

Borders NHS Board



THE HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN SCOTTISH BORDERS: PRIORITIES FOR 2018 – 21

Aim

This paper aims to:

- Provide the Board with the latest available data on the health and wellbeing of children and young people in Scottish Borders
- Present the new integrated Children and Young People's Plan for 2018 – 21 and seek support for the key priorities within the plan
- Highlight recent developments that support the health and wellbeing of Scottish Borders children and young people
- Identify key risks that are likely to have an impact on the Board's ability to meet its statutory obligations in respect of children's rights and child poverty

Background

The Scottish Borders Integrated Children and Young People's Plan 2018-2021 (Appendix 1) sets out the strategic direction for the planning and delivery of services for children and young people in the Scottish Borders over the next three years. An integrated approach to service planning by partners is a requirement under the Children and Young People (Scotland) Act 2014, and is increasingly appropriate when all partners are facing reducing resources as demand for services increases. The Plan expresses the commitment of the Children and Young People's Leadership Group to use its combined resources and to work in partnership to achieve the best possible outcomes for all our children and families and work towards the following vision:

'Working together we will ensure all children and young people have a sense of belonging, self-worth and self-confidence to achieve their unique potential'.

A health and wellbeing profile of children and young people has been developed to accompany the plan and is attached in Appendix 2.

Summary

The Plan aligns to the outcomes in the Scottish Government's [National Performance Framework](#) 2018 (and in particular the outcome relating to Children and Young People: "*We grow up loved, safe and respected so that we realise our full potential*") and locally, to the outcomes in the Scottish Borders Community Planning Partnership's (CPP) new [Community Plan 2017](#). The Plan will also enable partners to address requirements under the Child Poverty (Scotland) Act 2017, which will involve SBC and NHS Borders jointly preparing an annual Local Child Poverty Action Report, showing how we are working to meet targets around eradicating child poverty.

The Plan signals the intention to promote three key principles:

- Focussing on early intervention and prevention to support children, young people and their families where and when they need it most
- Engaging with, and listening to children, young people and their families to increase our understanding of their issues and vulnerabilities
- Working with children, young people and their families to help them strengthen their own relationships, and their relationships with services available to them

The four priorities in the plan are:

- Keeping children and young people safe
- Improving health and well-being and reducing inequalities
- Targeting support to maximise life experiences and opportunities and ensuring inclusion
- Increasing participation and engagement

The accompanying health and wellbeing profile summarises data on the population of children and young people in the Borders and on key sub groups such as looked after young people and young parents.

Key issues

Good progress has been made with the implementation of the universal Health Visiting pathway, working alongside other early years services. Scottish Borders is now actively participating in the Family Nurse Partnership programme to provide intensive support for young parents for up to 2 years. Considerable work has been undertaken to develop the capability of universal services and non clinical services to support children and young people's emotional health and wellbeing. Work is progressing well to update drug, alcohol and tobacco prevention and early intervention with schools.

Several areas require further attention within NHS Borders:

- The promotion of nutrition and healthy living within families from the earliest possible stages and the development of child healthy weight pathways which are not stigmatising and empowering
- School nursing service development in line with nationally defined priorities
- The development of sustainable and effective financial inclusion pathways for families to ensure early access to advice and support and promote entitlements
- Promotion of children's rights within health services

Progress in these areas is challenging in view of limited capacity for development.

Recommendation

The Board is asked to **note** the Plan and the supporting health and wellbeing profile and endorse the priorities in the Plan.

The Board is asked to **consider** how it can respond appropriately to its obligations under the Child Poverty Act to work towards the targets set to eradicate child poverty.

The Board is also asked to **consider** how it can respond to its obligations to promote children's rights under the Children and Young People's (Scotland) Act.

Policy/Strategy Implications	As specified in paper
Consultation	Children and Young People's Leadership Group Maternal and Child Health Committee
Consultation with Professional Committees	-
Risk Assessment	Risks associated with statutory non compliance because of lack of capacity to take forward work on rights and on child poverty within NHS Borders
Compliance with Board Policy requirements on Equality and Diversity	Plan covers the population of CYP in Borders and uses data on needs and vulnerability to inform priority setting.
Resource/Staffing Implications	Within existing resources.

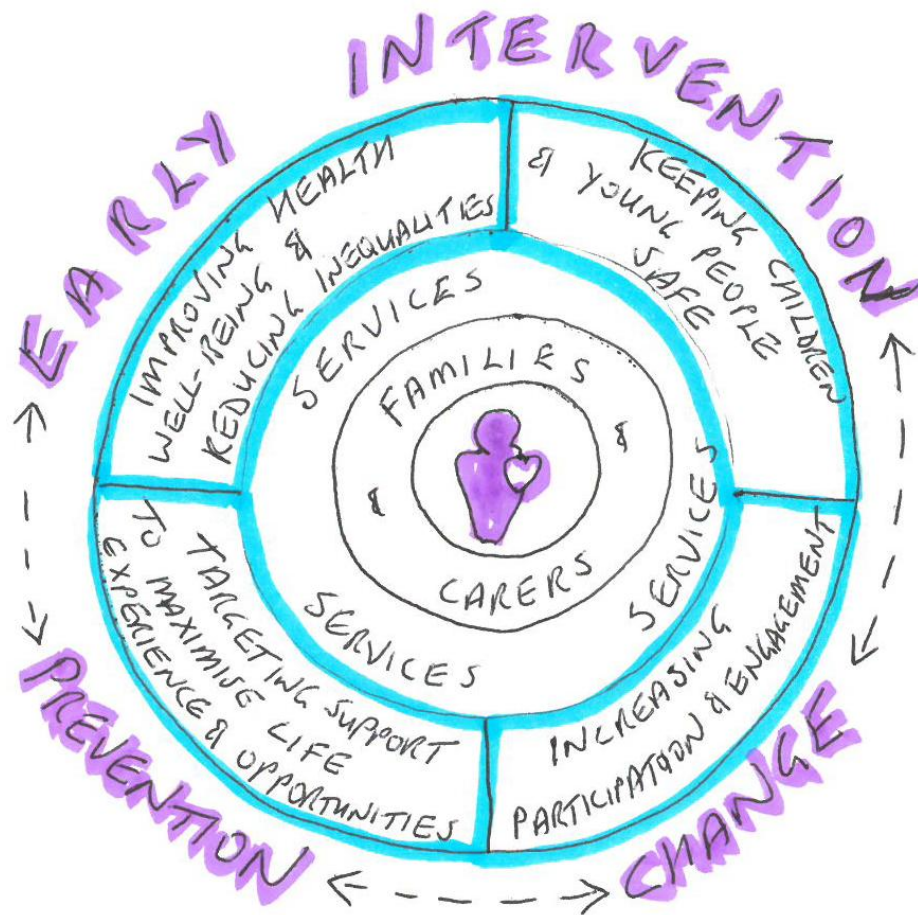
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Integrated Children and Young People's Plan For the Scottish Borders 2018-2021



#ourpart in their great future



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Foreword

The Scottish Borders Community Planning Partnership (CPP) is committed to safeguarding, supporting and promoting the well-being of all children and young people across the Scottish Borders. We translate this commitment into action through the work of the Children and Young People's Leadership Group (established in 2014) which brings together partners from Scottish Borders Council, NHS Borders, Police Scotland, the Scottish Children's Reporter Administration and the third sector. The Group focuses on shared priorities to deliver meaningful and sustainable improvements to the lives of all our children and young people, to ensure that *everyone* can reach their full potential.

Within the Scottish Borders, there is a real commitment and focus on supporting children and young people in the new Community Plan, in Scottish Borders Council's (SBC) Corporate Plan, in NHS Borders' Clinical Strategy and within SBC's Financial Plan for 2018/19. Significant investment, including through the new South of Scotland Economic Partnership, will allow activities and programmes to be set up involving partner agencies to improve mental and emotional health, and create opportunities and promote positive choices regarding exercise, diet, nutrition, lifestyle and employability. We are confident that our children and young people, and their families will benefit greatly as a result.

The Children and Young People's Leadership Group made great progress under the previous Integrated Children and Young People's Plan for 2017- 2020 notably around Child Protection practice and the redesign of our approach to emotional health and wellbeing. However the Group felt it was appropriate to review and refocus its plan to make the most of opportunities that now exist and to also tackle some of the persistent issues that partners know families, children and young people face, including child poverty.

We are proud of the way we work in partnership in the Scottish Borders to achieve a holistic and joined up approach to tackling issues for children and families. We therefore welcome the funding and commitment shown to our children and young people by partners, which recognises the importance of **early intervention and prevention** and of **reducing inequalities**, key priorities for the CPP. This refreshed Plan continues to work towards closing the gap between our most deprived and least deprived families and communities, targeting resources to support our most vulnerable children and young people and really listening to what they are telling us, so we can make any necessary changes to services.

The Community Planning Partnership is pleased to approve this plan which sets out a clear vision and priorities for the future, highlighting our full commitment to working together in partnership to pursue our goal of making a difference to the lives of children, young people and their families.

Cllr Mark Rowley

Introduction

This Scottish Borders Integrated Children and Young People's Plan 2018-2021 sets out the strategic direction for the planning and delivery of services for Children & Young People in the Scottish Borders over the next 3 years 2018 – 2021. An integrated approach to service planning by partners is a requirement under the Children and Young People (Scotland) Act 2014, and it is also appropriate, especially when SBC and its partners are facing reducing resources at a time when demand for services is increasing. The Plan expresses the commitment of the Children and Young People's Leadership Group to use its combined resources and to work in partnership to achieve the best possible outcomes for all our children and families and work towards the following vision:

‘Working together we will ensure all children and young people
have a sense of belonging, self-worth and self-confidence to
achieve their unique potential’

A new context

The Plan aligns to the outcomes in the Scottish Government's [National Performance Framework](#) 2018 (and in particular the outcome relating to Children and Young People: “*We grow up loved, safe and respected so that we realise our full potential*”) and locally, to the outcomes in the Scottish Borders Community Planning Partnership's (CPP) new [Community Plan 2017](#). The plan will also enable the partnership to address requirements under the Child Poverty (Scotland) Act 2017, which will involve SBC and NHS Borders jointly preparing a Local Child Poverty Action Report, showing how we are working to meet targets around eradicating child poverty. More detail on the strategic context is provided on Page 17.

Progress

Significant progress was made in relation to the previous plan. Notable achievements include:

- Significant changes in practice and training around **Child Protection**
- Redesign of the approach to **Emotional Health and Wellbeing** - strengthening the capability of universal services to support young people in schools and community, through a continuing programme of training and development for staff, parents and young people. This includes –
 - The Growing in Confidence programme and ‘See Me’ initiative in high schools
 - Primary school packs on resilience
 - Commissioning of a new service to support emotional health and wellbeing for young people aged 10 – 18.
- Refreshed **sexual health strategy** - new resources and innovative partnership projects (including VOMO film making ‘Peaches and Aubergines’).
- **LGBT Charter Status** achieved in Peebles High School (silver award) and Berwickshire High School (bronze award)

Appendix 1

- Good progress in producing the Scottish Borders **Play Strategy** with support from Play Scotland. This strategy will be finalised and launched in 2018
- Development of the **Support for Parents Strategy**, that identifies the range of levels of support available and to be developed for families across age ranges
- Further development of our **4 early years centres** in Langlee, Burnfoot, Philiphaugh and Eyemouth and continued delivery of integrated approaches by partners to support families in early years
- Development of the **Year of Young People Plan** through engagement with children and young people from across the Scottish Borders. The plan sets out the approach being taken to support the initiative and the legacy it will leave behind as a result.
- Increase in the number of schools progressing through the **Rights Respecting Schools Award**
- Progress made in implementing the Children and Young People (Scotland) Act 2014 including implementation of the national practice model, the development of the Child's Plan and significant work on improving chronologies.

More detail can be found in our Annual Performance Report for 2017/18

Challenges ahead

The Leadership Group has, over the last few months, reflected on the changing national and local policy context as well as the issues facing our children and young people in their homes, in schools, and in their communities. While many children and young people in the Borders thrive, some families face deep-seated challenges that have an impact on the wellbeing of their children and young people as they grow up and can affect outcomes in adulthood. The Leadership Group continues to seek to understand the nature and causes of these challenges in order to be able to provide effective solutions. For example:

- **Poverty and low income** remain an issue in an area with one of the lowest wages in Scotland, with many families “just getting by”. This has led to “poverty proofing” in all schools, supported by the development of the Borders Child Poverty Index (CPI), which provides schools and other partners with a more detailed understanding of child poverty as it affects communities locally. This will be discussed with Scottish Government later in 2018.
- Much of what happens within Borders communities, both from a sporting and cultural perspective, centres around the **consumption of alcohol**, as well as historical gender specific attitudes, practice and ceremony.
- In some instances families are affected by multiple, complex problems in relation to poverty, employment, mental health, alcohol and drugs, involvement with community justice. Services are not always well geared up to respond to these issues and families may not always get the joined up support required to break the cycle and enable them to move forward.
- Whilst **social media** can have many benefits for young people in isolated rural areas of the Borders, there is growing evidence of the negative influence it is having on

young people's quality of life, self-image and relationships, and the scale of future problems could be significant.

- Not all young people have the skills and support they need to make the right choices about age appropriate **risk-taking**, and about how they prepare for the world of work and adulthood and potential parenthood.
- Whilst some great work is going on around inclusion, Borders communities and culture can compound the geography of the area and lead to **feelings of isolation and exclusion** for many, with access and transport issues adding to this. For example, a mother of a child with Additional Support Needs, living on benefits in a very rural valley community could feel that support networks are very difficult to access and may seem unapproachable.
- Feeling that for many there is **no future/limited opportunities to work or study** in the Borders

Opportunities

- Scottish Government has agreed to establish a South of Scotland Enterprise Agency, so SBC and partners can more effectively address the economic challenges facing our rural region (along with Dumfries and Galloway) e.g. employability, earnings, skills and connectivity.
- There are two other significant national investment opportunities to make the most of: **City Deal** and **Borderlands**, both of which will assist us to support economic growth, skills and infrastructure and create a step change in the Borders economy.
- Scottish Government has introduced some new legislation around:
 - Strengthening the role of communities through the Community Empowerment (Scotland) Act 2015
 - Increasing the pace and depth of partnership working with NHS Borders (Public Bodies (Joint Working)(Scotland) Act 2014
 - Strengthening the rights of children and young people in Scotland and promoting early intervention and prevention through the Children & Young People (Scotland) Act 2014.
 - Addressing persistent poverty and setting very ambitious targets through the Child Poverty (Scotland) Act 2017

A new approach

To enable us to tackle the challenges we face, we have undertaken some practical on the ground pilots in recent years to provide targeted support and interventions for families who need it (small steps of change). For example, in Galashiels the "16 + Transitions" Project has been very successful in supporting young people to gain long term tenancies, as a result of initially living within supported accommodation. "Burnfit" in Hawick (street games such as rugby, with refreshments supplied at the end) has provided positive experiences for participants throughout July and August 2018 and is likely to be continued and developed into a longer term provision. Initiatives such as these have had a positive impact on the lives

of young people and their families and on a larger scale, have the potential to impact more lives.

Many issues faced by children, young people and families are deep-rooted and widespread and require public sector partners to re-think not only WHAT we do but also the WAY we approach such issues, from the perspective of the young person and their family and their journey through our services - were services easy to access? Was support available when and where required? Did we understand the issues facing young people and families?

We need to learn from what has worked on a small scale or on a pilot basis, and involve young people to really appreciate the reality of their lives and the role their family can play at every stage in life. And this may require us to **think and act differently**.

We also need to ensure that all our services look to support children, young people and families at the **earliest point possible** to prevent adverse childhood and family experiences. An early intervention and prevention approach will not only have a positive impact on outcomes but will use resources more effectively and could save costly interventions when issues escalate e.g. secure, out of area placement for a young person.

As leaders, we need to **influence wider policies** that are being developed across partners and within the CPP around housing, health, economic development, employability and transport to ensure that the needs of children and young people are not overlooked.

And critically, we need to **commit to involving and engaging children and young people, families and services users** to increase our understanding of vulnerability and achieve a common appreciation of the impact of adversity and poverty. By involving and listening on an ongoing basis, we will collect evidence about what is working, what is not working, and what improvements need to be made.

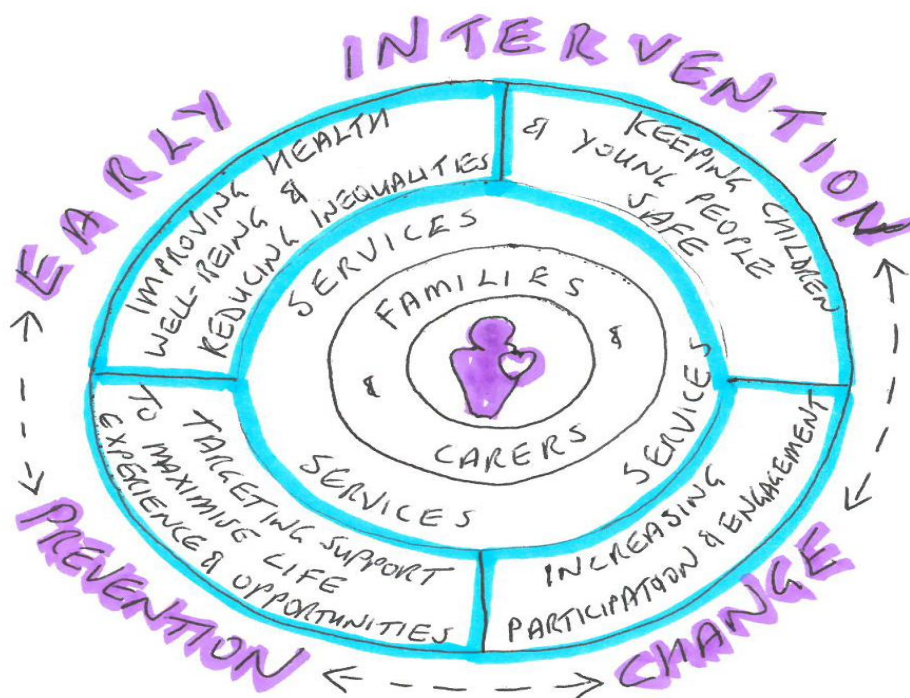
This new Integrated Children and Young People's Plan for 2018-2021 aims to build on the success of the last plan, use our learning from the last few years and make the most of the partnership opportunities that exist as well as the new strategic context. Children, young people and their families are at the centre of what we are doing. We will focus more on early intervention and prevention and recognise that this will require us to make changes in how we work.

The Integrated Children and Young People's Plan for 2018/2021 will focus on the following 4 priorities –

1. Keeping children and young people safe
2. Improving health and well-being and reducing inequalities
3. Targeting support to maximise life experiences and opportunities and ensuring inclusion
4. Increasing participation and engagement

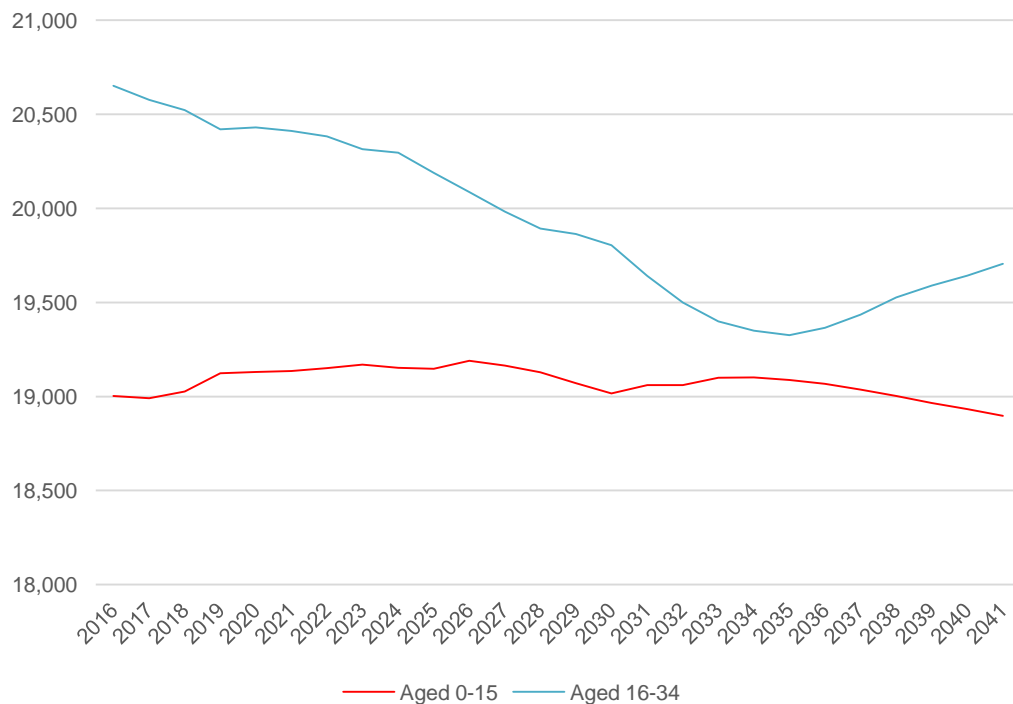
How our Priorities link

Children and young people, along with their families and carers, should be at the centre of what we do. Our 4 priorities should impact positively on their lives, but be influenced by a new approach which sees us intervene as early as possible; focus on prevention and if necessary, change what we do and the way we do it. We have tried to represent this in the diagram below:



Children and Young People in the Scottish Borders

There are 21,507 children and young people aged 0-17 in the Scottish Borders, equating to 18.7% of the total population of the Scottish Borders (just under the proportion for Scotland which is 19%). However, a key issue for Borders is the projected longer term decline in both the 0-15 year and the 16-34 year populations, as shown in the graph below, and recent consultation with young people has highlighted a perceived lack of opportunity for study, employment and housing, prompting many to leave the area.



Source: NRS 2016-based principal population projections

Of the 21,507 children –

22% live in the main settlements of Galashiels and Hawick (both over 10,000 populations)

33% live in settlements of between 2,500 and 10,000 population

18% live in settlements of between 500 and 2,500 population

26% live in small villages and isolated settlements of under 500 people

Over a quarter of children and young people are therefore likely to experience some level of “access deprivation”, affecting their ability to participate in activities out with the school day and at weekends.

If we take **100 children and young people** in the Scottish Borders, the following information shows our local situation in relation to the 4 priorities identified within this plan:

<p>Priority 1 – keeping children and young people safe</p> <p>3 out of 100 children were referred to the Child Protection Committee between 2015-16 (Source: SBC/ NRS)</p> <p>Less than 1 child out of 100 was receiving Child Protection due to parental alcohol/ drugs misuse. (SBC Child Protection Statistics)</p> <p>9 out of 100 children in 2016 lived in a neighbourhood that was adversely affected by the effects of crime and antisocial behaviour</p>	<p>Priority 2 – improving health and well-being and reducing inequalities</p> <p>13 out of 100 Primary 1 children were clinically overweight, obese or severely obese in 2015/16. (ISD)</p> <p>10 out of 100 15/16yr olds admit to being regular smokers</p> <p>14 out of 100 15/16yr olds admit to weekly drinking</p> <p>18 out of 100 Primary 1 children are already showing signs of tooth decay</p> <p>51 out of 100 school pupils in 2016 travelled by car or bus. (ScotPHO).</p> <p>9 out of 100 babies were born prematurely in 2015. (ScotPHO)</p> <p>23 out of 100 babies were born to a mother who was clinically obese in 2015. (ScotPHO)</p>
<p>Priority 3 – targeting support to maximise life experiences and opportunities and ensuring inclusion</p> <p>1 out of 100 children was looked after by the Local Authority in 2017 (Scottish Government Children Statistics)</p> <p>21 out of 100 secondary school pupils from deprived areas achieved 5+ awards at SCQF Level 5 (National 5) or better in 2016-17. (Improvement Service: LGBF).</p> <p>7 out of 100 16-19 year olds were not in education, employment or training in 2016-17. (Annual Population Survey)</p> <p>Less than 1 out of 100 children was in temporary accommodation in 2017 (Scottish Govt Homeless Statistics)</p> <p>1 out of 100 children under 16 provided unpaid care for a friend or relative in 2011. (2011 Census)</p> <p>44 out of 100 households with children live in homes which fail the Scottish Housing Quality Standard</p> <p>Out of 100 school leavers in 2016-17: 39 went on to higher education</p>	<p>Priority 4 – increasing participation and engagement</p> <p>57 out of 100 school pupils engaged in “Active Schools” extra-curricular sports participation in 2017-18. (compared to 45 out of 100 nationally).</p> <ul style="list-style-type: none"> • This rose to 61 out of 100 from the least-deprived areas • but only 41 out of 100 in the most deprived areas (SBC/ Live Borders) (45 out of 100 nationally) <p>80 out of 100 Primary 7 pupils participated in “Active Schools” extra-curricular sports activities in 2017-18. By S4, only 37 out of 100 pupils did so. (SBC/ Live Borders)</p> <p>34 out of 100 children live in the 20% most access deprived areas in Scotland</p>

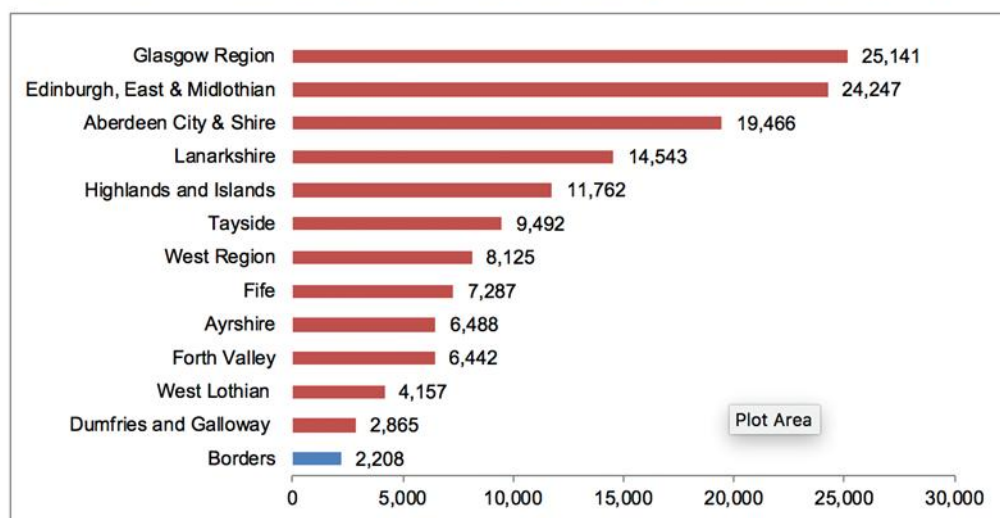
Appendix 1

<p>24 went on to further education 2 went on to training 29 went on to employment 1 went on to another positive destination 4 were unemployed and 1 didn't say. (Scottish Govt Education Statistics)</p>	
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Family income and earnings

There are some significant economic challenges facing the Scottish Borders that in turn affect family income. The structure of the economy (with an over-reliance on the public sector, manufacturing, farming etc.) means that many jobs tend to be lower paid than in other areas of Scotland (who benefit from sectors such as finance and media). “Gross Value Added (GVA)” is an economic measure used to show the monetary value for the amount of goods and services that have been produced/provided in an area - the higher the value of the goods and services, the higher the GVA. The difference between Borders and many other regions in Scotland can be seen below:

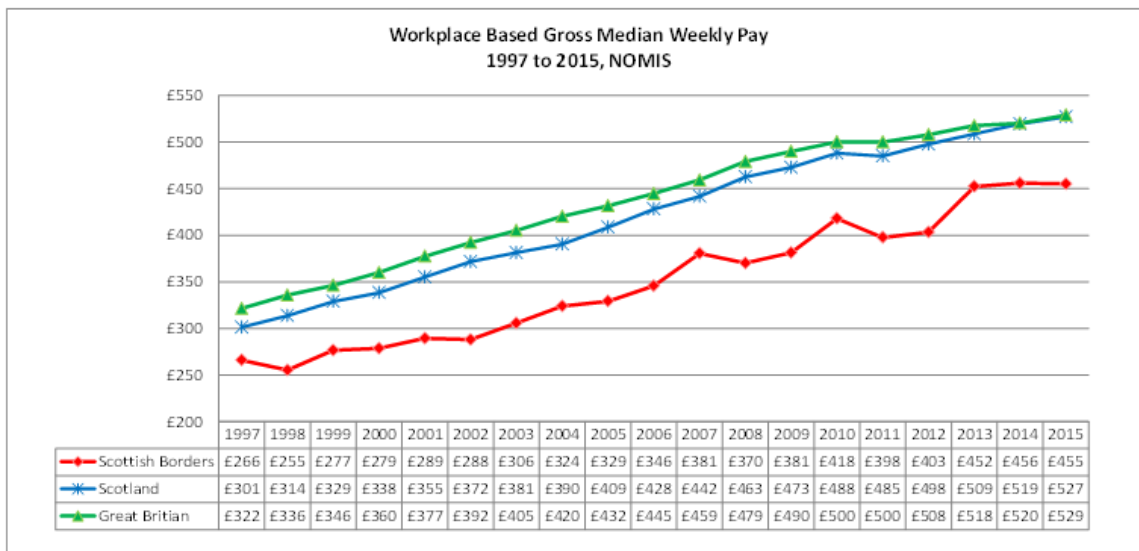
Figure 6: Gross Value Added (GVA), Regional Comparison 2024 (£million, constant 2013 prices)



Source: Skills Development Scotland³, Oxford Economics analysis

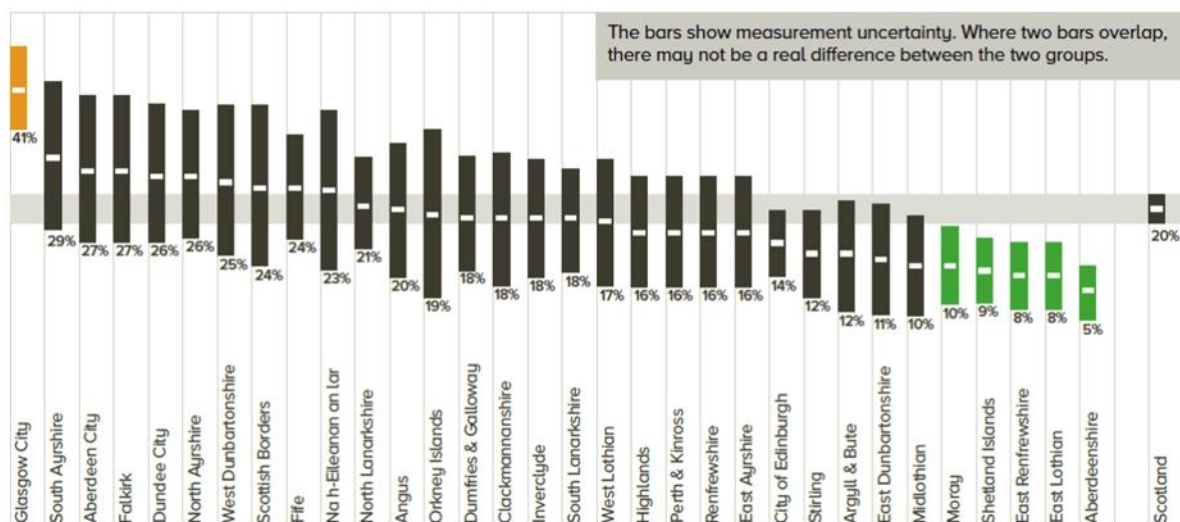
As a consequence of the types of jobs available, median full-time gross weekly earnings (by place of work) in the Scottish Borders continue to lag behind Scotland at **£467** compared to **£526** (Annual Survey of Hours and earnings, April 2017) and are the 4th lowest in Scotland. This has been the case for some time (see table below) and has obvious impacts on children and families, with many families in the Borders who have 2 parents in full time employment, “just getting by”.

Appendix 1

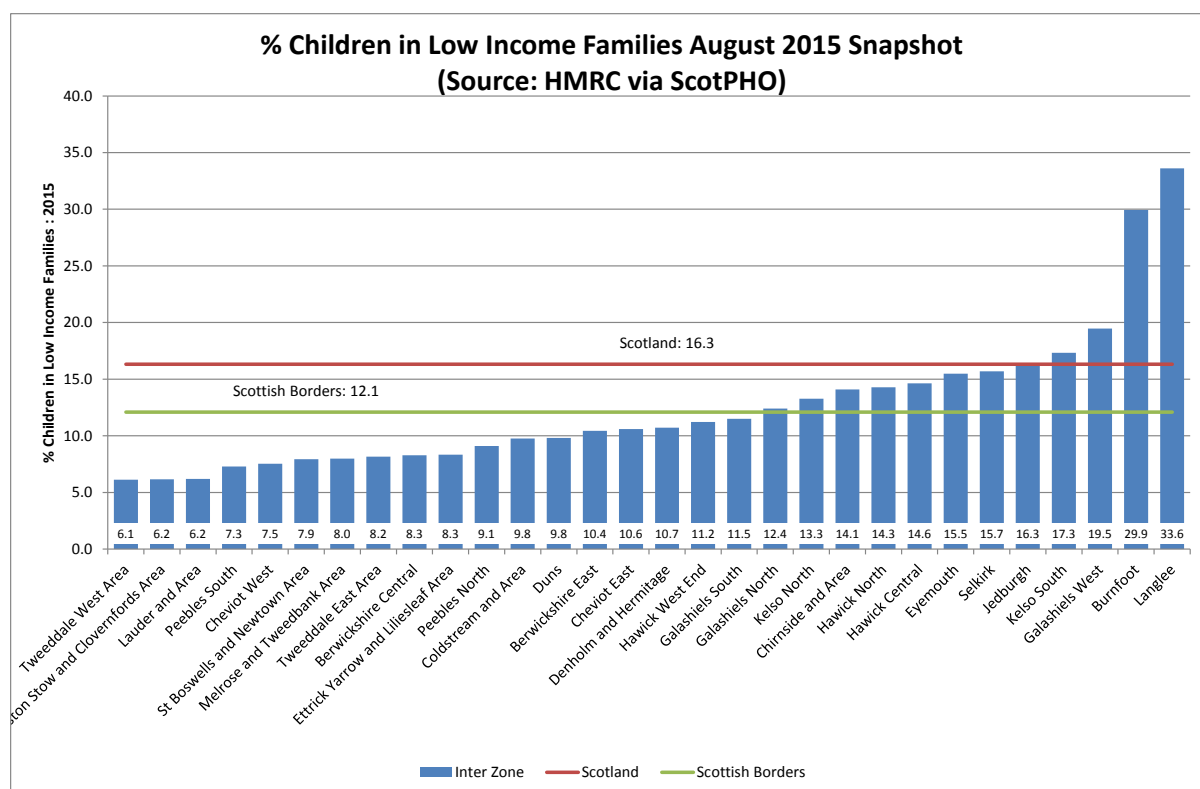


A recent Scottish Government report entitled “Children in families with limited resources 2014 -2016” shows that **24%** of children in the Scottish Borders live in families with limited resources (see graph below). Surprisingly, this report shows that the % of families in the Scottish Borders is higher than many other rural local authorities, which means that children in Scottish Borders are *more likely to be in poverty* compared to, for example Moray and East Lothian (areas that Scottish Borders is often benchmarked against) and shown to the right of the graph.

Percentage of children who live in families with limited resources by council area.



Official 2015 HMRC Child Poverty figures show increases in levels for the Scottish Borders as a whole, at **12.1%** (up from 10.9% in 2012), and for Scotland at **16.3%** (up from 15.3% in 2012). At a Borders level, the % of children in low income families is lower than Scotland, but when data is examined at intermediate data zone (i.e. at smaller areas such as wards), the situation is surprising and concerning, with some areas experiencing levels as high as **33.6%**. A snapshot is provided below:



Challenges also exist in relation to the funding that Scottish Borders Council receives from Scottish Government to tackle inequality and deprivation. For example, in order to address the Scottish Government’s “Closing the Gap” agenda, Pupil Equality Fund (PEF) is awarded to all local authority areas. Allocations for 2017/18 and 2018/19 were made to Scottish Local Authorities using “Free School Meal” entitlement data and resulted in the allocation for Scottish Borders being significantly lower than some other areas who sit on the left hand side of the “Limited resources” graph above.

In both years of PEF funding, Scottish Borders received just over £1.8m, equating to around 1.5% of the total Scottish allocation. Some Local Authority areas showing similar percentages of “*Children in families with limited resources*” such as South and North Ayrshire, Falkirk and West Dunbartonshire, received significantly more money (although this would need to be looked at per pupil to make a direct comparison). Lower PEF allocation has resulted in a slower pace of improvement in Scottish Borders e.g. in relation to attainment in our most deprived (SIMD1) areas, compared to other areas where significant funding has been received.

Inequality, poverty and deprivation in the Scottish Borders can remain hidden when looked at in a “one-dimensional” way i.e. using only Free School Meal entitlement. With this in mind, SBC developed a Child Poverty Index (CPI) when planning the roll out of the expanded early years provision in 2017/18, ensuring that a more rounded and representative approach was taken, by providing additional insight into Child Poverty in the Scottish Borders. This approach has been shared with Scottish Government and interest has been expressed in examining a methodology such as this further.

Our role as a Children & Young People's Leadership Group

The Children and Young People's Leadership Group (CYPLG) is an improvement partnership made up of key stakeholders who deliver services for Children and Young People in the Scottish Borders and includes Scottish Borders Council, NHS Borders, Police Scotland, Scottish Children's Reporter Administration (SCRA) and the third sector (Youth Borders, LiveBorders).

The key aim of the Group is to safeguard, support and promote the wellbeing of children and young people and improve their life chances.

The plan is underpinned by the United Nations Convention on the Rights of the Child (UNCRC) as well as a range of legislation and national policy, and the Children and Young People's Leadership Group has a key role in linking the work and plans of our Partners to achieve the best outcomes we can for our children and young people.

The improvement partnership is almost unique in Scotland. As well as coming together to make things happen and change practice, the members are decision makers within their respective organisations whose work has an impact on the lives of children and young people in the Scottish Borders and join together through a shared vision and set of priorities.

The new approach described on page 7 will enable the Leadership Group to focus on the principles of –

- **Focussing on early intervention and prevention** to support children, young people and their families where and when they need it most
- **Engaging with, and listening to children, young people and their families** to increase our understanding of their issues and vulnerabilities
- Working with children, young people and their families to help them **strengthen their own relationships, and their relationships with services** available to them

The Group works together to –

- Provide strategic leadership and direction
- Identify and provide solutions to emerging topics and issues
- Implement strategies and plans where relevant to the Leadership Group
- Engage effectively and listen to the needs of children and young people
- Commission partner organisations to provide specialist services
- Build effective partnerships in addressing priorities
- Monitor progress against the Integrated Plan actions
- Review data and statistics to inform actions
- Promote best practice
- Provide best value
- Enable better communications of successes and priorities
- Promote joint staff training and development

Strategic Context

Legislation

This Plan ensures that the planning and delivery of our services complies with policies, legislation and guidance across the Scottish Government. The requirements of the Children and Young People's (Scotland) Act 2014 have been particularly influential in formulating this plan but the Children and Young People's Leadership Group works with a wide range of legislation, strategies and policies to plan future services for children, young people and families.

Child Poverty (Scotland) Act 2017

The Child Poverty (Scotland) Act 2017 requires that Scottish Government meets four income-based child poverty targets by 2030 and indicates the actions it will take to meet those targets. The targets are as follows:

- a) < 10% of children living in households in relative poverty
- b) < 5% of children living in households in absolute poverty
- c) < 5% of children living in households that combine low income and material deprivation
- d) < 5% of children living in households in persistent poverty

The Act also introduces a requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year. **The first such report is due in June 2019.**

Priority 2 of this plan (Improving health and wellbeing and reducing inequalities) reflects the actions required to comply with the Child Poverty (Scotland) Act 2017.

Public Health Priorities for Scotland

A set of national public health priorities have been developed which represent agreement between Scottish Government and Local Government about the importance of focusing our efforts to improve the health of the population.

The Public Health Priorities are designed to improve healthy life expectancy and reduce inequalities. These are:

- Vibrant, healthy and safe places and communities
- Flourishing in our early years
- Good mental wellbeing
- Reduced use of and harm from alcohol, tobacco and other drugs
- A sustainable, inclusive economy with equality of outcomes for all
- Eating well, having a healthy weight and being physically active

Priority 2 (Improving health and wellbeing and reducing inequalities) reflects the actions required to focus on these priorities.

GIRFEC

We will continue to use the GIRFEC approach in the Scottish Borders. Improving wellbeing for every child and their families is a key pillar in developing and improving our services for children and young people and we will aim to deliver improvements in outcomes in safety, healthy, achieving, nurtured, active, respected, responsible and included. Where work supports these wellbeing indicators, this has been detailed under each of our strategic priorities.

National Performance Framework

The National Performance Framework (NPF) is an outcomes-based framework which promotes partnership working by making organisations jointly accountable for planning and spending to achieve shared outcomes. The national outcome in relation to children and young people is *'We grow up loved, safe and respected so that we realise our full potential'*.

All priorities in this plan reflect actions to meet national outcomes for our children and young people.

Community Empowerment (Scotland) Act 2015

Community planning is the process by which Councils and other public bodies work with local communities, businesses and community groups to plan and deliver better services and improve the lives of people who live in our area. It was introduced by the Local Government in Scotland Act 2003. The Community Empowerment Act lists the public authorities which are required to take part in community planning and places duties on them. In addition to SBC, other key organisations are represented on the partnership including NHS Borders, Police Scotland, Scottish Enterprise and Scottish Fire and Rescue Service. These authorities form a Community Planning Partnership (CPP) for each local authority area. One of the duties of the Community Planning Partnership is to produce a Community Plan.

Scottish Borders Community Plan

The Scottish Borders Community Plan (known under the Community Empowerment Act as a "Local Outcomes Improvement Plan") is based around 4 themes:

1. Our Economy, Skills and Learning: "How do we build and improve our economy, skills and learning?"
2. Our Health, Care & Wellbeing: "How do we promote and improve our health, care and wellbeing?"
3. Our Quality of Life: "How do we protect and improve our quality of life?"
4. Our Place: "How do we develop and improve our place?"

A key priority for the CPP within the Community Plan is **reducing inequalities** i.e. closing the gap between our least and most disadvantaged in our communities and a Reducing Inequalities Delivery Team, chaired by Service Director, Children & Young People, is committed to taking an early intervention and prevention approach across the 4 community planning themes. The Delivery Team has prioritised a number of work streams, some of which can be taken forward as part of this Integrated Children and Young People's Plan.

These are:

- Developing a model for vulnerable children and young people in Scottish Borders in relation to mental health
- Developing a more strategic approach of support for vulnerable teenagers and young adults in the Scottish Borders
- Building on the success of the Galashiels 16+ Transitions Project, work with Registered Social Landlords (RSL) to seek funding to expand and roll out further across the Borders.

Scottish Borders Council's Corporate Plan 2018-2023

The new Corporate Plan ("OUR PLAN for 2018-2023 and your part in it") sets a direction for SBC for the period 2018 to 2023 in order to:

- Make the most of the opportunities we now have
- Tackle the challenges we face
- Take account of what our Councillors want to achieve for the Scottish Borders

Appendix 1

- Ensure we respond to national policies and other statutory requirements.

The plan is based around 4 themes and sets out the high level actions that SBC is committed to, as well as the part that individuals, communities, families and businesses can play to help keep the Scottish Borders thriving. The 4 themes are:

- a. Our Services for You
- b. Independent Achieving People
- c. A Thriving Economy, With Opportunities for Everyone
- d. Empowered, Vibrant Communities

Within the “Independent, achieving people” theme, SBC has made a commitment **to poverty proof** within schools, **to school/business engagement** and **to working in partnership** to build the resilience of our young people and to support and develop their emotional well-being, resilience and mental health. This has also been supported with significant additional funding in the 2018/19 Financial Plan around **young people’s emotional health and wellbeing**.

NHS Clinical Strategy

The focus for improvement in this strategy in relation to child health is on three main areas:

- As is their right, children and young people will be involved in decisions and planning that affect their health and, when it is appropriate, families will also be included.
- The move from child health services to adult services will be improved.
- There will be greater capacity to deliver health care services in the community for children who are unwell.

There are many other plans and strategies that the Leadership Group are aware of and make reference to in their work.

Priorities for the Children and Young People Leadership Group 2018-2021

To define strategic priorities and outcomes for 2018-2021, the CYPLG have carried out the activity detailed below to arrive at a new vision and 4 key priorities with clear outcomes which will be progressed over the next 3 years and beyond. These priorities set out where we will focus our work and provides strategic direction for our integrated services.

2017/18 CYP Plan	National & Strategic Context	Activity
<p>Children & Young People (Scotland) Act 2014</p> <p>Joint Inspection of Services for Children & Young People in the Scottish Borders</p>	<p>Child Poverty (Scotland) Act 2017</p> <p>Public Health Priorities for Scotland</p> <p>National Performance Framework</p> <p>South of Scotland Economic Partnership</p> <p>Citydeal</p> <p>Borderlands</p> <p>East of Scotland Diabetes Partnership</p> <p>Scottish Borders Community Plan</p> <p>SBC Corporate Plan 2018/2023</p> <p>NHS Borders Clinical Strategy</p> <p>SBC's Financial Plan 2018/19</p>	<p>Stakeholder Workshop to review existing priorities and key actions within Plan</p> <p>Executive Group decisions on shape of new plan</p> <p>Leadership Group sign off</p> <p>Community Planning Partnership sign off</p>

This resulted in the new Integrated Children and Young People’s Plan for the Scottish Borders 2018-2021.

Vision

‘Working together we will ensure all children and young people have a sense of belonging, self-worth and self-confidence to achieve their unique potential’

Priorities for the Children and Young People Leadership Group 2018-2021



In pursuit of our vision, we will strive to improve the well-being and life chances of all our children, young people and families through the provision of high quality, integrated services delivered through the actions set out within the 4 priorities.

We are committed to and focused on ensuring that all our children and young people living in the Scottish Borders have a good childhood and are prepared for adulthood.

We will maintain a strong focus on early intervention and prevention, building resilience and supporting children, young people and families to develop the skills and capabilities that enable them to navigate the challenges of modern life.

We are strong advocates of partnership working, and are committed to working collaboratively to ensure that services are joined up as we strive to meet the needs of children and young people.

In delivering these priorities we will ensure that the GIRFEC approach and UNCRC is embedded within the work required to achieve our aims. This includes making sure that the voices of children and young people are considered as part of the planning process. There are many ways in which their voices are already part of our work, eg. School Pupil Wellbeing Survey 2017/18, High School World Café Consultation 2017, Year of Young People 2018 Online Survey.

Appendix 1

From the surveys and consultations, children and young people have told us what they like about living in the Scottish Borders -

<p>“I like to play inside my house” – Leadership Group working group – ‘have your say on Play’</p> <p>“I like to play outside in my garden” – Leadership Group working group – ‘have your say on Play’</p> <p>“I feel safe and secure in school” – Pupil Wellbeing Survey 2017/18</p> <p>“My school encourages young people to get involved and contribute to the local community” – Pupil Wellbeing Survey 2017/18</p> <p>“I think the school cares about their young people” – Pupil Wellbeing Survey 2017/18</p> <p>“Everyone is treated nicely in school” – Year of Young People Consultation 2018</p>
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However, the Children and Young People’s Leadership Group wish to address other issues arising from the consultations and surveys, and the following 4 pages describe the priorities in detail along with the outcomes we hope to achieve and the key actions required to deliver them.

Priority 1

Keeping children and young people safe

Outcome

More children and young people will be protected from abuse, harm or neglect and will be living in a supportive environment, feeling secure and cared for.

What our children and young people are concerned about

'kids in bad areas are getting into drugs and alcohol because they don't have good parental support' (YOYP 2018 Consultation)

'kids are being bullied' (YOYP 2018 Online Survey)

'more needs to be done to keep the Borders safe for young people' (YOYP 2018 Online Survey)

What we will do

1. Adopting the principles of co-production, work in partnership with the Child Protection Committee to produce a modernised strategy for public protection, recognising the role of communities and families
2. Establish a partnership Early Intervention Programme to prevent risks escalating in families where there are significant and/or multiple challenges
3. Provide young people with the support and advice they need to ensure they have the skills and confidence at key life stages to assess risk and make appropriate choices.
4. Review and refresh current approaches to interventions delivered within schools and communities by all partners to help young people stay safe

How will we know

A range of measures will be developed by the Leadership Group eg.

- Fewer children on the Child Protection Register
- More children will feel safe

Priority 2

Improving health and well-being and reducing inequalities

Outcome

Inequalities in the health and wellbeing of young people are reduced

What our children and young people are concerned about

'there are kids getting into drugs and alcohol'(YOYP 2018 Consultation)

'many young people are so vulnerable and so ignorant about the effects of drugs and alcohol'(YOYP 2018 Consultation)

'some children have mental health and confidence issues'(YOYP 2018 Consultation)

What we will do

1. Play a key part in the development of the Scottish Borders Child Poverty action plan - leading to changes in practice across all partners that impact on the drivers of child poverty
2. Continue to build capacity in universal services to improve health and wellbeing of all children and young people, including their emotional health and well-being and healthy lifestyles – diet, physical activity, alcohol, drugs and tobacco and sexual health
3. Influence the local housing strategy, to focus on the needs of vulnerable young people and families
4. Ensure that play is an integral part of life for our children
5. Promote opportunities and the use of local spaces for young people to spend free time with friends
6. Influence the use of the next tranche of Active Schools funding, from 2019/20 onwards to ensure it addresses inequality
7. Inclusion Strategy – to join up services and opportunities in the Borders

How will we know

A range of measures will be developed by the Leadership Group eg.

- Progress in implementing the Child Poverty Action Plan
- Fewer children experiencing mental health issues
- Increase in range of opportunities to offer family support
- Children will have a Child's Plan and Lead professional at Stage ¾ of our Single Planning Process

Priority 3

Targeting support to maximise life experiences and opportunities and ensuring inclusion

OUTCOME

Life experiences and opportunities are improved for children and young people who require our targeted support

What our children and young people are concerned about

'we need to do more for disabled children' – School Wellbeing Survey 2017

'we need to do more for young carers' – YOYP 2018 Consultation

'some young people are homeless' – YOYP 2018 Consultation

What we will do

1. Focus on ensuring positive outcomes for children who are living at home but subject to statutory measures (and are therefore Looked After Children at home)
2. Targeted partnership approaches to children and young people with additional and complex needs building on successful programmes such as the Family Nurse Partnership.
3. Identify and address the barriers that get in the way of individuals and families feeling included and supported within communities across the Scottish Borders.
4. Using new opportunities e.g. through the South of Scotland Economic Partnership, design approaches to support all young people moving into adulthood - healthcare, housing, tenancy sustainment, income maximisation, employability. This should include mentoring and expansion of the 16+ transitions project, priorities identified by the CPP Reducing Inequalities Delivery Team

How will we know

A range of measures will be developed by the Leadership Group eg.

- Fewer looked after children at home
- More young carers identified and supported
- More children affected by a disability and or complex health needs with access to mainstream school and other services and activities in their own local community

Priority 4

Increasing participation and engagement

OUTCOME

All our children and young people will be encouraged to be involved in the planning, provision and delivery of services and their rights respected

What our children and young people are concerned about

'When creating new schools – young people having a bigger say in what is in it – design facilities and resources' - YOYP2018 Consultation

'Young people having a bigger and more important say in politics' - YOYP2018 consultation
Compulsory education on voting and politics' – YOYP2018 consultation

'Young people attending important meetings in town planning and the future of Scotland' – YOYP2018 consultation

'Young people having a say in the future of their towns' – YOYP2018 consultation

'We would like to have a say in how the school is run' – YOYP2018 consultation

'Young People more involved in education decisions' – YOYP2018 consultation

What we will do

1. Co-produce a robust and effective Children's Rights and Participation Strategy which raises their awareness of children's rights and encourages children and young people to become involved, including establishing a Young Borders Action Team
2. Further develop peer support models to encourage children and young people to become involved
3. Establish a range of effective methods to engage with parents and make schools accessible
4. Work to embed a "rights respecting" culture in all we do across services for young people, ensuring their voice is heard, considered and responded to at all tables across the CPP
5. Develop robust and appropriate advocacy for young people across all our services
6. Encourage stronger partnerships with the third sector and other partners to support alternative learning and achievement routes

How will we know

A range of measures will be developed by the Leadership Group eg.

- Increased creative and positive local opportunities for training and employment for young people in the Scottish Borders
- Children and young people report an increased awareness of children's rights and feel their rights are respected, protected and fulfilled

Our Leadership Group Approach

The Children and Young People's Leadership Group represents partners across a number of services within the Scottish Borders and is also responsible for the actions of the groups shown in the inner ring of the diagram below. These groups take their strategic direction from the Leadership Group and regularly report on how they are contributing to the vision and key priorities of the partnership.

The outer ring in the diagram represents other groups who are involved in and engage with children and young people in the Scottish Borders. These groups and communities of interest have a direct relationship with the Leadership Group through specific actions outlined in this plan's priorities.



Appendix 1

In addition to these partnership groups, the Leadership Group has an important role to connect with and influence a number of other boards and interagency initiatives. These include -

- Developing the Young Workforce (DYW) Group
- Reducing Inequalities and Joint Delivery
- Integration Joint Board (IJB)
- Strategic Housing
- Critical Services Oversight Group (CSOG) and Child Protection Committee (CPC)
- Diabetes Prevention Partnership
- Police, Fire & Rescue
- Safer Communities Board
- Alcohol and Drugs Partnership
- Corporate Parenting Group

Workforce Planning and Development

To deliver improved outcomes for children and young people we rely on a knowledgeable, experienced and caring workforce who provide a variety of services across the Scottish Borders.

As a Leadership Group, we value the workforce and we will continue to invest in and support staff at all levels through multi-agency training, information sharing and briefing to increase skill levels and knowledge and support delivery of our priorities. We will work with the third sector and other partners, supporting their training and skills delivery on the ground to build capacity across all sectors, thereby developing stronger and more robust support to children and young people at a local level.

We will work within the framework of the Common Core of Skills, Knowledge and Values (SSC, 2015) to strengthen our shared understanding and practice across different services to meet needs and improve outcomes for children young people and families.

This framework is shaped round four values:

- Respect: people using services as experts in their own lives with opinions, knowledge and experiences; value the contribution of others
- Collaboration: improved outcomes come through people working together in partnership.
- Participation and dignity: promoting the rights of individuals to play an active part in their community, as much as they want to and respect their choices of how they wish to lead their lives.
- Empowerment: make sure those who use services recognise and use their strengths and are able to make informed decisions.

In order to fulfil these values the framework outlines required skills in key areas - self-awareness, building trust, promoting dignity and fairness and engagement.

<http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/70-education-and-training/common-core-of-skills,-knowledge-and-values-grid>

We are committed to continue to deliver the training and development needed to sustain progress on the priorities in this plan and the programmes that underpin it.

Commissioned Services

We want to ensure that the best possible services are provided for children and young people. To complement our universal services and provide additional support, a range of targeted services for children and young people are commissioned and delivered through statutory and third sector services.

Following the recent completion of our Commissioning Strategy (March 2017), we apply the principles set out below to commissioning services –

- Focus on early intervention and prevention; ensuring we target families early enough
- Ensure that children and families' needs are at the centre of service design and delivery
- Ensure reducing inequalities is a priority across all services but that we get an appropriate balance between resourcing targeted and universal services
- Improve integrated working and focus on combined resources
- Work with and empower communities
- Improve outcomes for every child and their families.

A strategic needs assessment was carried out as part of the development of the strategy and a number of areas were identified to be addressed through targeted commissioned services, these are –

- Positive emotional & mental health wellbeing of children and young people
- Availability, access and support for young carers
- Consistency of access to quality youth work services
- Supporting choices:
 - Equality & inclusion
 - Positive life choices
- Availability and access of advocacy services

Appropriate commissioned services have been appointed to deliver these targeted areas, making best use of statutory, independent and third sector provision.

Additional sources of funding to commission services have been awarded by SBC as a one-year investment and this will be used to complement current resources.

We will continue to develop partnership models of service delivery and funding, to ensure that the best use of resources, knowledge and expertise is utilised in meeting the needs of our children and young people.

Current Commissioned Services

SBC Children & Families Social Work - Early Intervention: The provision of significant funding which is used in employing an additional 5 social workers across the service. The funding allows for the delivery of early intervention which enables continued work with children and families on a non-statutory basis. Without the additional funding, service provision would concentrate on children and young people predominantly involved in the Children's Hearing and Child Protection systems.

Quarriers Emotional Health & Wellbeing Service: This service provides a holistic model of generic support for children and young people aged 10 to 18 years to improve and promote emotional health and wellbeing for those who are vulnerable or are involved in risk taking activity, utilising psychologically informed approaches.

Generic Youth Work (7 providers across the Borders): A sustainable model which offers consistency of access to quality Youth Work services in addition to and supporting positive life choices equality & inclusion with a focus on targeted work to support the most vulnerable young people.

Police Scotland - Locality Integration Officers: This service provides funding for three Police Officers which Police Scotland match fund to provide six dedicated officers in total. The Police Officers work as part of the Locality Team, addressing local problems and issues through partnership working. These six Police Officers are protected from 'routine' operational duties and their role is to complement the school curriculum of personal and social development and support service users through successful interventions to prevent offending or re-offending.

Action for Children

Young Carers: Ongoing support of children and young people with caring responsibilities; providing a service with improved availability and access to enhance the quality of life as a child and young person.

Families Drug & Alcohol Service: The CHIMES service provides support to children and families who are affected by substance misuse.

NHS Borders - Community Children's' Nurses: This service is for children and young people who have complex health needs and enables them to be cared for as close to home as possible. It is a holistic model of nursing support and provides supported transition to Adult Services as well as advice to parents and carers to enable children and young people to participate in education.

Children 1st - Abuse & Trauma Recovery Service: This service is available for children and young people who have experienced sexual, physical and/or emotional abuse and where there is an impact of parental issues. Through 1:1 support, the service aims to minimise the impact of sexual, physical and/or emotional abuse to support recovery.

LGBT Scotland - LGBT Youth Borders: This service is for LGBT Young People who require an additional level of support and would benefit from opportunities to build networks with other LGBT young people. Through a range of activities such as youth groups and 1:1 support, the service supports LGBT Young People to be more confident and increase their levels of self-esteem.

Model of support

The Leadership Group utilises a model of support which has 4 stages and is designed to show what activity takes place at different levels and how our actions and commissioned services fit into that.

Stage 1 – Universal Services

Trained universal frontline staff (teachers, CLD workers, youth workers, health workers) support young people experiencing mild or short term emotional health issues. These staff will signpost children and young people to relevant activities and supports including quality approved online and mobile based self-help tools.

Stage 2 – Universal Plus

Enhanced training is provided for universal staff in mental health first aid and applied suicide intervention skills. Universal staff provide enhanced support to young people experiencing longer term or moderate emotional health issues. Advice and consultation is provided by the Emotional Health Service.

Stage 3 - Locality multi-agency working (targeted intervention)

Children and adolescent mental health services (CAMHS) provide specialist clinical services for significant mental health issues eg. Mood and anxiety disorder, OCD, suicide attempt, psychosis, neuro-development disorders and eating disorders.

Stage 4 - High level specialist provision

National services eg. Eating disorders, complex trauma

Monitoring, evaluating and reporting

To enable the delivery of the key actions within the 4 priorities, the Children and Young People's Leadership Group has to ensure that appropriate work is being undertaken and more importantly that it is making a difference and results in outcomes being met.

Various mechanisms are used to monitor, evaluate and report as outlined below -

Scorecard

The Leadership Group has developed a scorecard which is aligned closely with the priorities, outcomes and key actions. The quantitative data is designed to measure the effectiveness of the actions within each priority.

The scorecard is prepared and reported regularly to the Leadership Group and assists the group to make decisions in terms of any additional actions or focus required.

Outcome focused reporting

Many of the actions within the priorities require reporting mechanisms for a specific purpose and these are also used to update the Leadership Group. For example, a requirement of the Child Poverty Act (Scotland) 2017 is the production of an Annual Report to Scottish Government. This will also be considered by the Leadership Group as evidence that the work is being undertaken by partners to achieve desired outcomes.

Self-evaluation

The Leadership Group carries out an ongoing process of gathering evidence of the effectiveness of each action and priority by visiting service providers, attending celebratory events and other activities. This is an important duty of the group and provides networking opportunities as well as a sense of achievement.

Commissioned Services are required to submit a self-evaluation report every 6 months. This report is to provide an update to the group in terms of what the service have used their funds to achieve, what outcomes they are working towards and whether their activity is still appropriate and in line with their service specification.

Our Children's Health and Wellbeing in Scottish Borders, 2018

1. Introduction

This paper provides a summary of what we know about the health and wellbeing of our children in Scottish Borders. It draws on current data from a range of sources. It is intended to be used to inform planning for services that work with children and families.

2. Births

In 2017, there were 989 births in Scottish Borders. This was a decrease of 1.6% from 1,005 births in 2016. Of these 989 births, 498 (50.4%) were female and 491 (49.6%) were male. The most common age group of mothers in Scottish Borders was 30 to 34 (328 births), a change from 1997 when the 25 to 29 age were the largest group. The least common age group of mothers in Scottish Borders was 0 to 19 (31 births). Births to this age group of mothers decreased by 55% 1997 – 2007¹.

3. Maternal health

Evidence is growing that the health and wellbeing of a women in the preconception period and early in pregnancy impacts on the health of her child. Effective interventions for preconception care include: folic acid supplementation, vaccinations and immunisations, nutrition and weight management, effective management of long term health conditions and smoking cessation support. The evidence for reducing or abstaining from alcohol consumption before or during pregnancy is strong although intervention to support this behaviour change is limited. Other important areas of focus are drug misuse, screening for gender-based violence and mental health².

In Scottish Borders 80 % or more women accessed maternity care before 12 weeks of pregnancy in 2016 in each of the SIMD quintiles.

NHS Board	1-Most deprived	2	3	4	5-Least deprived
Scotland	85.9	88.6	89.4	90.4	90.9
Borders	89.0	88.3	87.0	81.0	88.5

¹ National Register Scotland:

https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#table_births_mothers_age_perc

² PHE 2018: Making the Case for Preconception Care.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729018/Making_the_case_for_preconception_care.pdf

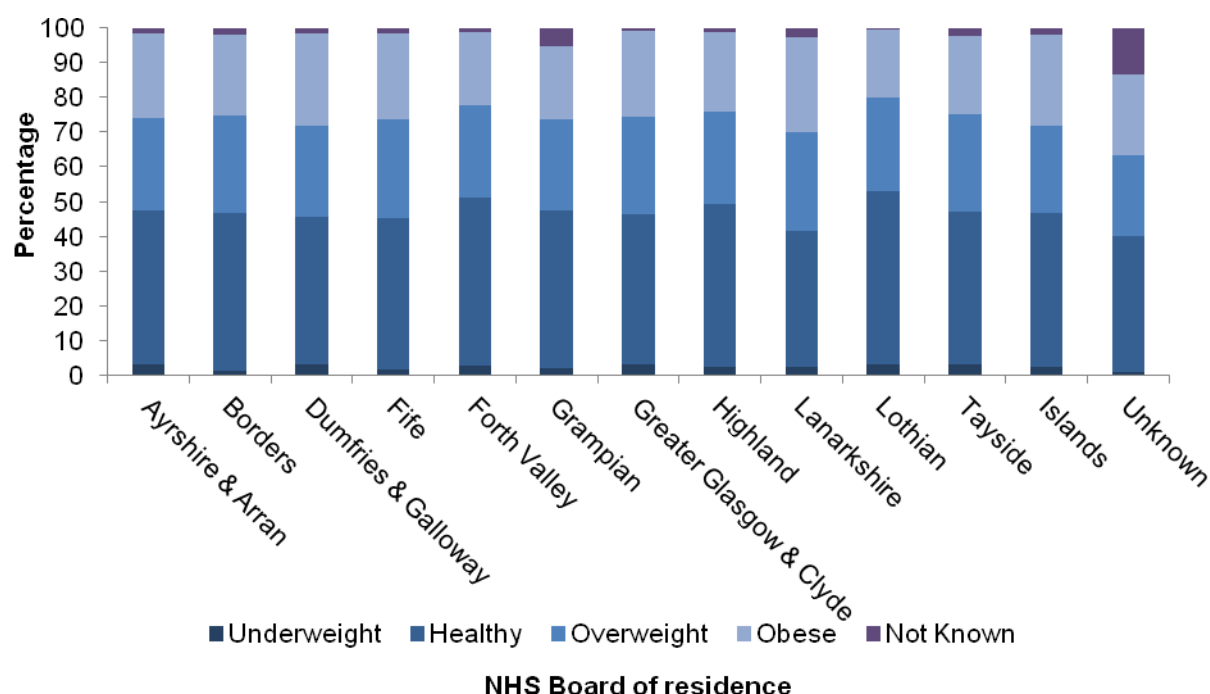
3.1 Smoking during pregnancy

The proportion of women smoking during pregnancy in Scottish Borders is gradually declining but at 19.3% in 2016 is still above the Scottish average of 16.4%. 20.9% of all women over the age of 16 in Borders smoke³.

3.2 Maternal healthy weight

In Scotland in 2017, the majority of mothers are overweight or obese. In 2016/17 fewer than half of pregnant women (45%) had a BMI within the healthy range at their booking appointment and more than half (51%) were overweight or obese. The chart below shows how NHS Borders compares with other health board areas: 28% were overweight and 23% obese.

Percentage of maternities by maternal BMI at antenatal booking¹, by NHS Board of residence, 2017



³ SCOTPHO Tobacco control profile

<https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do#>

3.3 Alcohol and Alcohol Brief Interventions

Current practice in many antenatal settings, including NHS Borders, often includes enquiries about alcohol consumption and the Scottish Women's Handheld Maternity Record includes two questions on alcohol. The delivery of a brief intervention offers health professionals a way to respond to women who report drinking while pregnant. An alcohol brief intervention (ABI) seeks to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm. It has the potential to be more effective in reducing drinking than just giving advice. In 2016 – 17 midwives completed 640 screenings with pregnant women. Seventy-one women were eligible for an ABI and 73 ABIs were delivered.

4. Family Nurse Partnership

The Family Nurse Partnership programme at NHS Borders was launched in August 2015, in partnership with NHS Lothian, and has worked with 89 clients to date. The voluntary home visiting programme provides regular specialist family nurse support to first time mums, aged 19 years or under, from the early stages of pregnancy until 'graduation' when their child is 2-years old. The programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

The average age of clients is 18 years. Vulnerabilities are high and several factors influencing this – age; mental health; Child Protection; Child poverty and deprivation.

Client profile:

- ☐ 83% has anxiety/mental health issues
- ☐ 41% involved with social services
- ☐ 51% not in work, training or education
- ☐ 63% irregular/limited/no school attendance

5. Child health at 27 – 30 months

Child health reviews for children aged 27 – 30 months were introduced into Scottish Child Health Programme in 2013. Reviews are undertaken as part of the Universal Health Visiting pathway. The assessment undertaken by the Health Visitor at the 27- 30 month review covers eight domains of children's development: speech, language and communication; gross motor; fine motor; problem solving; personal/social development; emotional/behavioural development; vision; and hearing.

In Scottish Borders, local scrutiny of this data from these reviews are now available for three consecutive years: 2014 – 15; 2015 - 16, 2016 – 17. Using the results from three cohorts of children 2014 – 2017 , it is possible to track trends over time, to compare Scottish Borders with Scotland as a whole and to look into variations between localities within Scottish Borders. This data set also allows analysis at Intermediate Zone level. The Scottish Borders area is made up of 29 Intermediate Zones (IZs).

4.1 Review coverage

Scottish Borders	2013/14	2014/15	2015/16	2016/17
No of children eligible for review	1,078	1,084	1,089	1,089
No. reviews provided	974	1,005	998	1,015
Completion rate	90.4%	92.7%	91.6%	93.2%

Source: ISD⁴

The local three year analysis uses a slightly a smaller population, as shown below. This data set is drawn from NHS Borders management information and allows more detailed analysis than is possible using the national data set. Results from these sources are summarised in the rest of this section.

Scottish Borders	2014 – 15	2015 – 16	2016 – 17
Assessments completed	854	922	980

4.2 Dental registration and attendance

Rates of dental registration have increased over the three year period in Scottish Borders from 73% to 77%. National data record that 47% of children aged 2 or under are dental registered, indicating that the registration rate in Borders is high. The rate of those registration and attending a dentist has increased very slightly from 67 - 70% at the point of the 27 – 30 m review.

Scottish Borders Dental Registration at 27 – 30 m Review

Year	All registered	% Not registered not attended	% Registered and attended	% Registered not attended	% Registered
2014 – 15	627	27%	67%	6%	73%
2015 – 16	692	25%	65%	10%	75%
2016 – 17	752	23%	70%	6%	77%

There is considerable variation in registration rates between Intermediate Zones. In six of the 29 IZs, more than 30% of children are not registered with a dentist at 27 months. [Cheviot West, Galashiels North, Galashiels South, Lauder and Area, Burnfoot and Tweeddale West Area]

4.3 Developmental concerns at 27 – 30 m review

The proportion of children assessed as having one or more developmental concerns has remained steady over time around 16%. However, the number for whom a full assessment could not be completed has increased from 3% to 6%. For the three years 2014- 15 to 2016 – 17, more boys had developmental concerns than girls: 20% of boys and 12 % of girls.

⁴ <http://www.isdscotland.org/Health-Topics/Child-Health/Publications/2018-04-24/2018-04-24-Child-Health-27m-review-Report.pdf>

There is variation between Intermediate Zones in the proportion assessed as having one or more developmental concerns: in five IZs at least one child in three was assessed as having one or more developmental concerns [Burnfoot, Jedburgh, Eyemouth, Coldstream area and Tweeddale East area]. Speech, language and communication continue to be the most common developmental concern. In 2016 – 17, this was the concern for 14% of the 17% children assessed as having a concern.

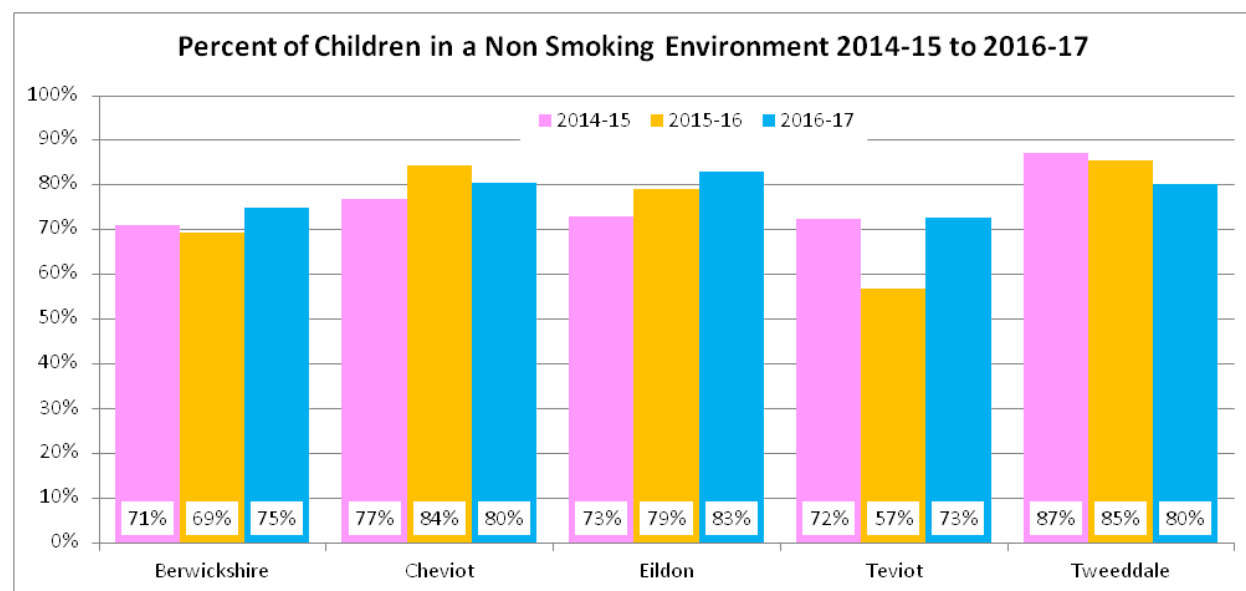
Over time, it appears that speech language and communication concerns make up an increasing proportion of all concerns. In 2016 – 17, in 85% of instances the concern related to speech, language and communication, an increase from 76% in 2014 – 15.

Year	Children with any developmental concern	Speech language and communication concern	% with SLC concern
2014 – 15	139	106	76%
2015 – 16	136	95	70%
2016 – 17	162	138	85%

4.4 Exposure to tobacco smoke

Between 2014-15 and 2016-17, the proportion of children in a “non-smoking environment” has increased from 76% to 79%. There are six IZs where 20% or more of the children live in a smoking environment (i.e. a carer smokes and / or the child is exposed to smoking) and a further four IZs where 30% of children are in such an environment. [Duns, Eyemouth, Langlee and Burnfoot]

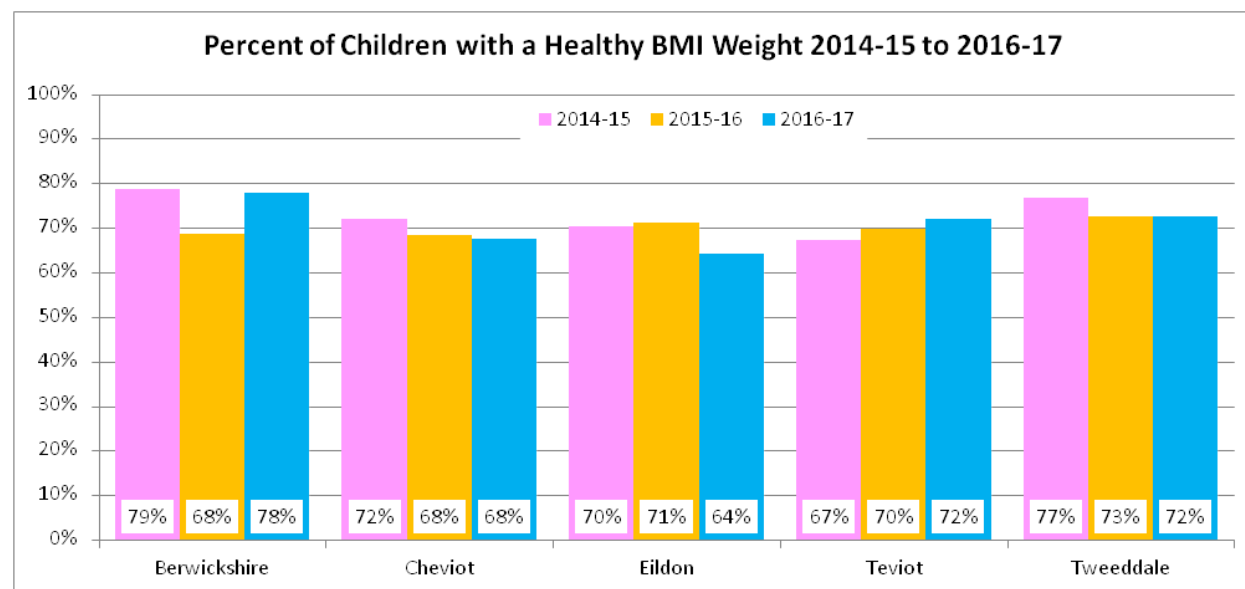
The graph below shows the proportion of children in a non-smoking environment by locality and year. In the Eildon locality there was a gradual increase in the proportion of children in a non-smoking environment. Conversely, in Tweeddale, there was a decline in the proportion of children living in a non-smoking environment.



4.5 Healthy weight

A healthy weight is categorised as a BMI centile weight of between 2 and 91%. The proportion of children who were within a healthy weight range remained fairly stable, around 70% over the three years. The proportion classified as overweight, obese or severely obese was similar each year, around 16%. Between 2014-15 and 2016-17, the number of children that did not have their weight recorded has increased and no BMI was recorded for 12% of children reviewed in 2016 - 17.

Over the three year period, Teviot was the only locality that had an increase in the proportion of children with a healthy weight.



6. Healthy Weight in Primary 1 Children

National data is collected through ISD on the BMI of P1 children. Scottish Borders Primary 1 rates show 16% are classified as overweight, obese or severely obese, similar to the rates at 27 – 30 m. The proportion of children in a healthy weight range at this age is around 85%.

7. Breastfeeding

Scottish Borders has seen a consistent improvement over recent years in the 6-8 week breastfeeding rates. This is the case both for the proportion of all babies breastfed and those exclusively breastfed. In 2015/16, NHS Borders had a rate of 34.1% exclusive breastfeeding at 6-8 weeks. In 2016 / 17 this rate increased to 37.8%.

Breastfeeding at 6 – 8 week review in Scottish Borders

	2013 – 14	2014 - 15	2015 – 16	2016 – 17
Reviews completed	1,050	929	933	901
Exclusively breastfed	32.6%	34.8%	34.1%	37.8%
Breastfed (includes breastfed and formula fed)	44.7%	45.3%	43.3%	49.2%

Source: ISD⁵

⁵ <https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-10-25/2016-10-25-Breastfeeding-Report.pdf>

8. Hospital admissions: unintentional Injury

Data on emergency hospital admissions among the under 5s following a non accidental injury are shown below. The table gives numbers of admissions for all causes of NAI and admissions for poisoning and falls. There has been suggestion that admissions due to poisoning in the Borders are higher year on year than might be expected for the size of population. However the small numbers involved make comparisons difficult and any conclusions need to be viewed with caution.

Emergency admissions as a result of non intentional injury due to poisoning in those aged 0 – 4 in NHS Borders 2013 – 2017

NHS Borders	2013 - 14	2014 - 15	2015 – 16	2016 – 17
Poisoning	22	23	14	20
Falls	48	37	35	38
All causes *	97	87	81	84

*Includes scalds, being struck, crushed and 'other'.

Source: ISD

9. Child poverty and early years

One in four families (24%) in the Scottish Borders are on a low income and do not have the means to afford basic goods and services for their household or necessities their child. The early years period can bring particular financial pressures. Certain families are more likely to be at risk of poverty including lone parents, families where the youngest child is under 1 and mothers aged under 25.

Local analysis has been undertaken to create the Scottish Borders Child Poverty index, using the percentage of children:

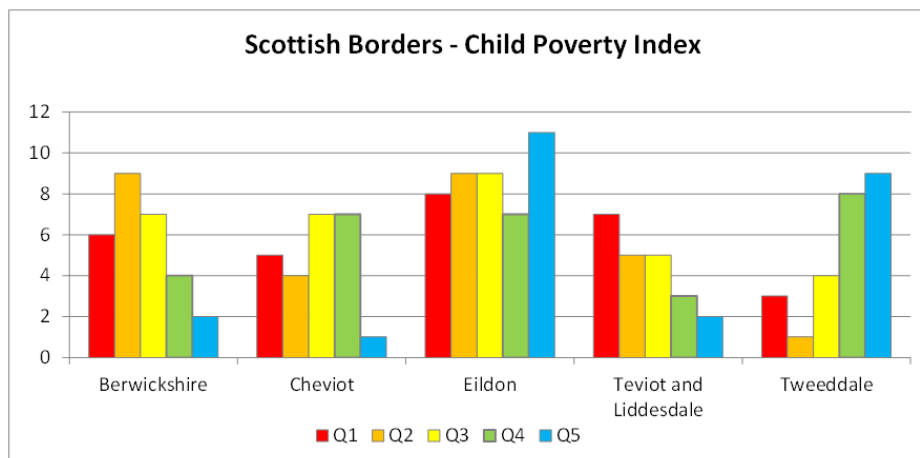
- In low income families (using HMRC data records)
- In receipt of free school meals
- In receipt of clothing grant
- In receipt of Educational Maintenance Allowance.

Score were allocated to rank the 143 data zones that make up the Scottish Borders. Ranking was based on the proportion of families in each data zone who met the four measures of child poverty above. This created a composite score for each data zone and generated a profile of poverty for each locality.

There were 29 data zones where families fell into the highest category of poverty across the four measures combined. A further 28 data zones had families that were in the second highest category of child poverty using this index. The results also showed that there are children in poverty in each of the five localities across Borders.

Localities by SB CPI Quintile

Locality / Quintile	Q1 (14.5 to 21.0)	Q2 (11.5 to 14.0)	Q3 (8.0 to 11.0)	Q4 (6.0 to 7.5)	Q5 (1.0 to 5.5)	Scottish Borders
Berwickshire	6	9	7	4	2	28
Cheviot	5	4	7	7	1	24
Eildon	8	9	9	7	11	44
Teviot and Liddesdale	7	5	5	3	2	22
Tweeddale	3	1	4	8	9	25
Grand Total	29	28	32	29	25	143



10. Child protection and Looked After Children

From April 20 17 to Mach 2018 there were 537 Child Protection Interagency Referral Discussions. The number of children on the Child Protection Register in October 2018 was 53, the rate per 1,000 population is 3% and this is in line with the Scottish average.

In April 2015, corporate parenting was placed on a statutory footing in the Children and Young People (Scotland) Act 2014. As a corporate parent NHS Borders therefore has a statutory duty and responsibility to support and to promote the interests of looked after children and young people. We have 224 Looked After Children (LAC) in the Borders. Overall, LAC numbers have decreased 10.75% between April 2017 and March 2018 and this reflects the national trend of a reduction of 3% over the last two years, however this needs to be offset against the small number of young people who remain in alternative care placements with a Continuing Care status. The number of looked after children in the Scottish Borders remains below the national average.

11. Conclusions

We want the Scottish Borders to be the best place for a child to grow up. Investing early in our young peoples' future is the best form of prevention and is a highly cost-effective approach that can generate huge benefits across society. This means recognising the impact that early childhood poverty and adverse childhood experiences can have on health outcomes throughout a person's life. There is strong evidence that, without intervention, adverse childhood experiences have long term impacts throughout the life-course on health, emotional wellbeing and other life outcomes. We need

to raise awareness of awareness of ACEs and their impacts across various sectors, and work with community planning partners at the local level to prevent ACEs from occurring and to mitigate the impact where they do.

Creating healthy childhood experiences is a shared responsibility for all. NHS Borders, Scottish Borders Council and their partners all rightly focus much of their resource on the early years, through provision of funding for early learning and childcare, health visiting, early years services, and education and support for families. We also need to ensure that families are sufficiently supported financially, emotionally and in terms of housing, employment and social security rights to have a healthy pregnancy and postnatal period. This includes being smoke-free, well-nourished and supported to breastfeed where possible.

SCOTPHO Health and Wellbeing Profile: Children and Young People (Borders) (accessed August 2018)



Children and Young People (Borders)

Printed Date: 08-AUG-2018 10:04

Domain	Indicator	Period	Number	Measure	Type	National Average	'Worst'	Scotland Comparator	'Best'	
Safe	1 Children on the child protection register 3,9	2017	41	1.9	cr2	2.6				
	2 Children looked after by the local authority 3,9	2017	221	10.3	cr2	14.3				
	3 Children referred to the Scottish Children's Reporter Administration for care and protection 3,9	2016	208	10.9	cr2	14.5				
	4 Unintentional injuries in under 5s 3,12	2014	87	1,502.7	sr4	1,093.8				
	5 Young people admitted to hospital due to assault 3,12	2015	17	142.4	sr4	120.9				
	6 Young people living in the most crime deprived quintile	2016	2,866	9.4	%	21.7				
Healthy	7 Infant deaths 3,17	2014	2	1.9	CR4	3.4				
	8 Deaths in children aged 1-15 years 3,17	2014	2	10.0	CR7	10.8				
	9 Women smoking during pregnancy 12	2014	165	20.6	%	17.3				
	10 Premature births 12	2015	81	8.7	%	8.0				
	11 Low birth weight 12	2015	12	1.4	%	2.0				
	12 Teenage pregnancies 3,12	2015	84	27.7	cr2	32.7				
	13 Maternal obesity 12	2015	207	22.9	%	22.7				
	14 Child obesity in primary 1	2016	111	10.1	%	10.5				
	15 Child dental health in primary 1	2016	754	71.9	%	70.9				
	16 Child dental health in primary 7	2016	747	68.3	%	69.4				
	17 Children admitted to hospital due to asthma 3,12	2015	24	126.8	sr4	160.3				
	18 Mean mental wellbeing score for S4 pupils 3	2013	n/a	46.8	mean	47.6				
	19 Mean total difficulties score for S4 pupils 3	2013	n/a	13.4	mean	12.9				
	20 Proportion of S4 pupils in good or excellent general health 3	2013	n/a	85.1	%	83.7				
	21 Alcohol-related hospital stays, aged 11-25 years 3,12	2015	53	306.1	sr4	256.1				
	22 Drug-related hospital stays, aged 11-25 years 3,12	2015	20	121.2	sr4	108.4				
	23 Deaths from suicide in young people 3,17	2014	2	9.1	CR7	8.3				
	Achieving	24 School leavers with 1 or more qualification at SCQF Level 4 3	2015	1,124	96.3	%	96.3			
		25 Looked after school leavers with 1 or more qualification at SCQF Level 4 3	2015	9	81.8	%	76.7			
		26 School leavers with 1 or more qualification at SCQF Level 6 3	2015	725	62.1	%	61.6			
		27 School leavers living in the most deprived quintile with 1 or more qualification at SCQF Level 6 3	2015	22	27.5	%	42.7			
		28 Secondary school attendance 3	2016	n/a	92.3	%	91.2			
		29 Secondary school attendance by looked after children 3	2014	n/a	88.3	%	88.1			
30 School exclusion rate 3		2016	313	21.5	cr2	26.9				
31 School leavers in positive destinations 3		2014	1,087	94.3	%	92.0				
32 Looked after school leavers in positive destinations 3		2015	9	81.8	%	71.2				
33 Employment rate for 16-24 year olds		2017	6,100	60.8	%	59.4				
Nurtured		34 Babies exclusively breastfed at 6-8 weeks 12	2015	328	35.5	%	28.1			
	35 Exposure to secondhand smoke at 6-8 weeks 12	2015	90	10.9	%	11.4				
	36 Immunisation uptake at 24 months - 5-in-1 12	2016	1,041	98.0	%	97.7				
	37 Immunisation uptake at 24 months - MMR 12	2016	1,022	96.3	%	95.0				
	38 Developmental concerns at 27-30 months 12	2015	171	17.0	%	18.3				
	39 Households with children living in homes that fall the Scottish Housing Quality Standard (SHQS) 3,12	2015	6,000	53.2	%	41.2				
	40 Households with children living in fuel poverty 3,12	2015	2,000	16.0	%	16.7				
Active	41 Uptake of the HPV vaccine in S3 girls 12	2015	523	90.9	%	88.1				
	42 Active travel to school 3,20	2016	6,412	50.5	%	49.9				
Responsible	43 Proportion of S4 pupils who are regular smokers 3	2013	n/a	9.5	%	8.7				
	44 Proportion of S4 pupils who are weekly drinkers 3	2013	n/a	13.8	%	11.6				
	45 Proportion of S4 pupils who use drugs monthly 3	2013	n/a	6.1	%	5.3				
	46 Children referred to the Scottish Children's Reporter Administration for offences 3,9	2016	44	4.6	cr2	6.7				
	47 Young people in prison 3,12	2013	21	201.5	sr4	300.2				
Included	48 Children in low income families	2015	2,530	12.1	%	16.3				
	49 Young people living in the most income deprived quintile	2016	2,241	7.4	%	21.5				
	50 Children registered for free school meals 3	2017	1,205	11.0	%	15.6				
	51 Young people living in the most access deprived quintile	2016	10,189	33.5	%	19.4				
	52 Proportion of S4 pupils participating in recreational groups and activities 3	2013	n/a	72.9	%	70.7				

Notes: 3. Data available down to council (local authority) area only.
 9. Denotes indicator where categorization as better or worse than comparator average is not appropriate and data are subject to local interpretation.
 12. Three-year average number, and 3-year average annual measure.
 17. Five-year average number, and 5-year average annual measure.
 20. Data in the following local authorities and years is based on primary school responses only: Falkirk (2008, 2009), Dundee City (2009), West Dunbartonshire (2009, 2010, 2011), Glasgow City (2012)

Spine % -percent
 Chart Key: cr2 -crude rate per 1,000 population
 CR4 -Crude rate per 1,000 live births
 CR7 -Crude Rate per 100,000 population
 mean-average
 sr4 -age-sex standardised rate per 100,000 population to ESP2013.

Spine Chart Key:
 ● Statistically significantly 'worse' than National average
 ○ Statistically not significantly different from National average
 ● Statistically significantly 'better' than National average
 ○ Statistically significant difference compared to National average
 △ No significance can be calculated

'Worse' Area ← Scotland Average → 'Better' Area
 5th Percentile 25th Percentile 75th Percentile 95th Percentile

See the detailed Definitions and Sources table for Indicator Information and Technical Report for further guidance on interpreting the spine.