

# The Tayside Plan for Children, Young People and Families

2017 - 2020



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# Foreword



Welcome to the Tayside Plan for Children, Young People and Families 2017-2020. This plan has been prepared by the Community Planning Partnerships of Angus, Dundee and Perth & Kinross. The Plan focuses on reducing inequalities and improving outcomes for all of Tayside's children. It sets out the joint vision and priorities of three local unitary authorities, NHS Tayside and other local and national partners. It is informed by the views and responses from children and families gathered by the Dartington Social Research Unit.

We believe this Plan to be a significant step in presenting the aspiration of our collaboration with and for children and families. Our focus is on prevention and early intervention. We have agreed outcomes, indicators and activities to be delivered over the short, medium and longer term, ensuring sustainability and transformational change. By working together, sharing knowledge and co-creating, we will shift resources and prevent negative outcomes.

The Plan outlines our commitment to work across boundaries both professionally and geographically. As leaders and directors of people and resources, we will support and develop the workforce to continually focus on our shared purpose of ensuring 'our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up'. We will encourage connections and build trust and confidence in our communities.

The Plan is about our children, our communities and our future. Over time, it will develop and build on the evidence we have to support health, education and communities. We are delighted to present the Plan to the people living in Tayside and the Scottish Government. We look forward to bringing an Annual Report in 2018 outlining our combined success as communities, professionals and partners.

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# Introduction

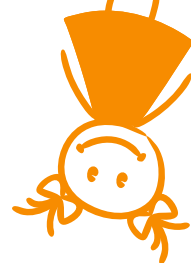
This Tayside Plan for Children, Young People and Families 2017-2020 is the first joint plan to be produced by the three Community Planning areas of Angus, Dundee and Perth and Kinross. It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery, evaluation and improvement of services to children, young people and families. It also reflects a shared and longstanding commitment to implementing Getting It Right for Every Child (GIRFEC).

The Plan has been developed by the three Councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships, the Third Sector and other organisations to ensure a consistent approach towards agreed priorities and an absolute focus on improving outcomes for all children, young people and families, regardless of their circumstances.

A wide range of information, including the requirements of national policies; demographic data; extensive research commissioned by each of the three local authority areas from the Dartington Social Research Unit; the views of local children, young people, parents, carers and communities; and evidence on what works in providing effective support to families has informed the development of the Plan and the identification of five agreed priorities over the next three years.

The Plan focuses on reducing inequalities, promoting educational attainment and enabling children and young people with additional and complex health concerns to access high quality healthcare services. It promotes targeted support towards the early years and addressing the key issues which can act as barriers to children and young people achieving their full potential as they move towards and into adulthood. In line with GIRFEC, it will ensure that all partners will:

- ✓ Reduce inequalities and disadvantage
- ✓ Protect the most vulnerable from harm
- ✓ Take the right action to prevent needs arising in the first place
- ✓ Provide the right support to meet needs at the earliest appropriate time
- ✓ Deliver individualised, proportionate and whole family based support
- ✓ Provide services which are experienced as integrated and consistent
- ✓ Involve children, young people and parents in the design of services
- ✓ Develop holistic services for children, parents and communities
- ✓ Improve outcomes



# Our Vision for Children, Young People and Families

Our region is made up of the three Council areas of Angus, Dundee and Perth and Kinross and serviced by NHS Tayside, Tayside Division of Police Scotland, three Health and Social Care Partnerships, the Scottish Children's Reporter's Administration and a range of Third Sector organisations. A single Tayside Plan for Children, Young People and Families will achieve our vision of ensuring that:

***"Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up"***

As a result of our collective leadership and with the full participation of local communities, all partners will make the best use of available resources, learn from each other and develop momentum to improve services. We will work together to strengthen families and improve the lives and the long-term life chances of all our children and young people.

As partners, we are acutely aware of the economic climate and associated financial constraints in the development and delivery of services. We also recognise the significant contributions of the Third Sector and Health and Social Care Partnerships across Tayside. All actions in the plan aim to make the best use of available resources by targeting them towards our shared priorities and promoting a focus on continuous improvement.



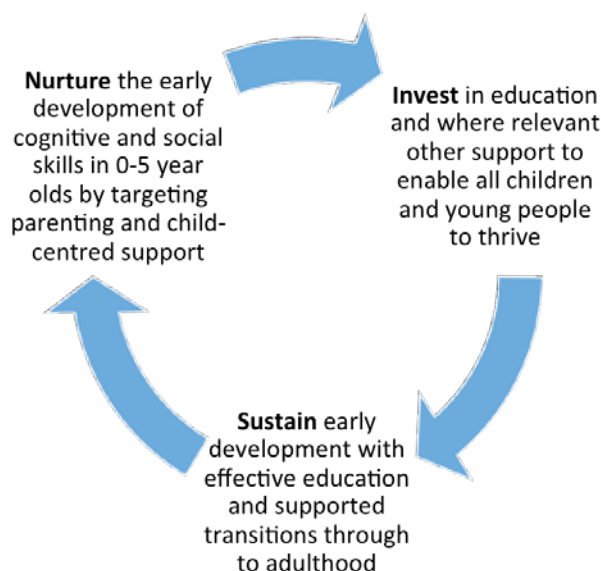
# Our Approach to Planning and Delivering Services

Building on existing arrangements, which involved separate plans for each local authority area that included some area-wide work, we have responded to opportunities provided by **Part 3 of the Children and Young People (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015** to create one plan for Tayside. These Acts provide the main legal basis on which we have agreed our principles, priorities and approaches towards improving outcomes in the health, wellbeing and educational attainment of our children and young people.

We have planned and will deliver our services in the most integrated way, based on a **shared understanding of the key needs of children, young people, their parents or carers and the communities in which they live**. We are committed to using evidence to identify and respond to needs and to working alongside local communities and service users to help design, develop, deliver, evaluate and continuously improve services and build assets. We will maintain effective services and adapt or develop services which are more likely to achieve positive outcomes.

The Plan has also been informed by the work of two **Fairness Commissions** across the area, which have brought together partners from various sectors to explore the causes and impact of poverty. They have made recommendations relating to stigma and social inclusion; work and wages; reducing the education gap; benefits advice and support; fuel and food; and health. Equally, the Plan has been informed by Integrated Joint Boards for Health and Social Care and other partnerships involved in developing or delivering services to adults and communities.

As a partnership, we know from well-respected national and international research that supporting parents and carers and focusing on the early years of a child's life to develop their cognitive and social skills, then maintaining relevant support as they move through primary and secondary school, is much more likely to lead them to becoming confident and capable adults. This includes a greater likelihood of them becoming more effective parents and longer-term benefits for their own children. This inter-generational cycle is illustrated below:



We know that we can maximise this framework most effectively by closely involving all partners. This includes the **Third Sector**, which plays a vital role in delivering a range of services to children, young people and families; **businesses**, which contribute towards social, economic and community development through training, employment and other local investments; and **further and higher education institutions**, which are major employers in the area as well as having valuable teaching and research expertise.

We will, therefore, work creatively with all partners across the public, private and third sectors to **build variety and capacity in preventative interventions** by developing a commissioning strategy which focuses services towards prevention and re-investing savings from fewer reactive and costly interventions. This means gradually re-balancing resources towards the early years; earlier identification of and response to problems; effective support to parents; and supported transitions into adulthood.

Crucially, we will put **the needs of children, young people and families at the centre of everything we do**. The development of this plan has been informed by consultation and engagement with children, young people and families and we will continue to ensure that their views are sought, fully considered and inform all subsequent developments. Partners are fully committed to the United Nations Convention on the Rights of the Child (UNCRC) and will ensure this is reflected in action.



# National Policies for Children, Young People, Adults and Communities

The plan has been informed by policies which help drive the shift towards prevention and greater integration of services. This includes the **Scottish National Performance Framework** and the **National Improvement Framework**, which aim for a range of outcomes such as children and young people having the best start in life, being better educated and more skilled. They include targets which span the child and young person's journey through childhood and into early adulthood. A full list of key policies is attached at Appendix 1.

The successful implementation of these policies will have a major impact on community and family wellbeing. We are committed to implementing them together in an integrated, coherent manner and this Plan represents the **joint framework from which all partners will work together to focus on agreed priorities**. We believe that if we consistently apply the same shared approach over time, we are much more likely to achieve and sustain long-term positive outcomes. In particular, we will work collaboratively to:

- ✓ Focus on families at risk and reduce vulnerability
- ✓ Ensure children's rights to health
- ✓ Raise attainment and close outcome gaps
- ✓ Meet the needs of Young Carers
- ✓ Improve outcomes for Looked After Children and Care Leavers
- ✓ Improve transitions for young people as they prepare for adulthood





# What we know about Children, Young People and Families living in Tayside

There are currently **77,451** children and young people aged 0-17 years living in Tayside of which **21,359** are under the age of five. This means that **19%** of our total population of 415,040 is under the age of 18 and **5%** is under the age of five. It is projected that the overall figure for the child population aged 0-17 years will increase by 3.1% between 2014 and 2039, with Perth and Kinross being the area of highest population growth and Angus being the only area where a decrease is predicted.

We want all of our children and young people to thrive and the Dartington Social Research Unit provided a range of reliable data on what we need to prioritise to improve their wellbeing and promote positive outcomes. In particular, children, young people and parents/carers in Tayside participated in research commissioned from the Dartington Social Research Unit. This large scale research provides reliable data into the wellbeing of children, young people and what needs to improve to enable the best possible outcomes. The Evidence2Success survey was conducted in Perth and Kinross in 2013, and Better Outcomes surveys in Angus and Dundee were conducted in 2014. The research identified the following common themes:

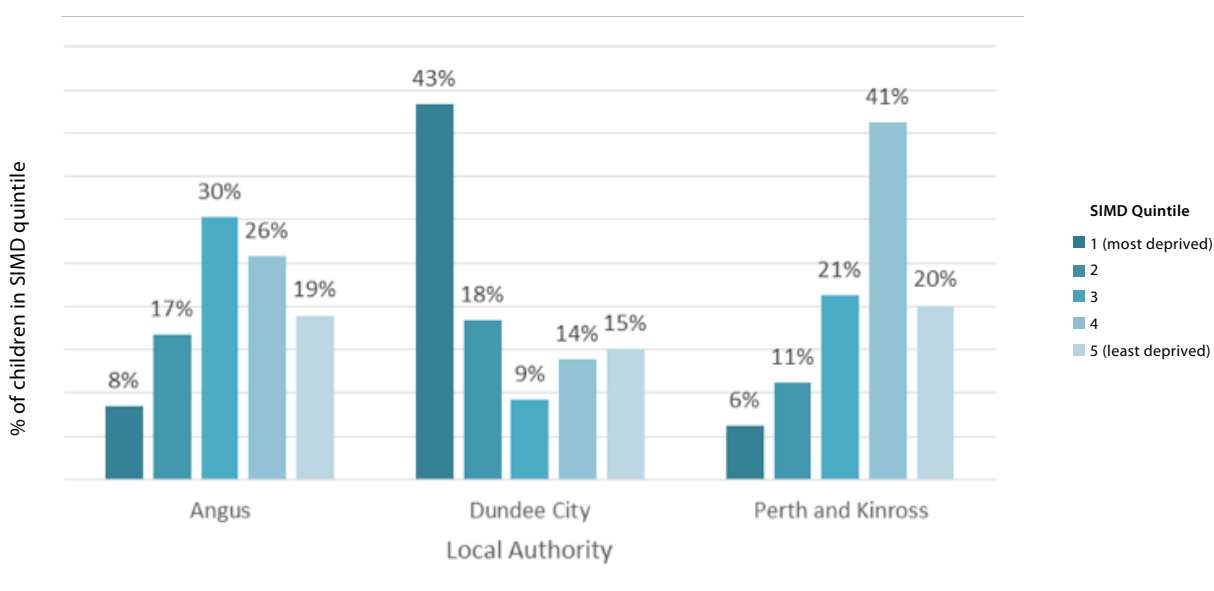
- **1 in 10 parents reported that their children (aged 3-8 years) experience poor behavioural development;**
- **More than 1 in 5 children experience multiple risks to their health and development (aged 9-15 years);**
- **More than 4 in 10 young people (aged 9-15 years) were poorly engaged in their learning;**
- **1 in 10 young people (aged 9-15 years) experience poor emotional wellbeing, including anxiety and depression;**
- **More than 4 in 10 young people (aged 11-15 years) reported using substances in the previous month;**
- **2 in 10 young people (aged 11-15 years) had been involved in delinquent or offending behaviour in the previous year.**

In addition to this, a range of other data sets have been analysed, including:

- **Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)**
- **Numbers and trends of Looked After Children**
- **Numbers relating to children and young people at risk of harm**
- **Health, Wellbeing and Attainment data**
- **Scottish Index of Multiple Deprivation (SIMD)**

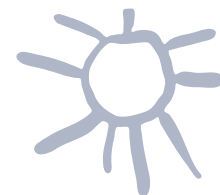
## Poverty and Deprivation

In Tayside, deprivation is a significant issue and applies to families living in both rural and urban areas. This is illustrated in the graph below, which shows the proportion of people per local area who live in the most and least deprived areas of Scotland. The darker columns represent the proportion of people living in the most deprived areas and the lighter columns the proportion living in the least deprived.



The graph shows that, in Angus, 8% live in the most deprived areas and 19% in the least deprived; in Dundee, 43% live in the most deprived areas and 15% in the least deprived; and in Perth and Kinross, 6% live in the most deprived and 20% in the least deprived. There is more poverty and there are fewer pockets of wealth in Dundee, where almost half of our children and young people live in the most deprived areas.

We know that children and young people living in poverty often have poorer health and educational outcomes than their more affluent peers. These poorer outcomes often continue into adult life and even older age. Unless we prioritise and target services to meet their needs, these inequalities are likely to continue in future generations.



## Child Protection

The numbers of children on the Child Protection Register who are assessed as being at risk of abuse or neglect varies across the 3 areas. On 31st July 2016 in Angus, 4.9 of children and young people per 1,000 population aged 0-15 years were on the Register; in Dundee 3.4 per 1,000 and in Perth and Kinross 3.0 per 1,000. In all three areas, the most common concerns contributing to risk of significant harm to children and young people are:

- **Domestic abuse** – whereby the controlling, coercive and/or violent behaviour from the usually male partner towards the female has an adverse effect on the welfare and development of the child
- **Neglect** - whereby the parent(s)/carer(s) persistently fail to meet a child's physical and/or emotional needs, likely to result in the serious impairment of the child's health or development.  
Due to a range of potentially inter-related issues, such as poverty, poor mental health and/or parenting skills, neglect is the primary maltreatment issue faced by children across Tayside.
- **Parental substance misuse** – whereby one or both parent(s)/carer(s) are unable to meet the basic needs of the child due to their problematic use of alcohol and/or drugs and its impact on their parenting capacity
- **Parental mental ill-health** – whereby a parent or carers mental health has a significant impact on their parenting capacity and their ability to safeguard the needs of their child

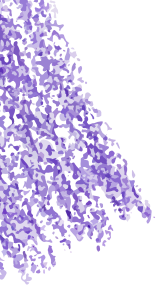
In all three areas, children and young people are also experiencing new risks relating to their use of and exposure to the internet and other technologies, such as websites, social networking sites and mobile phones. This includes risks from known and unknown adults and their peers involving, for instance, child sexual exploitation and bullying. They can often use these technologies without being aware of the potentially harmful consequences to themselves or others.

## Early Years

In 2014, NHS Tayside introduced a review of child development at 27-30 months. Over 90% of children eligible to receive the 27-30 month review have completed reviews, higher than the national average. In March 2014 and March 2015, 77% of the children had no concerns with regard to meeting age appropriate developmental milestones. The developmental milestones most frequently not met were:

- **Speech and Language**
- **Emotional Development**
- **Attention**
- **Social Development**





The proportion of boys and girls not meeting developmental milestones in this review is weighted towards all children living within deprived areas and towards boys living in many areas. Achieving developmental milestones by 27-30 months is crucial to ensuring readiness to learn on entry to school and provides a strong foundation for subsequent childhood development.

## Mental Health and Wellbeing

In Tayside, significant and increasing numbers of young people experience worry, unhappiness and psychodynamic complaints likely to receive a clinical diagnosis if seen by a professional. This amounted to 10% of young people in Angus, 11% of young people in Dundee and 9.5% of young people in Perth and Kinross. 15% of parents with children aged 0-8 years also reported concerns about their own mental and emotional health.



When interrogated further this data shows that girls are considerably more likely to identify concerns. The higher prevalence of emotional wellbeing concerns has also been highlighted in a review of SALSUS data between 2006 and 2013 which shows a trend towards increasing occurrences of anxiety and depression among our young people. This trend is more expressed in teenage girls.


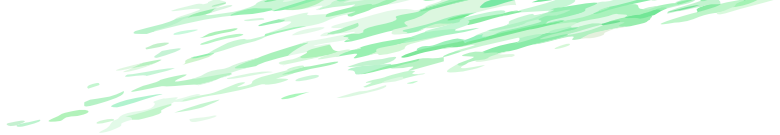
For those children and young people identified as having potential mental health problems warranting clinical support, the Child and Adolescent Mental Health Service (CAMHS) in Tayside recorded an increase in newly accepted referrals of 29% from 2014 to 2016. It is clear that mental health and wellbeing is a significant and increasing concern for our children and young people.

## Substance use

Children and young people are affected both by their own substance use and by parental substance misuse. Although there has been a decrease in young people using alcohol and drugs reported by SALSUS, the early initiation of substance use remains a significant issue affecting children and young people. The Dartington surveys identified the following levels of young people reporting at least one occasion of smoking cigarettes, drinking alcohol or illicit drug use:

- **42% of young people in Angus;**
- **41% of young people in Dundee; and**
- **46% of young people in Perth and Kinross.**





Children and young people reported that the majority of this substance misuse related to alcohol. The average age young people reported they had first drunk more than a small amount of alcohol was 12 years old. However, smoking rates for 13 and 15 year olds have decreased in line with the national average and the percentage of mothers smoking at the time of their first ante-natal booking has also been reducing consistently.

Adult drug deaths are a significant issue in some areas, with 48 confirmed drug deaths in 2015, 58% of which occurred in Dundee. Across Tayside, the rate of drug deaths per head of the population resembles the national average but the rate in Dundee has been consistently higher than the national average. In Dundee, substance misuse by women is also much higher than the national average. One of the groups most at risk are adult males shortly after release from prison.

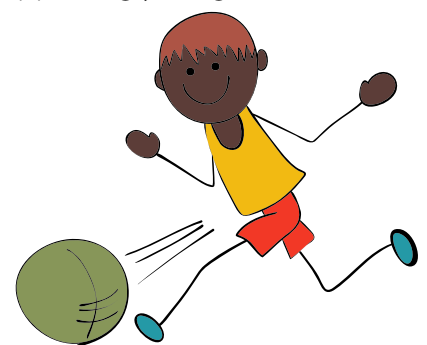
## Looked After Children

We have more than 1,000 children and young people who are Looked After at home or away from home. Children who are Looked After at home remain with their families and are subject of compulsory measures of care through the Children's Hearing. Children can be Looked After away from home and placed in alternative care such as Kinship Care, Foster Care or Residential Care for a variety of reasons. As of 31st July 2016, the numbers of Looked After Children were:

- **Angus** - 238 children (1.1% of all children 0-17 are Looked After)
- **Dundee** - 592 children (2.2% of all children 0-17 are Looked After)
- **Perth and Kinross** - 286 children (1.0% of children 0-17 are Looked After)

It is well evidenced that the outcomes for children and young people who are or have been Looked After are not as good as their peers. For instance, they are more likely to be excluded from school; less likely to attain literacy and numeracy standards; less likely to enter and sustain positive destinations after leaving school; and more likely to become involved in the criminal justice system as adults. Longer-term, a disproportionate number are serving or have served prison sentences.

In order to address these inequalities, our commitment as Corporate Parents will focus on securing stable, nurturing and caring environments; supporting young people to remain and achieve in school; continuing in care beyond the leaving age; enhancing opportunities for positive post-school destinations; and providing ongoing support into early adulthood up to the age of 26 years.



## Teenage Pregnancy

Ten years ago, the pregnancy rate in Tayside was 11.8 of 1,000 females under 16. The current figure is 5.8 of 1,000 females under 16, representing a decrease of 51% over the last decade. Teenage pregnancy rates are therefore reducing and the gap between Tayside and national rates has narrowed markedly.

However, there is a strong correlation between deprivation and teenage pregnancy, with Dundee having much higher rates of teenage pregnancies than Angus and Perth and Kinross. A teenage female living in the most deprived areas is 5 times as likely to experience a pregnancy as someone living in the least deprived.

We know that teenagers who are pregnant can face particular challenges during pregnancy and as young parents. This can include prenatal health and education issues, possible stigma, barriers to employment and the difficulties in being a young parent.

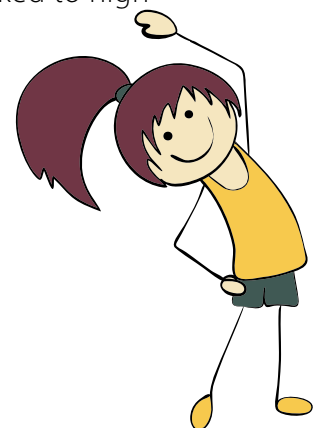
## Childhood Healthy Weight

Having a healthy weight is important to all people, especially children and young people, to optimise wellbeing. It helps their self-esteem and confidence, improves participation in sport or active play and reduces the risk of developing physical health problems as they move into adulthood and older age. It can therefore have long-term implications on their lives. We know that:

- **76% of children in Tayside are considered to be at a healthy weight**
- **13% are at risk of being overweight**
- **10% are at risk of obesity**

## Dental Health

Poor dental health has an impact on a child's physical, mental and emotional wellbeing. In Tayside, more than 30% of children under the age of 5 years old are suffering from dental decay, resulting in over 700 admissions to hospital for treatment. Dental decay is closely correlated with deprivation and linked to high sugar diets and poor dental hygiene. The negative impact can continue into adulthood.



## Young Carers

Young Carers are children and young people with caring responsibilities who provide a vital source of support to their families who may, through illness or disability, be finding it difficult to cope. They may be providing this support to parents, grandparents or siblings, sometimes at the expense of their own educational, health or wellbeing needs.

We are therefore committed to identifying and supporting Young Carers. We know there are likely to be many more than is presently known, with self-reported figures showing that the numbers of carers under the age of 16 in each local authority area as follows:

- **Dundee** - 261
- **Angus** - 265
- **Perth and Kinross** - 280

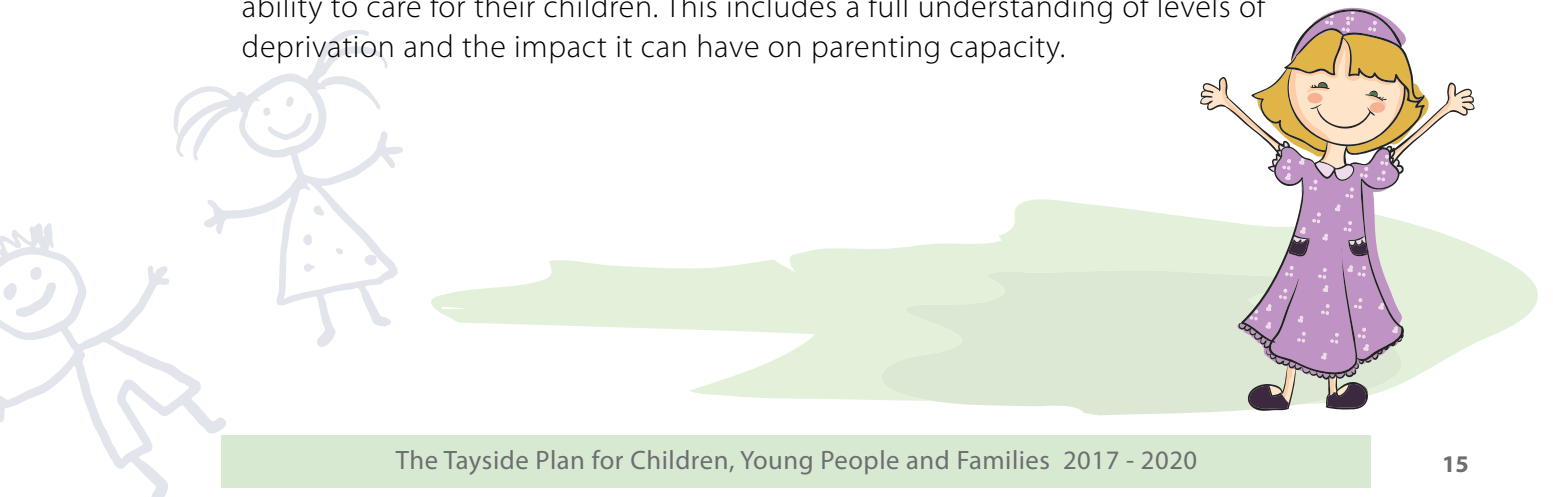
## Families Affected by Imprisonment

Around 100 adults from Angus and Perth and Kinross and 300 from Dundee experience imprisonment every year. A significant proportion are parents and their imprisonment can have a marked impact on children and young people including issues of separation, loss of income and potential social stigma. Parental offending is also a major risk factor in future offending by children and young people.

## Views and Aspirations of Children, Young People and Families

It is impossible to generalise about the views and aspirations of all children and young people across the area but we know through surveys that they report a number of common themes. In particular, they want to be respected; know that people care about them; that they can talk to people if they need to; and that they have things to do which they enjoy.

Parents and carers tell us that they need easier access to information and more local opportunities for themselves and their children. They want more co-ordinated support which acknowledges and addresses the wider issues that can affect their ability to care for their children. This includes a full understanding of levels of deprivation and the impact it can have on parenting capacity.



# Our Five Priorities

By considering all of the evidence available to us about the various matters affecting our children, young people and families, each of which can have a marked impact on their lives and their longer-term life chances, we agree five priorities.

These priorities are underpinned by key policies, such as GIRFEC and the consistent implementation of the Named Person and providing the right help at the right time; the Curriculum for Excellence; and Developing the Young Workforce.

We believe that addressing these priorities will help realise our shared vision for children, young people and families and make Tayside the best place in Scotland to grow up.

Our five priorities have informed a range of actions, some of which involve a continued focus on using existing services to achieve better outcomes in the short to medium term.

Other actions are more long-term, in that they initially involve the development of clear and consistent multi-agency strategies within which better decisions about the type and range of services to be delivered can be made.

## Our priorities are:

### **1. Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.**

We will work alongside families (pre-birth – 5 years) to improve children's wellbeing and encourage early social and emotional development. In partnership with parents and carers, we will support children in their early years to ensure all children and young people in Tayside are given the best start in life.

## What we will do to ensure children get the best start in life in Tayside:

- Provide targeted multi-agency support to families to ensure children aged 0-5 years reach their developmental milestones
- Deliver a new Health Visiting Pathway and expand the Family Nurse Partnership Programme
- Realign resources to improve the availability and impact of early intervention services, including for children who have a disability or complex needs
- Deliver on the 5 ambitions of Ready to Act, the National Allied Health Professional (AHP) transformational plan





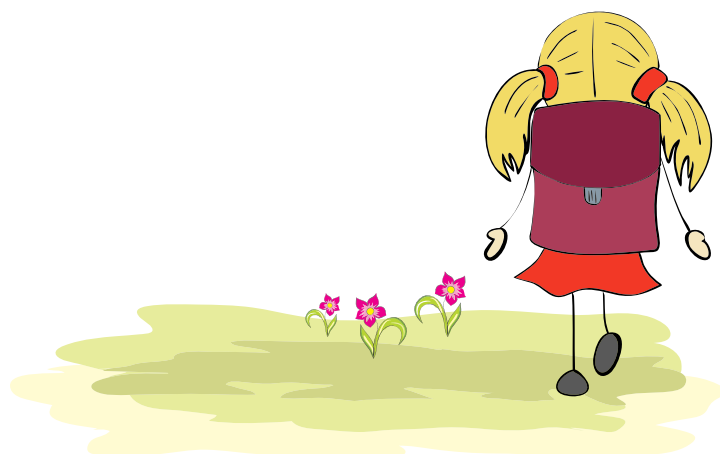
- Develop and implement an evidence-based Tayside parenting strategy in partnership with Health and Social Care and other appropriate partnerships
- Develop and deliver high quality, flexible early learning and childcare provision
- Develop ways to support speech, language and communication capacity, including inclusive communication with **children, young people and parents**

**2. Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential.**

We will ensure that, through meaningful engagement in learning, high quality learning experiences and skilful staff, all of our children, regardless of their circumstances, will be successful learners, confident individuals and responsible citizens who contribute to their communities. We will have ambitious targets for raising attainment and achievement.

**What we will do to ensure children and young people succeed:**

- Ensure children who are at risk of not achieving their potential are provided with the extra support they need
- Provide parents, carers and young people with opportunities to be active partners through supported learning and consultation on improvement plans
- Implement initiatives for post-school training, apprenticeships and further and higher education to improve pathways to employment
- Promote collaborative working across schools and their communities to support robust self-evaluation, and improved quality of provisions
- Support young people to make informed choices and exercise greater control as they transition to adulthood
- Ensure close partnership working is designed to close inequality gaps, address complex needs and share good practice that already exists



### **3. Our children and young people will be physically, mentally and emotionally healthy.**

We will improve the mental health, wellbeing and resilience of children and young people through early advice, support and education. Our services will equip young people to make healthy lifestyle choices and reduce their involvement in risk taking or harmful behaviours such as substance use, unsafe sex, poor diet and lack of exercise.

#### **What we will do to promote good physical, mental and emotional health for children:**

- Develop and implement, in partnership, an evidence-based Tayside parenting strategy
- Develop and implement a Tayside multi-agency framework to prevent and address early initiation into substance misuse
- Develop and implement a Tayside Mental Health Strategy for children and young people to ensure a focus on prevention, early identification and support
- Implement the Pregnancy and Parenthood in Young People Strategy alongside work to reduce teenage pregnancy and support to young parents
- Develop a Tayside strategy to improve Child Healthy Weight

### **4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people.**

We will focus resources on groups of children and young people that are more likely to experience inequalities and poor outcomes in health, wellbeing, education and post-school destinations. We commit to closing the various "gaps", increasing accessibility and broadening opportunities. We will share good practice that already exists across Tayside.

#### **What we will do to improve outcomes for children and young people who experience particular inequalities and disadvantage:**

- Informed by the work of Fairness Commissions, work together to reduce the impact of poverty on our children, young people and families.
- Develop and implement a Corporate Parenting Strategy which pro-actively and systematically addresses the needs of Looked After Children and Care Leavers
- Ensure Looked After Children and Care Leavers are fully involved in decisions about their care and influence service delivery

- Ensure Young Carers are identified, provided with support, and assisted to manage appropriate caring responsibilities
- Ensure children and young people with complex and enduring needs experience high quality care and support and are included within their local communities
- Ensure children and young people with complex and enduring needs receive timely, effective support in their transition into adulthood
- Ensure that children and young people who have offended receive appropriate child-centred support which reduces the risk of re-offending

### **5. Our children and young people will be safe and protected from harm at home, school and in the community.**

Our approaches to protecting vulnerable children and young people will be integrated and focused on early identification, and immediate and effective intervention to remove and reduce the risk of significant harm.

#### **What we will do to keep children safe:**

- Continue to build a confident, competent and supported workforce in order to protect children and young people from abuse, exploitation and neglect
- Continue to promote highly effective practices in the sharing of information in order to protect and safeguard children, young people and vulnerable adults
- In partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS), strengthen our approaches to tackling and mitigating the effects of childhood neglect
- Improve children and young people's capacity for personal safety and the avoidance of abuse and exploitation, including from their use of the internet
- Develop a shared Tayside communication strategy in support of consistent messages to promote the protection and welfare of children and young people
- Involve children, young people, parents and wider families in decision-making and planning processes that affect them



# Areas of Collaboration

By working together as one across Tayside we will achieve our vision for children, young people and families. Building on existing arrangements, transformational change will be achieved through a range of collaborative projects over the next three years:

- 1. Commissioning** – we will develop a shared strategy based on key principles such as collaboration, transparency, targeting resources towards agreed priorities, best value, evidence based services and focusing on outcomes. Where possible, relevant partners will commission jointly.
- 2. Shared services** - we will explore options to develop a range of shared services managed by a named authority and delivered consistently across the area, along with options to increase shared Tayside access to services in all 3 areas.
- 3. Capital investment** - we will develop an investment strategy and delivery plan. This will include a full review of current assets, analysis of service duplication/ gaps and the development of a financial model that creates new opportunities for income maximisation and best value
- 4. Single strategies** - in partnership with Health and Social Care, we will develop shared evidence based strategies on a range of key issues such as parenting, mental health and wellbeing and healthy childhood weight. They will focus on prevention, early intervention and tiered responses to needs.
- 5. Continuous improvement** - in partnership with Health and Social Care, we will strengthen our approach towards self-evaluation by involving the whole workforce and local communities. This will enable us to jointly understand key strengths and respond to areas for improvement.
- 6. Learning and workforce development** - we will develop a single learning and workforce development strategy which will ensure leaders, managers and front-line staff from all partnerships are trained and supported in the key competencies which promote a consistent focus on improving outcomes
- 7. Engagement and participation** - we will develop coherent and systematic approaches towards meaningful and pro-active involvement of children, young people, families and communities to influence the ways in which services are designed and delivered



- 8. Governance arrangements** - we will review governance arrangements with a view to promoting greater and more consistent multi-agency scrutiny across the area as a whole whilst respecting local structures and the importance of ensuring services continue to reflect local needs and improve local outcomes.

This initial focus will strengthen the foundations of our long-term shared approach towards the management, commissioning, delivery, self-evaluation and improvement of services. It will act as a catalyst for other collaborative work within and between all partnerships going forward.



# How We Know We Will Be Making a Difference to Outcomes

As a partnership, we will ensure that we have a consistent and sustained focus on improving outcomes for children, young people and families. We will regularly collate and analyse information on a range of indicators to assess the extent to which we are making progress; where good practice can be shared and extended; and how we can address areas for improvement.

The following outcome measures provide an initial outline of the information we will gather. As part of our collaborative approach towards continuous improvement, we will refine and extend this framework and will include both quantitative and qualitative indicators relating, for instance, to housing, mental health and substance misuse. We will involve children, young people, families and communities in these developments.

## 1. Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Increase % of children reaching all of their developmental milestones at the time of their 27-30 months Child Health Review to at least 85% <sup>1</sup>	77%	78%	80%
Speech, language and communication – % of children with no concerns identified at 27-30 months Child Health Review <sup>2</sup>	82%	82%	84%
Increase the % of children who have accessed early learning and childcare provision (2 year olds) to at least 27% (estimated eligibility nationally) <sup>3</sup>	9%	15%	8%
Maintain the % of children who have accessed early learning and childcare provision (3-4 year olds) <sup>4</sup>	95%	99%	93%

<sup>1</sup> Details by SIMD quintile available on request

<sup>2</sup> Details by SIMD quintile available on request

<sup>3</sup> Source: Scottish Government, Summary Statistics for Schools in Scotland, No: 7-2016, Table 5.1: Funded registrations for early learning and childcare at local authority and partnership centres, September 2016. Please note that Dundee figures are likely to always be higher as eligibility is higher; however, none of the three local authorities can identify exactly how many children are eligible. Target is national estimated entitlement.

<sup>4</sup> Ibid

2. Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences all children and young people will fulfil their potential<sup>5</sup>.

<b>Current position and suggested improvements</b>	<b>Angus</b>	<b>Dundee</b>	<b>Perth &amp; Kinross</b>
Increase the % of local residents satisfied with schools	76%	65%	85%
Increase the % of secondary school pupils achieving 5 plus awards at SCQF level 5 or higher	58%	52%	62%
Increase the % of secondary school pupils achieving 5 plus awards at SCQF level 6 or higher	32%	27%	36%
Increase the % of secondary school pupils from deprived areas achieving 5 plus awards at SCQF level 5 or higher	39%	37%	32%
Increase the % of secondary school pupils from deprived areas achieving 5 plus awards at SCQF level 6 or higher	18%	13%	8%
% of school leavers achieving literacy and numeracy at SCQF level 4 or above <sup>6</sup>	91%	86%	84%
% of school leavers achieving literacy and numeracy at SCQF level 5 or above <sup>7</sup>	66%	54%	62%
Increase the % of pupils entering positive destinations after leaving school	94%	94%	92%
Increase the average total tariff SIMD Quintile 1	601	529	523
Increase the average total tariff SIMD Quintile 2	646	689	746
Increase the average total tariff SIMD Quintile 3	760	869	850
Increase the average total tariff SIMD Quintile 4	914	916	1023
Increase the average total tariff SIMD Quintile 5	982	1086	1135
Increase the % of pupils who stay on from S4 to S5 <sup>8</sup>	80%	1086	86%
Increase the % of pupils who stay on from S4 to S5 <sup>9</sup>	52%	916	60%
Increase % of Tayside schools achieving an overall grade as Good or above when inspected by Education Scotland and/or when carrying out How Good Is Our School self-assessments <sup>10</sup>	Definition of measure to be agreed	Definition of measure to be agreed	Definition of measure to be agreed

<sup>5</sup> Figures sourced from Local Government Benchmarking Framework report of 2015/16 data, published February 2017, unless otherwise stated

<sup>6</sup> Insight Senior Phase Benchmarking Tool

<sup>7</sup> Ibid

<sup>8</sup> Census S5 roll Sept of current academic year divided by census S4 roll previous year

<sup>9</sup> Census S6 roll Sept of current academic year divided by census S4 roll two years previously

<sup>10</sup> Education Scotland combined with local measures

### 3. Our children and young people are physically, mentally and emotionally healthy.

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Increase the % of children with a BMI in a healthy weight category at 4-5 years review (baseline P1 in 2014/15 <sup>11</sup> )	76%	73%	77%
Decrease the % of children and young people using substances	Definition to be agreed	Definition to be agreed	Definition to be agreed
Decrease the rate per 1,000 of teenagers conceiving (under 20 years) – baseline 2014	29	51	30
Number of annual admissions to dental hospital for tooth extraction under general anaesthetic by age	720 (Tayside) <sup>12</sup>	720 (Tayside)	720 (Tayside)
Increase the % of P1 pupils with no obvious dental disease <sup>13</sup>	67%	65%	74%
Develop an outcome measure similar to the SALSUS 2-yearly survey in relation to mental health	Definition to be agreed	Definition to be agreed	Definition to be agreed
Agree measures relating to temporary accommodation and homelessness of children, young people and families	Definition to be agreed	Definition to be agreed	Definition to be agreed



<sup>11</sup> Please note that the P1 indicator is being stopped in favour of the 4-5 years indicator; however, there is no process in place yet to collect the 4-5 year data so it is not clear when data will be available

<sup>12</sup> Please note that this is an estimate for financial year 2016/17 based on data for three quarters

<sup>13</sup> NHS Tayside Child Health report 2016, p.42 – detailed inspection P1 during 2015/16



#### 4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable to all other children and young people.

<b>Current position and suggested improvements</b>	<b>Angus</b>	<b>Dundee</b>	<b>Perth &amp; Kinross</b>
Increase the % of fostering and residential services which are rated good or above by the Care Inspectorate	Definition of measure to be agreed	Definition of measure to be agreed	Definition of measure to be agreed
Increase the % of Accommodated children and young people placed within their own communities <sup>14</sup>	Definition of measure to be agreed	Definition of measure to be agreed	Definition of measure to be agreed
Increase the % of children and young people placed in family based placements <sup>15</sup>	91%	90%	94%
Decrease the % of openings lost to exclusions during academic year for looked after children <sup>16</sup>	0.09%	0.39%	0.36%
Increase the % of looked after children in positive destinations post school <sup>17</sup>	70%	85%	83%
Increase the % of looked after school leavers gaining Literacy & numeracy at SCQF level 4 or better	44%	58%	48% <sup>18</sup>
Increase the % of plans for children with complex and enduring needs which demonstrate that their views and the views of their parents/carers have been heard	Definition to be agreed	Definition to be agreed	Definition to be agreed
Decrease the number of young people (under 18) with custodial sentences during past financial year	<5	7	<5
Decrease the number of young people (under 18) admitted to secure accommodation during past academic year	<5	8	<5
Increase the % of 16-17 year olds charged with offences who are dealt with under diversionary measures or through the Children's Hearing during academic year	Definition to be agreed	Definition to be agreed	Definition to be agreed
% of Young Carers who have a statement of needs and who are receiving support	Definition to be agreed	Definition to be agreed	Definition to be agreed

<sup>14</sup> Figure calculated based on LAC on 31st July of previous year as in CLAS returns but requires postcode/ post town analysis – details for calculation to be agreed

<sup>15</sup> Scottish Government, CHILDREN'S SOCIAL WORK STATISTICS SCOTLAND 2015-16

<sup>16</sup> Further details by primary and secondary school and also by Looked After At home and Away from home can be made available for Dundee

<sup>17</sup> Insight. The more important follow up measure is a better outcomes indicator but although published nationally is unreliable due to insufficient matching of LAC and SDS data and relatively small numbers

<sup>18</sup> Please note that due to very small figures, Perth and Kinross reports on the three year average 2014-16

## 5. Our children and young people are safe and protected from harm at home, school and in the community.

<b>Current position and suggested improvements</b>	<b>Angus</b>	<b>Dundee</b>	<b>Perth &amp; Kinross</b>
Reduce the % of children and young people who are re-registered on the Child Protection Register within 24 months <sup>19</sup>	To be established	To be established	To be established
Agree a measure on reduction in risk and improved safety after 3 months of child protection registration	Definition to be agreed	Definition to be agreed	Definition to be agreed
Reduce the emergency admissions from Unintentional Injuries for children aged 0-15 <sup>20</sup>	154	229	202
Agree a measure on the impact of domestic abuse on children and young people	Definition to be agreed	Definition to be agreed	Definition to be agreed

<sup>19</sup> Based on CP Returns: number of re-registrations within 12 months divided by number of all registrations during past academic year; the timeframe may be extended in 2017/18 to strengthen the measure

<sup>20</sup> Figure for 2014/15 – source: NHS Tayside Child health Report 2016, table 24



## Moving Forward

As a partnership of three Councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships, the Third Sector and other organisations, we will keep the Plan under constant review and revise and update it in collaboration with all key stakeholders. This will include ongoing implementation of new national policies and legislative requirements.

We will review the Plan on a formal basis and report on our progress to Councils; NHS Tayside Board; local communities and Scottish Government annually. We will update the Plan to ensure that it continues to fully reflect agreed priorities and achieves improved outcomes in health, wellbeing and educational attainment.

We will continue to engage with our communities to jointly agree and respond to priorities, including through the identification, development and use of local assets. It will remain shared, whole systems, whole community and whole family focused plan which achieves our shared vision of ensuring that:

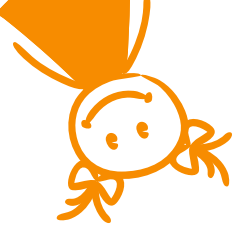
***‘Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up’.***



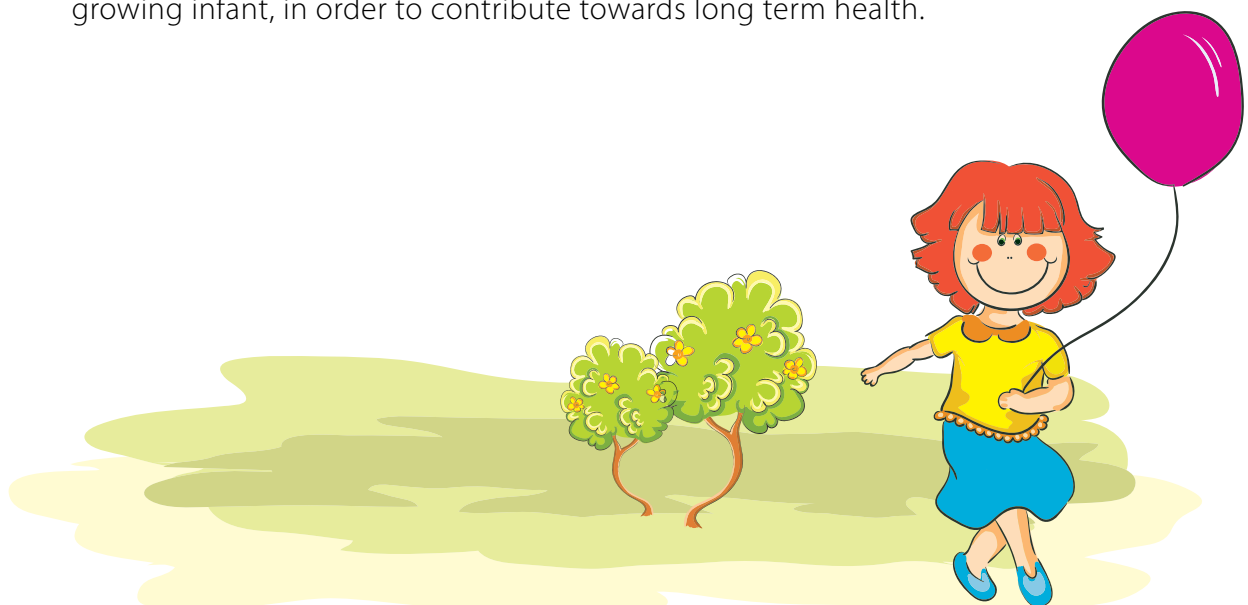
# Appendix 1

## Key Policies for Children and Young People

- **Child Protection Improvement Programme** – a national review of child protection systems and processes focused on the 3 areas of leadership, governance and accountability; learning cultures; and values. The review has made 12 recommendations to improve the child protection system.
- **Getting It Right For Every Child** – the national approach towards improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parents to work in partnership with the services that can help them
- **Children and Young People (Scotland) Act 2014** - establishes legal duties for all Corporate Parents to be systematic and pro-active in their efforts to meet the needs of Looked After Children and Care Leavers. It requires all Corporate Parents listed in the Act to have a Corporate Parenting Plan
- **NHS Tayside Paediatric Clinical Services Strategic Framework** - describes the high level clinical strategy for services provided by Medical Paediatrics in NHS Tayside. It encompasses only the services managed by the medicine directorate and includes neonatal, community child health and medical paediatric inpatient and outpatient services. This includes services provided by paediatricians, children's nursing, midwives and allied health professionals in hospital and community settings
- **Child Poverty Strategy for Scotland 2014 to 2017** - outlines an approach towards reducing poverty and mitigating its harmful impact on children, young people and families. This includes maximising household resources; improving children's wellbeing and life chances through a focus on the early years; and improving the physical, social and economic environments of local areas, particularly in areas of multiple deprivation
- **Curriculum for Excellence** – a single curriculum for 3 to 18 years; a structure of assessment and qualifications; a focus on transitions from nursery to primary and secondary schools; a focus on literacy and numeracy, health and wellbeing, more skills for work options and space for sport and music
- **Education (Scotland) Act 2016** – introduces measures to improve Scottish education, including the attainment of pupils from poorer backgrounds; giving children a voice in matters that affect them; and extending the rights of children with additional support needs



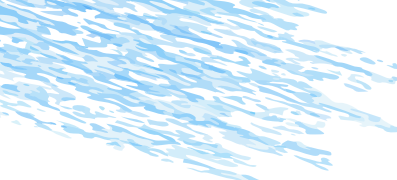
- **National Parenting Strategy** - has one clear purpose in acting as a vehicle for valuing, equipping and supporting parents to be the best they can be, so that they, in turn, can give children the best start in life and the support they need to succeed
- **Child Poverty Strategy for Scotland: Our Approach** – emphasises 3 principles underpinning a long-term approach towards child poverty, involving prevention and early intervention; building the assets of individuals and communities; and ensuring children and young people are at the centre
- **Youth Employability Strategy** – focuses on ensuring all 16-19 year olds are in further education, training or employment, the development of a Modern Apprenticeship programme and promoting partnership work between the public, private and third sectors to expand opportunities into adulthood
- **Youth Work Strategy** – places an emphasis on both universal and targeted work in both communities and schools to engage with and empower young people, so they can make positive choices and have every opportunity to contribute
- **Carers (Scotland) Act 2016** – sets out duties for responsible authorities to offer identified young carers a statement which outlines whether they have any needs and what support will be provided to meet their needs. The Act also requires the provision of information and advice for carers
- **A Refreshed Framework for Maternity Care in Scotland 2011** – outlines how the Scottish Government is committed to ensuring that all children in Scotland get the best possible start in life, even before they are born. Getting maternity care right for every woman and baby is the cornerstone of family health
- **Improving Maternal and Infant Nutrition: A Framework for Action** – aims to improve the diet and nutritional status of women before conception and during pregnancy, the feeding received by the infant during the first few months of life, the process of weaning onto solid foods and the diet and nutrition status of the growing infant, in order to contribute towards long term health.

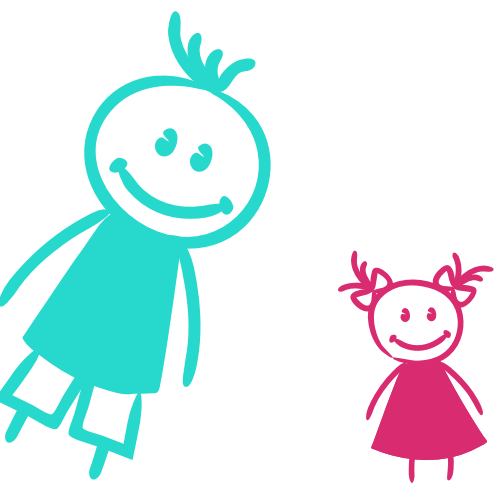


## Key Policies for Adults and Communities

- ***Mental Health Strategy for Scotland*** – recognises the nature and extent of mental health problems such as depression, conduct disorders and dementia and includes a focus on prevention, anticipation, early intervention and supported self-management, including for children and young people.
- ***Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*** – focuses on both prevention of and recovery from substance misuse problems, including the education of children and young people about risks and responses to children at risk from parental substance misuse.
- ***Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls*** – focuses on providing early and effective support to women, children and young people and ensuring perpetrators are subject to robust and effective responses
- ***A Fairer Scotland for Disabled People: Our Delivery Plan to 2021*** – outlines 5 long-term ambitions aimed at changing the lives of disabled people, including halving the employment gap and increasing the percentage of disabled people in the public sector workforce



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- **Better Health, Better Care** – a significant step towards a ‘Healthier Scotland’ and its three main components of health improvement, tackling health inequality and improving the quality of health care. An action plan sets out a programme of comprehensive and targeted action to accelerate progress on each of these components.
  - **National Clinical Strategy for Scotland 2016** – sets out a framework for the development of health services across Scotland for the next 10-15 years. The strategy sets out the case for planning and delivery of primary care around individuals and their communities, providing high value, proportionate, effective and sustainable healthcare.
  - **National Strategy for Community Justice** – promotes a whole system, multi-agency approach towards reducing re-offending involving the delivery of support and/or monitoring at the earliest possible time and improved access to services for people who have offended, many of whom are parents.
  - **Community Empowerment (Scotland) Act 2015** – requires Community Planning Partnerships to produce Local Outcome Improvement Plans, including locality plans for areas experiencing disadvantage. The Act also requires engagement with communities, including children and young people.





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