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**Report to Argyll and Bute’s Children Strategic Group February 2022**

**The Promise – Where Are We Now – Argyll and Bute Two Years On**

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1. **Overview and Recommendations**

This report is provided as an update progress to date in implementing The Promise in Argyll and Bute two years after its launch.

The Strategic Group is asked to:

* Reaffirm our commitment to #Keep The Promise and to ensuring that in is fully embedded within the next children’s services plan
* Note the positive progress and areas where further action is required
* Identify how the strategic transformational change priorities from the Promise will be integrated into the next children’s service plan
* Partner agencies to identify Promise Champions who will ensure that the aspirations of The Promise are widely understood and progressed within their individual agencies

1. **Introduction**

The Promise was published in Feb 2020 and the Plan 2021-23 in March 2021. This report outlines our progress and commitment to keep The Promise and the actions Argyll and Bute needs to address to ensure we keep The Promise in Argyll and Bute.

In Argyll and Bute we have made keeping The Promise a centre theme of all of our multi agency strategic partnerships and embed the priorities and fundamentals of the Promise within our strategic plans, rather than having another strategic plan to ensure the widest ownership and commitment. In part this recognised that ask from The Promise extends across our care system and into how we support our children their families and our communities.

This report identifies progress against the key priorities of the Promise identified in Change Programme one which we Argyll and Bute’s Children are responsible for. In doing this it is acknowledged that there are a number of changes demanded by The Promise which fall out with our control, in particular those relating to national policy and legislation.

This report focuses on the Plan and priorities form Change Programme one, it does not consider how well we have begun to adopt and embed The Promise Foundations, aspects of culture changes this report consider how well we have so far begun to embed.

It is important to note that we are 2 years into The Promise and less than year on from the launch of the 2021-24 Plan and of Change Programme One. Inevitably this means that there is considerably more to do. Moving into preparation of our next children’s service plan provides a unique opportunity to ensure these are key priority to inform our strategic planning.

Agencies have been invited to contribute to this completion of document and all contributions have been reflected in the relevant sections.

The Promise outlines a 10 year plan – to 2030, to achieve a transformational; change in both care services and in community supports to families and children so that fewer children in Scotland have to grow up in care. The 2021-24 Change Programme One identifies initial priorities as:

* A Good Childhood
* Whole Family Support
* Planning
* Supporting the Workforce
* Building Capacity

This report does not consider progress in implementing the 5 foundations of The Promise:

* Doing what matters to children and families
* Listening
* Mitigating the impact of poverty
* Embedding children’s rights
* De-stigmatising our language

1. **Summary**

The following provides an overview and summary of progress to date and areas for further actionby the Strategic Group.

**3.1. A Good Childhood**

#### Delivering a good childhood is the largest area for action and the one where we can see most progress.

#### Education have made significant progress through the appointment of the principle teacher for care experienced children and health and wellbeing officers. Positive progress has been made not only to reduce exclusion and increase attendance but moving to more nurturing and relationship, supporting transitions and beginning to adopt and embed trauma responsive approaches.

#### Social work have begun to address the challenges of too many brothers and sisters in care being separated, but there remains allot to do and this requires some very significant service redesign and practice changes to ensure that we keep more brothers and sisters together and are better at understanding maintain important relationships.

While police colleagues have implemented nationally lead changes in response to The Promise, our review of youth justice services has been delayed and needs to be progressed on a partnership basis, and to be better supported with data. The Strategic Group needs to consider how we can ensure the youth Justice review if progressed and that we can be assured about access to services including intensive alternative to secure / custody / care services for the very small number who need it.

#### Our advocacy services are effective, well known and easy for our care experienced children to access. The Strategic Group needs to satisfy itself that these remain appropriate and consider whether advocacy needs extending to parents and carers and to children on the edge of care.

Our approach to supporting care experienced children moving on was identified as strength in our last inspection and work is ongoing with Housing partners to further improve access to suitable accommodation. Social work and child health services need to lead a review of the through care and aftercare service to ensure it remains effective, while the strategic group needs consider how it can improve care leavers can access specialist services they need – including mental health services, as and when they need it, and that these services are trauma responsive.

We have not had to use physical restraint in any of our houses for a number of years. We have taken steps to ensure we minimise the use of secure care and that we manage and support our workforce to respond to behaviours in trauma responsive ways and that we progress plans to transform our care to be more loving and trauma responsive. Over 50 staff are being DDP and this will be consolidated into a more strategic approach, reporting to the strategic group.

**3.2. Whole Family Support**

The core of our whole family support approach has been and continues to be based on the GIRFEC practice model which generally works well. There remain significant challenges in providing intensive specialist therapeutic interventions with both children and families who need them and in particular to those on the edge of care. The Strategic Group should identify how this will be progressed through the next children’s services plan.

Work has commenced to develop a viable multi agency intensive family support model for children on the edge of care that reflects the assists and challenges of Argyll and Bute. A model of intensive whole family support needs to be embedded as a core element of the next children’s services plan.

While GIRFEC has delivered a high level of service integration in joint working by practitioners in delivering child’s planning around the child, the Strategic Group needs to understand families journey and experience of services navigating through all children’s services to ensure that strategically our services and approaches are aligned, integrated, easy to access and understandable, across all partner agencies and by working in partnership with those who us our services.

* 1. **Supporting The Workforce**

We have made good progress in developing a trauma responsive workforce and will continue to build on this with a revised training plan and an evaluation of how this is changing how our workforce is changing its responses to children. The challenge for the Strategic Group is developing our leadership role in working to ensure that we review and reshape service to be ever more trauma responsive and that this is embedded within the next children’s services plan; supporting our workforce, teams and mangers to work in ever more trauma responsive ways. The next children’s services plan needs to consider how we will lead, support and develop our workforce in terms of developing and embedding the skills, attitudes and values that are foundations of The Promise.

* 1. **Planning**

Preparing the next children’s services plan gives Argyll and Bute’s Children significant opportunities to progress the more transformational changes in the services landscape required to meet the challenges of the Promise this includes considering how / whether the Human and Economic Cost modelling (HECM) will be embedded into organisational and budgeting processes across the partnership Scotland. And how organisations can work together to spread investment, align budgets and pool resources.

**Detail**

The following mirrors Change Programme One with “what we need to achieve?” lifted directly from this.

**PRIORITY AREA 1 A GOOD CHILDHOOD**

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| 1. **SUPPORT** |
| What do we need to achieve? |
| * Every child that is ‘in care’ in Scotland will have access to intensive support that ensures their educational and health needs are fully met. * Local Authorities and Health Boards will take active responsibility towards care experienced children and young people, whatever their setting of care, so they have what they need to thrive. |
| What have we done? |
| Appointed a Principal Teacher for Care Experienced Children and Young People to lead on improving educational outcomes to oversee their educationAppointment of Health and Wellbeing Liaison officers in each local area to provide intensive support for care experienced children and their familiesImplemented individualised approaches to the education support for all care experienced pupils, and in particular ensured all Care Experienced Pupil s and their families received additional personalised supports through lockdownContinued to support high levels of Care experienced pupil’s attendanceCommenced implementing a Care Experienced CAMHS serviceAppointed a health manager with specific responsibility for care experienced children |
| What more have we committed to do? |
| * Working in partnership between Social Work Education and Skills Development Scotland Improving care experienced Pupils destinations * Establish Care Experienced CAMHs service * Develop our mental health pathway |
| What more do we need to do by 2024? |
| * Confirm and evidence how well we are ensuring every care experienced child receives the intensive support they need – including how children and young people living in and around the ‘care system’ have access to what they need, to inform better strategic commissioning/planning * Consider within the development of the next children’s services plan whether/how resources are effectively aligned to priority need and where necessary pooled to achieve better outcomes * Ensuring that that care experienced children and young people are an explicit priority for Local Authority, Health Boards and HSCP in the planning and provision of the range of universal and intensive services. |
| 1. **RIGHT TO EDUCATION** |
| What do we need to do? |
| * Care experienced children and young people will receive all they need to thrive at school. There will be no barriers to their engagement with education and schools will know and cherish their care experienced pupils. * School improvement plans will value and recognise the needs of their care experienced pupils with robust tracking of attendance and attainment so that support can be given early. * Care experienced young people will be actively participating in all subjects and extracurricular activities in schools. * The formal and informal exclusion of care experienced children from education will end. * Schools will support and ensure care experienced young people go on to genuinely positive destinations, such as further education or employment. |
| What have we done? |
| Principle Teacher and Health and Wellbeing Officers help ensure that schools remain ambitious for their care experienced pupils and that all care experienced pupils who need it receive additional emotional and educational supports to thrive in school.50% of our schools have signed up for the Rights Respecting Schools Approach and are following the framework for awards and 26% of our schools are involved in our Local Authority Nurture Strategy programmePrinciple Teacher supports schools to track both attendance and attainment data for care experienced pupils and provides advice and support to ensure targeted early additional support where needed.Extracurricular activities have been limited due to Covid both education and social work remain committed to ensuring that all care experienced pupils are supported to participate in extracurricular activitiesExclusions of Care experienced pupils remain exceptionally rare and are reported to CPB. To ensure this we have implemented clear guidance for schools to minimise exclusions and ensure that wherever possible alternative steps are taken. Any exclusions are only with the explicit approval of Head of Education Service and Head of Children and Families Social Work and for the shortest possible periodGenerally our care experienced destinations’ are positive for many and we continue to have high rates of young people in / continuing care and care leavers supported in higher and further education.Work has commenced, jointly between Education, Skills Development Scotland and social work within Dunoon Grammar School to develop our practice and approach to further improving positive destinations’ for care experienced pupils.Overseen by the Principle Teacher we are improving Transitions planning for care experienced pupils changing schools |
| What have we committed to do? |
| * Adoption of a trauma responsive approaches within our schools will help support all members of school staff to develop kind, supportive relationships with care experienced children and help ensure trauma responsive approaches to behaviour that are not restrictive, humiliating and stigmatising and ensure that there are no “informal exclusions”. |
| What more do we need to do by 2024? |
| * Continue to track and benchmark pupil attendance and attainment * Implement **Moving On, Data Mapping and Collection once developed by The Promise** * **Better understand our care experienced pupils perceptions of how well they feel included, experience supportive relationships and are supported at school.** |
| 1. **RELATIONSHIPS /BROTHERS AND SISTERS** |
| What do we need to do? |
| * All children living in and around Scotland’s ‘care system’ will be maintaining safe, loving relationships that are important to them. * There will be no barriers to ‘contact’ and children will be supported to have time with people they care about. * Scotland will stop the practice of separating brothers and sisters, unless for reasons of safety. * Relationships between brothers and sisters will be cherished and protected across decision making and through the culture and values of the people who care for them. |
| What have we done? |
| Brothers and sisters in care can only be separated following assessment and with the express agreement of the Head of ServiceWe have reviewed how well we are keeping brothers and sisters together, currently around 55% of brothers and sisters who are looked after and accommodated are growing up togetherWe continue to increase the proportion of care experienced children growing up in kinship arrangements.We have implemented “Together Apart” assessment training for social workers supporting brothers and sisters and revised our permanence planning guidance to ensure greater weight is given to maintaining relationships.We have commenced a desk top review of all brothers and sisters currently not living together to explore opportunities to reunite and where not possible ensure we are supporting and promotion relationships.We have submitted an application for a range of actions to re-establish rebuild or maintain relationships that are valued by care experienced young people |
| What have we committed to do? |
| At the request of our participation groups we have committed to implementing “sibling Days “to bring brothers and sisters in care together in innovative and flexible waysWe remain committed to achieving permanence for care experienced children in line with national best practice and to reducing the number of mover children experience in careWe need to be better at understanding those relationships that are important to care experienced children and finding innovative way to maintain these – particularly within the context of Argyll and Bute’s geography.Increasing the range of family based care options for children – that can keep brothers and sisters together in long terms loving homes for as long as they need them |
| What more do we need to do by 2024 |
| * We acknowledge that there are very considerable resource development challenges in ensuring we can have care options that can meet children’s needs keep brothers and sisters together, minimise movers and protect valued relationships children together in care. * In addition we need to further develop our professional practice in understanding, protecting and nurturing relationships and on particular for those care experienced children unable to return to their parents care. * This is likely to remain a priority action to 2030 |
| 1. **YOUTH JUSTICE** |
| What do we need to do? |
| * The disproportionate criminalisation of care experienced children and young people will end. * There will be sufficient community-based alternatives so that detention is a last resort. * Children who do need to have their liberty restricted will be cared for in small, secure, safe, trauma-informed environments that uphold their rights. |
| What have we done? |
| We have a long established multi agency approach to early and effective intervention with young people to avoid criminalisation and target effective early help.Colleagues on Police Scotland have continued to implement force wide changes to reduce the criminalisation of care experienced children and young peopleChildren’s involvement in offending within Argyll and Bute is generally very low which, coupled with our geography Argyll and Bute precludes the implementation of standing community based alternatives, these are developed and provided on an individual basis as required.Where there are no alternatives, we continue to occasionally use approved secure accommodation and a welfare lead approach where restriction of liberty is required |
| What have we committed to do? |
| We have committed to reviewing our approach to youth justice and to implementing the Rights Respecting Approach to justice for children and Young peoplePolice Scotland will review learning form the test of change regarding non-criminalisation of children in residential care in both Greater Glasgow and Dumfries & Galloway to identify improvements we can implement in Argyll and Bute.  * Police Scotland will implement ‘Not at home’ policy for children and young people in residential care providing a shared responsibility for risk involved in missing episodes while also ensuring the police involvement is proportionate and appropriate. |
| What more do we need to do by 2024? |
| * Improve our collection of data on offending by care experienced children and those on the edge of care. * Complete our review of the Argyll and Bute approach to youth justice in line with the recommendations of The Promise * We need to be confident that we can implement intensive community based alternatives, at short notice, should this be required to divert from custody |
| 1. **ADVOCASY** |
| What do we need to do? |
| * All care experienced children and their families will have access to independent advocacy at all stages of their experience of care. * Advocacy provision will follow the principles set out in the promise. * Care experienced children and young people will be able to easily access child centred legal advice and representation. |
| What have we done? |
| Who Cares?Scotland provides a widely understood relationship based advocacy service for all care experienced children, this service following the principles of The Promise and supports care experienced children who require/request it to access independent legal representation.Whocares? routinely reports issues arising from their advocacy work to ensure this informs improvement priorities.Parents affected by poor mental health or with learning difficulties have good access to independent advocacy through Lomond and Argyll Advocacy Services |
| What have we committed to do |
| We will review our approach to care experienced children’s advocacy once The Promise has completed scoping a national model for the provision of advocacy services to ensure the independence and rigour in providing advocacy that is easily available to all care experienced children. |
| What more do we need to do by 2024 |
| * Review our approach to advocacy for parents of care experienced children and those on the edge of care |
| 1. **MOVING ON** |
| What do we need to do? |
| * Decisions about transitions for young care experienced people who move onto independent living or need to return to a caring environment, will be made based on individual need. * Each young care experienced adult will experience their transition as consistent, caring, integrated and focussed on their needs, not on ‘age of services’ criteria. * Housing pathways for care experienced young people will include a range of affordable options that are specifically tailored to their needs and preferences. * Youth homelessness experienced by young care experienced people will be eradicated and they will have no need for any emergency provision or for rough sleeping because options are available and planned. |
| What have we done? |
| All decisions about transitions into independent living are made on an individual basis through the young person’s review which is chaired by our independent CAROs to ensure it is consistent with their wishes and focused on needs.We ensure that our through care team ensure that all care experienced young people understand their rights to request continuing care and support and encourage this where assessed as in the young person’s best interestsAll care experienced young people leaving care are entitled to maximum points and prioritised for allocation, housing and social work plan together to ensure that housing options are consistent with a young persons identified needsWe have commenced a review of our joint protocol with RSLs to ensure it is consistent with The Promise and in particular that we ensure that car experienced young people continue to receive priority treatmentWe do not have any rough sleeping care leavers, due to the geography and very rare occurrence of homelessness we continue to work with colleagues in the homeless team at identify appropriate emergency accommodation should it be required |
| What have we committed to do? |
| We have committed to ensuring that no young person is required to move on from their care setting until they feel ready.We have committed to better understanding young people housing experiences and journey – up to 26years and where / how we can improve this.  * We will review our approach to continuing care and after care on the publication of [CELCIS](https://www.celcis.org/) work around identifying the barriers to consistent application of continuing care and aftercare care policy in Scotland. |
| What more do we need to do by 2024? |
| * Actions to be identified from self evaluation and on review of CELCIS report * Need to ensure that care leavers can access services they need – including mental health services, that are trauma responsive. |
| 1. **PHYSICAL INTERVENTION** |
| What do we need to do? |
| * All care experienced children, wherever they live, will be protected from violence and experience the safeguard of equal protection legislation. * Restraint will always be pain free, will be used rarely, and only when required to keep a child safe. * There will be well communicated and understood guidance in place that upholds children’s rights and reflects equal protection legislation. * The workforce will feel supported to respond to behaviour in a trauma informed way that reflects a deep understanding of the children in their care. |
| What have we done? |
| Argyll and Bute CPC is fully committed to the principles and values of equal protection for all children – including care experienced, with local protocols in place to ensure consistent implementation.We have not used restraints or “safe holds” in any of our three children’s houses for over 5 years. Staff have been trained in therapeutic crisis intervention which has contributed to no longer using these interventions – although they remains an option in extremis should the safely of the young person or another young person require it and there be no other alternative.We closely monitor and follow up any use of restraint in commissioned care services to ensure there was entirely consistent with practice guidance and that it was absolutely essentialWe have implemented trauma train across the workforce with over 90 % of education and care staffWe have reviewed our approach to consideration of secure care to better ensure that children needs can be best met in the least restrictive way and where used for the shortest possible time.Foster carers have all been offered PACE Training |
| What have we committed to do? |
| Reviewing our use of TCI with a view to moving to implement the Promoting Positive Behaviour (PPB) trauma informed approachRolling out PACE training for all residential care staffImplementing Trauma responsive schools and children’s housesBuilding on trauma training for foster carers with Foundations for attachment trainingWe will further review our approach to managing behaviour on publication of The Promise [The Physical Intervention Working Group](https://www.gov.scot/groups/physical-intervention-and-seclusion-working-group/) on develop rights upholding guidance and contribute to the national consultation |
| What more do we need to do by 2024? |
| * Fully implementing trauma responsive fostering and children’s houses * Extend implementation of trauma responsive schools * Further developed workforce capacity to identify trauma based behaviours and adapt their responses |

**PRIORITY AREA 2 WHOLE FAMILY SUPPORT**

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| 1. **FAMILY SUPPORT** |
| What do we need to do? |
| * The [10 principles of intensive family support (Appendix 1)](https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf#page%3D58)will be embedded into the practice (planning, commissioning and delivery) of all organisations that support children and their families, directly or indirectly. |
| What have we done? |
| Argyll and Bute’s Children – strategic group has committed to adopt 9 of the 10 principles and will work with our communities to ensure access to services as need and irrespective of where someone lives – The geography and the remote and rural nature of our many small communities creates significant challenges in ensuring services in every community as envisaged by The Promise. Our commitment remains to ensure equitable access to services where neededOur Bute and Cowal test site is exploring a model for intensive whole family support for children on the edge of care, in particular where parental substance misuse or poor mental health are key factors |
| What have we committed to do? |
| * Reviewing our approach to supporting kinship carers, foster carers and adoptive parents * Evaluating the Bute and Cowal whole family support model to identify potential for its wider application * Ensuring service can respond flexibly to need wherever children are living through our embedding of the GIRFEC practice model |
| What more do we need to do by 2024? |
| * Ensure that the 10 Principles underpin the next Children’s Services Plan * Develop an Argyll and Bute intensive whole family support model to be rolled out across the area * Consider whether or how we can meet the Promise’s aspiration that there are places in every community for parents of young children to meet other local parents, to stay and play with their children, and get support and advice |
| 1. **PEER AND COMMUNITY SUPPORT** |
| What do we need to do? |
| * Scotland’s family support services will feel and be experienced as integrated to those who use them. |
| What have we done? |
| Our strategic approach has been to ensure that service feel streamlined to those who use it through good multiagency working and the embedding of the Named Person role and Childs Plan meetings |
| What have we committed to do? |
| Continue to embed the GIRFEC practice model as our core approach to ensuring service feel joined up at point of use.Considering the applicability of any recommendations from the work of The Promise Family Support Delivery Group |
| What more do we need to do by 2024? |
| * We need to be better at understanding children and families experienced of our service and how easy they are to access when needed, how integrated they feel in reality and whether they deliver the outcomes that children and families aspire to. |
| 1. **SERVICE INTEGRATION** |
| What do we need to do? |
| * All families will have direct and clear access to family therapies and specific support across a range of issues, so that accessing support is seen as something that a range of families may need throughout life. |
| What have we done? |
| We have commissioned specialist independent intensive DDP therapies for up to 12 families - at a timeWe continue to commission individual services for individual children and families on a needs led basis |
| What have we committed to do? |
| Training a cohort of staff to deliver DDP based interventions with familiesDeveloping our multiagency delivery model for DDP based interventions and support |
| What more do we need to do by 2024? |
| * We need to scope out and better understand the level of need for a range of specialist intensive family and other therapies that can be easily accessed by children and families – including for parents - as and when required, needed. |

**PRIORITY AREA 3, SUPPORTING THE WORKFORCE**

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| 1. **TRAUMA INFORMED** |
| What do we need to do? |
| * Organisations that have responsibilities towards care experienced children and families and those on the edge of care will be able to demonstrate that they are embedding trauma informed practice across their work and within their workforce. |
| What have we done? |
| Argyll and Bute has been a national Pilot area for the delivery of trauma training and to date in excess of 95% of education and residential care workforce have undertaken Trauma Training , either on line self learning or delivered training. This training is across the whole workforce, including those responsible for the care and support of care experienced children and care leavers.We have implemented development work in Cowal and Bute to develop a trauma responsive model of intensive family support for children and families affected by poor parental mental health and/or substance misuseBy spring 2022 over 50 staff will have completed DDP level 1 training and our first cohort will have commenced DDP level 2 training with DDPAll foster carers have been offered trauma informed PACE trainingOur education services and schools committed to taking a trauma responsive approach to helping all pupils, including those who are care experienced |
| What have we committed to do? |
| We will review and update our Trauma Training Plan to meet our workforce needs and aspirations to become trauma informedWe will review our training for social workers against national trauma training model for social workers once it is publishedDevelop an approach to evaluate the impact of this training on changing approaches by our workforceEmbed our commitment to trauma responsive services and a workforce within the priorities and actions of our next children’s services plan. |
| What more do we need to do by 2024 |
| * We acknowledge that this is a long term commitment change which is likely to extend significantly beyond 2024need to review our systems and processes and where necessary redesign our services to ensure they;  1. Realise the prevalence and importance of Trauma 2. recognise how trauma impacts on children and families who need our services, and on our workforce. 3. Redesign services to ensure they are trauma responsive and resist traumatisation of our children and families 4. All of our workforce and teams adopt trauma informed values and behaviours |
| 1. **ONGOING RELATIONSHIPS** |
| What do we need to do? |
| * There will be no blanket policies or guidance that prevent the maintenance of relationships between young people and those who care for them. Settings of care will be able to facilitate the protection of relationships that are important to children and young people. |
| What have we done? |
| We have reviewed the relevant policies and procedures and have identified no blanket policies that prevent the maintenance of relationships.There was widespread commitment for the upholding and protecting of relationships, with the need to ensure those who cared had time, space and support to continue to care and anecdotal evidence indicated in that there is gradual change in practice |
| What have we committed to do? |
| * We will review our approaches to identify improvement actions against the revised SSSC codes of practice, anticipated in 2023, and the new care inspectorate quality improvement framework to ensure our workforce and services support taking a rights and relationships upholding perspective on what needs to change. |
| What more do we need to do by 2024 |
| * Actions to be identified on completion of above |
| **3. WORKFORCE SUPPORT** |
| What do we need to do? |
| * A new framework of support will be in place to ensure people involved in the care of care experienced children and young people feel valued, encouraged and have supportive relationships for reflection with high quality supervision and environmental conditions. |
| What have we done? |
| All partner agencies have developed and implemented improved approaches to supporting the workforce through and out of the pandemic.We have ensured that all of our social workers in the Family Placement Team have undertaken DDP level 1 training and our carers have been offered PACE have begun to embed this approach in our support and supervision of our foster and kinship carers.The environment of all of our children houses has been assessed as Very Good by the care inspectorateHSCP continues to implement its wide ranging culture change programme to ensure our workforce is valued, listened to and properly supported. |
| What have we committed to do? |
| The HSCP has committed to continuing to ensure that the workforce is respected listened to and supported |
| What more do we need to do by 2023? |
| We need to ensure that all our workforce is fully supported as we move out of covid restrictions and to fully meet the challenges of The Promise |

**PRIORITY AREA. 4 PLANNING**

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| 1. **INVESTMENT** |
| What do we need to do? |
| * Investment in the lives of children and families will be considered strategically and holistically in the context of their experiences. * The Human and Economic Cost modelling (HECM) that underpinned Follow the Money and The Money reports will be embedded into organisational and budgeting processes across Scotland. That process will have involved organisations working together to spread investment, align budgets and pool resources. |
| What have we done? |
| Argyll and Bute strategic partnerships have still to consider the issues arising from the HECM approach and fully capitalise or potential benefits to be achieved by a more strategic approach to aligning budgets and pooling resources. |
| What have we committed to do? |
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| What more do we need to do by 2024? |
| * There is a need to more closely consider the HECM to support the development of the next children’s services plan and ensure the strategic alignment of scarce resources. * We need to identify opportunities to use money and invest differently- on a partnership basis, to make a genuinely transformational and sustainable shift in services envisaged by the promise through high levels of strategic and operational joint working across multiple work programmes and organisations and budget realignment. |
| 1. **INFORMATION SHARING** |
| What do we need to do? |
| * Organisations with responsibilities towards children and families will be confident about when, where why and how to share information with partners. * Information sharing will not be a barrier to supporting children and families. |
| What have we done? |
| Work to date through our implementation of the GIRFEC practice model and in particular the systematic implementation of Child’s Plan meetings as well as work by the CPC continues to support effective information sharing. Inspection confirms that our workforce understands how and when to share information to ensure care experienced children and those on the edge of care are supported.Additional leadership for effective information sharing is underpinned by close working between heath education and social work mangers and formal senior management support by the Joint Resources Group and Joint Services Management Group |
| What have we committed to do? |
| We remain committed to implementing the GIRFEC practice model across Argyll and Bute in line with updated government guidance. |
| What more do we need to do by 2023? |
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07/02/22