
Report To:	Health & Social Care Committee	Date:	11 January 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/08/2018/SMcA
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Subject:	Joint Children's Service Findings		

1.0 PURPOSE

- 1.1 The purpose of the report is to present to the Committee the findings of the Joint Strategic Inspection of Services to Children, Young People and Families in the Inverclyde Community Planning Partnership (CPP) area and outline our improvement actions arising from the findings

2.0 SUMMARY

- 2.1 During 2017, the Care Inspectorate undertook a strategic inspection of services to children, families and young people in the Inverclyde CPP area. The Inspection concluded on 31st October 2017 with the publication of a report of the inspection findings.
- 2.2 The report of the inspection findings is positive in nature, identifying a number of areas of strength, including sector leading practice and examples of good practice that are considered to be of national significance.
- 2.3 Areas of development are also identified. These include specific areas of practice that require to be strengthened as well as further development of key processes. The inspection report highlighted a high level of confidence in the Inverclyde CPP in taking forward any improvement actions identified.
- 2.4 Subsequent to the publication of the report, the CPP required to develop an improvement plan to address the inspection findings. This action plan will be subject to ongoing review by the Care Inspectorate.
- 2.5 The improvement plan has been developed via Best Start in Life Group and the Child Protection Committee and approved by the CPP. The plan outlines specific actions to drive forward the areas for improvement.
- 2.6 The improvement action plan that will be submitted to the Care Inspectorate will be on behalf of the Community Planning Partnership and remains the responsibility of Best Start in Life and Child Protection Committee to plan and review its progress.
- 2.7 Within the report the care inspectorate highlighted specific areas where they believe that by creating additional capacity, it would be likely to strengthen practice and drive improvement actions contained within the report. The key areas that have been identified are outlined below and will require the HSCP to consider how these may be resourced and supported. The key areas

for development are as follows:

- Improving quality and timescales for looked after children by increasing capacity for reviewing children's plans
- Extend capacity within continuous improvement functions within the HSCP to drive improvements that relate specifically to the HSCP roles and responsibilities in respect of key child protection processes.
- Improvement and extension of services for care leavers.

2.8 The bullet points above relate specifically to HSCP improvement actions. It should be noted that the report in full contains a range of wider actions that rest with other stakeholders.

3.0 RECOMMENDATIONS

It is recommended that the Health and Social Care Committee:

- a. Notes the findings of the report of the Joint Strategic Inspection of Services to Children, Young People and Families in the Inverclyde CPP.
- b. Scrutinises and approves the content of the improvement plan to address the inspection findings.
- c. Requests a further report that outlines how the HSCP will resource the improvement actions required.

4.0 BACKGROUND

- 4.1 At the request of Scottish Ministers, the Care Inspectorate undertook a Joint Strategic Inspection of Children's Services in the Inverclyde CPP area. Inverclyde was the 30th of 32 CPP areas in Scotland to be inspected.
- 4.2 The focus of inspection was services provided to all children and families in the Inverclyde area with an additional focus on services to the most vulnerable children. Inspectors looked at 'how well services are working together to make a positive difference to the lives of children, young people and families'. They looked at how services are delivered by staff and assessed how well they are led, planned and organised. Inspectors assessed services across nine 'quality indicators' that are based on evidence-informed quality assurance models.
- 4.3 The Inspection Team consisted of Inspectors from the Care Inspectorate (Health and Social Work), Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Associate Inspectors, clinical partners, lay inspectors and volunteer young people contributed to the Strategic Assessment Team.
- 4.4 The Inspection was intimated to Chief Officers on 3rd February 2017 and concluded on 31st October 2017 with the publication of the report of inspection findings giving an inspection footprint of 38 weeks.
- 4.5 Key stages in the pre-assessment process were as follows:
- Preparation which included submission of a pre-inspection return, preparation of a validated self-evaluation against the specified 9 quality indicators including position statements in relation to the following areas:
 - Getting it Right for Every Child
 - Child Sexual Exploitation
 - Corporate Parenting
 - Submission of good practice examples that the community planning partnership wished to showcase. These included:
 - Closing the attainment gap through partnership working before and beyond the school gates
 - Nurture Me
 - Extending the UNICEF Right Respecting Schools approach to Residential Children's Houses
 - Completion and submission of a staff survey
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 - Compilation of outcomes evidence in support of all submissions to the care Inspectorate.
- 4.6 In addition to the offsite activity outlined above, the inspection followed a number of stages and included the following:
- Initial scoping and detailed analysis by the Care Inspectorate of all materials submitted by the community planning partnership.
 - Engagement with the CPP to refine the scope of the inspection
 - Reviewing multi-agency partnership practice through case file reading (94 case files from social work services with a further sample of files from partner agencies). This was carried out on site.
 - A final stage on site is entitled the "Proportionate phase" – where further enquiry, testing and triangulation of evidence take place. This included further detailed analysis of 20-30% of the case files sampled to include meeting with the child, parent and staff involved.

Other focus groups and meetings took place during this time.

- 4.7 At key points during the process, 5 high level meetings entitled professional discussion took place. Each professional discussion had a particular focus and generally acted as the main partnership dialogue between community planning partners and inspectors.
- 4.8 As noted the inspection process concluded with the publication of a graded inspection report.
- 4.9 Inspection gradings range from 1 which equates to unsatisfactory to 6 which equates to excellent. The Findings of the Inverclyde Inspection were as follows:

How well are the lives of children and young people improving?	
Improvements in the wellbeing of children and young people	Very good
Impact on children and young people	Very good
Impact on families	Very good
How well are partners working together to improve the lives of children, young people and families?	
Providing help and support at an early stage	Very good
Assessing and responding to risks and needs	Adequate
Planning for individual children and young people	Good
Planning and improving services	Good
Participation of children, young people, families and other stakeholders	Excellent
How good is the leadership and direction of services for children and young people?	
Leadership of improvement and change	Very good

- 4.10 In a press release issued by the Care Inspectorate they made the following comments in respect of the inspection in Inverclyde. "Inspectors found Inverclyde was particularly good at involving children, young people and families in the design and delivery of the services they use. Performance in this, which includes promoting children's rights and participation, was found to be 'excellent'. Inverclyde is the only area in Scotland to have achieved this grade in a joint inspection so far. Involving children, young people and families in the way services are designed and delivered is important in meeting the needs of every child and in giving them the best possible start in life. Inverclyde exemplifies how this can be done well.

Children and young people benefited from ambitious and effective partnership working, driven by a powerful vision of nurturing every child, citizen and community. The life chances of looked after children and young people were improving as a result of the high priority given by partners to fulfilling their corporate parenting responsibilities."

- 4.11 In each Inspection, partners are given the opportunity to nominate a maximum of three examples of good practice that can be shown to have a positive impact on the lives of children, young people and families. During the Inspection, these examples are assessed by inspectors to identify those that are considered to be useful to community planning partnerships across Scotland. All three examples submitted by Inverclyde were commended by the inspection team. The inspectors went on to identify 2 further areas that they wished to highlight noting that these were considered as work of national significance. All good practice examples are narrated in detail in the inspection report.

- 4.12 Inspectors also identified a number of areas where improvement is required. Notably, they identified that more needed to be done to strengthen joint risk assessment and decision making in response to child protection concerns to ensure that the response to any concern was always robust. This area was highlighted particularly in relation to neglect. The inspectorate however were also mindful of the prevalence of neglect in Inverclyde and that action was already underway to address this .This involves a five year programme of work in partnership with the Centre for Excellence for Looked after Children and which will be subject to a separate report to the Committee.
- 4.13 Other notable areas of development included strengthening key processes including quality assurance processes, arm's length review of child protection conferences and further improvements in relation to planning and outcome measurement.
- 4.14 At a practice level, Inspectors identified the need to strengthen provision in certain areas and these included medical examination, school nursing provision, services to care leavers and domestic violence processes.
- 4.15 The Chief Executive of the Care Inspectorate noted that while these and other areas for improvement were noted , Inspectors had a high level of confidence in the capacity of the CPP to continue to deliver improvement and change in the lives of children, young people and families in Inverclyde.

5.0 PROPOSALS

- 5.1 The CPP is now required to prepare and produce an improvement plan that will be submitted to the Care Inspectorate. A dedicated Link Inspector is linked to Inverclyde and will provide ongoing support and oversight of progress against the improvement plan.
- 5.2 The improvement plan is attached. The timescale for compilation of the report was short, being six weeks from publication of the report to submission to the inspectorate. The improvement plan was developed in partnership between the Best Start in Life Group and the Child Protection Committee. This has involved a detailed analysis of all inspection findings and sets out a programme of improvement actions addressing areas of development and building on existing strengths. The issues highlighted in this report focus on those actions that are significant for the HSCP.
- 5.3 The care inspectorate noted in its report that by creating additional capacity in specific areas, would strengthen practice and drive improvement actions it considered essential. For the HSCP these are as follows:
- Improving quality and timescales for Looked After Children by increasing capacity for reviewing children's plans
 - Further develop continuous improvement capacity within the HSCP to drive improvements that relate specifically to the HSCP roles and responsibilities for key child protection processes as outlined within the inspection report.
 - Further develop and extend services for care leavers.

A substantial number of the improvement actions can be taken forward as part of existing work streams .Those outlined above are likely to have resource implications and will require analysis as to how this may be achieved. It would be the intention to bring a further report on the outcome of this analysis to a future Committee.

6.0 IMPLICATIONS

Legal:

6.1 N/A

Finance:

6.2 The financial implications arising from the outcome of inspection require to be further analysed and should be subject to a future report to committee.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments

Human Resources:

6.3 N/A at this time

Equality and Diversity:

6.4 N/A

Repopulation

6.5 N/A

Inequalities:

6.6 N/A

Has an Equality Impact Assessment been carried out?

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

7.0 CONSULTATIONS

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Services to children and young people inspection report October 2017.



Inverclyde services
for children and young

Draft improvement plan

Services for children and young people in Inverclyde

October 2017

Report of a joint inspection

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1. Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say 'children and young people' in this report we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning, including representatives from Inverclyde Council, NHS Greater Glasgow and Clyde, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families, including health visitors, school nurses, doctors, teachers, social workers, police officers, and those from the voluntary sector. Where we make a comment that refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services. They receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate assessors are included on inspection teams. These are staff and managers from services in another community planning partnership area. In addition, partners provided four local managers, one from health, police, education and social work services, to participate in the case file reading phase of the inspection. They worked alongside the inspection team to analyse the effectiveness of practice in delivering improvements in the wellbeing of vulnerable children and young people.

In September 2014, the Care Inspectorate published 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving the wellbeing of children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we conducted the inspection

The joint inspection of services for children and young people in the **Inverclyde Alliance** community planning partnership area took place between 08 May 2017 and 16 June 2017. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to elected members and staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 94 of the most vulnerable children and young people. We met with 84 children and young people and 58 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Inverclyde council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Inverclyde council area published by Her Majesty's Inspectorate of Education in January 2011, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at www.educationscotland.gov.uk

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

3. The community planning partnership and context for the delivery of services to children, young people and families

The Inverclyde area stretches along the south bank of the river Clyde estuary and covers 61 square miles. It is one of the smaller local authority areas in Scotland with a population of approximately 80,000. According to the most recent estimate, 20.3% of the population is 0 – 19 years of age. Over the period 2001- 2011, Inverclyde had the second highest drop in population of all council areas in Scotland. This decline has had a greater impact on young people, young families and working age people. The population is projected to be 70,271 by 2039 representing a decrease of 12 per cent. The under 16 population is projected to decline by 16% over the next 25 years.

The area's main towns are Greenock, which has the largest population, Port Glasgow and Gourock. The Scottish Index of Multiple Deprivation (SIMD) divides Scotland into small areas, called data zones, each containing around 350 households. The area has significant challenges in relation to deprivation and poverty. In 2016, 11 (9.6%) of Inverclyde's 114 data zones were among the 5% most deprived in Scotland, although this had improved from 14 in 2012. Inverclyde is second only to Glasgow City in terms of the percentage of children and young people who live in areas of high deprivation, with 47% living in SIMD 1 data zones compared to 22% nationally. The area has further challenges in relation to child poverty. While this is a national problem affecting more than one in five children, the local figure is higher at one in four. Prevalence is not evenly spread, with 33.76% of children from Inverclyde East Central living in poverty compared to 15.98% of children in Inverclyde West. In the school year 2015/16, there were 4,296 pupils enrolled in Inverclyde schools with 21% of these registered for free school meals compared to the national average of 14%.

Community planning in Inverclyde is undertaken by Inverclyde Alliance, the community planning partnership for the area, and governed by the Alliance Board, chaired by the leader of the council. The Alliance comprises the Community Councils Forum, Skills Development Scotland, NHS Greater Glasgow and Clyde (NHS GG&C), Strathclyde Fire and Rescue, Greenock Chamber of Commerce, Scottish Enterprise, Greenock and District Trades Council, Strathclyde Partnership for Transport, Inverclyde Council, Police Scotland, James Watt College, CVS Inverclyde, Job Centre Plus and the Scottish Government. The Board's latest plan, the **single outcome agreement** for 2013 – 2017, Inverclyde Together is supported by six outcome delivery groups responsible for coordinating delivery, monitoring and reporting on progress to a programme board. One of these outcome delivery groups has a lead role in improving outcomes for children and young people. In line with the Community Empowerment (Scotland) Act 2015, Inverclyde Alliance is developing a local outcome improvement plan (LOIP) to be in place by October 2017. Following on from the development of a community health and care partnership, Inverclyde council and NHS GG&C had agreed that responsibility for community child health and children and families social work, including youth justice, would be delegated to the Inverclyde joint integration board, which became operational from April 2015 as part of implementing the Public Bodies (Joint Working) (Scotland) Act 2014.

4. How well are the lives of children, young people and families improving?

Improvements in the wellbeing of children and young people

This section considers improvements in outcomes that community planning partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was very good. Partners were narrowing outcome gaps in the early years and improving school readiness supported by extensive high quality early learning and childcare provision, particularly for vulnerable babies and two-year-olds. Concerted approaches to prevention and early intervention had successfully reduced admissions of children and young people to hospital. Priority was now being given to key measures of maternal health, which had proved stubbornly resistant to improvement. Partners were exceeding performance expectations in education by closing the attainment gap and raising attainment across both affluent and deprived areas. Effective monitoring of performance in mitigated risk by the child protection committee was reducing the length of time children's names remained on the child protection register. As corporate parents, partners had achieved important improvements in the wellbeing of care-experienced groups of children and young people and were further developing meaningful outcome indicators to add to the current dataset. Partners recognised the need to identify local outcome indicators, establish baseline measures and milestones to monitor progress against agreed priority areas for improvement.

How well are trends improving through prevention and early intervention?

In 2015/16, at the 27-30 month assessment, there were no concerns in relation to the development of 70.7% of children. However, of the nine domains tested, rates significantly higher than the national average were detected on five: speech and language; behaviour; attention; social development; and vision, indicating that further intervention was required. In their determination to give every child the best start in life, partners had invested heavily in high-quality early learning and childcare centres and an extensive range of family support services with a strong focus on very young and disadvantaged children. By 2017, 21% of the total child population of two-year-olds and 3% under two had been provided with free places. By far the highest provision for this age group in Scotland, comparator authorities being four to five percentage points behind. Inspections by the Care Inspectorate found early learning and childcare provision to be of a consistently high quality, 100% of establishments had achieved grades of good or above, characterised by accessibility and high levels of parental involvement. Improving trends in fluoride varnishing had been achieved through treating children attending centres in the most

deprived areas. This had contributed to improving trends in the absence of tooth decay in primary one schoolchildren. By 2014, 65.3% of a sample of primary one schoolchildren showed no signs of tooth decay compared to 50% in 2008. However, obesity trends among primary one schoolchildren had been increasing since 2012/13. Out of a sample of primary one schoolchildren in 2014/15, 4.9% were classified as obese, greater than the Scottish average of 3.7%.

Between 2010/11–2012/13 and 2012/13–2015/16, trends in the percentage of newborn babies affected by maternal drug use had fallen, and was consistently below the Scottish average. This reduced the numbers kept in hospital due to neonatal abstinence. Over the previous five years, there had been a decreasing trend in the number of pre-school aged children admitted to hospital due to unintentional injuries, including scalds and drug ingestion. Between 2011/12 and 2015/16, there was a reduction from nine to five per thousand of the child population. This had been achieved through a combination of successful publicity campaigns alongside targeted support to improve home safety measures. A range of sustained preventative measures over the previous five years led by fire fighters and police officers continued to ensure that very few children and young people were seriously injured due to involvement in house fires and road accidents. In addition, between 2011/12 and 2014/15, there was a reducing trend in the numbers of young people experiencing hospital admissions related to hazardous alcohol consumption. These positive trends had all been achieved despite the prevalence of drug misuse among adults.

There is a strong correlation between young people experiencing poverty and teenage pregnancies. From 2007/09 to 2011/13, the rate of teenage pregnancies in Inverclyde had steadily declined from 39.3 to 23.7 per 1,000 in line with the national trend. Partners identified local preventative measures and health promotion activities that had contributed to these improving trends. However, within the area, teenage pregnancies most commonly occurred in areas of high deprivation. According to the latest homelessness data for 2015, there were no households with a pregnant mother or families with children placed in bed and breakfast accommodation or hostels.

Unfortunately, range of interventions had not delivered the desired improvements in key measures of maternal health. Low birth weight, where babies are born weighing less than 2.5 kilograms, is associated with poorer physical and cognitive development compared to babies with a normal birth weight. For the first three-year period since 2008/09 to 2010/11, three-year average percentages between 2012/13 and 2014/2015 showed a downward trend with 2.5% of babies born with a low birth weight. However, this still compared unfavourably to 1.9% nationally. Partners were actively considering further measures to improve maternal wellbeing, including mental health, smoking, obesity and breastfeeding.

There were improving trends in the wellbeing of young people relating to offending behaviour, attitudes to smoking and homelessness. The trend relating to offence referrals to the children's reporter had steadily declined over the last five years, mirroring the national trend. This had been achieved by successful diversionary

approaches including an increase in Procurator Fiscal diversionary decisions as part of the **Whole Systems Approach**. Through comparing the 2010 and 2013 Scottish Schools Adolescent Lifestyle and Substance Use Survey results (SALSUS) in Inverclyde, a significant result, more favourable than for Scotland as a whole, was in the attitudes of 15-year-olds to smoking. There was a reducing trend in the number of young people making homelessness applications, falling from 8.8 per 1,000 under-18-year-olds in 2011/12 to 2.7 in 2014/15.

Diversionary approaches had not been as successful in tackling anti-social behaviour. Police recording of reported incidents of anti-social behaviour involving young people over the previous three years showed increasing trends in incidents associated with alcohol and drug misuse. Again, comparison between the 2010 and 2013 SALSUS showed significant worsening trends compared to national results in relation to self-reporting on alcohol and drug use among young people.

How well are outcomes improving for children and young people?

Young people had performed better than the national average, virtual comparators or both in a number of key measures of literacy and numeracy. A positive feature was the stronger performance of children and young people from almost all levels of affluence or deprivation compared to the national average. Overall, the trend in the number of exclusions per 1,000 pupils in primary, secondary and special schools had declined in the last five years to below or well below the national average. In 2016, the number of young people moving on to a positive destination on leaving school was on a par with the national average of 93.3%. Partners rightly prided themselves on having no school leavers whose destination was unknown. An effective tracking system was helping to improve the sustainability of positive school leaver destinations. Participation in the Duke of Edinburgh Award Scheme had increased significantly with 47 Gold, 31 Silver and 147 Bronze Awards achieved in 2016.

How well are the life chances of vulnerable children and young people improving?

There had been a decreasing trend from 2013/14 to 2015/16 in both the length of time that children's names remained on the **child protection register** and the number of children reregistered within a year. The latter had now become the exception with decision making about registration and deregistration subject to close monitoring. However, the rate of conversion between an initial child protection case conference and the decision to place a child's name on the register was 54% compared to 75% nationally, indicating that decision making about when to hold an initial child protection case conference required further exploration. From 2014 to 2016, the number of incidents of domestic abuse reported to the police had been over 800 annually. Partners had yet to identify the number of children affected by reported incidents, including repeated incidents, and establish baseline measures from which to demonstrate reducing trends.

Over the previous three years, school liaison and youth engagement police officers,

working in partnership with residential staff and young people accommodated away from home, had reduced the number reported missing by almost two-thirds, including reducing the number of young people repeatedly reported missing. Partners were well placed to begin providing data trends on improvements in the physical health of children and young people in the different looked after categories through follow up of identified health needs from comprehensive health assessments. Demonstrating improvements in mental wellbeing and healthy lifestyle choices of looked after children and young people and care leavers remained more challenging. Since 2009/10, there had been an improving trend in school exclusion rates for looked after children. Latest figures for 2014/15, ranked Inverclyde at 21 of 30 authorities for the rate of exclusions per 1,000 children looked after. Nevertheless, this did not compare favourably with the rate of exclusions for the school population as a whole. Literacy and numeracy outcomes for looked after children and young people had improved at both National 4 and National 5 over the last three years. While the 2016 results were above the national comparator at National 4, performance at National 5 was not as strong. The average number of months from becoming accommodated away from home to registration for adoption or permanent fostering had reduced from 16 months in 2014 to 8 months by 2016.

The life chances of those leaving care are greatly improved by staying on at school and in care placements after their sixteenth birthday. Partners actively encouraged young people to remain in foster placements and children's houses up to their eighteenth birthday and beyond. As a result, the ratio of looked after children over the age of 16 as a proportion of the looked after child population as a whole, had increased from one in eleven in 2014 to one in six by 2016. There was scope to further improve the wellbeing of looked after young people by increasing the proportion staying on at school and benefiting from the compensatory experiences this can provide.

Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in Inverclyde was very good. Community planning partners were strongly committed to reducing inequalities and barriers to inclusion. Widespread approaches to tackling poverty were helping to reduce the negative impact on children and young people's life chances. Those living in the most deprived communities benefited from targeted interventions that improved healthy development and learning. Well-embedded approaches to nurturing were having a positive impact on every aspect of children and young people's wellbeing. Younger children were developing emotional intelligence, enabling them to recognise their own and other people's feelings and respond

appropriately. Nevertheless, some vulnerable school-aged young people and care leavers continued to be adversely affected by earlier childhood experiences and needed more specialised help. Individual children and young people were valued, listened to carefully and their views respected. They were well supported by independent advocates. In a few instances, young carers needed more recognition and support at school to offset caring responsibilities at home. Children and young people affected by disabilities had insufficient access to after school, weekend and school holiday activities. Most children in need of protection were kept safe, although a few would have been helped more effectively by decisive action at an earlier stage. Overall, the experiences of children looked after away from home were very positive. Care leavers developed meaningful and sustained relationships with members of the aftercare team. However, they needed more intermediate accommodation options to better prepare them for living independently.

How well are children and young people helped to keep safe?

A wide range of programmes helped children and young people to increase their knowledge and skills about how to keep themselves safe, including key messages about road, fire and water safety. No Knives/Better Lives was one example of an effective approach, increasing awareness about the dangers of carrying weapons. Creative, interactive sessions in schools informed children and young people about staying safe online and cyber bullying.

Children in need of protection were kept safe due to prompt action by staff in response to risks of harm. The safety of vulnerable unborn babies was consistently well secured through effective identification and early intervention by the Special Needs in Pregnancy team. However, a few children and young people experienced neglect and compromised parenting for too long without sustained improvement. Vulnerable children and young people were helped to become more resilient through one-to-one work with staff from a wide range of services. Voluntary sector staff made a significant contribution to work with individual children and young people and through group work programmes such as CEDAR, which was assisting with recovery for those exposed to domestic abuse. School liaison and youth engagement police officers successfully diverted young people in schools and residential children's houses away from dangers associated with offending and risk taking behaviour. A few young people and care leavers continued to place themselves at risk from harm associated with substance misuse and mental ill-health. They would have benefited from additional support to develop better coping strategies.

How well are children and young people helped to be healthy?

A wide range of health promotion activities took place across early learning and childcare centres, schools and in local communities improving the health and wellbeing of children and young people. Those living in deprived areas received more targeted interventions. For example, increasing numbers of younger children had received healthy-start vitamins through promoting uptake in the Rainbow family centre while the Weigh to Go programme enabled vulnerable 16 to 18-year-olds to

achieve a healthier weight. Accessible sexual health services provided information empowering young people to make more considered choices.

Children and young people accommodated away from home experienced notable improvements in their health, due to the attentive care of staff and foster carers. An increasing number of children looked after at home and in kinship care also had their health needs identified and followed up efficiently. The health needs of children with disabilities were co-ordinated well by specialist staff at the Skylark Centre.

From an early age, children were helped, through programmes such as Growth Mindset, to develop a vocabulary to talk about feelings. Programmes such as Seasons for Growth, Mind Mosaic and PATHS were successfully helping young people who needed extra support to improve their emotional wellbeing. Mental health needs were increasingly identified among vulnerable school aged young people and care leavers. Some benefited from the help and support they received but for others the impact of earlier experiences of trauma, abuse and neglect continued to adversely impact on their wellbeing. Those who required more specialist therapeutic support gained valuable help from staff in child and adolescent mental health services. Despite reduced waiting times, these services were not always able to provide a timely response to meeting need.

How well are children and young people helped to achieve?

Most children and young people were achieving well as they progressed through nurseries and schools. Access to early learning and childcare centres helped vulnerable young children develop the cognitive and social skills they needed to be more receptive to learning. Through a range of initiatives, such as Literacy Lunch Clubs providing free meals and fun activities for families during school holidays, the Inverclyde Book Festival and Summer Reading Challenge, greater numbers of children and families were taking opportunities to read and write their own stories. A mobile service was extending the reach of libraries to children and young people. Levels of educational attainment were improving for most children, in particular those who attended schools taking part in the **Scottish Attainment Challenge**. Children and young people of all abilities enjoyed a range of opportunities to participate in recognised awards and accredited certificates. Some vulnerable young people would have benefited from building their resilience and increasing their employability through promoting wider achievements.

Vulnerable children's learning was facilitated by a range of support staff and teachers for looked after children who provided additional help when needed. Enhanced transition arrangements were helping children with additional needs move seamlessly from nursery to primary school and from primary school to secondary. For some vulnerable children, school attendance and timekeeping had improved as a result of the support they received from home school link workers and family support staff. Flexible timetables and tailored packages of support were helping some children and young people re-engage with their learning, when previously they were reluctant to attend school. While almost all young people left school for a

positive destination, care-experienced young people often needed more support to achieve sustainable routes to skill development and longer term employability.

How well are children and young people helped to experience nurturing care?

An evident ethos of nurturing and supportive environments was fully embedded across Inverclyde. There was a persistent emphasis on relationship-based practice and creating networks of support around vulnerable children and young people. Significant numbers of very young and vulnerable children and their families benefited from attending centres where they received a warm welcome. Nurture groups and classes supported children and young people to become more confident.

The Five to Thrive approach was helping young children and their parents to strengthen attachments. Young people were able to congregate and join in activities in three i-zones that provided suitably adapted and friendly space in each of the main towns. Groups for care-experienced young people, such as Proud2Care, were very well supported by able facilitators. However, a few vulnerable children would have benefited from more compensatory experiences, when living with the impact of domestic abuse, parental substance misuse or neglect.

Children and young people who were no longer able to remain at home flourished in response to nurturing relationships with social workers, foster carers and residential staff. Carefully managed contact with family members helped maintain bonds with those close to them. Consistency and routines helped to provide a greater sense of security. Older young people were actively encouraged to remain in care placements for longer. Care leavers valued highly those relationships with key workers who often went the extra mile to support them out of office hours and showed tenacity when they avoided contact because they felt they were failing in some way. Satellite flats were planned as part of the refurbishment of one children's house. Nevertheless, care leavers did not have enough options for supported accommodation, leaving some feeling lonely and overwhelmed by responsibilities in taking on tenancies too soon.

How well are children and young people helped to be active?

Children and young people had many opportunities to take part in sporting and leisure activities within their schools and local communities. Active play across age groups was encouraged through significant investment by partners in attractive outdoor play areas. Free access to swimming pools was provided to all children under 16 years of age, including a renovated outdoor heated saltwater pool.

Children and young people were becoming more active through participation in the Active Schools programme and Walk a Million Miles project. Both within and after school, children and young people were encouraged to pursue cultural and leisure activities such as dance, drama and performance at the Inverclyde music festival.

The Sports for All/Play for All summer play scheme provided many opportunities during school holidays for children and young people to remain active. Children with

additional or complex needs were supported to pursue interests and activities that enabled them to be physically active. However, the availability of sessions was limited and purpose-built resources could have been used more effectively after school and during holiday periods.

Greenock Morton football club coaching staff supported the Midnight Football initiative, encouraging young people who may otherwise engage in offending or anti-social behaviour to take part. Looked after and accommodated children and young people took up new interests and hobbies and some enjoyed leisure activities using free passes. They were actively encouraged in doing so by carers and staff. Some vulnerable children and young people, in particular those looked after at home, in kinship care and care leavers, would have benefited from a more proactive approach supported by a greater focus on this area of wellbeing in their child's plan.

How well are children and young people respected?

Staff used a variety of approaches to help children and young people express their views. They paid careful attention to the behaviours and interactions of younger children or those unable to communicate verbally to better understand their needs and wishes. Older children whose names were on the child protection register enjoyed using an avatar to tell adults their views and to influence decision making. The creative use of tools, such as the **Wellbeing Web**, was giving children and young people a stronger voice. The Nurture Me Tool helped children, including those with additional support needs, explore the nature of relationships with important people in their lives. There were positive examples of social workers sharing chronologies with young people as a means of helping them gain a better understanding of significant events in their lives.

Children and young people we met, including care experienced young people, told us they felt listened to and respected and that their views were treated seriously. They identified trusted members of staff with whom they could share any worries or concerns. Children and young people found the support provided by Who Cares? Scotland and Barnardo's advocacy service enabled them to have their say when decisions were being made that affected their lives. As a result of high uptake, a further advocate was being recruited to support care leavers. In a few cases, opportunities for children and young people to benefit from an independent advocate were missed, particularly in respect of disabled young people seeking to become less dependent on their parents to speak up for them.

How well are children and young people helped to become responsible citizens?

Children and young people were helped to assume levels of responsibility at home, in school and the wider community appropriate to their age and stage. Staff in schools encouraged and supported children and young people to develop leadership and mentoring roles. For example, over 200 young people had received Mentors in Violence Prevention training, with some mentoring younger children to help them learn about sexting, coercive behaviour and gender-based violence. An increasing

number of young people were volunteering to take a lead in Active Schools sessions. Some children in primary schools had received role model awards for setting an example to younger children of positive behaviours.

The local credit union, Tail o' The Bank, encouraged children to save and provided education about borrowing money and moneylenders. All young people in their first year at secondary school received £10 to open an account. Children and young people were developing as responsible citizens, through participation in youth groups such as Girl Guides and Boy Scouts. A community café, run well by young people in Gourrock Primary School, provided refreshment to children and adults. Proceeds were sent to charities and schools in need across the world. Young people with additional caring responsibilities were provided with fun time out and support through young carers groups. A few young carers would have benefited from greater awareness of their needs among school staff.

Looked after and accommodated children and young people were supported to take increasing responsibility for their personal care, homework and household chores as they got older. Care leavers were assisted to develop the skills they would need to live independently. However, those looked after at home and subject to voluntary measures of supervision would often have benefited from more opportunities to learn about taking responsibility.

How well are children and young people helped to feel included?

Children and young people with additional support needs were supported well to remain in mainstream education full-time or to integrate on a shared timetable between mainstream and special school. The latter was increasingly being facilitated as part of a shared campus in Port Glasgow. Those reluctant to attend school regularly were helped to re-engage in their learning through developing a trusting relationship at home with a member of staff who then supported them in returning to school and re-establishing social networks. New uniforms were made available by a local charity to children in need so they could present at school looking the same as their peers. School staff were acutely aware that young people did not necessarily have money for trips and other educational expenses and sought to find other sources of funding so that they could take part.

Barnardo's Fun Fridays had proved popular with young people with additional support needs who were unable to join in mainstream youth groups. Feedback from young people was very positive about the varied activities they enjoyed together. Young people on the autistic spectrum were able to participate in activities together such as attending the cinema through the support of REACH. Preparation with peers and communities had helped to ensure that children who were members of families settled from Syria and Afghanistan were welcomed into their local schools and communities. Through the establishment of Clyde Pride, LGBTI young people had been supported to create a safe, inclusive space in which they could talk freely about their experiences and issues of concern to them. Three children's houses were being designed to a high specification in consultation with residents to ensure they would not feel stigmatised in the communities in which these were located.

Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life

The impact of services on strengthening family wellbeing was very good. Families across the area benefited from a wide range of universal and targeted supports, notably enhanced by the impact of voluntary sector services. Vulnerable families in particular were helped to better meet their own needs. They experienced increased confidence in their parental skills and an easing of some of the adverse consequences of poverty. Families were strongly encouraged and provided with practical assistance to participate in family learning and take full advantage of community resources. Staff worked alongside parents through relationship-based practice to enable them to successfully bring up children. This included tailored individual support as well as delivering a wide range of parenting programmes. There were many initiatives; those that were monitored against success criteria demonstrated positive outcomes while others were not so well evaluated. Many families benefited from early, flexible and personalised support preventing difficulties arising or getting worse. A few parents had difficulties sustaining good enough parenting, often despite intensive support, suggesting the need for more timely alternative approaches. Some families with a disabled child felt isolated within the community, particularly during school holidays.

We found notable strengths in the range of strategies helping families and communities to increase capacity in meeting their own needs. Voluntary sector staff and services had a significant impact on family wellbeing, working closely with health, social work and education staff. In the staff survey, the work of community wardens, family support workers, home school link workers and community learning and development staff was highlighted as making a real difference to meeting the needs of families. Moreover, in many of the cases in our sample, we commented very favourably on joint working and the impact of timely and appropriate help in strengthening families and improving parental confidence. However, there was no accessible directory of services that was well known to parents or staff. Families did not always have enough information about the help and support available to them as they were overly dependent on word of mouth.

The detrimental impact of welfare reform was alleviated for many families through the involvement of welfare rights staff. Of particular note was work undertaken with kinship carers to maximise their income, which had been nationally recognised as a model of good practice. A dedicated social worker provided much valued advice and support to kinship carers with growing demand surpassing capacity. Fuel poverty was tackled with successful measures such as improving home insulation through projects such as HEEPS (Home Energy Efficiency Programmes for Scotland) and providing energy saving advice to parents of children in early learning

and childcare centres. The council had adopted the living wage as had other public service employers and incentives were in place for other employers to follow suit. A £90 school uniform grant was provided for eligible children, well above the Scottish Government's recommended rate. Summertime Literacy Lunch Clubs provided valuable family learning opportunities with approximately 150 families taking part in 2017.

Early learning and childcare centres actively involved parents. For example, the Rainbow family centre in Port Glasgow offered baby massage, drop-in services and workshops for parents and mother and toddler groups. Group work and peer support was improving the self-esteem of some vulnerable parents who had themselves experienced difficult childhoods. A number of complementary schemes actively encouraged families to use library services including Bookbug sessions, supporting parents to read to and talk with their children. Highly valued parent volunteers were working across third sector services and gaining skills that enhanced their employability.

The lives of parents from some of the most deprived areas had been transformed through partners sending cohorts on the Columba 1400 leadership programme. Outcomes had included dramatically improved parenting capacity, reduced reliance on specialist supports and progress into paid employment. Parents had recently been consulted about how best to use Pupil Equity Funding. Constructive one-to-one parenting advice and the delivery of programmes such as How to Drug-proof Your Kids enabled parents to learn new ways of promoting prosocial behaviour. Regular and meaningful support helped families to engage with and benefit from timely interventions, with fewer families experiencing a reactive response to their difficulties once they reached crisis point.

Many of the families we spoke with were very positive about the nurturing they received from staff. A relationship-based approach to practice had increased participation by some parents who had previously been reluctant to engage. Many families benefited from early and effective intervention, and vulnerable families were frequently provided with appropriate help and support at the time that they needed it, for example through family nurse partnerships. Targeted parenting programmes such as Stepping Stones, Mellow Parenting, Triple P and Handling Teenage Behaviour provided tailored support and guidance to families. As a result, they experienced more rewarding relationships with their children, improvements in the quality of family life and a reduction in problems associated with parental anxiety and stress. Alcohol and drug workers provided effective interventions helping some parents move away from problematic substance misuse, leading to a positive impact on the whole family. In a few cases, where parenting was compromised, improvements were not sustained despite the persistence of staff. In these circumstances, more rigorous and timely reviews were required. Parents of children with disabilities valued the flexible home sitting and befriending services available through Barnardo's Your Time. The council was committed to developing better support for families with autistic children with the aim of gaining recognition as an autism-friendly authority. However, there was no overarching strategy based on a needs assessment to identify and address current gaps in provision for families with

disabled children. **Self-directed support** was not yet sufficiently well developed to empower families seeking more personalised support.

5. How well are partners working together to improve the lives of children, young people and families?

Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child's or young person's wellbeing, and how they share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provide help and support at an early stage was very good. Recognition by staff of children, young people and families in need of additional support was clearly apparent from our case file reading and staff survey. Across children's services, staff had a clear understanding of the value of preventative work and early intervention and the Getting It Right for Every Child pathway was being used increasingly well to support this. There were very few barriers to information sharing, including effective exchange between adult and children services. Consent to share information was being sought appropriately. Staff, particularly in some schools, were increasingly providing appropriate and timely help by making requests for assistance and convening team-around-the-child meetings. Some named persons did not yet feel confident or well enough supported in doing so. A range of helpful and effective services was available to support children, young people and families at an early stage. Children and young people affected by domestic abuse benefited from a range of interventions including help provided by Women's Aid children's workers. There was scope to provide earlier help through improving the efficiency of the joint response to lower level domestic abuse concerns. The positive contribution school nurses made to promoting the physical and emotional wellbeing of primary and secondary school aged children was diminishing due to long-standing difficulties in filling vacancies. Possible solutions to this recognised gap in provision were being explored by senior managers within NHS GG&C.

Staff across children's services helpfully used the shared language of Getting It Right for Every Child wellbeing indicators and the Inverclyde pathway to respond to child concerns. In doing so, staff had been well supported by multi-agency training, clear guidance and common assessment tools. There was an evident willingness to work together and the relatively small geographic area and stable workforce were seen by staff as being positive contributory factors. The named-person service was becoming well established in schools in preparation for its formal introduction with a stronger emphasis on monitoring the wellbeing of children across the indicators. School staff we spoke with felt that lower-level child concerns were identified effectively and that the Getting It Right for Every Child pathway worked well in securing an appropriate and timely response. Health visitors were less confident about carrying out the role of the named person and told us they needed better administrative and IT support.

Midwives, health visitors and education staff were alert to signs of domestic abuse affecting the wellbeing of children and young people. High-level concerns were acted on promptly. Police Scotland officers responded effectively to reported incidents of domestic abuse. This response could be further enhanced by giving written information to children and young people about what happens next together with phone numbers to call to discuss any worries. Police concern forms relating to lower-risk domestic abuse incidents, where children and young people were either present or living in the household, were screened on a daily basis. However, the response by partners was sequential and rather cumbersome. Partners' approach to lower-level concerns could be more joined up and streamlined, with a stronger focus on the impact on affected children and young people.

The Five to Thrive approach had been universally adopted across children's services to promote and support parents of young children in building understanding of the importance of secure attachments. Vulnerable pregnant women affected by substance use, domestic abuse, learning disabilities and mental ill health were identified early and provided with additional support. The sharing and use of information was largely effective and staff we spoke with were positive about how well this was working. Many health staff related the benefits of the EMIS system in giving them ready access to information from across relevant health services.

The **team around the child** approach was working increasingly well to consider what was getting in the way of children's wellbeing and planning appropriate support. Opportunities to intervene early had the potential to be further enhanced through pending implementation of the universal health-visiting pathway leading to increased contacts with families. Adult services were becoming involved at an earlier stage when their contribution was relevant to securing better outcomes for the child. Almost all respondents to our staff survey agreed or strongly agreed that Getting It Right for Every Child had made it easier for them to provide timely help to children, young people and families. High-quality early learning and childcare provision was available and being used well, in particular to the benefit of significant numbers of vulnerable two-year-olds, under-twos and their families. When concerns about speech and language development or behaviour were identified at the 27-30 month review, health visitors were helping parents to encourage speech development and manage behaviours using a variety of tools and approaches.

There was a very strong emphasis on nurturing across children's services, exemplified by Barnardo's Nurturing Inverclyde team working together with schools to provide early help and support to families whose needs fall below the threshold for statutory intervention. Home school link and family support workers were providing valuable, practical support to children and their families and one-to-one work, to promote emotional wellbeing. While interventions by school nurses were having a positive impact, there was insufficient capacity to meet children and young people's health needs, particularly in relation to counselling to support young people's emotional and mental wellbeing and drop in facilities in secondary schools to support those seeking help to make healthier lifestyle choices.

Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These themes are: the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life; and the quality of assessments.

Assessing and responding to risks and needs was adequate. Significant change to practice had taken place in 2016 in key processes supporting the initial response to child protection concerns, chronologies of significant events in a child's life and assessments of risks and needs. While all positive developments in themselves, the extent to which they had been embedded in practice was variable. Joint quality assurance systems and processes were not well established to maintain high standards of practice uniformly and to take prompt remedial action when necessary. There were notable strengths in assessment and decision making pre-birth. However, the initial response to child protection concerns presented a mixed picture. There was some effective practice but at the same time, weaknesses were apparent in an area of work where it is vital to achieve very high levels of consistency. Initial referral discussions, including implementing a single shared record of the rationale for decision making was still being developed. Effective application of this process had the potential to resolve current variability in the quality of joint risk assessment and decision making in response to child protection concerns. A new format to support lead professionals in compiling integrated chronologies of significant events in a child's life was already showing positive results. However, nearly one in two chronologies in our case sample was not fit for purpose. Staff were highly positive about the training they had received about the new format for undertaking wellbeing assessments but the child's family structure, relationships with key people and specific concerns were not always clearly identified as a basis for sound risk assessment.

Initial responses to concerns about safety and wellbeing

There was variability in the initial response to concerns about children's safety. Notable strengths were apparent in the consistency of the response to vulnerable unborn babies with effective pre-birth planning reducing risks prior to birth and ensuring safe care of newborn babies. Nevertheless, while the initial response to child protection concerns was often robust, in a significant number of cases practice was not of an acceptable standard. The latter included situations where new child protection concerns had arisen in cases already open to social work or where there was accumulating concerns about neglect.

Partners recognised the importance of achieving consistently high standards in their work to protect children. They had set about improving the quality and accountability for the initial response to child protection concerns through implementing initial referral discussions involving police, social work and health staff and joint recording of risk assessments and decision making. While child protection nurse advisors

were sharing relevant information, they were not participating fully in joint risk assessment and decision making. This meant that comprehensive health assessments, particularly relevant to children and young people who may be experiencing neglect, were not always considered. On occasion, social work staff decided to carry out single-agency investigations without first exploring with partners whether this was the most appropriate course of action. In a few such cases, a joint investigation and medical examination of the child should have taken place. Initial referral discussions and a single recording of these was hampered by lack of a bespoke IT solution to support virtual meetings and work on a shared electronic document. This would enable education staff, who often know a child and their family best, to become more fully involved. Recording of the rationale for decision making was not of a consistently acceptable standard. Joint quality assurance systems had yet to be established to rigorously monitor the quality and consistency of the initial response to concerns ensuring that the best practice we saw became the norm in all cases.

In 15% of cases in our sample, there had been concerns that a young person posed a risk to others. Appropriate accommodation had always been found when this was needed. Nevertheless, the standard of joint risk assessment, which plays an important part in keeping both the young person themselves and others safe, needed to improve in around half of these cases.

The initial response to wellbeing concerns was more consistent. In almost three-quarters of cases in our sample, there had been concerns about a child's wellbeing in the previous two years. The initial response to wellbeing concerns in 69% of these cases was evaluated as good or better, 23% were evaluated as adequate with 9% evaluated as weak.

The quality and use of chronologies

A format to support lead professionals in compiling integrated chronologies of significant events in a child's life helpfully included a Red/Amber/Green (RAG) system. At a glance, this colour coding made it possible to identify patterns of significant events having a positive or negative impact on a child's safety and wellbeing. Staff reported a positive cultural shift whereby they were using chronologies more analytically to inform assessments. Chronologies were being presented increasingly at children's hearings by lead professionals in support of conclusions and recommendations. They had also started to be used more frequently in discussions with parents, to consider the impact on the child of patterns of accumulating concerns for example, frequent reports of domestic abuse.

Overall, we evaluated chronologies to be fit for purpose in just over half of records in the case sample. Partners had prioritised the development of chronologies using the new format for younger children and indeed, we found these to be of a much higher quality. Where we read records from across agencies, 59% of single-agency chronologies by health and education staff were evaluated as fit for purpose, indicating that named persons needed further support. Partners had already identified practice in the compiling of both single-agency and integrated chronologies as an area for further development.

The quality of assessments

Practice in the assessment of needs was of a more consistent standard than assessment of risks. The vast majority of cases in our sample (96%) had a risk assessment, of which 58% were evaluated as good or better. Almost all (99%) had an assessment of need, of which 62% were evaluated as good or better. Staff expressed enthusiasm about the perceived benefits of wellbeing assessments in supporting the Getting It Right for Every Child approach and strengthening a shared focus on outcomes. They positively appraised inter-agency training in developing their assessment skills. Wider use of **genograms and eco maps**, found in a few case records, would greatly assist staff and children's panel members in gaining a clearer picture of the child's family composition, important relationships in a child's life and support the assessment of risks and needs.

Both children's reporters and children's panel members could strengthen their contribution to quality assurance through providing more systematic feedback to partners about the quality of the reports they receive. In particular, children's reporters could inform partners of the fitness for purpose of their reports in formulating grounds for compulsory measures of supervision.

The fostering team had recently taken responsibility for kinship care assessments and were starting to reduce the timescales for completion. Specialist assessments carried out by health staff based at the Skylark centre were speeding up diagnosis and treatment for children and young people with a range of additional support needs. Improvements in recording of joint risk assessments by the vulnerable young people's group would assist in monitoring the effectiveness of risk assessment and decision making.

Planning for individual children and young people

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was good. Practice developments were increasingly impacting positively on the formation of child's plans and decision making. Child's plans were becoming more Specific, Measurable, Achievable, Realistic and Time bound (SMART) and staff more outcome focused through joint consideration of the wellbeing indicators in discussion with children, young people and families. Nurtured and Respected featured strongly in most child's plans while Healthy, Active and Responsible were often those indicators requiring greater attention. Steps towards achieving one assessment, one child's plan and one series of meetings to review the progress of the plan were welcomed by staff and families. This promoted a whole-child approach to planning for children within a more coherent and efficient framework for reducing risks and meeting needs. The introduction in 2016 of children's planning officers, independent of operational decision making, had already had a marked impact on the

effectiveness of planning for looked after children and young people. The child protection committee recognised the merits of similarly introducing independent chairs for child protection case conferences. Recording was improving in showing how the views of children and young people had influenced decision making about their lives. There were important strengths in planning to maximise stability and security in the lives of looked after children and young people. Permanency planning was generally robust in securing children's futures in alternative family placements without delay, particularly for young children needing to be adopted. Stronger oversight of transition planning would promote the wellbeing of disabled young people more consistently.

The quality of children and young people's individual plans

There were high levels of satisfaction among staff about the training they had received on how to prepare a child's individual plan and the guidance and tools available to support them in doing so. Almost all children in our sample had a child's plan. Their fitness for purpose in providing direction to staff was becoming more consistent. In terms of meeting needs, just over half of child's plans were evaluated as good or very good, around one-third as adequate and 14% as weak. Plans to meet needs would have been strengthened by more specific actions to promote active and healthy lifestyles and build resilience through achieving. The effectiveness of child's plans in reducing risks were evaluated as good or very good in 48% of cases while a sizeable minority, 35%, were evaluated as adequate and 17% as weak or unsatisfactory. Application of the **resilience matrix** was not always sufficiently robust in identifying the specific impact for an individual child of identified risks and protective factors and what improvement in circumstances the plan was intended to make within set timescales. We found the quality of plans to be most variable among children and young people looked after at home, many of whom would have benefited from additional challenges and responsibilities as a means of increasing confidence levels. While three-quarters of plans set out desired outcomes for the child or young person, less than half were evaluated as **SMART**. The views of children, young people, parents and carers were well incorporated into most plans. However, child's plans for those living in sibling groups were not always individualised sufficiently.

The quality and effectiveness of planning and reviewing

Practice in reviewing children's plans was often stronger than the plans themselves. Almost three-quarters of child's plans were being reviewed at appropriate intervals to meet children and young people's needs. The quality of reviewing was evaluated as good or very good in over half of the cases we read. Staff were largely enthusiastic about the perceived benefits of team around the child meetings. These were becoming increasingly effective when convened either by the named person or lead professional. Collaborative working to implement the child's plan was effective in three-quarters of cases. Where planning was diminished in some way by the absence of staff representation from a partner agency, this was most frequently in relation to health services. The importance of housing staff in progressing relevant

plans was also clear with a detrimental impact in a few cases when they were not active participants.

The **child protection committee** had audited referrals of care and protection concerns to the children's reporter. A high number of these did not proceed to a children's hearing. Partners had yet to take action to address the extent of recognised differences in decision making between staff and children's reporters. Core groups took place regularly when children's names were on the child protection register. However, in a few cases, these did not continue for long enough after deregistration to ensure improvements were sustained.

Dedicated children's planning officers had increased challenge and momentum in progressing child's plans for both looked after and accommodated children and those looked after at home. They were gaining a unique oversight of practice from which to play a key role in supporting joint quality assurance. The views of children, young people and parents were sought and recorded when plans were reviewed. Evaluations of good or above were achieved in 74% and 79% of the cases we read regarding young people's and parents' involvement in key processes, respectively.

Securing stable and nurturing environments

There was a high level of continuity in relationships with staff who formed support networks around a child or young person. Effective work was undertaken with parents and extended family members to sustain children and young people in the care of people they knew, at the same school and in their own communities. Staff in early learning and childcare centres and schools provided children and young people with a strong sense of belonging and self-efficacy. Staff built on the assets of children, young people and families, strengthening resilience and self-confidence.

The council had a sufficient pool of temporary foster carers and places in children's houses to meet the needs of almost all looked after and accommodated children and young people within the area. Partners were in the process of refurbishing three local authority children's houses to a very high standard, one of which was designed to include satellite flats for those leaving care. Disabled children and young people accommodated away from home for residential respite were often placed in nearby Countryview, run by Quarriers. Overall, this meant that looked after children and young people were able to experience continuity of schooling, to maintain appropriate relationships with family members and friends and links with their communities.

As at January 2017, inspections carried out by the Care Inspectorate of the three local authority run children's houses had awarded grades of very good or excellent in 83% of cases, compared to 44% nationally. For fostering and adoption services, grades of very good or excellent were 100%, compared to 38% and 44% respectively for local authority fostering and adoption services Scotland-wide. Robust oversight was successfully preventing drift in timescales to place children in permanent new families. Staff were persistent in their approach to maintaining

meaningful relationships with care leavers. In May 2017, out of 86 young people eligible to receive an aftercare service, 53 had an allocated worker, 22 were using drop-in facilities, while 11 were choosing not to keep in touch. However, young disabled people and their parents were not always fully consulted and confident about future care arrangements.

Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

Overall, joint planning to improve children's services was good. A wide range of strategies was helping to support service developments, leading to improvements in the wellbeing of children and young people including those in need of protection. However, for a prolonged period, these had not been brought together in a written children's services plan. Partners had made a significant leap forward in identifying key priorities based on analysing data from a joint strategic needs assessment. Implementation of a newly published children's services plan for 2017-20 had been strengthened very recently by production of a delivery plan and performance management framework along with clarification of the remit and responsibilities of the outcome delivery group and associated sub groups. Partners were at an early stage in building on these improvements and exploiting the potential of the children's services delivery plan as a dynamic tool to direct change and improvement. The chief officers' group and child protection committee were operating effectively. Child protection business planning required to be more Specific, Measurable, Achievable, Realistic and Time bound (SMART) to fully capture progress, including work in taking forward the child sexual exploitation agenda. A vulnerable young person's group was successfully identifying and mitigating emerging risks to groups of young people, providing scope to expand its remit to scan the environment for emerging risks across different groups of vulnerable children and young people.

Integrated children's services planning

Inverclyde Alliance's single outcome agreement had a strong focus on children and young people and sought to provide them with the best possible start in life. Improvements in the wellbeing of children and young people were being achieved through implementation of a wide range of strategies. However, without a written children's services plan over the previous five years, the ability of the Best Start in Life Outcome Delivery Group to direct and co-ordinate planning and report publicly on progress had been seriously impaired.

More recently, partners had established a sound approach to future planning. They had incrementally developed a joint strategic needs assessment producing a report containing data trends accompanied by explanatory narrative and summaries of strengths and priority areas of need. Previously, partners would have said that they knew the area they worked in well but they now had a growing appreciation of the value of working from an evidence base. Working together to analyse data and make sense of trends had led them to explore areas of need in more detail, furthering their understanding of what action might be most effective and where best to target interventions. Findings from the needs assessment were combined with views gathered from children, young people, parents and staff on improving the match between needs and services. By the end of March 2017, they had produced a children's services plan for 2017– 2020. However, the plan had not made best use of findings from the joint strategic needs assessment.

During our inspection, partners reflected on the plan and called upon the skills of strategic planners to help them develop a delivery plan and performance management framework. This enabled them to firm up on four key priorities: improving maternal health; closing outcome gaps in the development of very young children; improving health and wellbeing for example, mental wellbeing and lessening the detrimental impact of domestic abuse and physical neglect; and maximising learning, achievements and skills for life. The Best Start in Life Outcome Delivery Group and subgroup planning structures had been refreshed and clearer remits and timescales were being agreed based on the delivery plan. Partners had yet to align activities and resources to measurable improvements in a set of local outcome indicators linked to each priority area. Our findings on the effectiveness of planning in improving outcomes for children and young people reflected those of a Best Value and Assurance Report published by Audit Scotland in June 2017.

Child protection committee business planning

The area had a well established and highly productive child protection committee with broad representation from across agencies and strong links to the national historic abuse enquiry. Members were supporting and challenging each other well. Clear and effective governance arrangements were in place, led by a knowledgeable **chief officers' group** that was taking responsibility for the wider public protection agenda. The child protection committee had been involved in securing improvements through self-evaluation, the use of performance management information and disseminating learning from initial case reviews. The committee's annual report helpfully provided an overview of extensive work by the committee for example, the development of a shared assessment tool for children affected by parental substance misuse. As with planning, the committee had a range of effective approaches to involving families, communities and young people themselves in the work of protecting children. For example, a campaign to raise public awareness in 2015 had children and young people at its heart and involved them throughout the campaign. An innovative website had been launched following development work by young people from one primary school with the aim of communicating key messages about sharing worries and keeping safe.

The work of the committee was supported by seven subgroups. Although these were taking work forward, they were not explicitly linked to, or reporting on, actions in the business plan. The committee's approach to directing and supporting the work of subgroups, particular in setting clear remits and timescales, was not sufficiently robust. For example, the performance management subgroup had produced a wide range of helpful information and was busily acting upon this. However, they did not always complete the cycle of action and review that was necessary to secure improvement before moving on to the next piece of work. Social work and health records were regularly reviewed by senior managers with verbal feedback helpfully provided to operational managers and frontline staff. However, recording of this valuable quality assurance activity on the child's electronic case record had yet to be developed.

Managing and mitigating risks

Partners were reasonably well sighted on emerging risks to groups of children and young people. Partners were able to work effectively based on trusting relationships, sharing intelligence about emerging risks and planning appropriate responses; for example, when illegal substances entered the area. A vulnerable young persons group was working well and had potential to develop a more prominent role in scanning the environment more widely for emerging risks to groups of children and young people on behalf of the child protection committee and chief officers group. Although primarily focused on promoting the safety of young people at risk of sexual exploitation, the group had also identified and responded well to concerns about gangs and weapons, unsafe use of social media and young people missing from care placements.

The child protection committee had explored approaches to risk management with the aim of putting a formal risk register in place. This work had still to be finalised. Helpfully, the committee had explored issues of abuse within football and other sports and the training subgroup had arranged training for staff in Sport Inverclyde. Additionally, procedures had been put in place to support staff in relation to forced marriage, female genital mutilation and child trafficking. Overall, there was some effective work to identify and mitigate risk, which would be further strengthened by a more systematic joint approach.

Child sexual exploitation

Work was led by the child exploitation strategy group reporting to the child protection committee. This ensured that child sexual exploitation was located appropriately within the wider context of protecting children and young people. Effective governance arrangements were in place to monitor and scrutinise the work. However, a lack of performance data and tangible evidence was limiting the ability of partners to demonstrate their achievements. Information about child sexual exploitation had been widely disseminated to staff and elected members, increasing their awareness. Partners had worked closely with colleagues across the West of Scotland supporting a consistent approach to preventing and disrupting child traffickers.

Participation of children, young people, families and other stakeholders

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

The extent of participation by children, young people, families and other stakeholders in policy, planning and service development was excellent. The promotion of children's rights and the meaningful involvement of children and young people in shaping children's services was very striking. It was uppermost in the minds of staff who continually sought to empower children, young people and parents in influencing the way services were designed and delivered. Consultations with children, young people and parents took place routinely using a wide range of successful approaches. The views of stakeholders were taken seriously and acted upon, enabling partners to provide them with regular feedback on changes and improvements achieved as a direct result of what they had to say. Children and young people were eager to meet with us in groups and on an individual basis, confidently expressing their views about what was working well and what could be improved. Looked after children, young people and care leavers we met spoke about the benefits they experienced from partners' commitment to corporate parenting. Innovative work was taking place to apply the UNICEF Rights Respecting School programme more widely in a range of settings including children's houses.

Meaningful involvement of children, young people, families and other stakeholders was very well embedded across services. The Inverclyde Alliance had a framework in place to facilitate active participation that included the youth council. Vulnerable groups were well represented on the youth council, which, along with associated school councils, was empowering young people to influence planning, policy and service development. A youth participation strategy, developed in 2016 alongside young people, including representatives of the Scottish Youth Parliament, provided a clear framework to support the systematic participation of children and young people. Comprehensive information and data from a number of engagement initiatives, notably #ClydeConversations, had informed the children's service plan, child protection business plan and corporate parenting strategy. The youth council had been involved in highlighting young people's issues from across the area and there had been a number of productive consultations. For example, the Penny for Youth Thoughts survey gave young people the opportunity to express their views; 1,422 young people responded and the findings from this were used to inform children's service planning. Your Voice, a third sector organisation, had assisted young people to provide feedback for example, on the local housing strategy and through participation in the Weigh to Go healthy living pilot.

Consultation within schools, with parents using voluntary sector services and targeted groups of vulnerable young people had informed the development of the

parenting and family support strategy. Barnardo's held extensive consultations with parents of children and young people with additional support needs and those affected by disabilities in order to shape the development of community respite provision and youth groups for those unable to participate in mainstream provision. Police Scotland had consulted with 471 residents using a range of methods including engagement with schools and diversionary groups for young people, to identify issues of greatest concern.

Partners had developed their own health and wellbeing survey for secondary school aged young people, complementing the national Scottish Schools Adolescent Lifestyle and Substance Use Survey. This had achieved a high return rate of 83% and provided a rich source of perceptual data on health and wellbeing. The survey led to higher numbers of young carers being identified than had previously been recognised leading to the development alongside young carers of a strategy highlighting what was working well and what required further development. A young carers group for teenagers had produced a newsletter widely circulated in the community. The Proud2Care group for care experienced young people was very well facilitated by staff. The group were influential in the recruitment of staff and the refurbishing of children's houses. They had met with children's panel members to feed back their experiences of attending children's hearings and made powerful presentations, for example to the Inverclyde annual looked after children conference.

The LGBTI group had successfully advocated for the provision of gender neutral toilets in secondary schools and was actively contributing to the prevention of homophobic bullying. Barnardo's Nurturing Inverclyde team had successfully developed a child steering group including children as young as seven. Schools were at different stages of the UNICEF Rights Respecting Schools programme accreditation process. Staff were experimenting with how they could apply this approach through innovative work in children's houses, an early learning and childcare centre and women's aid refuge. A children's rights oversight group was promoting children's rights and sharing good practice. Planning to publicly report on progress in promoting children's rights, in line with new requirements of the Children and Young People (Scotland) Act 2014, was being taken forward in partnership with children and young people.

6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was very good. Leaders had prioritised repopulating the area through making Inverclyde a place where families would choose to bring up their children, young people would wish to remain or return to live and newcomers would be made welcome. While they had achieved significant improvements in infrastructure, they remained convinced that transformational change would only be brought about through delivering children's services of the highest quality. Staff were highly energised, enthusiastic and empowered to develop better and more integrated ways of working. Positive changes in key processes had been introduced. Joint quality assurance systems and processes to embed consistently high standards of practice had yet to be developed. Leaders were far better informed by data trends helping them to identify priorities and target resources more effectively. The many strategies to improve the lives of children and young people had recently been brought together in the context of a new children's services delivery plan. Implementation was yet to reflect partners' ambitious objectives and demonstrate clearer links between activities and improving outcomes. Achieving transformational change such as improving outcomes for children and young people affected by domestic abuse necessitated a more structured approach to joint self-evaluation.

Adopted by partners since 2011, the Nurturing Inverclyde approach had created a distinctive and immensely powerful vision for children and young people. This reflected the passionate commitment of partners to striving towards achieving their long-term aim of 'getting it right for every child, citizen and community'. Partnership working was fully embraced in the belief that this was the only way to break intergenerational cycles of poverty and deprivation. Investment in very young children was given the highest priority as the most effective solution, based on best evidence, to building a successful future for the area. A culture of respectful, asset-based relationships had been adopted as the best way of working with children, young people and families. Leaders took corporate parenting responsibilities very seriously and were determined to improve the life chances of looked after children and care leavers. Newly elected members had the importance of this role impressed upon them during an induction programme. Staff fully embraced the vision, values and aims and worked together with a common purpose. Tackling poverty and inequalities was a continuous theme across policies, planning and service delivery. Services were weighted towards areas of multiple deprivation providing environmental enrichment, material and practical help, compensatory experiences and enhanced opportunities. Genuine efforts were made to reach out and include socially excluded groups.

Partners collaborated effectively in the context of mature, child centred, working relationships. They exerted their authority appropriately to progress actions at pace. While there was a high level of consensus, they challenged each other constructively when necessary. We found major strengths in the extent to which resources were allocated to prevention and early intervention. Partnership working with the voluntary sector, in particular Barnardo's as a strategic planning partner had brought significant additional resources and innovative practice into the area improving the effectiveness of early intervention. Leaders clearly recognised that schools alone could not close the attainment gap without taking a whole-child and whole-community approach. However, partners had not provided the direction and co-ordination necessary to ensure staff worked to priorities laid out in a children's services plan. It was unclear how children's services planning as the overarching plan for children's services related to other strategic plans for example, the Alcohol and Drug Partnership delivery plan and the Active Living strategy. While a great deal of improvement activity was taking place, it was therefore difficult to capture this fully and show links to measurable improvements in outcomes. Governance and accountability arrangements for children's services planning had recently been strengthened but partners were not sufficiently well placed to make decisions about cuts in a climate of diminishing resources. They had yet to carry out a cost benefit analysis of services to optimise alignment to priority areas for development and as a basis for future joint commissioning and decommissioning.

Elected members and strategic leaders were visible and responsive to staff feedback. Partners had high expectations of staff but also provided them with much valued training, advice and guidance, including opportunities for peer support. We saw evidence of supervision in almost all lead professional records in our case sample promoting reflective practice. Annual child protection committee and corporate parenting conferences reinforced a shared responsibility for vulnerable children and young people. Staff were well informed by leaders using a variety of methods of communication and were generally highly motivated, despite increasing pressures on workloads. Many frequently went the extra mile to make a positive difference. Staff were increasingly empowered and enabled to take on greater responsibility and make decisions at the lowest possible level. For example, this enabled teams around the child to make decisions about resources and implement child's plans without delay. Staff were encouraged to make connections across services through job shadowing and joint problem solving events. Partners recognised the potential to further integrate services at a local level and streamline key processes through better use of technology. Partners were well placed to co-produce services based on outstanding work in building leadership capacity in local communities and empowering vulnerable children, young people, parents and carers to champion change.

Leaders strongly supported an ethos of learning and continuous improvement. Change was often rapid as staff were outward looking and expected to work from an evidence base. They referred to research findings and actively sought to adopt good practice from elsewhere. Positive changes to practice had taken place over the past year. However, partners needed to make it a priority to consolidate this through more robust joint quality assurance systems and processes ensuring specified

standards were met more consistently. Partnership working was currently taking place with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to reduce levels of neglect. Learning from attainment-challenge schools was being disseminated across the area to maximise the benefits.

Early learning and childcare centres demonstrated success through engagement with parents in reducing health inequalities. For example, as a small test of change, the Rainbow family centre had increased the uptake of healthy start vitamins through developing an approach that was ready for upscaling. In order to ensure larger-scale improvements, partners would benefit from using more structured and planned approaches to joint self-evaluation for example, to carry out thematic reviews. Partners had made notable progress in using data more intelligently and had made a promising start to developing a data set of more meaningful local outcome indicators to demonstrate improvements in the wellbeing of looked after children and care leavers.

To restore pride in the area, a wide range of learning and play facilities used by children, young people and parents had been redesigned and refurbished to a very high specification including family rooms that were supporting supervised contact arrangements and therapeutic work. During our fieldwork, we were particularly impressed by welcoming reception areas, well equipped with educational toys conveying to families using services that they were valued. The transition to integrated arrangements for health and social care and the establishment of the integration joint board has been smoothed by the strong foundations of the health and social care partnership, which includes community child health and children and families social work. Partners were exploring opportunities within this structure to deliver more joined up and flexible children's services in response to local needs. The potential for greater efficiencies and effectiveness was being considered through development of a purpose-built health centre due to open in Greenock in 2019, co-location of police and council services as well as positive examples of shared services with similar council areas, NHS GG&C and Police Scotland.

7. Conclusion, areas of particular strengths and areas for improvement

We found notable improvements in the wellbeing and life chances of children and young people, with a commendable focus on those who were most vulnerable. Implementation of the Getting It Right for Every Child approach was increasingly supporting earlier and more effective intervention. Under the leadership of an effective chief officers' group and child protection committee, performance in the protection of children and young people has been continuously improving. It is essential to ensure that all responses to initial child protection concerns are of the high standard currently experienced by most children and young people.

The wellbeing of looked after children and young people benefited from strong, relationship-based practice, in particular, the tenacity of staff in the throughcare team in sustaining this approach with care leavers. The recent appointment of chairs of reviews for looked after children and young people independent of operational decision making had already had a positive impact on improving planning and decision making. New and improved processes had the potential to further improve practice. The development of approaches to joint quality assurance would help to ensure implementation of these to a consistently high standard.

Particular strengths

In the course of our inspection, we identified a number of particular strengths which were making a positive difference to the lives of children and young people in the Inverclyde Alliance community planning partnership area. These were:

- embedding the Nurturing Inverclyde approach across children's services
- driving continuous improvement through a culture of collaboration, high aspiration, reflective practice and learning for success
- mitigating the adverse consequences of child poverty through an extensive cross-cutting range of strategies
- involving children and young people in every aspect of policy, planning and service development and promoting their rights
- investing significantly in prevention and early intervention, especially from pre-birth to commencement at school.

These key strengths combined to provide a strong formula for the successful delivery of services to children and young people and went a long way towards supporting partners' ambition of achieving excellence.

Areas for improvement

The very strong, shared value base and culture of high aspirations and openness to learning should help partners withstand future challenges in terms of changes in personnel and the adverse impact of internal and external pressures. We therefore have a high level of confidence that the current momentum in delivering

improvement and change in the lives of children, young people and their families will be sustained. In doing so, Inverclyde Alliance community planning partnership should now:

- further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect
- develop joint quality assurance systems and processes to achieve high standards of practice in key processes more consistently
- demonstrate clearer links between activities and measurable improvements in outcomes through implementation of key priorities in the children's services delivery plan.

8. What happens next?

The Care Inspectorate will request that a joint action plan is provided which clearly details how Inverclyde Alliance will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. They will also monitor progress in taking forward the partnership's joint action plan.

Appendix 1: Good practice examples

In each inspection, we ask partners to nominate some examples of good practice that can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those that we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

Closing the attainment gap through partnership working before and beyond the school gates

The Attainment Challenge was launched in Scotland in February 2015 with the aim of improving educational outcomes for children living in Scotland's most disadvantaged communities. Inverclyde was selected as one of the areas where the Attainment Challenge would be focused. Community planning partners recognised the need to take a more holistic approach if they were to succeed in closing the attainment gap and, following positively evaluated research on their nurture work in early years, engaged Barnardo's as partners in the core delivery of the attainment programme.

There are three elements to the approach:

- intensive family support before and beyond the school day
- a family learning approach, in and out with school
- a whole community approach to learning and development.

Since the project began, Barnardo's staff have worked with 97 parents and 153 children in P1–3. More recently, the service has been extended to a further 22 families in P4–7 as learning from the initiative is rolled out. This very well evaluated initiative found the following positive changes.

- Parents who accessed the service experienced improved confidence in their parenting skills and in helping their children complete homework. They felt less anxious about seeking support from teachers.
- Financial support helped parents maximise their income. There was a 15% increase in self-referrals to the advice service, which was attributed to a relationship-based approach, partnership working and increased accessibility.
- Children were reported to enjoy improved family time, were better engaged in completing homework, and enjoyed learning new things.
- Staff working in schools gained an increased understanding of attachment, trauma and resilience as a result of training and opportunities to work more closely alongside Barnardo's staff.

Attainment in numeracy and literacy had markedly improved among children taking part in this approach to closing the attainment gap. It was not possible to make a direct correlation between the positive impact of the approach and improved educational attainment due to a range of other variables. Nevertheless, there was

improved school attendance and teachers reported that children were more ready to learn and parents were better engaged with their children's learning.

Nurture Me

Nurture Me is an interactive electronic programme to facilitate staff in listening to and acting upon the views and wishes of children and young people. It is primarily for use with children of pre-school and primary school age. The programme includes sets of questions closely aligned to the wellbeing indicators. This enables the views of children and young people to better inform decisions that affect them.

Nurture Me is applied by a member of staff with whom the child has a trusting relationship such as a teacher, social worker or educational psychologist. It supports children and young people in identifying key people in their lives and the strength of each relationship. It is particularly effective in working with looked after children and young people who may have experienced a number of transitions that have impacted on relationships with members of their family.

Inverclyde and Glasgow city council developed the physical tool and attendant software packages as a joint initiative supported by funding from Education Scotland. Staff described how young people enjoy the tactile properties of Nurture Me and gave positive examples of how it has helped to identify concerns in relation to wellbeing. Further development of Nurture Me is planned to extend its scope to include children and young people with additional support needs and/or communication difficulties.

Extending the UNICEF Right Respecting Schools approach to Residential Children's Houses

Inverclyde Alliance has a strong commitment to promoting children's rights. St Columba's High School was the first school in Scotland to achieve the UNICEF Level 1 and Level 2 Rights Respecting Schools Award and almost all schools in the area are now involved in this approach.

As corporate parents and with the agreement of UNICEF, partners have successfully adapted and piloted the programme in a residential children's house. Looked after and accommodated young people living in the children's house and care staff report very positively on the difference this has made. This includes: increased self-esteem and wellbeing; improved relationships and behaviour; improved engagement in learning; greater tolerance in attitudes towards diversity; a stronger moral compass and support for global justice.

The partnership's approach to promoting children's rights in a residential children's house was highly commended in its award from CELCIS in 2015. Partners plan to further adapt the programme, piloting this in a women's refuge and an early learning and childcare centre.

Becoming data informed through the development of a joint strategic needs assessment

Partners recognised the need to carry out a joint strategic needs assessment as a first step towards producing a children's services plan and moving ultimately to joint commissioning. They consulted with the Scottish Government Realigning Children's Services programme about using data gathered on a single-agency basis more effectively. Partners then proceeded using their own resources with the aim of building capacity among staff in becoming more informed about data.

A multi-agency group was tasked with establishing a joint data repository. They collated readily available information from across partner agencies, establishing data trends against key indicators of need, going back a minimum of three years. The group started to interrogate the data increasingly asking more in-depth questions as the value of this approach became more apparent.

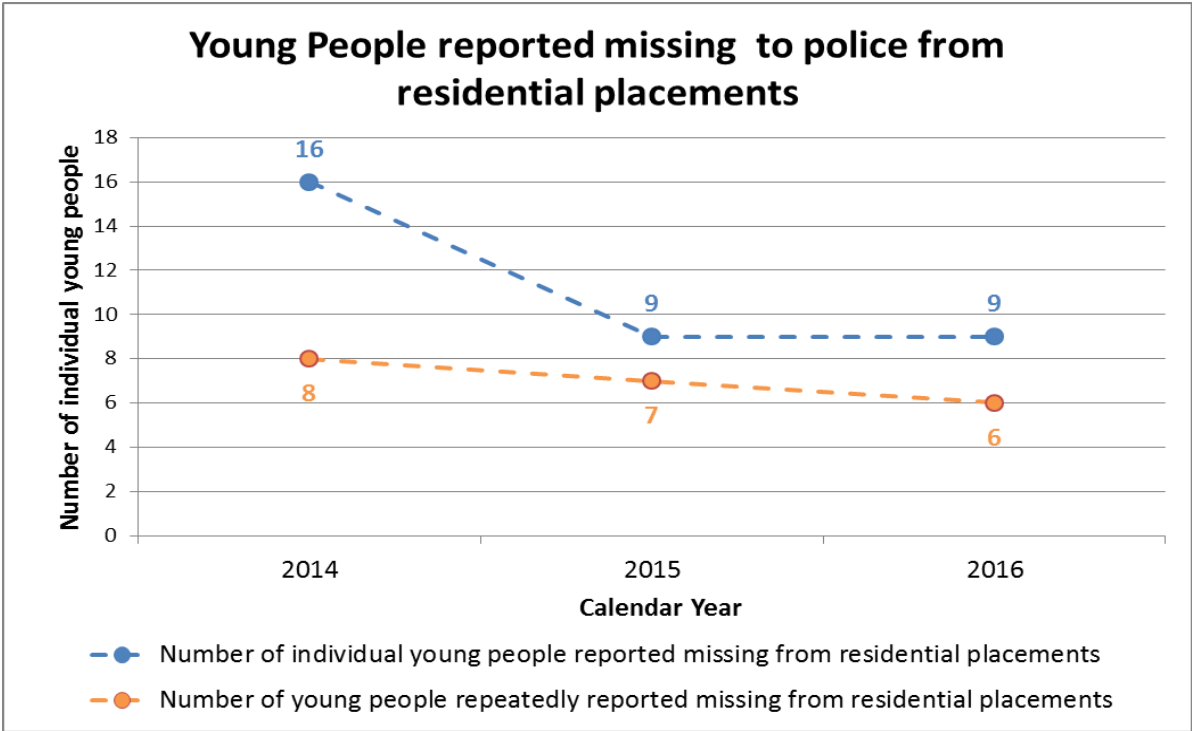
As the data repository developed, areas of need started to emerge and could be tested out further. The group considered any gaps in information, the importance and feasibility of filling these and the best ways of gaining a fuller picture. For example, they decided to carry out a health and wellbeing survey across the school-aged population which achieved an 80% plus response rate. The findings from this survey helped to develop a better understanding of need around areas such as mental wellbeing and sexual health. Whenever possible, the group benchmarks data trends, comparing their own performance against similar local authorities, NHS GG&C as a whole and nationally. This has helped them set improvement targets in areas where they may have an improving trend but are still not performing on a par or better than comparators. They produced a helpful narrative to accompany data trends explaining how they interpreted the data for example, what factors may have contributed to an improving trend.

The work of this group has provided partners with quality data concerning the needs of children growing up in Inverclyde that is organised around some of the wellbeing indicators. Data trends are summarised at the end of each section, identifying strengths and areas for development. They have a sound evidence base for children's services planning from which to engage meaningfully with stakeholders, reach agreement about priority areas of need and target resources. Partners view the joint strategic needs assessment as a work in progress. They continue to add data trends, to revisit the accuracy of the data where contradictory evidence has arisen and recognise the importance of keeping the data up to date. Consequently, partners are becoming more confident in their ability to use data to project future need.

Demonstrating improving trends in the wellbeing of looked after and accommodated young people

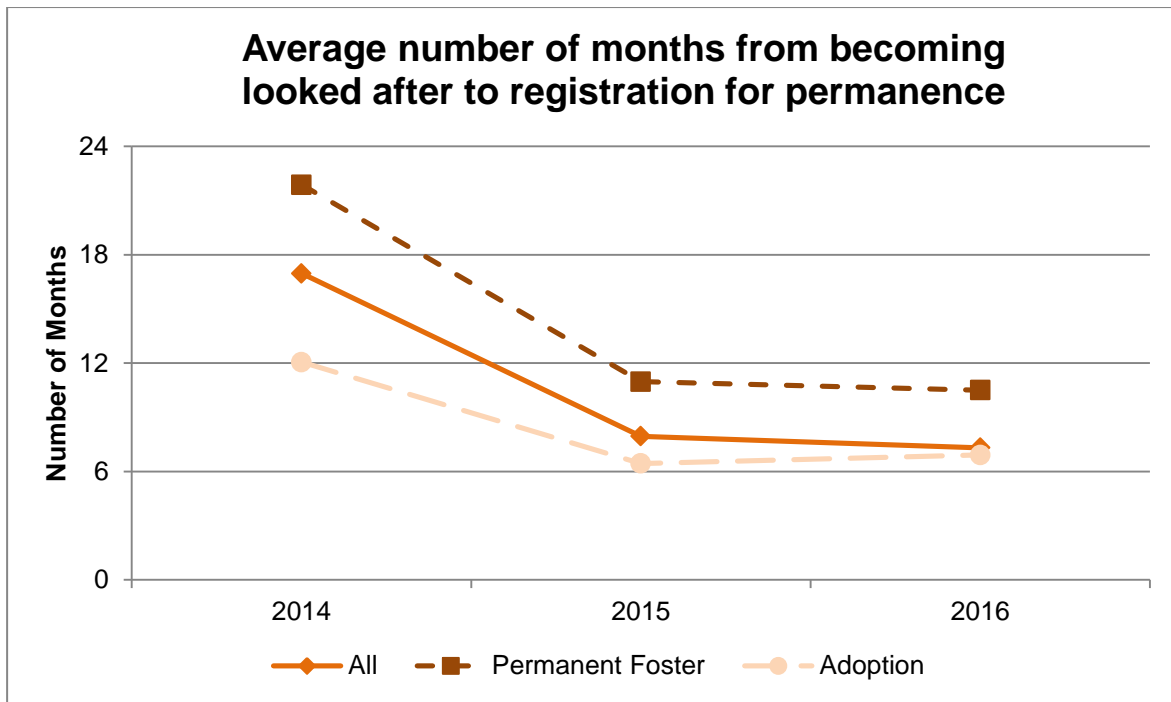
As corporate parents, partners had made a positive start to developing meaningful outcome indicators and baseline data from which to track trends over time. As a result, they were able to demonstrate some important improvements in the wellbeing of looked after children and young people. This approach is illustrated through the following examples.

- Reducing risks to looked after and accommodated young people associated with going missing from residential placements.



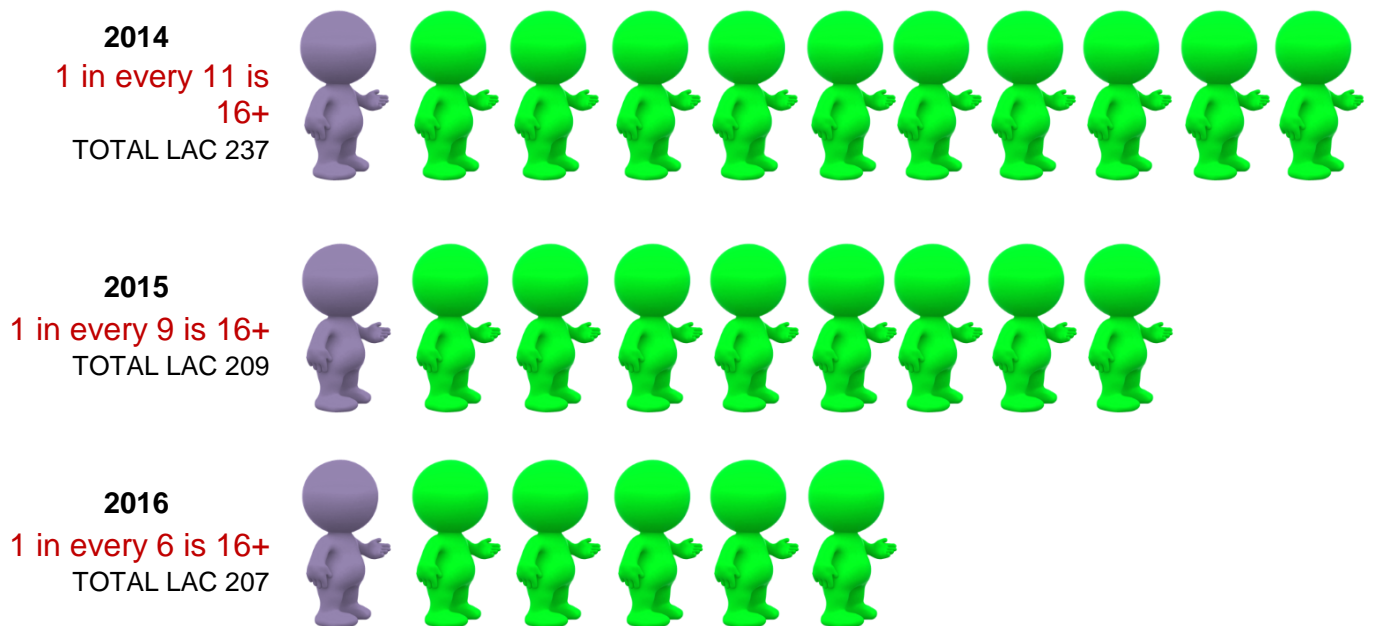
School liaison and youth engagement police officers support young people accommodated away from home in residential placements through relationship based practice. Working in partnership with residential staff and social workers, they have increased these vulnerable young people’s knowledge about the risks of going missing and have helped them to acquire improved personal safety skills. As a result, they have achieved reducing trends over the previous three years in the number of young people reported missing and repeatedly reported missing.

- Reducing the length of time looked after and accommodated children live with uncertainty about their future through more effective permanency planning



The average number of months from a child becoming looked after to registration for a permanent foster placement or adoption has reduced significantly between 2014 and 2015. Children who may require a permanence plan are being identified earlier. A tracking system is used to prevent drift. Progress of all children identified for permanency is reviewed by senior managers quarterly and the chief social work officer maintains an overview.

- Increasing the proportion of the looked after population over sixteen years of age.



Research suggests that the single most important factor in improving outcomes for care leavers is the age at which they leave care. In response to the 2013 guidance for corporate parents, *Staying Put Scotland - Providing care leavers with connectedness and belonging*, community planning partners have endeavoured to change custom and practice so that it becomes the norm for accommodated young people to remain in placement up until their eighteenth birthday and beyond. This policy is being supported by leaders, resources and consultation with both staff and looked after and accommodated young people. Over the past three years, there has been an increasing trend within the looked after child population in the ratio of those who are looked after and over 16 years of age from one in eleven in 2014 to one in six in 2016. Partners were identifying further outcome indicators to measure improving trends across the wellbeing indicators for looked after children, young people and care leavers.

Appendix 2: Evaluated Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection, we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012: How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

How well are the lives of children and young people improving?	
Improvements in the wellbeing of children and young people	Very good
Impact on children and young people	Very good
Impact on families	Very good
How well are partners working together to improve the lives of children, young people and families?	
Providing help and support at an early stage	Very good
Assessing and responding to risks and needs	Adequate
Planning for individual children and young people	Good
Planning and improving services	Good
Participation of children, young people, families and other stakeholders	Excellent
How good is the leadership and direction of services for children and young people?	
Leadership of improvement and change	Very good

This report uses the following word scale to make clear the judgements made by inspectors.

Excellent	outstanding, sector leading
Very good	major strengths
Good	important strengths with some areas for improvement
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

Appendix 3: The terms we use in this report

Inverclyde Alliance is the local community planning partnership for the Inverclyde council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Inverclyde.

A **single outcome agreement** is an agreement between the Scottish Government and community planning partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

The **Resilience Matrix** helps practitioners to organise and analyse information identifying risks and protective factors that may ameliorate these risks.

Team around the child is the group of practitioners from across services who create a network of support around a child, each making a contribution to improving the child or young person's wellbeing.

A **genogram** is a family diagram that can look like an elaboration of a family tree. An **ecomap** is a diagram that shows the social and personal relationships of an individual within their environment.

Wellbeing Web enables the eight indicators to be scored on a scale from one to ten from the perspective of a child or young person, parents and staff. This tool can provide a snapshot of perceptions about a child or young person's wellbeing or through repeating the process at intervals can show whether perceptions about a child or young person's wellbeing improve over time.

A **children's services plan** is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to deliver these.

Chief officers' group consists of the chief executive of the council, the chief executive of the relevant health board and the local area commander for Police Scotland. They are held collectively accountable for public protection including the protection of children in the area.

Child protection committee brings together all the organisations involved in protecting children in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

Child protection register is a central register maintained by the local authority of all children, including unborn babies, who are the subject of an inter-agency child protection plan.

Getting It Right for Every Child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it.

There are eight wellbeing indicators, which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential.



www.scotland.gov.uk/gettingitright

Scottish Attainment Challenge is about achieving equity in educational outcomes. Equity can be achieved by ensuring every child has the same opportunity to succeed, with a particular focus on closing the poverty-related attainment gap.

Self-directed support is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided and gives them as much control as they want of their individual budget.

Whole System Approach is the Scottish Government's programme for addressing the needs of young people involved in offending. It aims to divert young people who offend from statutory measures, prosecution and custody through early intervention and robust community initiatives.

Appendix 4: The quality indicator framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and families	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1 Improvements in the wellbeing of children and young people	2.1 Impact on children and young people	5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children and young people 5.4 Involving individual children, young people and families	6.1 Policies, procedures and legal measures	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	2.2 Impact on families		6.2 Planning and improving services	
	3. Impact on Staff		6.3 Participation of children, young people, families and other stakeholders	
	3.1 Impact on staff		6.4 Performance management and quality assurance	
	4. Impact on Communities		7. Management and support of staff	
4.1 Impact on communities		7.1 Recruitment, deployment and joint working	7.2 Staff training, development and support	
			8. Partnership and resources	
			8.1 Management of resources	
			8.2 Commissioning arrangements	
			8.3 Securing improvement through self-evaluation	
 10. What is our capacity for improvement? 				
Global judgement based on an evaluation of the framework of quality indicators				

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.



Inverclyde CPP three key areas for improvement

The CPC and GIRFEC strategic implementation group are responsible for driving improvement in relation to key processes in the GIRFEC pathway and child protection which are articulated in improvement areas 1 and 2.

1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect

	Where do we want to be?	How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
1.	Initial Referral Discussions will be consistently undertaken, with evidence of key partners being actively involved in the decision making process.	<p>Establish regular multi-agency quality assurance of current practice in relation to Initial Referral Discussions.</p> <p>Medicals (forensic & comprehensive health assessments) are considered routinely in all Initial Referral Discussions.</p>	<p>Test of change results show improved, effective and consistent application of IRD processes</p> <p>Initial Referral Discussion will take place in 100% of cases where concern is raised about children thought to be at risk, including those at risk through accumulating neglect.</p> <p>100% of Initial Referral Discussions take place within 24 hours of the concern being received.</p> <p>100% of IRD record clear decision making and rationale regarding the provision of medicals.</p>	Child Protection Committee	<p>Set up monthly multi-agency QA audit group by Feb 2018.</p> <p>June 2018</p> <p>June 2018</p> <p>June 2018.</p>



1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect

Where do we want to be?	How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
<p>IRD records are consistent within all agencies files.</p>	<p>Decision making for action and non action in an Initial Referral discussion is multi agency and robust.</p> <p>Revise procedures based on quality assurance findings and good practice examples nationally.</p> <p>Develop partner training and support to ensure effective and consistent application of IRD process. All key partners recognise and are confident in exercising their professional expertise as active participants of the initial referral discussion.</p> <p>Administrative procedures are refreshed to ensure timely distribution of single shared record of initial referral discussion.</p>	<p>100% of IRD include clear record of multi agency decision making and rationale regarding action or non action.</p> <p>Follow review and implementation of QA framework our quality assurance activities evidence that 80% of IRDs demonstrate robust consideration of risks, and planning reflects the risk assessment undertaken collaboratively.</p> <p>All key personnel understand their roles and responsibilities and are accountable</p> <p>Multi agency file audit finds IRD recordings present in all agencies files in 100% of cases where a discussion has taken place.</p>		<p>June 2018.</p> <p>Review Procedures in March 2018.</p> <p>Training sessions designed and delivered by May /June2018.</p> <p>June 2018</p>



1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect

	Where do we want to be?	How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
	Systems will support “real time” Initial Referral Discussion.	Develop appropriate mechanisms for facilitating IRDs via conference calling ICT to be investigated.	Real Time Initial Referral Discussions occur.		August 2018
2.	There will be consistent high quality assessment of risk and need.	<p>Improve multi-agency wellbeing assessment and analysis, particularly in relation to risk through a process of continuous professional development and revision of wellbeing assessment templates.</p> <p>Develop minimum standards for the application and use of assessment tools.</p> <p>Strengthen practice in the use of assessment tools and their analysis e.g. genogram, chronologies, Neglect Toolkit.</p>	<p>Multiagency quality assurance audit group will find that 80% of risk assessments are rated good or above. (Use Care Inspectorate files reading tool and guidance).</p> <p>Multiagency audit activity demonstrates consistent application of the minimum standards in 80% of cases audited.</p> <p>Multiagency audit demonstrates consistent use of tools and evidence of their analysis in 80% of cases.</p>	Child Protection Committee	<p>Oct 2018</p> <p>Dec 2018.</p> <p>Dec 2018.</p>



1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect

Where do we want to be?	How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
<p>Practice around responding to domestic abuse is child centred and is joined up and streamlined.</p> <p>Accumulative impact of neglect is recognised and addressed.</p>	<p>Review of multiagency response to lower level incidents of domestic abuse.</p> <p>Improved recording of frequency of domestic abuse incidents involving children to consider the accumulative impact of domestic abuse.</p> <p>Develop evidenced informed practice through use of up to date knowledge, theory and research (CELCIS partnership with Inverclyde aimed at addressing neglect) Using implement science to develop practice in relation</p> <ul style="list-style-type: none"> • Assessment & need, risk at universal and enhanced universal pathways • Team around the child • Transition across the GIRFEC pathway. 	<p>Review process is joined up and responsive.</p> <p>Quality assurance and audit evidences that the accumulative impact of low level domestic abuse is recognised as a risk indicator in assessments</p> <p>Children who have accumulative unmet needs will have an up to date child's plan underpinned by a timely and proportionate wellbeing assessment, Performance reporting will confirm;</p> <ul style="list-style-type: none"> • %age and number of wellbeing assessments completed rated good or above • %age and number of plans stepping up the collaborative GIRFEC pathway to child protection service support • %age and number of plans stepping down the collaborative GIRFEC pathway to universal service support. 	<p>Violence Against Woman Partnership.</p> <p>GIRFEC Strategic Implementation Group.</p>	<p>March 2018</p>



1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect

Where do we want to be?		How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
3	All Child's Plans are SMART and consider all wellbeing indicators routinely.	<p>The quality calendar will detail frequency of multiagency audit of assessment and plans.</p> <p>Increase the capacity and scope of the Child Planning and Improvement Officers (CPIOs) to include a quality assurance function with an established minimum standard in the reviewing cycle.</p>	<p>80% of Child's Plans will be evaluated as good or above using the Care Inspectorate Tool.</p> <p>CPIO would implement consistent standards of reviewing processes.</p>	GIRFEC Strategic Implementation group & CPC	July 2018
4.	<p>All Named Persons and Lead Professionals will engage in joint risk assessment re child protection concerns, both for new cases and for cases where there are accumulative signs of neglect.</p> <p>All staff will receive appropriate level of support and challenge in order to meet their responsibilities.</p>	<p>Training and ongoing support and development regarding roles and responsibilities</p> <p>Further develop the Community of Practice model to provide support the named Persons</p>	<p>80% of IRDs make reference to the Named Persons' participation</p> <p>Strengthened multiagency wellbeing assessment and risk assessments in file audit activity Qualitative data from Named Person consultation showing greater confidence when responding to CP concerns</p>	<p>Child Protection Committee</p> <p>GIRFEC Strategic Implementation Group</p>	<p>June 2018</p> <p>June 2018</p>
5	All multi-agency chronologies are fit for purpose and used meaningfully to inform assessment of risk/need	A shared format of chronologies will be fully implemented	Case audits will show that the use of an integrated chronology format is used by health, education and social work in 100% cases at Collaborative pathway.	Child Protection Committee	December 2018



1. Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect

Where do we want to be?	How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
Chronologies are subject to review and analysis	<p>Multiagency training and support at for development of an integrated chronology</p> <p>Team Around the Child meetings/ CP meetings will be the forum where integrated chronologies are updated, reviewed and analysed</p>	<p>There will be integrated chronologies fit for purpose in 80% of case files audited.</p> <p>There will be reference to the analysis of the chronologies in minutes of meetings in case audits in 80% of case files.</p>		<p>December 2018</p> <p>December 2018</p> <p>December 2018</p>

2. Develop joint quality assurance systems and processes to achieve high standards of practice in key processes more consistently

Where do we want to be?		How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale & current progress
1	<p>A Joint Quality Assurance framework is in place with measurable standards which is used to improve quality across key processes.</p> <p>Quality assurance systems and processes are applied and improvements are evidenced through PDSA cycle as part of the continuous improvement framework.</p>	<p>Multiagency Quality Calendar which sets out joint quality assurance activities around key processes e.g. IRDs, Assessment and Planning processes.</p> <p>Audit activity undertaken would analyse evidence from case file reading; supervision, service user experience & partner feedback to observe, learn and determine what modifications need to be made to key processes. The PDSA cycle would continue.</p>	<p>The monitoring of core data related to measurable standards and key performance indicators agreed across the partnership are showing evidence of improvement</p> <p>The monitoring of core data related to measurable standards and key performance indicators agreed across the partnership are showing evidence of improvement</p>	<p>Child Protection Committee and GIRFEC Strategic Implementation Group</p>	<p>QA Framework in place by March 2018</p> <p>Evidence of improvements on a quarterly basis starting in June/July 2018</p>



3. Demonstrate clearer links between activities and measurable improvements in outcomes through implementation of key priorities in the children's services delivery plan

Where do we want to be?		How will we get there?	How will we know we are getting there?	Lead Officer / Organisation	Timescale
1	Key outcome measures from the children's services delivery plan are linked to specific, measurable and activities that are tracked and reported on.	Key outcomes and measures are identified. The outcome delivery plan will be refreshed. Activities identified in the outcome delivery plan have performance measures which are monitored and tracked over time. Sub groups report on quarterly progress	The performance indicators are linked to actions and demonstrate measurable improvements towards key priorities.	SOA6 Equivalent	Refresh outcome delivery plan and Performance Measures by March 2018
2	Integrated children's services plan sits within a framework for evaluating, monitoring and intervening to ensure that it delivers improved outcomes for children and young people Robust governance and structures support our statutory planning and reporting requirements for the integrated children's service plan.	Implement an annual reporting system and review activities based on findings Identify and clarify the relationship between different planning and reporting processes. Ensure all plans are SMART and Coordinate and join up the planning structures by defining the reporting arrangements to	Annual report demonstrates measurable improvements as a result of activities outlined in the outcome delivery plan Governance structure and arrangements are in place and effective Refreshed CPC Business Plan with RAG status.	SOA6 SOA6 CPC	December 2018 March 2018 March 2018



Inverclyde Alliance

		Best Start in Life for Children and Young People (or its replacement)			
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