



Argyll & Bute

CHILDREN & YOUNG PEOPLES SERVICE PLAN

2023 - 2026



Contents

Introduction	3
Our Context	5
Vision for Argyll and Bute	5
The Promise	6
National Performance Framework	7
Area Profile & Local Context	8
Scottish Index of multiple Deprivation 2020	10
Our Data	10
Island Poverty	12
COVID and the Cost-of-Living Crisis	13
National and Local Findings - Summary:	14
Feedback from Young People	18
Our key Achievements to date	19
Early Intervention and Support	19
Mental health and wellbeing	19
UN Convention on the Rights of the Child	22
Co-production and Children and Young People’s Voice	23
Equality and Diversity	24
CYPSP 2023–2026 Priorities	27
CYPSP Priority 1: By ensuring Getting it Right for Every Child is central to our core working practice we are getting it right for our children and young people	28
CYPSP Priority 2: Our children and young people have access to early help and support	29
CYPSP Priority 3: We improve the mental health and well-being of our children and young people	31
CYPSP Priority 4: We ensure our children and young people’s voice is heard	32
Getting it Right for Every Child	33
Children Services Governance Structure	45
Performance Reporting Framework	48
and Governance Arrangements	48
Partners to our Children and Young People’s Service Plan	50
Appendix 1 – What our vision means	51
Appendix 2 - Our Children and Young People’s Rights	56

Introduction

We want Argyll and Bute to be the best place in Scotland to grow up. The Argyll and Bute 2023–2026 Children and Young People’s Service Plan builds on earlier plans and was developed by listening to and understanding the needs of our children, young people, and their families.

This plan continues our focus on promoting children and young people’s wellbeing, underpinned by Getting it Right for Every Child (GIRFEC), and extends this by developing our trauma informed workforce. Through this we are ensuring we embed UNCRC (United Nations Convention on the Rights of the Child) and The Promise at the core of everything we do. This links across several other plans including the Local Outcome Improvement Plan (LOIP). The Joint Strategic Needs Assessment provides the foundation for this work, underpins the Children and Young People’s Service Plan and the Corporate Parenting and Child Protection Plans.

We recognise that the past few years have been some of the most challenging we have experienced in a generation. The economic outlook stays uncertain, while cost of living increases are placing families and services under unprecedented pressure. This plan has been developed to try and address some of the impacts of COVID and predict some of the future pressures we face over the next few years. With so much uncertainty about the future, this plan is designed to remain dynamic and adaptable to address the challenges which our communities and our services face.

Supporting our children and young people continues to be the most valuable long-term investments we can make. Through investing our shared resources and focusing on prevention and early intervention, we recognise that the most effective strategy to support young people is an integrated and preventative approach which is implemented at the earliest possible stage.

This plan provides a framework for professionals, parents, carers, and volunteers to work with our children and young people, helping to shape and improve the services we offer. The partnership is fully committed to continuing to deliver our Children and Young People’s Service Plan. We thank all contributors to the plan for their ongoing support and commitment to working together and achieving the best possible outcomes for young people.




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The Children and Young People’s Service Plan 2023–2026 sets out our joint vision, our priorities, and the outcomes we will strive to achieve for Argyll and Bute’s children and young people. It was created in collaboration with partners involved in the delivery of services for children and young people throughout Argyll and Bute. This is informed by the plan’s most important partners, our children, and young people themselves.

Strategic Priorities



Argyll and Bute’s vision commits partners to “work together to achieve the best for children, young people, and families.” To realise this vision, this Children and Young People’s Service Plan is underpinned by the Getting It Right for Every Child (GIRFEC) framework. The strategic priorities also align with Outcome 4 in the local Single Outcome Agreement (SOA) and the National Performance Framework (NPF).

Our Context

Vision for Argyll and Bute

In our vision, we say what we want the future to look like for our children, young people, and their families. This includes all those who use services as well as all those who work in the services in Argyll and Bute.

The shared language of GIRFEC and the promotion of wellbeing have been adopted by all partners. This approach ensures the delivery of real improvements and provides opportunities for all children to “grow up loved, safe, and respected so that they realise their full potential,” which is reflected in the National Performance Framework. This approach puts the child firmly at the centre and ensures that every child grows up to be healthy, happy, and part of the local community.

- **Providing a decent quality of life, including good mental and physical wellbeing.**
- **Delivering high-quality universal services for everyone.**
- **Delivering better targeted services for vulnerable children.**
- **Respecting, protecting, and fulfilling children’s and young people’s rights.**
- **Tackling child poverty and inequality.**
- **Supporting family wellbeing.**
- **Understanding and addressing the influence of trauma and adverse childhood experiences.**
- **Improving outcomes for children, young people, and adults who have been in care.**

The Promise

We have fully committed to the promise made to Scotland's infants, children, young people, adults, and families. By 2030, we will transform our care system and the values around which it operates. Ensuring we uphold safe, loving relationships that are important to children and young people and that we continue the transformation of our community services to make sure more children are supported to stay safely with their families. Integral to this plan is building upon and embedding our commitment to the priorities and values of the Promise.

Voice:

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

Family:

Where children are safe in their families and feel loved, they must stay, and families must be given support together to nurture that love and overcome the difficulties that get in the way. Care: Where living with their family is not possible, children stay with their siblings where it is safe to do so and belong to a loving home, staying there for as long as needed.

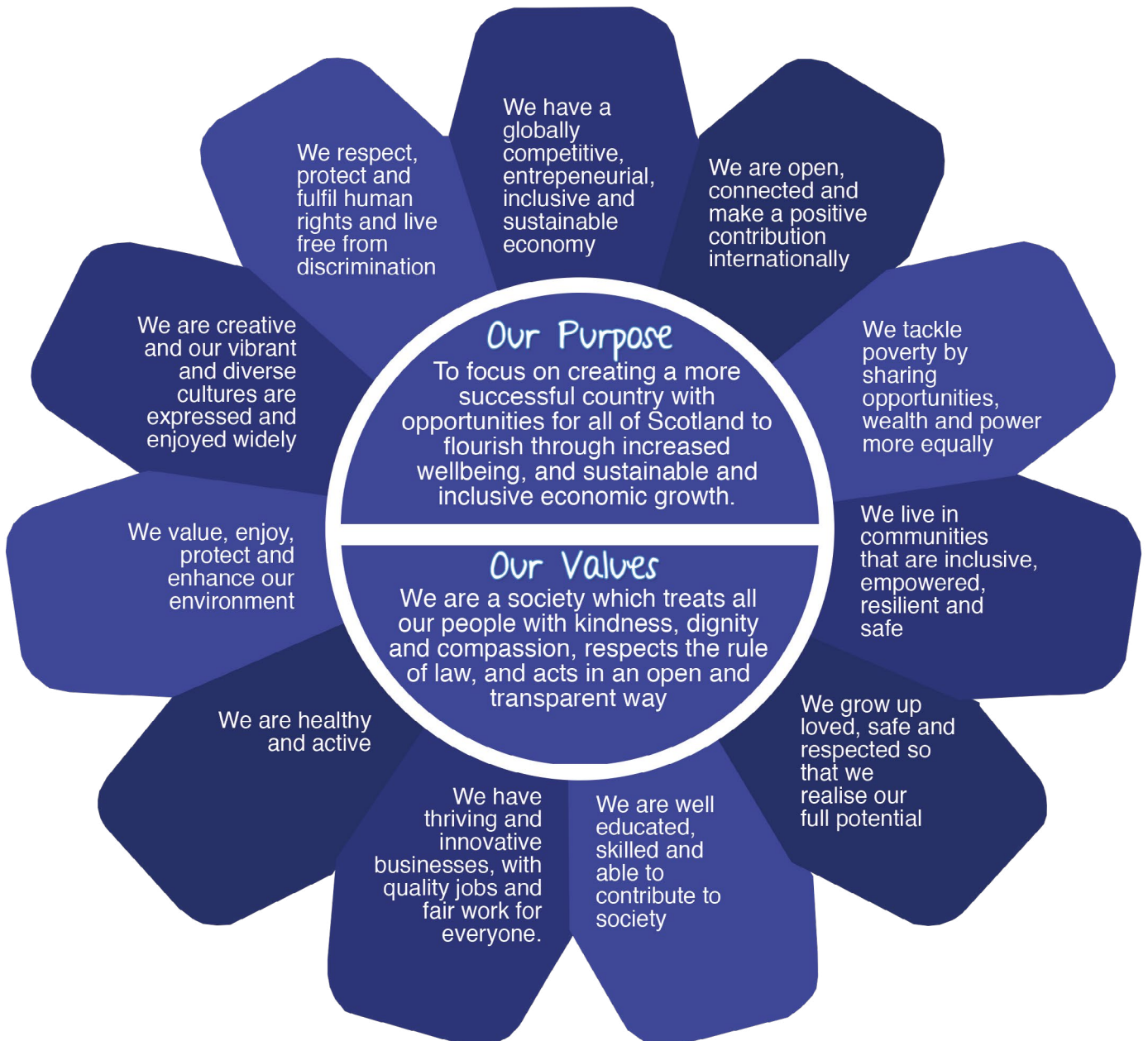
People:

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

Scaffolding:

Children, families, and our workforce must be sustained by a system of help, support, and accountability that is ready and responsive.

National Performance Framework

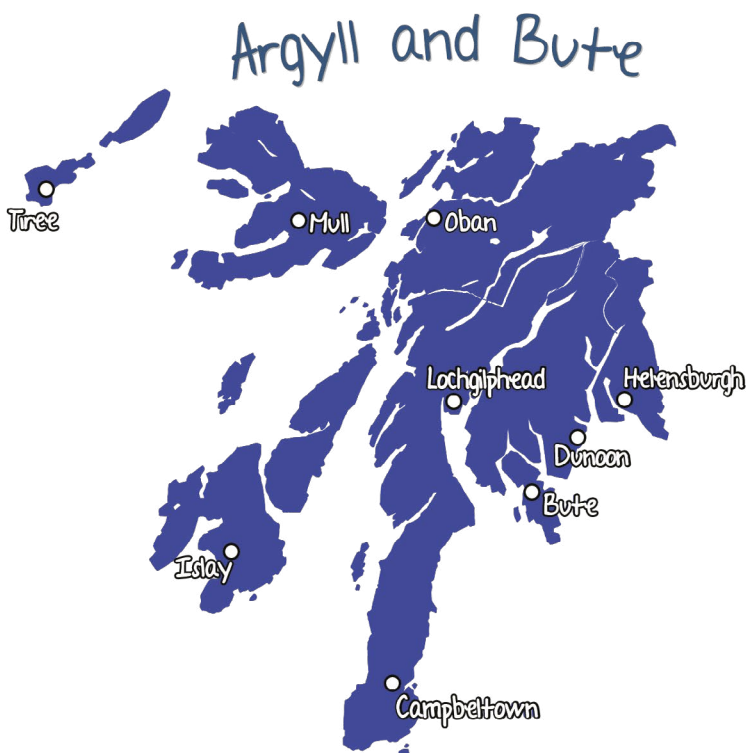


The National Improvement Framework (NPF) sets out the government’s vision for Scotland and its overarching approaches, which apply across all the GIRFEC wellbeing indicators and outcomes for children, young people, and their families.

The 11 national outcomes are interlinked, and actions taken to drive progress in each area are crucial to improving the lives of children and young people. Focusing on national wellbeing outcomes will help us understand what we need to do to make Argyll and Bute the best place to grow up and contribute to the achievement of this vision.

The indicators and outcomes of wellbeing relate to the articles set out in the UN Convention on the Rights of the Child (UNCRC). These incorporate the eight aspects of wellbeing set out in the GIRFEC approach. These are summarised as SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included).

Area Profile & Local Context



Population

- Total population 85,900 (2020)
- Male 42,700
- Female 43,100
- 25% of population is 65+
- Under 18 years population 14,566

(Source: NOMIS official labour market statistics 2020)

Argyll and Bute is the second-largest local authority by area in Scotland, with a land area of 690,899 hectares.

We have the third-sparsest population of Scotland's 32 local authorities, averaging only 13 persons per square kilometre. We have 23 inhabited islands, more than any other Scottish local authority, and around 4% of Argyll and Bute's population lives on these islands. One in five of the population is aged between 0 and 19 years.

Population dispersion requires multiple facilities for service delivery to ensure access to users and communities. The distance between the principal areas creates challenges in terms of reliability, timing, and cost of travel. Services are directed through four principal areas: Helensburgh and Lomond; Mid Argyll, Kintyre, and Islay; Oban, Lorn, and the Isles; and Bute and Cowal.

Where Are We Now

Understanding the needs within the context of local communities has informed this plan.

- Building on actions and performance from the 2020-2023 CYPSP.
- Joint Strategic Needs Assessment.
- Consultation with family groups and children and young people.
- Participation in **GIRFEC** focus groups.
- Findings from the Independent Care Review and guidance from The Promise.

This process has enabled the strategic children's services group to make an appraisal of the current needs of children, young people, and their families. Through this, we can account for the achievements we have made and what we need to do now and in the future. The exercise has been critical in identifying the key strategic priorities that must be focused on over the next three years.

Our Data

Scottish Index of multiple Deprivation 2020

In 2021,⁽²⁾ it was estimated that half of the population, or 45%, lived in the 52 Argyll and Bute data zones, which are within the 20% most access-deprived data zones in Scotland. Of the 38,898 people living within these data zones, 5,084 were aged 0–15.

Nine of these data zones are in the top 1% of the most access-deprived data zones.⁽³⁾

All data zones that are in the 20% most deprived by income, employment, health, and overall are in the main towns of Argyll and Bute. Conversely, access deprivation is most pronounced in rural areas.

Table 1: Access deprivation within Argyll and Bute data zones

Population break-down	2017 Population	2021 Population	2021 Population (aged 0-15)
Population in 20% most AD	36,288	38,898	5,084
Data zones in 20% most AD	52	52	52
Percentage of total population	44%	45%	41%
Total Population	86,810	86,220	12,441

Table 2: Argyll and Bute data zones in SIMD 2020 1% most access deprived, by Scotland as a whole

Population break-down	2017 Population	2021 Population
Population in 1% most AD	6652	6806
Data zones in 1% most AD	9	9
Percentage of total population for section	8%	8%
Total Population	86,810	86,220

The latest statistics for child poverty in Argyll and Bute (2020/21) show that 18.6% of those ages 0–15, or 2,255, are in low-income households.

- 2 - Mid-Year Population Estimates | National Records of Scotland (nrscotland.gov.uk)
- 3 - Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot)

On July 12, 2022, the End Child Poverty Coalition⁽⁴⁾ published the latest local child poverty figures. Their research, covering the period 2020–2021, provides the best available estimates of child poverty at the local authority level (below 60% of the median income after housing costs).

Table 3: Argyll and Bute children in poverty (after housing costs)

Year	Percentage of Children in Poverty	Percentage Point Change
2014-15	20.7%	N/A
2020-21	18.9%	-1.8%

This positive change reflects the Scottish Government’s investment in the new Scottish Child Payment, other Social Security payments, and a range of other measures, including local work undertaken to tackle child poverty.

Such positive changes have been observed in 26 of Scotland’s 32 local authority areas. Child poverty is lower in Scotland compared to other UK (United Kingdom) nations at 21%, followed by England at 29% and Wales at 34%.

Table 4: Children Living in Low Income Families

Year	Argyll & Bute	Scotland
2017-18	17.3%	18.6%
2018-19	16.7%	16.5%
2019-20	17.2%	16.8%

Table 5: Numbers in Receipt of Council Tax Reduction

Date of Comparison	Council Tax Reduction Caseload
01/04/2021	6,531
2/03/2022	6,930

Island Poverty

There are many challenges facing our 23 island populations and communities. Officers from Argyll and Bute have been engaging with the Scottish Government and other island local authorities to ensure that food insecurity issues that affect island communities are known, understood, and addressed.

Challenges for our remote and island communities include fuel poverty, shortages of and prohibitive costs for housing, transportation challenges, and difficulties accessing employment and training opportunities, higher costs for food, online connectivity issues, and access to services. In addition, young people face issues relating to loneliness and emotional wellbeing.

A University of Edinburgh study⁽⁵⁾ has found that the number of young people in rural Scotland who say they are lonely is higher than the number of elderly people in the same communities. The study, found 32% of those aged 18 to 29 said they feel lonely most of the time or all the time, compared with 3% in the 70-79 age group and 8% of the total surveyed.

- 5 - CovidLife | The University of Edinburgh



COVID and the Cost-of-Living Crisis

The Fraser of Allander Institute concluded that a third of Scots are cutting back spending on food and other essentials due to the cost-of-living crisis. Their analysis suggests the impact of the cost-of-living crisis is being felt in diverse ways by different demographics. It emphasised that younger consumers may be hit harder by increases in housing and public transportation costs. Older age groups, it said, are more likely to acknowledge a price rise in food and fuel.

Analysis⁽⁶⁾ from the Institute for Fiscal Studies and the Joseph Rowntree Foundation confirms that lone parents have seen the sharpest falls in living standards: they are more likely to go hungry, skip meals, be in debt, and be less likely to be able to afford to heat their homes. The continuing pandemic and rise in living costs are particularly concerning for lower-income families and those in poverty who find themselves trapped in abusive relationships.

New research by the Institute for Fiscal Studies shows that relative poverty for children in single-parent families has risen at a significantly faster rate compared with other households. And half of all children in single-parent families are now living in relative poverty. Years of austerity and benefit cuts over the last decade have reduced incomes for the most vulnerable.

The ONS⁽⁷⁾ recently identified the following groups as being most impacted by the cost-of-living increases:

- **Adults on the lowest incomes, those renting their homes, or those with no formal qualifications were most likely to report they could not afford this unexpected expense.**
 - **Analysis suggested that parents of dependent children, adults who were divorced or separated, and disabled adults were more likely to report they could not afford this unexpected expense.**
-
- **6 Pre-pandemic relative poverty rate for children of lone parents almost double that for children living with two parents | Institute for Fiscal Studies (ifs.org.uk)**
 - **7 Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk)**

Joint Strategic Needs Assessment (JSNA)

Gathering the views of children, young people, and their families about their experiences using services is paramount to effective service planning. This wealth of information about the provision and impact of the services informs existing and future assessment of needs.

These priorities are fluid and can be changed over the three-year period, ensuring resources are directed with the aim of achieving measurable change and reducing any outcome gaps. The plan has been structured to align clearly with the NPF, ensuring we have an all-encompassing and comprehensive Children and Young People's Service Plan.

National and Local Findings - Summary:

A range of national and local data has informed the planning of prevention, support, and services for children and young people and clarified priorities.

National data from Action on Smoking and Health Action on Smoking and Health ASH (Action on Smoking and Health, 2022) show an increase in vaping among young people aged 11 to 17 in the United Kingdom. In 2022, 15.8% said they had tried vaping, compared to 11.2% in 2021. Further localised data on vaping and smoking has been obtained from the Planet Youth survey.

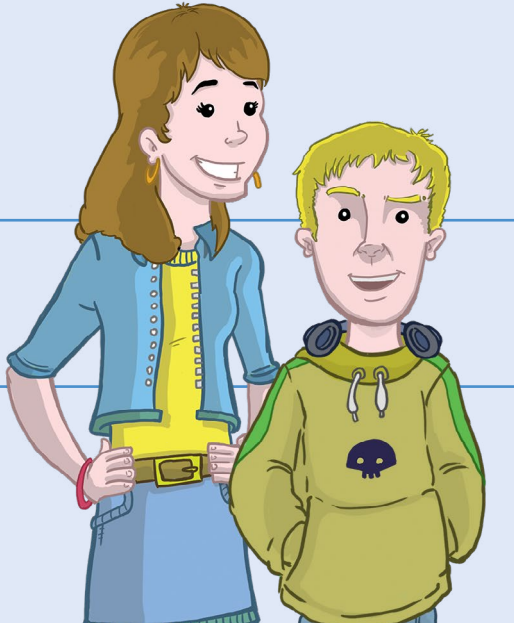
Argyll and Bute were part of the Iceland Prevention Model pilot survey carried out by Planet Youth, alongside four other regions in Scotland. Research was conducted on the health behaviours of S3 and S4 pupils in a small number of secondary schools. Findings from the 2022 report are detailed in the table below with the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) data.

The Argyll and Bute Alcohol and Drugs Partnership (ADP) C&YP Needs Assessment (2021) found that greater recognition of trauma amongst the workforce was needed, particularly in relation to care-experienced young people, gaps in the provision of addiction services for young people and older young people, and the need for family therapy and parenting support.

Table 6: Summary of findings relating to substance use and mental health

Smoking	Alcohol
<p>Reduction in the number of 13-year-olds reporting that 81% had never smoked, compared to the national trend. This is offset by an 11% increase in the number of people this age who have ever smoked, both locally and nationally in the same population.</p>	<p>44% of the 13-year-old respondents noted that “they had had an alcoholic drink (a “proper” alcoholic drink—a whole drink, not just a sip”) increase of 13% locally and an 8% increase against the national data.</p>
<p>Planet Youth (2022) found, 15% of S3 and S4s reported smoking in the last 30 days, compared to 14% in Scotland. 12% recommended smoking daily.</p>	<p>78% of 15-year-old respondents noted that “they had had an alcoholic drink (a “proper” alcoholic drink—a whole drink, not just a sip”) an increase of 8% locally and 7% against the national data.</p>
<p>Increase the number of 13-year-olds who believe it is “okay” for someone their age to “try smoking to see what it’s like” by 10% locally and 5% nationally.</p>	<p>An 11% increase in the number of 15-year-olds who said they had drunk alcohol in the week prior to the survey was accompanied by a 9% increase against the national data. On Planet Youth (2022), 53% of S3 and S4 students reported using alcohol in the last 30 days, compared to 41% in Scotland.</p>
<p>Planet Youth (2022) reported a 3% increase in the number of 13-year-olds using e-cigarettes once a week or more and a 4% increase in 15- year-olds, 25% of S3 and S4’s reported using e- cigarettes within the last 30 days, compared to 23% in Scotland. 7% reported using e-cigarettes daily.</p>	<p>A 15% reduction in the number of 13-year-old respondents reporting that they had never been drunk is offset by a 15% increase in this population saying that they had ever been drunk.</p>

Table 6: Summary of findings relating to substance use and mental health

Drugs	Mental Health
90% of 13-year-old respondents had never tried any drugs.	37% of 13-year-olds and 45% of 15-year-olds had an overall borderline or abnormal score.
37% of 15-year-olds felt it was “okay” for someone their age to “try taking cannabis to see what it’s like.” This is a substantial increase locally of 21%.	A 29% increase in both 13 and 15-year-olds had a borderline or abnormal score for emotional symptoms.
12% of 13-year-olds felt it was “okay” for someone their age to “try taking cannabis to see what it’s like.” This is a local increase of 10%.	Planet Youth (2022): 51% of S3 and S4’s reported harming themselves on purpose.
A 15% increase in 13-year-olds reporting they had been offered drugs locally, equating to 26% of the respondent population.	9% said they had tried suicide in the last 6 months, as opposed to 8% in Scotland.
A general increase in the proportion of 13-year-old (13%) and 15-year-old (12%) respondents reporting being offered cannabis [the most offered drug].	
26% of 13-year-olds reported they had been offered drugs.	
19% of 15-year-olds obtained their drugs from an older friend on the last occasion they took them, a substantial reduction of 32% locally from 2013.	

Cool2Talk

Cool2talk supplies free, anonymous, and confidential health information for young people. Cool2Talk reported that during the period 2020–2022, an average of 123 questions were asked per year. The questions covered a broad range of topics. The most often discussed topics in 2020-2021 were sexual health (26), general health (21) and anxiety (15). 45% of the total questions asked in the year 2021–2022, were assigned to the emotional health topic. In addition, there were 37 questions assigned to the relationships topic; this may have been due to the impact of COVID-19 and lockdowns on young people’s mental wellbeing and their friendships.



Table 7: Planet Youth (2022) findings of peer pressure relating to substance use and mental health

Peer Pressure

Planet Youth (2022) S3 and s4s agree it is necessary to engage in the following in order not to be left out.

Substance	S3	S4
Alcohol	16%	11%
Smoking	10%	7%
Cannabis	9%	6%
Vape	11%	8%
Other drugs	6%	5%



Feedback from Young People

As part of developing our plan we asked young people what mattered to them, the following key areas were found:

What Matters To Me

- Being respected and treated equally
- Our voice being listened to
- We have opportunities to be healthy, both our physical and mental health



What We Are Doing Well...

- Supplying clubs and opportunities to take part in different activities.
- Working to ensure young people have a voice.
- Supplying support for young people.
- Providing young people with education.
- Developed our network of local Care.
- Experienced participation groups.

Even Better If...

- We had opportunities to access good support for mental and emotional health.
- People act on the feedback we supply.
- Increased youth opportunities.
- We made sure children and young people's rights are upheld.

Our key Achievements to date

The following section highlights key achievements across the children's services partnership throughout the 2020–2023 Children and Young People's Service Plan.

Early Intervention and Support Children's Health

We have kept above 90% of children having assessments completed at 13–15 months (93.6%) and 27–30 months (92.6%). Breastfeeding rates at 6–8 weeks continued to improve over the last 2–3 years, with the percentage of babies exclusively breastfed at 6–8 weeks still being stable at 44%, which exceeds the national target of 32%. Agencies have been working together to address child poverty concerns and ensure vulnerable families are less likely to be missed. Families who do not take part are encouraged to do so when they face adversity or a crisis.

Addressing Non-Attendance (ANA)

The Addressing Non-Attendance (ANA) training and resource package was developed to build the knowledge and skills essential for those who support school non-attenders across all stages of the process and with all types of school refusal and to enhance partnership working between schools, agencies, and the third sector.

Non-attendance is one of the biggest problems facing schools, and inequalities are worsened by the impact of COVID-19 and the cost-of-living crisis. In 2022, training was delivered to three pilot secondary schools and their identified partners. Work is ongoing to find the next cohort through readiness discussions and preparatory tasks.

Mental health and wellbeing Perinatal Health Service

The Perinatal Mental Health Service has been live since December 2021. Working closely with services in NHS Greater Glasgow and Clyde, including the mother-baby unit, the service provides consultation, triage with expectant mothers, and staff training.

Trauma-informed workforce

In 2019, Argyll and Bute Children's Services were selected by the Scottish Government as one of three areas to develop approaches to implementing the delivery of high-quality and sustainable trauma training across the children's workforce, including carers. The collaboration between education, psychology services, social work, CAMHS (Child and Adolescent Mental Health Service), and the third sector has been central to the delivery of this trial. Following a successful launch event held in Dunoon in December 2019, and despite the circumstances of the pandemic, we have successfully rolled out training across the workforce. At our Trauma Conference in November 2022, we celebrated our success and looked to the future with 135 practitioners, caregivers, managers, and young people. This conference celebrated the changes to practice which are making a difference to children, young people, and families, through the meaningful participation of young people, the work of the Family Placement Team, our nurturing schools, engagement with dyadic developmental practice and we have committed to further embedding our trauma-responsive children's services and children's workforce as a key strategic priority for the 2023–26 plan, supported by the appointment of a trauma training coordinator to help embed training across services.

Consultation with LGBTQ+ young people

The Educational Psychology Service has launched a consultation survey to gather the views of young people who identify as LGBTQ+ and explore their feeling of mental health support services and how support could be improved. The results and recommendations of this research will be shared with schools across Argyll and Bute and with the wider education community to raise awareness of the successes and challenges raised. It is hoped that this research will help make schools a more positive, safe, and inclusive place for all pupils to learn.



Our Children Their Nurturing Education (OCTNE)

OCTNE supports schools to become nurture and relationship-based communities by supplying a framework underpinned by self-evaluation and an accreditation pathway to recognise development. The most recent cohort expanded OCTNE to include early-years establishments. This is supported by a principal teacher of nurture and two nurture teachers who supply direct support and supervision to educational establishments through a coach-consult model. The support supplied allows establishments to work towards nurturing accreditation to show how learning has changed practice.

The following has been achieved:



Our Children Their Nurturing Education was chosen for inclusion in Health and Wellbeing: A Thematic Review, which highlights case studies of effective practice. Link - [Health and wellbeing: a thematic review \(education.gov.scot\)](https://www.education.gov.scot/health-and-wellbeing-a-thematic-review)

Counselling in Schools

The Counselling in Schools service, delivered in partnership between Argyll and Bute Council and NHS Highland, was accessed by 751 young people between 2021 and 2023. Following review of the service and consideration of data, Argyll and Bute Council commissioned a new provider for counselling in schools, which will include both 1-1 counselling and group work interventions as right.

Therapeutic Counselling Services will now provide school based counselling in Argyll and Bute. Therapeutic Counselling Services is an organisation dedicated to supporting mental health, emotional wellbeing and psychological resilience. The TCS group provides specialist services to children, young people, families and adults of all ages and is an organisational member of the British Association of Counselling and Psychotherapy.

UN Convention on the Rights of the Child

In 2023, the Scottish Government will deliver on its promise to integrate the UNCRC into Scottish law. The UN Convention on the Rights of the Child (UNCRC) is the children's rights treaty that informs all the work laid out in this Children and Young People's Service Plan. It sets out the rights that all children and young people in Scotland have and outlines what children need to give them the best chance of growing up happy, healthy, and safe.

The Improvement Service has produced a "Getting Ready for UNCRC Incorporation Framework" to aid local authorities, which sets out 11 key areas that must be considered. These include involving young people in decision-making, having a suitable complaints procedure, and producing information and materials in child-friendly versions.

It should be noted that these will apply to all departments of the council, not just those that work directly with children. Local authorities must also produce a Children's Rights Report every 3 years, and we will do this in April 2023.

Leadership is key to the implementation of the UNCRC, and leaders at all levels will be able to confidently speak about the importance of children's human rights and convey this message to others in a way that is meaningful. Corporate and strategic level plans will make an explicit commitment to children's human rights, including the participation of children and young people in decision-making. Training will be given to managers and staff as part of the council's action plan to achieve effective implementation and ensure the rights of all our children and young people in Argyll and Bute.

Co-production and Children and Young People's Voice

In line with the integration of the UNCRC into Scottish legislation, The Children and Young People (Scotland) Act 2014 covers a broad range of areas but has the primary goal of supporting the Scottish Government's ambition "for Scotland to be the best place to grow up in" and for children and young people to be "at the heart of planning and delivery of services and ensuring their rights are respected" (Scottish Government, 2013). The Act places the UN Convention on the Rights of the Child on a statutory footing in Scotland and, in doing so, looks to create the conditions for children and young people to know about and exercise their right to have a say in decisions that affect them. With a strong focus on person-centred care and co-designing and delivering services to meet the needs of children and young people rather than services that they need to fit into, there is a strong emphasis on co-production principles within this legislation.

Public services need to be co-designed, commissioned, delivered, and co-assessed in ways that value the contributions, experience, skills, and knowledge of the people who use and need the service. There are already some notable examples of co-production happening in Argyll and Bute and increasing evidence of its positive impact. The Youth Advisory Panel and four Champion's Boards are now well proven, with progress being made towards their involvement in practice and policy decisions on an ongoing basis. Some of Argyll and Bute's care-experienced young people have also developed their own communication platform after feeling dissatisfied with a nationally developed app. However, there is still untapped potential within our communities. This potential will only be realised through the Argyll and Bute HSCP (Health and Social Care Partnership) working with the young people who use services, making the most of their combined assets and shared desire to achieve better outcomes for children, young people, and communities.

The development of the Youth Advisory Panel has increased the engagement of children and young people and their understanding of the 2020–23 Children and Young People's Service Plan. We have formed a network of community care experienced participation groups. With the support of our participation officer and Educational Psychology team, we are growing in confidence and beginning to shape and inform practice and policy development.

Equality and Diversity

Child Poverty

Tackling child poverty is recognised in Argyll and Bute as key to ensuring the happiness and wellbeing of our children and young people and ensuring the best probable future outcomes for them. A Child Poverty Action Group is chaired by the HSCP (Health and Social Care Partnership) Chief Officer and works to ensure effective, multi-agency working between its partners, which include the Council, Health Board, Education, and the Third Sector. A child poverty action plan has been in place since 2019, and this is reviewed annually with children, young people, and other stakeholders consulted during this process. Child-friendly versions of the plan are produced and shared widely.

Work around communications, engagement, and child poverty data is taking place to ensure a better understanding of local challenges and barriers to reducing child poverty. It is the aim of the group and its members to meet the Scottish Government's target for national child poverty reduction in 2023, set at 18% relative poverty. Child poverty in Argyll and Bute has decreased from 20.7% in 2014–2015 to 18.9% in 2020–2021. While the difficulties are acknowledged, given the current cost-of-living crisis, this is regarded as an important target.



Mentors in Violence Prevention

In January 2022, Argyll and Bute set up the Violence against Women and Girls Project Board, engaging staff across the local authority. In line with this work, Education has been extending the development of the Mentors in Violence Prevention Program that had been set up initially in two schools in 2019. The peer mentoring programme addresses unconscious bias as well as gender-based issues. A multi-agency partnership approach has been taken to the development of this secondary school program, with three schools having set up the programme and another three developing it. Delivery is supported by partners in Police Scotland, CLD, the NHS, and Argyll and Bute Rape Crisis. A development plan is in place to ensure that this programme is rolled out to all schools by 2025. This project addresses some of the issues raised in the Children's Parliament Report published on October 22 in relation to gender equality in education and learning.

In addition to Equality Training for all Argyll and Bute employees, Education has developed an Equality and Diversity CLPL strategy to increase engagement in professional learning and ensure that staff can support the needs of children and young people. Equality and diversity training has been introduced into the professional learning of probationary teachers. The Argyll and Bute Equality Forum ensures that the local authority and HSPC continue to work together to address equality issues. Work is taking place within education to refresh the LGBTQ+ network and to work towards a consistent framework that allows schools to measure their progress in this area of work.



Relationships, sexual health, and parenthood (RSHP)

The introduction of the national RSHP curriculum in 2019/20 has presented challenges for education delivery due to the periods of lockdown. Gaps in this provision were identified as a priority by the Youth Advisory Panel. Education and NHS staff have been working together to supply support and resources to schools in the delivery of the national RSHP curriculum. A newly established working group will focus on ensuring consistency of provision across the NHS Highland region.

Young carers

The Carers (Scotland) Act 2016 requires Argyll and Bute HSCP to provide all young carers with a Young Carers Statement and support tailored to their specific needs. To meet the requirements of the Carers (Scotland) Act 2016 and to support our young carers in Argyll and Bute, we have taken steps to promote awareness of young carers in Argyll and Bute, including the development of an app to support the completion of young carers' statements.

Awareness sessions and information have been shared with all stakeholders, including children and young people. A poster aimed at identifying and encouraging young carers to seek help has been created to raise awareness about them. To improve awareness and support, processes have been implemented within education to ensure young carers can be recorded on SEEMiS.

Throughout this development, we continue to ensure that Young Carers voices are heard and will continue to be heard as we move forward with youth participation. The Carers Centres, which are contracted to carry out the responsibilities of the Carers (Scotland) Act 2016 and the Young Carers Statements, have excellent relationships with Argyll & Bute HSCP.



CYPSP 2023–2026 Priorities

Our CYPSP priorities are underpinned by GIRFEC and supported by several key delivery plans and performance measures.

- Young people are encouraged to keep a healthy weight and increase their physical activity.
- Families are aided and directed to ensure that welfare benefits, Healthy Start vitamins, and vouchers are utilised.
- Preschool children meet their developmental milestones before starting school.
- Children and families are provided with effective support to maximise income and help reduce the adverse impacts of growing up in poverty.
- Children and young people are supported to make informed choices about sexual health.
- Partners work together and actively seek out and listen to the views and experiences of children, young people, and their families. The feedback shows key areas for improvement to ensure that their health and well-being requirements are met.
- Partners collaborate to develop and sustain breastfeeding communities in their communities.

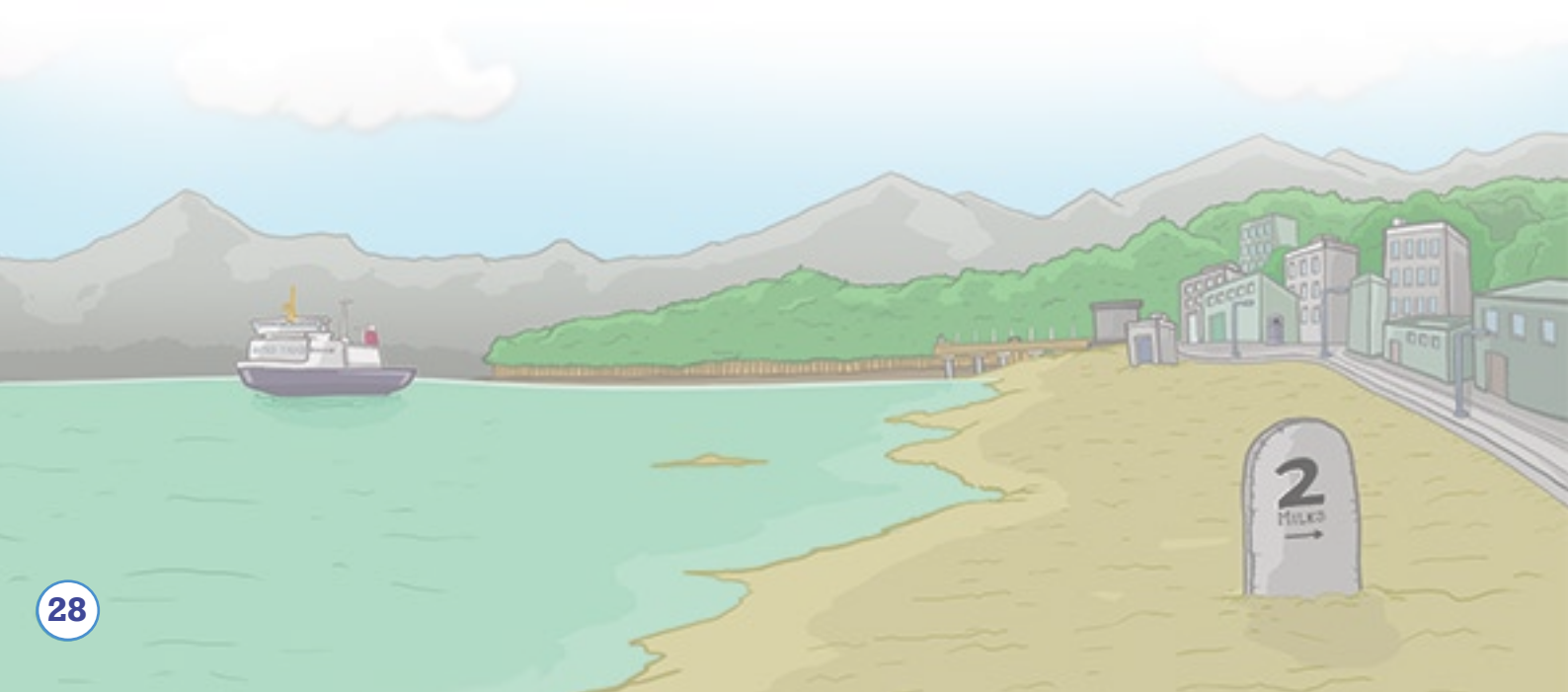


CYPSP Priority 1: By ensuring Getting it Right for Every Child is central to our core working practice we are getting it right for our children and young people

Children's services are delivered through integrated systems, and strong, respectful, and collaborative leadership is an essential part of this. "*Getting it right for every child*" (GIRFEC). This is the golden thread that encompasses all our partnership work, it supplies a shared approach and framework for professional standards.

The following high-level, multi-agency aims support this:

- **An improved partnership approach to service delivery will result in better outcomes for children, young people, and their families.**
- **Ensure that children and their families are fully engaged in decision-making and able to contribute to their support and learning.**



CYPSP Priority 2: Our children and young people have access to early help and support

Outcome 4 priority – Child Poverty

Effective early help is essential to improving the life chances of children, young people, and their families. The aim of the early help and support priority is to build capacity in communities that will prevent crime, support education, and keep children, young people, and their families healthy and safe.

The following high-level, multi-agency objectives support this:

- The Child Poverty Action Group will coordinate child poverty work in Argyll and Bute and help interagency cooperation.
- The Child Poverty Action Group will consult and work with children and young people on the Child Poverty Action Plan and ensure that the local authority reporting duties on this plan are met.
- The Employability Team's overarching objective is to ensure suitable opportunities for individuals of all ages and abilities based on tackling socio-economic disadvantage, removing inequalities, and removing multiple barriers to securing sustainable employment.
- Young carers and their families will have access to information and resources tailored to their specific needs. Young carers and their families are more likely to experience higher levels of child poverty and therefore should be supported in maximising income.
- Families with children and young people, as well as young people living independently, can access housing support services. Support services give recipients the tools to help them in sustaining their tenancies, helping to reduce the number of failed tenancies and homelessness applications. Assisting children and young people to remain in their homes, communities, and schools is a key element in mitigating child poverty.

CYPSP Priority 3: We improve the mental health and well-being of our children and young people

Outcome 4 priority – Engagement

Our key focus is to improve the lives of children and young people by supporting them to achieve the best possible outcomes for their emotional wellbeing and mental health. It is critical to create a new culture around children and young people's emotional well-being and mental health that supports and enables resilience while also ensuring access to specialist services.

The following high-level, multi-agency objectives support this:

- The development of added support for new mothers, where we know that many experience a variety of mental health needs and challenges that can be supported by universal services, while some mothers will benefit from or require specialist help and intervention. These are to be informed by attachment-led practice and trauma-informed approaches to understanding need.
- Ensure that children and young people can access early mental health, wellbeing, and counselling support at school and in their communities.
- Argyll and Bute have a trauma-informed children's and young people's workforce with consideration of needs at the point of transition into adult services.
- The partnership will improve assessment pathways for children, young people, and their families with neuro-developmental conditions.
- Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while supplying more specialist support where needed.
- Through access to advocacy services Children and young people will be supported in building healthy relationships. embedding trauma-informed principles across our services.
- Extend the work and influence of our care-experienced population through our participation groups.

CYPSP Priority 3: We improve the mental health and well-being of our children and young people

Outcome 4 priority – Engagement

Research indicates that inactive children are likely to become inactive adults, putting young people at risk of developing life-threatening conditions such as heart disease and cancer. There is a mass of evidence demonstrating regular exercise has numerous mental, physical, and social health benefits for children and young people, such as:

- **Improving fitness.**
- **Providing an opportunity to socialise.**
- **Increasing concentration.**
- **Improving academic scores.**
- **Building a stronger heart, bones and healthier muscles.**
- **Encouraging healthy growth and development.**
- **Improving self-esteem.**
- **Improving posture and balance.**
- **Reducing anti-social behaviours.**
- **Lowering stress.**

The Council, through LiveArgyll and other leisure partners, currently invests significant resources in leisure and sport, ensuring access to clubs, groups, and facilities throughout Argyll and Bute.



CYPSP Priority 4: We ensure our children and young people's voice is heard

Outcome 4 priority – Children's Rights

Every child has the right to express their views, feelings, and wishes in all matters affecting them and to have their views considered and taken seriously

(UN Convention on the Rights of the Child, Article 12).



Not only do children and young people have a basic human right to express their opinions on issues that are important to them, but their opinions must also be actively sought out, listened to, and acted upon to make a difference and improve the lives of children and young people.

The following high-level, multi-agency objectives support this:

- The Young Peoples Advisory Panel and Participation Groups will work to ensure that all children and young people are actively engaged and involved in the development of future services.
- The multi-agency focus across schools and communities for children and young people will ensure maximum impact in key areas such as good mental health and wellbeing, personal skills, leadership, team building, and communication.
- Partners will ensure that children and young people have equal and equitable access to real and meaningful outcomes.
- Children and young people's feedback will ensure that multiagency service delivery and support are focused on what is most important to them.

Getting it Right for Every Child

Partners will embrace transformational change to improve service delivery resulting in better outcomes for children, young people, and their families

Objectives

(High Level/ Multi-agency)

- The strategic Children's Services Partnership has oversight of GIRFEC practice and developments.
- Further developing our partnership approach to service delivery will result in better outcomes for children, young people, and their families.
- Children's services workforce plans are embedded in the leadership approach.
- Ensure that children and their families are fully engaged with collective decision making and able to contribute to their support and learning.

Multi-Agency Requirements

(Expectation of key multi-agency partners)

- Partners design and deliver services in line with local priorities and systems.
- Partners continue to develop our GIRFEC practice to ensure it meets local needs and priorities.
- Partners promote and celebrate collective successes, ensuring that children, young people, and their families are engaged with shared learning and can show what works.

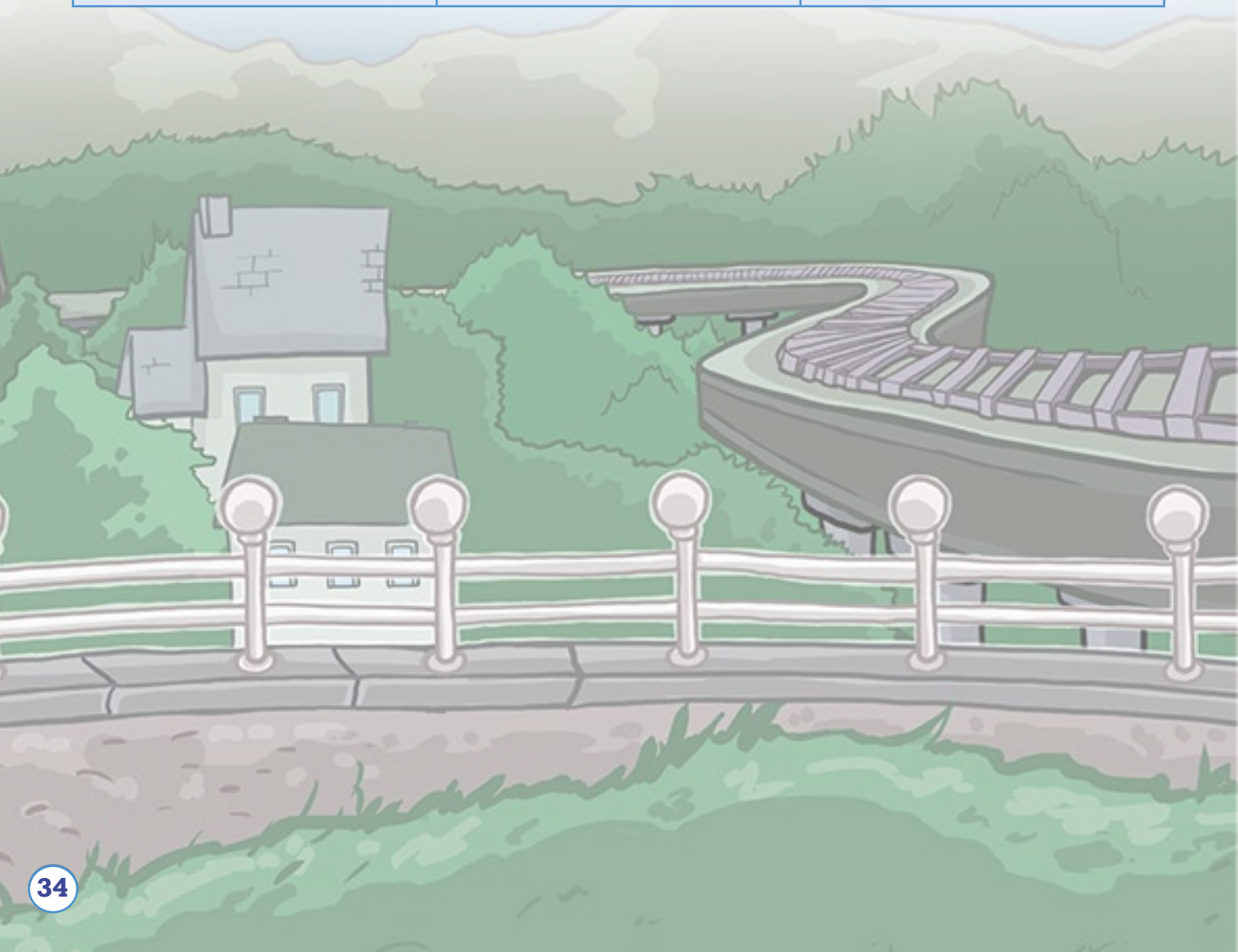
Outputs

(What are we going to deliver as multi-agency partners)

- We have a shared understanding of local systems and processes.
- We can show the refreshed GIRFEC materials sit firmly within the context of our priorities.
- We are working to support staff to ensure a rights-based approach is implemented in practice, so that children's rights are respected, protected, and fulfilled across Scotland.
- We can show collective leadership approaches and developments across the partnership.
- Partners will work together to deliver transformational change in children's service practice.
- Partners will ensure the rights of the child are embedded in the new leadership culture and future service transformation.

Performance and Improvement

Short-term Outcomes expected at 12 months	Mid-term Outcomes expected at 24 months	Long-term Outcomes expected at 36 months
Improvement programmes are designed around key priorities found in the GIRFEC support evaluation.	Evidence of improvements in GIRFEC practice and delivery of services are embedded in children's services.	Transformational change is embedded across children's services.
Partners work collectively to review current systems and processes and reduce bureaucracy.	Streamlined systems and process result in partners having the ' <i>One Child, One Assessment and One Plan</i> ' approach to service delivery.	Improved service delivery and better outcomes for children, young people, and families.
The voices of children and young people are clear in all aspects of children's service delivery.	Feedback on successes and what is not working.	Children and young people report they contribute, take part, and engaged in children's services activity.



Early Help and Support

Children and young people's views and opinions inform future development and improvements

Objectives

(High Level/ Multi-agency)

- Families are supported and signposted to ensure uptake of welfare benefits and health start vitamins and vouchers.
- Ensure pre-school children's assessments at key ages and stages are carried out.
- Children and families are provided with effective support to maximise income and help reduce the adverse impacts of growing up in poverty.
- Families are supported to optimise Infant mental health and wellbeing.
- Partners work together and actively seek out and listen to the views and experiences of children, young people, and their families. The feedback shows key areas for improvement to ensure their health and wellbeing needs are focused on.
- Partners work together to ensure breast feeding communities are developed and sustained in the community.
- Children and young people are supported with dietary choice to keep a healthy weight and increase physical activity.

Multi-Agency Requirements

(Expectation of key multi-agency partners)

- Partners need to ensure services for children and young people promote shared ownership.
- Partners shift from single agency working to working co-productively in the community.
- Partners work together to find pre-school children needing support early.
- Partners embrace the role of the Named Person and Lead Professional in the Child's Planning process to ensure SMART outcomes are achieved.

Outputs

(What are we going to deliver as multi-agency partners)

- We aim to develop an 80/20 focus across services to ensure that there are 80% universal general services and 20% for specialist services.
- Partners will work together to increase the number of mothers supported to breast feed in their communities.
- Increase the number of children 2 years or younger accessing services to support them to reach their developmental milestones.
- Partners provide early support with regards to alcohol and drug education and support in primary and secondary schools.
- Partners will work together to support children and young people to adopt healthy lifestyles.

Performance and Improvement

Short-term Outcomes expected at 12 months	Mid-term Outcomes expected at 24 months	Long-term Outcomes expected at 36 months
Ensuring relevant assessments at key ages and stages are carried out.	Ensure early help and support is put in place. Use the Model for Improvement to develop tests of change and ideas to promote and improve child development.	85% of pre-school children meet their developmental milestones resulting in better outcomes for children.
Ensure there is an effective Child Poverty Action Plan in place that finds and looks to meet local need.	Review the plan and ensure that partners are delivering on their key priorities.	Reduction in the number of children in poverty or establish a clear understanding of barriers preventing this.
Children and young people have a better understanding of what safe and healthy relationships look like.	Children and young people feel more positive about their health, wellbeing and developing relationships.	Children and young people feel supported to adopt healthy lifestyle choices.
Raise the profile of breast feeding across communities.	Ensure that breast feeding rates are improved and sustained.	Argyll and Bute communities are breast feeding friendly.
Children and young people are able equipped to make informed choices about their nutritional intake and activity levels which optimise physical health.	Children and young people are supported enabled to make good lifestyle choices with respect to maintaining a healthy weight and can access right services to aid them to do so when needed.	A reduction in childhood obesity levels following the national ambition to halve child obesity in Scotland by 2030 and to significantly reduce diet-related health inequalities, set out in Scottish Governments Healthy Weight Delivery plan.
		A healthier future: Scotland's diet and healthy weight delivery plan - gov. scot (www.gov.scot)

Mental Health & Wellbeing

Children and young people will enjoy good mental health and wellbeing in their schools and community

Objectives

(High Level/ Multi-agency)

- Ensure that children and young people can access early mental health, wellbeing and counselling support at school and communities.
- Argyll and Bute have a trauma informed children and young people's workforce with consideration of needs at key points of transition into adult services.
- The partnership will improve assessment pathways for children, young people, and their families with neuro-developmental conditions.
- Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while providing more specialist support where needed.
- Through access to advocacy services, care experienced children and young people will be supported to build healthy relationships.

Multi-Agency Requirements

(Expectation of key multi-agency partners)

- Partners will work collaboratively to ensure collective outcomes and ownership.
- Services for children and young people will be supported by the partnership and provide evidence of this happening.
- Partners will work collaboratively to review assessment pathways for neuro-developmental conditions in line with national guidance.
- Services and support will focus on upstream preventative activities for children and young people's mental health and wellbeing including the provision of counselling through schools for children and young people from 10 years of age.
- Children and young people experience better and more robust transitions across services and agencies.

Outputs

(What are we going to deliver as multi-agency partners)

- Children and young people experience supportive relationships at school and in the community.
- Children and young people will feel supported through safe, nurturing relationships provided by a trauma responsive workforce.
- Children, young people with neuro-developmental conditions, and their families, will receive the support they need in schools and communities, based on a robust assessment of need, risk and vulnerability.
- All children, young people and their families will have equal access to emotional wellbeing support in their communities, through well understood pathways including more targeted support for parents and access to parenting programmes.
- Partners will work together to ensure a universal system approach to community wellbeing is embedded in our culture.

Performance and Improvement

Short-term Outcomes expected at 12 months	Mid-term Outcomes expected at 24 months	Long-term Outcomes expected at 36 months
<p>Early help and support are available and easily accessible through clear pathways to access nurture support, school nursing, educational psychology, school counselling and primary mental health workers.</p>	<p>Children and young people report they understand the mental health and wellbeing support that is available, and can access this when they need it.</p>	<p>Children and young people, families and partners, report that early help and support for mental health and wellbeing is affecting positively on outcomes.</p>
<p>There is a shared understanding, knowledge and confidence of trauma across all partners including how it affects children and young people's lives. Partners can begin to demonstrate the resulting changes to service delivery.</p>	<p>Through a sustained programme of training, partners are trauma responsive and can show this in the actions taken to support children and young people.</p>	<p>The impact of trauma is well-understood, and this is clear through training, policy, and practice across partners leading to improved outcomes for children, young people, families, and staff.</p>
<p>Partners work together to review and standardise pathways of care for children and young people with neurodiversity.</p>	<p>The revised standards and pathways of care around neurodiversity are in place and implemented across agencies.</p>	<p>Young people and families report that standards are improved, due to robust pathways being in place for children and young people with neuro- developmental conditions.</p>
<p>Advocacy services are easily accessible for care experienced children and young people.</p>	<p>Children and young people are routinely using and reporting a benefit from advocacy services.</p>	<p>Children and young people report that accessing advocacy services influences planning to meet their needs.</p>

Children and Young People's Voices

Children and young people's views and opinions inform future development and improvements

Objectives

(High Level/ Multi-agency)

- The Young Peoples Advisory Panel work to ensure that children and young people are actively engaged and involved in the development of future services.
- The multi-agency focus across schools and communities for children and young people will ensure maximum impact in key areas such as; good mental health and wellbeing, personal skills, leadership, team building and communication.
- Partners will ensure that children and young people have equal and equitable access to real and meaningful outcomes.
- Feedback from children and young people will ensure multiagency service delivery and support is focussed on what really matters to them.

Multi-Agency Requirements

(Expectation of key multi-agency partners)

- Multi-agency awareness training with regards to understanding and applying the UNCRC (United Nations Convention on the Rights of the Child) Children's Rights Plan (Appendix 2).
- There is a partnership approach to building capacity with regards to recruitment, training, and commissioning of services.
- Individual service planning reflects actions arising from feedback from children and young people.

Outputs

(What are we going to deliver as multi-agency partners)

- Feedback and engagement for the life of the plan from the Young Peoples Advisory Panel will build trusting relationships.
- Ensure that young people can have their voices heard at the Integrated Joint Board (IJB) and CPP through the involvement of representatives such as School Pupil Councils, MSYPs and Youth Forums.
- Findings from the SALSUS and Well-being Survey will ensure partners respond to the voices of children and young people.

Performance and Improvement

Short-term Outcomes expected at 12 months	Mid-term Outcomes expected at 24 months	Long-term Outcomes expected at 36 months
Young Peoples Advisory Panel is created.	Methods to engage children and young people are designed and tested by the Away Team and the Young People's Advisory Panel.	Children and young people are engaged and co-designing the next CYPS Plan (2023/27).
The Young Peoples Advisory Panel will be invited to attend a Argyll & Bute's Children Strategic Group development session to update them on the work of the Young Peoples Advisory Panel.	Invite the Young Peoples Advisory Panel to present progress at the Community Planning Partnership.	Children and young people are involved in creating the new 2023 – 26 CYPSP Plan including animated version and one page document.
The findings of the Independent Care Review are taken forward within a multiagency approach.	The findings of the Independent Care Review are embedded in practice across the partnership.	The lives of care experienced children are improved.



Getting it Right for Every Child in Argyll and Bute

Argyll and Bute are fully committed to Getting it Right for Every Child and ensuring the well-being needs of our children, young people and their families are met.

Some of the services and actions to deliver services from across the partnership are set out below:

Safe

Safe: Protected from abuse, neglect, or harm at home, at school and in the community.

- Deliver positive community safety initiatives for young people and their parent/carers.
- Develop supports for young people eligible for Through care and Continuing Care so that young people can access nurture and care when needed to ensure they feel nurtured and cared for when they most need it.
- Implement the recommendations from the Independent Care Review (Scotland).
- Support young people in children's houses in their development, well-being and to achieve positive outcomes.
- Develop early intervention supports and clear pathways for vulnerable young people experiencing poor mental health.
- Roll out of the Safe and Together model to promote safety in child protection where domestic violence is a factor and ensure that more children still are safe and together with the non-offending partner.
- Through commitment to prevention, early intervention, and effective use of multi-agency Child's Plan meetings, support for individual children can often be put in place on a voluntary basis where families engage positively with services. By implementing this structure, we have strengthened our processes and systems for safeguarding and protecting children.
- Getting it Right Antenatally: Early intervention and targeted support for parents is provided through the pre-birth pathway and GIRFEC principles. The named midwife co-ordinates a care plan throughout pregnancy with families and involvement of wider team if necessary. The pathway supports the prompt completion of assessments and early convening of Antenatal Planning meetings or Child Protection Case Conferences.
- Adverse Childhood Experiences (ACEs) and Trauma: A significant amount of work has already been undertaken in relation to ACEs. To support the ACEs agenda and address the barriers that those affected by trauma can experience we are building a trauma informed workforce to enhance understanding and awareness of trauma practice across our children's services workforce.

Healthy

Healthy: Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy, safe choices.

- Increase confidence and capacity in the workforce by providing staff development opportunities in nurture, relationship-based approaches, and low-level anxiety management approaches.
- Ensure priorities for children's mental health and wellbeing are actioned.
- Ensure proper access to health visitors and school nurses and that relevant priorities are implemented.
- The Best Start Programme recognises that maternity and neonatal care services are the foundations of health and wellbeing. In line with the principles of GIRFEC, antenatal mothers in Argyll and Bute have a named midwife and friend midwife which provides them with a continuity of planned antenatal care package.
- The blending together of two programmes has resulted in a high number of families attending Incredible Years (IY) Parenting Programmes. The Changing Lives Initiative (CLI) a community-based research project creates a better understanding about ADHD (attention deficit hyperactivity disorder) and provides an IY intervention programme for families with children (age 3-7) experiencing behaviours consistent with ADHD. CLI and the Psychology of Parenting Programme (POPP) provide opportunities for staff across the partnership to deliver either the IY or Triple P parenting programme.

Achieving

Achieving: Being supported and guided in learning and in the development of skills, confidence, and self-esteem, at home, in school and in the community.

- Improve early education intervention approaches to support the development of children under 5 years old.
- Improve educational attainment for all children and young people.
- Work in partnership to improve positive destinations for young people in our most deprived schools and communities.
- Work with partners to improve positive destinations for your people who have care experience.
- Support all young people to achieve and sustain positive destinations.
- Improve outcomes for children and young people with additional support needs.
- Addressing Non-Attendance (ANA).

Nurtured

Nurtured: Having a nurturing place to live in a family setting, with additional help if needed, or where not possible, in a suitable care setting.

- Early identification of vulnerable pregnant women with access to and support through community/hub/team around the family model.
- Provide intensive family focussed support to families who are experiencing crisis and where possible prevent family breakdown.
- Continue the work of the Permanence and Care Excellence (PACE) programme to avoid drift and delay in permanency planning.
- Take opportunities to engage with The Promise initiative to improve the care system.
- OCTNE.

Active

Active: Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development at home, including school and in the community.

- Through Active Schools, leisure programmes and local sports clubs' children of all ages and abilities can be active by taking part in a range of sports and physical activity both indoors and outdoors.
- Provide opportunities for participation in the Duke of Edinburgh Award scheme.
- Free discounted access to leisure facilities for care experienced children and young people.

Respected and Responsible

Respected and Responsible: Having the opportunity to be heard and being involved in decisions.

- Implement the UNCRC (United Nations Convention on the Rights of the Child) at a local level and ensure that children's rights are at the heart of everything we do.
- Our Child Poverty Action Plan sets out how we will work together to reduce child poverty.
- Reduce the poverty related attainment gap through use of targeted interventions and supports – including the use of Pupil Equity Fund.
- Implement the recommendations from the Independent Care Review (Scotland).
- Implement secure care standards.
- Provide advocacy for care experienced children and young people.
- Continue to increase the number of schools with Rights Respecting School status.
- Listen to children and young people's views and the issue that affect them.
- Implement the Champions Board Steering Group.
- Develop enhanced support for care experienced children and young people at the point of transition.

Included

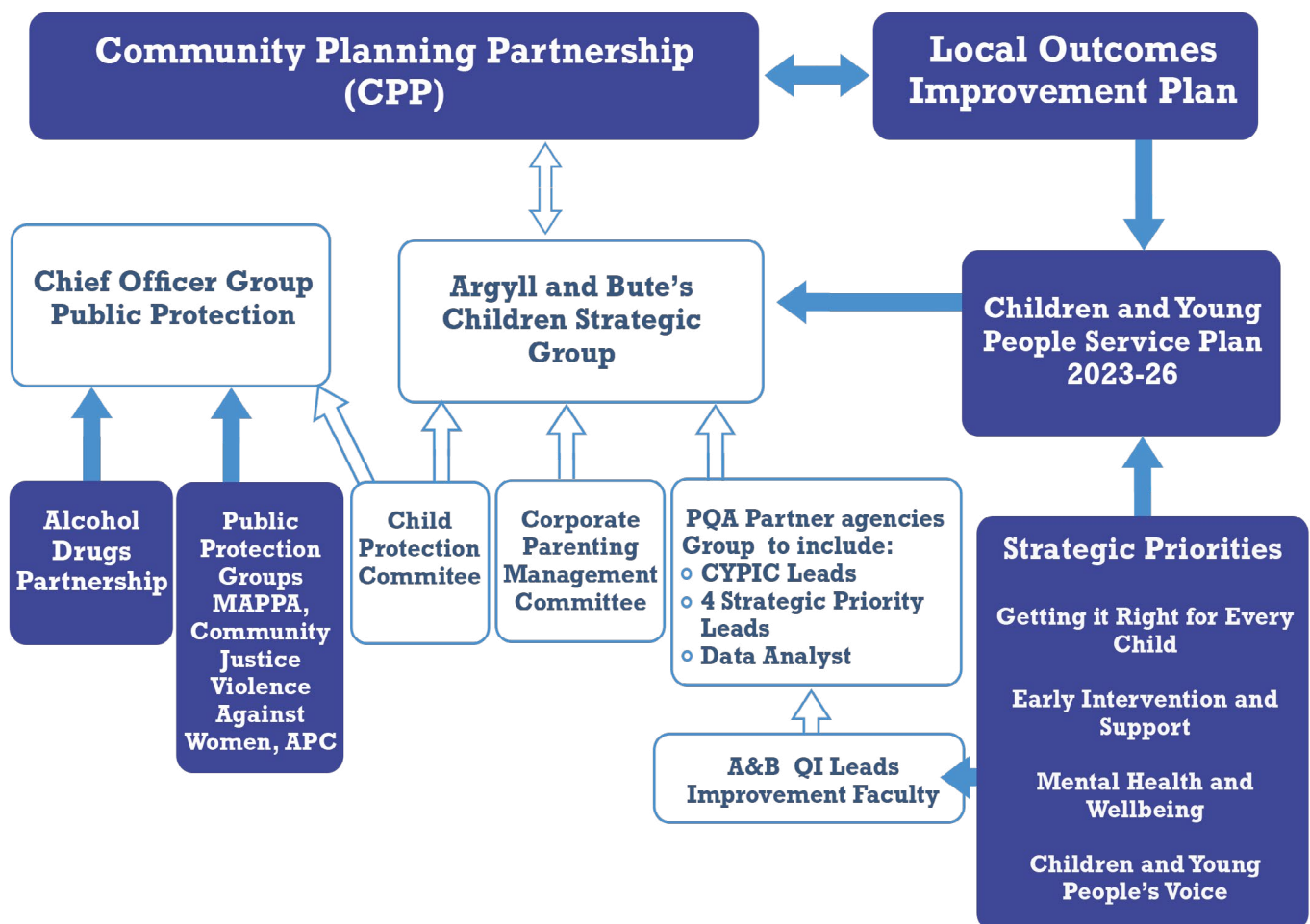
Included: Having help to overcome social, educational, physical, and economic inequalities and being accepted as part of the community in which they live.

- Ensure that Equality and Socio-Economic Impact Assessments are carried out and children's needs and rights are fully considered.
- Deliver key actions found in the Child Poverty Action Plan.
- Ensure families can access benefits maximisation advice and support.
- Implement the Young Carers statement.
- Ensure the Named Person will work closely with Gypsy travelling families to support them to access services.

Governance, Monitoring, and Evaluation

Children Services Governance Structure

Proposed Children Services Governance Structure



Argyll and Bute's Children Strategic group incorporates senior officers from across the CPP (Community Planning Partnership) with the commitment of working together to deliver the priorities and outcomes identified in the plan.

The planning, quality, and performance (PQ&A) subgroup will handle monitoring and reviewing the plan and reporting on its progress delivering to targets using Quality Improvement and the PDSA (Plan Do Study Act) strategic planning cycle.

Argyll and Bute's Children Strategic group meets every 8 weeks and reports progress to the CPP, Community Services Group and Integrated Joint Board (IJB). Monitoring progress against the Children and Young People's Service Plan is a key function of the group and is set out below.

We will review evidence and learning about children and young people's experiences of services from:

- Output reports and improvement actions from regulated and partnership inspections of services for children and young people.
- Feedback from the Young People's Advisory Group.
- Performance data and trends relating to children and young people's outcomes in respect of education, health, social care, and justice.
- Talking directly to children, young people, parents, and carers, listening to what they say and acting on it.

Developing services together to better achieve outcomes by:

- Reviewing the Children and Young People's Services Plan annually, asking 'How good are we now?' 'How do we know?' 'How good can we be?'
- Reporting performance progress against agreed indicators annually.
- Conducting planned shared self-evaluation of partnership service delivery using the Care Inspectorate Performance Framework for Children and Young People's Services: "Care Inspectorate Guide to Evaluating Services Using Quality Indicators".
- Developing refreshed priorities and implementation plans on an annual basis.

Monitoring achievement of the plan:

By adopting logic modelling and setting clear targets for improvement we will measure progress over the 3-year period of the plan.

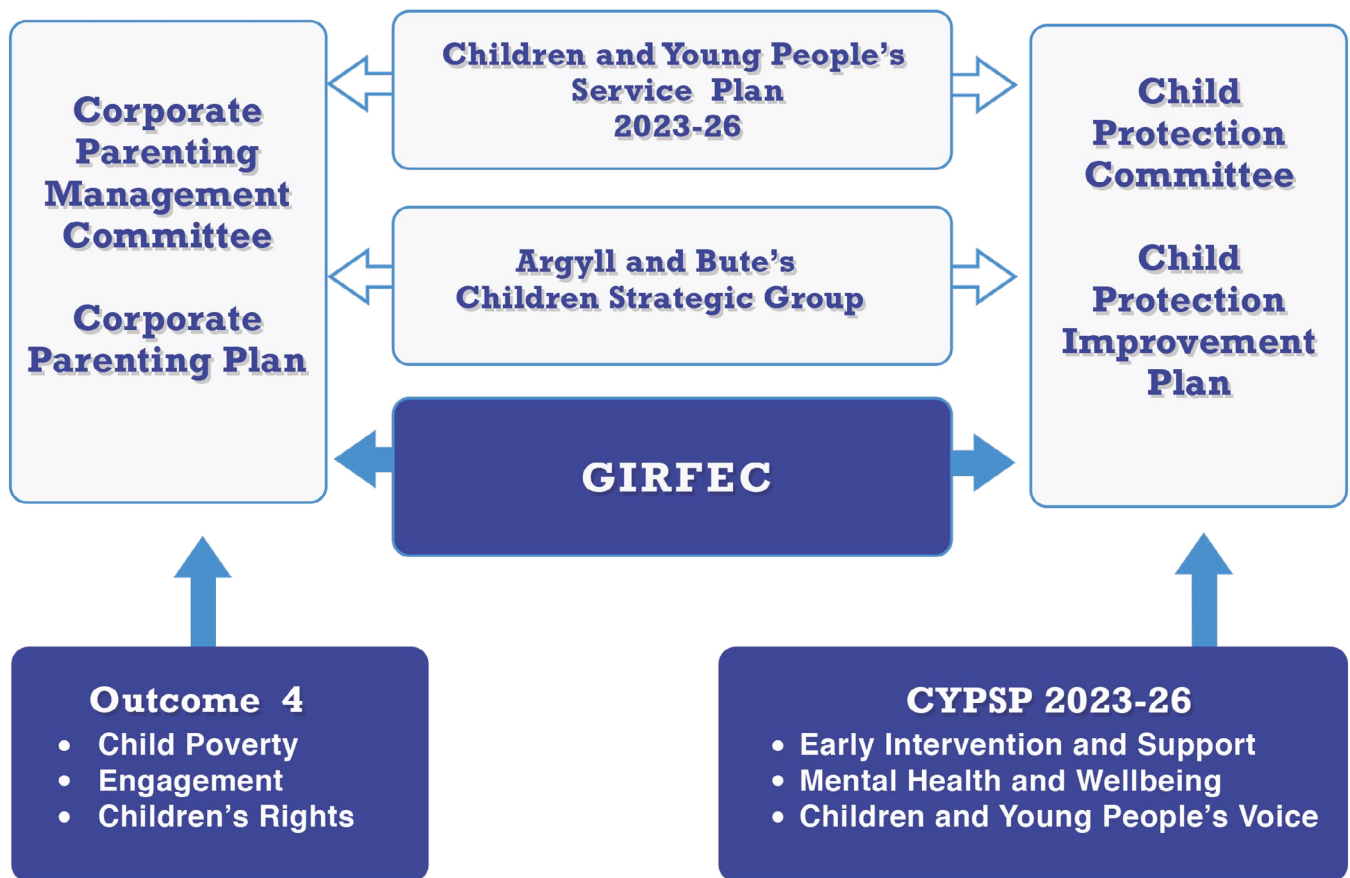
Each of the outcomes will be monitored and reviewed using a range of data sources such as health, education, waiting-list times, qualitative feedback, child protection minimum data set, corporate parenting intelligence, self-evaluation, and other departmental data sources.

This will be achieved by:

- Appointing priority leads.
- Assessing progress of plans through quarterly action reporting.
- Challenging progress, especially where it is not on track.
- Self-evaluation of the services for and **with** children and young people.
- Annually reporting on the progress of plans and achievements of outcomes.



Performance Reporting Framework and Governance Arrangements



Children and Young People Improvement Collaborative (CYPIC)

The Children and Young People Improvement Collaborative (CYPIC) is supporting the Government's drive to make Scotland the best place to grow up by putting the needs of children and families at the centre in line with GIRFEC and the Early Years Framework. The approach uses the improvement methodology that enables organisations to deliver stronger, more effective services that are built on robust evidence of what works in improving outcomes and life chances and to learn from each other about the approaches that are most effective. This approach supports practitioners to test, measure, implement, and spread new and better ways of working to make services more effective and responsive to the needs of children and families.

Quality Improvement (QI)

Quality Improvement (QI) provides a proven methodology for making improvements to practice and ways of working to improve outcomes for children and young people. QI involves working towards a defined aim, gathering, and reviewing measures, and implementing change strategies using rapid cycle improvements. Specific QI tools and processes are used to support testing, implementation, and spread to other localities using the improvement methods and models. These include the Model for Improvement (Mfi), which makes use of incremental change, and a testing model called Plan-Do-Study-Act (PDSA).

Driver Diagram

A driver diagram is a tool that helps translate a high-level improvement goal into a logical set of underpinning goals and projects. It captures an entire change programme in a single diagram and provides a measurement framework for monitoring progress. It is your “theory” about how the system you are working in and wanting to improve works. The driver diagrams provide a visual display and theory to support Argyll and Bute in delivering the priorities identified in the plan.

Argyll and Bute's Children strategic group will support Children and Young People's Services to accelerate better outcomes for children and young people in Argyll and Bute by working in collaboration and using a systematic, integrated and sustained improvement approach on 4 priorities;

1. GIRFEC
2. Early Help and Support
3. Mental Health and Wellbeing
4. Children and Young people's voice.

Strategic Focus

Promote data/literacy knowledge of the system.

Target integrated children's services plan.

Promote shared understanding of priorities.

Optimise partnership working.

Capacity and Capability

Local and National lead level (SCIL/SCLIP) expertise.

Multi agency teamwork based improvement programmes with high impact focus.

Continuous training and support.

Integrated Working

Sense of collaboration and trust.

Shared ownership of the Children and Young People Service Plan.

Shared training and learning.

Skills and confidence.

Spread and Scale

Identify and promote evidence based intervention support packages.

Commit to creating conditions for spread and share planning.

Evidence impact of quality improvement.

GIRFEC

Local leadership commitment.

Positive, credible multi-agency relationships.

Evidence impact of quality improvement.

Partners to our Children and Young People's Service Plan

There are a range of groups and plans supporting the Children's Services Strategic Planning Partnership including:

- Children, young people, and their families.
- Education services.
- Community learning and development.
- Children, families, and justice.
- Third sector representative.
- NHS Highland.
- Live Argyll.

Children's Hearings

In addition to the resources outlined above, the Children's Hearing System plays a key role in child protection, child welfare, and justice. Partners work closely with the Scottish Children's Reporter Administration (SCRA) to ensure that those children and young people who need compulsory measures of supervision are referred to the Reporter at the right time with the right supporting information.

- Education Annual Plan.
- Children and Young People's Services Plan 2017 – 20.
- Children and Young People's Services Plan 2020 – 23.
- Child Poverty Action Plan.
- Children's Rights Plan.
- Corporate Parenting Plan.
- Child Protection Action Plan.
- Integrated Joint Board Strategic Plan.
- Local Outcome Improvement Plan.
- Independent Care Review.
- Community Learning and Development Plan.
- Active Schools Plan.
- Joint Strategic Needs Assessment 2020 - 23.
- Children's Services Commissioning Plan.

Appendix 1 – What our vision means

We work together with our children and young people

For children and young people:

At some point, you may need different people to work together so that you get the help you need. These people might be nurses, teachers, doctors, social workers, police officers, or others. When different people are helping you, you should know who they all are. As well as knowing who is helping, you must also know why they are helping and what they are doing to help you. There will be someone, usually your Named Person, who makes sure you understand what is going on. All these people will work together so that you and your family do not have to keep telling your story repeatedly, fill in lots of different forms, or attend lots of different meetings.

When people like nurses, teachers, and social workers are working together to help you, they will have to tell each other things about you and what is going on in your life. They will usually ask you first if it is all right to do this. Sometimes, though, if they are worried about your safety, they might not ask you. If this happens, they will always tell you that they must share something about you or that they have already done this. Whatever happens, they will only ever tell someone what they need to know to help you.

For parents and carers:

When your child needs support from several different agencies, they will work together in a coordinated way to provide it. You will not have to go around different agencies asking for help and explaining your situation repeatedly. We will work together so that even if services from several agencies are involved, there will still be only one plan for your child. This plan will set out everything that each of the services will do to help. The plan will also set out the things that you will do too. When more than one service is helping you, one of the professionals involved will take on the role of lead professional. They will work closely with the named person to keep you informed about how things are going.

When two or more services are helping your child, a lead professional will coordinate everything. They have oversight of your child's plan and ensure that all the professionals are doing the things they said they would do. When we work together like this, different professionals will need to share information. We will usually ask for your consent and/or your child's consent. However, if there are concerns about your child's safety, we might share information without asking for your consent. We will consider information very carefully before we share it, and we will only share what other professionals need to know.

For those working in children's services:

We need to ensure that our GIRFEC procedures and the roles of the named person and lead professional are carried out effectively. We need to support our culture of effective professional challenge at all levels to continue to improve outcomes for children, young people, and families. We have good multi-agency information sharing guidance for practitioners, and those who work with children, young people, and families should be aware of this guidance and follow it when sharing information.

Our children and young people achieve their potential

For children and young people:

There may be things happening in your life that make it more difficult for you to have the kind of life you want. We understand this. We will not always be able to make the challenges you face go away, but we will do everything we can to help and support you to overcome them.

We know that some children and young people face more challenges than others;

- Have problems at home.
- Be helping to care for a family member.
- Be looked after by the local authority.
- Be in distress.
- Require additional assistance.
- Have a disability.

For parents and carers:

Families can face all kinds of challenges that make it difficult for their children to achieve their potential. As children and young people grow, they can be affected by poverty, low income, poor housing, domestic abuse, substance misuse, parental ill-health, or their own ill-health or disability. These things make them more vulnerable and can affect their ability to achieve their potential.

Many young people will achieve their full potential without any extra help or support. However, the most vulnerable families need additional assistance, so we will direct resources toward them. We know that the most crucial time for child development is during pregnancy and in a child's early years. We will support pregnant women, babies, young children, and their parents. We will provide help as soon as possible for children who might need it to meet their potential.

Your child's "named person" is their health visitor up until they start primary school, when their "named person" is the head teacher. The named person is responsible for supporting you with your child's wellbeing. When your child needs more assistance, their designated person will make the necessary arrangements. If you have any worries or concerns about your child, you can speak with their designated person. They will give you advice and, if necessary, arrange for additional support for your child.

For those working in children's services:

We need to fully understand the impact of and address the issues arising from vulnerability and inequality. We must provide resources and support for those who are at risk of not meeting their potential. We will use the GIRFEC Practice Model to respond to needs and plan support and intervention appropriately and proportionately. Our support planning with children, young people, and their families will be robust and of the highest value in helping them to overcome any barriers they may face.

Our children and young people are safe

For children and young people:

When you are a child, being safe means that you are protected and cared for. When you are a young person, it also means that you know how to keep yourself safe. You do not feel under pressure from others to do things that are harmful or could put you at risk. Everyone who works with children, young people, and families will help you when you may not be safe.

For parents and carers:

Every child and young person should be protected from physical, sexual, or emotional harm, abuse, neglect, or exploitation. They should have a positive state of mind. As children grow into young adults, they should develop confidence and self-esteem. They should feel secure, protected, and enjoy relationships where adults listen to them and act in their best interests.

They should learn how to keep themselves safe and never feel pressure from others to do things that are harmful or could put them at risk. Anyone who works with children, young people, or families will take immediate action if they think a child or young person might not be safe. Our aim is to always work together with parents and carers to help them keep their children safe.

For those working in children's services:

Everyone has responsibility for ensuring the safety of children and adopting a child-centred and outcome-focused approach. When working with adults, you need to be aware of any children they may have and consider the impact of their actions on them.

The needs of the child must always take precedence over those of the adult. The safety of a child must always be your priority, and you must act at once if you have any concerns. You should be aware of and follow your own service's child protection procedures and inter-agency procedures.

We listen to our children, young people, and their families

For children and young people:

We will ask you what you think of the services you use and what we need to do to make them better. We will ask you whether the help you get is making things better for you. We will pay attention to what you say, take your views seriously, and act on them.

When you need extra help and support, you could have a child's plan. Your child's plan sets out what outcomes you need to achieve, what must be done, and who will do it. If you have a child's plan, the people working with you will involve you in talking about what goes in it. You will get to say what you think, and the people working with you will listen and include your views in your plan. When there is a meeting to discuss your plan, you will be asked whether you want to go to it. You can have someone with you to support you and help you make your wishes understood.

For parents and carers:

We will listen to what you tell us about your child, take your views seriously, and act on them where appropriate. When your child needs extra help and support, they could have a child's plan. You will be involved in helping to draw up the plan, and the professionals involved will seek your input.

We want to know what families think about the services that they use and how these could be improved. We will work together with parents, children, and young people to develop and improve our services to ensure that they work for those who use them.

For those working in children's services:

We need to actively engage children, young people, and families and genuinely listen to them to ensure that their views are reflected in children's plans. We need to offer help so that this can happen, such as advocacy services or providing additional support to those with communication difficulties.

We need to know whether children's and young people's wellbeing is improving because of our actions. We need to continue to develop ways of effectively engaging with children, young people, and families about their experiences and using that feedback to inform what we do to improve our procedures, practises, and culture. We need to continue to develop ways to actively promote the involvement of children, young people, families, and communities in the development of the services that they use.

Children, young people, and their families get the right help, from the right people at the right time

For children and young people:

This means that we will look out for children, young people, and families who need help and do something to help them as soon as we can. We will not wait until someone has major problems before we try to help them. We will help them as soon as we can, so they avoid having major problems or before problems get so big that it is hard to fix them easily.

To make sure that children and young people in Argyll and Bute get the right help from the right people at the right time, all children and young people who live here have a “named person” from before they are born up to the age of 18. Your named person is a health visitor. The head teacher will be your named person in primary school. When you are in secondary school, your guidance teacher will be your “named person.”

You can go to your named person for advice when you are worried or when there are things that could cause problems for you. Your named person will do all they can to help you. They may need to arrange for other professionals to support you as well. When you do need extra help, the named person will sort this out for you as soon as possible. This means that you will not have to go round and round with lots of different services trying to get help while things get worse for you.

For parents and carers:

When your child needs help, they should get it as soon as possible. We will not wait until families are struggling before doing something to support them. The right help from the right people at the right time is help that prevents problems from developing or stops them from getting worse. Sometimes all that is needed is advice, someone to talk to about your problems, someone who can offer suggestions on how to manage things like bedtimes, routines, or behaviour. This kind of support at an early stage can help prevent all kinds of difficulties later.

The named person for your child is the key professional in ensuring that your child receives the right help from the right people at the right time. Having a named person means that every parent or carer has someone they know they can go to for support or advice when they are concerned about their child.

For those working in children’s services:

Early identification of adverse childhood events and prompt interventions are features of our most powerful methodologies for supporting children, young people, and their families. This might be an intervention in the early years of life or at any stage when problems begin to appear for a child or young person.

The GIRFEC Practice Model is critical to early intervention and is a driver of positive cultural change. Practitioners need to be confident in their understanding of GIRFEC processes and how they relate to their own roles. When named persons are acting to secure help for a child or a young person, they need to be child-centred, outcome- focused, and confident of multiagency support in their effort.

Appendix 2 - Our Children and Young People's Rights

The United Nations Convention on the Rights of the Child (UNCRC) and Scottish Children and Young People (Scotland) Act 2014 articulate how agencies need to prioritise prevention and early intervention, particularly focusing on early childhood experiences. It is predicted that this will be developed and embedded through the actions named in this plan, the Argyll and Bute Children's Improvement Collaborative, and the Young People's Improvement Collaborative.

Partners in Argyll and Bute are committed to embedding the Articles of the UN Convention on the Rights of the Child at every level of service. Each of the 54 articles outlines in detail the basic rights of every child. These are summarised in four core principles;

- **Non-discrimination.**
- **Devotion to the best interests of the child.**
- **The right to life, survival, and development.**
- **Respect for the views of the child.**

The Christie Commission on the Future Delivery of Public Services emphasises the importance of moving away from high-end services and reinvesting funds. The next three years present unique challenges and opportunities to look at how we can work differently, reducing duplication and encouraging innovation.

The Children and Young People (Scotland) Act 2014 places significant requirements on partners to deliver services differently: an example of this is the "1140 hours" of early learning and childcare commitment for every child. Alongside this is the development of the new Kinship Order, Children's Hearing System, and Health and Social Care Integration, which brings health and social work services closer together to deliver on outcomes for children, young people, and their families.



THIRD SECTOR CHILDREN AND FAMILIES PARTNERSHIP

