Inverclyde Council

Children's Services Plan

2020 -2023

INVERCLYDE HSCP
Health and Social Care Partnership

Inverclyde council

Contents

Part 1

Our Strategic Plan

Introduction

Welcome to the Children's Services Plan for Inverclyde Council and HSCP.

Welcome to the Children's Services Plan for Inverclyde Council and HSCP. Inverclyde can rightly be very proud of its Children's Services and the outcomes achieved for the young people and their families in Inverclyde. These strong outcomes are achieved through ensuring that services are joined up, communicating effectively and keeping the needs of children and their families at the heart of anything we do.

In Inverclyde we have strong and often sector leading provision across our Children's Services. This includes our Children's Homes, our work to address the poverty related attainment gap and our provision for early years.

This plan has been developed on the back of strong self-evaluation. Data has been used to analyse where the services are performing well and also where further improvement is needed. The voice of young people and their families runs throughout the creation of this plan. We continually have a wealth of information to build on in Inverclyde which is informed by valuable input from the Proud to Care group, our Health and Wellbeing survey, Clyde Conversations and specific listening events linked to this plan. We always listen to the voice of our young people and this has influenced how the plan is constructed. For instance, the young people asked us to link up aspects of our work. This has resulted in mental health not only being a key priority for the plan but also being considered alongside other issues such as drug or alcohol misuse.

Strong Children's Services make sure that a holistic approach is taken to meet the needs of young people and their families. This is why the ethos of Getting it Right For Every Child has been adopted across the whole of Inverclyde to ensure that we nurture our young people, our families and our communities.

COVID-19 will have had a significant and potentially long lasting impact on children, families and communities in Inverclyde. Much of the recovery process from the pandemic will involve revisiting the core principles of what works best for children and families. The excellent relationships and strong partnership working built up over the years will be needed even more than ever as we embark on the recovery period of COVID-19 and take forward this plan.

Councillor Stephen McCabe
Leader of Inverclyde Council

Our Vision

Getting it Right for Every Child, Citizen and Community

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

'Nurturing Inverclyde' was developed by our Community Planning Partnership (CPP) the Inverclyde Alliance in 2012. The national GIRFEC approach was adapted by the Inverclyde Alliance to inform our vision for Inverclyde. In 2021, this unwavering and consistent vision remains as important today as it was then.

It is especially important that, as we recover from the impact of COVID-19, Children's Services make sure that children, young people and families are supported and nurtured by strong joined up services that are able to listen to experiences and respond quickly to needs.

The aim of Nurturing Inverclyde is to make 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 by delivering better outcomes for the whole community in Inverclyde. Thus improving universal services for everyone in Inverclyde and improving targeted services for vulnerable children are key. The approach puts the child at the centre and recognises that every child grows up to become a citizen of Inverclyde and part of their local community.

Nurturing Inverclyde is an approach which we have sustained throughout the Children's Service Plan 2017 – 2020 and will continue to be our approach in the 2020 – 2023 plan. This Children's Service Plan is very much a continuation of the previous Children's Services Plan, building upon what has worked well and what can be improved further.

Ruth Binks
Corporate Director
Education, Communities and Organisational Development

Inverclyde Children's Service Partnership and Governance of the Plan

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

The partnership is chaired by the Corporate Director for Education, Communities and Organisational Development and there is a leadership group that leads and reports on the priorities of the delivery plan.

An annual report will be produced by the strategic leads and presented to the Alliance Board before submission to the Scottish Government. We will continue to consult with children, young people and families as part of our participation strategy.

Inverclyde Alliance (Community Planning Partnership)

Children's Services Strategic Partnership

Priority Leadership group

Participation and engagement of children and young people in Inverclyde to develop this plan

We are proud of our meaningful engagement with our young people in Inverclyde. We have a strong track record of ensuring that participation of young people leads to measurable changes in policy and service delivery. The voice of young people is threaded throughout this plan, not only in terms of their views upon its substance, but also in what children and young people have told us throughout our self-evaluation process, leading to the determination of our priorities for 2020 to 2023.

Pupil Councils, Proud 2 Care (care experienced group) have been consulted on the substance of the plan. A common theme which young people want to see more work on is mental health and understanding the links between alcohol and drug use – seeing these as interlinked. In 2019 Inverclyde undertook its second Health and Wellbeing survey with young people. This survey asked in depth question about their

views on all aspects of health and wellbeing and followed trends from the previous survey undertaken in 2013. The surveys are partnered by Clyde Conversations – events planned and delivered by young people based on the views of young people using participation approaches. Each Clyde Conversation event has involved over 100 young people from secondary aged pupils in Inverclyde on each occasion. The purpose is to develop a meaningful, sustainable mechanism of engagement about those things that matter to young people. There have been three events to date and they will continue to be the foundation for developing stronger youth participation. The most recent Clyde Conversations in 2019 focused upon mental health, hate crime, bullying and abuse as well as drug issues. These were areas which young people had been consulted on in advance and wished to explore in more depth. The event was once again successful with young people reporting that they feel listened to and valued and they are keen for feedback regarding the actions progressed by relevant services and/or organisations.

Children's Rights and our Children's Services Plan

Inverclyde's Children's Service Plan is underpinned by the United Nations Convention of the Rights of the Child (UNCRC) and the Getting it Right for Every Child (GIRFEC) approach, both of which make central the premise that children and young people must have their views taken into account when decisions are being made about them.

Children's Rights are visible throughout the relevant areas of the plan and consideration given on how rights are upheld, progressed and promoted. Article 12 will be upheld in the planning and delivery of the plan. We have ensured participation of children and young people by developing their understanding of the purpose as well as their involvement in its production as well including their views which have informed each of the relevant priority areas.

We have a local Inverclyde Rights of the Child Award (IROC- WE ROCK) developed in partnership with over 200 children and young people across Inverclyde to help services to learn about, promote and uphold rights (this will also be utilised as information for the local children's rights report). Three of our children's homes are the first in the world to take part in the Unicef RRSA Award. Our Proud2Care/ Mini Champs and newly established older group (continuing care and aftercare) all focus on promoting rights for care experienced ensure children and young people's views are taken in to account within service design. Champions Board meetings help to establish relationships and allow adults to show young people how they will uphold their duties. Inverclyde children and young people have contributed to the design of a range of local policies and service design including bereavement policy, anti-bullying policy, health services, homelessness, Inverclyde Cares – Kindness Campaign, and the community Mental Health and wellbeing Services. The children's rights officer is involved in a range of panels that review the care and plans for children and young people ensuring rights are considered and upheld this includes the adoption, permanence and fostering panel, Kinship Panel and Inverclyde's resource allocation panel.

Children and young people are supported to contribute to the recruitment process and Interview candidates for a range of jobs that impact on young people's lives across Inverclyde. We have a range of policies and resources are inclusive of rights and have child friendly/ easy read versions available including the HSCP 5 year plan, the Children's Services Plan and anti-bullying policy. Our local children's rights training is available for all organisations, services and teams across Inverclyde and has been undertaken by over 1000 people in the past 5 years helping to increase awareness and practice. All Rights Respecting Schools have rights respecting groups established as part of the participating criteria ensuring children and young people have the opportunity to shape their learning, the environment and be central to the development of the school and helping to promote rights.

Working with partners to develop our plan

During the period covering the previous children's service plan the partnership worked with CELCIS to focus on issues of neglect arising from the intergenerational blend of poverty, inequality, and specific challenges relating to alcohol, drugs and domestic abuse. The work of the programme of improvement ran from 2016 to 2019. The programme focused on identifying the improvement activity that would have the greatest impact on neglect and improving outcomes for our most vulnerable. Findings from the work were that there has been significant evidence of strengthened single agency planning, particularly in education and health settings. However there was a clear need for the pathway for early help and assistance to be more clearly articulated to enable our named persons to assist children and their families to get the right help at an early and effective stage. This has thus become one of our key priorities for the 2020 – 2023 plan.

The format of our plan

Our plan is underpinned by a clear self-evaluation process which has allowed us to identify the main priorities for improvement. The plan cannot focus on the very many activities of children's services and our plan has drawn out the key areas where we feel that by changing what we do, we can improve the outcome for our children, young people and families. We will continue to develop a performance framework to make sure that we can evidence how our activities have led to improved outcomes. In this way there should always be a golden thread between our self-evaluation, our plan for improvement and our performance framework.

Our plan is divided into four component parts

Part 1: Our Strategic Plan. This is an overview of the strategic plan. It highlights the four main priorities and outcomes of the plan

Part 2: Our Strategic Needs Assessment. This is an in depth look at the available data, drawing comparisons and conclusions from the previous assessment in 2017. Our self-evaluation process also draws upon the Health and Wellbeing survey from 2019.

Part 3: Our Delivery Plan. This outlines the actions we will take to progress our priorities and improve outcomes for children, young people and families.

Part 4: Our Performance Framework. This section includes the performance indicators that led to the inclusion of the priorities we have chosen and also identifies the key performance indicators that we will use to measure success over the lifetime of this plan.

Our Strategic Plan

Priority Theme 1:

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

Outcomes:

1.1 Children, young people and families experience seamless, consistent and effective transitions along the GIRFEC pathway

1.2 Children, young people and families benefit from professionals working in collaboration and having a shared understanding and focus on children's wellbeing.

1.3 Children, young people and families are supported by named persons and a team around the child who are confident and skilled in identifying need at the earliest opportunity and identifying the right support and the right time to stop bigger problems developing.

1.4 The team around the child can evidence the effectiveness of their support and learn what works well.

Upholding UNCRC: Article 3 – Best interest of the child, Article 5 – Parental Guidance and child's evolving capacities, Article 6 – Life survival and development, Article 8 – Protection of Identity, Article 9 – Separation from Parents, Article 12 – Respect for the views of the child, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 27 – Adequate standard of living, Article 28&29 – Education & Goals of education, Article 33 – Protection from illegal use of Drugs, Article 34- protection from sexual abuse and exploitation, Article 37 – Protection from inhumane treatment and detention, Article 39 – Recovery from Trauma, 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

All single agency and multi-agency child's plans are consistent. Consistent understanding and approaches by professionals in relation to identification and response to wellbeing needs Increased range of supports for parents and carers at universal level to support their children's wellbeing

Priority Theme 2:

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

Outcomes:

2.1 Community based support for children young people and their families' mental health is strengthened

2.2 Support for children and young people to cope with stress is strengthened and further provision of strategies to prevent substance and alcohol abuse

2.3 There is increased participation of children, young people and parents/ carers in co-production design, redesign and evaluation of mental health supports and services.

2.4 The children service workforce in Inverclyde is invested in and is supported to continue to care

2.5 Children, young people and families consistently experience nurturing, compassionate and respectful relationships when engaging with services.

Upholding UNCRC: Article 2 – Non-discrimination, Article 3 – Best interest of the child, Article 5 – Parental Guidance and child's evolving capacities, Article 6 – Life survival and development, Article 12 – Respect for the views of the child, Article 13 – Freedom of expression, Article 14, Freedom of thought, belief and religions, Article 16 – Right to privacy, Article 17. Access to information, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 29 - Goals of education, Article 31, Leisure, play and culture, Article 39 – Recovery from Trauma, 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

There will be an increase in the numbers of CYP accessing mental health and wellbeing targeted support from non-statutory services.

Our follow up survey will show a reduction in the number of young people who report that they regularly use drugs, smoke and drink alcohol.

Priority Theme 3:

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

Outcomes:

3.1 Through the Child Poverty Action Group mitigate the impact of poverty on families in Inverclyde

3.2 Reduce inequalities of educational outcomes linked to deprivation

3.3 Reduce inequalities of health outcomes linked to deprivation

Upholding UNCRC: Article 2 – Non-Discrimination, 3 – Best interest of the child, Article 6 – Life survival and development, Article 12 – Respect for the views of the child, Article 15, Freedom of association, Article 17, Access to Information, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 26 – Social Security, Article 27 – Adequate standard of living, Article 28&29 – Education & Goals of education, Article 31 – Leisure, play and culture, Article 39 – Recovery from trauma and reintegration, 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

Decrease the attainment gap between pupils in SIMD 1-2 and 3-10 for key Broad General Education and Senior phase. Increased uptake in breastfeeding Reduce risk of obesity at the P1 stage Increase uptake of free school meals in secondary schools.

Priority Theme 4:

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

Outcomes:

4.1 Inverclyde to progress and embed the foundations of The Promise by creating a dedicated I-Promise team, the I- Promise board and implementing I- Promise across Inverclyde.

4.2 Improve support for attainment, attendance and positive destinations for looked after children, particularly those looked after at home.

4.3 Looked after children and young people will wherever possible continue to reside in their local community ensuring life- long family connections are supported and maintained with a focus on sibling relationships.

4.4 Families have access to early help and support and care experienced young people are fully supported throughout all transitions of being looked after to adulthood by a range of local services to develop a whole systems approach.

Upholding UNCRC: Article 3 – Best interest of the child, Article 9 – Separation from parents, Article 12 – Respect for the views of the child, Article 13 – Freedom of expression, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 20 – Children unable to live with their family, Article 21 – Adoption, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 25 – Review of treatment in care, Article 27 – Adequate standard of living, Article 29 – Goals of education, Article 33 – Protection from illegal use of Drugs, Article 34- protection from sexual abuse and exploitation, Article 37 – Protection from inhumane treatment and detention, Article 39 – Recovery from Trauma, Article 40 - Juvenile Justice, Article 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

Multi – agency qualitative data, voices and views of care experienced children and young people, families and workforce. This will include adult services such as alcohol & drug recovery, mental health services who support parents and carers, third sector groups supporting work within communities. Information and learning from complaints and inspections. Process mapping of children and families care journey across agencies and by the use of chronologies Multi – agency quantitative data, local and national data and benchmarking. *Some of these measure will require to be developed within the discovery stage.

Part 2

Our Strategic Needs Assessment

Contents

Introduction

1.1. Background

The Inverclyde Community Planning Partnership, the Inverclyde Alliance, has established an overarching Vision for the area 'Getting it Right for Every Child, Citizen and Community'

The Alliance's award-winning "Nurturing Inverclyde" approach is focused on making Inverclyde a place that "nurtures" all of its citizens, ensuring that everyone has the opportunity to have a good quality of life as well as 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. At the same time we believe this approach promotes, supports and safeguards the wellbeing of all our citizens. The vision of 'Getting it right for Every Child, Citizen and Community', can only 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.

The Inverclyde Alliance sets out its contribution to the delivery of the Scottish Government's national outcomes in the Inverclyde Outcomes Improvement Plan IOIP) 2017-20221, which is modelled on the Getting it Right for Every Child (GIRFEC) principles.

The IOIP also established three strategic priorities that all Alliance partners have committed to working together to deliver. These high level priorities were identified following extensive community engagement across the whole of Inverclyde, alongside a detailed analysis of the data to identify particular issues for the area.

The three strategic priorities are:

Population

Inverclyde's population will be stable with an appropriate balance of socio-economic groups that is conducive to local prosperity and longer term population growth.

Inequalities

There will be low levels of poverty and deprivation and the gaps in income and health between the richest and poorest members of our communities will be reduced.

Environment, Culture and Heritage

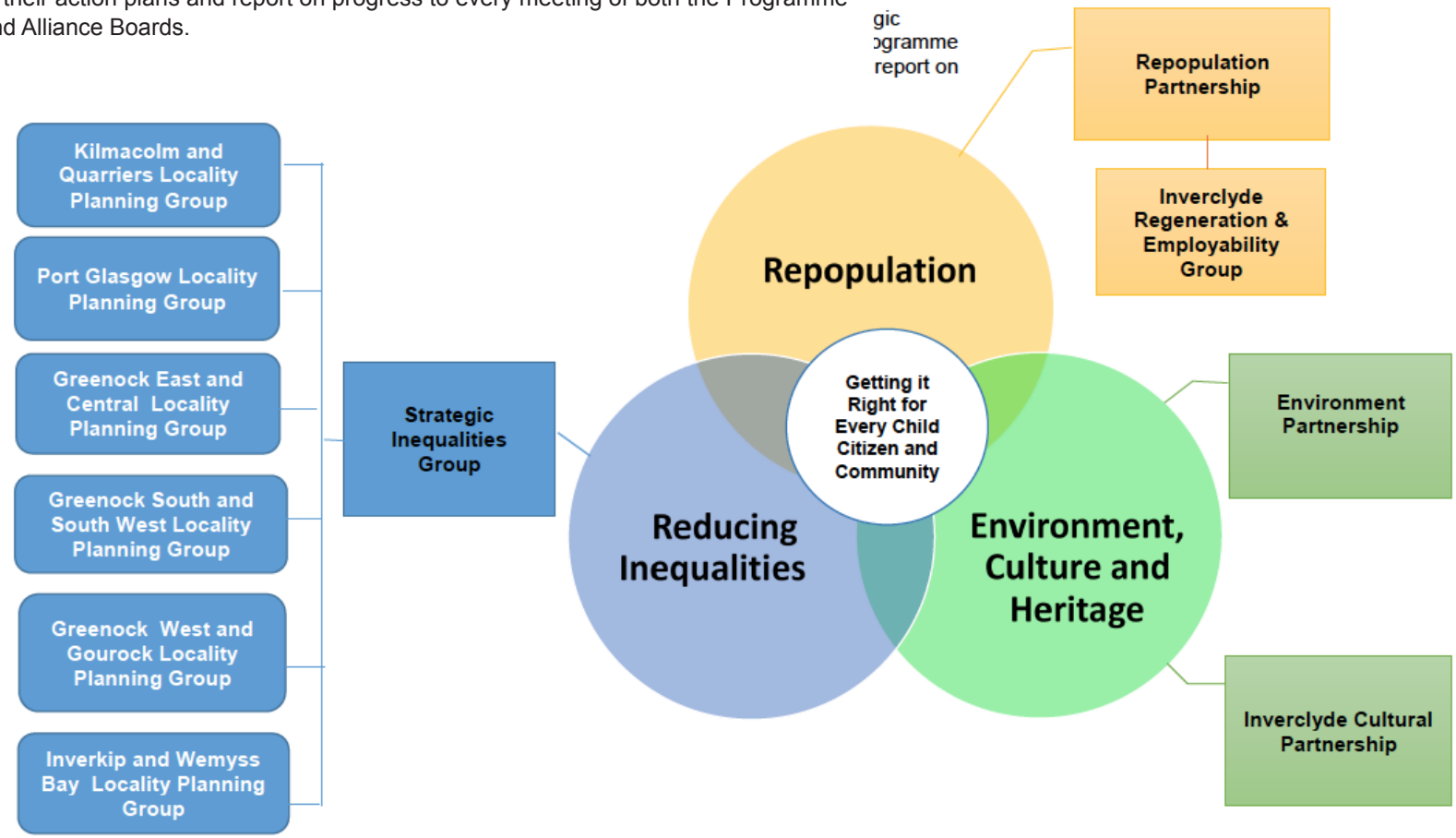
Inverclyde's environment will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit.

The cross-cutting nature of the work of the Inverclyde Children's Services Partnership, which aims to deliver the best start in life for all our children and young people, directly links to the work associated with all three OIP strategic priorities.

The Inverclyde's Alliance structure is shown on the following page.

Inverclyde Alliance Structure

There are well-established governance arrangements to oversee the delivery of the strategic priorities. Overall governance is provided by the Alliance Board supported by the IOIP Programme Board. The Priority Partnerships are responsible for the delivery of their action plans and report on progress to every meeting of both the Programme and Alliance Boards.



1.2. Inequalities and Inequalities in Health

Inequalities and particularly health inequalities are a significant issue for Inverclyde and reducing inequalities is acknowledged as one of the biggest challenges facing partners. For many years, Inverclyde has been characterised by some notably unequal health and socio-economic outcomes which often begin early in life, persist into old age and impact on subsequent generations.

The Inverclyde Alliance recognises that inequality is a consequence of a number of complex factors that are inextricably linked to the unequal distribution of a range of opportunities e.g. economic and work-related opportunities; levels of education; access to services and societal or cultural norms.

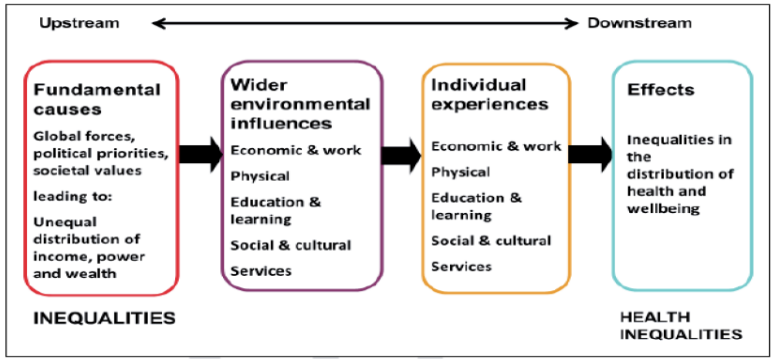
The Alliance also recognises that health inequalities are not inevitable and that tackling these requires joined up action at a strategic and local level. Partners are acutely aware that some communities in Inverclyde experience poorer outcomes due to deprivation and are committed to working to find ways to address this by improving lives; preventing ill-health and social exclusion; protecting good health and wellbeing and promoting healthier living.

The fundamental causes of health inequalities

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 services2,3.

This results in the effects of unequal and unfair distribution of health, ill health (morbidity) and 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. This inequality is associated with doing less well over a range of health and social outcomes including violence and homicide, teenage pregnancy, drug use and social mobility4,5.

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



2 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. 3 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. 4 Wilkinson R, Pickett K. The Spirit Level: why more equal societies almost always do better. London: Allen Lane; 2009.
5 Wilkinson RG, Pickett KE. Income inequality and population health: A review and explanation of the evidence. Social Science & Medicine 2006; 62(7): 1768–84.

1.3. Strategic Needs Assessment

Inverclyde's Children's Services' Partnership (CSP) brings together key agencies 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 the 3rd sector.

To ensure that the work of the CSP going forward continues to be both need and evidence led, this Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of Inverclyde's children and their families has been fully reviewed. It details the progress of children and young people across a wide range of domains including parental, environmental and demographic factors which also impact on the health and wellbeing of the children and young people in Inverclyde. Continuity in the reporting of data has allowed us to track progress and we have built on our earlier JSNA by adding new data where appropriate. We have also reduced the level of data in other areas where it is no longer available, or where better performance measures have been identified. This helps to ensure that we are measuring the right things and provides an in-depth understanding of the needs of our children, young people and families, as well as how effectively we are meeting these needs.

A JSNA can help to improve services, highlight where investment is required and focus the activity of local agencies and partners to work together more effectively. To have the biggest impact, there needs to be clear purpose, effective leadership, advocacy and partnerships that ensure that the JSNA leads to action. The JSNA is an integral part of the children services planning cycle, and provides the evidence base which informs the planning of our children's services over the next 3 years.

1.4. COVID-19

Whilst the data presented in this JSNA aims to be the most current data available, much of it relates to the period pre-Covid-19 and as such, it does not reflect the impact of the pandemic on Inverclyde's children and families. Mitigating the repercussions of the pandemic presents the partnership with immense challenges, the full extent of which is not yet known. Inverclyde already experiences high levels of poverty and deprivation. It is anticipated that inequalities will have been exacerbated due to the disproportionate effect which Covid-19 is known to have on disadvantaged communities. More than ever, data will be crucial in providing the Partnership with a strong evidence base to identify where children's services need to be further strengthened to address the devastating impact of Covid-19. It is thus the intention of the partnership to carry out a joint needs analysis using data specifically covering the pandemic period of 2020- 2021.

Demographical Scoping

2 Children and Family Demographic and Population Health Data

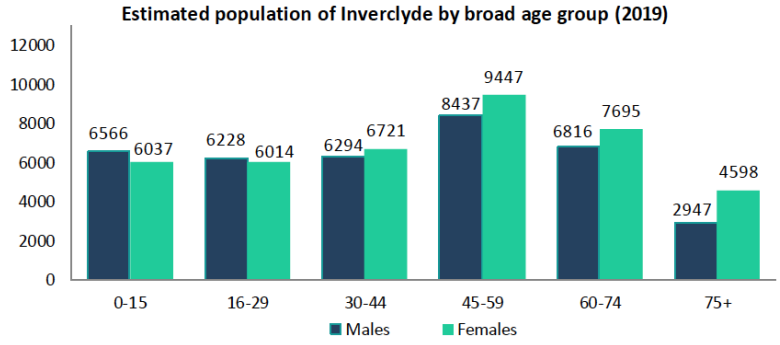
2.1.1. Demographic and population statistics

A complete analysis of the recent and anticipated changes to Inverclyde's demographic is provided with this JSNA.

According to the National Records of Scotland (NRS) mid-year population estimates (2019):

- The total population of Inverclyde was estimated at 77,800.
- There are 20,210 people aged 25 and under living in Inverclyde – this is approximately 25% of the total population.
- Children aged 0 to 15 comprise 16% of Inverclyde's total population.

The chart below shows the population split by age group and sex in Inverclyde.

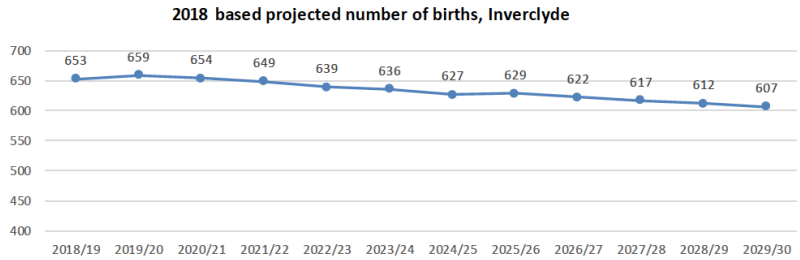


Over the decade, 2009-2019 Inverclyde had the highest drop in population of all Scottish Council areas. Population decline in Inverclyde has been selective and has had a greater impact on young people, young families, and people of working age.

A review of the age profile shows that between 2009 and 2019 the number of young people fell sharply in Inverclyde. The number of young people aged under 15 years fell by 10% over this 10-year period.

In addition, whilst many other Council areas saw an increase in the number of pre-school children over the same period, Inverclyde's pre-school population has fallen by almost 18%. In 2019 pre-school age infants (0-4 years) accounted for 25% of the population aged under 18 years. Primary school age children (5-10 years) accounted for 35% of the child population while secondary school age (11-17 years) accounted for 40% of the child population. The overall 0-17 population is projected to decrease by a further 14% by 20307.

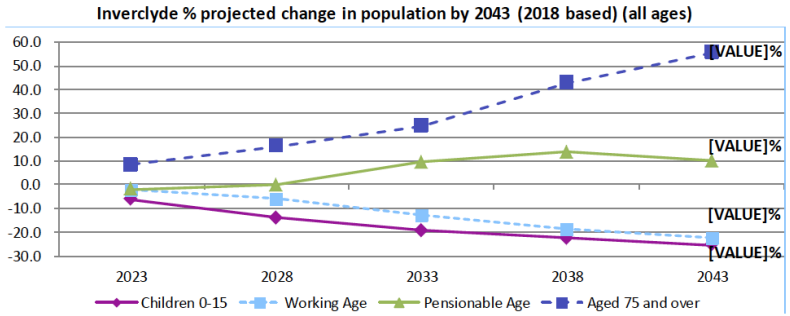
In recent years Inverclyde's population decline has been driven by natural change, largely attributable to a falling birth rate, rather than out migration. In 2012/13 there were 777 births in Inverclyde compared to 661 in 2018/19. Looking ahead NRS population projections estimate that the number of births will continue to fall up to 2029/30 as shown in the chart below.



Source: NRS Scotland Population Projections for Scottish Areas (2018-based) | National Records of Scotland (nrscotland.gov.uk)

6 National Records of Scotland 2019 Mid-Year Population estimates and 2018 Population Projections

NRS 25 year population projections (2018 based) to 2043 predict a significant shift in the age structure of Inverclyde's population, as shown in the graph below.



Source: www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based

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

2.1.2. Deprivation

The Scottish Index of Multiple Deprivation (SIMD) data published in early 2020 shows that high levels of multiple deprivation continues to be a significant issue in Inverclyde. The SIMD incorporates seven domains to assess different aspects of deprivation including income, employment, housing, education, health, crime and access to services combining them into a single, ranked index.

Deprivation can refer to difficulties caused by lack of resources and opportunities, all of which can have a negative impact on wellbeing outcomes, e.g. 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.

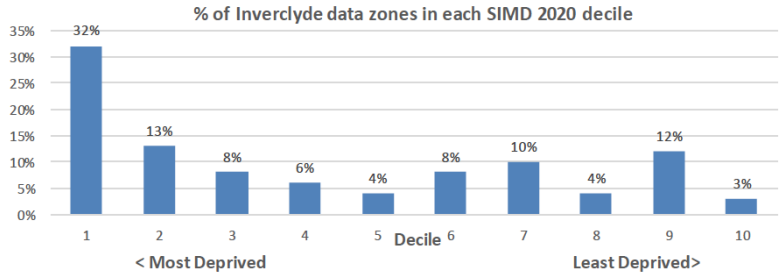
Looking across the different domains and drivers of deprivation, Inverclyde has significantly high levels of income and employment deprivation. These two domains have the greatest weight in SIMD, and so help to explain the high levels of overall deprivation.

The map below shows the areas of Inverclyde where multiple deprivation is highest and highlights the scale of the challenge in reducing poverty and deprivation in Inverclyde. The map depicts the concentration of data zones in the 10% and 20% most deprived in Scotland that are located in Inverclyde.

In addition, although not shown on the map, between SIMD 2016 and SIMD 2020, the number of Inverclyde's data zones in the 5% most deprived in Scotland increased from 11 to 21. This equates to 18% of all 114 Inverclyde data zones in the 5% most deprived category.

The bar chart below shows the percentage of Inverclyde data zones that fall into each SIMD decile i.e. 1 = 10% most deprived, 2 = 10-20% most deprived, 3 = 20-30% most deprived and so on. In 2020, 36 of the 698 most deprived data zones in Scotland (the 10% most deprived) were located in Inverclyde. These data zones represent 32% of the 114 data zones in Inverclyde.

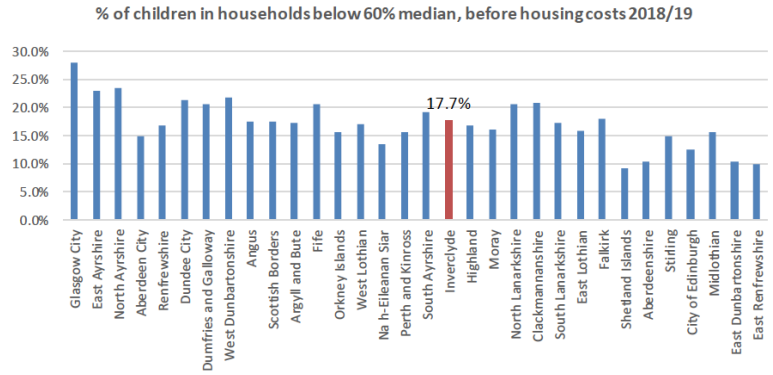
Data zones by Deprivation Decile



Source: SIMD 2020

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 2019 population estimates from the National Records of Scotland, 4,739 people aged 18 and under live in data zones that fall into SIMD decile 1, i.e. the 10% most deprived in Scotland. This is 32% of Inverclyde's total population aged 0-18 years

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



Between October 2019 and January 2020 there were 34,700 economically active residents between the age of 16 – 64 living in Inverclyde, of those, 67.5% were in employment compared to Scotland's figure of 73.8%. 1,800 (4.8%) residents between of 16 – 64 years were unemployed. Scotland's figure was 3.5%. The number of people living in Inverclyde now claiming Universal Credit has increased mainly due to the impact of Covid-19. Figures from DWP showed that 8,502 (figure 14th May 2020) people were claiming Universal Credit.

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

2.1.3. 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.

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

In August 2017, there were around 3,110 lone parent families with dependent children claiming UC or tax credits in Inverclyde. 2,500 lone parent families claiming tax credits (60/40 split between those in work and those not) and another 613 claiming Universal Credit. (Source: HMRC & DWP).

This has likely to have changed since 2017 with the roll-out of Universal Credit. By August 2020, there were an estimated 1,887 lone parent households with dependent children claiming Universal Credit in Inverclyde, suggesting that a majority (but not all) low-income lone parents households in Inverclyde are now claiming Universal Credit rather than tax credits. Some of this is to do with the rise in unemployment and reduced earnings (as lone parents in work claim earnings top-ups and are directed to claim UC rather than tax credits).

In August 2020, there were around 1,955 lone parent households in Inverclyde receiving help with housing costs from UC or Housing Benefit. (Source: DWP). This included 543 lone parent households in Inverclyde claiming housing costs from housing benefits and 1512 lone parent households claiming UC with a housing entitlement.

Reducing poverty for children in lone-parent families is possible and obviously desirable. Child poverty in lone-parent families has fallen in the past in Scotland, driven by action at a national and local level.

Reducing child poverty for this priority group would make an important contribution to improving health and reducing health inequalities.

2.1.4. Uptake of Early Years Learning and Childcare

High quality provision in the early years is linked to children achieving better outcomes at school and the development of better social, emotional and cognitive abilities that are essential for life-long learning.

In Inverclyde there has been an increase in the provision of early year's learning and childcare availability. The uptake of universal provision for 3 and 4 year olds is high; Inverclyde successfully achieved full implementation of 1140 hours in August 2020, despite the many challenges presented by Covid-19. Flexibility and entitlement has further increased to meets the needs of parents in employment, education and training.

- Availability and uptake of universal provision for 3 and 4 year olds is high with almost 98% of entitled children accessing the offer.
- The entitlement for 2 year olds from workless households has been very successful with almost 90% of eligible 2 year olds accessing the offer.

2.1.5. Clothing grants and free school meals (FSM)

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

Pupils entitled to clothing grants and free school meals are those within families who are in receipt of one of the qualifying benefits:-

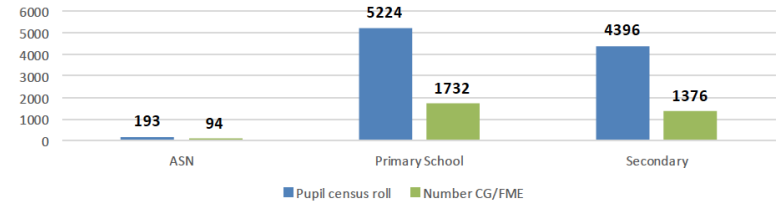
- Income Support (IS)
- Income Based Job Seekers Allowance (JSA)
- Income related Employment and Support Allowance (ESA)
- Child Tax Credit, but not Working Tax Credit and have an income of less than £16,105 in 2020/2021 as assessed by HMRC
- Parent is in receipt of Working Tax Credit and/or Child Tax Credit with annual gross earnings of no more than £11,665
- Universal Credit, where your take home pay does not exceed £951, as shown on your most recent monthly Universal Credit statement
- An asylum seeker, receiving support under Part VI of the Immigration and Asylum Seekers Act 1999

Or

- Look after a child/children as part of a FORMAL Kinship Care agreement, registered by Social Work Services.

The table and figure below show the number of pupils in Inverclyde who were entitled to clothing grants and free school meals at September 2020, and as a percentage of the total school roll. The figures show that approximately one third of pupils are entitled within both the primary and secondary sectors.

School type	Pupil census roll	Number CG/FME	% CG/FME
ASN	193	94	48.8%
Primary School	5224	1732	33.2%
Secondary	4396	1376	31.3%



Source: Inverclyde Education Services (SEEMIS), 2020

Additionally, there is data available on the uptake of free school meals within the authority. The table below shows the average percentage uptake of free school meals for the academic year 2019/20, up to the end of March 2020. Note that the figure for primary setting also includes the universal entitlement in the P1 to P4 stages.

School setting	% uptake of free school meals in 2019/ 2020
Primary	76%
Secondary	56%
ASN	49%

2.2. Implications and Considerations

- A declining population has implications for the future of services within Inverclyde. The projected decline in the numbers of young people along with a substantial increase in the numbers of over 60s will place additional pressures on those services required by an ageing population. The retention of young people will be vital to stemming population decline locally and the future sustainability of the area.
- The levels of deprivation and prevalence of poverty in Inverclyde continue to be a major concern to all partners and it is vital to find ways of increasing the level of income available to families e.g. increasing the level of update of free schools meals and clothing grants for those children who are eligible.
- Targeted work in relation to tackling poverty and deprivation is being led by the Inverclyde Alliance Inequalities Group, however the cross-cutting and complex nature of poverty means that all partnership members have an important role to play. The impact of COVID 19 is still being assessed and action plans will require to be reviewed in due course.
- Preparing for the projected decline in the school age population is essential and will continue to be done through the School Estate Strategy. School estate and class sizes are planned, but work is required to take into consideration regarding addressing need.
- The roll out of Universal Credit since 2017 makes it difficult to fully assess whether there has been notable changes in the circumstances of lone parent families since the previous JSNA. Accessible and affordable childcare to support lone parents into work and reduce child poverty remains essential in supporting lone parents into work and reducing poverty. More information on the impact of Welfare Reform is provided in the next section.

3. Impact of Welfare Reform

3.1. Welfare Reform Impact on Families

The implementation of the extensive programme of UK Government welfare reforms announced since 2010 is largely complete.

The reforms have affected all families by an average of £1,400 a year and for lone parents by around £1,800 a year. The impact is felt more so by larger families with 3 child families losing at least £80 a week in real terms between 2010/11 and 2019/20. The main contributor to the reduction being the two-child limit where benefits are not payable in respect of any third or subsequent child born from April 20177. Other cuts include a 5 year benefits freeze which ended in April 2020, and the abolition of the family element of Tax Credits and the equivalent within Universal Credit, worth around £10 per week.

Universal Credit has been in place in Inverclyde since 2015. The number of households in Inverclyde receiving UC at August 2020 was 7,829 with approximately 5000 continuing to claim legacy benefits. The remaining legacy benefit claimants, those still claiming Tax Credits, Employment and Support Allowance and such, are expected to move to Universal Credit by September 2024.

The move to Universal Credit, where the intention is to ensure that the majority in employment will be better off, the mechanisms of the benefit are disruptive. There have been measures introduced since its inception to alleviate some aspects of this disruption. One such improvement is the partial mitigation of the gap of 5 weeks from the initial application until the first payment is made by a "run on" of 2 weeks payment of legacy benefits.

The Benefit Cap remains unchanged since its introduction in 2013 where the limit on welfare benefits for families who are not in employment, have disabilities or care for someone with disabilities, cannot exceed £20,000 per year (£384.62 per week). Jobcentre Plus work coaches support those about to be affected by the cap and prepare for work to avoid the penalty. The number of households

affected by the cap in Inverclyde at August 2020 was 105; 86 with Universal Credit and 19 with Housing Benefit. Inverclyde Council's discretionary housing payment policy supports those affected by the cap.

3.2. The Scottish Social Security Agency

The Scottish Social Security Agency (SSSA) is an executive agency of the Scottish Government responsible for the delivery of specific devolved benefits and new benefits designed by the Scottish Government, introduced progressively since August 2018. A number of these benefits support families with children. The Best Start Grant consists of three different benefit payments: Pregnancy and Baby Payment, Early Learning Payment and School Age Payment. Best Start Foods is a recurring four weekly payment, which replaced Healthy Start Vouchers for new claims in Scotland.

Experimental data published by SSSA shows that by 31st August 2020, 2,375 successful applications had been made for the Best Start Grant and Best Start Foods. Inverclyde families represent 2% of the caseload.

Best Start Grant and Best Start Foods	Total payments in Inverclyde to 31.08.20
Pregnancy and Baby Payment £600 or £300 per child	£ 228,300
Early Learning Payment £250 per child	£168,500
School Age Payment £250 per child	£146,500
Best Start Foods £17 or £34 per child/ 4 weekly	£140,412

The Scottish Child Payment opened for applications in November 2020. This is a new form of social security assistance to help tackle child poverty and provide additional support for low income families, with payments starting from the end of February 2021. Scottish Child Payment is equivalent to £10 per week for each child aged under six living in households that receive qualifying benefits such as Universal Credit. The Scottish Fiscal Commission estimates that 3.1k children aged under 6 years in Inverclyde will qualify. The Scottish Government remain committed to rolling out the benefit to families with children under 16, planned for the end 2022.

The Child Winter Heating Assistance is a new £200 annual lump sum payment designed to support with winter fuel costs for children and young people up to the age of 18 who are in receipt of the highest rate care component of Disability Living Allowance. The new benefit was introduced from November 2020.

The SSSA Client Support team in Inverclyde provide one-to-one support and help clients understand the devolved benefits to which they are entitled, help them complete applications, support people through the process and any follow up actions relating to their case. The team, although working remotely during Covid restrictions, is based in the Customer Service Centre and as restrictions ease plan to deliver an outreach service.

3.3. Coronavirus (Covid-19) Impact and Welfare Mitigations

An indicator of the financial impact of Covid 19 is the 40% increase in the number of adults claiming Universal Credit since the beginning of the outbreak in Inverclyde in March 2020 when 6455 claimed UC, increasing to 9079 at November 2020. Of those claiming UC at November 2020, 2768 were employed, 2734 were not required to work and the remaining 3577 were preparing for or seeking work. The increase in the number of households who receive Council Tax Reduction increased to a much lesser extent from 9362 to 9516 by November 2020, an increase of 1.65%. Together, these statistics indicate a combination of new applicants to UC who are not householders, requiring help with Council Tax and a number who qualified for a low level of CTR prior to a reduction or loss of earnings who went on to claim UC. Council Tax Reduction is in place for 23% of households in Inverclyde.

The UK Government introduced temporary measures to mitigate the financial impact of Coronavirus (Covid-19). Universal Credit was uplifted by £1,000 for 12 months in April 2020 and Private Rented Sector Housing Benefit was increased to 30% of local rents.

7 "No one Knows What The Future Can Hold" The Impact of the Two Child Limit After Three Years; Child Poverty Action Group and The Church of England, May 2020

The Scottish Government provided £437,000 additional funding for Inverclyde's Scottish Welfare Fund which has supported the payment of 15% more grants and a 13% increase in expenditure between April 2020 and October 2020 compared with the same period in 2019/20. Any unspent SWF allocation will be carried over to support applicants in 2021/22.

Furthermore, Inverclyde Council received £72,000 additional Discretionary Housing Payment funding as part of a £5million Scotland wide package of support linked to Covid-19. An adjustment to the DHP policy provides additional support on a temporary basis to those renting in the private rented sector affected financially by the impact of Covid-19. The DHP and SWF budgets have been supplemented from Inverclyde Council's Anti-Poverty Fund.

Inverclyde HSCP facilitates referral mechanisms and other supports between all services for children and families with Inverclyde HSCP Advice Services. Inverclyde HSCP Advice Services is dedicated to helping people who live, work or are receiving treatment in Inverclyde. The service specialises in helping people who struggle with problem debts and require advice and assistance in relation to benefits. Advice Services delivers the service by telephone and online chat service. There is also potential to ensure clear linkages between this work and the work of the 3rd sector supports which provide similar support, for example. CLWs, Financial Fitness, Christians against Poverty.

3.4. Implications and Considerations

The impact of Welfare Reform on family income on its own presented a number of challenges which are likely to have been greatly exacerbated by Covid-19. Partnership working will be more important than ever to mitigate against the impact of poverty for the following reasons:

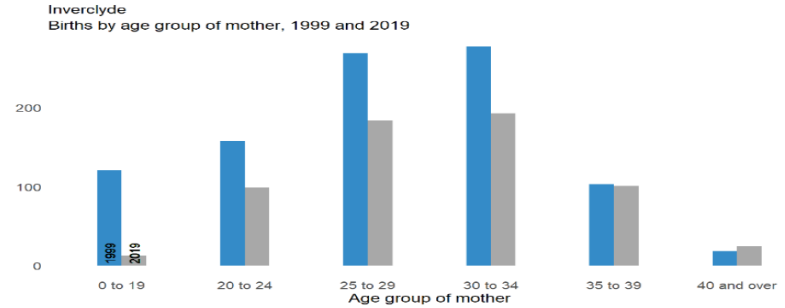
- Research has shown that Welfare Reform disproportionately impacts on families with children, larger families and children living in workless households.
- The level of support required to migrate those who remain in receipt of legacy benefits to Universal Credit is expected to be greater than the help needed by those who have already claimed.
- It is anticipated that there will be increases in rent arrears and personal debt because benefits have not kept up with inflation.
- Discretionary Housing Payment and the Scottish Welfare Fund provide important one off and supplementary funding to those at the margins and must continue to be promoted alongside appropriate welfare advice and support.
- The true impact of Covid-19 on employment is not yet apparent due to the Job Retention / Furlough Schemes. It is likely that the impact of Covid-19 will begin to emerge later in 2021.

4. Maternity, Births, Early years

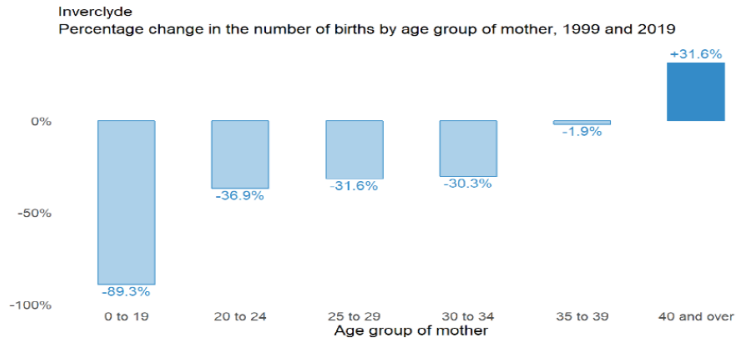
4.1. Births

In 2019, there were 615 births in Inverclyde. This is a decrease of 10.7% from 689 births in 2018. Of these 615 births, 299 (48.6%) were female and 316 (51.4%) were male.

In 2019, the most common age group of others in Inverclyde was 30 to 34, the same as in 1999. The least common age group of mothers was 0 – 19 (13 births), which is a change from the 40 and over age group in 1999.



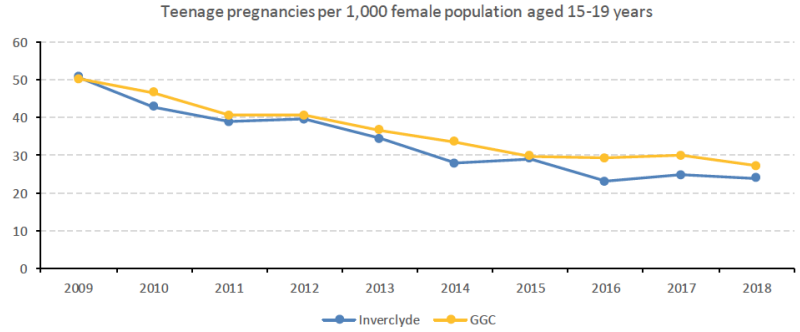
Between 1999 and 2019, the 0 to 19 age group has seen the largest percentage decrease in births (-89.3%) and the 40 and over age group has seen the largest percentage increase in births (+31.6%).



Source https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/inverclyde-council-profile.html#births

From a local perspective, in 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 31 local authorities in Scotland. By 2017, this had fallen to 20th out of 31. This data is no longer available on ISD website, however national data reflects that teenage pregnancy is at its lowest rate since recording began; Teenage Pregnancies a national statistics publication for Scotland 25 August 2020

The graph below shows the decrease in teenage pregnancies for both Inverclyde and GG&C.



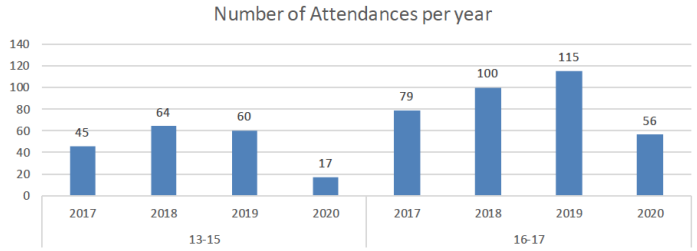
Source: ISD website

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.

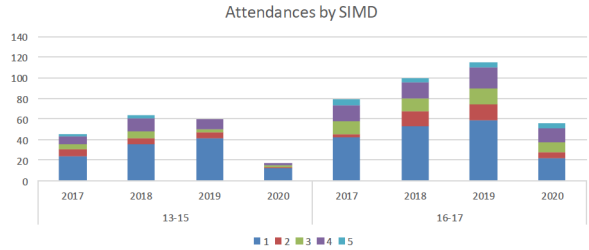
Moving forward, Sandyford are re-designing the full Young Person structure. The plan is to provide an improved service by increasing the numbers of young people who access the support.

The following chart provides an overview of the recorded attendances in the age groups 13-15 year olds; 16 – 17 year olds.



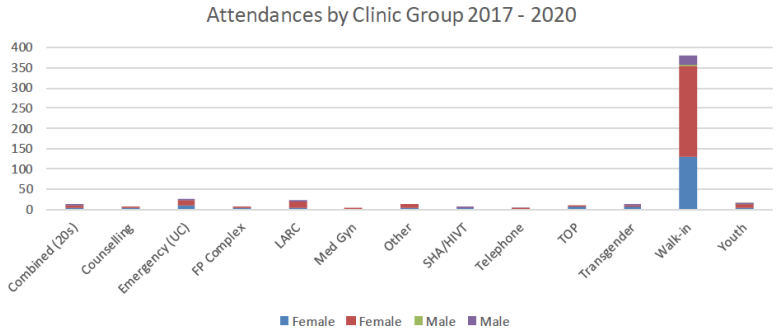
Over the last 11 years there has been a decline in the number of attendances to Sandyford with females age 16 – 17 having the highest attendances

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.



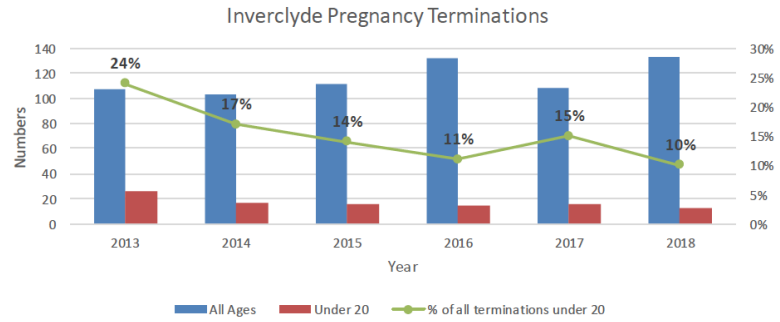
The graph below explains the clinic group per attendance.

The highest clinic group appointments are walk in appointments with 16 – 17 year old females being the highest, followed by 13 – 15 year old females.



4.3. Terminations of Pregnancy

Terminations of pregnancy in Inverclyde rose from 107 in 2013 to 133 in 2018, however, the number of women under 20 who had a termination fell from 24% in 2013 to 10% in 20188.



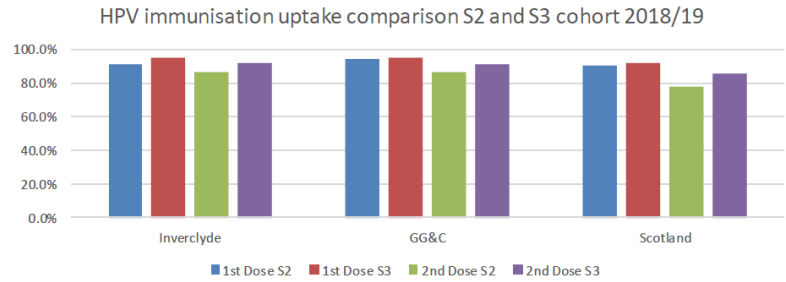
Source: ISD Scotland

4.4. 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.

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



Source: ISD Scotland

From an Inverclyde perspective, the uptake for dose 1 is similar to Greater Glasgow and Clyde, however, higher than Scotland-wide. The uptake for dose 2 is slightly lower than dose 1, however similar to GG&C and again higher than the Scottish average.

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

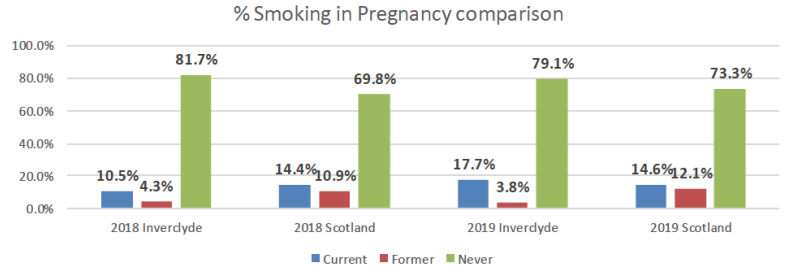
8 https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2016-05-31/mat_aas_table5.xlsx?60707820

4.5. 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.9

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.10 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.11 Women who are economically disadvantaged and socially unsupported when facing parenting challenges in isolation, say that they smoke to relieve anxiety and depression.12

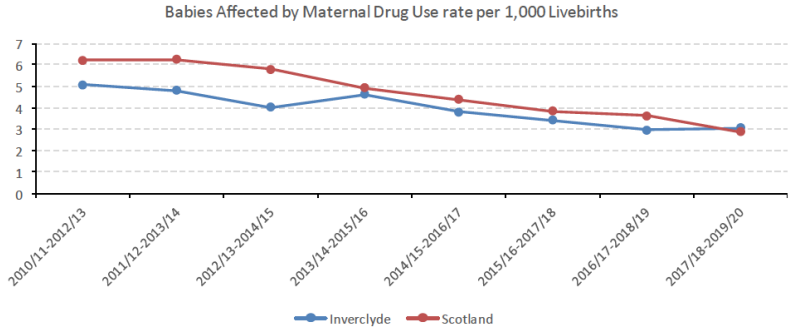
There is evidence that self-reported smoking is under-reported and that the true smoking figures for pregnant women may be underestimated by up to 25%.13 There has been an increase in women who smoked during pregnancy by 6.6% from 2017/18 to 2018/19 which is 2.5% above the Scottish average.



Source: ISD website

4.6. Drug use in Pregnancy

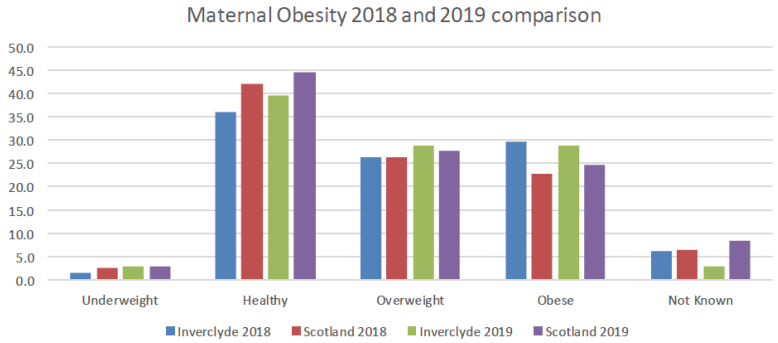
The health of a woman is an important factor in pregnancy, as we know from evidence that in general, healthy women have healthy babies. Inevitably, babies will be affected if their mothers are using drugs, and this could lead to poorer outcomes for the child. We work closely with mothers in this category and both rate and absolute numbers had been on a downward trend in Inverclyde since 2009 it has potentially levelled out between 2017 and 2020.



10 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
11 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
12 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 13 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

4.7. 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 26.5% of woman were overweight in 2018 which increased to 28.8% in 2019. Scotland's average was similar to Inverclyde's figures with 26.2% being overweight in 2018 and a slight increase to 27.9% in 2019. Inverclyde's obese figures were higher than Scotland's average for both years with 29.6% in 2018 and a slight reduction to 28.8% in 2019.



4.8. Breastfeeding

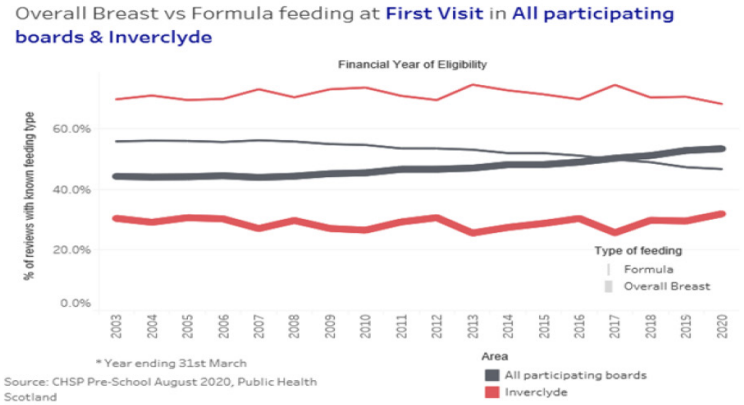
Supporting, promoting and advocating for breastfeeding is a key priority for Inverclyde HSCP and the Scottish Government. The Government target is for a 10% reduction in breastfeeding drop off rates at 6-8 weeks post-delivery by 2025. A combination of Programme for Government and HSCP funding has facilitated a dedicated infant feeding team. The team has worked across the partnership raising awareness of the short and long term benefits of breastfeeding, supporting mothers to make informed choices and when experiencing difficulties, and influencing the culture of breastfeeding by promoting the Breastfeeding Friendly Scotland award scheme across Inverclyde.

Breastfeeding Friendly Inverclyde is one of the areas of the work of Inverclyde Cares. CVS Inverclyde has been working with the infant feeding team for the past year to promote this work. Breastfeeding Friendly Inverclyde will also feature on the Inverclyde Life website.

Evidence shows that even modest increases in breastfeeding has the potential to dramatically improve outcomes for infants and children and bring about short and long term health, attainment and economic benefits. Infants who are breastfed experience less asthma, chest infections, urine infections, diabetes, childhood cancers, and in later life, less Multiple Sclerosis, heart problems and lower blood pressure and cholesterol. Breastmilk is also linked with increased cognitive skills, improved attainment and higher salary in later life (World Health Organisation). If born prematurely, the accumulative impact of the provision of breastmilk on severely or moderately premature infants cognitive development was evidenced in a UK Millennium Cohort Study (Quigley, et al, 2009). Women who breastfeed experience lower risks of breast cancer, ovarian cancer, osteoporosis (weak bones), cardiovascular disease and obesity. There are also significant environmental and financial benefits. For low income families, the savings associated with breastfeeding versus formula are enormous with an estimated expenditure of between £ 6.44 and £13.52 per week for formula (UNICEF). This saving rises significantly when compared to costs associated with ready-made formula products.

The percentage of infants ever breastfed in Inverclyde had risen modestly in 2018/19 from 42.4% (2017/18) to 42.8 in 2018/19, however in 2019/20 the ever breastfed rate rose to 45.6%. This has moved Inverclyde out of the worst performing Local Authority for this data set and also initiation rates, however there remains a long way to go when compared to all Local Authorities.

Our 2020 performance in relation to percentage receiving breastmilk at 1st visit compared to formula is at the highest level since recording began in 2003 and is at 31.8%- see table below.

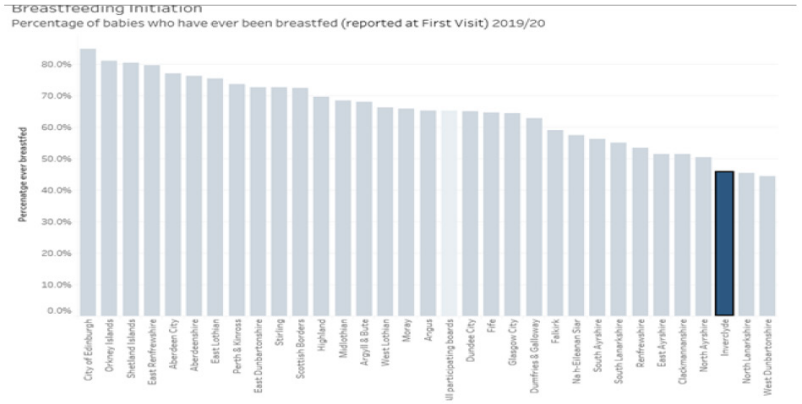


In relation to drop off at 6-8 weeks postnatal, our attrition rate is 6.6% lower at 45.5% than it was in 2018/19 (National Statistics dash board, 2020), however over 30% of women continue to give up by the 1st visit demonstrating the need for continued focus of early help and support.

The data highlights the improvements however there remains significant health inequalities and the infants that would most likely to benefit from breastmilk/breastfeeding remain the infants least likely to be breastfed. SIMD data for 2020 demonstrates that while 73% of infants who live in SIMD 5 received breastmilk, compared to 38.5% of infants in SIMD 1.

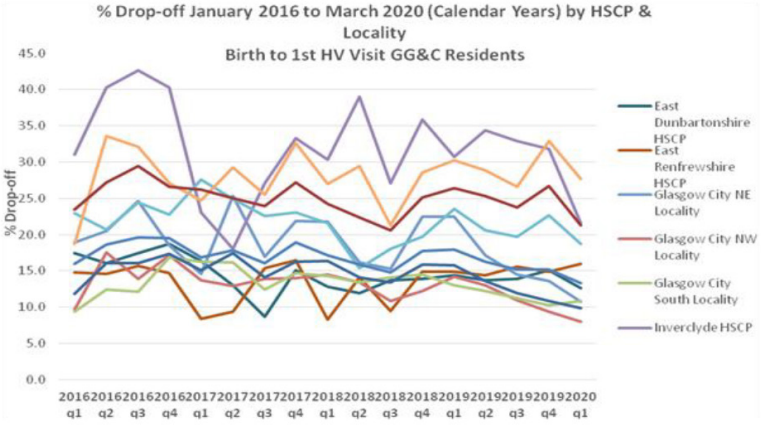
The Inverclyde Integration Joint Board recently approved 2 substantive breastfeeding posts in order to provide sustainable and targeted support, promotion and safeguarding of breastfeeding in Inverclyde. Multiple tests of change are underway in order to see how best to deliver a breastfeeding friendly Inverclyde and facilitate better outcomes for children.

Health Visiting and Breastfeeding specific social media platforms have been set up to provide up to date information and encouragement in relation to infant feeding, healthy weaning and childhood nutrition. The Children and Families team are working closely with the community nutritionist, health improvement and oral health in order to provide best evidence to parents and carers



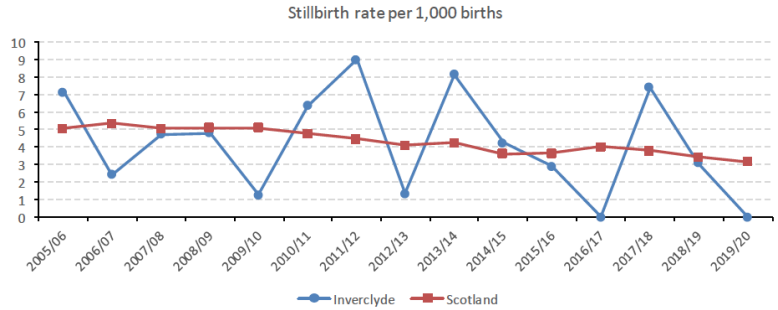
Breastfeeding Drop Off or Attrition: Birth to HV First Visit

Inverclyde HSCP percentage of mum's giving up breastfeeding has gone from 31.1% in 1st quintile of 2016 to 21.3% in first quintile in 2020. When comparing to other areas it appears that Inverclyde has performed well and potentially related to in-reach activity supporting Mums earlier. At the highest point in 2016 42.7% gave up feeding between birth and HV first visit.



4.9. 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.



The graph above shows fluctuation in Inverclyde's figures of Stillbirth rates per 1,000 births compared to Scotland as a whole whose figures have remained similar over the years with the lowest rate being 2019/20 at 3.2 per 1,000 births.

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. Special Needs In Pregnancy (SNIPS) is a targeted service with this focus. Special Needs In Pregnancy midwife receives referrals from any agency when a pregnant women requires extra support in pregnancy. The SNIPS midwife offers extra support and appointments in addition to routine antenatal care. Reasons for referral including child protection concerns, very young mothers, history of offending, for mental health support, addictions support, women with a learning disability or anyone who appears vulnerable and unsupported.

Referrals are made to appropriate supporting agencies as required and the SNIPS midwife liaises with other agencies, attends meetings on behalf of the midwifery team and updates the health team and maternity hospital re child's plan. The numbers of referrals to SNIPS midwife are fairly consistent at around 30-35% of the total number of women who are booked for a ante-natal support. Of this proportion of referrals approximately 25 -30 % will require referral to children and families Social Work and more intense support.

4.10. Birth Weight

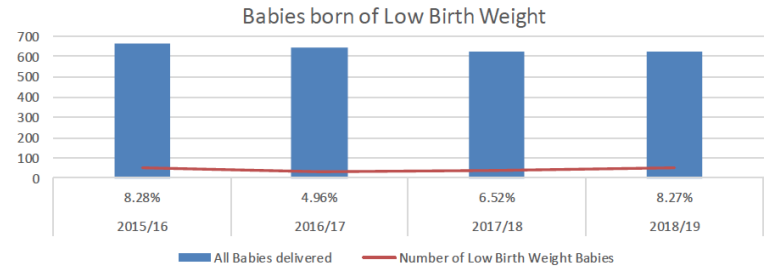
Low birth weight babies are defined as those who weigh less than 2,500 grams at birth. This can be further subdivided into very low birth weight babies (<1,500g) and extremely low birth weight babies (<1000g). These babies are at increased risk of mortality and morbidity. They are more likely to suffer 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.

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.

In 2018/19, Scotland's figures noted 5.4% of singleton babies had low birthweight which is significantly lower than Inverclyde's figure below. Although the proportion of singleton babies that are born preterm has increased over time, the proportion with low birthweight has shown little change since records began in the mid-1970s. This reflects the fact that babies born at any given gestation have got, on average, slightly heavier over recent decades.

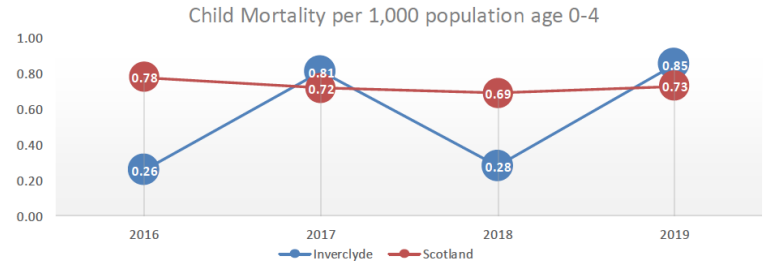
The chart below highlights a comparison of birth weights within Inverclyde over a four year period from 2015 – 2019. There was a reduction from 105/16 from 8.28% to 4.96% in 2016/17, however, the number of low birth weights increased again to 8.27% in 2018/19.



Source: Inverclyde CF QSR

4.11. 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. The rate per 1,000 age 0-4 year population for deaths is low in Inverclyde, and although the graph below shows a higher rate in 2017 and 2019, the numbers remain low. Scotland's figures remain comparable over the 4 years averaging just under 0.8 per 1,000 0-4 year old population.



Source: National Records of Scotland

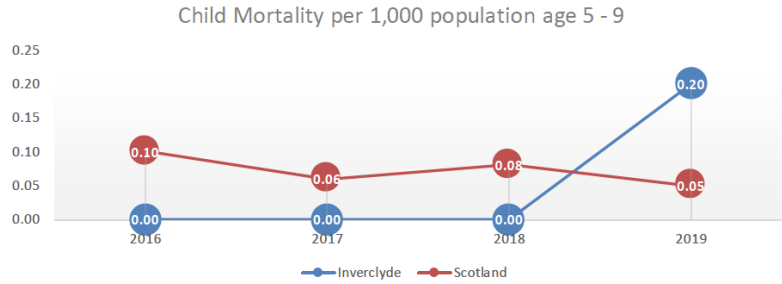
These statistics, from the National Records Scotland, have been presented separately from still births but the same caveat described above applies, given the low numbers in our local area.

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.

Child Mortality Ages 5-9

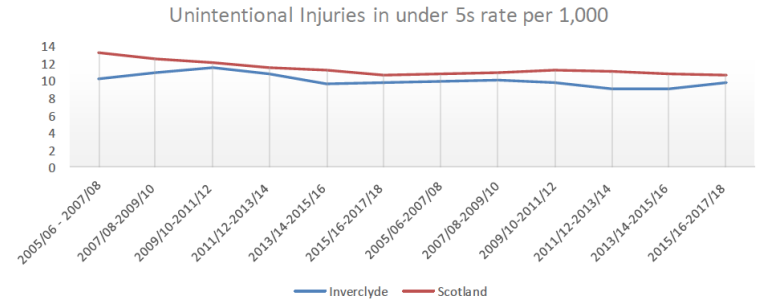
For children aged 5-9 the mortality rate is very low. A reason nationally for this is that the main cause of mortality for this group is road traffic accidents, and the numbers of these which cause the death of a child are not frequent occurrences. The table below shows the low mortality rate per 1,000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



Source: National Records of Scotland

4.12. Unintended Injuries

The following table highlights the number of unintended injuries in children aged 0-5 for the period 2005 - 2018.



Source: ISD website

There is no significant change in the rates of unintentional injuries with falls remaining significantly higher than any other unintentional injury.

4.13. 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.

In Scotland, the rates of overweight and obesity for both children and young people are among the highest in the developed world. The amended (2018) Scottish Health Survey(1) estimates that 26% of children aged 2-6 years are at risk of overweight (including at risk of obesity) – of which 11% are at risk of obesity specifically.

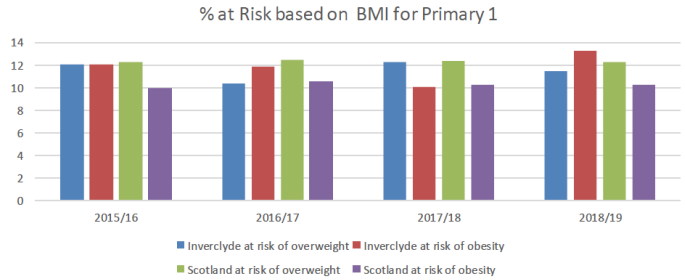
The child health programme operated by NHS boards in Scotland offers routine reviews at various stages of a child's life. Height and weight is collected as part of the review when children are in Primary 1 at school, and the measurements can be used to derive estimates of the prevalence of overweight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

The rates of children who were assessed by Health Visitors in NHSGGC as overweight or obese at the 27-30 month assessment in the first 3 quarters of 2019 were as follows (average per area):

HSCP	BMI Status						
	Not known % (n=)	Under Weight % (n=)	Healthy Weight % (n=)	Overweight % (n=)	Obese % (n=)	Severely obese % (n=)	Known totals (n=)
Glasgow North East Sector	32.2 (457)	0.4 (5)	47.1 (670)	11.3 (161)	5.6 (80)	3.4 (48)	1421
Glasgow North West Sector	47.1 (649)	1.0 (12)	36.7 (506)	8.3 (114)	4.4 (61)	2.7 (37)	1379
Glasgow South Sector	48.2 (868)	0.2 (4)	39.3 (708)	7.4 (134)	2.8 (51)	1.9 (35)	1800
Glasgow City HSCP Total	42.9 (1974)	0.5 (21)	41 (1884)	8.9 (409)	4.2 (192)	2.6 (120)	4600 0.5 (21)
East Dunbartonshire HSCP	20.7 (181)	0 (0)	57.1 (500)	13 (114)	7.8 (68)	1.4 (12)	875
East Renfrewshire HSCP	22.8 (156)	0 (0)	58.6 (400)	13.6 (93)	3.8 (26)	1.2 (8)	683
Inverclyde HSCP	**33 (168)**	**0.2 (1)**	**47.7 (243)**	**11.6 (59)**	**4.5 (23)**	**2.9 (15)**	**509**

The latest figures from NHS National Services Scotland, Information Services Division (ISD) (2) show that in the year 2018/19, of 44,782 children in the first year of primary school (P1) measured across Scotland, 12% of children were at risk of being overweight, and a further 10% were at risk of obesity.

The chart below shows the percentage of children in Primary 1 in Inverclyde who are at risk of being overweight or obese compared to Scotland over the period 2015 to 2019. It is evident from the data 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, nonetheless more children in Inverclyde are at risk of obesity.



Source: ISD Scotland

A major challenge is the link between deprivation and risk of a child being overweight or obese as figures confirm that this has increased in the most deprived areas but decreased in the least deprived areas. Cooking and other life skills can also be included as important means of addressing the issue. There are 3rd sector organisations in Inverclyde promoting nutrition/healthy eating: including Belville, Broomhill, and Stepwell.

The rates of children who were assessed in NHSGGC locality as overweight or obese during the primary 1 assessment (2018/19) were as follows (average per area):

HSCP	BMI Status					
	Under Weight % (n=)	Healthy Weight % (n=)	Overweight % (n=)	Obese % (n=)	Severely obese % (n=)	Known totals (n=)
Glasgow North East Sector	0 (0)	81.1 (1083)	9.1 (122)	5.6 (75)	4.1 (55)	1335
Glasgow North West Sector	0.1 (1)	82.1 (924)	9.7 (109)	4.8 (54)	3.3 (37)	1125
Glasgow South Sector	0.2 (3)	81.9 (1378)	9.9 (166)	4.5 (75)	3.6 (60)	1682
Glasgow City HSCP Total	0.1 (4)	81.7 (3385)	9.6 (397)	4.9 (204)	3.7 (152)	4142
East Dunbartonshire HSCP	0.2 (2)	89.3 (894)	7.4 (74)	1.4 (14)	1.7 (17)	1001
East Renfrewshire HSCP	0.2 (2)	88.3 (877)	7.0 (70)	3.0 (30)	1.4 (14)	993
Inverclyde HSCP	**0.1 (1)**	**82.2 (567)**	**8.1 (56)**	**4.5 (31)**	**5.1 (35)**	**690**
Renfrewshire HSCP	0.3 (4)	84.8 (1089)	8.5 (109)	4.0 (52)	2.3 (30)	1284
West Dunbartonshire HSCP	0 (0)	86.6 (413)	7.1 (34)	2.1 (10)	4.2 (20)	477
Total	**0.2 (13)**	**84.1 (7225)**	**8.6 (740)**	**4.0 (341)**	**3.1 (268)**	**8587**

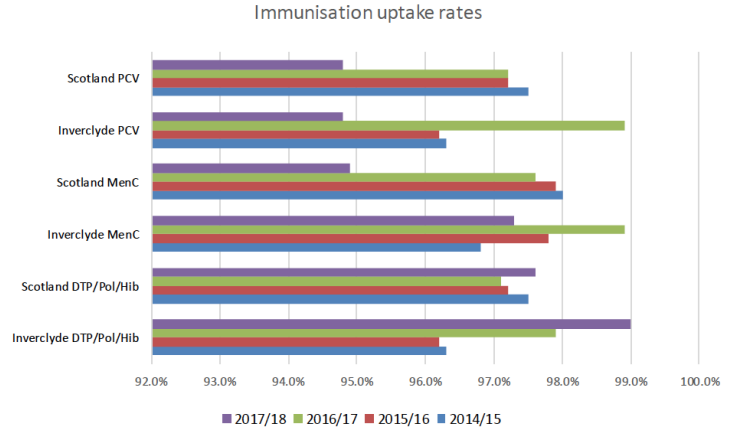
4.14. Immunisations

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 national immunisation programme target is: 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.

Immunisations complete by 24 months

(Children born 1 July to 30 September 2014).

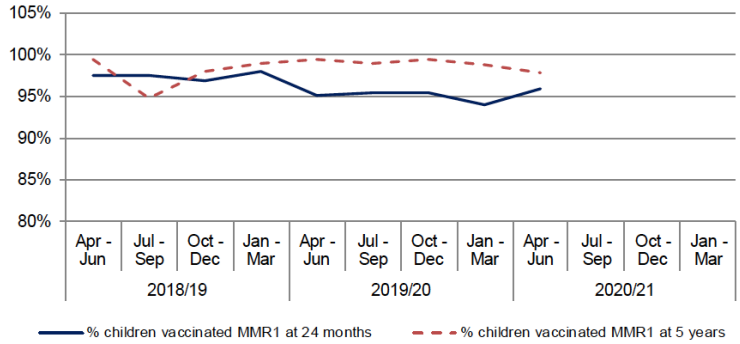


Source: ISD Scotland

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 94.8% and mainly above the national average.

Immunisations complete by 24 months and 5 years

MMR Vaccinations



	2018/19				2019/20				2020/21
Healthy	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun
% children vaccinated MMR1 at 24 months	97.5%	97.6%	96.9%	98.0%	95.2%	95.4%	95.4%	94.1%	96.0%
% children vaccinated MMR1 at 5 years	99.5%	94.8%	98.0%	99.0%	99.5%	99.0%	99.5%	98.9%	97.8%

Source: ISD Scotland

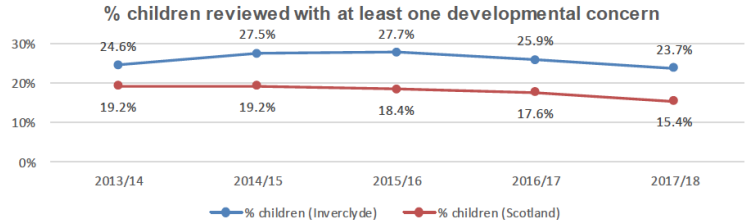
MMR at 24 months has mainly been above the target (95%), with the exception of Jan – Mar 2020 which was slightly below at 94.1%. MMR at 5 years had been above the target of 98.5% until April – June when it fell to 97.8%. The data demonstrate that the immunisation uptake in Inverclyde is slightly higher than Scotland's average.

4.15. Children's 27-30 month reviews

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

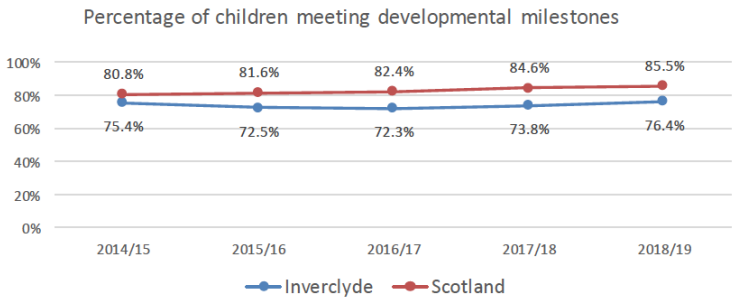
Between April 2013 and March 2017, health visitors assessed children across nine domains at their review (speech, language and communication; attention; fine motor; gross motor; social; emotional; behavioural; vision; and hearing). In April 2017, these 9 domains became 8 new domains (Speech, language and communication; Gross motor; Fine motor; Personal/social; Emotional/behavioural; Vision; Hearing; and Problem Solving). Consequently, this means 2016/17 data is not comparable with previous years.

ISD data shows that the percentage of children reviewed that had at least one developmental concern recorded has decreased in the past two years but remains higher than the Scottish average.



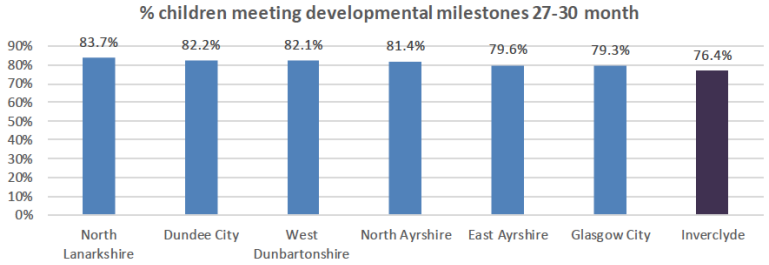
Source: ISD [Child Health | Publications | Child Health 27-30 Month Review | Health Topics | ISD Scotland]

The percentage of children meeting developmental milestones is part of the Local Government Benchmarking Framework. This national framework is designed to develop better measurement and comparable data across all council areas. The latest data for 2018/19 was published in February 2021 and shows that the percentage of children in Inverclyde meeting developmental milestones continues to be lower than the Scottish average.



Source: LGBF [Explore the data | Benchmarking (improvementservice.org.uk)]

The LGBF also creates 'family groups' to enable comparison across council areas with similar levels of deprivation. Inverclyde's family group is shown in the chart below. Inverclyde has the lowest percentage of children meeting development milestones out of all the council areas in its family group.



4.16. 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.

4.17. Nursery Childsmile Programme

Childsmile practice is designed to improve the oral health of children in Scotland from birth by working closely with Health Visitors and dental practices. It provides a universally accessible child-centred NHS dental service through early intervention, information and support via home visits and the promotion of dental registration and facilitation of dental attendance for families. A universal and enhanced service is provided depending on the child or families oral health need.

The percentage of Childsmile failed contacts increased in 2018/2019 from 15% in 2017/18 (88 failed contacts out of 575 home visits carried out) to 26% overall (100 failed contacts out of 389 home visits offered). 2018/2019 data also demonstrates a reduction in Childsmile capacity due to vacancy, absence and variation in HV referrals. The combination of reduced visits offered and lower uptake may impact negatively on NDIP data in 2023/2024. A concerted effort to increase uptake and to support increased oral health capacity within the team is a development priority for 2020.

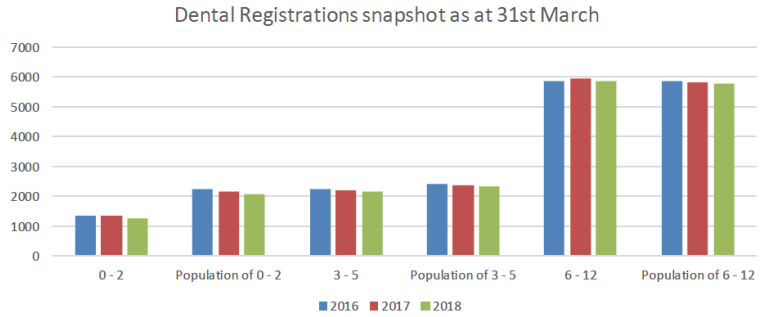
There is a clear correlation between dental decay and neglect and between SIMD index and failed contacts. A breakdown by SIMD demonstrates that children in SIMD 1 or 2 in 2018/19 were nearly 3 times more likely to have failed contacts than those in SIMD 4 or 5

SIMD	Failed Contact % 2018/19
1	31%
2	33%
3	20%
4	11%
5	12%

Table: Failed contact by SIMD in percentages.

Dental registrations 0-2 years, 3 – 5 years and 6 – 12 years

The table below shows year on year comparison of age groups 0 – 2, 3 – 5 and 6 – 12 registered with a dentist using a snapshot as at 31st March for 2017 – 2019 within Inverclyde. This shows a high number of children are registered with the exception of 0 – 2 year olds, however, this will include newborns whose parent / carer may not register with a dentist immediately.

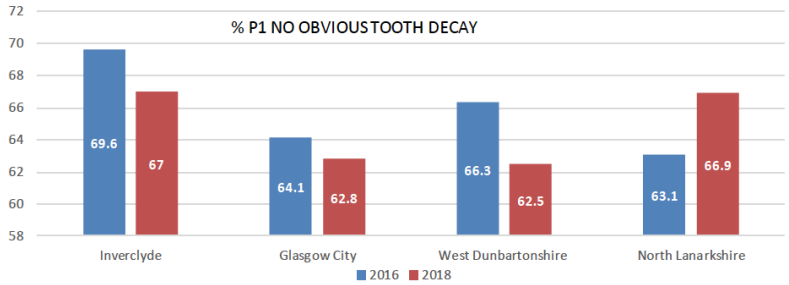


It is acknowledged therefore that despite recent apparent oral health gains, the results indicate a need for further improvement and a continued investment in early intervention (Childsmile) in order to support improving OH in Inverclyde. The data from NDIP provides an indication of how effective oral health improvement initiatives have been historically in a population i.e. outcomes for Primary 1 will be influenced mostly by health behaviours established from birth and any contact with dental professionals and oral health improvement interventions (Childsmile).

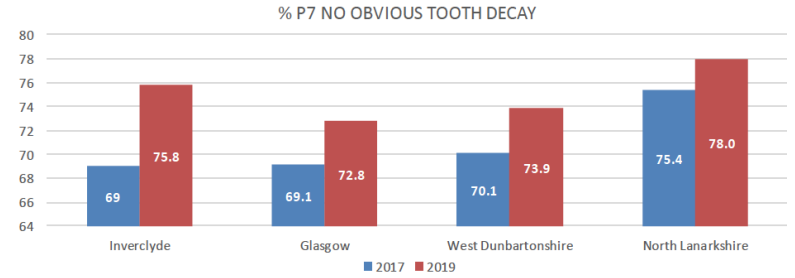
Percentage of children with no obvious dental decay

The graph below shows % of Inverclyde children in Primary 1 with no obvious tooth decay compared to other comparative areas. The graph shows in 2018, 67% of primary 1 school children had no obvious tooth decay, and shows higher than comparator authorities. This may be partly attributed to the high level of engagement in the ELC sector.

There is 100% involvement in the toothbrushing programme across all 31 pre-5 establishments in Inverclyde demonstrating high levels of engagement between Education and the HSCP Oral Health Team.



The graph below shows the comparative data for no obvious tooth decay for Primary 7. 2017 to 2019 shows an increase for all authorities with the highest increase being in Inverclyde



4.18. Dental Extractions under General Anaesthetic

Inverclyde rates of extraction for 3-16 year olds under GA are 6 times lower than GGC rate at 2 per 1,000 compared to 12 per 1,000 in GGC. Dental extractions under general anaesthetic (GA) represent a traumatic event for children and are often preceded by oral pain or discomfort, eating difficulties and sleep disturbance and can negatively impact on school attendance. A reduction in extractions under GA is highly desirable. The table below indicates numbers of dental extractions in children in Inverclyde aged 3-16 years by postcode.

Post code sector	2013	2014	2015	2016	2017	2018	Total
PA14 5 Port Glasgow	3	2	4	6	8	4	27
PA15 2 Greenock (East)	0	4	3	4	13	2	26
PA15 3 Greenock (East)	3	2	3	4	11	4	27
PA16 0 Greenock (west)	5	6	6	7	23	10	57
PA16 7 Greenock (west)	3	6	7	2	15	2	35
PA16 8 Greenock (west)	3	4	1	3	6	1	18
PA19 1 Gourock	3	6	3	1	8	1	22
Total for Inverclyde	20	30	27	27	84	24	212
Total for GG&C	2016	2037	2099	1728	1706	2049	11,635

Episodes for dental extractions under general anaesthetic for children in Inverclyde (rates calculated from mid-2017 population estimates ages 3-16)

The marked increase in cases reported in 2017 has been succeeded by a more commensurate figure thereafter. The OHD suggests the increase in cases during 2017 may have been influenced by the migration of a number of vulnerable families into the area with a high level of oral disease. Continued interface between Childsmile and the Refugee team in order to support all New Scots and their children access appropriate oral health and dental treatment in a timeous manner is planned.

There is a link between neglect of oral health in young children, parental oral health difficulties and dental avoidance. Early identification of parents who do not/do not regularly access the dentist, or who access emergency care can highlight patterns that may later impact negatively on their child's OH.

Risk assessment and an enhanced care pathway would further support early intervention and 1:1 support to access GDP. In addition, the early identification of children with GA extractions is desirable in order for the HV and DHSW/Childsmile to offer early support for siblings and reiterate key OH messages.

4.19. CAMHS Referral to Treatment Time

The Inverclyde CAMHS open caseload (including those waiting), tends to remain fairly stable and has been over the last 3 years, approximately 500-550 open or waiting cases in Inverclyde CAMHS at any time. On a broader scale, the Office of National Statistics study in 2004 highlighted that approx. 1 in 10 children/young people (0-18s) would have a mental health problem. This was revised up in 2019 by the NHS Digital study to 1 in 8 and has now been suggested by the same group that this in now 1 in 6 in a 2020 update. In terms of Neurodevelopmental cases in CAMHS (ASD with MH problem, ADHD, Tourette's, LDs and Foetal Alcohol Syndrome, FASD etc), the estimate is that around 30% of CAMHS open cases at any time would come under this bracket.

Referral to treatment times, Referrals and Rejected Referral Audit and Inverclyde CAMHS

Inverclyde is making good progress in responding to referrals as can be seen from this data.

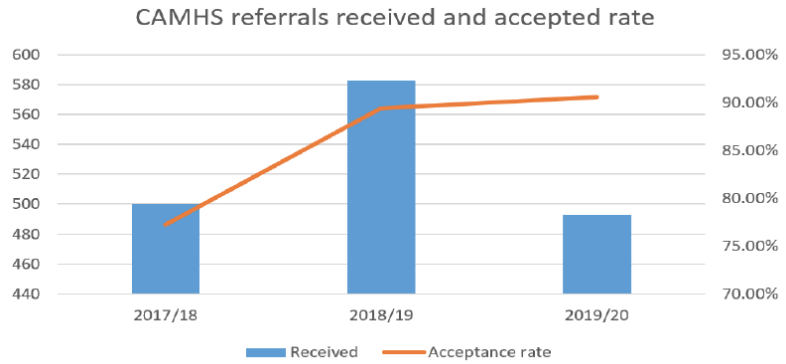
Referral to treatment times in Inverclyde CAMHS

Period October-September

2017/18 – average 8.9 weeks, median 7.7 weeks
2018/19 – average 13.2 weeks, median 12.8 weeks
2019/20 – average 12.5 weeks, median 12.6 weeks

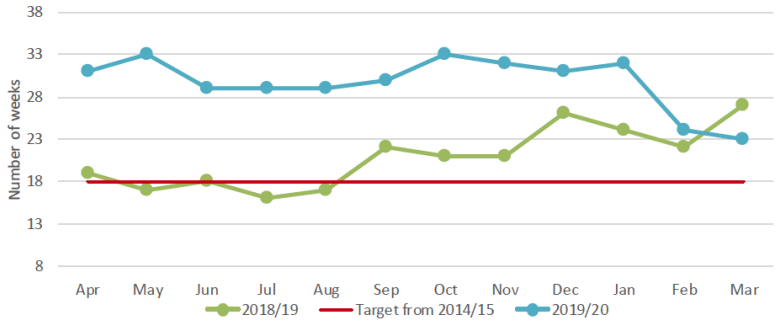
In 2018, the Scottish Government held a CAMHS Rejected Referral Audit across Scotland. This was in response to higher than anticipated rejected rates. Following from this GG&C created an action plan which

aimed at ensuring all children and young people who requested mental health support would be seen and signposted to the most appropriate place. Therefore GGC CAMHS - Inverclyde have reduced their rejected rate since 2018. Now most referrals of children and young people are seen in CAMHS at least once.



Source: CAMHS Inverclyde

Following this appointment, they will continue treatment in CAMHS if this is the most suitable treatment option, or will be signposted to more appropriate providers. Those who are rejected now tend to be referral errors, for example out of border referrals, wrong age range, wrong service (e.g. should have been referred to Community Paediatrics).



Referral to Treatment times (RTT)

Referral to treatment time has remained above the 18 week target since September 2018, however, has reduced to be nearer the target with the latest figure being 23 weeks as at March 2020. RTT 98.48% 4/09/20 since 25/09/20 100% has been under the 18 week target.

4.20. Considerations and implications

- Smoking continues to be higher in areas of deprivation and smoking cessation will remain a focussed area for improvement. Infant mortality and low birth weight babies can also be attributable to smoking in pregnancy.
- A significant improvement has been achieved in the rate of teenage pregnancy and it may be important to have a continued focus on this strategy in the future.
- Breastfeeding rates remain static but low across Inverclyde, breastfeeding needs to remain a key focus by monitoring the rates of variation in infant feeding combined with socio-demographic data, as this will continue to help develop targeted programmes of change.
- Reducing the variation in infant mortality rate is a key strand of tackling inequality and requires initiatives to improve maternal health, child health and the wider determinants of health, such as education and housing.
- Inverclyde has the lowest percentage of children meeting development milestones out of all the council areas in its family group as assessed by the 27-30 month assessment. The percentage of children meeting development milestones at 27-30 months is lower than the Scottish average and the percentage of children with at least one development concern is higher than the national average. Therefore a further focus is required upon early intervention – pre-birth to 30 months as well as continuing the support provided through early learning and childcare provision as well as targeted interventions of speech and language therapy and parenting programmes.
- Food and child poverty is highly detrimental to healthy child development and maximising access to healthy food needs to be considered as part of the partnership's overall strategy to child poverty, including 3rd sector activities such as The Pantry - a valuable

resource in Inverclyde as well as the potential for families to link in with cookery classes in the Grieve Road Community Centre.

- The prevalence of child obesity is concerning, however in tackling this further analysis of the number of children who are underweight is also important, as this is also linked to child poverty and neglect.
- It is likely that Covid-19 has put a huge strain on many young people who were already struggling with their mental health. This is already and will continue to be a focus of the work of the partnership.
- There is a need to continue to track the improvement work related to oral health as an indicator of neglect. This would include improvement activity to support better uptake of Childsmile particularly in 0-2 years, increasing engagement and reducing failed contacts- text messages, joint visits.
- Continued focus on key oral health messages and supporting staff who have opportunity to influence oral health i.e. HVs, Family Nurses and Social Workers, Parents and Carers.

5. Education

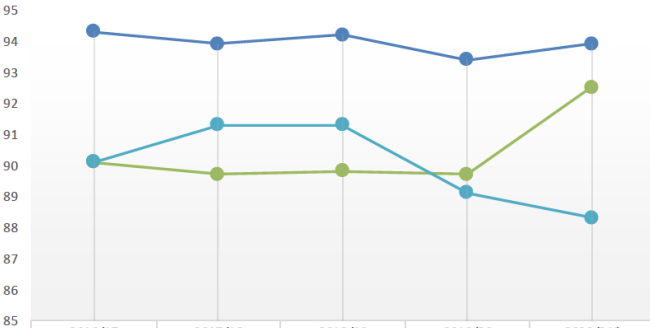
There are several different statistical outputs and analyses of data from education services that can be employed as indicators of the SHANARRI wellbeing measures that have been adopted across the whole Community Planning Partnership.

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.

5.1. Inverclyde school attendance

School attendance for primary school pupils is generally higher than attendance for secondary pupils. In 2018/19, primary school attendance was 4.4% higher than secondary attendance. Primary school attendance in Inverclyde has consistently hovered around 94% over the past 5 years. Secondary school attendance has also been relatively stable around 90% over a similar time period, but there has been a notable increase in secondary school attendance rates in the period up to 31st October of the current school year. Attendance at ASN schools has trended downwards last year and into the current year.

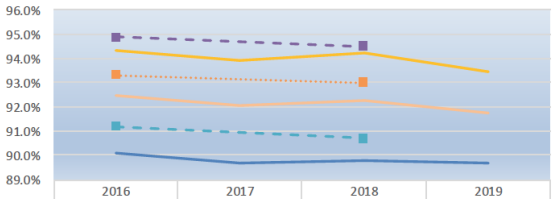
Figure 1. School attendance % by school type between 2016/17 and 2020/21



	2016/17	2017/18	2018/19	2019/20	2020/21*
Primary	94.3	93.9	94.2	93.4	93.9
Secondary	90.1	89.7	89.8	89.7	92.5
ASN	90.1	91.3	91.3	89.1	88.3

Source: Inverclyde Education Services (SEEMIS), 2020

The chart below shows that historically Inverclyde primary and secondary attendance has been below the national average in the years when national data was published; 2016/17 and 2018/19.

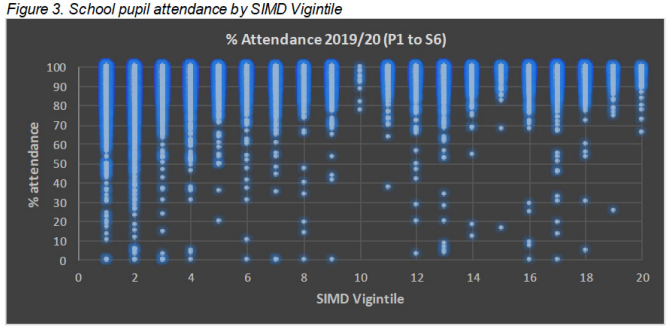


	2016	2017	2018	2019
Secondary	90.1%	89.7%	89.8%	89.7%
Primary	94.3%	93.9%	94.2%	93.4%
Total Authority	92.5%	92.0%	92.3%	91.7%
National Primary	94.9%		94.5%	
National Secondary	91.2%		90.7%	
Total National	93.3%		93.0%	

Source: Inverclyde Education Services (SEEMIS), 2020

The figure below displays each school pupil against their 2019/20 school attendance and SIMD Vigintile. The chart shows that there were a number of pupils with poorer levels of attendance across the authority, and also that higher numbers of poor attenders were living within the lower SIMD ranked Datazones.

Figure 3. School pupil attendance by SIMD Vigintile



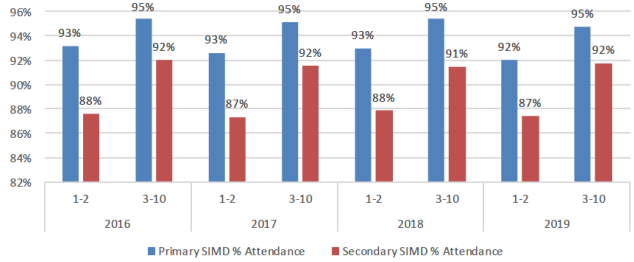
Source: Inverclyde Education Services (SEEMIS), 2020

The SIMD gap in attendance percentage has been around 4-5% in secondary schools and 2-3% in primary schools, over the past four years.

Table 1. SIMD attendance gap (2019/20)

School type	SIMD 1-2 (2019/20 Attendance)	SIMD 3-10 (2019/20 Attendance)	SIMD Attendance GAP
ASN	88.6%	89.9%	-1.3%
Primary	92.0%	94.8%	-2.8%
Secondary	87.4%	91.8%	-4.4%

Figure 4. Primary and secondary attendance % against SIMD banding



Source: Inverclyde Education Services (SEEMIS), 2020

The following figures show that alongside SIMD there are other factors which may influence poor attendance within Inverclyde schools; care experience, entitlement to free school meals, and additional support needs.

Figure 5. 2019/20 Attendance % comparison for care experienced pupils (LAC pupils – home, away, and previously)

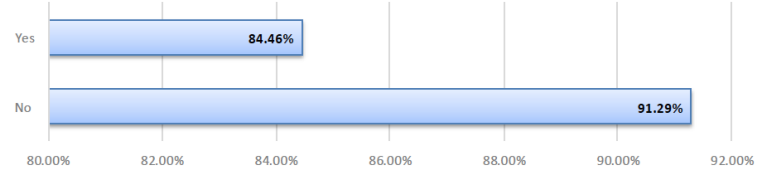


Figure 6. 2019/20 Attendance % comparison for pupils entitled to free school meals

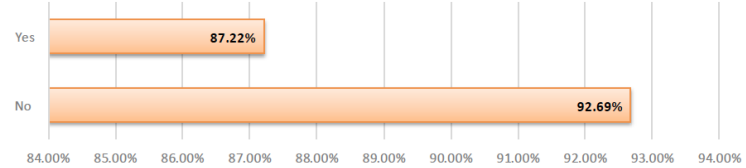
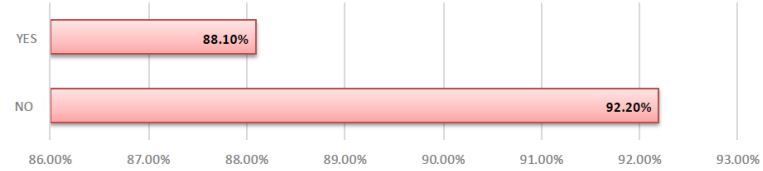


Figure 7. 2019/20 Attendance % comparison for pupils with additional support needs



Source: Inverclyde Education Services (SEEMIS), 2020

5.2. Exclusions from School

The number and rate of overall exclusions from school has been falling in Inverclyde in recent years. In 2019/20 there were 160 exclusion incidents in Inverclyde, a 22% reduction from the previous year14, although pupils spent fewer days in school this year due to the coronavirus pandemic.

Table below shows that the exclusion incident rate per 1,000 pupils has been consistently falling within primary and secondary schools over the past three years. The ASN figure tends to be more variable for this measure due to the sensitivity associated with the smaller population.

In the primary sector, the overall rate of exclusion has reduced from 17 exclusions per 1000 pupils in 2010/11, to 0.4 exclusions per 1000 pupils in 2019/20.

In the secondary sector, the overall rate of exclusion has reduced from 102 exclusions per 1000 pupils in 2010/11, to 34.6 exclusions per 1000 pupils in 2019/20.

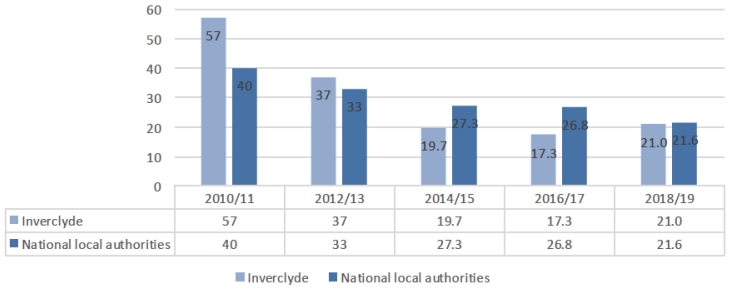
Table 2. Exclusion rate per 1,000 pupils

Exclusions from school: rate of exclusion incidents per 1,000 pupils			
School Type	**2017/18**	**2018/19**	**2019/20**
Primary	5.0	3.2	0.4
Secondary	45.6	40.0	34.6
ASN	12.1	96	37.2

Source: Inverclyde Education Services (SEEMIS), 2020

The rate of pupil exclusion in Inverclyde compares favourably with the Scottish average in local authority schools, decreasing by 63% between 2010/11 and 2018/19.

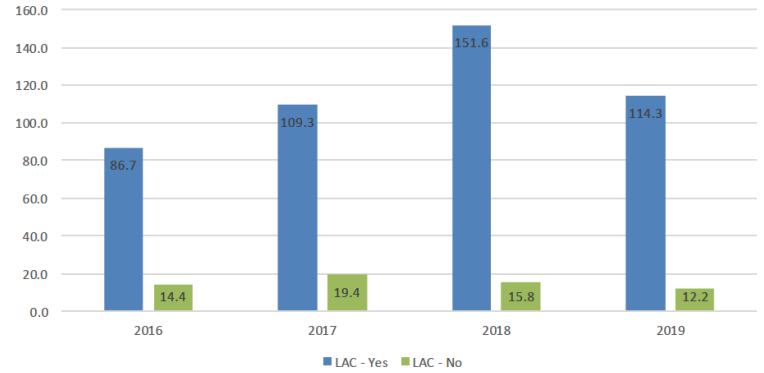
Figure 8. Inverclyde exclusion incidents per 1,000



[14] *Source: Inverclyde Education Services (SEEMIS), 2020*

Within the cohort of Inverclyde pupils, there is a higher rate of exclusion for looked after children (at home, away from home, and previously looked after). This is in both primary and secondary school. Figure 9 below shows that the rate of incidents per 1,000 is a number of times higher for care experienced children.

Figure 9. Exclusion incidents per 1,000 pupil's comparison between LAC and not LAC children (primary and secondary)



Source: Inverclyde Education Services (SEEMIS), 2020

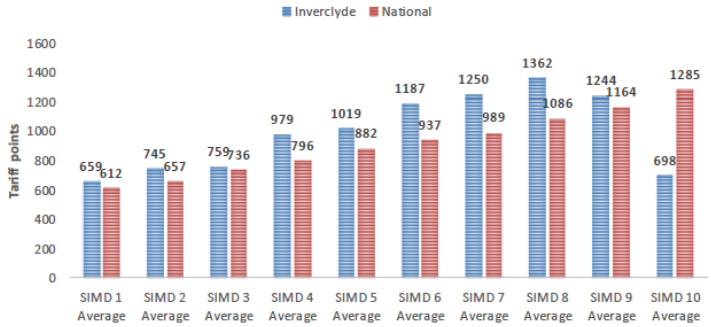
5.3. Attainment and positive leaver's destination

Attainment v Deprivation 5.3.1.

The following charts show the attainment of our pupils according to their domicile SIMD (shown in deciles), for the academic sessions 2016/17, 2017/18, and 2018/19. 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.

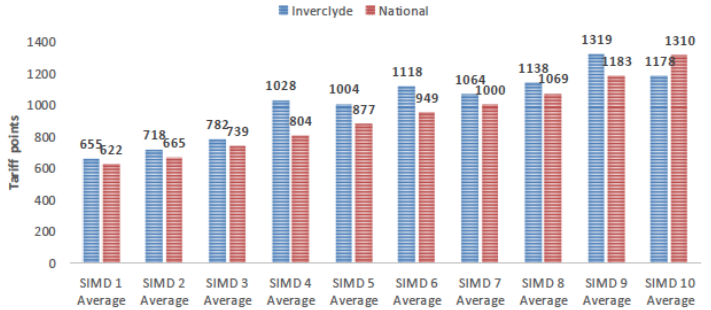
The data shows that Inverclyde generally performs well against the national average across all SIMD deciles. There has been a notable increase in performance of SIMD 10 pupils against the national average over the past two years.

Figure 10. Attainment versus deprivation (2016/17)



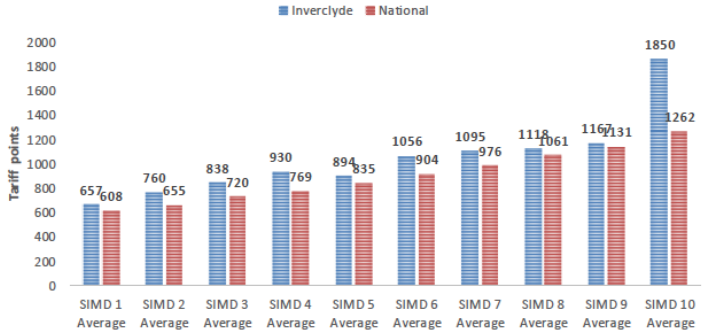
Source: INSIGHT, 2020

Figure 11. Attainment versus deprivation (2017/18)



Source: INSIGHT, 2020

Figure 12. Attainment versus deprivation (2018/19)



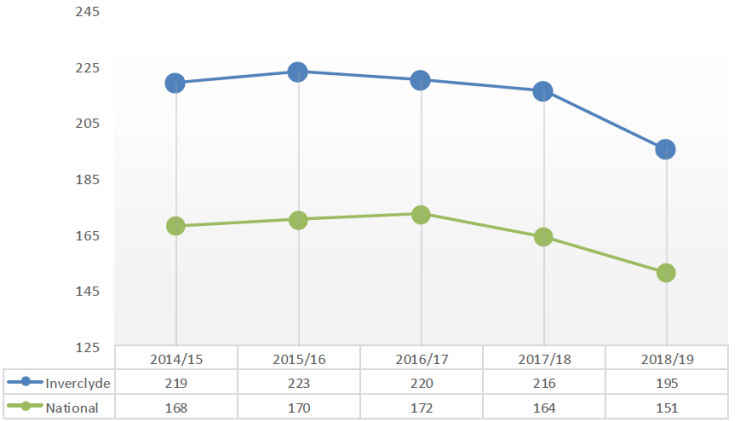
Source: INSIGHT, 2020

5.3.2. 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 a 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. Whilst presented, the virtual comparator data is to be used with caution in these tables. We would not expect a virtual comparator to be so much higher than the Scottish average. This is because Inverclyde has a very high percentage of pupils staying on at school compared to the rest of Scotland and the virtual comparator is limited in the comparisons it can make.

Figure 13. Improving attainment tariff points Inverclyde (Lowest 20%)

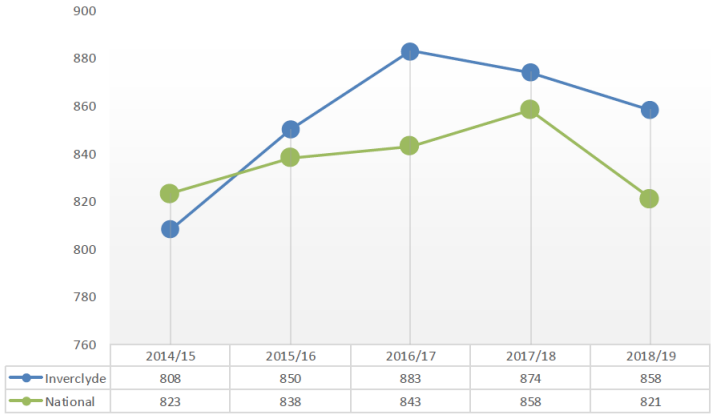


	2014/15	2015/16	2016/17	2017/18	2018/19
Inverclyde	219	223	220	216	195
National	168	170	172	164	151

Source: INSIGHT, 2020

In Inverclyde the lowest performing 20% of school leavers have seen a 12% decrease in average total tariff points between 2014/15 and 2018/19, but have remained above the national average in all five years.

Figure 14. ***Improving attainment tariff points Inverclyde (Middle 60%)***

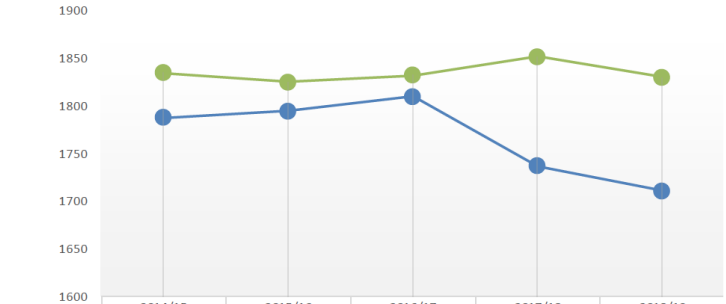


	2014/15	2015/16	2016/17	2017/18	2018/19
Inverclyde	808	850	883	874	858
National	823	838	843	858	821

Source: INSIGHT, 2020

For the middle 60% of school leavers there has been an increase of 6% in attainment between 2014/15 and 2018/19, and have been consistently above the national average since 2015/16.

Figure 15. Improving attainment tariff points Inverclyde (Highest 20%)



	2014/15	2015/16	2016/17	2017/18	2018/19
Inverclyde	1787	1794	1809	1736	1710
National	1834	1824	1831	1851	1829

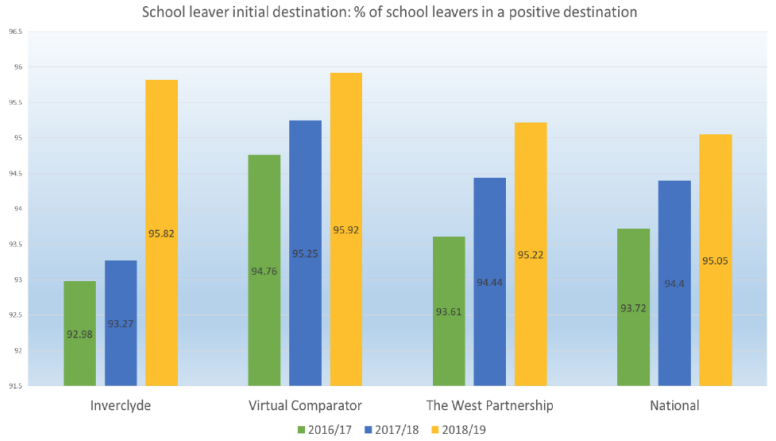
Source: INSIGHT, 2020

For the highest performing 20% of school leavers there has been a decreasing trend evident over the past two years, staying below the national average over the past five years.

5.3.3. Positive destination for school leavers

The percentage of school leavers in Inverclyde who go on to a positive destination has been trending upwards over the past two years, with a significant rise in 2018/19. In 2018/19 the figure was higher than both the local west partnership and the national average. The figures were also almost on the same level as the virtual comparator.

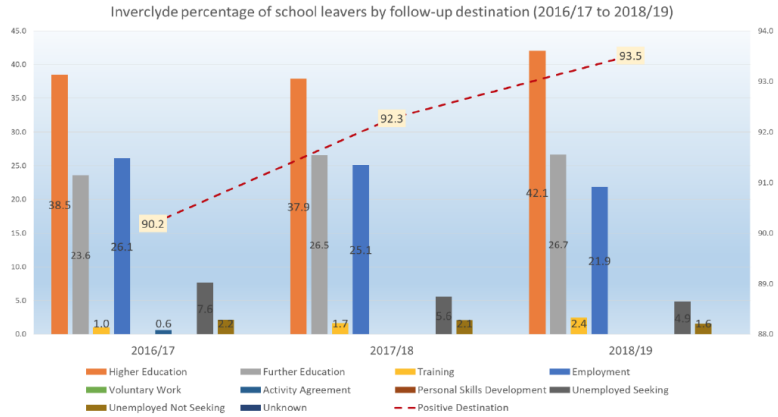
Figure 16. School leaver initial positive destination %



Source: SDS, 2020

The follow up destination data shows a similar upwards trend for overall positive destination % over the past two years, with increasing percentages going on to higher education, further education, and training. Percentages in unemployment have also been falling.

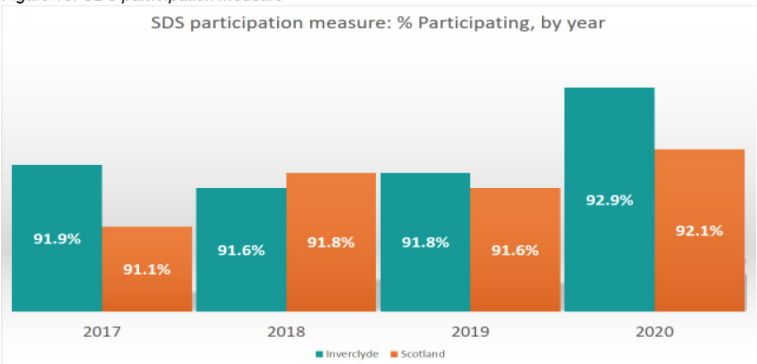
Figure 17. School leaver follow up positive destination % and destination category



Source: SDS, 2020

The SDS participation measure has also shown a notable increase in 2020.

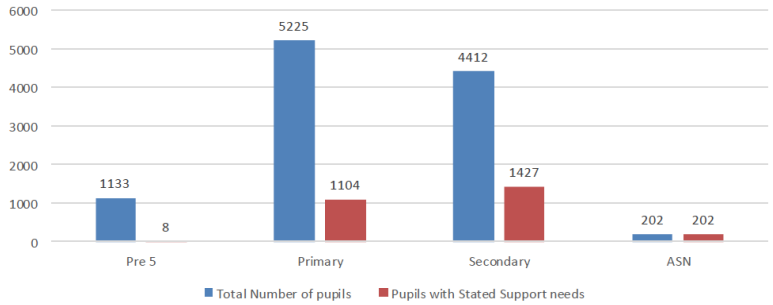
Figure 18. SDS participation measure



Source: SDS, 2020

5.4. Additional Support Needs of Pupils, 2020/21

Figure 19. Additional support needs of Inverclyde pupils session 20/21



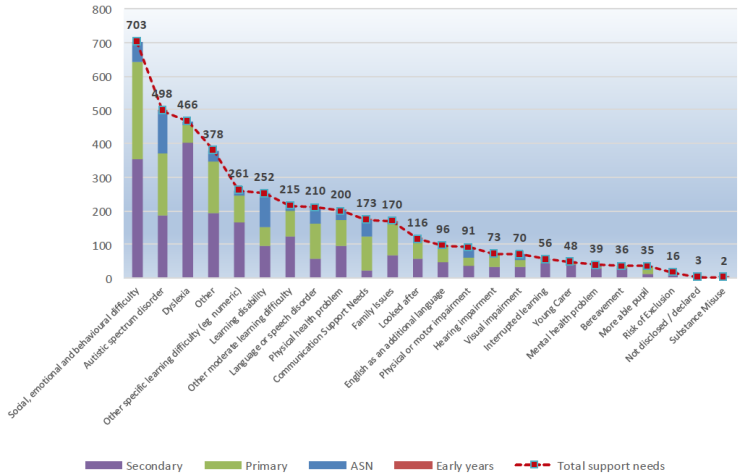
School type	Total Roll	Pre 5	Primary	Secondary	ASN
Total Number of pupils	10972	1133	5225	4412	202
Pupils with Stated Support needs	2741	8	1104	1427	202
Number of Stated Support needs	4207	9	1502	2139	557

School type	% roll with support needs
Pre 5	0.7%
Primary	21.1%
Secondary	32.3%
ASN	100.0%

The above tables show the total number of children enrolled in local authority establishments across Inverclyde and the incidence of additional support needs. The figures include an incomplete set of figures of additional support needs in the early year's sector.

21.1% of primary school pupils have at least one additional support need, a figure which rises to 32.3% amongst secondary pupils. Of those with at least one additional support need, the number of individual needs is higher across the secondary sector, averaging at 1.5 additional needs per child with additional support needs. This reduces to an average of 1.36 needs per child across the primary sector. For children attending ASN provision, the average number of additional support needs per child is 2.76.

Social, emotional and behavioural difficulty is the most frequently recorded support need across the authority schools, followed by autism and dyslexia.



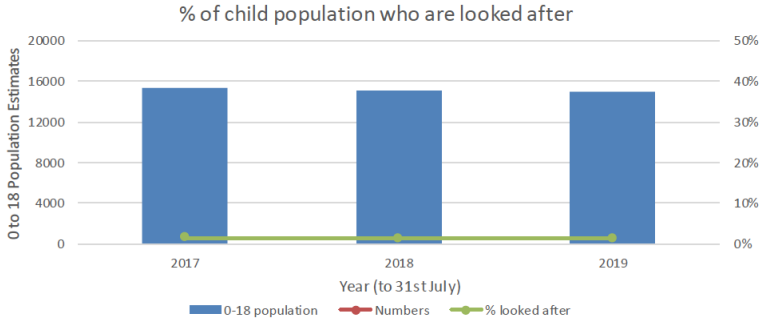
5.5. Implications and Considerations

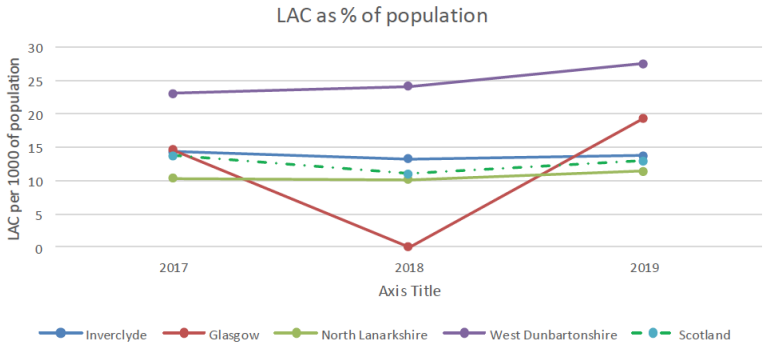
- Inverclyde school attendance is generally positive, sitting just below the national average. However, there are indications of poorer attendance levels in our vulnerable groups, including children from low-income households, those from areas of higher deprivation, care experienced children, and also those with additional support needs.
- The rate of overall exclusions has shown marked improvement in Inverclyde schools over the past few years, although the proportion of exclusions of care experienced children is disproportionately high within a relatively small cohort.
- Inverclyde schools have shown a strong performance in the educational outcomes of leavers in recent years, with an established trend of attainment of tariff points above the national average. Despite this, young people in Inverclyde are still generally attaining more in the less deprived SIMD areas, and there thus remains a strong focus on closing the poverty related attainment gap further still.
- School leavers from Inverclyde schools are increasingly achieving sustained positive destinations.
- With the wide range of additional support needs across Inverclyde schools, there is a recognition of an increasing need to support these young people not only achieving in their educational outcomes, but also in their general health and wellbeing.
- The extent of the impact of Covid-19 on young people's education is still unknown, however it has the potential to bring new and difficult challenges for those within the education community.

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.

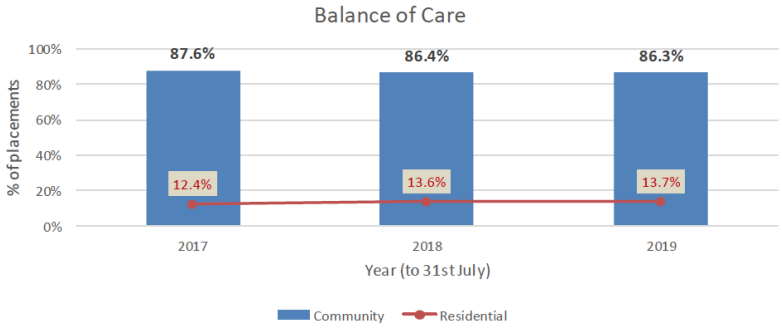
As of 31st July 2019 there were 205 children and young people looked after by Inverclyde Council, with gender composition of 109 males and 96 females Of this number of children 177 (86%) were residing within community setting and 28 (15%) were residing in a residential setting.



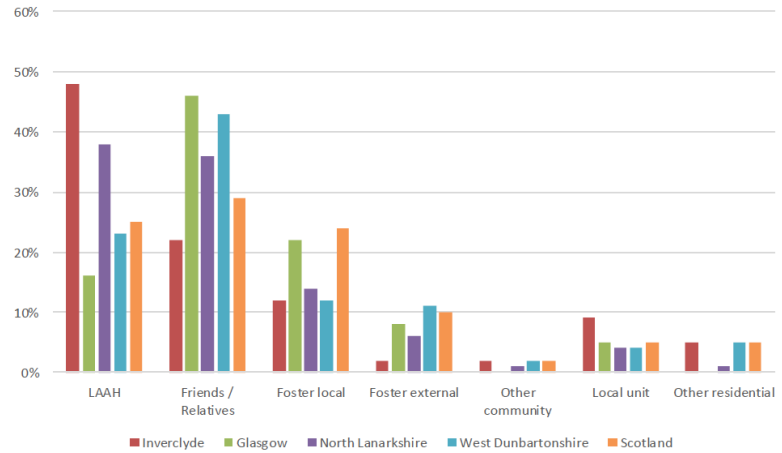


Inverclyde's figures of Looked after Children, rate per 1,000 of the age 0 to 18 population has been consistent over the 3 year period, showing a slight decrease of approximately 0.5%. 2019 figure show we are 0.8% higher than the Scotland figure and 5.6% below Glasgow City.

NB – Glasgow did not provide figures for 2018, hence the anomaly in the chart.



Inverclyde's Balance of Care has remained steady over the last 3 years, showing a slight increase in Residential setting of 1.3% from 2017 to 2019.

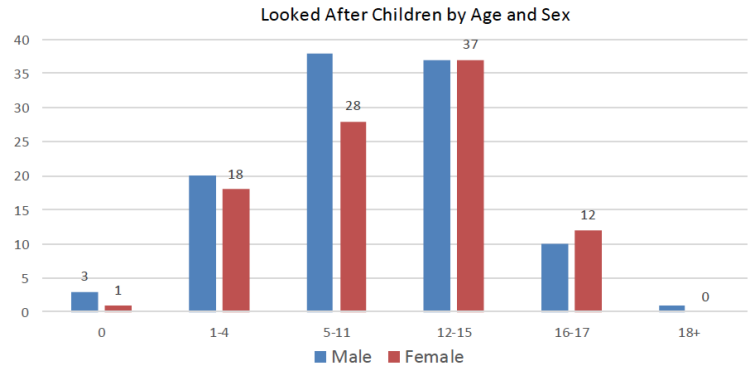


The chart above shows breakdown in placement type. The chart contains information from comparative authorities:

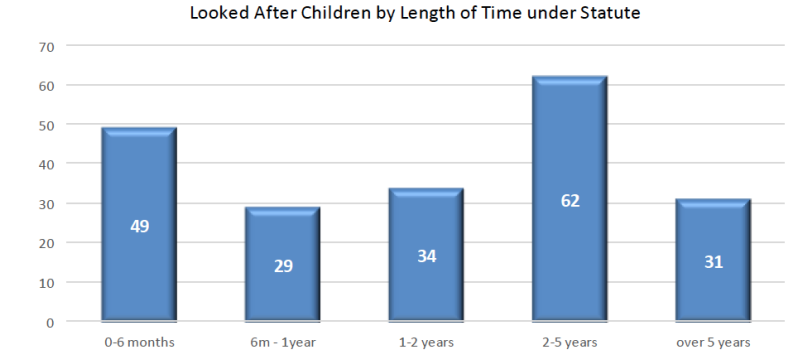
- 48% of Looked After children are Looked After at home with Parents within Inverclyde, 23% above Scotland figure of 25%. This figure has remained consistent and is an area about which we want to gain greater understanding.
- 22% with Friends/Relatives, 7% below Scotland figure of 29%. This reflects that 65% of children and young people placed with friends or relatives are secured by Kinship Orders and no longer deemed looked after.
- 12% with Foster Carers provided by LA, 12% below Scotland figure of 24%
- 2% with Foster Carers purchased by LA, 8% below Scotland figure of 10%. This is an area that we want to improve by increasing fostering capacity, particularly for older children and to ensure we can fulfil young people's right to continuing care should they wish to remain in placement until they reach 21yrs.
- 2% in other community placement, the same as the Scotland figure.
- 9% in Local Authority home, 4% above Scotland total of 5%. This

figure reflects our commitment to ensuring children and young people who cannot live with their family are cared for locally.

• 5% in other residential, the same as the Scotland figure.



Source: Inverclyde HSCP



Source: Inverclyde HSCP

A little under one third of Inverclyde's Looked After 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 64 young people who started to be looked after within the period 1st August 2018 to 31st July 2019. The age split is as follows:-

• Under 1 year - 10.9%, 3.9% below Scotland figure of 14.8%

• 1 – 4 years – 28.1%, 4.8% above Scotland figure of 23.3%

• 5 –11 years – 32.8%, 3.1% above Scotland figure of 29.7%

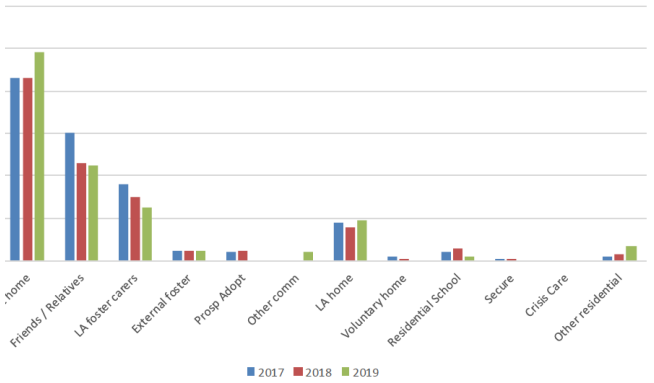
• 12 – 15 years – 26.6%, 2.9% below Scotland figure of 29.5%

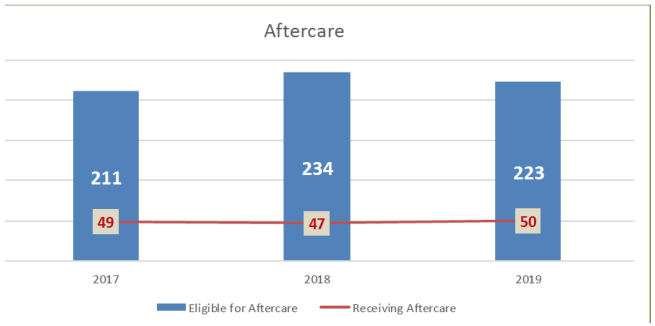
• 16+ years – 1.6%, 1.1% below Scotland figure of 2.7%

National guidance states that it would normally be expected that within a timescale of six months (26 weeks) from accommodation away from parents there should be a clear picture of the direction in an individual case. At this point there should be either a plan for the child to return home to parents, or rehabilitation should have been ruled out and permanence away from birth parents is considered necessary.

PACE (Permanence and Care Excellence) work with the University of Strathclyde has led to collaborative improvement work in Inverclyde involving social work practitioners, legal practitioners and reviewing officers which aims to meet the national standard of 26 weeks. The main focus is on carrying out parenting assessments much earlier in the timeline of children on the edge of care in order to inform next steps decision making. This in turn will enable legal planning meetings to take place earlier and ultimately enable the permanence recommendation to be made at the child's second Looked after Review at week 16 so allowing subsequent Permanence Panels and the decisions of the Agency Decision Maker to be brought forward to meet the 26 week timescale.

For a child in Inverclyde the average time to arrive at a permanence recommendation is 54 weeks. For children in foster care and residential care that timescale improves to 48 weeks. We have identified this as a priority area for improvement and need to build on our learning from participation in the PACE programme to ensure we make timely decisions around securing permanence decisions for all looked after children.



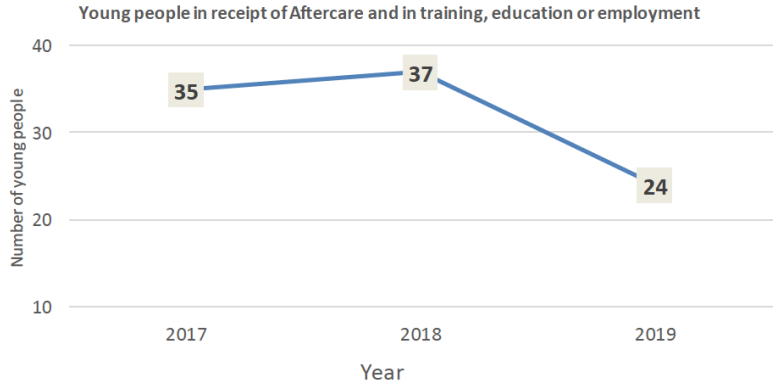


At 31 July 2019, there were a total of 223 young people within Inverclyde eligible for Aftercare Services. All 223 were offered after care support and following this the uptake resulted in 50 young people being in receipt of ongoing planned support from the Aftercare Service on the 31st of July. The Aftercare Service operates a drop in duty facility for all eligible young people.

The below table shows the progress we are making in relation to care leaver's experiences of periods of homelessness. These figures reflect the cumulative periods of homelessness since young people became eligible for Aftercare and not periods within a particular year and takes account of the increase in eligibility to Aftercare support to age 26yrs.

Periods of homelessness for young people eligible for aftercare		
2017	2018	2019
3	4	6

The graph below shows a decrease between 2017 and 2019 of those in receipt of aftercare who were in employment, education or training, from 35 in 2017 to 24 in 2019.



6.1. Implications and considerations

- We need to further understand why our looked after at home population has consistently remained higher that the national level. As we progress the implementation of The Promise it is our intention to undertake a period of discovery and definition of the challenges families face. This will enable us to scope out the effectiveness of current scaffolding in enabling children to remain at home with their birth family.
- The data regarding those in receipt of Aftercare services shows that this has reduced and lower than the Scotland figure. Further analysis of recording systems is required to ensure that all of the young people accessing aftercare advice and support is clearly reflected in the data. This is because there are additional young people eligible for aftercare who access support and advice from the aftercare duty service. There are also other young people who continue to receive aftercare from field work services where they have an established relationship.
- We need to build on our participation in the PACE programme in ensuring we make timely decisions around securing permanence decisions for all looked after children.

7. Keeping Children Safe

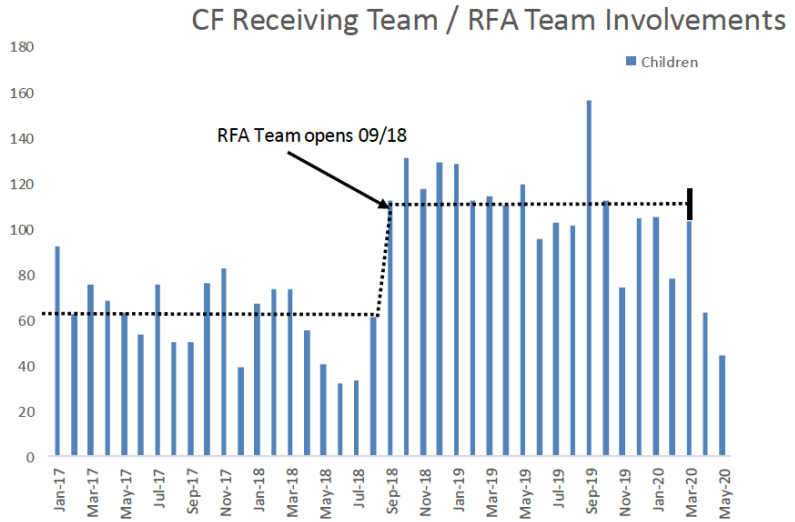
7.1. Recognising Need and Risk

Following reflections from the previous strategic needs analysis and children service joint inspection in 2017 the children and families social work team created a single front door for all new referrals with the formation of the request for assistance team in October 2018. The aims of this service redesign was to develop a consistent and timely response to referrals whilst ensuring the application of a consistent threshold. This in turn would lead to the earlier identification of need and risk and thus ensure a better service for the children and families of Inverclyde and partner agencies.

The team, its values and practices are of significant importance for Inverclyde Council and Inverclyde HSPC in respect of its duties to ensure the full enactment of the GIRFEC pathway, the team supports the strategic objectives of the children's service plan 2017-2020 and the HSPC strategic plan.

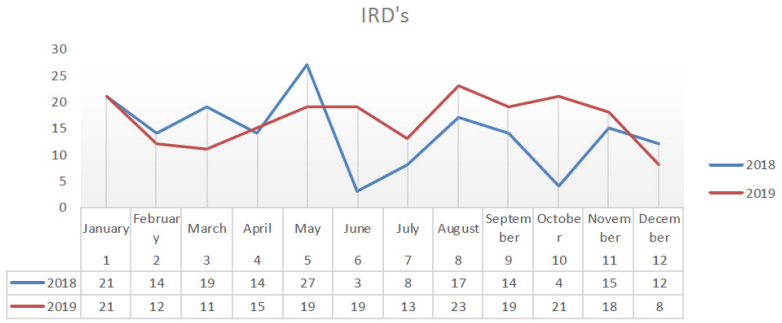
The visibility of all referrals arriving through one central point is hugely beneficial to assist the service to understand and monitor baseline data. It has also allowed us to streamline our responses to domestic abuse referrals by locating support, joint screening processes with Police and escalation to MARAC and the Children's Reporter by containing these interventions within the one team.

The data in the chart, top right, evidences the significant shift in accepted referrals to social work following the establishment of the Request for Assistance Team. We interpret this as demonstrating a more robust approach to identifying need and risk and the application of a consistent threshold.



Interagency Referral Discussions

Following feedback from the Joint inspection in 2017 the service paid particular focus on improving interagency referral discussions to identify and plan responses to risk. An IRD quality assurance group meets six weekly to consider quality of the recordings and decision making, feeding back to the operational teams to promote developments in practice. IRD activity has risen year on year in Inverclyde and this is in line with partner local authorities.



	January	February	March	April	May	June	July	August	September	October	November	December
	1	2	3	4	5	6	7	8	9	10	11	12
2018	21	14	19	14	27	3	8	17	14	4	15	12
2019	21	12	11	15	19	19	13	23	19	21	18	8

The Joint Investigative Interview Pilot

In 2020 Inverclyde joined with partnering local authorities, Police Scotland divisions G and K and Children's 1st to pilot the new model for joint investigative interviewing of child witnesses as the North Strathclyde Pilot. This saw workers and Police officers co-locating for the first time to become a specialist cadre working with Children 1st's support and participation service to create a trauma informed response to interviewing children. The data from the first year of the pilot is not yet available however early signs are demonstrating a significant increase in joint interviews for children from Inverclyde under the new criteria.

Quality Assurance

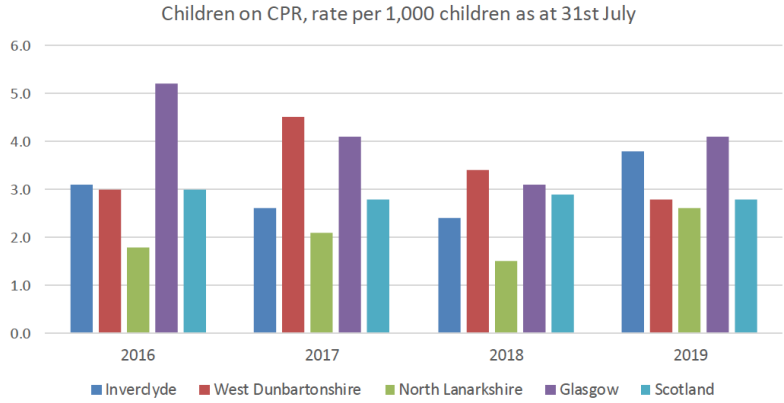
Since 2018 the partnership, driven by Inverclyde CPC and the GIRFEC Strategic group, has analysed qualitative data at escalation points along the children's service pathway. The IRD quality assurance group looks at IRD recordings when risk in a case escalates towards a child protection response and the GIRFEC quality assurance group considers the transition from named person to social work services, analysing the assessment, presentation and joint responses to need. The processes provide rich insight and some immediate practice developments have been made alongside planned improvement activity around shared assessment tools, professional guidance and the promotion of comprehensive medicals in cases of neglect.

Improving children's data

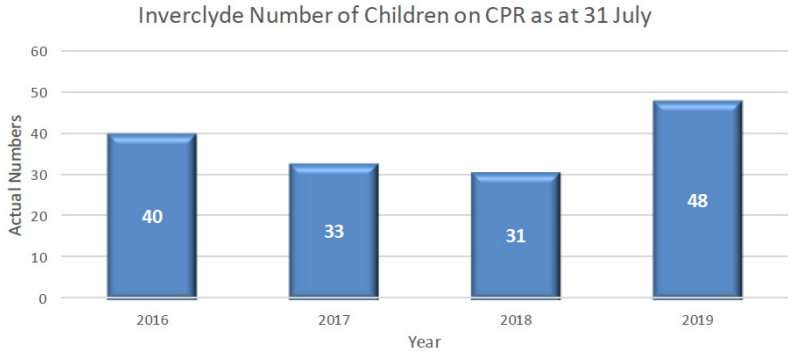
The CPC performance management group has been trialling the new national minimum data set which aims to better enable national benchmarking and shared learning across areas. The multi-agency performance group is currently aligning this new approach with existing local data collation and analysis methods. These innovations will enhance our data to better inform future strategic needs analysis.

7.2. Child Protection Registrations

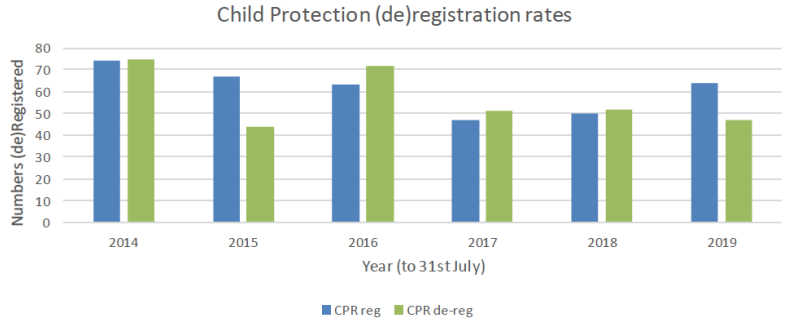
Child protection means protecting a child from abuse or neglect. Where a child has been assessed as at risk of significant harm from abuse or neglect consideration will be given to the need for an inter-agency child protection plan. Where the need for such a plan is agreed by a Child Protection Case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



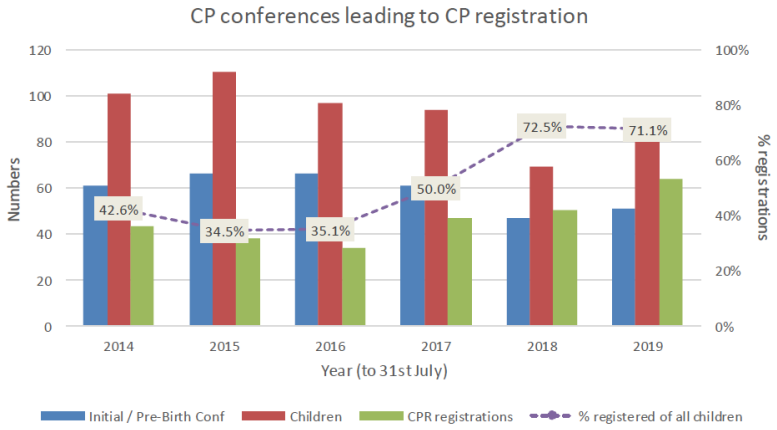
Child protection registration has been declining slightly within Scotland as a whole since 2016 from 3 children per 1000 in 2016 to 2.8 in 2019. This decline was reflected in Inverclyde, between 2016 and 2018, with registrations being lower than the national average. However, 2019 saw a significant increase in registrations in Inverclyde. In 2019 registrations formed 3.8 per 1000 children in Inverclyde versus a national average of 2.8. Factors that we believe may have an impact on this rise are: council wide focus on neglect and its impact on children and young people; the creation of a dedicated early referral social work team - Request for Assistance; streamlining of the Initial Referral Discussion process which has improved evidence based decision making. The increase in Inverclyde also makes sense when compared to national data on deprivation with Inverclyde featuring a number of wards with the highest levels of deprivation in Scotland. However, it must be recognised that, within small Local Authorities, even small spikes in numbers can have a significant effect on statistical information.



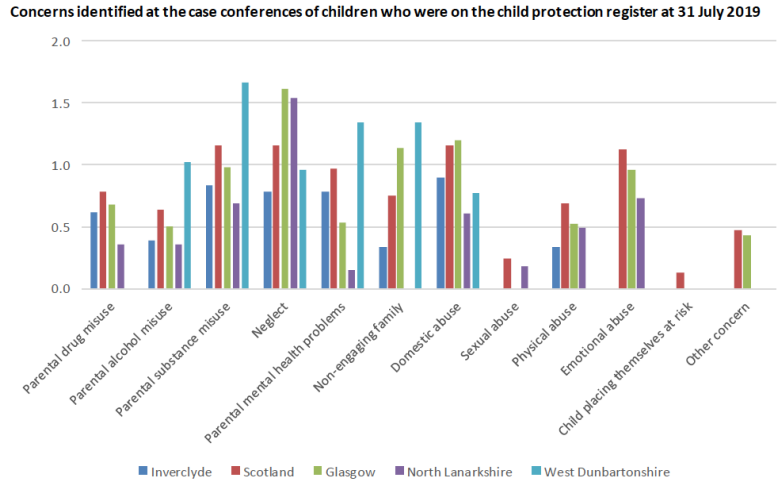
As reported above, 2019 saw an increase in child protection registrations which is likely to have been as a result of the formation of the request for assistance duty team which led to increased consistency in early and effective intervention.



De-registration rates have seen some variability over the last 5 years however there is no evidence here to describe a trend. This is a rate we carefully monitor as it is important that decision making is led by decrease (or in some cases escalation) in risk. Inverclyde has a low percentage of re registrations, 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.



We saw the conversion rate of children coming to conference and being registered increase during 2018-19. This indicates we are identifying risk and providing proportionate responses for families.



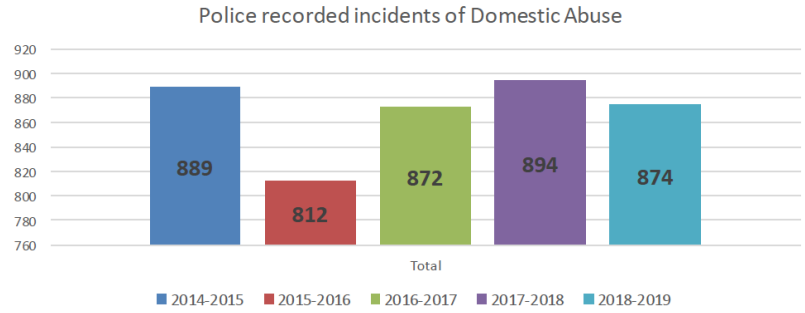
Our data advises us that the most common child protection concerns in the area of Inverclyde are Domestic Abuse, Parental Mental Health, Parental Substance Misuse and Neglect. In most families a combination of these concerns are present when concerns are raised about children. Parental substance misuse continues to contribute to significant harm to children. Child protection concern related to parental alcohol use remains prevalent but has fallen consistently since 2014 while concern over parental drug misuse has risen. This is in keeping with national trends however there is also recognition that alcohol misuse is under reported within society as a whole and remains a hidden harm. Within Inverclyde, as in other areas of Scotland, we see evidence of poly drug use. Use of cannabis has become normalised in some populations. Use of cocaine has risen within Inverclyde as has alcohol taken alongside Valium/Diazepam and other substances making for a very complex picture for those services managing addictions.

Families can be registered in more than one category of concern. The majority of children whose names are registered on Inverclyde's child protection register are recorded under multiple categories of concern. The degree of combined risk is therefore higher and more complex and challenging for services to assess, intervene and mitigate.

We note the absence of any registrations within Inverclyde for sexual abuse, emotional abuse and children putting themselves at risk. We know that the former two are under reported. We predict that the introduction of our Protecting Young Person's Pathway will have an impact on the number of young people registered as due to behaviour that is harmful to themselves of others in terms of future data sets.

7.3. MARAC and Domestic Abuse

Police Scotland recorded incidents of domestic abuse as follows in Inverclyde:



- The rate of incidents of Domestic Abuse recorded by Police per 10,000 population was 112 in 2018-2019. Incidents recorded in Inverclyde in that period were 112, placing us in the middle in relation to local authorities in Scotland.
- Where gender information was recorded, around four out of every five incidents of domestic abuse in 2018/19 had a female victim and a male accused in Scotland. This proportion has remained very stable in the last 5 years.
- In 2018/19, 16% of domestic abuse incidents involved a male victim and a female accused (where gender was recorded). This proportion has remained stable in the last 5 years.

(Source: Domestic Abuse Recorded by Police in Scotland, 2019, Crime and Justice, Scottish Government).

Implementation of the Domestic Abuse (Scotland) Act 2018 significantly changed legislation. The Act was effective from 1st April 2019 and recognises that domestic abuse frequently involves patterns of repeated and often long term abuse, including psychological abuse and coercive controlling behaviour. The offence allows, where the circumstances and evidence merits, the totality of an accused's behaviour to be prosecuted in a single charge rather than a series of distinct incidents.

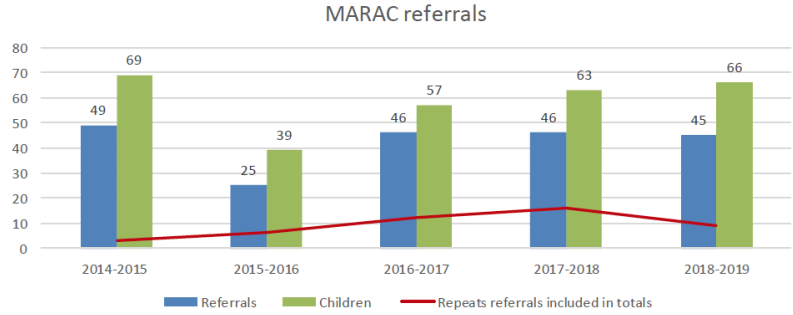
This approach recognises the cumulative impact of such behaviour on victims. The new Act reflects the fact that domestic abuse consists of a range of behaviours that undermine the victim and restrict their freedoms that is more than physical or sexual harm. It is recognised that Coercive controlling behaviours have a long lasting effect on both the adult victim and children. Until now this has not been reflected in criminal law in Scotland. Section 5 of the Act has a specific focus on aggravation in relation to a child. The offence under Section 1 is aggravated if: at any time in the offence: the perpetrator; directs behaviour at a child, makes use of a child in directing behaviour at the victim or a child sees, hears or is present during an incident of behaviour. It is likely that future statistics compiled by Police Scotland will reflect these legislative changes.

We have identified that our collation and use of data surrounding the impact of domestic abuse on children requires development. The partnership needs to identify how many children are affected by domestic abuse and if our interventions following referral to children's services are effective by monitoring repeat referrals. This is being progressed in line with our development of data and the work surrounding our national minimum data set.

The chart below indicates the number of child concern reports submitted to Social work by Police for Domestic Abuse incidents in which children were present. It is useful as baseline data however each report could contain more than one child and therefore is limited in its use in monitoring the true prevalence and the impact on children.

The number of child concern reports submitted to SW by Police for domestic incidents involving at least one child.			
Jan – Dec 2017	Jan – Dec 2018	Jan – Dec 2019	Jan – Dec 2020
526	445	457	509

The MARAC (Multi Agency Risk Assessment Conference) MARAC is a process established to respond to victims of Domestic Abuse at very high risk of serious harm and Domestic Homicide. The structured response to very high risk cases of Domestic Abuse and fits with the priorities of the Violence against Women Multi Agency Partnership, Strategy and Action Plan. The MARAC process allows strategic and voluntary agencies to respond in a consistent and structured way to manage high risk perpetrators of Domestic Abuse. It also allows relevant agencies to share information and decide upon the most appropriate way to reduce or manage risks for cases discussed at MARAC. The MARAC model uses multi agency working very effectively as no one agency or individual can see the complete picture of the life of a victim, but all have insights that are crucial to their safety of themselves and their children. The victim does not attend the meeting but is represented by an IDAA (Independent Domestic Abuse Advocate) who speaks on their behalf.



The referrals have remained relatively consistent since 2014-2015 with the exception of 2015-2016 when there was a significant change of process resulting in a reduction in cases being discussed. It is expected that positive promotion of the MARAC process will gradually result in increased numbers of referrals as services recognise the benefits of appropriate information sharing and partnership working as a means to achieving improved safety for victims and their children. Partners on the MARAC currently are: Social Work Children and Families and Criminal Justice, Police Scotland, Women's Aid, ASSIST, Barnardo's, Community Safety and Resilience, Education, Mental Health Service, Drugs and Alcohol Service, Homelessness, SPS, Fire & Rescue, Adult Protection, NHS GG&C and River Clyde Homes.

7.4. The safety of children in our community

In 2015/16 a new phenomenon began in Inverclyde which saw groups of youths gather in large numbers in a range of isolated areas across Inverclyde. This was accompanied by an increase in complaints regarding youth disorder and anti-social behaviour specific to those areas.

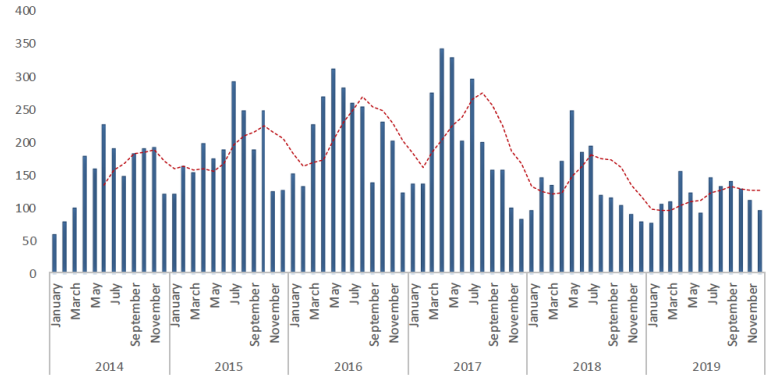
In 2016/17 these large-scale youth gatherings increased in frequency, number, location and duration throughout the year along with a resultant increase in complaints. In response a multi-agency process and supporting action plan was developed to address the changing nature of the gatherings. The process and Action Plan has been subject to annual review and has maintained the original 3-strand approach of -

- Keeping young people safe;
- Promoting parental awareness & responsibility; and,
- Providing public reassurance

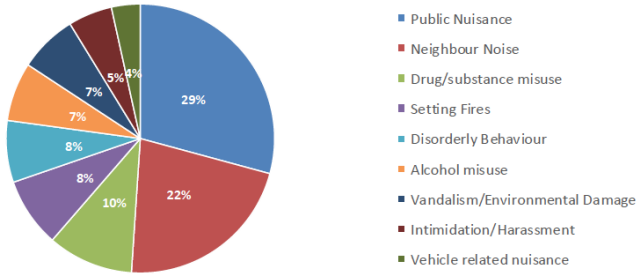
The most recent report (Jan 2020) notes a significant decrease in complaints across all known areas and to ensure continued success, the Community Safety Partnership has further refined the process and Action Plan for delivery in 2021; engaging with additional services; building in further youth engagement elements and developing additional actions for joint delivery. The revised Action Plan remains operational from March 2021.

Reports of anti-social behaviour to the community warden service tend to show a seasonal increase in the warmer months, however there has been a clear downward trend between 2017 and 2019. Complaints of public nuisance and neighbour noise comprised over 50% of antisocial behaviour reports in 2019.

Antisocial behaviour incident reports 2014 to 2019 [Source: Inverclyde Council, 2021]



Breakdown of antisocial behaviour report categories, 2019 [Source: Inverclyde Council, 2021]



In 2020 the Community Safety Partnership published its two year strategic assessment 'Making Inverclyde Safer Together' which focuses on three priority outcomes around violence, crime and disorder, unintentional harm and building resilient communities. The strategic assessment contains a number of community safety themes with several focusing on the safety and wellbeing of children and young people in Inverclyde. In supporting young people around violence, crime and disorder actions include; promotion of the Scottish Government's national programme No Knives Better Lives which aims to deter young people from carrying knives; a response to large

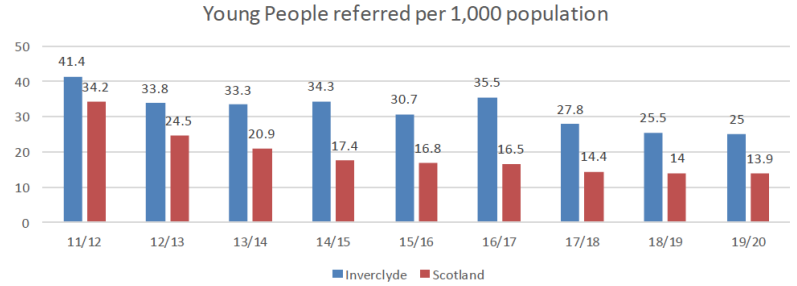
scale youth gatherings and ensuring appropriate services for young people in respect of responding to antisocial behaviour in Inverclyde. With regards to unintentional harm the focus is upon enhancing road safety, water safety and home safety for children and young people, as analysis suggests children and young people may be of higher risk in these situations. In order to ensure that our residents, including children and young people live in friendly, vibrant and cohesive communities, we want to empower young people to speak up about crime via Fearless Scotland (the youth programme of the independent charity Crimestoppers), as well as this we want to support those operators who work in the night time economy to recognise the signs of child sexual exploitation and what they can do to protect children and young people who may be at risk.

At least 30% of sexual crimes in Inverclyde related to a victim under the age of 18 in 2018/19. Whilst this presents as a significant number of sexual offenses against young people in Inverclyde, the context of crime recording is essential. A number of legislative and procedural changes should be kept in mind when reviewing trends in sexual crime over the longer term. Consideration should be given to an increase in cyber-enabled crimes over recent years with the Scottish Government noting that cyber enabled crimes contributed to around half to the total growth in all sexual related crimes in Scotland between 2013 and 2017. It is also important to note that the issue of historical reporting of sexual crime also continues to play a role in the latest statistics. Specifically in respect of those offenses involving victims under the age of 18, if the offense is historical/non-recent the age of the victim is recorded at the time the offense happened, not the age of the victim when the matter was reported to Police. Nationally, information from Police Scotland suggests that around a quarter (25%) of sexual crimes in 2019-20 were recorded at least one year after they occurred and that this figure is similar to the previous year. The ongoing Scottish Child Abuse Inquiry and the successful outcome of cases featuring historical (non-recent) offending may have highlighted to survivors that cases will be listened to by the police, regardless of how long ago they occurred.

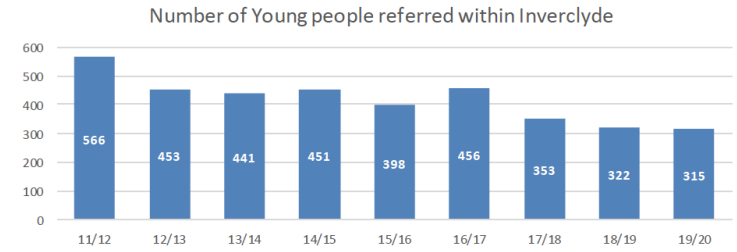
7.5. Referrals to the Children's Reporter

From 1st April 2019 to 31st March 2020 there were 12,849 young people referred to the Children's Reporter in Scotland and 30,383 children's hearing held. The graph below shows young people referred per 1,000 in Inverclyde, comparing with Scotland's figure.

The data shows Inverclyde has a significantly higher amount of young people referred per 1,000 population, however, Inverclyde's figures have decreased over the last 3 years.



Source – SCRA dashboard



The chart above shows that over a 9 year period referrals have mainly reduced with 2019/20 having the lowest number of referrals at 315.

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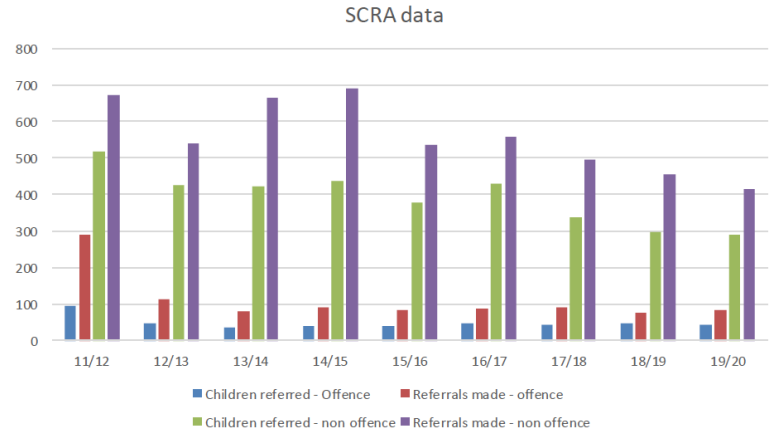
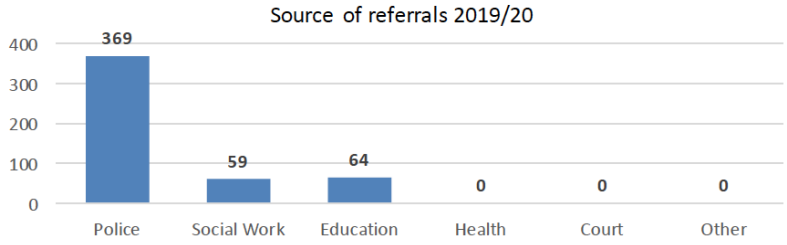
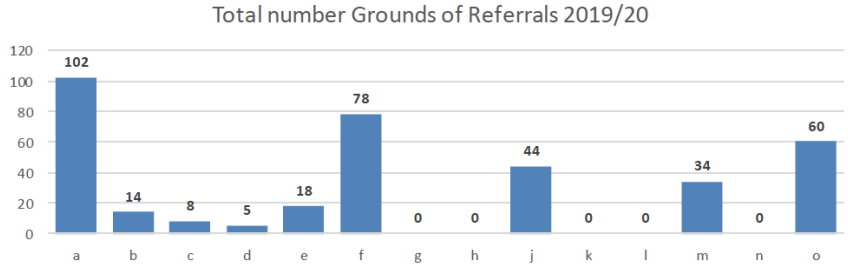


The graph above shows the numbers of referrals broken down into non-offence and offence related referrals to SCRA over a nine year period. The graph shows that children are more likely to be referred for non-offence grounds.

Rates for selected grounds of referral 2019/20

The highest grounds of referral is Lack of Parental care with over 100 referrals, followed by Close connection with a person who has carried out domestic abuse with just under 80 referrals. There were no referrals for accommodated with special measures. These are outlined in the table top right. The largest majority of referrals are made by the Police.

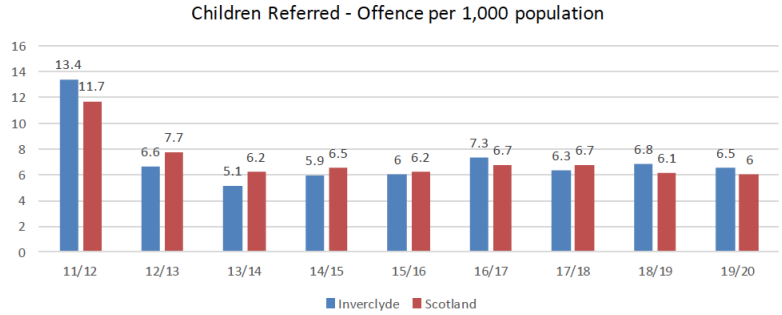


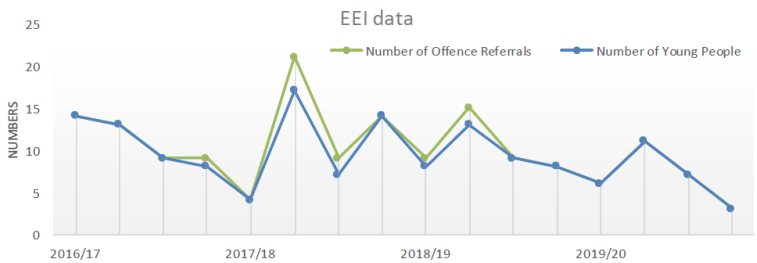


(a) Lack of parental care
(b) Victim of a Schedule 1 offence
(c) Close connection with a Schedule 1 offender
(d) Same household as child victim of Schedule 1 offender
(e) Exposure to persons whose conduct likely to be harmful to child
(f) Close connection with a person who has carried out domestic abuse
(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

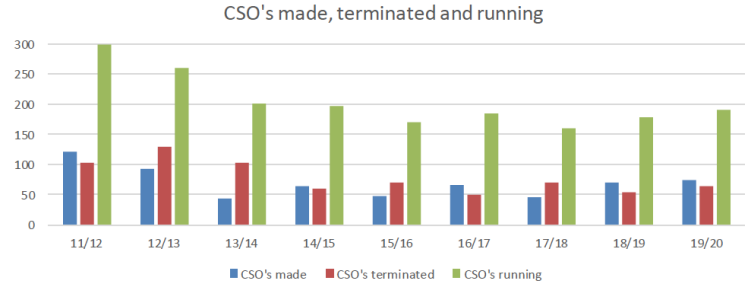
The number of referrals to SCRA as a result of offences has fallen since 2011/12. The total number of offence referrals in that year was 94, whilst figures for 2019/20 show 44 referrals. Inverclyde's offence referrals in recent years are similar per 1,000 population to that of Scotland's average, with Inverclyde being slightly higher in the last two years.





The chart above shows the number of referrals to Early, Effective Intervention since 2016 with a peak in between 2017/18 and 2018/19 and then a decreasing trajectory in line with decreasing youth crime.

The chart above shows the number of referrals to Early, Effective Intervention since 2016 with a peak in between 2017/18 and 2018/19 and then a decreasing trajectory in line with decreasing youth crime.



The above graph shows the number of compulsory supervision orders made, terminated and running over a nine year period. Overall, there has been a reduction from 2011/12 in CSO's made, terminated and running.

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7.6. Implications and Considerations

- The rise in accepted referrals, child protection registrations and improved conversion rate from child protection conference to registration (50% up to 70%) is considered to reflect a consistent and focused approach from the newly formed request for assistance team.
- Interagency referral discussions are being used increasingly to identify risk at the earliest opportunity
- The development of multi-agency quality assurance groups at key transition / escalation points along the children service pathway are providing rich opportunities for learning, improved collaboration and improved service for children, young people and their families.
- National comparators inform us that Inverclyde has a higher than average incidence of domestic abuse and we need to further improve our use of data to understand the impact on children and the effectiveness of our interventions.
- The Up to You healthy relations programme is being jointly implemented by Children and Families Social Work and Criminal

Justice in Inverclyde as an early intervention approach to address domestic abuse in non-court mandated cases, or where children are looked after at home or on the Child Protection register and we need to monitor its impact over the next 5 years.

- Anti- social behaviour, youth crime and EEI intervention is reducing in line with which the national trajectory.
- Referral to the reporter and compulsory supervision orders are reducing in line with the national decreasing trajectory. This may be as a result of a greater focus on early intervention and the impact of GIRFEC practices.

8. Health and Wellbeing Survey

In 2013 Inverclyde Council in collaboration with Inverclyde CHCP and NHS Greater Glasgow and Clyde (Public Health Resource Unit) commissioned the first secondary schools health and wellbeing survey. The purpose of this research was to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress.

In 2019, a second Health and Wellbeing survey was developed to gather current demographic information on the secondary school pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing. The 2019 health and wellbeing survey includes questions that have remained the same from the 2013 survey and therefore allows the monitoring of trends over time. However, the 2019 survey has been adapted to take into account emerging issues such as e-cigarettes.

The survey provided useful data towards:

- Improving health outcomes for children & young people through a multi-agency approach to tackling key issues
- Taking forward the next Children's Services Plan
- Developing Health and Wellbeing priorities in partnership
- Supporting local health improvement planning for Children and Young People.

The 2019 Health and Wellbeing survey included questions on the following topics:

- Demographics – including age, gender, family composition, and ethnicity
- Physical Activity, Diet & Sleep • General health
- Mental health & wellbeing
- Smoking, Alcohol & Drugs
- Sexual Health & Relationships • Screen Time
- Risk behaviours • Uptake & awareness of services aimed at young people
- Money
- Future aspirations

Two online surveys were developed, one for S1–S2 pupils and one for S3–S6 pupils. Variations between the two versions were limited to the addition of questions for S3–S6 pupils on sexual relations.

The 2019 survey was made available to the S1-S5 pupil population in all six mainstream secondary schools in Inverclyde and achieved 79% response rate compared to 83% in 2013.

8.1. Physical activity

Responses showed that just one in ten (10%) met the target of taking 60 minutes or more of moderate physical activity on seven days per week. Just over four in five (82%) were active, but not enough to meet the target. A further 7% were not active at all. There was no significant change since 2013. The proportion meeting the target is lower than the national findings for 13-15 year olds from the Scottish Health Survey 2017 (18%).

Pupils were asked how often they usually exercised so much that they got out of breath or sweated. Four in five (80%) pupils participated in exercise like this at school at least once a week and 85% participated in such exercise at least once a week out of school. One in three (33%) used active travel methods (walking/cycling) to and from school.

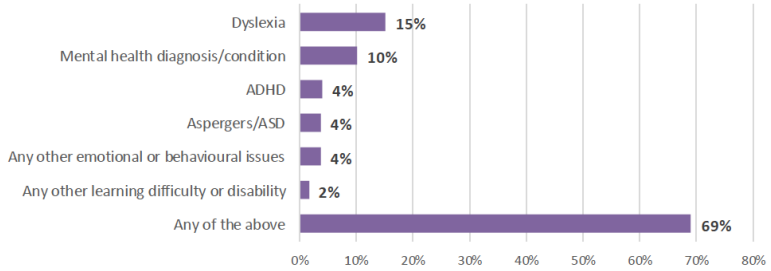
Overall, boys were more likely than girls to meet the target for physical activity, participate in weekly exercise at school (enough to make them breathe harder or sweat) or participate in PE. 31% of pupils never ate breakfast on school days, with 9% skipping lunch. 88% ate a meal with their family at least once a week and 39% had 5+ portions of fruit/ vegetables per day. 23% got 9+ hours sleep per night and 27% felt tired every day.

8.2. 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.

Young people were asked about their mental health. 15% of girls reported having a mental health diagnosis or condition with boys being significantly lower at 4%. This is an increase by 9% for girls and 2% for boys from 2013 survey. Overall the likelihood of reporting having a mental health diagnosis / condition rose with age. Approximately one in three said that they had an emotional, behavioural, or learning difficulty or disability compared to one in five in 2013.

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



Boys were more likely than girls to have ADHD or ASD, but girls were much more likely than boys to have a mental health diagnosis/condition. 30% of pupils had been bullied in the last year with 24% being bullied in school which has increased by 7% from 2013. 16% had bullied others in school in the last year.

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

Key Findings:-

Smoking

- 3% of 13 year olds were regular smokers (usually smoking one or more cigarettes per week). There is no significant change from 2013 figures.
- 3% of 15 year olds were regular smokers (usually smoking one or more cigarettes per week). This is a 7% decrease from 2013 figures and 4% more positive than national data.
- 1% of 13 year olds and 1% of 15 year olds reported as using e-cigarettes once a week or more.

Alcohol

- 32% of 13 year olds reported as had had an alcoholic drink. There is no significant change from 2013 figures.
- 64% of 15 year olds had had a proper alcoholic drink. This was lower than the % recorded across Scotland for this age group which was 71%.
- Two thirds of pupils age 13 who reported having drunk alcohol reported that they had been drunk, (representing a 19% increase from 2013 data) for 15 year olds the figure was 23% (2% higher than the 2013 data)
- Inverclyde levels of drinking to excess across both age groups reported in SALSUS in 2018 were higher than that for Scotland:

- 18% higher for 13 year olds,
- 7% higher for 15 year olds.
- 16% of pupils aged 13 had managed to purchase alcohol which is an increase of 13% from 2013 and 11% higher than the response from Scotland as a whole.
- 12% of 15 year olds had managed to buy alcohol. This was a slight increase from 2013 for Inverclyde and compared to Scotland as a whole.
- 3% of 13 year olds and 4% of 15 year olds were refused alcohol when they tried to purchase. This was higher by 3% and 2% respectively than in 2013 study and slightly higher than the rate reports for pupils across Scotland.
- No change in 13 year olds who had had a drink between 2013 and 2018 data
- 4% fall in the number of 15 year olds having ever had a drink.
- There was a lower % of pupils having ever had a drink than the percentage for Scotland as a whole in 2018.

Drugs

- 94% of 13 year olds and 80% of 15 year olds had never taken drugs. This was slightly lower (3% and 1%) than in 2013 and was the same as the data for Scotland as a whole.
- 4% of 13 year olds and 18% of 15 year olds had taken Cannabis over the past year (2017 – 2018)
- This was 2% higher for 13 year olds and 2% higher for 15 year olds compared to 2013. Data for Cannabis use in 2018 was similar to that for Scotland as a whole.

9. Final Conclusion

This JSNA seeks to bring together a wide range of data relating to Inverclyde's children and young people to allow partners to form on opinion of strengths and also the challenges and issues that are facing our young people, which are resulting in poorer outcomes and which thus require collective action.

The Partnership has agreed the focus of its Joint Children's Service Plan for the next three years. The following priority areas have been agreed:

Priority 1

To further embed GIRFEC in Inverclyde to improve outcomes for children and their families by developing a strong professional base for identifying, understanding and responding to need at the earliest opportunity, with clear, agreed, high quality multi-agency approaches throughout a child's experience.

Priority 2

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

Priority 3

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

Priority 4

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

Part 3

Our Delivery Plan

This part is still under construction

Priority area 1

To further embed GIRFEC in Inverclyde to improve outcomes for children and their families by developing a strong professional base for identifying, understanding and responding to need at the earliest opportunity, with clear, agreed, high quality multi-agency approaches throughout a child's experience.

Neglect had been highlighted within the Children's Service Partnership as a particular area of focus coming from the Strategic Needs Assessment, particularly in relation to how early help and consistency of support for families could be achieved. Leads from Social Services, Health and Education working in conjunction with CELCIS undertook to find out how systems and services were currently working at that 'early help' point. The evidence gathered from consultation with Health Visitors, Social Work and Education staff consistently confirmed that in order for Inverclyde to effectively enact its responsibilities in accordance with The Children & Young People (Scotland) Act 2014, and to effectively address the unmet needs of families in Inverclyde, further action is required. The following were the findings:-

Working well:

- The early noticing of wellbeing concerns by Education and Health professionals
- Universal help and support for families from school based Family Support Workers and effective collaboration with this provision between schools and workers and between Social Work and third sector provider

Areas for development which are to be the focus in this Children's Service Plan:

- Improving shared systems, paperwork and processes in order to enable more effective collaboration
- Improving consistency in the understanding and implementation of thresholds, roles and responsibilities within, across and between agencies
- Smooth transitions between named persons in different agencies i.e., Health and Education at the commencement of primary school education
- Named persons will be supported in aspects of their named person role from training to implementation.
- Increase information, access and availability of the support for parents, providing the right help at the right time.

#KeepThePromise

Inverclyde is also committed to #keep the promise by ensuring all of our priority areas link to the findings of the care review.

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

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

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

Priority Theme 1:

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

Outcomes:

1.1 Children, young people and families experience seamless, consistent and effective transitions along the GIRFEC pathway

1.2 Children, young people and families benefit from professionals working in collaboration and having a shared understanding and focus on children's wellbeing.

1.3 Children, young people and families are supported by named persons and a team around the child who are confident and skilled in identifying need at the earliest opportunity and identifying the right support and the right time to stop bigger problems developing.

1.4 The team around the child can evidence the effectiveness of their support and learn what works well.

Upholding UNCRC: Article 3 – Best interest of the child, Article 5 – Parental Guidance and child's evolving capacities, Article 6 – Life survival and development, Article 8 – Protection of Identity, Article 9 – Separation from Parents, Article 12 – Respect for the views of the child, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 27 – Adequate standard of living, Article 28&29 – Education & Goals of education, Article 33 – Protection from illegal use of Drugs, Article 34- protection from sexual abuse and exploitation, Article 37 – Protection from inhumane treatment and detention, Article 39 – Recovery from Trauma, 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

All single agency and multi-agency child's plans are consistent. Consistent understanding and approaches by professionals in relation to identification and response to wellbeing needs Increased range of supports for parents and carers at universal level to support their children's wellbeing

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.1 1.2 1.3 1.4	For Children, young people and families to experience seamless, consistent and effective transitions along the GIRFEC pathway we need to understand what is working well and have a consistent approach to multi agency quality assurance of the GIRFEC pathway.	Define, design and deliver the GIRFEC Pathway multi agency Quality Assurance process to create a continuous improvement cycle.	We will have assessed the quality of our current GIRFEC Pathway implementation and its impact. We will have devised a plan outlining the essential activities required to deliver further improvements.	Partnership GIRFEC strategic team leads.		• We grow up loved, safe and respected so that we realise our full potential • We live in communities that are inclusive, empowered, resilient and safe • We are healthy and active • We respect, protect and fulfil human rights and live free from discrimination

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.4	In order for Children, young people and families to be supported by a confident and skilled named persons and the team around the child the TAC need to be able to evidence the effectiveness of their support and learn what works well.	Establish a performance management working group to: a) Discover, define, design and deliver a process for improving participation and feedback from children, young people and their families b) Define performance measures for evidencing the effectiveness of TAC support based on agreed minimum standards. c) Design and deliver a data set /reporting structure to enable an evidence based annual performance report to be produced.	We will have specific feedback from families on the impact of support We will have designed our support and services based on what service users tell us they need. We will have collated quantitative and qualitative data that demonstrate the effectiveness of our early help model. We will have a reporting framework which reflects accountability and reports on effectiveness of our early help model of support for families.	Partnership GIRFEC strategic team leads.		• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active • We are well educated, skilled and able to contribute to society

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.1 1.3	Children's assessments, plans need to be clear, easy for families to understand and look the same from each agency and the service processes must aid seamless transition.	Design and deliver a suite of child planning paperwork and tools that is consistently used across all agencies.	We will have streamlined and consistent processes that improve communication of wellbeing needs.	Partnership GIRFEC strategic team leads.		• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active • We are well educated, skilled and able to contribute to society
1.1 1.3	To ensure that children receive the right support and the right time to stop bigger problems developing referral routes for named persons for mental / physical health and wellbeing supports need to be simplified	Explore electronic system of referral for enhanced universal supports.	Named persons and other professionals will be able access support for children and families with ease by means of an electronic platform			• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.2	To ensure that children, young people and families benefit from professionals working together develop further collaboration between agencies by prioritising time for enhancing professional networks	a) Collaborative events are planned focusing on understanding roles and building networks. b) Practitioner to practitioner informal collaboration to be actively promoted and supported c) A model for group supervision sessions for team around the child's are defined, designed and delivered	There will be evidence of the increased strength of professional networks. There will be increased understanding of each other's roles and challenges that improves professional relationships There will be evidence of increased and improved formal and informal collaboration through the development of group supervision sessions. TAC groups problem solve together to achieve better outcomes for children.	Partnership GIRFEC strategic team leads.		• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active • We are well educated, skilled and able to contribute to society

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.2 1.3	To ensure that children, young people and families benefit from professionals having a shared understanding and focus on children's wellbeing an authority wide focus on children's wellbeing is required at all levels of the workforce and across agencies.	a) A GIRFEC training sub group to be formed to include all agencies. b) Discover, define and design training plan for understanding, identifying and responding to wellbeing needs and developing a shared value base c) Design, develop and deliver a consistent model for all training to be implemented with coaching / modelling.	Improved focus on the benefit of early intervention and children's wellbeing is created at all levels of the workforce authority wide.	Partnership GIRFEC strategic team leads.		• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active • We are well educated, skilled and able to contribute to society

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.3 1.4	In order for children, young people and families to be supported by a confident, skilled and skilled named persons and the team around the child, we must ensure that we support and invest in the workforce with good quality guidance, tools, training and coaching.	a) GIRFEC guidance and practice tools to be updated to support the named person and team around the child and clearly define the roles and functions and duties. b) Briefing on updated guidance to be delivered universally c) Support the development of Named Persons and teams around the child through training and coaching	Specific and targeted training, coaching and modelling to be designed and delivered for named persons and team around the child.	Education lead & GIRFEC strategic team leads.		• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active • We are well educated, skilled and able to contribute to society

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
1.3	To ensure that we support parents to be the type of parents they want to be we shall provide appropriate levels of support and advice tailored to their children's emotional, social and developmental needs.	Discover and design an extended parental support programme with third sector partners. Improve promotion and resourcing of tailored parenting programmes or approaches with communication strategy. Review Inverclyde parenting strategy in line with developments	There will be an increased range and availability of parental support in place Communication strategy in place and evaluated as effective There will be an updated parenting strategy which reflects the increased range of supports available to parents	Voluntary Sector Voluntary Sector Service Manager HSCP		Outcome 1 (NPF)

Priority area 2

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

A focus on establishing good patterns in childhood and adolescence develops resilience, and this sets the direction for developing good mental health as an adult. The consequences of not addressing children and young people's mental health problems are long lasting and far reaching and can include diminished educational success, physical health and work and career opportunities; the development of addictive behaviours and unhealthy coping strategies. The cost to individuals and families and the overall community is very high and therefore we need to address it at multiple levels. Numerous factors in different domains can contribute to good mental health and wellbeing outcomes. It is noted that positive interactions with family members, friends, teachers and school peers are particularly important for positive mental health and wellbeing.

Inverclyde is known as one of the most deprived areas in Scotland. Research shows that individuals in the most deprived areas are almost twice as likely as those in the least deprived areas to experience childhood adversity. It has been also been recognised that Covid 19 and the factors brought on by the pandemic such as unemployment, increased domestic abuse, social isolation, food and housing insecurity, bereavement and prolonged periods of lockdown may exacerbate current childhood adversity. ACES research should be utilised alongside many other sources of evidence demonstrating how early adversity affects later outcomes. Intervention and trauma informed systems are part of a whole systems response however the focus should remain on the primary prevention of the causes of childhood adversity. This crucially necessitates supporting adults and communities and not seeing children in isolation from their environments.

The Children's Service Partnership recognises the importance of continuing with a focus on developing a trauma informed workforce in the evaluation of the children service plan 2017-2020. There is growing evidence that 'trauma informed' systems and practice, where the impact of childhood adversity on those affected is understood by staff, can result in better outcomes for those affected. The application of trauma informed care reduces the distress caused by engagement with services, enhances good care and reduces the risk of re-traumatisation.

We need to focus on promoting good mental health as well as responding to distress. By developing accessible mental health supports and a trauma informed children's services workforce we can ensure that everyone involved in the lives of children knows that their primary purpose is to develop patient, kind, trusting and respectful relationships with children and their families. We aim to address the specific barriers for those who have experienced adversity, meaning they can receive positive help and support when needed by experiencing nurturing care giving relationships, education, supportive social networks and communities.

In 2013 Inverclyde Council commissioned the first secondary schools' health and wellbeing survey in order to establish a baseline of health and wellbeing data that could be used to assist in determining priorities and measure progress. In 2019 in partnership with Inverclyde Council and NHS Greater Glasgow and Clyde an independent survey was repeated. It includes questions that have remained the same since 2013 and allows the monitoring of trends over time, however, the survey has also been adapted over time to take into account emerging issues. From the most recent survey young people are reporting an increase in alcohol consumption. More than half (56%) of all pupils said that they had had a proper drink of alcohol. One in ten (10%) pupils drank at least once a week. In 2013 HWB survey reported that 44% of pupils said that they had drank alcohol. 8% of pupils said that they drank alcohol once a week or more. In terms of drug use 15% of pupils said that they had used drugs in the last year – in 2013 the figure was 8%. The percentage of pupils who worried about exams (55%) and worried about their future (47%) has stayed the same since 2013 survey, however, there has been an increase of 9% for those worried about their appearance. From other engagement activities with young people regarding mental health it is evident that young people want to be

involved in the co-designing of what mental health education looks like in schools. They also want more accessible holistic practices young people to assist them in identifying what supports their mental health and wellbeing as they are clearly seeing the links between alcohol and drug consumptions levels and mental health and wellbeing.

#KeepThePromise

Inverclyde is also committed to #keep the promise by ensuring all of our priority areas link to the findings of the care review.

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

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

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

Priority Theme 2:

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

Outcomes:

2.1 Community based support for children young people and their families' mental health is strengthened

2.2 Support for children and young people to cope with stress is strengthened and further provision of strategies to prevent substance and alcohol abuse

2.3 There is increased participation of children, young people and parents/ carers in co-production design, redesign and evaluation of mental health supports and services.

2.4 The children service workforce in Inverclyde is invested in and is supported to continue to care

2.5 Children, young people and families consistently experience nurturing, compassionate and respectful relationships when engaging with services.

Upholding UNCRC: Article 2 – Non-discrimination, Article 3 – Best interest of the child, Article 5 – Parental Guidance and child's evolving capacities, Article 6 – Life survival and development, Article 12 – Respect for the views of the child, Article 13 – Freedom of expression, Article 14, Freedom of thought, belief and religions, Article 16 – Right to privacy, Article 17. Access to information, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 29 - Goals of education, Article 31, Leisure, play and culture, Article 39 – Recovery from Trauma, 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

There will be an increase in the numbers of CYP accessing mental health and wellbeing targeted support from non-statutory services

Our follow up survey will show a reduction in the number of young people who report that they regularly use drugs, smoke and drink alcohol.

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
2.1	We need to strengthen community based support for children, young people and their families' mental health	Increase mental health and wellbeing supports in community settings that are easily accessible and appropriate to needs – including the provision of access and support beyond 9 to 5 Monday to Friday services	Increased capacity in community based mental health service Increase numbers of CYP accessing targeted support Reduction in referrals to statutory services Reduction in rejected referrals to statutory services	Development Officer for CYP Community Mental Health and Wellbeing HSCP Voluntary Sector		• We grow up loved, safe and respected so that we realise our full potential • We are healthy and active • We are well educated, skilled and able to contribute to society

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
2.2	We need to strengthen the support we give to children and young people to cope with stress We need to increase the support provided to young people in relation to substance and alcohol misuse	Provide a suite of appropriate support for children and young people to deal with stress. Review the PSE curriculum in relation to drugs and alcohol in line with the NHS Greater Glasgow and Clyde Alcohol and Drug Prevention Framework Review the partnership working arrangements to provide the best and most appropriate support for young people involved in substance and alcohol misuse.	Children and young people can identify how they can access support and the coping strategies to use when they experience stress Reduction in the number of young people who report that they regularly engage in substance/alcohol abuse. Reduction in the number of children young people who smoke.	ADP – sub - group		• We grow up loved, safe and respected so that we realise our potential • We are healthy and active • We live in communities that are inclusive, empowered, resilient and safe • We tackle poverty by sharing opportunities, wealth and power more equally

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
2.3	We need to increase participation of children, young people and parents/carers in co-production design, redesign and evaluation of these supports and services. This would include incorporating their lived experience into design.	a) Develop a sustainable young person advocacy service that focuses on children and young people being at the heart of the development and design of mental health and wellbeing services. b) Establish a learning network that allows the voice of children, young people to be heard and actioned.	Children and young people will be have been included and fully involved in service development at all stages. There will be an increased evidence of the voices of children and young people and their carers influencing mental health and wellbeing services development.	Development Officer for CYP Community Mental Health and Wellbeing HSCP Education Voluntary Sector		• We grow up loved, safe and respected so that we realise our potential • We are healthy and active • We respect, protect and fulfil human rights and live free from discrimination

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
2.4 2.5	The children service workforce in Inverclyde is invested in and is supported to continue to care Children, young people and families consistently experience nurturing, compassionate and respectful relationships when engaging with services.	Undertake a training need analysis to understand the training needs of the children's service workforce in relation to promoting good mental health and responding to trauma at every level. Training opportunities will be available at each level with priority given to those who work with children and young people with multiple adversities. Establish mental health leaders within the workforce and community to support children / young people to feel safe in their environment.	A development plan will be in place for statutory and third sector workforces, allowing us to assess and plan need. We will have an upskilled workforce and community in relation to mental health and at the trauma informed, skilled and enhanced practice level. Feedback from staff	Health improvement (HSCP)		• We grow up loved, safe and respected so that we realise our potential • We are healthy and active • We respect, protect and fulfil human rights and live free from discrimination

Priority area 3

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

The Strategic Needs Assessment outlines the impact of poverty on families in Inverclyde. The Child Poverty Action Group produce the Local Action Report and plan. As one of the most deprived areas in Scotland, Inverclyde is part of the Attainment Challenge, a national drive to reduce the differences in educational outcomes linked to deprivation.

The most deprived data zone in Scotland is located in Greenock Town Centre. This datazone is impacted from low income, low employment, poor health, reduced education and crime rates. We know that children living in deprived areas have lower school attendance, lower levels of attainment and are far less likely to move into further education, employment or training. Furthermore, child poverty can have a negative impact on children and young people being able to access and realise their fundamental rights as stated in the UNCRC. All these factors contribute to the higher levels of multiple deprivation and highlight the multi-faceted challenges around tackling child poverty. The impact on children from the economic downturn is already having a disproportionately damaging impact on families with children of Inverclyde, particularly those on low incomes. Even before Covid nearly one in three children in Inverclyde were growing up in poverty. The prevalence of insecure low paid work and cuts in UK social security over the last decade means that many families entered this recession lacking financial security. The pandemic has hit low-income families disproportionately hard. Women's poverty rates, and subsequently child poverty rates, are likely to rise as a result of low-paid women being at particular risk of Covid-19 job disruption, including unemployment, enforced reduction of hours and being furloughed.

Supporting, promoting and advocating for breastfeeding is a key priority for Inverclyde HSCP and the Scottish Government. Evidence shows that even modest increases in breastfeeding has the potential to dramatically improve outcomes for infants and children and bring about short and long term health, attainment and economic benefits. The percentage of infants ever breastfed in Inverclyde had risen modestly in 2018/19 from 42.4% (2017/18) to 42.8 in 2018/19, however in 2019/20 the ever breastfed rate rose to 45.6%. This has moved Inverclyde out of the worst performing Local Authority for this data set and also initiation rates, however there remains a long way to go when compared to all Local Authorities.

Child weight and growth can be used as an indicator of the general nutritional and physical health of a child. A major challenge is the link between deprivation and risk of a child being overweight or obese. As figures confirm this has increased in the most deprived areas but decreased in the least deprived areas. It is evident from the data that children in Inverclyde are at a slightly higher risk of weight problems compared to the national average. Whilst the variation between the percentages at risk of being overweight has narrowed, nonetheless more children in Inverclyde are at risk of obesity. As a partnership this is an important area for us to address.

Areas for development: the following will be the areas of focus

#KeepThePromise

Inverclyde is also committed to #keep the promise by ensuring all of our priority areas link to the findings of the care review.

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

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

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

Priority Theme 3:

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

Outcomes:

3.1 Through the Child Poverty Action Group mitigate the impact of poverty on families in Inverclyde

3.2 Reduce inequalities of educational outcomes linked to deprivation

3.3 Reduce inequalities of health outcomes linked to deprivation

Upholding UNCRC: Article 2 – Non-Discrimination, 3 – Best interest of the child, Article 6 – Life survival and development, Article 12 – Respect for the views of the child, Article 15, Freedom of association, Article 17, Access to Information, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 26 – Social Security, Article 27 – Adequate standard of living, Article 28&29 – Education & Goals of education, Article 31 – Leisure, play and culture, Article 39 – Recovery from trauma and reintegration, 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

Decrease the attainment gap between pupils in SIMD 1-2 and 3-10 for key Broad General Education and Senior phase. Increased uptake in breastfeeding Reduce risk of obesity at the P1 stage Increase uptake of free school meals in secondary schools.

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
3.1	Mitigate the impact of poverty on children and families in Inverclyde through the Child Poverty Action Plan	Support the CPAG in the delivery of the Local Child Poverty Action Report which includes actions in relation to: • Opportunities and apprenticeships for 16-24 year olds • Supporting Care Experienced Young People • Roll out of Cost of Living and Cost of the school day practices • Improve Digital Inclusion • Improve and Increase Workforce Development within and across the partner agencies • Improve Housing and Housing Support Policies • Mitigate Food Insecurity • Support Lived Experience (deeper engagement with those people and communities who have first-hand experience of poverty, inequality and restricted life chances)	Under the Child Poverty (Scotland) Act 2017 there is a requirement for all local authorities and relevant Health Boards across Scotland to reduce child poverty. The Act sets out four national statutory income based targets to be achieved by 2030. The four targets are:- • Less than 10% of children are in relative poverty • Less than 5% of children are in absolute poverty • Less than 5% of children are in combined low income and material deprivation.	Lead for Child Poverty Action Plan		• We tackle poverty by sharing opportunities wealth and power more equally • We grow up loved, safe and respected so that we realise our full potential • We live in communities that are inclusive, empowered, resilient and safe • We are healthy and active • We respect, protect and fulfil human rights and live free from discrimination

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
3.2	Reduce inequalities of educational outcomes linked to deprivation	Focussed and continued work on reducing the educational attainment gap linked to deprivation. Under take specific focussed work to improve school attendance and to support families to overcome barriers to attendance at school Within the AC review approaches to tracking, supporting and ensuring improving outcomes for all LAC pupils Continue to develop approaches to QA to ensure high quality teaching for all Continue to support schools to improve the attendance of all pupils but with a focus on SIMD 1, 2, ASN and LAC	The attainment gap between learners living in SIMD 1 and 2 and those living in 3-10 continues to reduce. Attainment raises for all pupils and the gap between outcomes between SIMD 1 - 2 and 3 – 10 closes School attendance increases overall and specifically for those living in the most deprived areas and LAC who are looked after at home Schools' self-evaluation of their provision improves with all schools being good or better Attendance for all pupils and all groups improves to above the NA and the gap between groups closes Outcomes for LAC pupils improve, particularly from S4 – 6	Head of Education		• We are well educated, skilled and able to contribute to society • We tackle poverty by sharing opportunities wealth and power more equally • We grow up loved, safe and respected so that we realise our full potential

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
3.3	Reduce inequalities of health outcomes linked to deprivation	Continued work to develop healthy lifestyles for families with children in their early years. This will focus on active, outdoor play and healthy eating. All ELC settings will review their active, outdoor play and healthy eating curriculum offers. Children and Family Centres will further develop family learning programmes on healthy lifestyles. ELC settings will identify children and families at risk and undertake targeted interventions in partnership with other agencies. Provide sustainable and targeted support, promotion and safeguarding of breastfeeding in Inverclyde. Promote active lifestyles and healthy eating for families	P1 risk of obesity is reduced Increase in those participating in healthy activities. An improved offer from ELC settings to address health inequalities. Increased number of families engaged in programmes. Evaluations evidence that families embedding strategies at home. Breast feeding rates will have increased by 3% in the 15% most deprived quintiles within Inverclyde. Improvements in % of children reaching their developmental milestones as 27- 30 month developmental assessments Increased uptake of pupils who are entitled to free school meals.	Early Years Team Service Manager Specialist Children's Services HSCP Head of Education Resources		• We are well educated, skilled and able to contribute to society • We tackle poverty by sharing opportunities wealth and power more equally • We grow up loved, safe and respected so that we realise our full potential

Priority area 4

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

Working well:

- We have established and effective Champions Board and have a high level of participation by care experienced young people in service improvement and delivery including three established groups for different ages and stages of transition support; Mini Champs, Prou2Care and Moving4ward
- We have continued to strengthen our support to Kinship Carers who enable children and young people to maintain valuable family and local connections
- We have continued to strengthen out Birth Ties support work for families affected by adoption

Areas for development which are to be the focus in this Children's Service Plan

- Implementation and delivery of The Promise
- Improving support for attainment and attendance for looked after children and young people particularly those looked after at home
- Looked after children and young people will wherever possible continue to reside in their local community ensuring life- long family connections are supported and maintained.
- Families have access to early support and Care experienced young people are fully supported throughout the transition of a being looked after child to adulthood

The Promise (Scotland's Independent Care Review) reported on the views and voices of thousands of care experienced children, young people, their families and workforce on what Scotland must do to change the care system.

#KeepThePromise

Inverclyde also committed to #keep the promise by implementing I- Promise ensuring all of our priority areas link to the findings of the care review.

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

Family: If children are living in a family and are safe and feel loved they should stay there. Families should be given the help and support they need to enable them to stay together.

Care: If children cannot stay within their family they should stay together with siblings in a place where they are safe and feel loved for as long as they need to.

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

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

Priority Theme 4:

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

Outcomes:

4.1 Inverclyde to progress and embed the foundations of The Promise by creating a dedicated I-Promise team, the I- Promise board and implementing I- Promise across Inverclyde.

4.2 Improve support for attainment, attendance and positive destinations for looked after children, particularly those looked after at home.

4.3 Looked after children and young people will wherever possible continue to reside in their local community ensuring life- long family connections are supported and maintained with a focus on sibling relationships.

4.4 Families have access to early help and support and care experienced young people are fully supported throughout all transitions of being looked after to adulthood by a range of local services to develop a whole systems approach.

Upholding UNCRC: Article 3 – Best interest of the child, Article 9 – Separation from parents, Article 12 – Respect for the views of the child, Article 13 – Freedom of expression, Article 18 – Parental responsibilities and state assistance, Article 19 – Protection from violence abuse and neglect, Article 20 – Children unable to live with their family, Article 21 – Adoption, Article 23 – Children with a disability, Article 24 – Health and Health Services, Article 25 – Review of treatment in care, Article 27 – Adequate standard of living, Article 29 – Goals of education, Article 33 – Protection from illegal use of Drugs, Article 34- protection from sexual abuse and exploitation, Article 37 – Protection from inhumane treatment and detention, Article 39 – Recovery from Trauma, Article 40 - Juvenile Justice, Article 42 – Knowledge of Rights

Key Performance Indicators and measures used for this outcome will be:

Multi – agency qualitative data, voices and views of care experienced children and young people, families and workforce. This will include adult services such as alcohol & drug recovery, mental health services who support parents and carers, third sector groups supporting work within communities. Information and learning from complaints and inspections. Process mapping of children and families care journey across agencies and by the use of chronologies Multi – agency quantitative data, local and national data and benchmarking. *Some of these measure will require to be developed within the discovery stage.

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
4.1	Implement and deliver on the findings of The Promise. Developing Inverclyde's promise - I Promise	Establish a dedicated I – Promise team and board. Build knowledge and awareness of the Promise with children , young people, families, communities and the workforce By adopting the Scottish approach to serve design we will begin the discovery stage with all relevant people and services Develop area of focus and identify what success will look like from the perspective of children, young people, families, communities and the workforce STOP! GO! Initial focus areas aligned with the Promise foundations : "Help me, help my family" "Nothing about us, without us"	A team and board are established with linked focus groups across communities. People will be informed following a programme of awareness raising and good communication strategy. Process of orientation and discovery commenced– quantitative and qualitative data collated and measured. Identified areas of focus are derived from the discovery stage. Development around whole family support and transitions for young people into adulthood is progressed as informed by the discovery stage.	Inverclyde Promise Team and Promise Keepers (i-Promise board) Third sector support for awareness raising stage. (A range of partners and service will be aligned with this work.)	Year one (The Promise is a 10yr strategy) Year one/ two Year one/ two Year one Year two	The Promise Children and Young People Act S(2014) UNCRC GIRFEC National Care Standards We grow up loved, safe and respected so that we realise our potential

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
4.2	Improve support for attainment, for looked after children, particularly children who are looked after at home. Continue to develop a strong culture of attendance matters across all schools and reduce the barriers to attendance for looked after children	The school community as a whole understands and is supported to have an awareness of the challenges and barriers that care experienced children face so they can engage and support appropriately Establish a multi-agency looked after governance group to oversee the work related to Priority 4 Establish the role of a virtual head teacher for Inverclyde and refocus existing staffing to create a team around them. Review links between this team and all partners. Review approaches to ensure alternatives to exclusion are in place for all care experienced children and young people, including the designing of effective pathways. Continue to administer the Care Experienced Attainment Challenge Funding via participatory budget model directly linked to the LAAC Planning and Review process.	Attainment Challenge Data I-Promise Board established Attainment and attendance for LAC pupils improves and the gap between them and their peers reduces Exclusion rates for LAC pupils reduces to be in line with non LAC peers Recorded and aligned with child's plan Views of children, young people and families gathered as part of evaluation	Education Services HSCP 3rd Sector partners I-Promise team Education Services HSCP Education Services HSCP 3rd Sector partners HSCP Multi-agency CE Attainment Fund approval panel		We grow up loved, safe and respected so that we realise our potential. We are well educated, skilled and able to contribute to society.

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
4.3	Children and young people who are unable to live with their immediate birth family can continue to reside and be educated in their own community for as long as needed, ensuring life-long family connections are supported and maintained with a focus on sibling relationships.	Building the capacity and maintaining high quality local placements. Working collaboratively with education to reduce disruptions in educational placements following a placement move Continue to maintain placement stability and limited unplanned moves Create a culture which promotes the importance of family contact and the maintenance of family / sibling/ peer and community links - Exploration of Life Long Links	Increase number of local foster placements (31 current. Increase by 5) and develop via annual foster and kinship review Reflected in child's plans - qualitative data from case file audit shows reduced disruptions. Reduction in unplanned moves/disruptions Tracked through reviews Contact training included in the induction for all NQSW including the views of care experienced children. Family contact and other lifelong links for care experienced children and young people are fully explored and reviewed in all processes.(child's plan, foster care review, kinship review s etc).	HSCP fostering / residential services Education / Child Planning and Improvement Officers	2yrs	We grow up loved, safe and respected so that we realise our full potential. We are educated, skilled and able to contribute to society.

Outcome	Development Area	Actions	How will we know we have had impact?	Who is Responsible	Timescale	Links to the National Performance Framework
4.4	We need to enhance our early help and scaffolding for families and increase transitions support for care experienced children and young people moving into adulthood We develop whole family approach to achieving the right support at the right time, breaking down barriers between children's and adult services	The STOP!GO! pledges of "help me, help my family" and "nothing about us, without us" are embedded as the initial overarching principles for any agency support and are key focus areas for serve delivery Informed by the discovery phase of I-Promise young people and their families will receive appropriate support to help them to succeed. Through listening to relevant focus groups we will explore how we can develop and increase capacity and support for care experienced young people. Involve a range of relevant service and agencies from our community in the support and input for our families, children and young people. Assistance is given to parents /carers to maintain young people in placement or at home through increased use of family group conferencing. (links to life long links work Create a joint approach between all children and adult services third sector and the Inverclyde community to take a whole family approach to support and recovery. Service development of through care aftercare and continuing care service in partnership with young people increasing understanding of the service offer Implement clear pathways and transition protocols where all services understand the impact of adversity and trauma without young people having to re tell their story.	Reflected within planning and reporting duties, raised awareness. Discovery stage will help to develop methods to measure/identify success Discovery stage will begin to explore and identify areas of improvement gaps within support and services We will have qualitative data indicating what families, children and young people need from the discovery stage Discovery phase will be informed by a wide reaching range of focus groups including the workforce and community helping to identify areas of development and gaps within support and services Increased awareness of family group conferencing and increased uptake of family group conferencing Decrease in placement moves I-Promise team will be multiagency dedicated raising awareness across a range of services. Discovery stage will help inform barriers to services and areas of improvement We will have established a support group for older looked after children and young people Discovery stage will help to inform areas for development Increase in uptake of the transition support from continuing care, through care and aftercare Young people continue to be supported and don't experience unplanned ending of services Discovery stage will include process mapping of services and service user's journeys to identify areas of good practice and areas of improvement. New pathways/protocols will be informed and co-designed in partnership with service users	I-Promise Team I-Promise Team I-Promise Team I-Promise Team I-Promise Board 3rd Sector Adult/Children's services I-Promise Team I-Promise Board 3rd Sector Adult/Children's services HSCP I-Promise Team I-Promise Team I-Promise Board 3rd Sector Adult/Children's services		• We grow up loved, safe and respected so that we realise our full potential

Part 4

Our Performance Framework

This part is still under construction

This section will include the performance framework that led to the inclusion of the priorities we have chosen and also identifies the key performance indicators that we will use to measure success over the lifetime of this plan.

Priority Theme 1

Priority Theme 1:

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

Outcomes:

1.1 Children, young people and families experience seamless, consistent and effective transitions along the GIRFEC pathway

1.2 Children, young people and families benefit from professionals working in collaboration and having a shared understanding and focus on children's wellbeing.

1.3 Children, young people and families are supported by named persons and a team around the child who are confident and skilled in identifying need at the earliest opportunity and identifying the right support and the right time to stop bigger problems developing.

1.4 The team around the child can evidence the effectiveness of their support and learn what works well.

Priority Theme 1

Why this is a priority	Baseline	Success measure(s) by 2023
Our self-evaluation has highlighted inconsistencies in Children's Plans. Quality Assurance (QA) groups for single and multi- agency Child's Plans will help to ensure that all GIRFEC activity is high quality and positively impacts on children and families.	There are currently no formal arrangements to quality assure Child's Plans across the partnership There are currently no formal arrangements to quality assure TAC meetings across the partnership Currently there is no coordinated approach to multi-agency training for practitioners to ensure consistent high quality of plans.	• Quality Assurance (QA) groups for Child's Plans set up 2021/22 • QA assurance groups for TAC meetings have been set up 2021/22 • Baseline for QA process has been established by 2022
	There is currently not an agreed data set/reporting structure for the GIRFEC Pathway.	• Training plans to work with practitioners to ensure consistent high quality of plans have been set up 2021/23 • We will have designed and delivered a data set/ reporting structure by 2023 • All partners are confident in the approach to ensure the quality of Child's Plans • Data set/
There is a need to develop a seamless referral pathway for physical mental health and wellbeing supports between agencies and to strengthen collaboration.	There is currently no centralised system for referral of children and young people for enhanced universal supports There are currently professional networks to support in the form of communities of practice. Training for professionals does not consistently and routinely include coaching and modelling to support practice development.	• There will be an electronic system for use by partners for wellbeing referrals by 2022 • We will have increased the strength of professional networks supported by a model of group supervision and strong communities of practice 2022 • Training and development focusing on a shared value base authority wide supported by training coaching and modelling will be in place by 2023
There is a need to enhance the range and availability of supports in relation to the universal pathway to help parents and carers support their children's wellbeing range and availability of supports in relation to the universal pathway to help parents and carers support their children's wellbeing	There is a parental support programme in the community in place, however there is a need to review its scope and function.	• The partnership will have reviewed the parental support currently available; identified gaps and designed the extended the parental support programme in the community by 2022 • We will have developed a Communication strategy and reviewed the Inverclyde parenting strategy by 2023

Priority Theme 2

Priority Theme 2:

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

Outcomes:

2.1 Community based support for children young people and their families' mental health is strengthened

2.2 Support for children and young people to cope with stress is strengthened and further provision of strategies to prevent substance and alcohol abuse

2.3 There is increased participation of children, young people and parents/carers in co-production design, redesign and evaluation of mental health supports and services.

2.4 The children service workforce in Inverclyde is invested in and is supported to continue to care

2.5 Children, young people and families consistently experience nurturing, compassionate and respectful relationships when engaging with services.

Priority Theme 2

Why this is a priority	Baseline	Success measure(s) by 2023
2.1 There is a need to strengthen community based supports for children and young people and their families in relation to mental health	Evidence in the report submitted to SG with the Community CYP Mental Health and Wellbeing Plan Current number of CYP accessing targeted support (implementation of a platform to refer CYP to non-statutory services) In 2019/20 the referral to treatment times in Inverclyde CAMHS was on average 12.5 weeks Current number of referrals to statutory services Current rejected referrals to statutory services	• There will be an increase in the numbers of CYP accessing targeted support (implementation of a platform to refer CYP to non-statutory services) • A reduction in waiting time between referral and treatment • A reduction in referrals to statutory services • System in place to measure referrals to non-statutory services
2.2 The feedback from our children and young people (CYP) via a variety of consultation and engagement activities indicates that the issues of mental health and substance/alcohol misuse are a priority for them.	According to the Health and Wellbeing (HWB) Survey: • 5% of young people are taking drugs at least once per month • 10% pupils drank at least once a week • 20% of young people who drank alcohol get drunk at least weekly • 9% of secondary pupils are current smokers - a 3.6% increase on previous survey Qualitative feedback from the Clyde Conversations, Proud2Care event highlighted that the PSE curriculum is not well structured to deal with drugs and alcohol issues.	• The next H&WB Survey will show a reduction in the number of young people who report that they regularly use drugs, smoke and drink alcohol • CYP will report that the structure of the PSE curriculum meets their needs in relation
2.3 Increase participation of children, young people and parents/carers in co-production design, redesign and evaluation of these supports and services.	There is currently no systematic mechanism in place to obtain views of CYP in the design / redesign of services There is no baseline for this measure.	• There is a systematic mechanism in place to obtain views of CYP in the design / redesign of services. • Partners can provide evidence of where children, young people, parents and carers have influenced service improvement.
2.4 / 2.5 Development of staff to ensure consistent high quality services are provided in support of children and families.	Across the partnership there is a need for a consistent training plan and framework for trauma informed workforce development.	• Training needs analysis will be complete by 2022 and will be used to inform the schedule of training • Numbers completed training/sessions

Priority Theme 3

Priority Theme 3:

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

Outcomes:

3.1 Through the Child Poverty Action Group mitigate the impact of poverty on families in Inverclyde

3.2 Reduce inequalities of educational outcomes linked to deprivation

3.3 Reduce inequalities of health outcomes linked to deprivation

Priority Theme 3

Why this is a priority	Baseline	Success measure(s) by 2023
3.1 There is a high level of poverty and deprivation within Inverclyde, which negatively impacts on children's life chances	Baseline is from Inverclyde Local Child Poverty Action Report (LAR).	Progress has been made towards the achievement of national targets in poverty reduction
3.2 Despite improvement in closing the poverty-related attainment gap, we recognise the continued importance of this challenge in face of the impact of Covid-19 on children and young people's learning.	BGE Literacy attainment gap (P1,4,7 combined), 20.69% in 2018-19 (LGBF)	The literacy attainment gap will have reduced
	BGE Numeracy attainment gap (P1,4,7 combined), 17.52% in 2018-19 (LGBF)	The numeracy attainment gap will have reduced
	% of Pupils from Deprived Areas Gaining 5+ Awards at Level 5, 54% in 2019-20 (LGBF)	% of pupils from deprived areas Gaining 5+ awards at Level 5 will have increased
	% of Pupils from Deprived Areas Gaining 5+ Awards at Level 6, 27% in 2019-20 (LGBF)	% of pupils from deprived areas Gaining 5+ awards at Level 6 will have increased
	SIMD attendance GAP between Deciles 1-2 and 3-10 (2019/20, SEEMIS): Primary 2.8% Secondary 4.4% ASN 1.3%	SIMD attendance GAP will have reduced
3.3 Life expectancy and healthy life expectancy in Inverclyde are lower than the national average.	% uptake of FME in secondary schools was 56% in academic year 2019/20	Increase uptake in secondary schools to 60%
	% of P1 children at risk of being overweight/ obese: 11.4% risk overweight, 13.2% risk of obesity. Higher than national levels. (ISD measure)	% of P1 at risk of being overweight or obese will have reduced
	HWB survey indicated that that just one in ten (10%) met the target of taking 60 minutes or more of moderate physical activity on seven days per week.	Our survey will show an increase in % meeting the 60 minute target
	LGBF data shows that 76.4% of Inverclyde children are meeting their developmental milestones at their 27-30 month assessment compared to 85.5% nationally (2018/19)	Increase in children reaching developmental milestones as measured by 27- 30 month assessments

Priority Theme 4

Priority Theme 4:

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

Outcomes:

4.1 Inverclyde to progress and embed the foundations of The Promise by creating a dedicated I-Promise team, the I- Promise board and implementing I- Promise across Inverclyde.

4.2 Improve support for attainment, attendance and positive destinations for looked after children, particularly those looked after at home.

4.3 Looked after children and young people will wherever possible continue to reside in their local community ensuring life- long family connections are supported and maintained with a focus on sibling relationships.

4.4 Families have access to early help and support and care experienced young people are fully supported throughout all transitions of being looked after to adulthood by a range of local services to develop a whole systems approach.

Priority Theme 4

Why this is a priority	Baseline	Success measure(s) by 2023
4.1 Some of this engagement was completed during the development of Inverclyde Stop Go Pledges and this informed our Pledge "Help me Help my Family" Multi – agency qualitative data voices and views of care experienced children and young people, families and workforce this will include adult services such as alcohol &drug recovery, mental health services that support parents and carers. Information and learning from complaints and inspections. Process mapping of child's care journey across agencies and use of chronologies.	Baseline measures will be developed during the Discovery phase of implementing I Promise this will include quantitative and qualitative data aligned to the pillars of The Promise Scaffolding Voice Family Care People	IPromise Team established The process of fully understanding the problem through discovery and definition will be complete and developing the design of services commenced
4.2 There is a marked difference in school attendance, exclusions, and attainment for our care experienced students. This is particularly evident in the 'looked after at home' group.	School attendance rates (per 1,000 'looked after children', 87.41% in 2018-19 (LGBF)	School attendance rates for looked after children will have increased
	School exclusion rates (per 1,000 'looked after children', 141.8 in 2018-19 (LGBF)	Rate of exclusion incidents for looked after children will have reduced
	Average tariff points of LAC leavers (INSIGHT)	Average tariff points of LAC leavers will have increased
	Gap between % of LAC leavers and the LA average attaining level 4 literacy and numeracy (INSIGHT)	Gap in attainment of level 4 literacy and numeracy will have reduced
4.3 The partnership should give consideration to the most effective means of securing the long-term stability of children, which means minimising disruption of placements	Currently 31 local foster placements	Increase the number of local foster placements by 5
	Timescales for securing permanence for children and young people whether within birth family or adoption/ permanent carers	Build on our learning from PACE taking account of Inverclyde's pandemic recovery
	% of looked after children with 3 or more placements during the year was 2.9% in 2019 Number of young people in receipt of continuing care	Continue to embed " staying put" young people exercise their right to continuing care. Continue to perform better than the national average
4.4 Our uptake of after care service by care leavers is lower than the national average we need to better understand why and develop enhanced transition pathways between children services and adult services	Data number of young people eligible for Aftercare and experiencing homelessness	Reduction in the number of care experienced young people at risk of homelessness or presenting as homeless
	Number of transition accommodation places available. Current 4 - May 2021will increase to 8	Uptake of transition accommodation for young people leaving residential, foster and kinship care
	Young people who were eligible for Aftercare and in receipt of a service on 31st July 2019 was 22%	Increase the uptake of aftercare from young people who are eligible.
		Development of seamless transition pathways for care experienced young people

INVERCLYDE HSCP
Health and Social Care Partnership

NHS
Greater Glasgow and Clyde

POLICE SCOTLAND
Keeping people safe

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION

Inverclyde Alliance

Inverclyde council