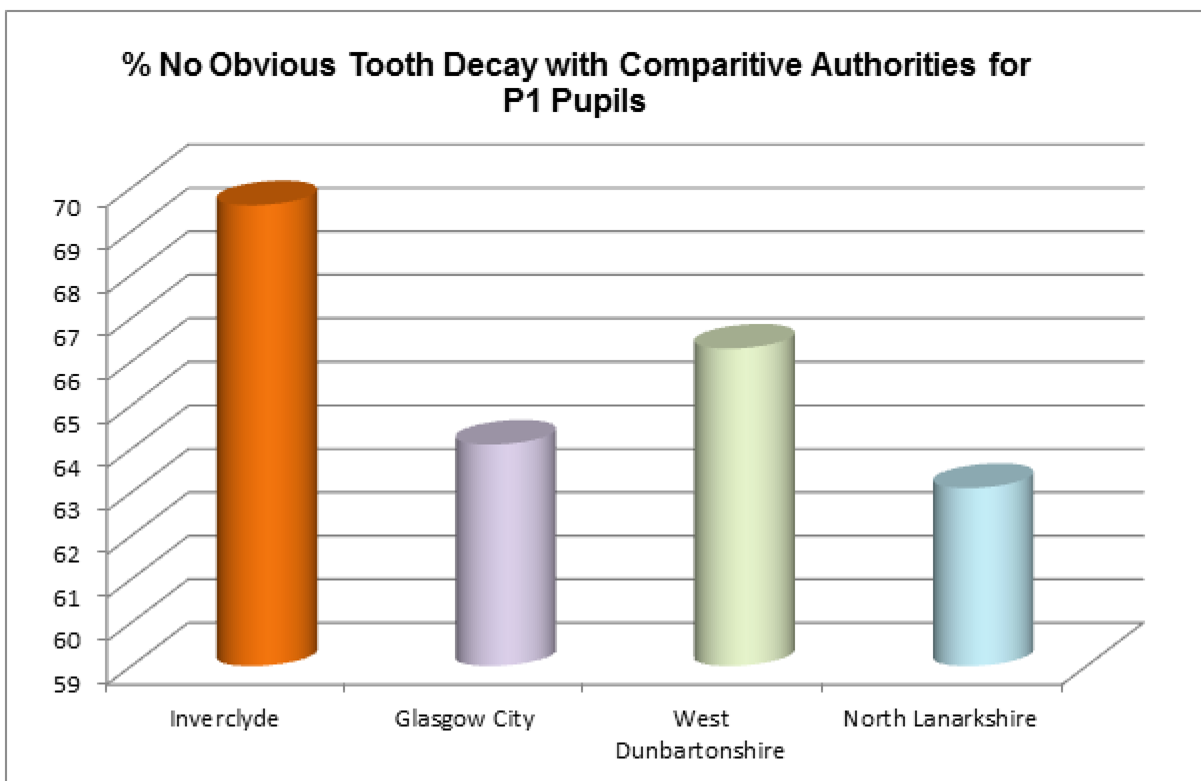
Percentage of children with no obvious dental decay

The graph below shows that in 2014 65.30% of children who had a detailed inspection in primary 1 had no obvious dental decay, for the 2015 62.60% of primary 7 with no obvious dental decay.

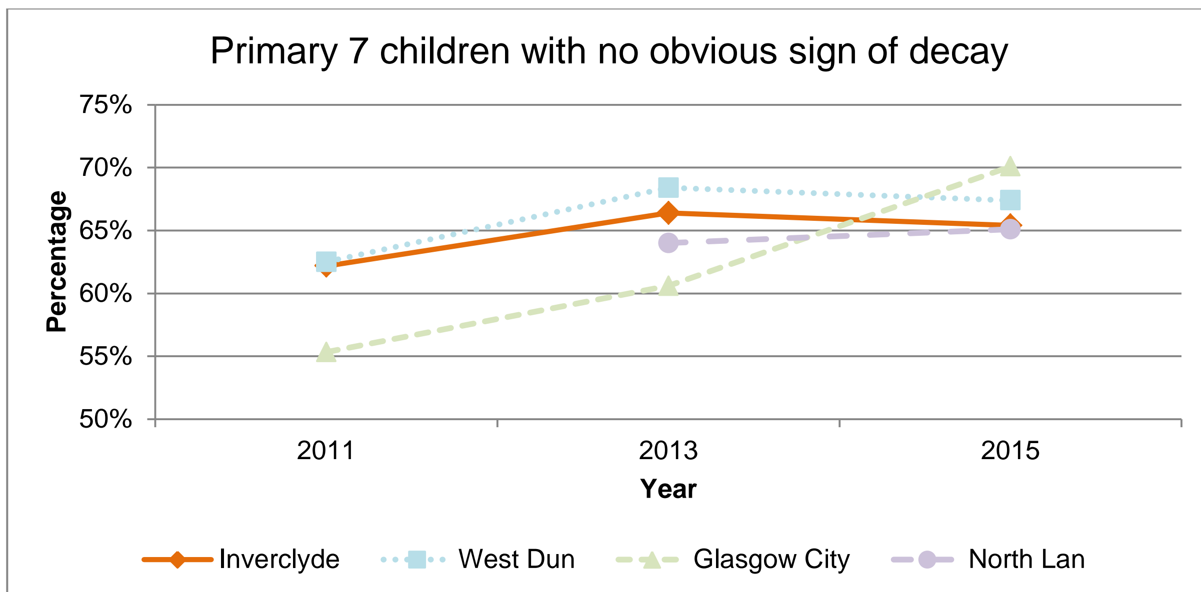
2011 figures showed 62.18% of P7 children within Inverclyde with no obvious tooth decay. This was a mere 1.82% below Inverclyde HSCP’s target, however, all other HSCP’s within Greater Glasgow and Clyde Health Board targets were 60%.

2015 saw a decrease by 3.8% from 2013 (62.6%), 1.4% below Inverclyde's target. Again, Inverclyde HSCP's target is 4% above all HSCP's within Greater Glasgow and Clyde Health Board.





The graph above shows % of Inverclyde children in Primary 1 with no obvious tooth decay compared to other comparative areas. The graph show 69.6% of primary 1 school children had no obvious tooth decay, and shows higher than comparator authorities.



The graph above show the comparative data for no obvious tooth decay for Primary 7. From 2011 to 2013 shows a slight increase for all authorities (except NL as there is no available data) and has remained fairly steady through to 2015. This trend is similar to west Dunbartonshire and North Lanarkshire.

4.14 Considerations

- Overall smoking, in pregnancy is reducing across the total population; the percentage of woman smoking during pregnancy tends to be greater in areas of deprivation and continued focus on smoking cessation will continue to be a focus for the local health board. Infant mortality and low birth weight babies can also be attributable to smoking in pregnancy.
- Local maternity, GPs, and post-natal services continue to promote healthy behaviours during early pregnancy and after birth. In particular, healthy eating patterns during pregnancy, we will continue to deliver to offer practical advice to help them to eat healthily and the importance of being physically active.
- Although the data shows a significant reduction over a 10 year period, with a slight rise last year in relation to teenage pregnancies, it will be important to have a continued focus on this strategy in the future.
- Breastfeeding rates remain low but static across Inverclyde, breastfeeding needs to remain a key focus by monitoring of the rates of variation in infant feeding combined with socio-demographic data, as this will continue to help develop targeted programmes of change. Our programmes should continue to consider interventions that are intended to have a supportive effect. It is important to note the challenges of increasing breastfeeding rate amongst our most deprived areas. There is some evidence to suggest that tailored antenatal education, combined with proactive postnatal support in hospital and community is effective in enhancing breastfeeding duration Combining antenatal education with partner support, postnatal support and incentives for women in low-income groups is regarded as promising practice.
- Reducing the variation in infant mortality rate remain key targets for tackling inequality and requires initiatives to improve maternal health, child health and the wider determinants of health, such as education and housing.

- Behavioural concerns and Speech, language and communication developmental domains remain the highest reported newly identified concern at the 30 month assessment, further analysis of onward referrals to service such as speech and language and parenting programmes would help to identify any service gaps.
- Due to the economic climate, work is required to minimise the impact of food poverty and child poverty on child development, including maximising access to healthy food.
- Further analysis of the number of children who are underweight is also important, as this is linked to child poverty and neglect.
- Sandyford Young People's service will be one of the main areas covered by the redesign and this service model will be reviewed with particular consideration given to opening hours and locations and the development of outreach models where appropriate.
- Despite a reduction of unintentional injuries across total population of children under 5 years, a key challenge is how to effectively reduce unintentional injuries to children residing in data zones 1 & 2.

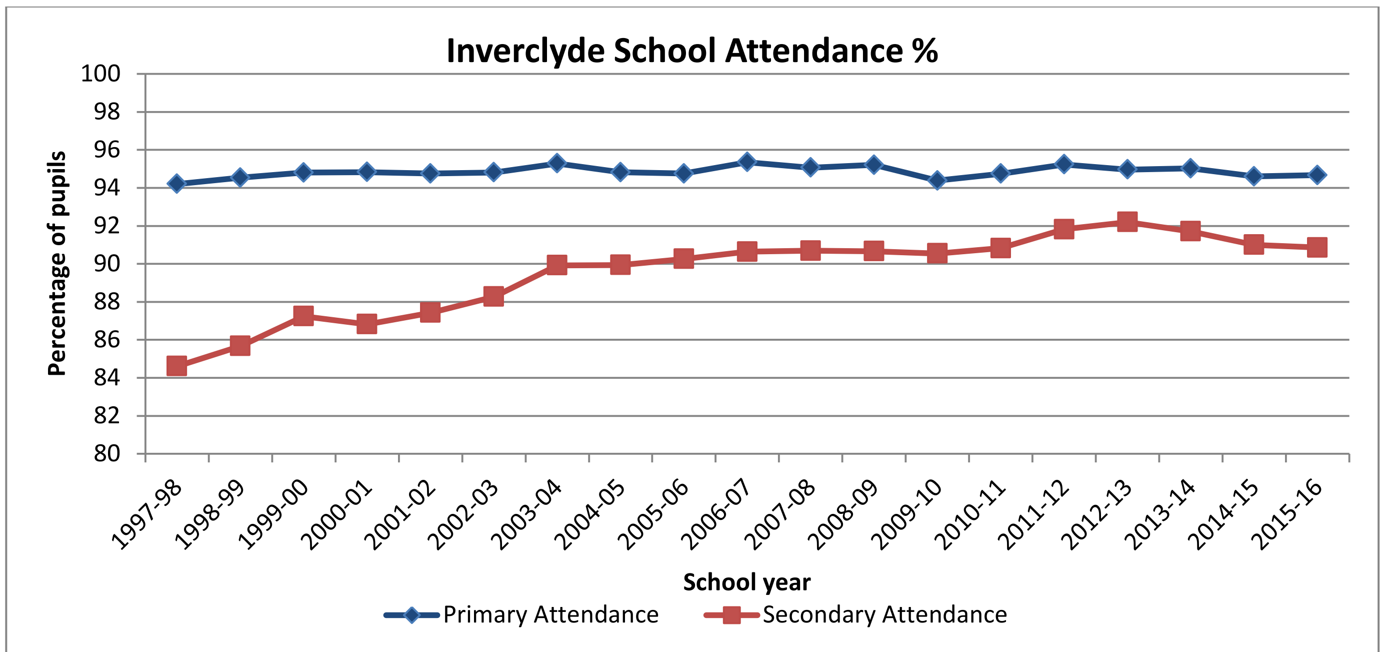
5. Education

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.

Some are relevant across multiple measures, for example, an analysis of children with mental health issues could be employed as a measure for both the included and healthy aspects. This section will demonstrate examples from an Inverclyde perspective, providing background information and a basic overview of the education of children and young people in the area.

School attendance Inverclyde

School attendance for primary school pupils is higher than attendance for secondary pupils. In 2014/15, primary school attendance was almost 95%, as opposed to 91% for secondary school. Primary school attendance in Inverclyde has consistently hovered around the 95% mark since 1997/98. Secondary school attendance has risen in the same time period, from a low of 84.6% in 1997/98 to a high of 92.2% in 2012/13.



Source: Inverclyde Education Services

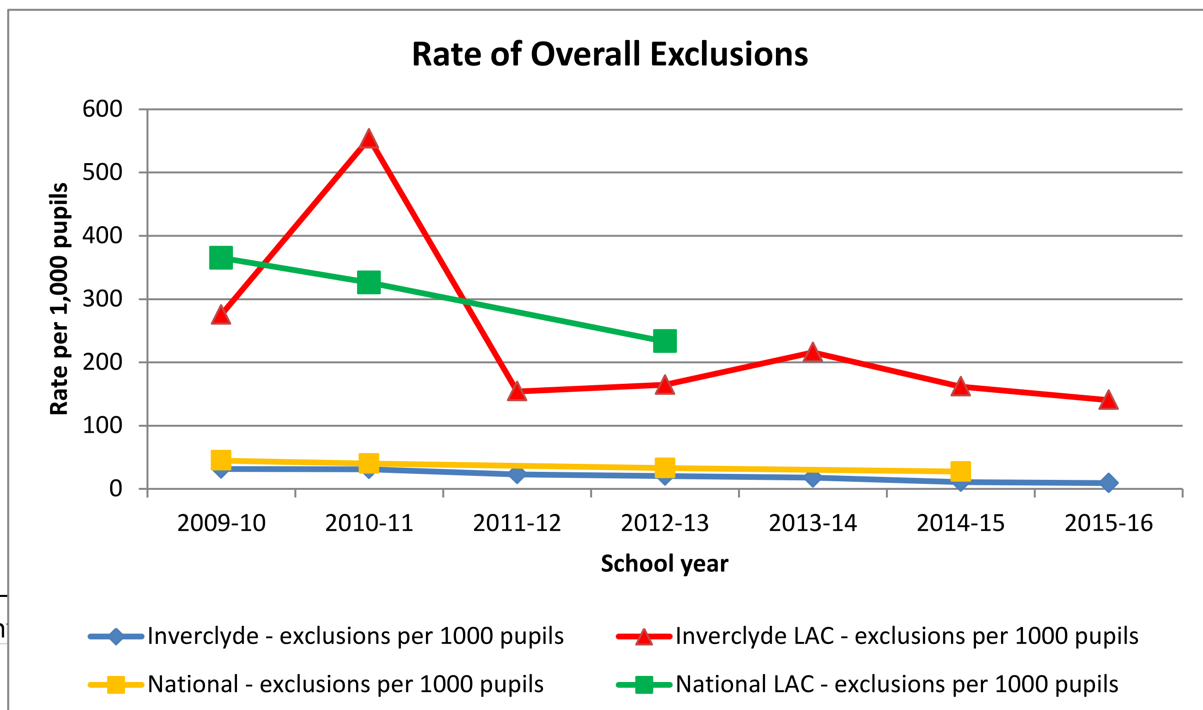
The chart above shows the trend in school attendance for pupils in Inverclyde – split by Primary and Secondary school sectors - since 1997/98.

Exclusions from School

The number and rate of overall exclusions from school has been falling in Inverclyde in recent years. In 2014/15 there were 197 exclusions of pupils in Inverclyde, a 48% reduction from the previous year[28].

The rate of pupil exclusion in Inverclyde is lower than the Scottish average in primary and secondary school.

Within the cohort of Inverclyde pupils, there is a higher rate of exclusion for looked after children. This is in both primary and secondary school.

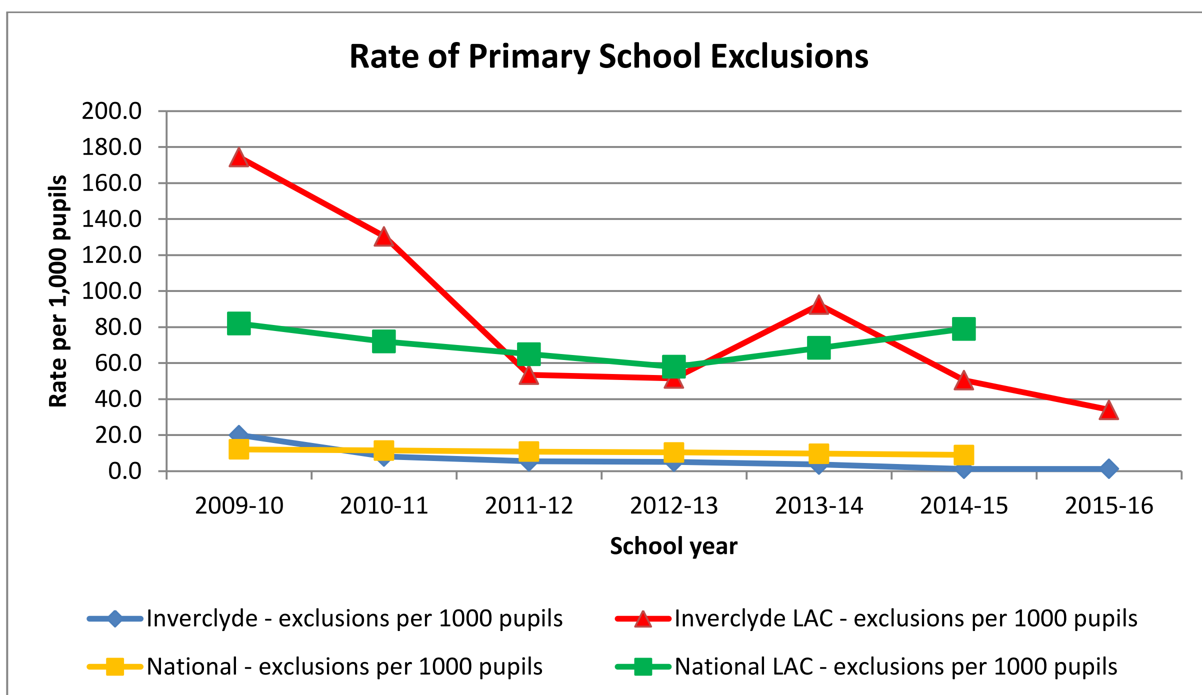


[28] h

Source: Inverclyde Education Services

The chart above shows the combined rate of exclusions for all pupils.

The following charts show the rates of exclusion for all pupils and also LAC pupils within each of our school sectors, compared with national figures. In each case the data is presented as a rate per 1000 pupils.



Source: Inverclyde Education Services

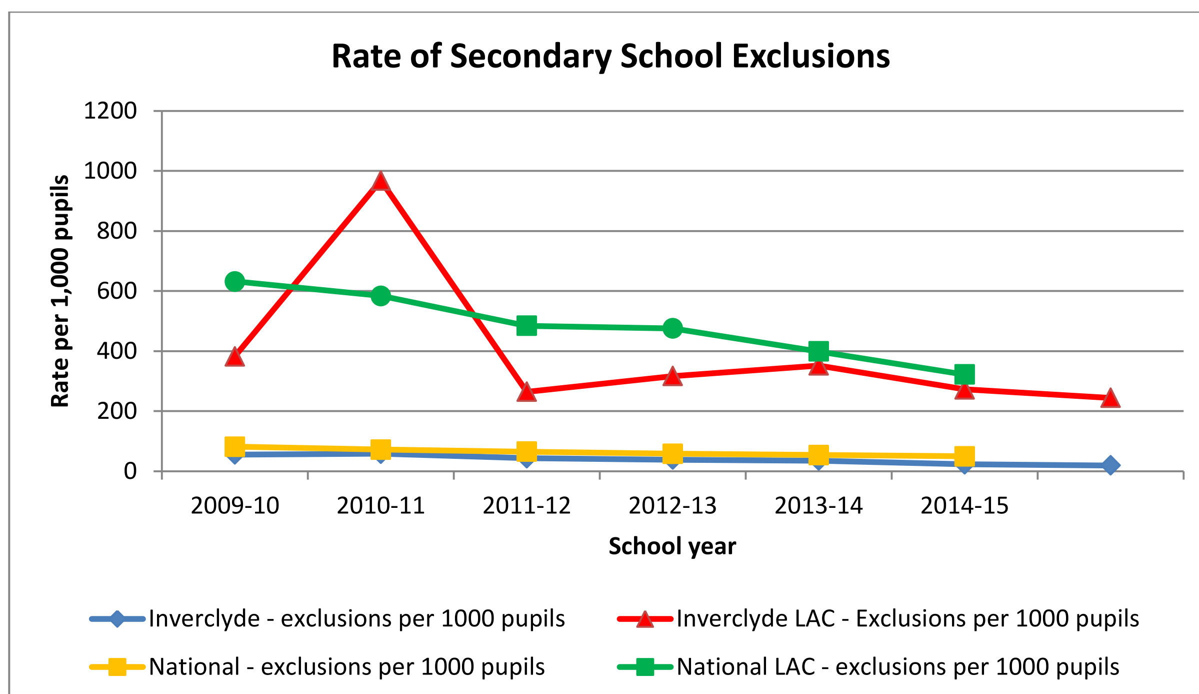
In the primary sector, the overall rate of exclusion has reduced from 20 exclusions per 1000 pupils in 2009, to 1.3 exclusions per 1000 pupils in 2015-16. This trend has compared favourably with national figures since 2010-11. With regard to LAC pupils, Inverclyde's rate was considerably above the national figure in 2009-10 (174.4 exclusions / 1000 pupils v 82 nationally).

Considerable work was undertaken with schools in regard to this measure and this has resulted in a significant decrease in the rate of exclusion of LAC pupils within our primary

schools. For the past 2 years, the data shows that Inverclyde is below the Scottish rate for LAC exclusions.

Rate of secondary exclusions Inverclyde

In the secondary sector, the overall rate of exclusion has reduced from 58 exclusions per 1000 pupils in 2009, to 19 exclusions per 1000 pupils in 2015-16. This trend has compared favourably with national figures throughout this period. With regard to LAC pupils, Inverclyde's rate was considerably above the national figure in 2010-11 (968 exclusions / 1000 pupils v 584 nationally).



Source: Inverclyde Education Services

Again considerable work was undertaken with our secondary schools in regard to this measure and this has resulted in a significant decrease in the rate of exclusion of LAC pupils within our secondary schools. For the past 5 years, we have been below the Scottish rate for LAC exclusions.

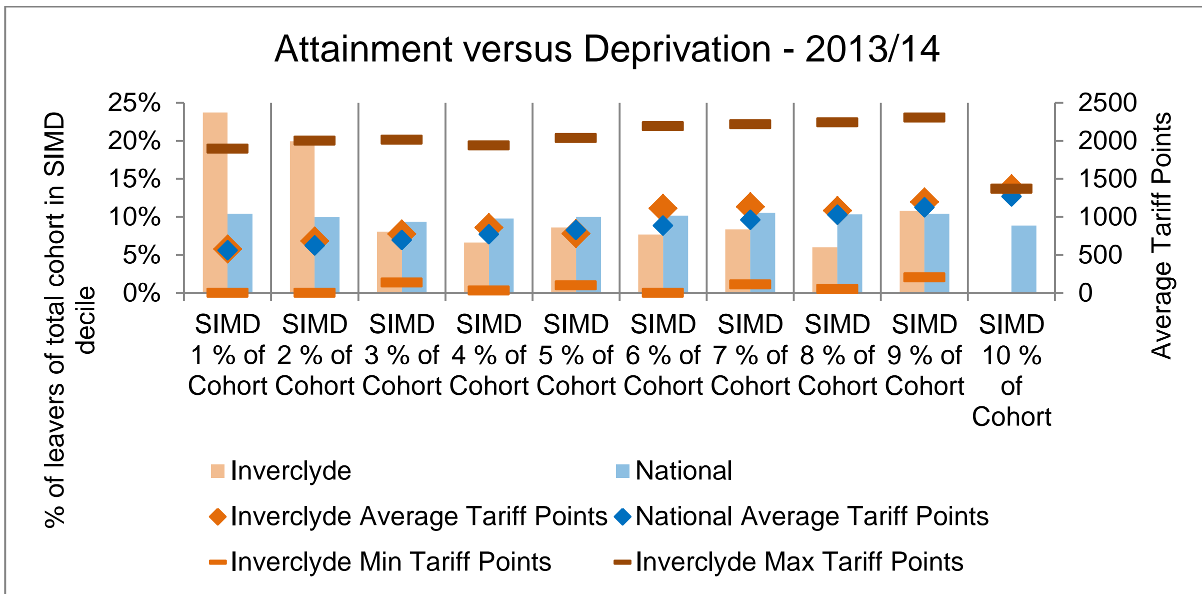
Attainment and positive leaver's destination

Attainment v Deprivation

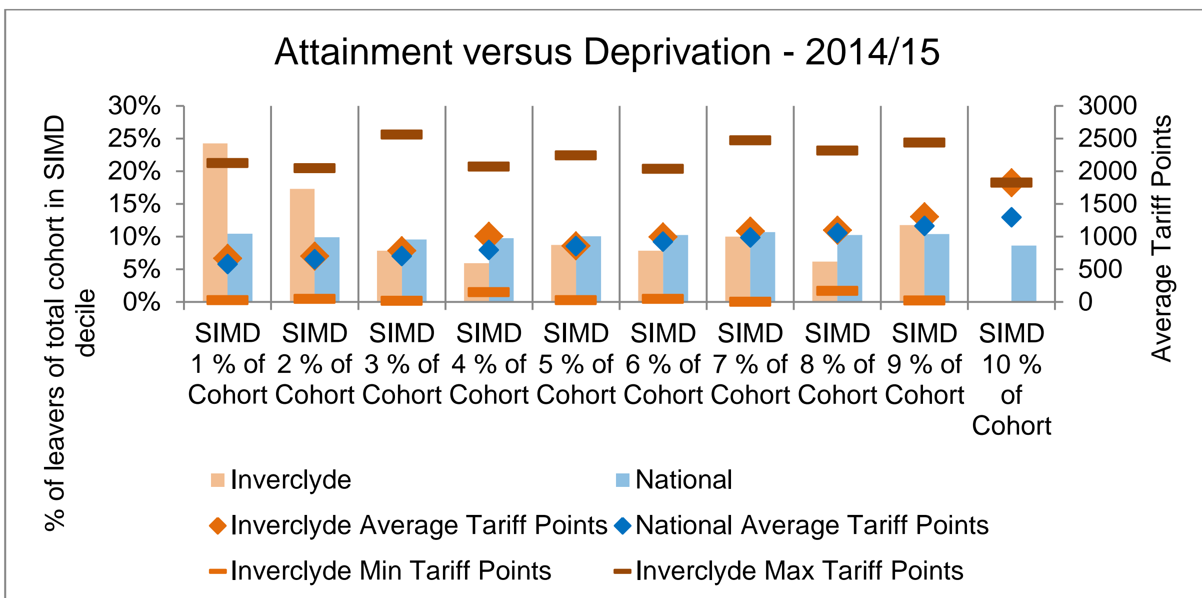
The following charts show the attainment of our pupils according to their domicile SIMD (shown in deciles), for the academic session 2013-14, 14-15 and 15-16.

The measure of attainment used is average tariff scores. Each qualification attained by a pupil is awarded tariff points based on its SCQF level and credit points. Points are also based on the grade of award achieved. The average tariff score for Inverclyde or any other cohort is an average of the total points for each learner.

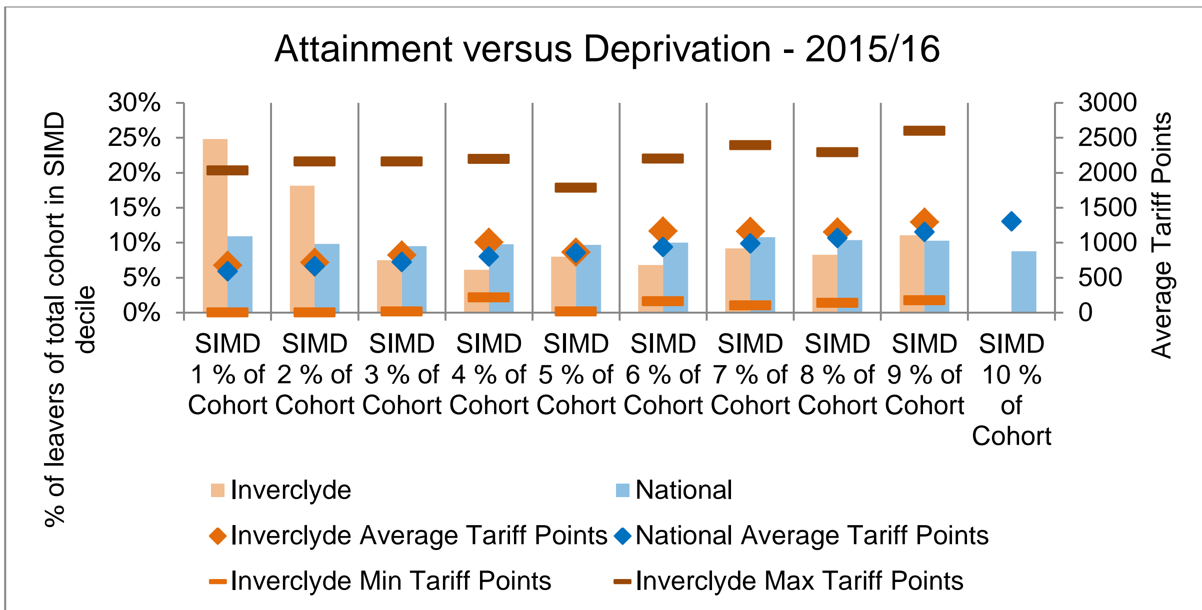
In the following 3 charts, the bars show, for Inverclyde and for Scotland, the number of school leavers living within that SIMD decile in the relevant year. The top and bottom lines show the maximum and minimum levels of attainment from the pupils living within each decile (Inverclyde data only), from which the average is gleaned. The diamonds show these averages for Inverclyde and Scotland.



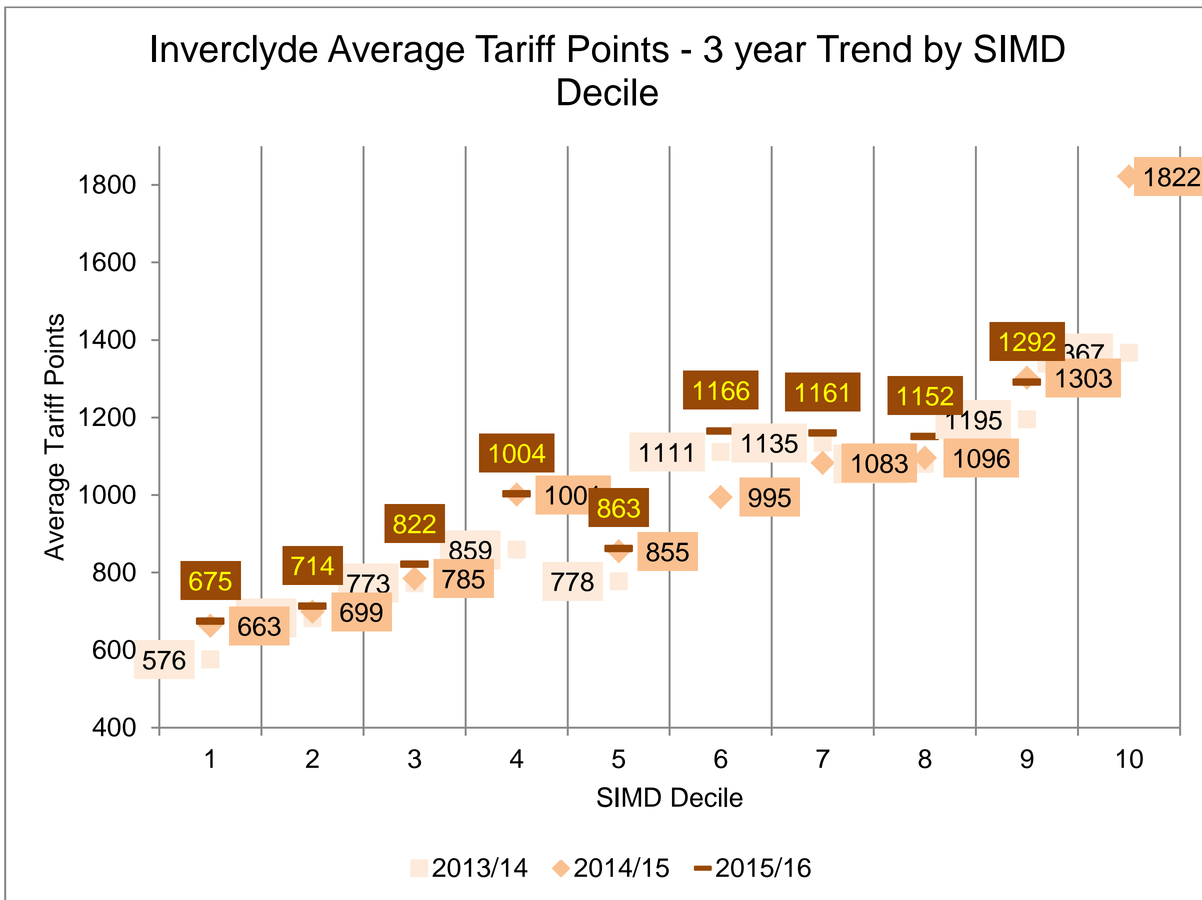
In 2013-14, we can see that the majority of our school leavers are living in most deprived 2 deciles. We can also see that the level of attainment of the pupils generally rises as the SIMD decile rises.



In 2014-15, we can see that the majority of our school leavers are still coming from the most deprived 2 deciles. We can also see that the level of attainment of the pupils generally rises as the SIMD decile rises, although the maximum and minimum tariff scores are more variable.



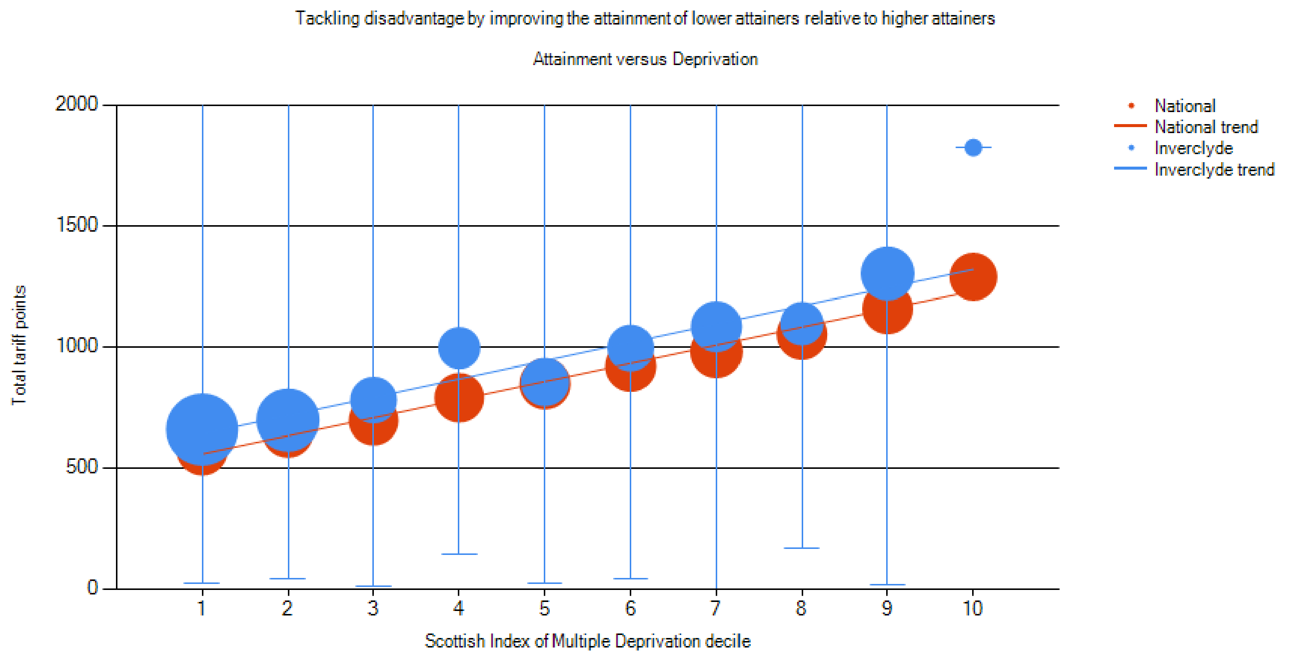
In 2015-16, the SIMD profile is still broadly the same. The pattern of attainment rising as SIMD decile rises is also similar to the previous years.



This chart shows the trend over 3 years for the average tariff scores relating to Inverclyde's school leavers. In each year, the average tariff score for pupils living in decile 1 are the lowest. However, each of Inverclyde's deciles has seen a year-on-year improvement in their average levels of attainment.

The following chart shows the same information as the previous charts, however this is the way that this information is expressed on the Scottish Government's Insight, National Benchmarking Tool.

Attainment and deprivation Inverclyde



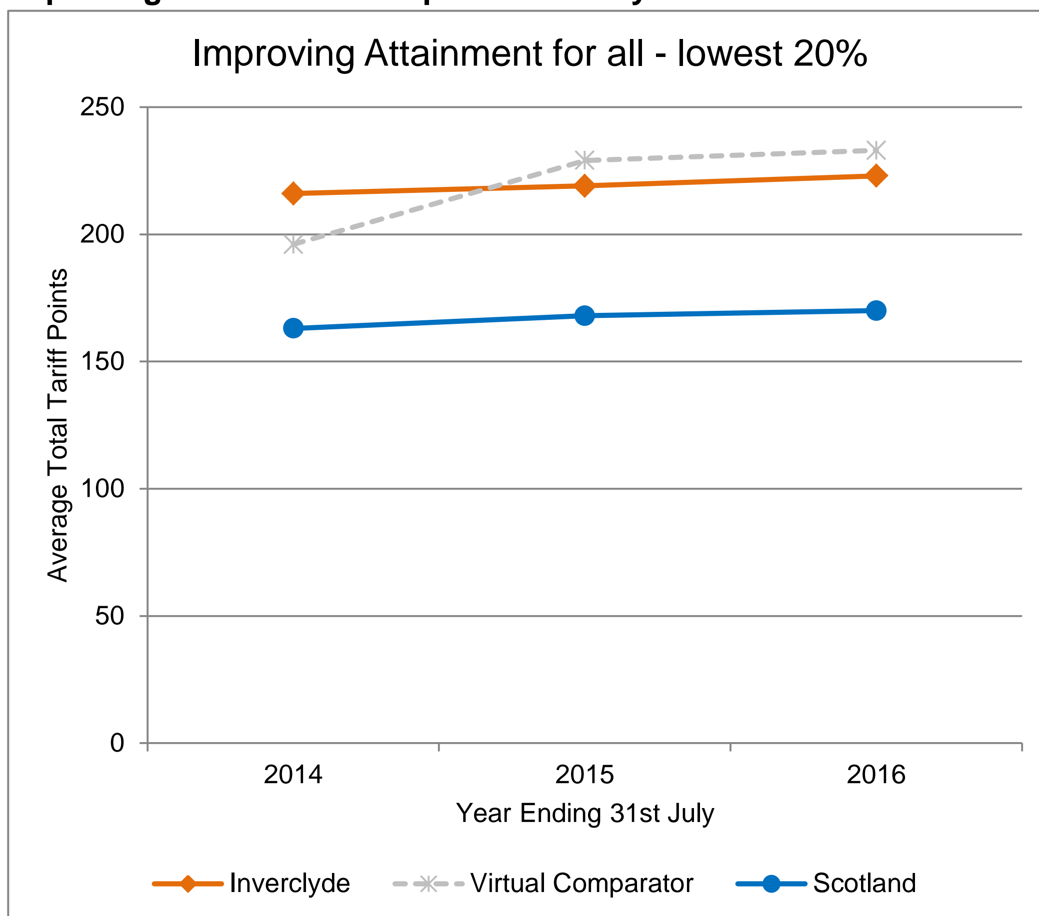
Source: INSIGHT National Benchmarking Tool

Improving Attainment for All

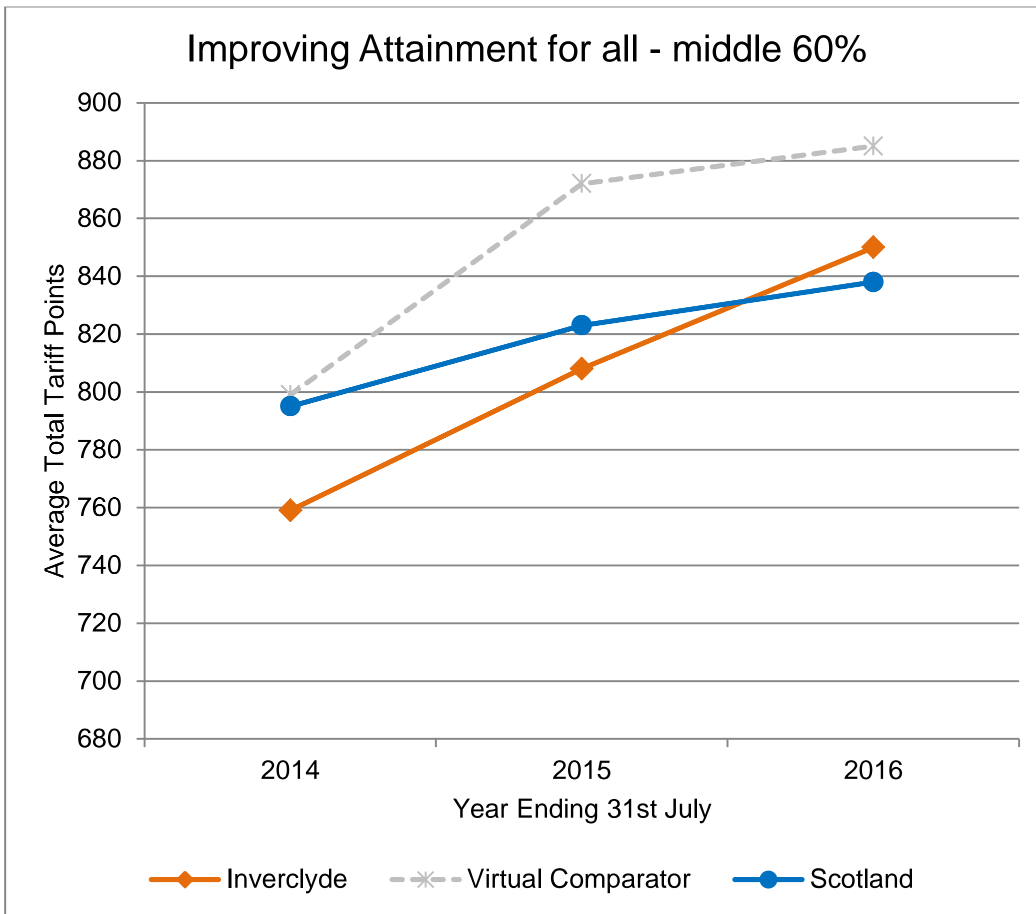
The 'Improving Attainment for All' is a national benchmarking measure that focuses on the attainment of school leavers in any given academic year. The selected cohort of school leavers is ordered according to their total tariff score and distributed into the following categories: the lowest performing 20% of pupils, the middle 60% and highest performing 20% of pupils.

Figures are expressed for Inverclyde, relative to Scotland and also to a Virtual Comparator. The Virtual Comparator is an combination of pupils from throughout the country who have a similar demographic and characteristic profile as Inverclyde – the virtual comparator is always comprised of 10x the number of pupils that we have within the Inverclyde cohort.

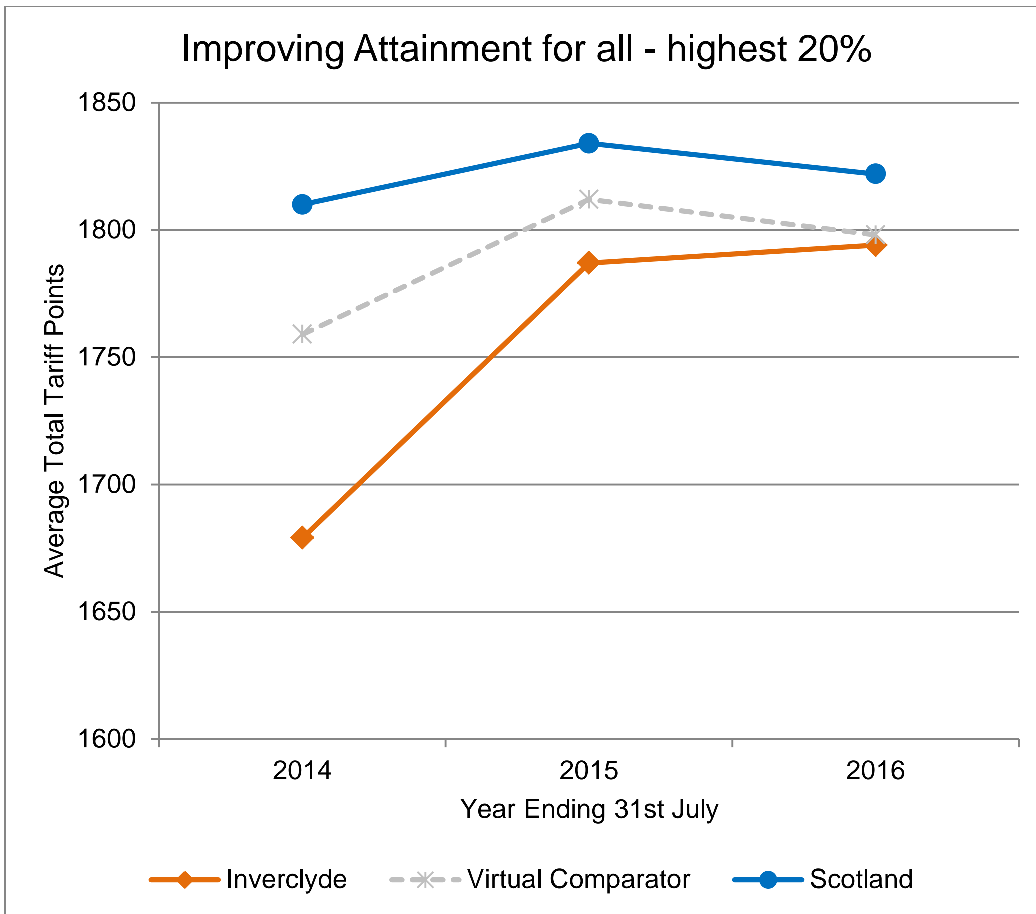
Improving attainment tariff points Inverclyde



In Inverclyde the lowest performing 20% of school leavers, in each of the past 3 years, have shown year-on-year improvements, and also higher attainment levels than the national average. For the most recent 2 years, Inverclyde's average for the lowest 20% has been marginally lower than the virtual comparator.



For the middle 60% of school leavers, in each of the past 3 years, there has been a significant year-on-year improvement. For the 2016 leaving cohort, Inverclyde also saw higher attainment levels than the national average. The average tariff scores for Inverclyde's virtual comparator has however, been consistently higher than both local and national figures.

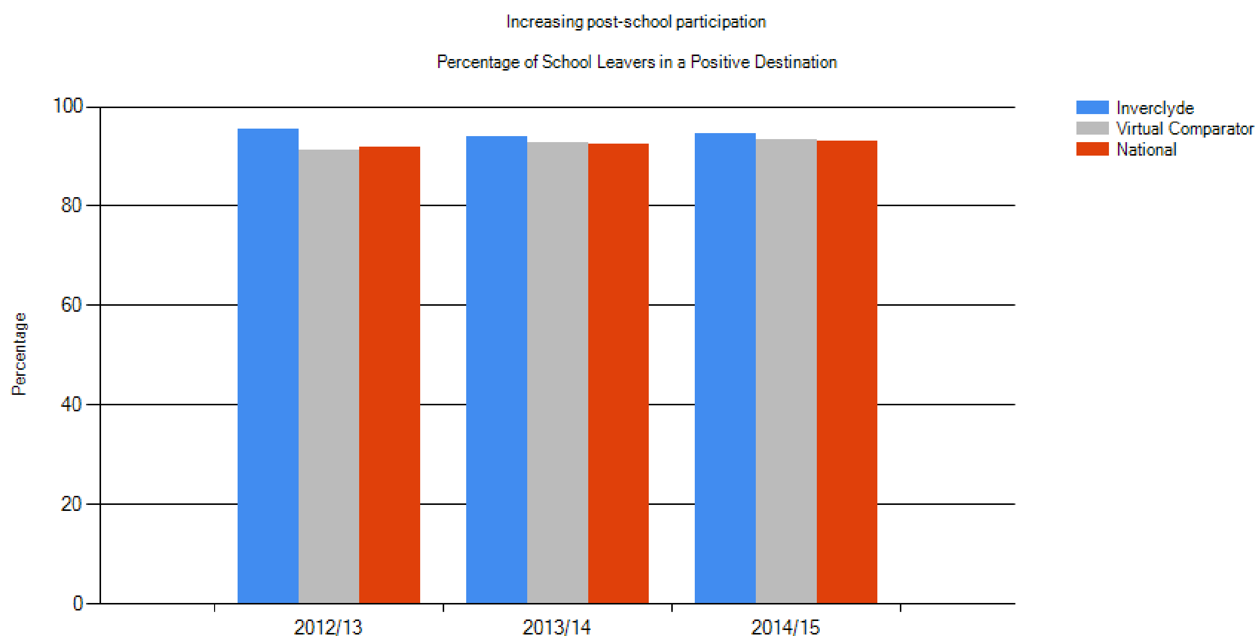


For the highest performing 20% of school leavers, in each of the past 3 years, there have also been significant year-on-year improvements – the sharpest between 2014 and 2015. For the highest attaining pupils, Inverclyde has consistently been below the national and virtual comparator figures.

Positive destination for school leavers

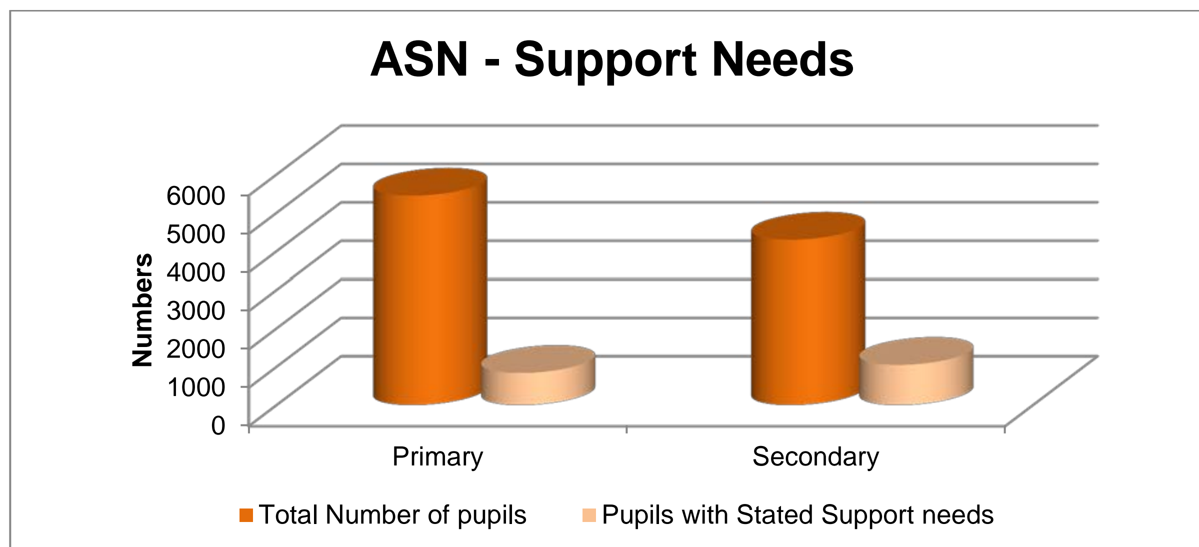
The percentage of school leavers in Inverclyde who go on to a positive destination is higher than both our virtual comparator and the national average. Positive destinations are defined as young people moving on to engage in further education, training, employment and voluntary work. The chart below shows a comparison for the three years between 2012/13 and 2014/15, Inverclyde had a higher percentage of school leavers in a positive destination for all those years.

Percentage of school leavers in a positive destination Inverclyde



Source: INSIGHT National Benchmarking Tool

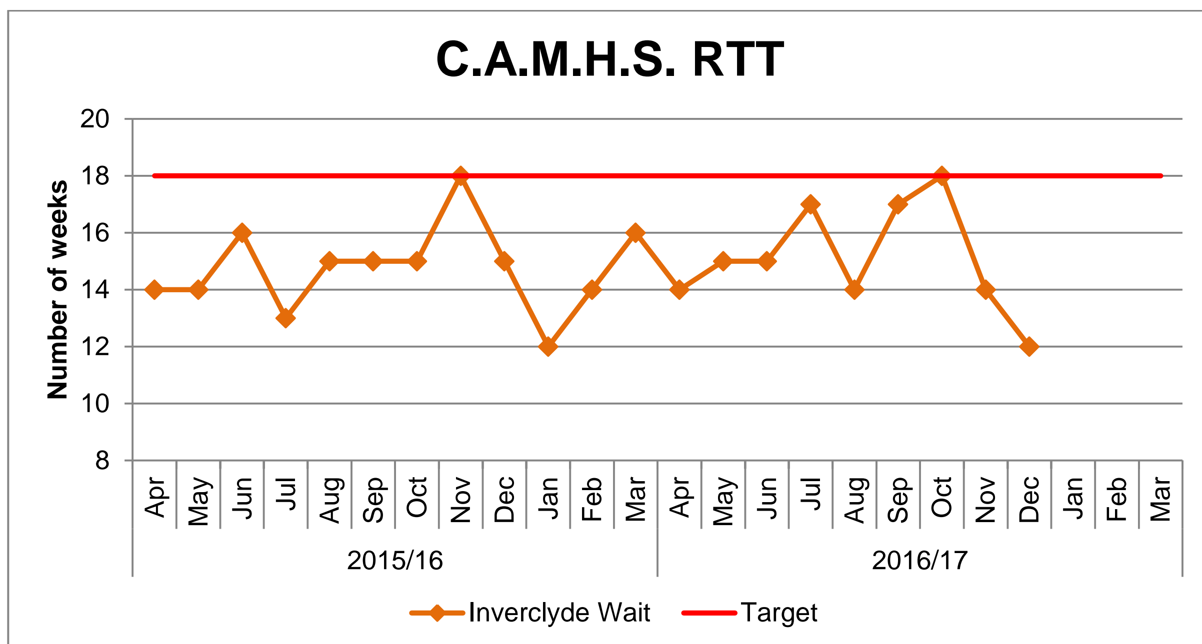
Support Needs of Pupils – ASN Sector, Academic Session 2016-17



	Total Roll	Pre 5	Primary	Secondary	ASN	Pre 5	Primary	Secondary	ASN
Total Number of pupils	11532	1627	5445	4296	164	14.10%	47.20%	37.30%	1.40%
Pupils with Stated Support needs	2070	25	835	1046	164	1.50%	15.30%	24.30%	100.00%
Number of Stated Support needs	3313	35	1559	1239	480				

The above table shows the total number of children enrolled in local authority establishments across Inverclyde and the incidence of additional support needs. The figures do not include private pre-5 establishments, resulting in an incomplete set of figures and thus not a full picture of the incidence of additional support needs in the early years sector.

15.3% of primary school pupils have at least one additional support need, a figure which rises to 24.3% amongst secondary pupils. Of those with at least one additional support need, the number of individual needs is notably higher across the primary sector, averaging at 1.87 additional needs per child with additional support needs. This reduces to an average of 1.18 needs per child across the secondary sector. For children attending ASN provision, the average number of additional support needs per child is 2.93.



The target for 90% of young people referred to child and adolescent mental health to have begun their treatment within 18 weeks of referral has regularly been exceeded since the beginning of 2015, with 100% having commenced treatment within this timescale. In addition, more than 92% of those referred for psychological therapy started treatment within 18 weeks. Again this is in excess of the 90% target set for GGC.

5.1 Implications and Considerations

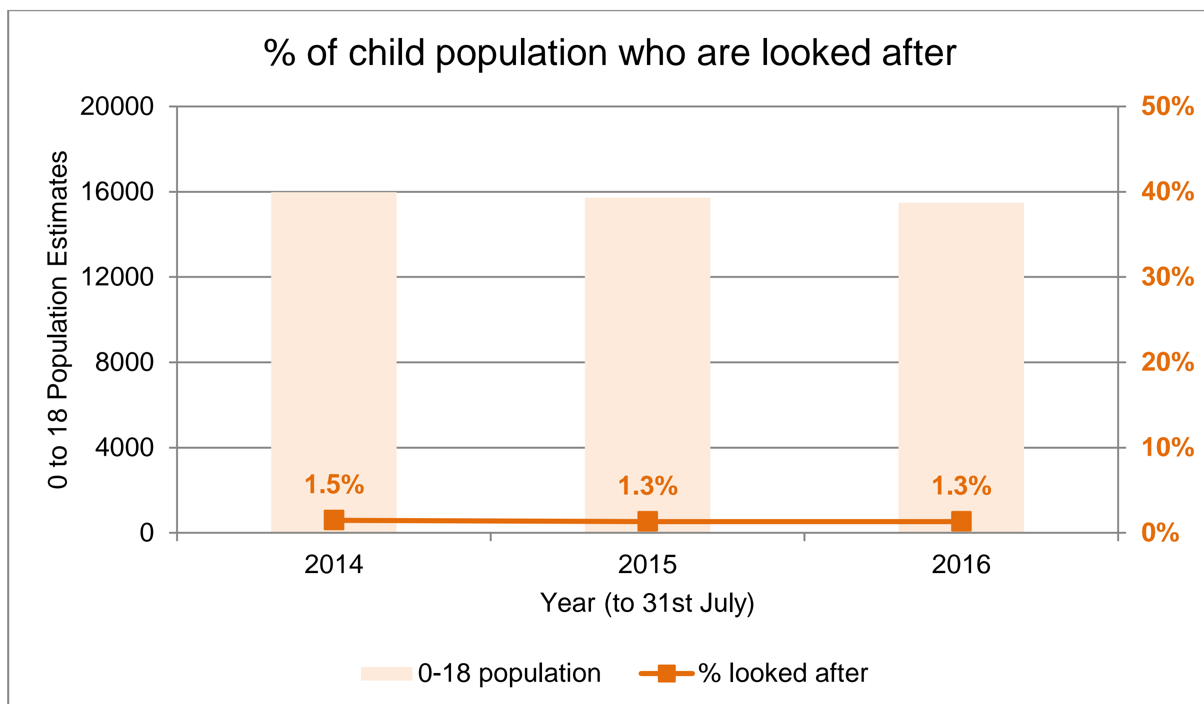
- Overall attendance rates are relatively static across Inverclyde. The most significant work going forward should consider planning in relation to impacting positively on attendance is at individual pupil level. The authority's Attendance Policy supports schools and pupils / their families to promote attendance. Developments within the Senior Phase of Education in Inverclyde also support positive attendance for young people – providing flexibility, personalisation and choice as they progress through their school years.
- LAC exclusions, although they have reduced significantly over recent years, remain higher than overall exclusions. Schools and young people should continue to be supported to bring about reductions in LAC exclusions across the authority.

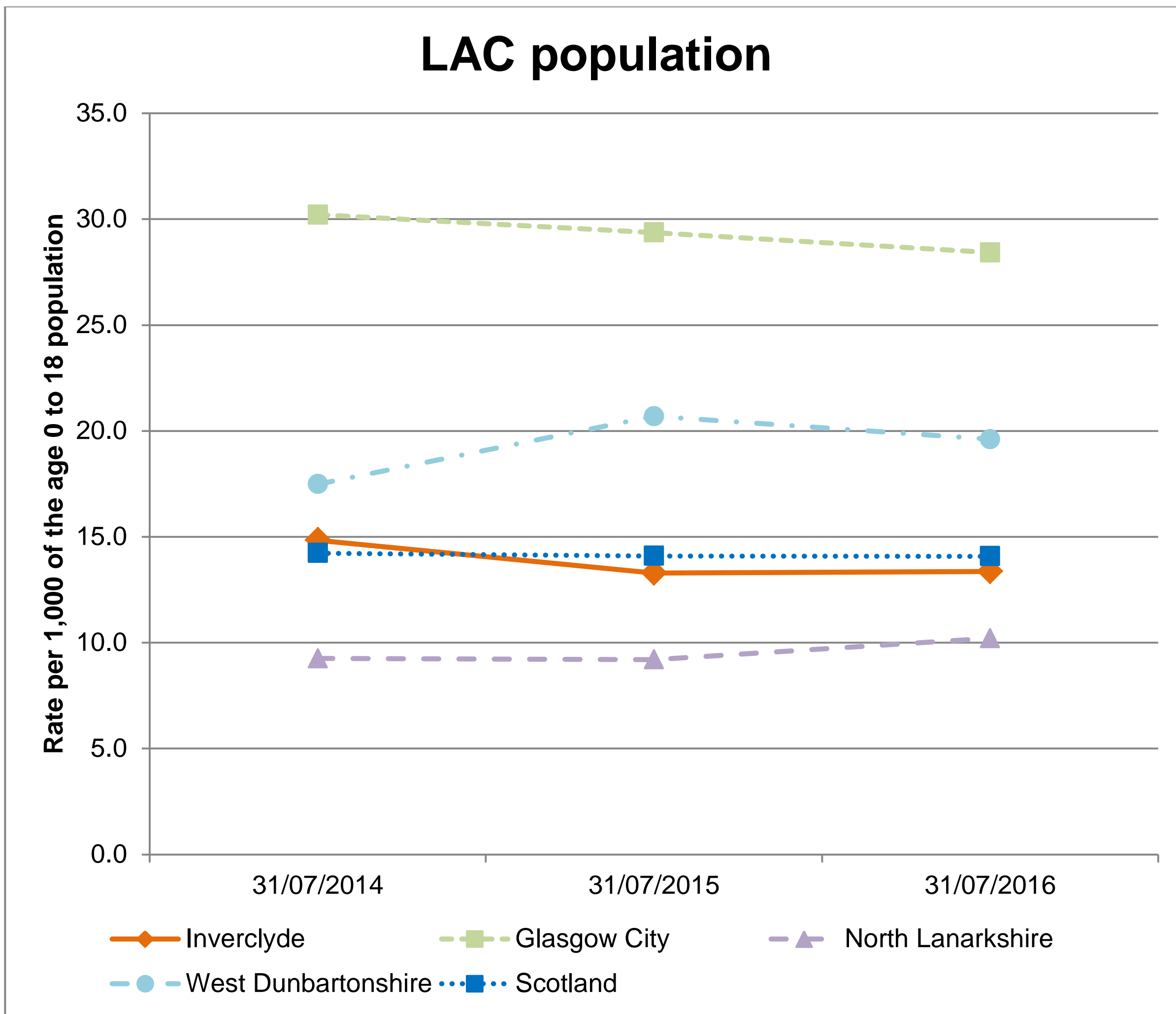
- The expression of attainment data in relation to SIMD deciles shows that young people in Inverclyde are generally attaining more in the higher deciles. Narrowing the Attainment Gap is a key priority in Inverclyde and much of the work in relation to raising attainment requires over the longer term. When considering SIMD areas. The distribution of young people by lowest 20% - middle 60% - highest performing 20%, whilst this, as a distribution will not change, we do not accept that the level of differential between the distributions bandings needs to be as significant as it is.
- Continue to have a focus on achieving sustained positive destinations for all young people, in particular our most vulnerable young people.

6. Looked After Children

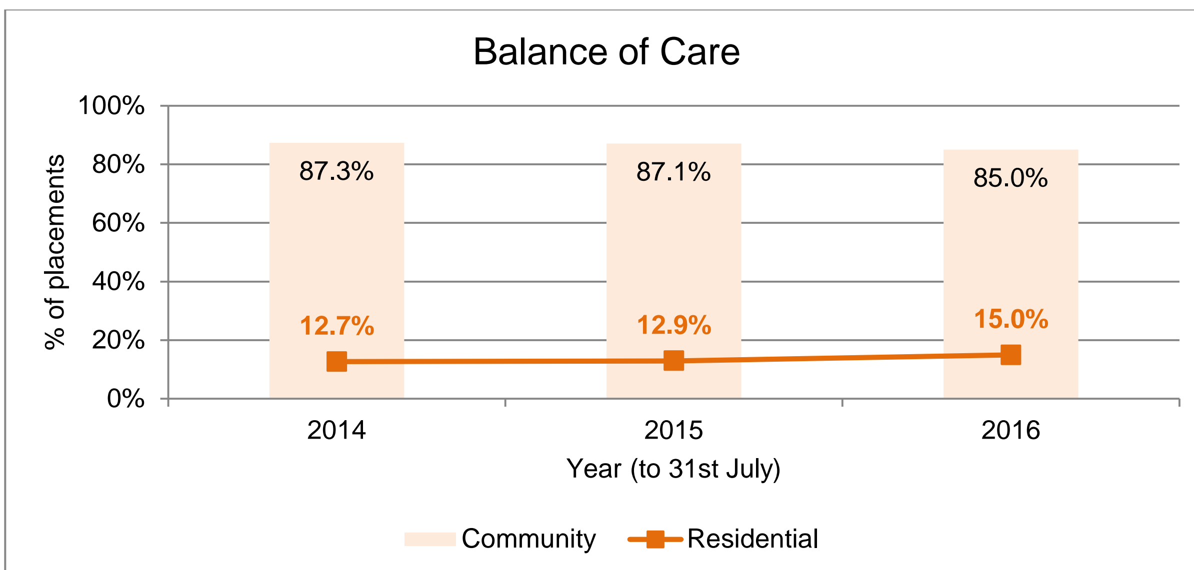
The Children and Young People (Scotland) Act 2014 brought about extensive changes with specific focus on improving outcomes of the needs of our looked after population in conjunction with a strong emphasis on improved planning that provides security and stability from birth until adulthood. This includes 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.

As of 31st July 2016 there were 207 children and young people looked after by Inverclyde Council, with gender composition of 119 males and 88 females Of this number of children 176 (85%) were residing within community setting and 31 (15%) were residing in a residential setting.

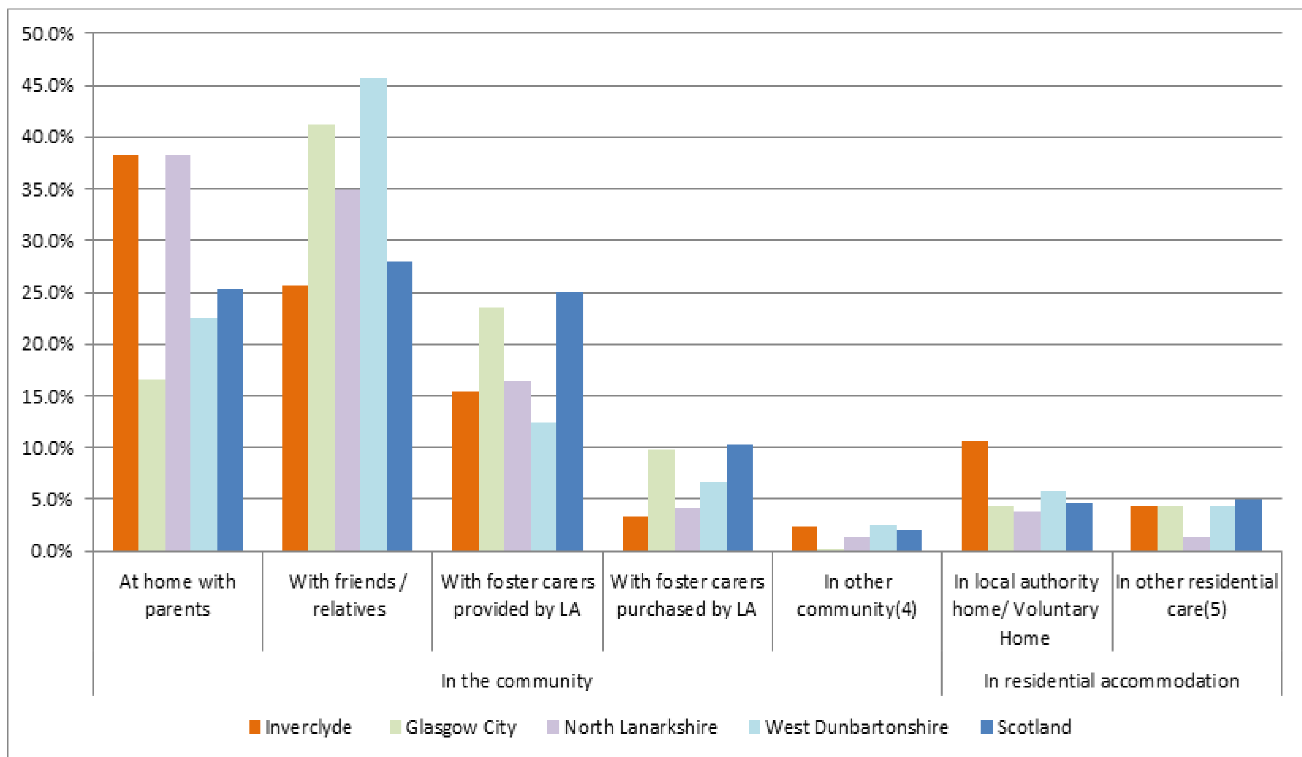




Inverclyde's figures of Looked after Children, rate per 1,000 of the age 0 to 18 population has been consistent over the 3 year period, showing a decrease by 1.4%. 2016 figure show we are 0.7% below Scotland Figure and 15% below Glasgow City.



Inverclyde's Balance of Care has remained steady over the last 3 years, showing a slight increase in Residential setting of 2.1% from 2015 (15% for 2016).



The chart above shows breakdown in placement type split by Community and Residential. The chart contains information from comparative Authorities.

38.1% Looked after at home with Parents within Inverclyde, 13.1% above Scotland total of 25%

25.6% with Friends/Relatives, 2.4% below Scotland total of 28%

15.4% with Foster Carers provided by LA, 9.6% below Scotland total of 25%

3.4% with Foster Carers purchased by LA, 6.4% below Scotland total of 10%

2.4% with Prospective Adopters, 0.4% above Scotland total of 2%

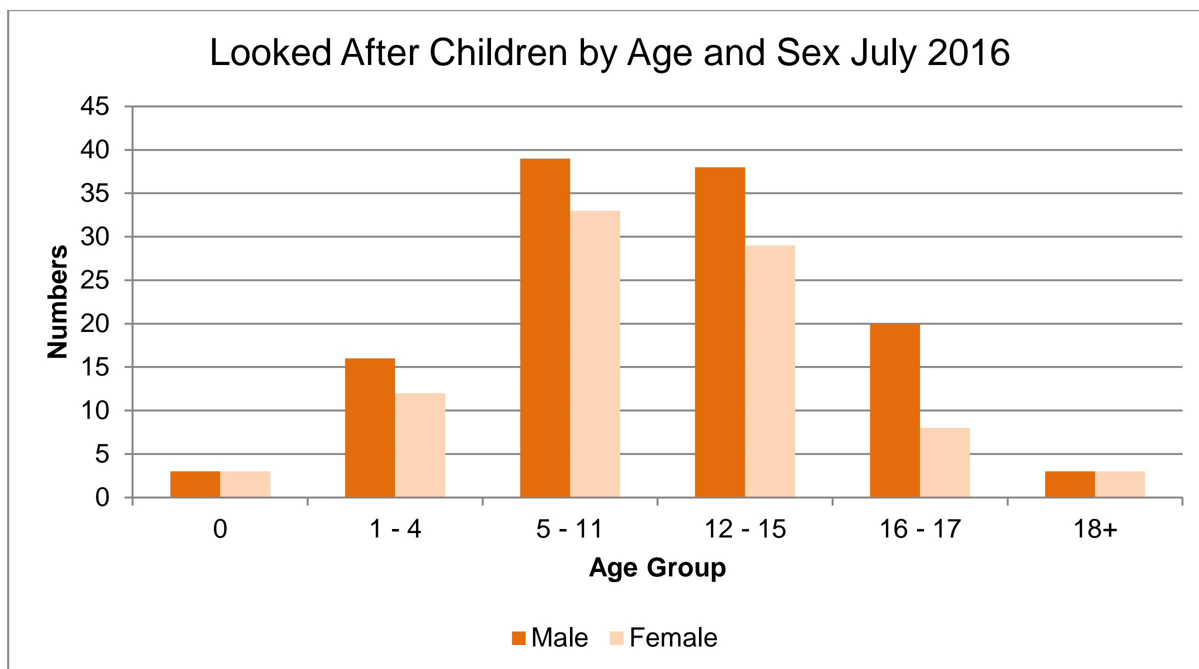
10.1% in Local Authority home, 6.1% above Scotland total of 4%

0.5% in Voluntary home, 0.5% below Scotland total of 1%

1.9% in residential school, 0.1% below Scotland total of 2%

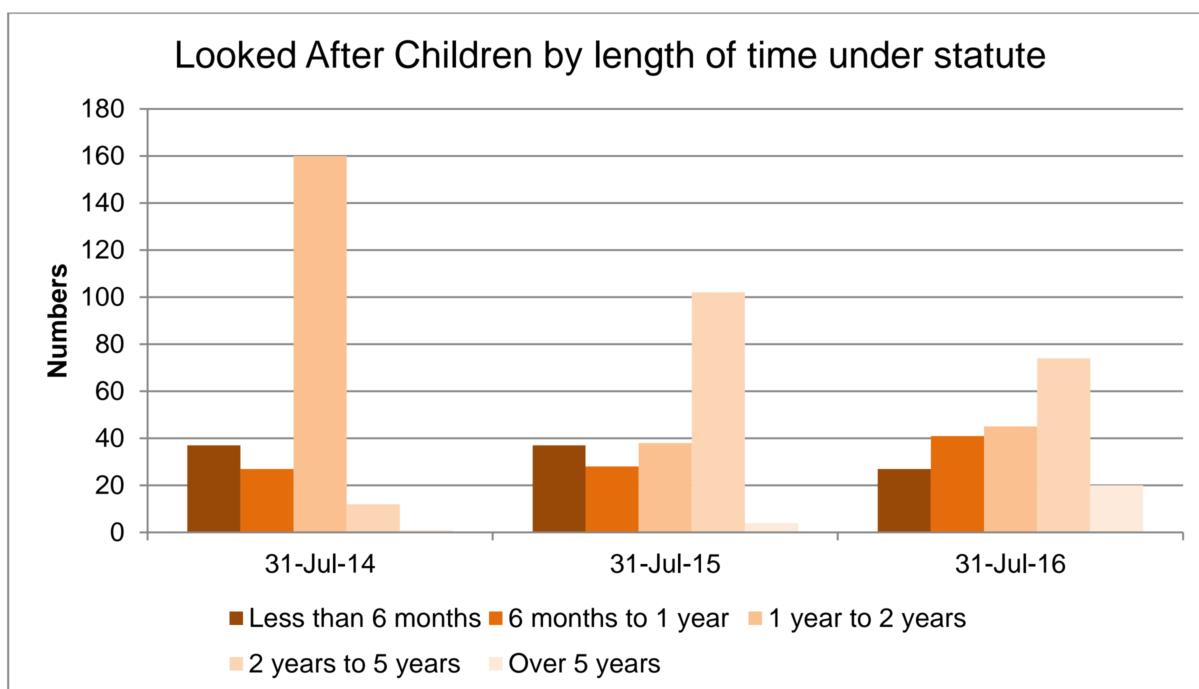
2.4% in other residential, 0.4% above Scotland total of 2%

Looked After Children by Age and Sex



Source: Inverclyde HSCP

Looked After Children by length of time under statute



Source: Inverclyde HSCP

Overall, the number of Looked After Children has reduced over the 3 year period from 237 (2014), 209 (2015) and 207.

Base movement from length of time looked after 1 – 2 years dropped by 122 from 31.7.14 – 31.7.15. In the same period 2 – 5 years increased by 90. Most of this movement can be attributed to the timescales being used; i.e. as there are only 2 years included in the “1 year to 2 years” period a lot of these children would move over to the next time period.

Just over 1/3 of the Looked After Children had been registered under a statute for between 2 and 5 years, this includes statutes such as supervision requirements and permanence orders.

Young people starting to be looked after within Inverclyde :-

There were a total of 42 young people who started to be looked after within the period 1st August 2015 to 31st July 2016. The age split is as follows:-

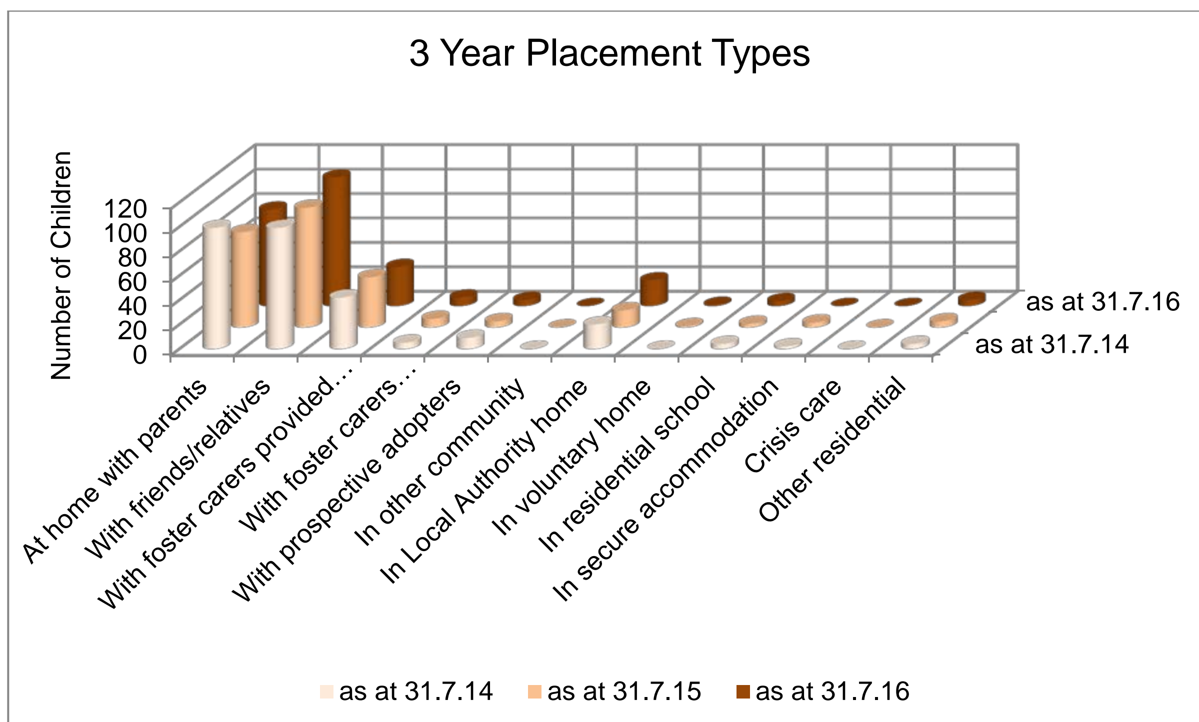
Under 1, 16.7%, 0.7% above Scotland total of 16%

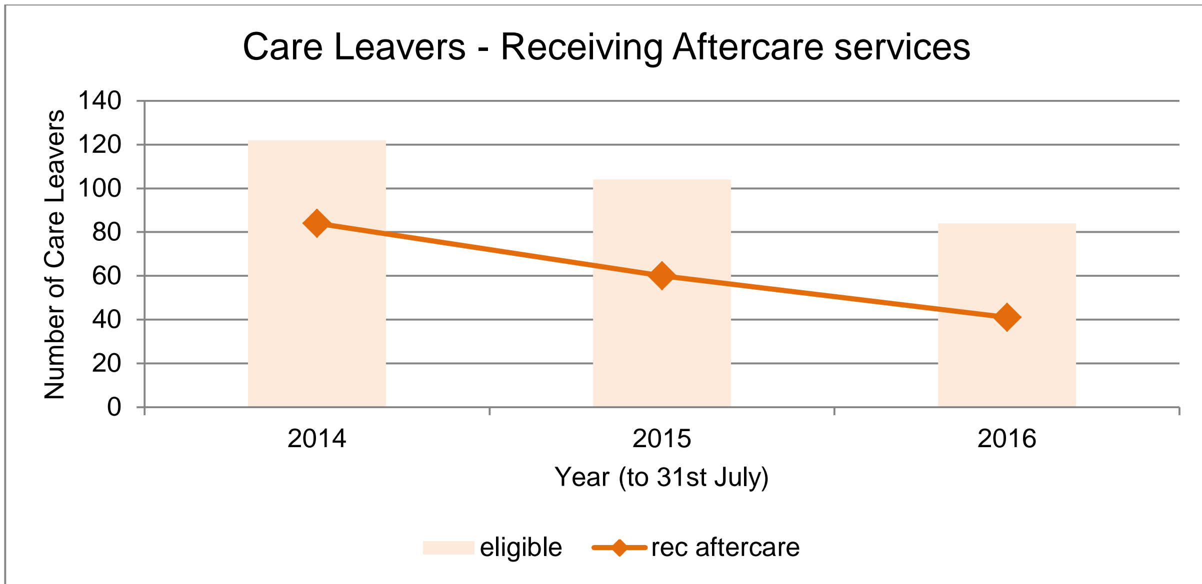
1 – 4 , 14.3%, 7.7% below Scotland total of 22%

5 –11, 33.3%, 1.3% above Scotland total of 32%

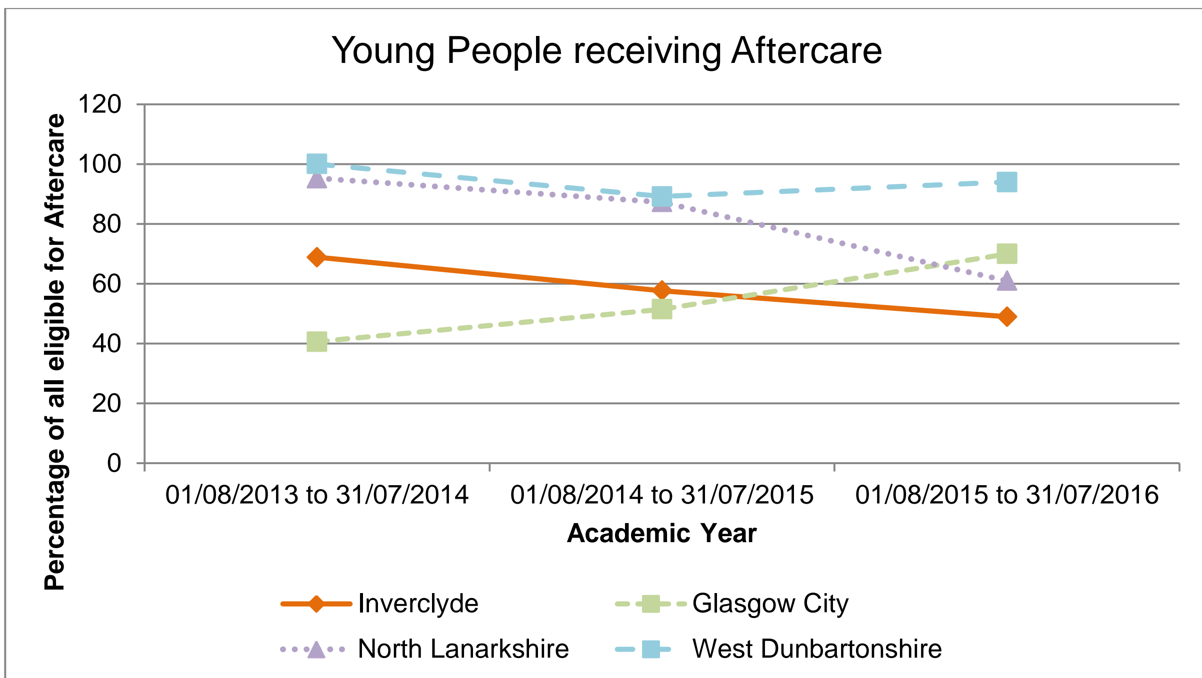
12 – 15, 35.7%, 6.7% above Scotland total of 29%

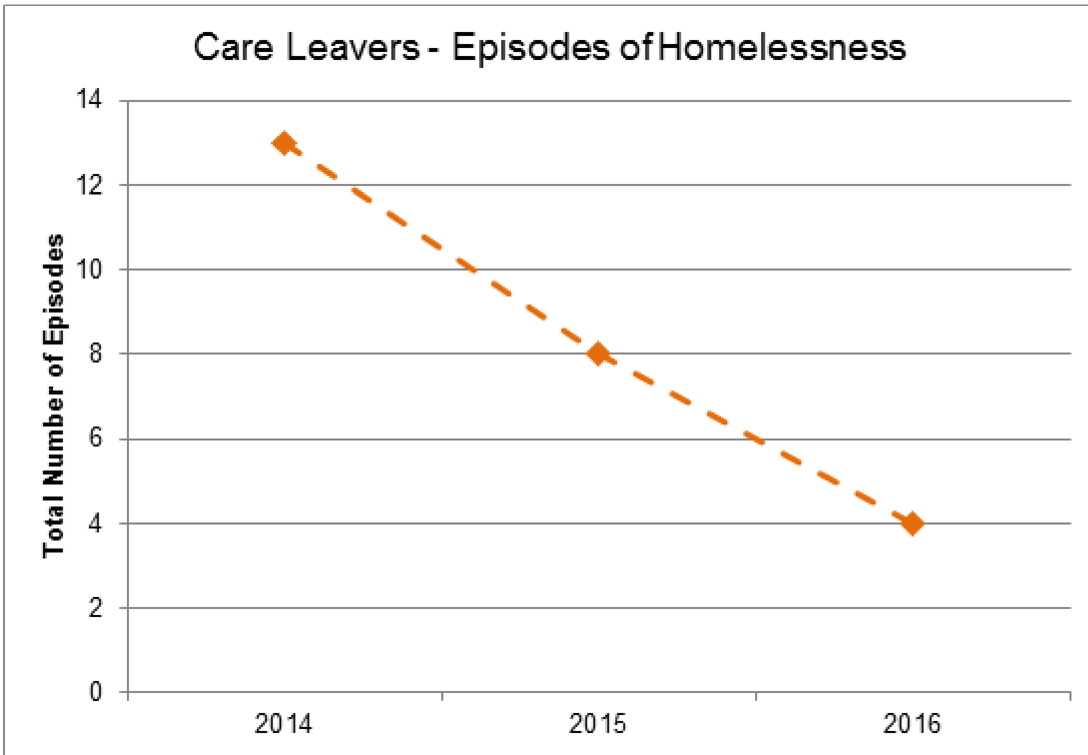
Within Inverclyde there were no children who became looked after during period 1st August 2015 to 31st July 2016 who was above the age of 15.



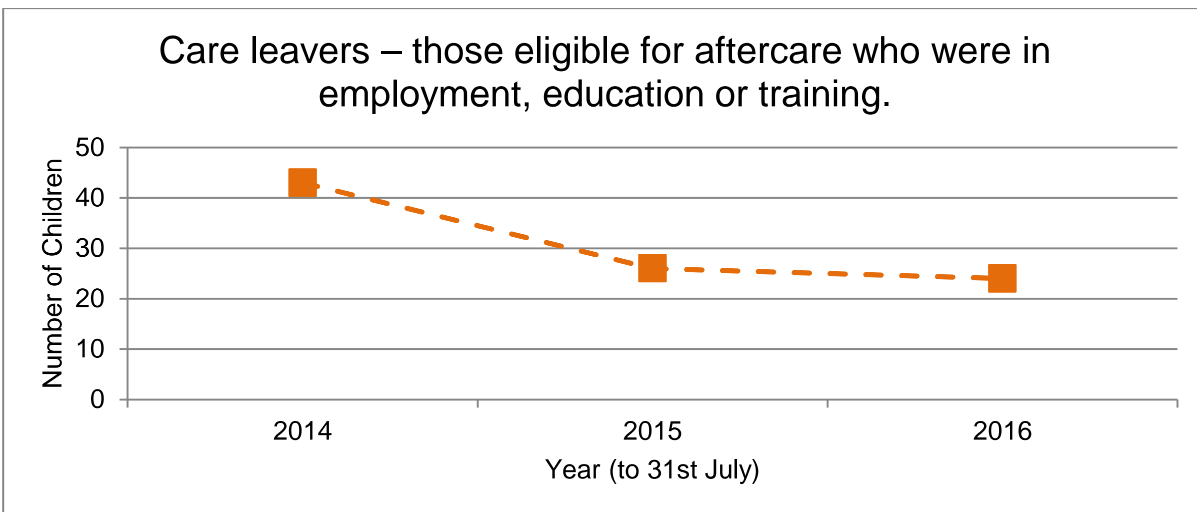


There are a total of 84 young people within Inverclyde who are eligible for Aftercare Services, 41 young people were in receipt of Aftercare Services as at 31st July 2016.

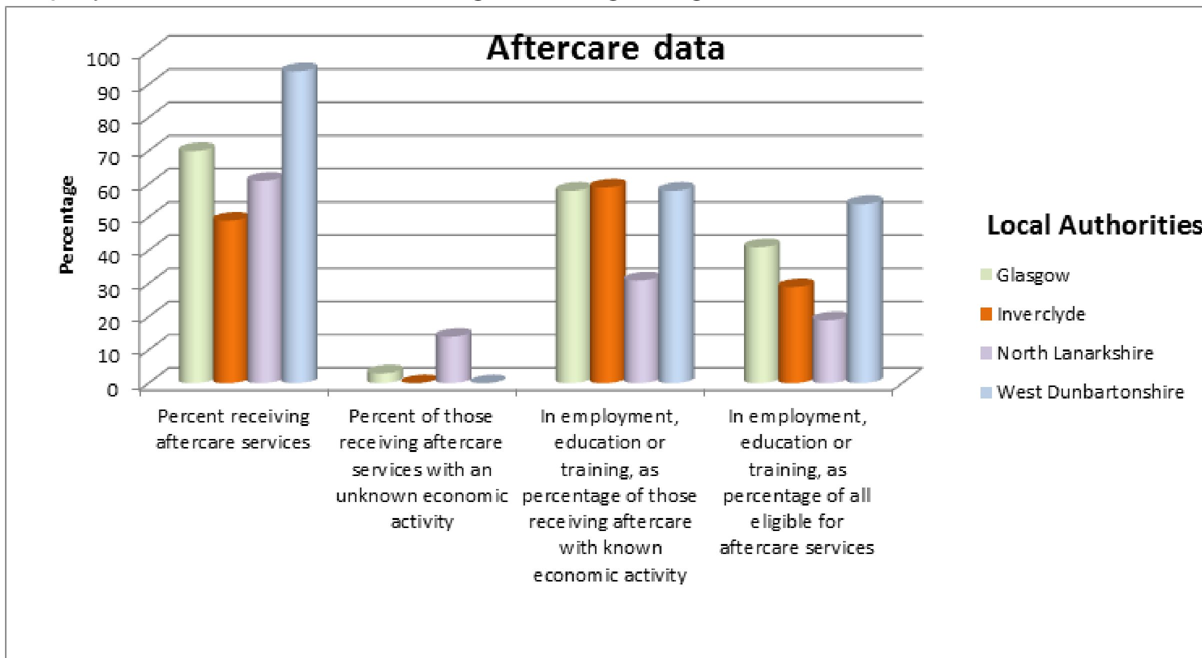




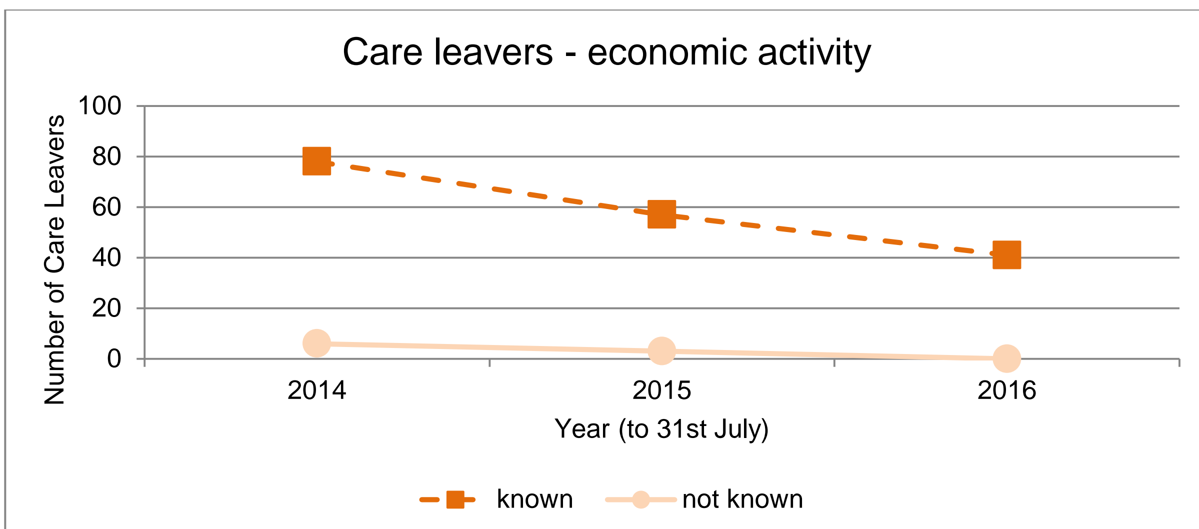
The above graph shows the downward trend in relation to care leaver's experiences period of homelessness.

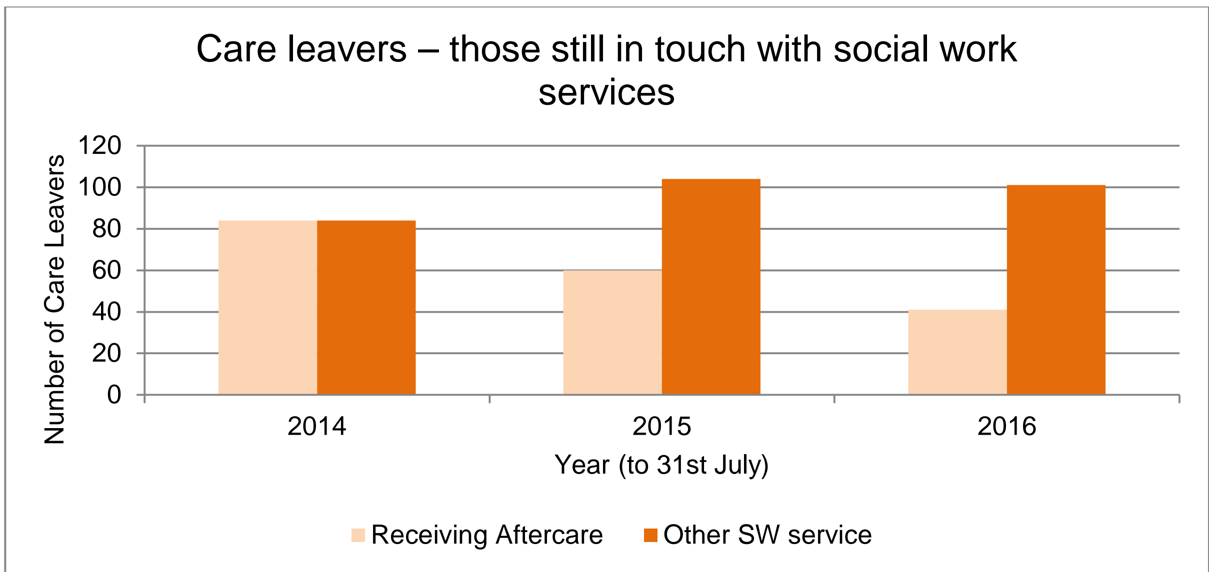


The graph above shows since 2014 a reduction of those eligible for aftercare that was in employment, education or training, showing a slight decrease since 2015.

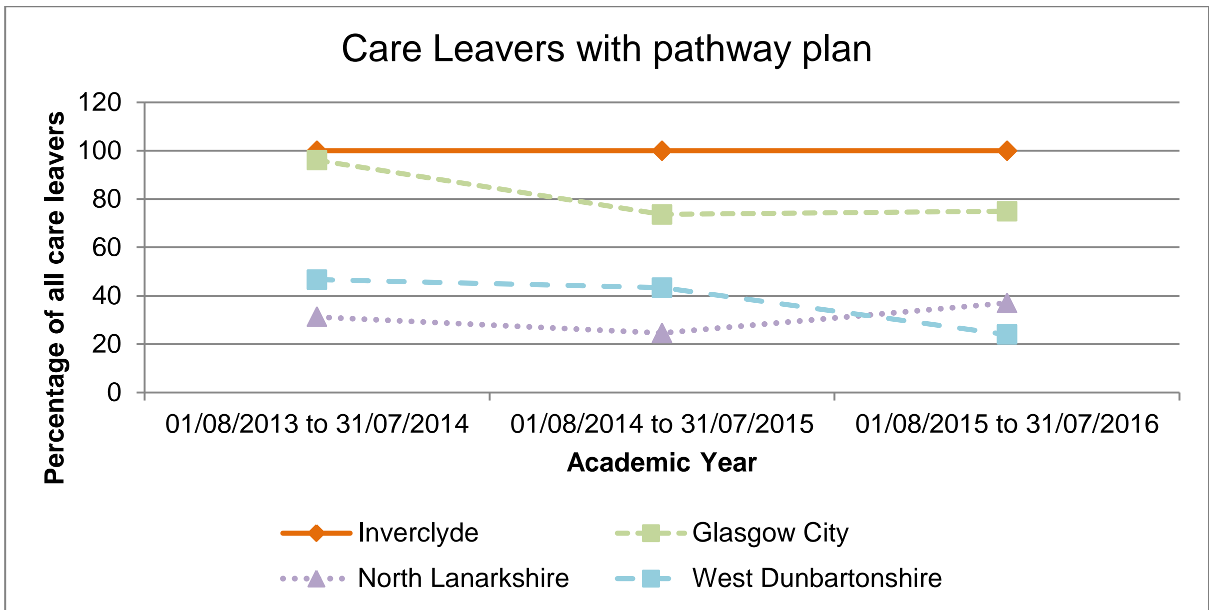


The above chart shows the same measure as compared to our comparator authorities. The % of care leavers in employment, education or training is similar to Glasgow city and West Dunbartonshire.





The chart shows that a 101 care leavers are still in touch with other social work services.



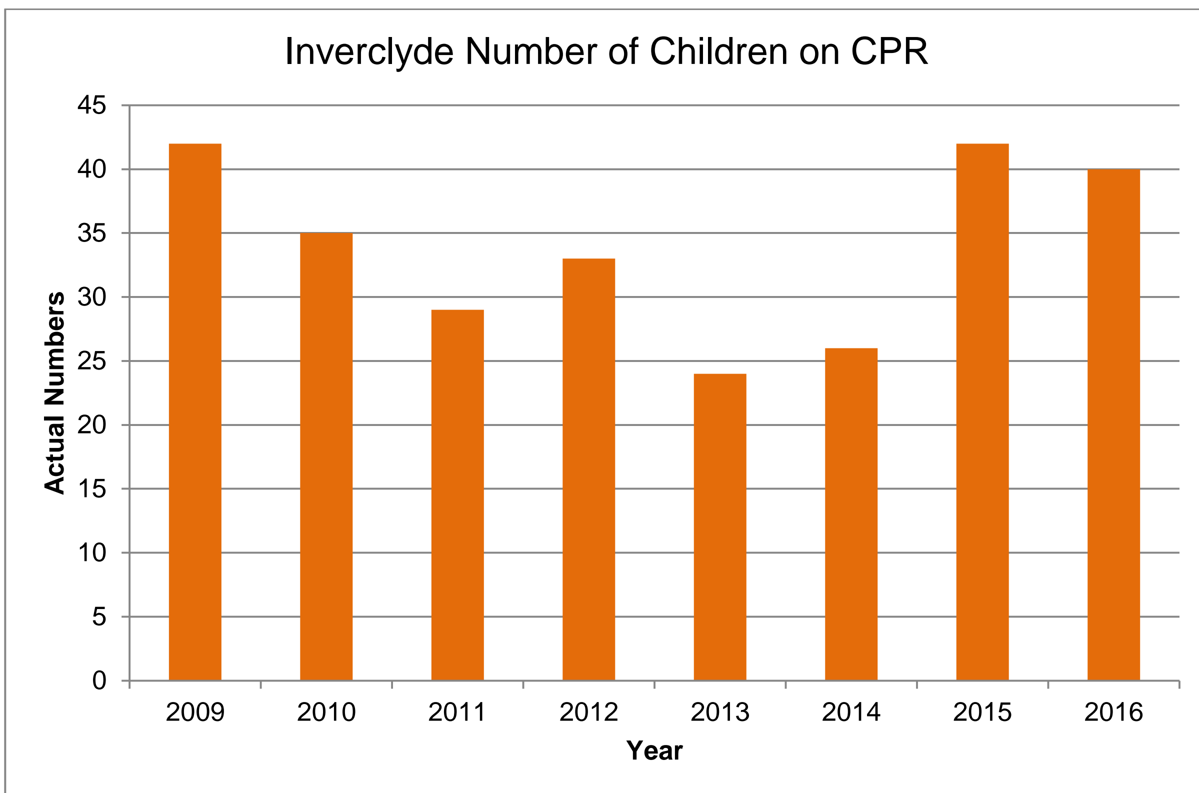
6.1 Considerations

- Further qualitative analysis of the higher percentage of looked after at home may provide some insights as to why this is significantly higher than the Scotland figure**.**
- Those in receipt of After care services shows that this has reduced and lower than the Scotland figure, further analysis of the recording is required given there are additional 10 young people eligible for aftercare who access support and advice from the duty. A further six young people are continuing to receive aftercare from field work services.

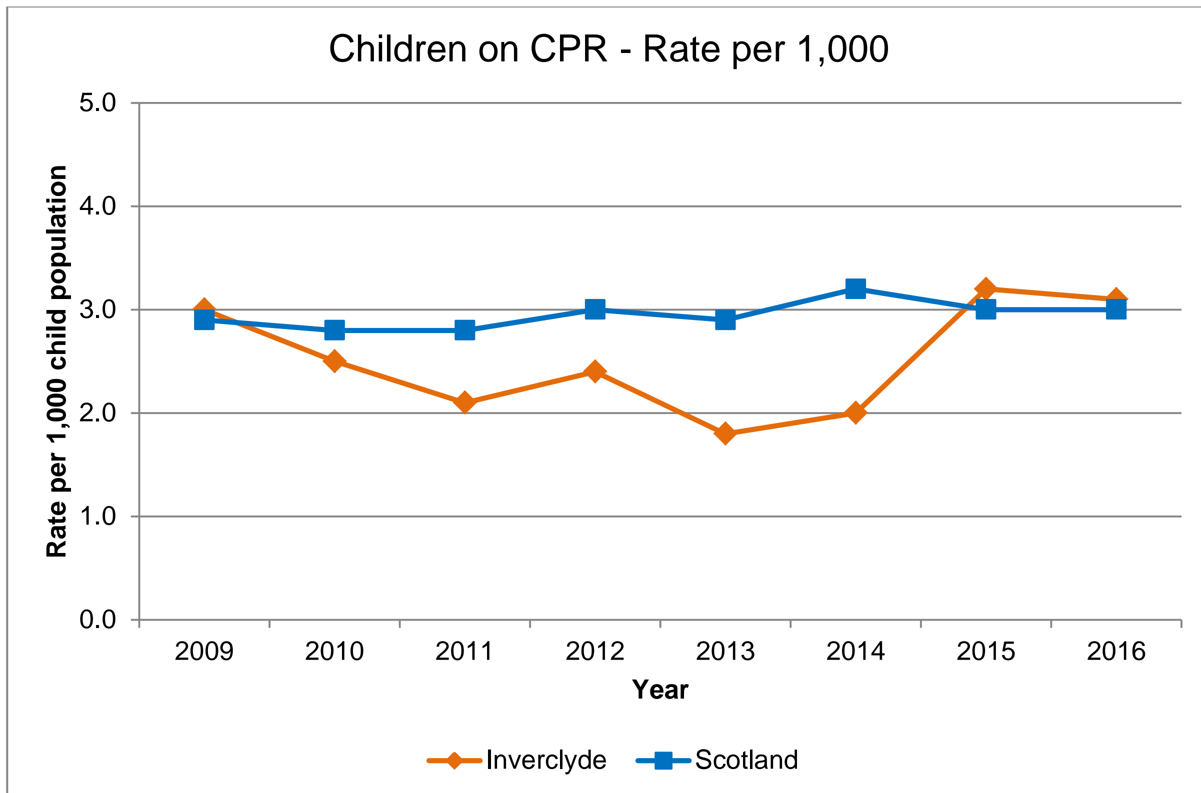
7. Child Protection Registrations

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.

On 31st July 2016, there were 40 children in Inverclyde on the Child Protection Register, and decrease from 42 for 2015. The chart below shows the number of children on the register from 2009 to 2016.



On 31st July 2016 the rate for children in Inverclyde on the Child Protection Register was 3.1 children per 1,000 ages 0-15, 0.1% higher than the national average of 3%. From 2010 to 2014 the rate in Inverclyde had been lower than the national average.



During the year 2015/16, the number on the child protection register fluctuated from a high of 40 on 31st July 2016 to a low of 21 on 31st December 2016. As at 13th February 2017 there were 20 children on the Child Protection Register which is a large decrease since 31st July 2016.

Given the size of Inverclyde, a relatively small actual difference in the number of children on the register can appear like a much more significant percentage change. There is no strong gender pattern among children on the child protection register.

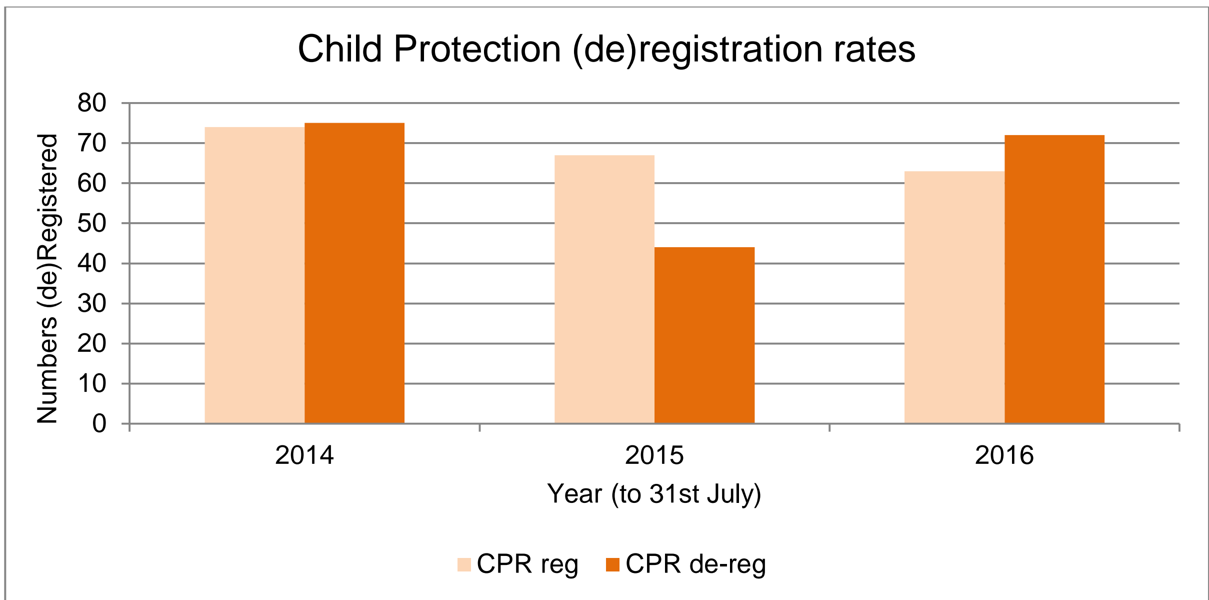
At local authority level in 2016 the rate of children on the Child Protection Register per 1,000 children under 16 varied from 0.7 in East Renfrewshire to 5.2 in Glasgow City. In Inverclyde this rate decreased from 3.2 in 2015 to 3.1 in 2016. The rate per 1,000 children for Scotland as a whole is shown above.

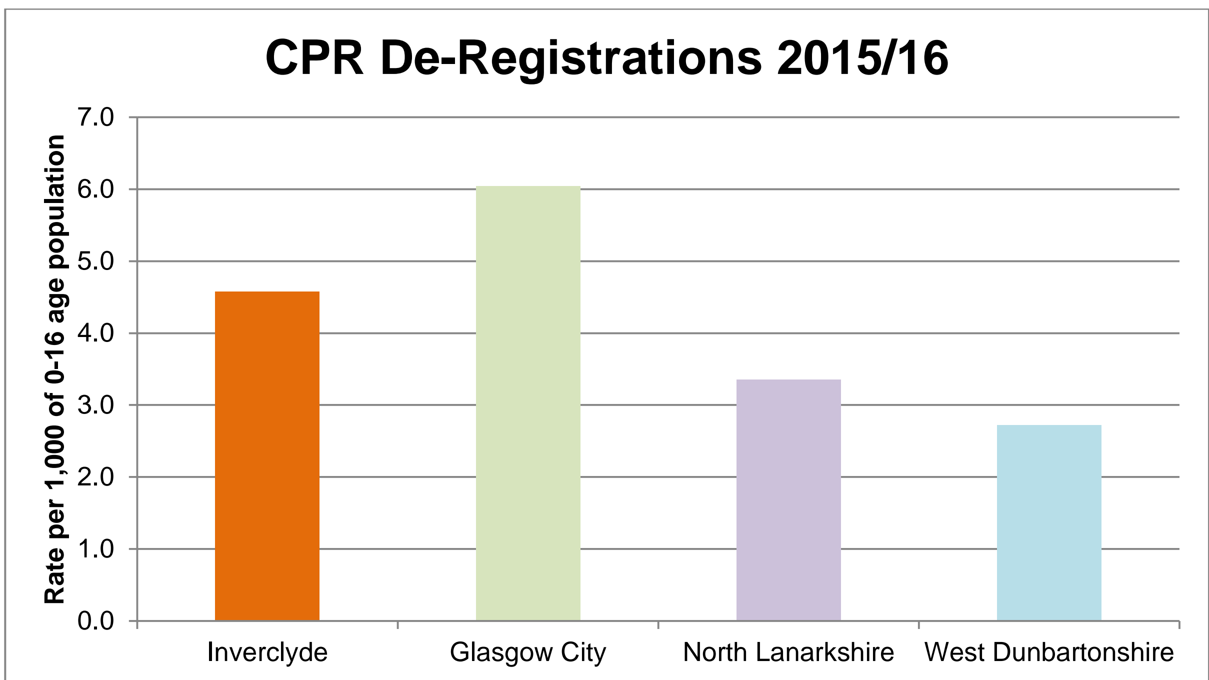
On 31st July 2016 more than half of children on the child protection register in Scotland were aged under five (53%). This mirrors the local picture where on the same date, 60% of children placed on the child protection were aged 4 years and under.

Over the year 10.6% of conferences in Inverclyde took place in relation to unborn babies, this shows a significant reduction from 2015 data were 22% of conferences in relation to unborn babies.

There is no strong gender pattern in Inverclyde's statistics.

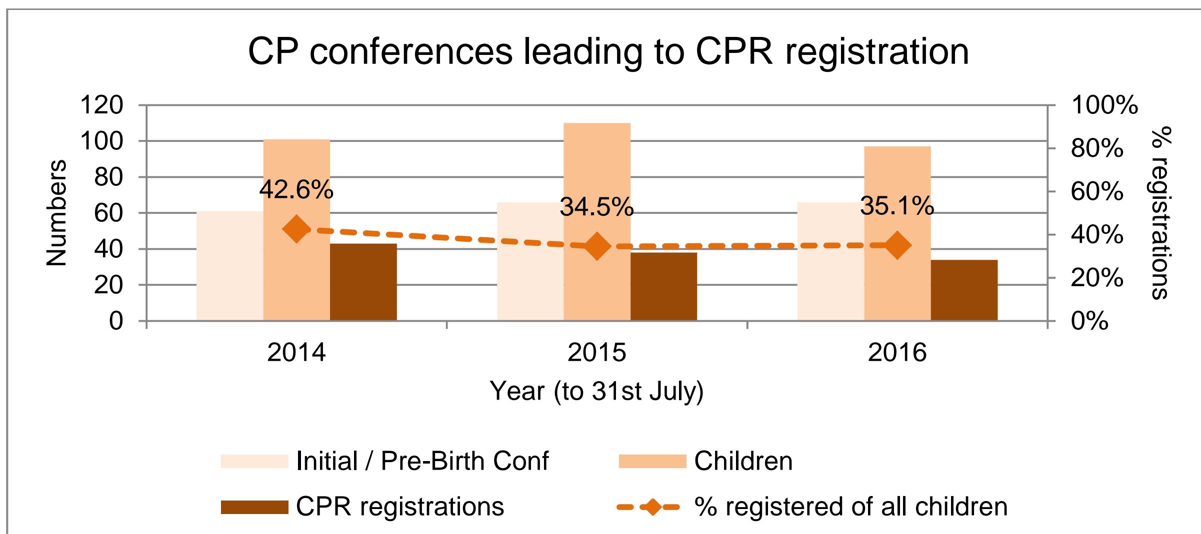
If a child remains subject to a child protection plan for an extended period of time, this can be an indication that the risk to the child is not reducing sufficiently enough to put them below the threshold of risk of significant harm. Conversely, if a child protection plan ceases prematurely, parents may not sustain their improved childcare and the child may subsequently become at risk of significant harm and potentially subject to a further CPR. The table below shows that the majority of CPRs lasted between 0 and 6 months.





The chart above shows de registrations rates per 1000 of 0-16 age population for comparator authorities, it shows that Inverclyde has 4.6 per 1000 compared to Glasgow who is slightly higher at 6.00 per 1000. North Lanarkshire and West Dunbartonshire have a slightly lower rate per 1000.

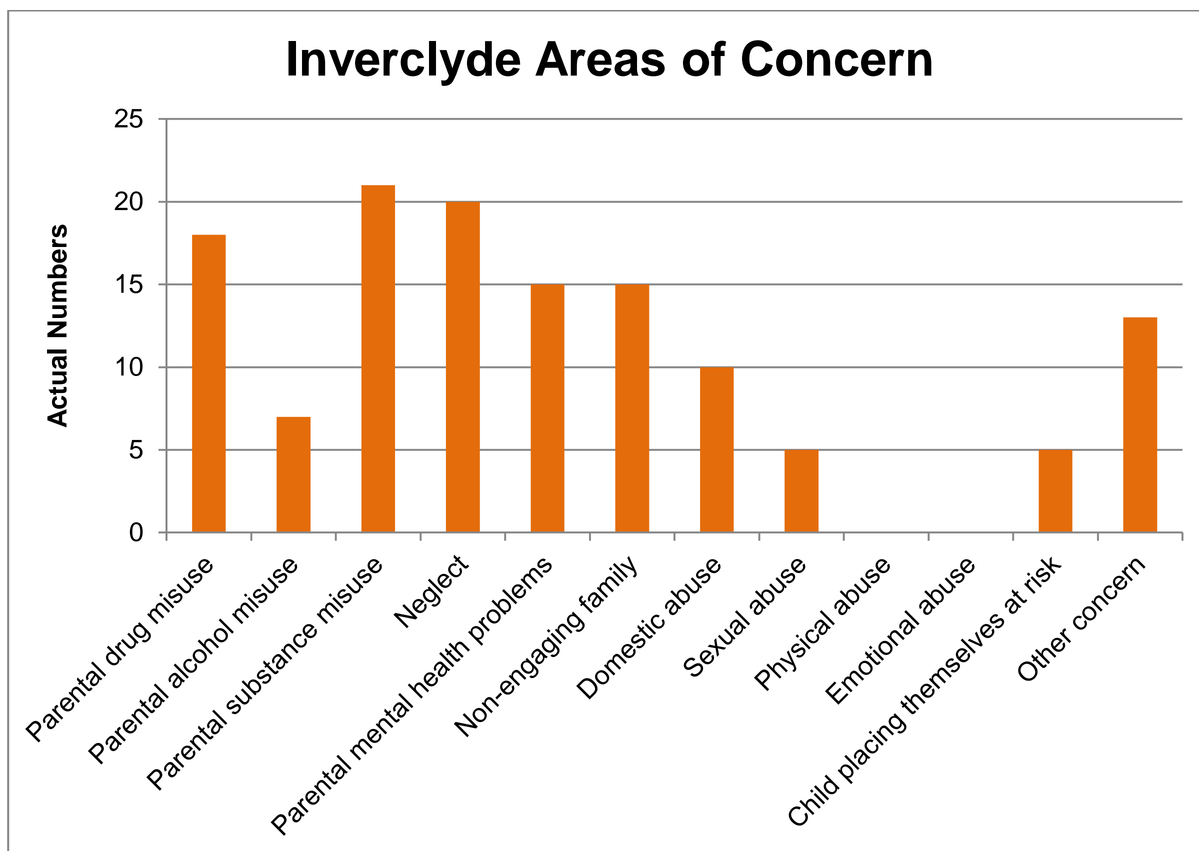
High rates of re-registration can suggest that the decision to de register a child's name was premature and that the child was not actually safer. If re-registration were to increase alongside an increase in the proportion of children being de registered after a short period, it may be reasonable to question whether children were being taken off plans before necessary changes to reduce levels of risk have been put in place. Inverclyde has a low percentage of re registrations for the same period, indicating that CP planning reduced levels of risk and potential to indicate that stepping down processes of continued support through teams around the child are effective.



The chart above shows the number of children who have been discussed at an initial or pre-birth case conferences were the decision to add the child or unborn baby's name in 2016 35.1% of children's names were added to the CPR in relation to all conferences that took place. This has remained fairly static.

The most commonly reported areas of concern across Scotland in 2016 were Emotional Abuse, Neglect, Domestic Abuse and Parental Drug Misuse. Across Inverclyde 129 Areas of Concern were recorded for children on Inverclyde's Child Protection Register on the 31st July 2016.

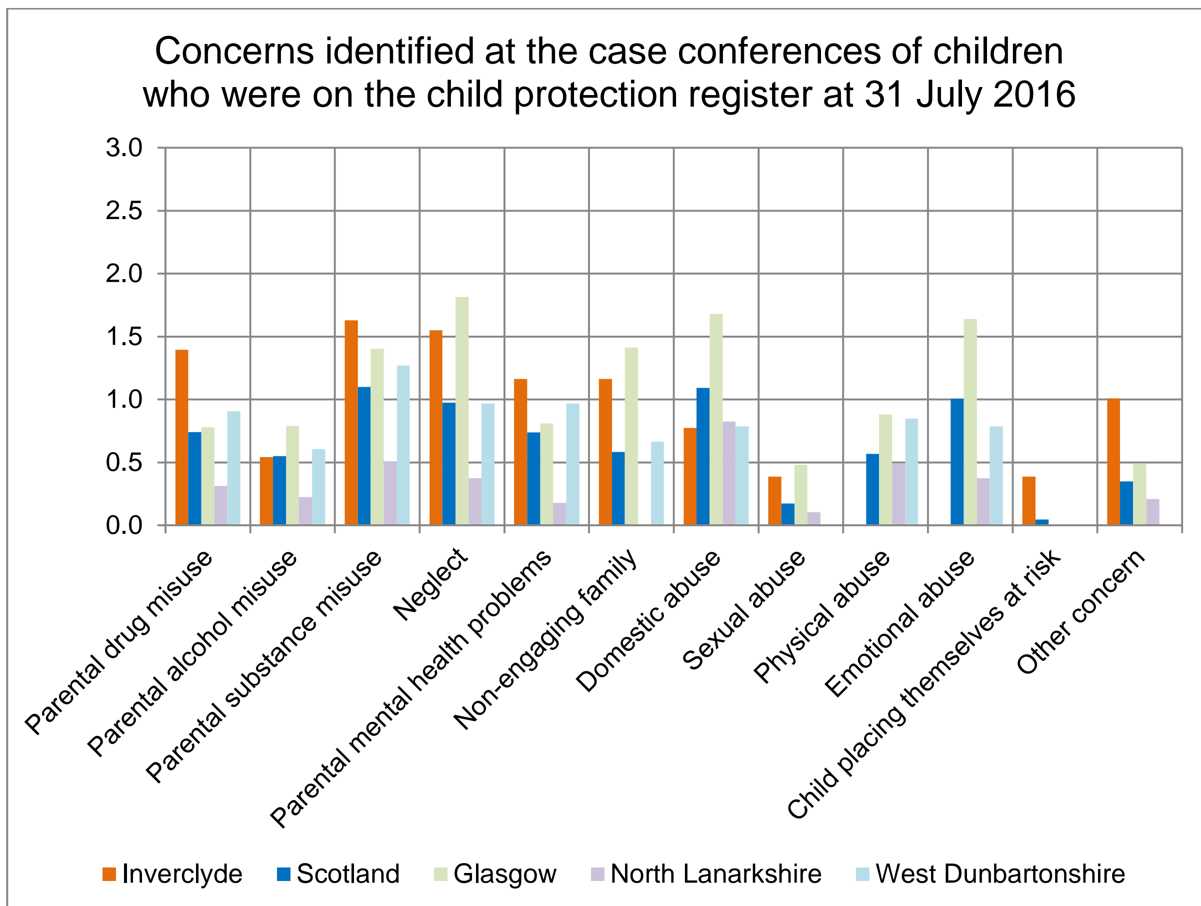
The breakdown is as follows:-



The highest area of concern is Parental substance misuse at 21, followed by Neglect at 20. Parental Drug misuse is slightly below Neglect at 18, while there were 15 children with Parental Mental Health Problems, Non-engaging family and domestic abuse.

Vincent, S. and Petch, A (2012) *Audit and analysis of significant case reviews.* Edinburgh: The Scottish Government

Rose, W. and Barnes, J (2008) *Improving safeguarding practice: study of serious case reviews 2001-2003.* The Open University



The graph above shows the Areas of Concern per 1,000 population with Comparison Data.

Inverclyde's percentage of Areas of Concern per 1,000 population age 0-16 rated fairly high against Glasgow City, North Lanarkshire and West Dunbartonshire for the following areas:-

- Parental Drug Misuse
- Parental Substance Misuse
- Neglect,
- Parental Mental Health Problems
- Non-engaging family
- Other Concerns

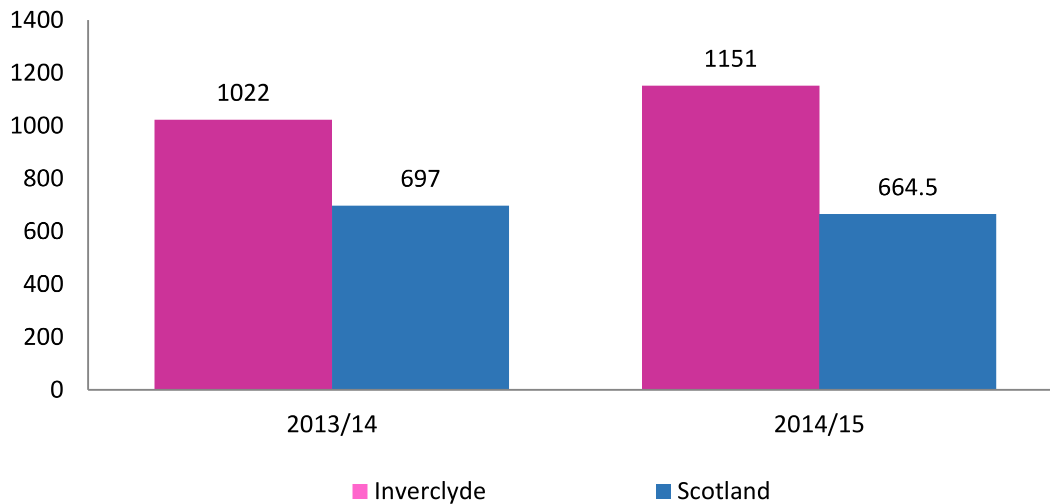
Glasgow City had a higher percentage of Neglect, Non-engaging Family and Sexual Abuse whilst Glasgow City, North Lanarkshire and West Dunbartonshire areas of concerns of Physical Abuse and Emotional Abuse were higher than Inverclyde.

Inverclyde's percentage of Areas of Concern per 1000 children aged 0-16 is higher than the Scotland figure in all areas recorded below with the exception of Physical Abuse and Emotional Abuse.

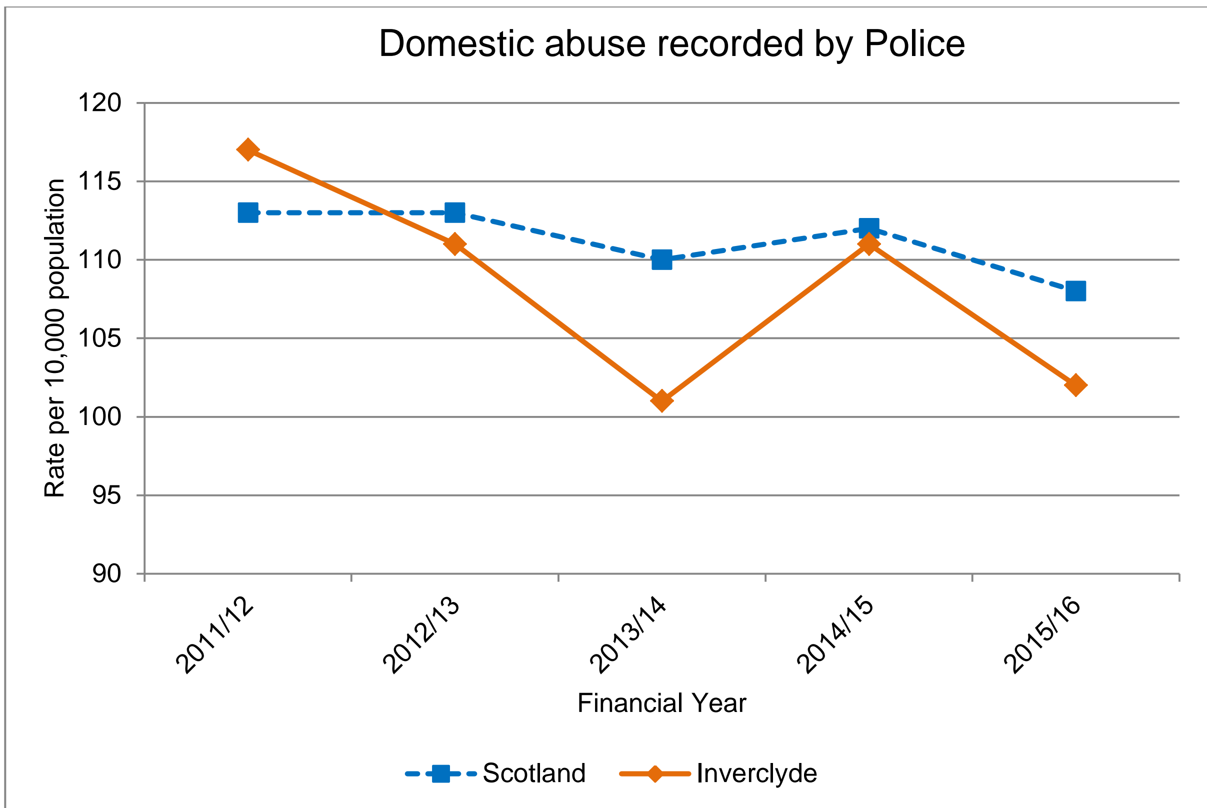
The term 'toxic trio' is used to describe the comorbidity of domestic abuse, mental ill-health and substance misuse. Research into the analysis of themes from the significant case reviews and serious case reviews (England), highlight the prevalence of domestic violence, misuse of alcohol and/or drugs, and parental mental health problems in the lives of the families at the centre of SCRs. The research also highlights these issues can also co-exist and are confounded by poverty. Neglect has been consistently found to be a background

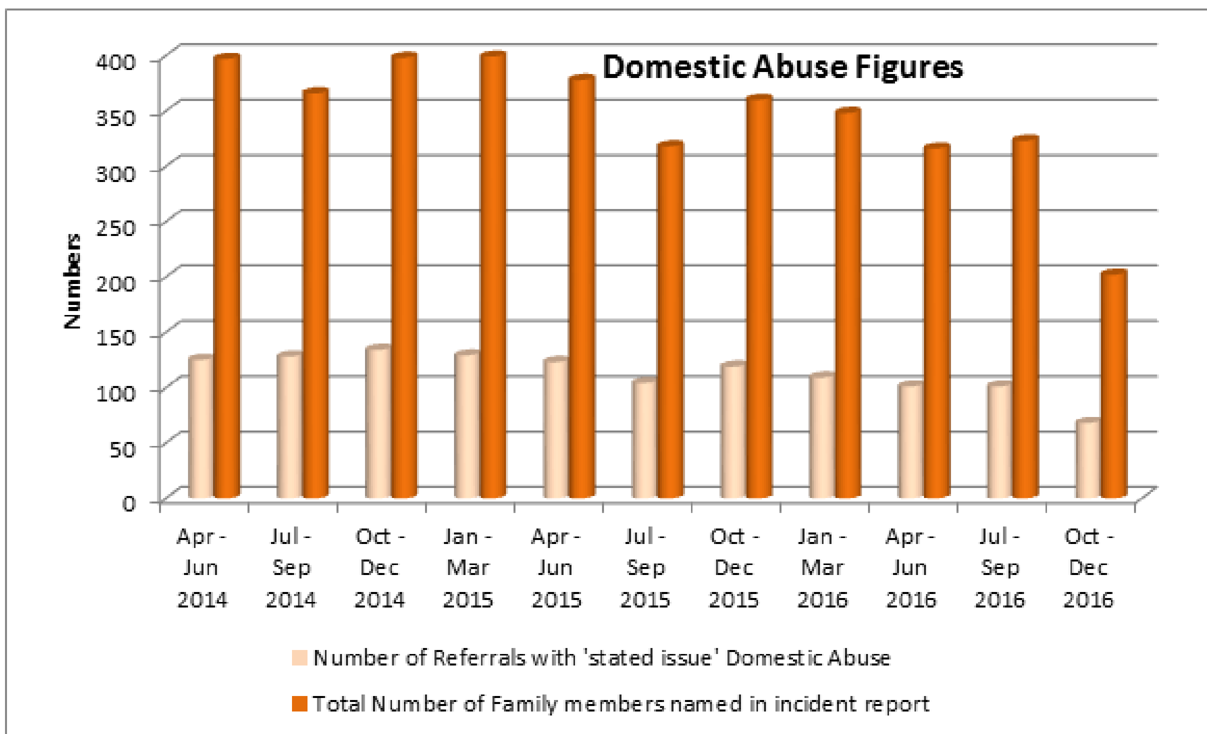
factor, for all age groups within this context. According to these studies, boys feature more prominently in SCRs and there is an over representation of babies under one year of age.

The graphs show the number of alcohol and drug related admission per 1000, population, to show prevalence of drug and alcohol across Inverclyde. Whilst the chart is not broken down into those who have caring responsibilities for children, it is important to present information on total prevalence rate across Inverclyde. Data in relation to adult 16 years and over is thoroughly detailed in the HSCP strategic needs assessment.



Both drug and alcohol related hospital admissions are higher than the Scottish average





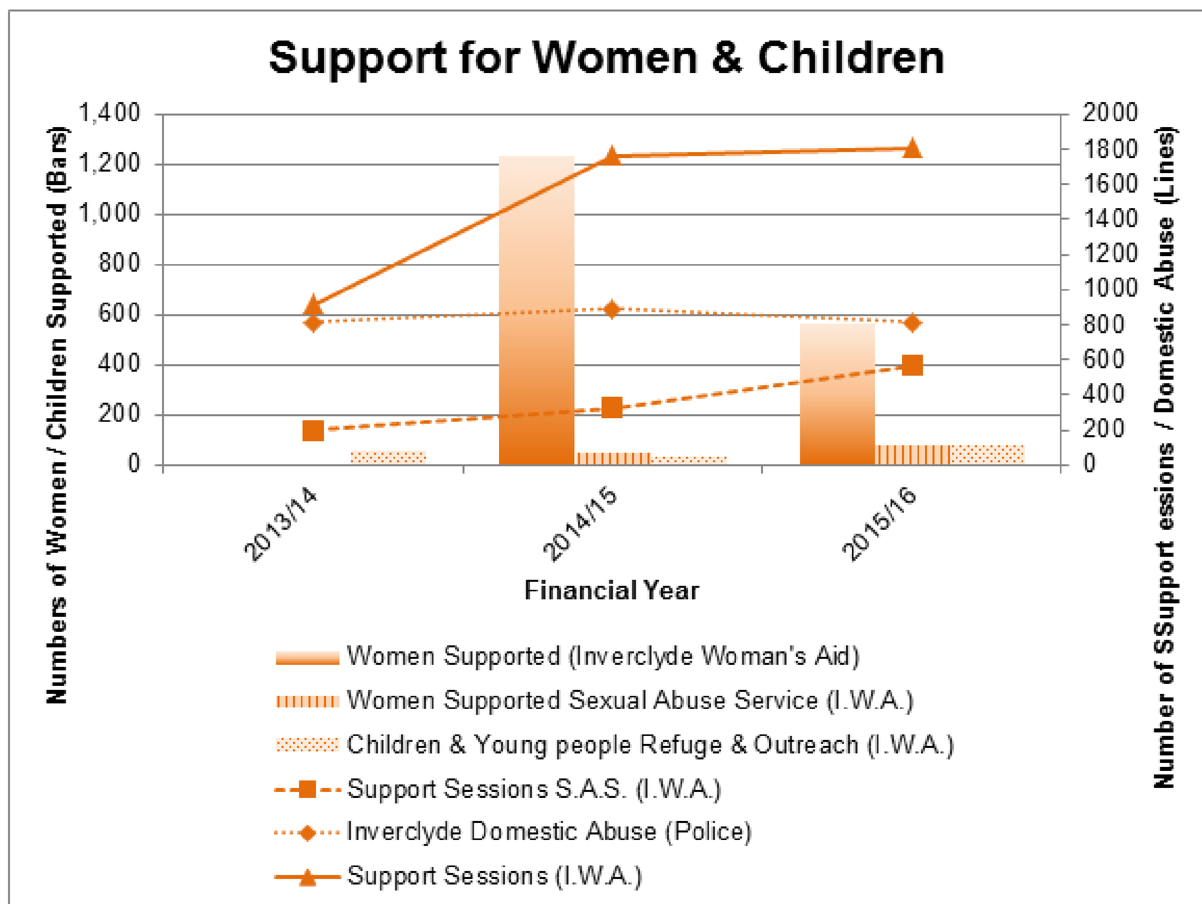
Domestic Abuse

Police Scotland recorded domestic abuse incidents indicate a rise in recorded incidents from 811 to 889 between 2013/14 to 2014/15, however for 2015/16 the recorded incidents decreased to 812, similar to incidents recorded in 2013/14.

Sensitive Routine Enquiry for GBV is routinely conducted by public health nurse specialists, as a minimum, on 3 occasions between the first/primary visit and 27-30 months. If there is a disclosure further assessment will be carried out and supports offered if necessary.

In 2014 / 2015 there were 59,882 incidents of domestic abuse recorded by the police in Scotland. In 2015 / 2016 there were 58,104 incidents of domestic abuse recorded by the Police in Scotland, a decrease of 2.97% from 2014 / 2015.This decrease is also reflected in Inverclyde during this period where incidents of domestic abuse fell by 8.66% (77). While there is a degree of fluctuation in the number of incidents year on year; in comparison to the national picture, Inverclyde remains very similar to the national trend pattern.

Inverclyde Women's Aid provide support to women, support sessions, including sessions and support through the Sexual Abuse Service and support to children and young people through refuge and outreach, service and support statistics attached.



The Inverclyde Community Safety Partnership published its 3 year Strategic Assessment in 2015 with two broad outcomes rather than specific community safety related behaviours:

1. To reduce violence, crime and disorder in our communities
2. To reduce unintentional harm and promote wellbeing and safety in our communities.

This outcome approach has allowed the Community Safety Partnership to focus on specific areas of need, and if necessary, in geographies where there is a specific community safety related issue. The domestic abuse strategy (Gender based violence partnership) collects a range of data in relation to domestic abuse in Inverclyde, ranging from recorded incidences to follow through support.

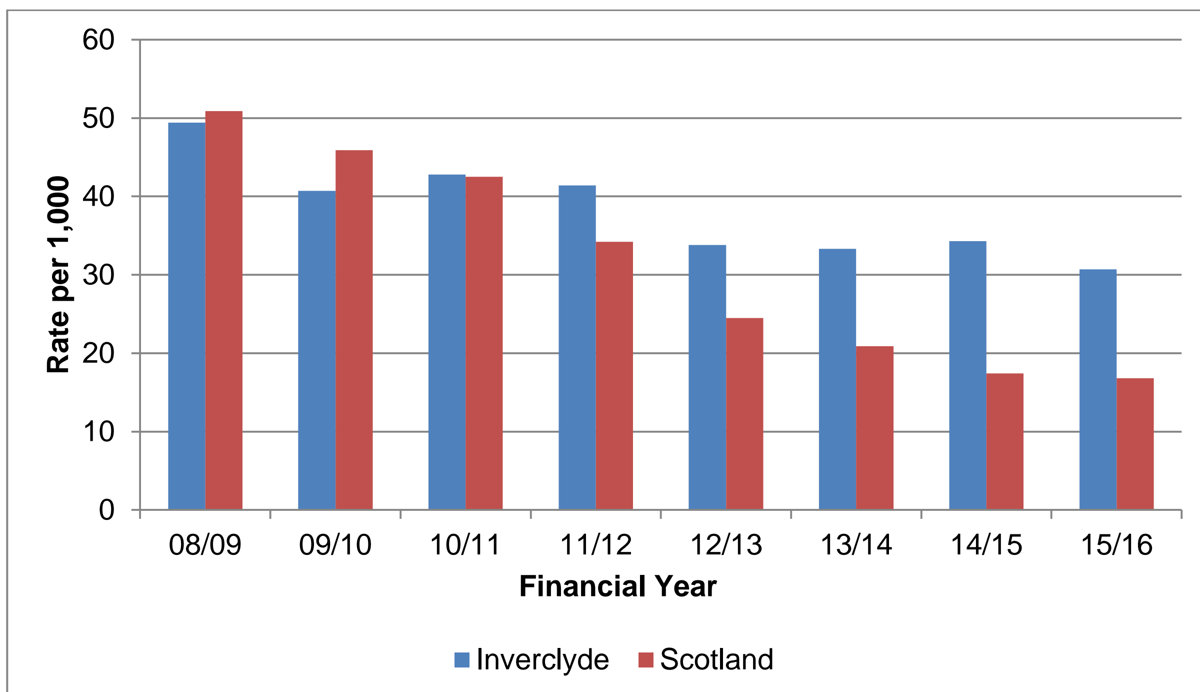
In terms of the Lynedoch Street/Broomhill 'public reassurance initiatives' this involved various public engagement exercises to identify areas of concern using the NHS Scotland 'Place Standard' toolkit. The use of the place standard toolkit has been highlighted locally as

an effective method in identifying the wellbeing of a community and will be used as part of the engagement for the forthcoming Local Outcome Improvement Plan (currently SOA) due in October 2017.

Referrals to the Children's Reporter

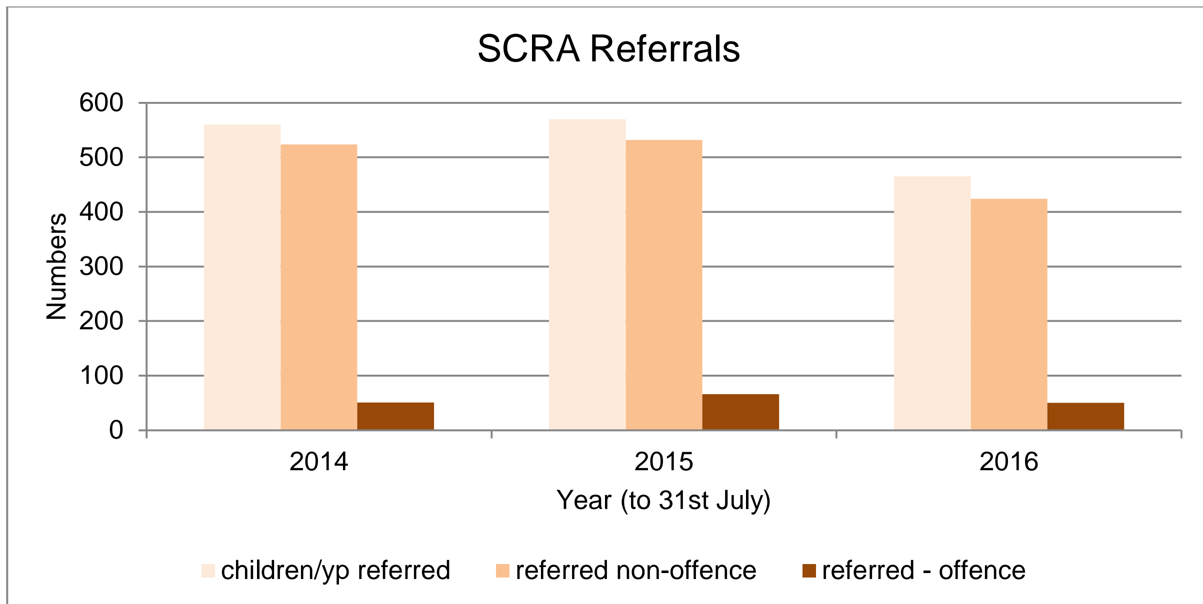
In the period 2015/16, there were 618 referrals to the Children's Reporter for 398 children in Inverclyde. The number and rate of referrals to the Reporter has been falling almost annually since 2008/09 but this decrease has not been as great as the drop for the overall rate in Scotland as a whole. This is demonstrated in the chart below where in 2008/09 the rate of referrals in Scotland was higher than in Inverclyde. By 2015/16 the rate of referrals in Inverclyde was 30.7, whilst nationally the figure was 16.8.

Rate per 1,000 population of referrals to Children's Reporter



Source: Scottish Children's Reporter
Administration http://www.scra.gov.uk/resources_articles_category/official-statistics/

The chart above shows that over an 8 year period referrals per 1000 population has steadily been reducing. In 2015/2016 Inverclyde was higher at 30.7% per 1000 compared to Scotland 16.8% per 1000.

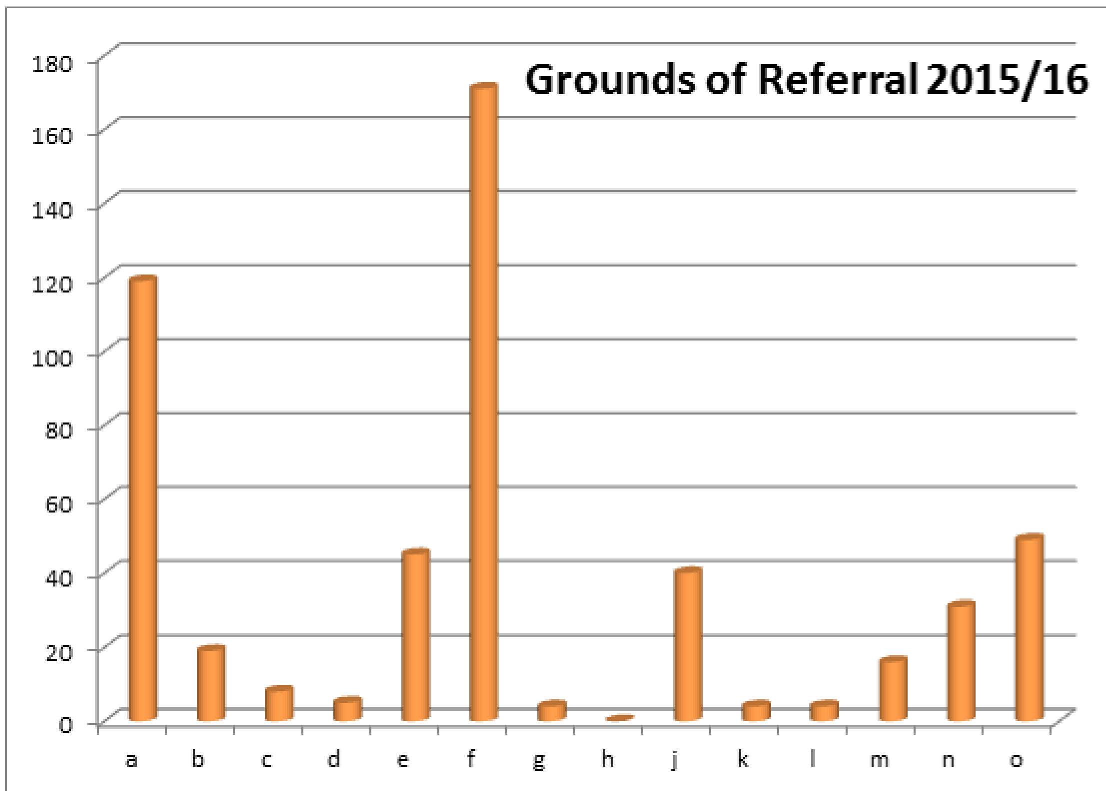


The table above shows the numbers of referrals broken down into non-offence and offence related referrals to SCRA over a three year period. The graph shows that children are more likely to be referred for non-offence grounds.

Rates for selected grounds of referral 2015/16

There are three main categories where the rates of referrals to the Children's Reporter in Inverclyde are higher than the Scottish average. These are outlined in the table below. The most significant difference is the rate of referrals due to the child having or likely to have a close connection with a person who has carried out domestic abuse. Nearly all of these referrals are made by the Police.[29]

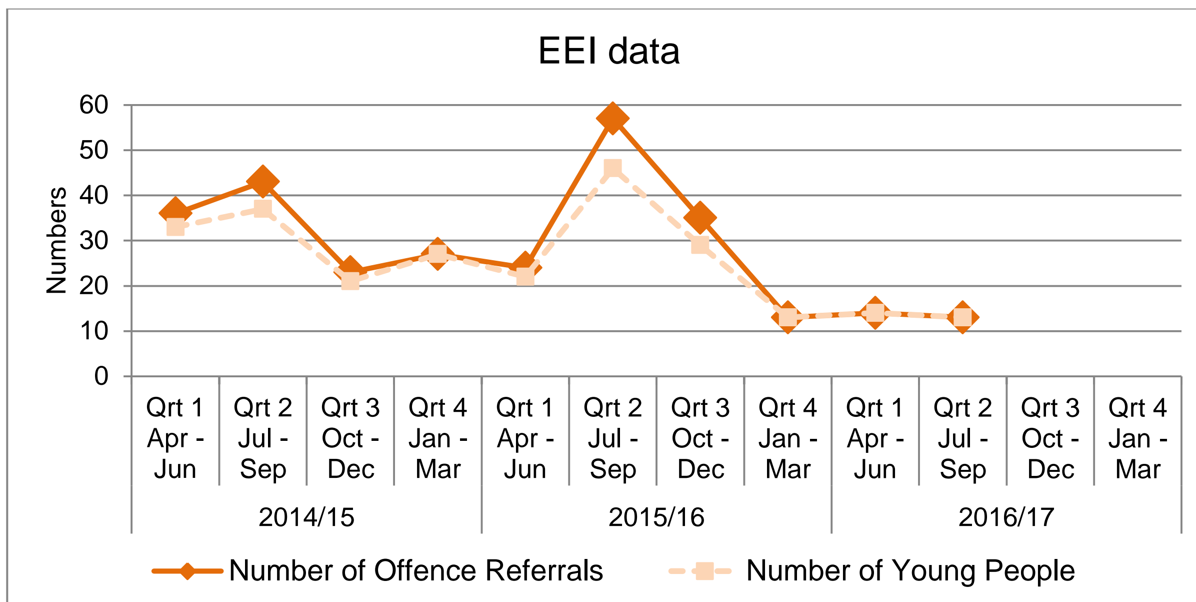
[29] www.scra.gov.uk



(a) Lack of parental care
(b) Victim of a Schedule 1 offence
(c) Close connection with a Schedule 1 offender
(d) Same household as a child victim of Schedule 1 offender
(e) Exposure to persons whose conduct likely to be harmful to child
(f) Close connection with a person who has carried out domestic abuse
(g) Close connection with Sexual Offences Act offender
(h) Accommodated and special measures needed
(i) Permanence order and special measures needed
(j) Offence 1
(k) Misuse of alcohol
(l) Misuse of a drug
(m) Child's conduct harmful to self or others
(n) Beyond control of a relevant person
(o) Failure to attend school without reasonable excuse

Youth Offences

The number of referrals to SCRA as a result of offences has fallen dramatically since 2007/08. The total number of offence referrals in that year was 558, whilst figures for 2015/16 show only 83 referrals relating to an offence. The steady reduction in these figures has halted over the last three years, with figures recorded showing 81, 90 and 83 offence related referrals respectively.



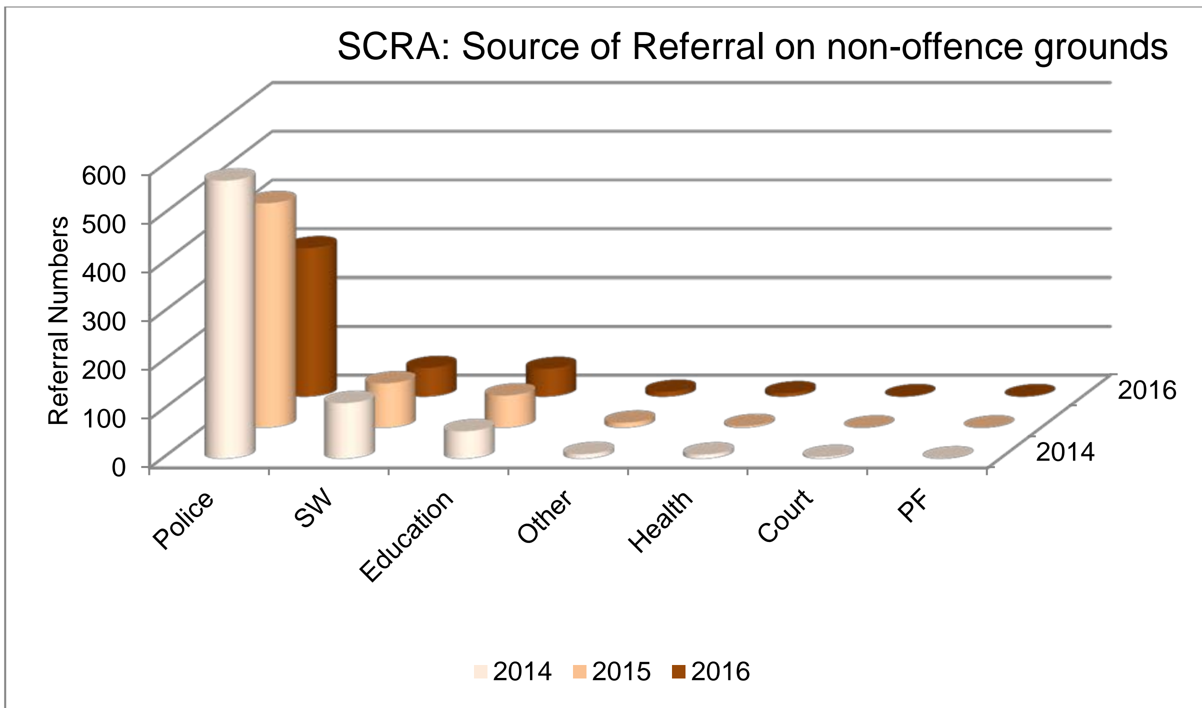
The chart above show the reducing number of referrals to Early, Effective Intervention since 2016.

In 2015/16, offence referrals accounted for only 7.77% of all referrals to SCRA in Inverclyde.

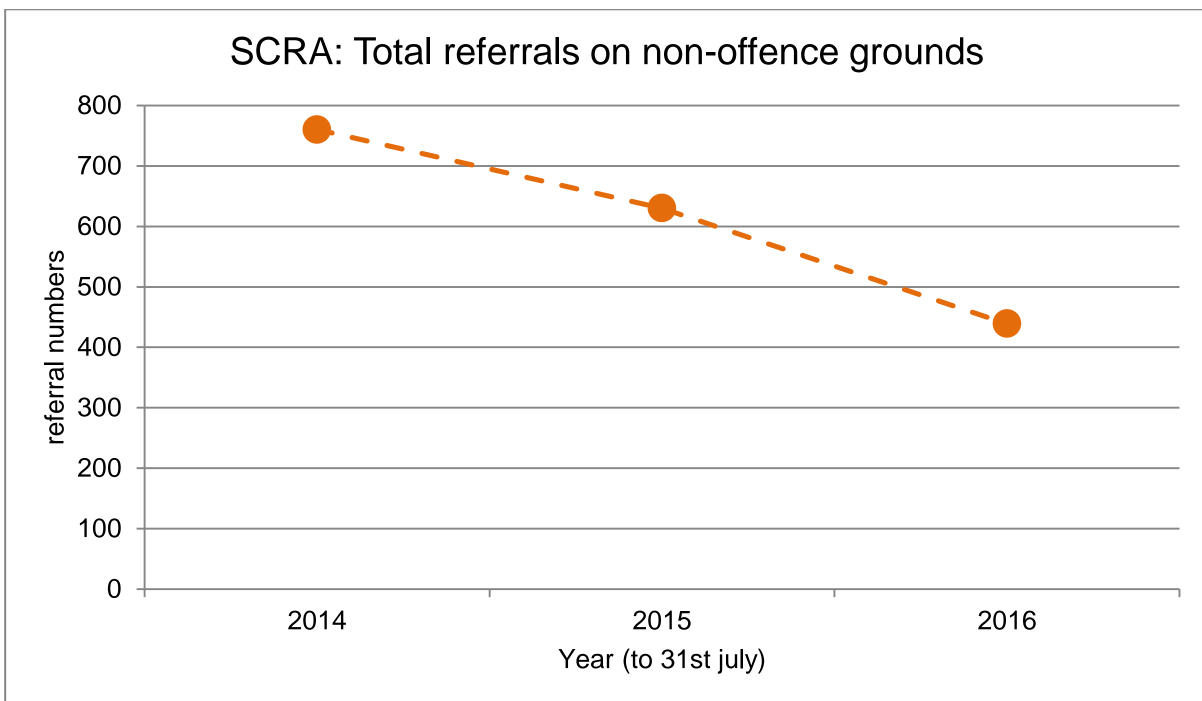
The chart below show the rate per 1,000 population for Inverclyde and Scotland. The significant difference is notice in relation to the rate of referral concerned with close connection with a person who has carried out domestic abuse compared with the Scotland rate.

Grounds of referral 2015/16	Rate per 1,000 population	
	Inverclyde	Scotland
A. [he]/ [she] is likely to suffer unnecessarily or [his]/ [her] health or development is likely to be seriously impaired, due to a lack of parental care.	9.2	6.1
F. [he]/[she] has, or is likely to have, a close connection with a person who has carried out domestic abuse	13.2	2.7
O. [he]/[she] has failed without reasonable excuse to attend regularly at school	3.8	1.2

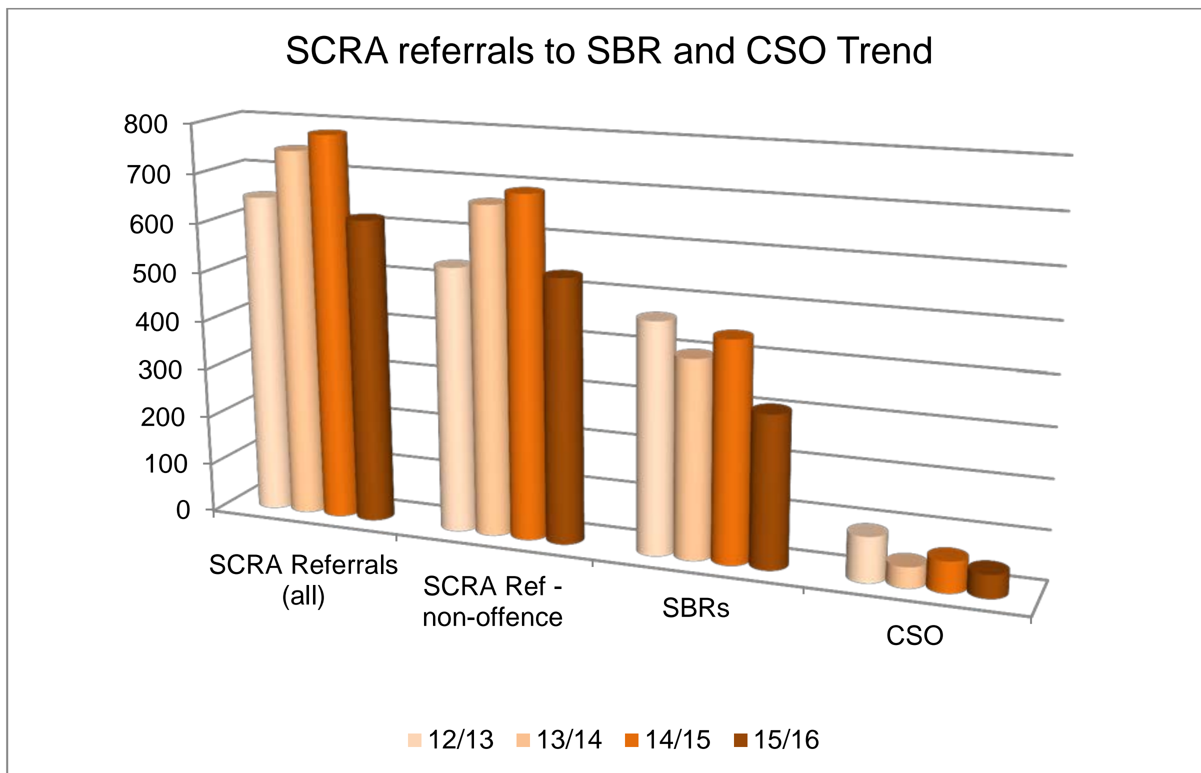
Source: Scottish Children's Reporter Administration
http://www.scra.gov.uk/resources_articles_category/official-statistics/



The above graph shows the source of referral on non-offence grounds over a 3 year period. Police remain the main referrals to the reporter for non-offence grounds, although this has shown a reduction over the last 3 years.



The graph above shows a downward trend in total referrals on non-offence grounds over a three year period.



The above graph shows the low conversion rate over a four year period of referrals to compulsory supervision orders.

7.1 Implications and Considerations

- Further analysis of referrals to the reporter in relation to category of " a close connection with a person who has carried out domestic abuse" as the conversion rate from referral to CSO remains low.
- Further consideration of a higher rate of CP referrals going to conference and conversion rate.

8. Health and Wellbeing

Inverclyde Health and Wellbeing Survey 2013 & Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013.

This is the first survey of its kind in Inverclyde and provides useful baseline data for future surveys, which will monitor progress and trends for key health and well-being indicators. The survey findings continue to help to inform priorities for action among key planning partners at Community Planning level and in individual schools. In addition, the data reported has allowed for comparative investigations to be made with Glasgow City and Renfrewshire, where similar surveys have been completed. Some of the data can also be correlated with other national surveys, such as the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) in this report the SALSUS and Inverclyde's health and wellbeing survey had three similar measures; smoking, alcohol and drug misuse.

The Inverclyde health and wellbeing survey achieved sample total of 3,606 complete questionnaires. The 2013-14 census roll of the secondary school population was 4,362. Thus the achieved sample is approximately 83% of the secondary roll.

SALSUS Five schools took part in the SALSUS survey a total of 367 (S2 & S4) pupils took part in the survey in 2013.

Physical activity

Results from the Inverclyde Child and Youth Health and Wellbeing Survey in 2013 showed that just over a third (35%) of secondary school pupils met the target of taking 60 minutes or more of physical activity on five or more days per week. Three in five (58%) were active, but not enough to meet the target. A further 7% were not active at all[30].

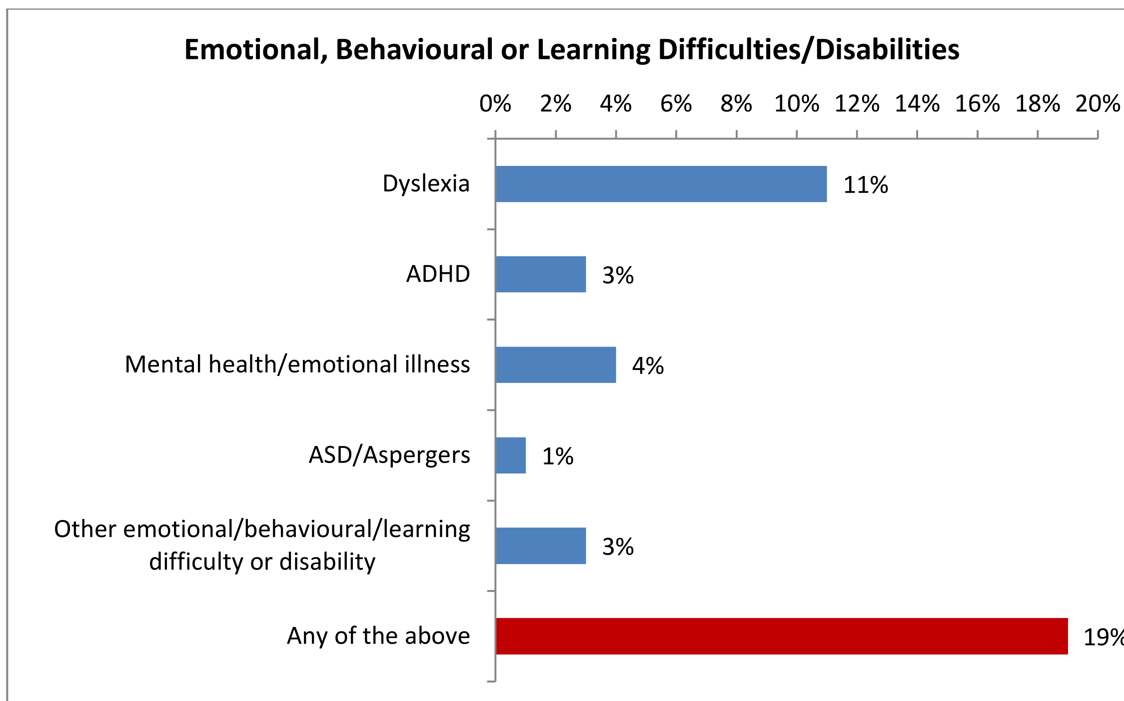
Four in five (82%) pupils said they took part in sports/activity clubs at least once a week. A third (34%) of pupils used active travel methods (walking/cycling/skating) for their journey to school, 41% used public transport and 25% used private personal transport[31].

Boys were more likely to meet the physical activity target than girls, 42% as opposed to 28%[32].

Mental Health and Wellbeing

An operational definition of mental health and wellbeing is to take a public mental health approach to sustaining and improving mental wellbeing, particularly on a population basis. As part of the Inverclyde Child and Youth Health and Wellbeing Survey carried out in 2013, young people were asked about their mental health. Nearly one in five said that they had an emotional, behavioural, or learning difficulty or disability.

Percentage of respondents with emotional, behavioural, or learning difficulties/disabilities



Source: Inverclyde Child and Youth Health and Wellbeing Survey 2013

[30] Inverclyde Child and Youth Health and Wellbeing Survey 2013
[31] Inverclyde Child and Youth Health and Wellbeing Survey 2013
[32] Inverclyde Child and Youth Health and Wellbeing Survey 2013

Boys in Inverclyde were less likely than girls to say that they had a mental health or emotional illness, but more likely to say they had Attention Deficit/Hyperactivity Disorder ADHD or Autism Spectrum Disorder (ASD)/Asperger's.

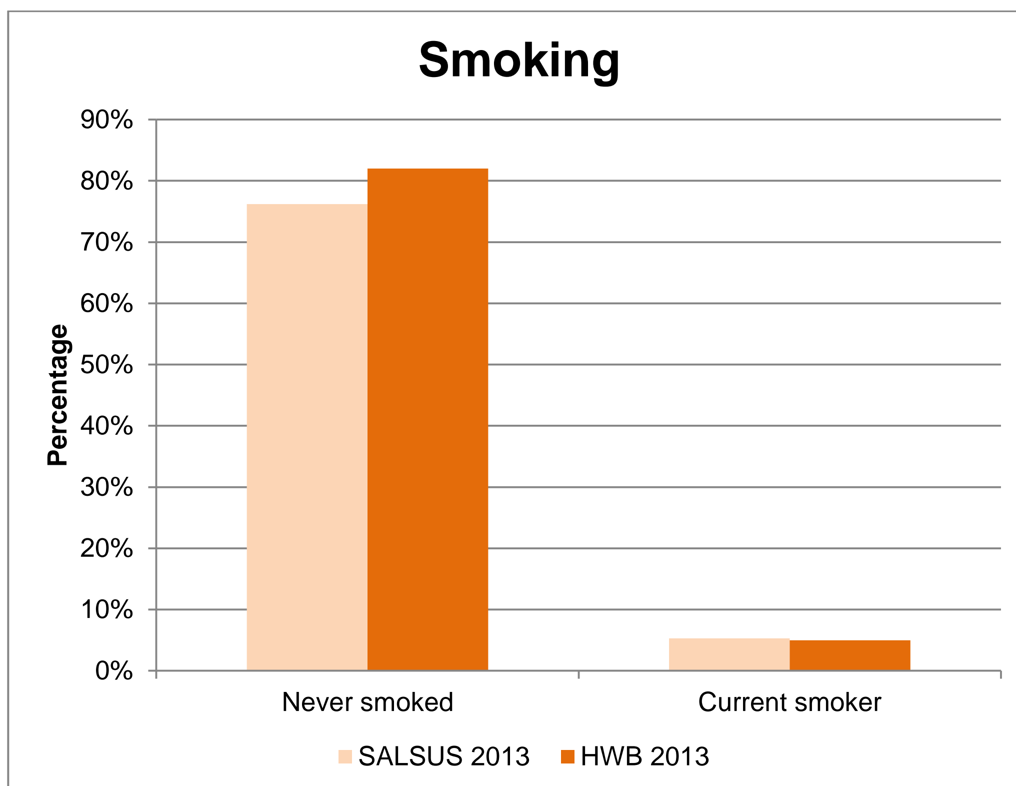
The results from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013 state that the percentage of boys in second year (aged 13) who have emotional symptoms is significantly higher than the national average.

Girls in Inverclyde in second year at high school (aged 13) have statistically better scores than the rest of Scotland for pro-social behaviour, as well as lower emotional and behavioural problems, and hyperactivity.[33]

Smoking

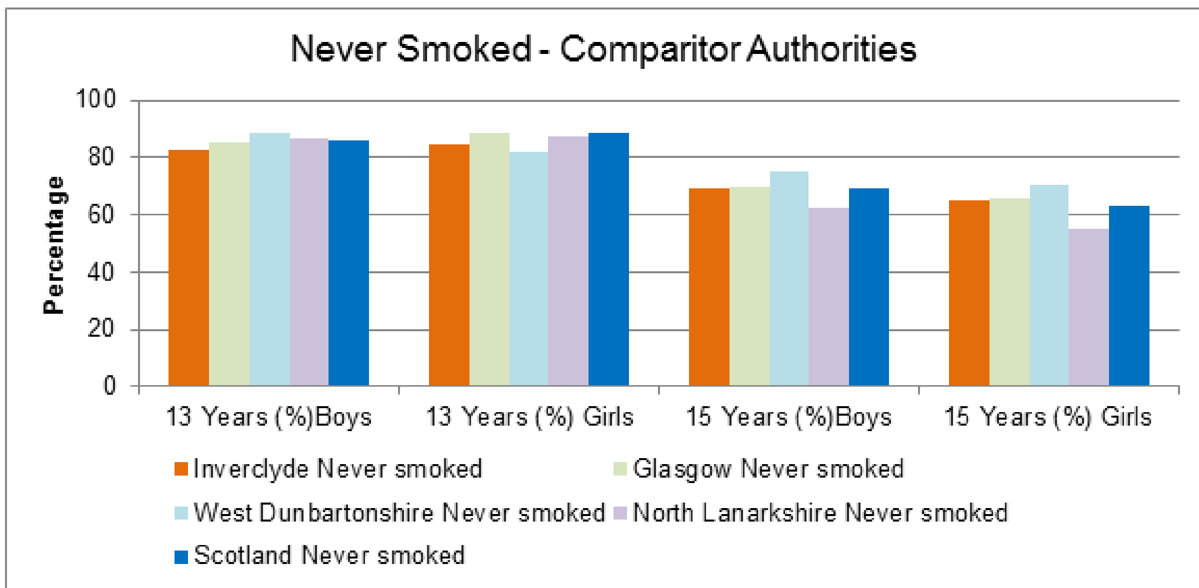
The percentages of children in Inverclyde who smoke, or drink alcohol or take drugs are above the Scotland averages. This concern is supported by information sourced from the Scottish Schools Adolescent Lifestyle and Substance Use Survey[34], last published in 2014.

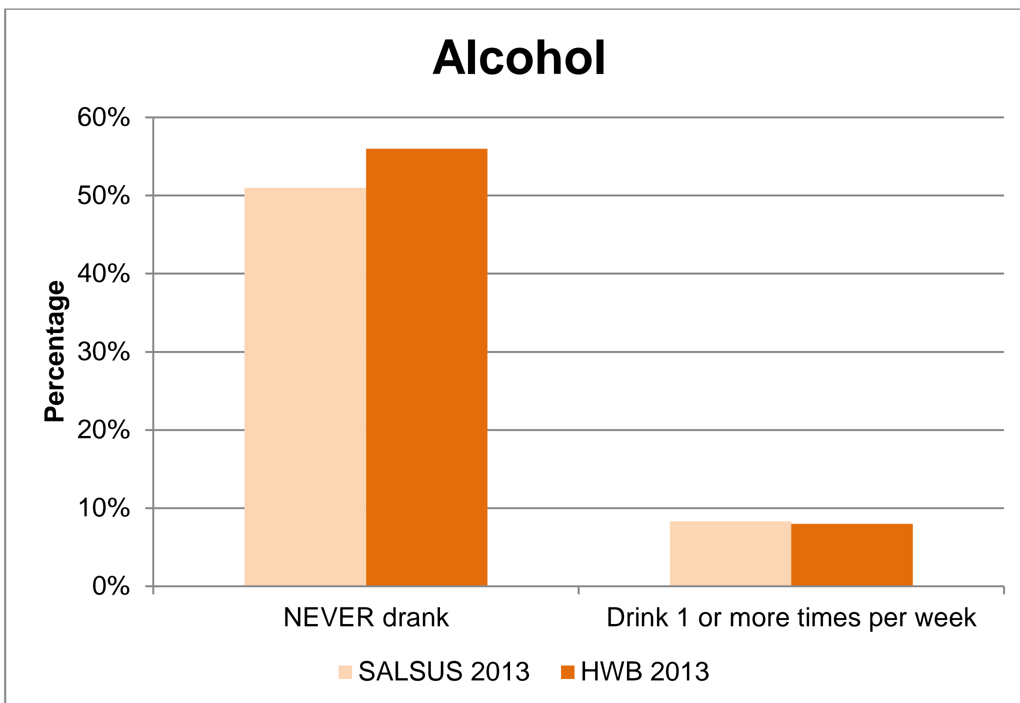
- 10% of 15 year olds who responded to the SALSUS stated that they were regular smokers this was fairly similar to findings from Inverclyde's Health & wellbeing survey 2013.
- 42% reported that they lived with a smoker (Inverclyde Health & wellbeing survey)
- All pupils were asked how often they have to breathe in second hand smoke. Seven percent said this happened every day; 14% said 'often'; 56% said 'rarely' and 22% said 'never'. Thus, overall 78% were ever exposed to environmental tobacco. The proportion of pupils ever exposed ranged from 71% to 85% across mainstream schools.

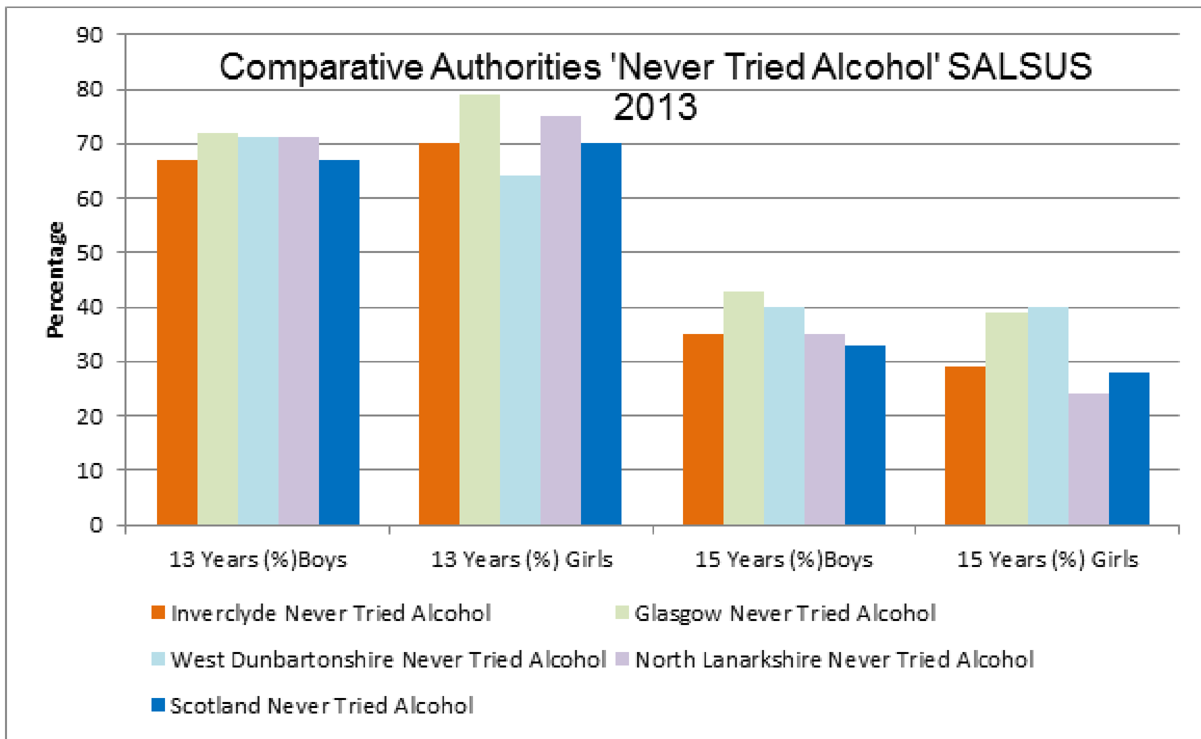


[33] SALSUS 2014
[34] http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/Latest-Report/

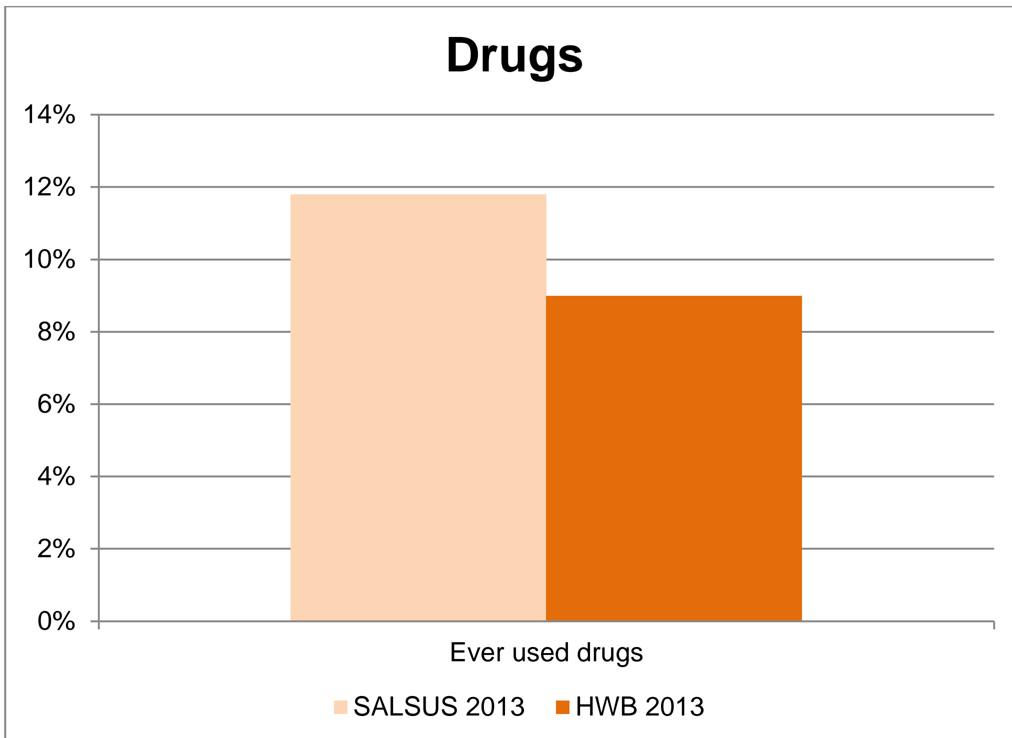
The above chart shows that 82% of young people via the (H&WBS 2013) reported that they never smoked. 76.2% reported that they had never smoked from the (SALSUS 2013). These are the only 2 measures that are comparable in relation to smoking from both surveys.

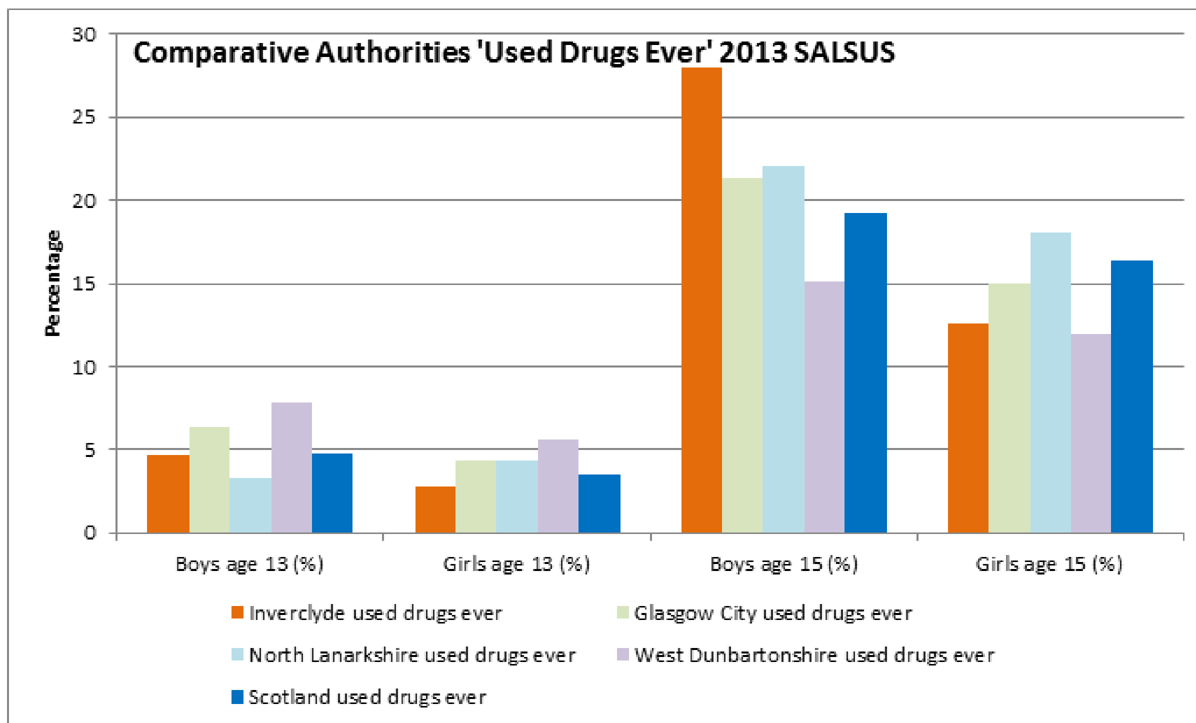






24% of 15 year olds reported they usually drank alcohol at least once a week (including those who drink 'almost every day' and 'about twice a week'). This was significantly higher than the Scottish average.





- 7% of pupils aged 15 reported that they had used drugs in the month prior to the survey, an increase from the previous survey result and 8% higher than the figure for Scotland as a whole.

- 10% of 15 year olds reported usually taking drugs at least once a week. Again, this was an increase from the previous survey result and significantly higher than the Scottish average.

- Cannabis was the most commonly used drug reported by all 15 years old under the above measure.

- The only age range was drug use was reported under this measure showed a decrease since 2010 was for 13 year old males.

While the above self-reported data is the most current, it is useful to showcase some of the results from the previously mentioned Inverclyde Child and Youth Health and Wellbeing Survey (2013) –

Although there are similar methodologies used for both the Health & Wellbeing Survey and SALSUS, through self-reporting, it could be considered that the Health & Wellbeing Survey would be in a more robust position, given the researcher carried out most of the fieldwork with young people directly.

Review of Key Messages from Inverclyde Child and Youth Health and Wellbeing Survey (2013)

This highlighted that, at the time of the survey, 82% (2,936 pupils) said they had never tried smoking and 5% (193 pupils) were current smokers.

In terms of the ways that those who identified as a current smoker obtained the cigarettes, these included asking adults to purchase on their behalf, as well as from local supermarkets and some mobile retail outlets. A small number (9%) admitted that the cigarettes were

obtained by taking them from parents or other people known to them but without them knowing.

Among smokers, 23% (43 pupils) said that they did not buy cigarettes; half (50%, 95 pupils) bought packs of 10; 31% (58 pupils) bought packs of 20 and 17% (33 pupils) bought single cigarettes (more than one response option was possible).

Current smokers were asked whether they would like to stop smoking. Just under half (45%, 82 pupils) said yes; 32% (59 pupils), said possibly and 23% (41 pupils) said no.

71% (137 pupils), said they would know where to get help to stop smoking. Among those who smoked and would know where to get help, responses to where they would go for help were:

- Friend/family (68%, 90 pupils)
- Doctor (41%, 55 pupils)
- Youth worker (34%, 45 pupils)
- Chemist (16%, 21 pupils)
- Butt Out Service (11%, 15 pupils)
- Teacher (11%, 15 pupils)
- Someone else (7%, 9 pupils)

Other Key Indicators from Inverclyde Health & Wellbeing survey (2013)

Oral Health:

- 85% met the target for teeth brushing
- 85% visited the dentist within last 6 months
- More than four in five (85%) pupils met the target of brushing their teeth twice or more per day. In Glasgow, the response was 80%. Just 1% had not brushed their teeth at all on the previous day. The proportion who met the target ranged from 79% to 88% across mainstream schools.
- Of those who knew, 99% were registered with a dentist. (97% in Glasgow) Of those who could remember, 85% had visited the dentist within the last six months and 97% had done so within the last year.

Sleep:

- 55% got 8+ hours sleep per night
- Just over half (55%) of pupils said that they got at least eight hours sleep the previous night. The mean response was 7.61 hours.
- The proportion who met the target of getting eight or more hours sleep per night ranged from 44% to 61% across the mainstream schools. The response for this question in Glasgow was 69%.

Illness and Disability :

- 10% had a limiting illness or disability.
- One in three (34%) pupils has at least one physical illness or disability. The most commonly reported conditions were asthma (reported by 16% of all pupils) and eczema/psoriasis/skin condition (10%). One in five (19%) pupils had at least one mental health problem, emotional illness or learning disability. The most common was dyslexia which was reported by 11% of all pupils.
- One in ten pupils (10%) had an illness or disability that limits what they can do.

Young Carers:

- 14% were carers for family members
- One in five (22%) pupils had someone in their family household with a disability, long-term illness, drug/alcohol problem or mental health issue. Among these pupils, 62% said that they looked after or cared for their family member. Thus, overall, 14% of pupils were carers for someone in their household. The equivalent figure for Glasgow was 17%. The proportion of pupils who were young carers ranged from 8% to 18% across mainstream schools.

9. Conclusions

Deprivation and child poverty

Studies have documented the association between family poverty and children's health, achievement, and future wellbeing outcomes. Tackling poverty is a key priority across Inverclyde community planning partnership and should remain the focus for tackling the immediate, medium, and longer term impacts on children and their families.

The data collected within this report and data from both Health and Social Care Partnership and Community Safety Strategic needs assessment highlight the significance of poverty and deprivation in the lives of some of our most vulnerable communities and the consequential impact of these factors as they relate to health and wellbeing.

Raising attainment and supporting more people into longer term employment are key areas for future strategic planning; the Alliance has already had a committed agenda to re- address the balance of de-population. The Re-population strategy help to raise the profile of Inverclyde and encourage more people to live, work and visit the area. With measures are introduced to help attract new business to the area with employment opportunities.

Inverclyde has a relatively high rate of children living in workless households, and a high rate of children entitled to free school meals. Inverclyde has both a high percentage of lone parent families and lone parents who are not in employment. Our demographic profile shows the deprivation and poverty concentrated in certain wards/localities.

Initiatives aimed at increasing employment opportunities, regeneration of some key areas, accessibility employability schemes targeted at lone parents, young people will continue to equip people with a new set of learning skills. Further targeting and expansion of these key initiatives will support people back into work or training and employment.

The following are some of the recommendations made by the report (Shifting the curve) to Scottish Government relevant to our local agenda:

- Build on Living Wage and flexible working for parents
- Ensure childcare commitments focus on quality to improve outcomes, and consider providing a limited number of free hours of childcare for primary school aged children.
- Do more to ensure that people claim the benefits they are entitled to.
- Housing affordability and standards

- Ensure fuel poverty programmes are focused to support those on low incomes, and do more to tackle the poverty premium in home energy costs
- Do more to improve life chances of young people, aged 16-24
- Carry out a comprehensive review of the policies and services relevant to the life chances of older children and young adults, with particular emphasis on young people from poorer backgrounds
- Ensure that the new approach to employer engagement in education is having an impact on improving skills for work of young people before they leave school.
- Ensure that public service delivery is respectful, person-centred and preserves the dignity of people in poverty: pre-employment and in-service training should include the importance of avoiding stigma and developing understanding of the challenges of living on a very low income

Reducing health inequalities as well as improving health overall remains a key priority for Inverclyde. Data presented enables a level of analysis of the reality of the differences in health status between Inverclyde's population groups.

Inequalities begin before birth, can adversely impact on health throughout adult life, and can persist across generations. Health inequalities are not usually the result of a single factor but rather a complex matrix of lifestyle choices, personal history, circumstances, and access to services. Inequalities can impact on pregnancy, including maternal health. Analysis of the data in relation to key measures in pregnancy and birth show the importance of promoting healthy behaviours before, during, and after birth through universal approaches, this includes appropriate weight gain, healthy eating, avoiding alcohol, tobacco, and other harmful substances. Early access to services alongside ***early*** tailored ***intervention*** should be available for women and families with additional needs.

The importance of development from pre-birth to eight years old is well documented in research as being key to future health, social, emotional and cognitive outcomes for children and families, understanding the need to invest in very young children is so important, so as to maximize their future well-being.

Service and programmes targeted at childhood healthy weight, child safety, childhood screening, ***early learning***, are all programmes that requires continued investment across some of our most deprived areas, as our analysis shows that health inequalities continue to exist even within the context of improvements of health and wellbeing of the total population. Initiatives that are proportionately targeted and are accessible to families' appear to have more success i.e. healthy start vitamins uptake was successful when offered from a number of the early years centres programmes aimed at proportionate universalism this means:

"To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism". (Marmot review).

Proving opportunities through early help and support will help continue to raise the overall attainment and achievements of all children and young people. The information provided in relation to latest attainment measures show overall improvement and is consistently above the national average, however a continued focus on raising attainment of our most vulnerable groups must remain a priority. The data highlights that those children from our deprived areas, children looked after are still more likely to have lower attainment levels in relation to the total population and leave school without entering into an initial or sustained

destination. Inverclyde has a number of schools taking part in the Scottish Government attainment challenge; early indicators of success have been observed in relation to improved literacy and numeracy at primary school level. This is a significant cross cutting theme and further considerations going forward should involve key strategic areas such as Corporate Parenting, Parenting and Family Support Strategy, Early years and GIRFEC recognising the whole system support to this priority.

Youth employment strategy is a key strand to support more sustained destinations for all young people including our most vulnerable. Within this context supporting young people who have been looked after to achieve a sustained destination requires concerted, targeted planning within the wider planning strategy of Youth Employment and Corporate Parenting Strategy.

Abuse, neglect, gender-based violence and inequalities

Abuse whether directed at children or their carers, and child neglect can have serious and lasting effects on children's growth, development, health and wellbeing and contribute to health inequalities in adulthood. The pressures on children and their families in Inverclyde who experience multiple risk factors are well understood. The challenging landscape is one of significant disadvantage, poverty and coexistence of risk factors threatening outcomes for not only those looked after at home or subject to child protection planning but also those children receiving voluntary support. The early stages of the work with CELCIS on Addressing Neglect and Enhancing Wellbeing have acted as a significant catalyst for redesign highlighting that "more of the same" is not a viable option.

Distinct "Family Support" and child protection pathways are not helpful for neglect; instead they should be seen as stages on the one pathway. Effective family support is protection, effective protection is supportive' (Daniel 2015).

There is strong evidence to support our planned multi-level approaches including effective redistribution of existing resources: collaboration on investment involving a broad spectrum of service providers as well as the community in redesign; focus on ensuring that our processes across adult and children services are enabling early help so that this is seen as part of the protection pathway; ongoing development of the workforce, ensuring the use of evidence informed practice is robust assessment, analysis and intervention; recognition of the benefit of family support sustained through time; as well as the importance of timely action where children or young people may be in need of protection if parents/carers are unable to change sufficiently or quickly enough to ensure their children's wellbeing.

Two clear factors emerge from our joint strategic needs analysis:

1. A high number of children in Inverclyde are living in poverty.
2. Amongst out most vulnerable children, the combination of parental drug, alcohol misuse, domestic abuse and poverty means that neglect is an area of significant concern.

INVERCLYDE
HSCP
Health and Social
Care Partnership

Inverclyde
council

NHS
Greater Glasgow
and Clyde

POLICE
SCOTLAND

SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION

Inverclyde Alliance