

2014 - 2017



Fife Children's Services Plan

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FOREWORD

The partnership between services for children in Fife is mature at strategic level and in each of its areas and communities. The responsibility for this Children's Services Plan is held collectively by the partnership, represented by the Children in Fife Group. This partnership binds Fife Council, the voluntary sector, Police Scotland, Scottish Children's Reporter Administration and NHS Fife in common purpose. The Children in Fife Group reports to the Fife Partnership.

This plan is nested within Fife's Community Plan, in particular these 4 outcomes:

- *improving early years development of children in Fife,*
- *raising educational attainment and reducing educational inequality*
- *improving the health of Fifers and narrowing the health inequality gap, and*
- *making Fife's communities safer.*

The 2011-14 Children's Services Plan consolidated the focus of the children's partnership on measurable outcomes that depended on the collective efforts of partners; this plan refines that focus. It is concerned wholly with improving the life chances of young people in greatest need and at greatest risk, thereby reducing inequality. Its strategic emphasis is on prevention and early intervention. This is important given evidence of an increasing proportion of Fife children living in poverty (34.2% of Fife children in poverty are aged 0-4 years compared with 31.7% in Scotland).

This 2014-17 plan builds on the success achieved so far and on the achievements gained through the Getting it Right initiative. It organises and targets efforts across the children's partnership and aims to maximise synergy between these efforts. Our emphasis is on ensuring that children get the help they need when they need it. Through targeted prevention and early intervention we aim to break cycles of disadvantage to help create positive futures.

The plan includes specific improvement priority outcomes for young people and families. It also sets out priority actions to continue process improvements across children's services. These include the legislative requirements of the Children and Young People (Scotland) Act 2014 which will be introduced progressively during the period of the plan.

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1.0 INTRODUCTION

This Children's Services Plan sets out the priorities of the partnership of services for children in Fife over the period 2014-17. It takes account of the legislative reform brought by the Children and Young People (Scotland) Act 2014.

This plan has been developed by, and has strong commitment from, NHS Fife, the voluntary sector; Police Scotland, the Scottish Children's Reporter Administration and Fife Council.

The overall mission of the children's partnership continues to be to safeguard, support and promote the wellbeing of all children and young people in Fife. This means seeking to secure that each child is safe, healthy, achieving, nurtured, active, respected, responsible and included. We consider such wellbeing to be an entitlement for all children and young people, but also a prerequisite to each individual young person achieving positive future life chances.

Poor outcomes and life chances for children and young people are associated strongly with social disadvantage. Each of the priority outcomes targeted in this plan is concerned with breaking cycles of disadvantage and therefore working with families and communities to improve the circumstances of children and families experiencing poverty.

The plan gives emphasis to targeted prevention and early, least intrusive intervention. Any intensive intervention is provided proportionate to need. Our focus is on young people in greatest need and at greatest risk. The plan aims to ensure that universal services are targeted to best effect in relation to risk and need. It is intelligence led, evaluated in practice and focused on what works. It is an example of how all 4 objectives of the Christie Commission can be practiced:

- building services around people and communities
- working effectively in partnerships to achieve outcomes
- prioritising prevention, reducing inequality and promoting equality
- improving performance and reducing costs

The actions of this plan will continue to be taken forward through the national enabling framework *Getting it Right for Every Child* (GIRFEC). Getting it Right in Fife (GIRIF) encompasses Fife's Early Years, Additional Support for Learning and More Choices More Chances strategies and is embedded in the policy and practice of each partner service.



























Getting it Right in Fife aims to make a difference to children's life chances on key indicators of risk and well being by developing a managed system across services for children where there is collective accountability for agreed, valued outcomes, derived from clear and purposeful leadership across the partnership.

We wish to continue the success of our efforts to provide speedy action through partners working together at the most local level. We expect to continue and improve capacity at community level and to limit referral upward to more specialised levels (e.g. Reporter, Acute Clinics). We wish to further close gaps between services to integrate service delivery and make the help we provide more family friendly. Most of all we wish to continue to make positive impact on valued outcomes for young people.

2.0 PROGRESS IN THE PREVIOUS PLAN

Progress relating to Fife's 2011–14 Priority Outcome Indicators is summarised in table 1. Section 2.1 provides narrative to describe these. Each of the priority areas highlighted has depended upon the combined effort of two or more partners.

Table 1

A. LED AND MANAGED BY A STRATEGIC PARTNERSHIP	LEAD GROUP	BASELINE 2011 (unless noted)	MOST RECENT LEVEL	TARGET (2014 unless noted)	IMPROVED	MET OR EXCEEDED TARGET
Reduce % of 16-19 year olds not in Employment, Education or Training	MCMC	10.3% (2010)	9.6% (2013)	9.6% (2013)		
Increase percentage of P1 children with no obvious signs of dental disease	Oral Health Strategy Group	59.7% (2010)	68.2% (2012)	65%		
Reduce number of children and young people with 5 or more separate referrals for offences in a six month period reported through the YOMG	Youth Offender Management Group	100	Under 16 – 45 Over 16 – 36 Total – 81	90		
Increase by 10% the number of offence and non-offence referrals from Fife police being dealt with by multi-agency partners rather than a referral to the Reporter	Youth Offender Management Group	6835	3993 in 7 months (4/13-10/13 incl)	7518		
Reduce % of children on the child protection register for more than a year	Child Protection Committee	15%	13% April 2012- March 2013	12%		
Increase access to appropriate help for children experiencing domestic abuse through MARAC	Fife Domestic Abuse Strategy Group	100	499 (2012-2013)	400		
Reduce pregnancy rate amongst under 16 year olds per 1000	Sexual Health Strategy Group	10.5 per 1000 (2009)	6.6 (2012)	6.8 per 1000		
B. LED AND MANAGED BY CHILDREN IN FIFE GROUP	LEAD SERVICE	BASELINE 2011 (unless noted)	MOST RECENT LEVEL	TARGET 2014	IMPROVED	MET OR EXCEEDED TARGET
Increase in percentage of looked after children cared for within Fife	Social Work	95%	94%	96.5%		
Decrease number of babies requiring treatment for substance misuse withdrawal	NHS	8.6% (2010)	6.5% (2013/14)	8.5%		
Increase % children exclusively breastfeeding at 6-8 weeks(1 year rolling)	NHS	25% (2010)	23.9% (March 2013)	27% (2012)		
Number of children 5-15 participating in child healthy weight programmes (3 year rolling)	NHS	414 (2008-11)	1065 (2013)	1060		
S4 : 5 plus SCQF level 3	Education	92.4% (2010)	93.8% (2013-pre appeal)	93% (2012)		
Increase % of half day attendances per pupil in secondary schools	Education	90.4% (2010)	90.8% (2013)	91%		

 - Red – target not met

 - Met or exceeded target

2.1 Positive impact on key outcomes for young people

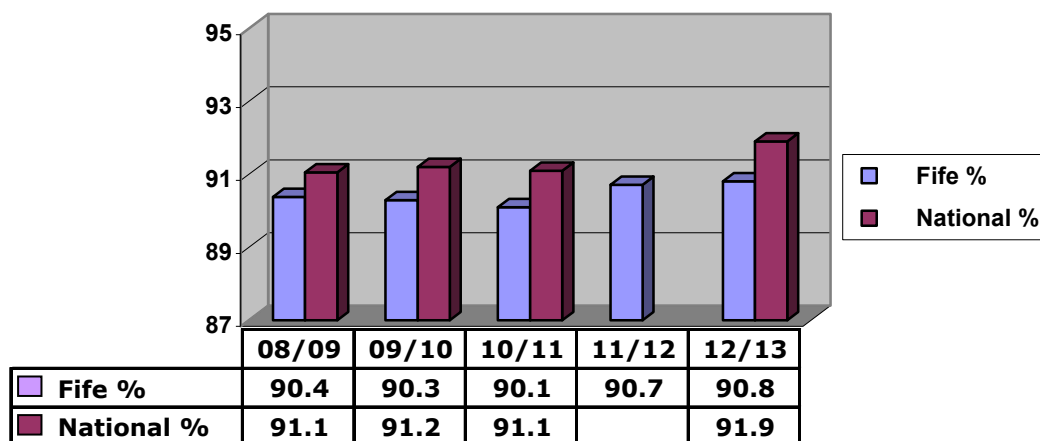
As illustrated in the summary offered by table 1, impact improvements have been recorded in the following areas over the period of the previous plan:

- 2.1.1** Substantial progress has been made in improving the oral health of P1 children. The percentage of P1 children with no obvious sign of dental disease increased from 59.7% in 2010 to 68.2% in 2012 and overtook the 2014 target of 65%. The main driver of this positive trend is oral health improvement programme (Childsmile) which includes the universal nursery tooth brushing programme and the targeted primary school tooth brushing and fluoride varnish programmes.
- 2.1.2** The rolling 3 year number of children and young people participating in Child Healthy Weight Programmes rose from 414 in 2008-11 to 1065 in 2011-13, exceeding the 2011-14 target of 1060. In the last year alone 710 Child Healthy Weight attendances were made at Fife Sports and Leisure Trust facilities across Fife. In partnership with the Education Service, Health Improvement continues to develop the evidence based BEST programme and is seeking to have the programme accredited. Work is ongoing with Health Visitors to deliver targeted early intervention, which ties in with the reintroduced 27-30 month health check.
- 2.1.3** The number of babies of substance misusing mothers requiring treatment for withdrawal decreased from 8.6% in 2010 to 6.3% of referrals in 2013, this exceeded the 2014 target of 8.5%. This outcome has been achieved in part through stabilising illicit drug intake during pregnancy and continued high level of breast feeding.
- 2.1.4** The number of children placed on the Child Protection register for more than a year reduced from 15% in 2011 to 13% in 2013. This demonstrates the impact of the development of practice in relation to proactive planning for the most vulnerable children in Fife.
- 2.1.5** The number of children receiving access to appropriate help through their experience of domestic abuse has increased markedly from 100 in 2011 to 499 in 2013 exceeding the 2014 target of 400.
- 2.1.6** There has been a reduction in the pregnancy rate among 16 year olds from 10.5 per 1000 in 2009 to 6.6 per 1000 in 2012. In seeking to support a reduction in the under 16 teenage pregnancy rate a targeted approach has been undertaken within 4 high school areas. This has enabled local partnerships to develop innovative approaches including peer education, single sex classes for relationships, Sexual Health and Parenthood education, enhanced school nursing provision and signposting to services. New provision has been introduced in consultation with young people.
- 2.1.7** The percentage of 4th year pupils in Fife gaining 5 or more awards in the Scottish Credit and Qualifications Framework at level 3 increased from 92.4% 2010 to 93.8% in 2013 (pre appeal) and exceeded the 93% target.

2.1.8 Trends in pupil attendance in Fife secondary schools are shown in Figure 1 below. There has been a welcome increase of 0.7% in the rate of pupil attendance in secondary schools over the period of the plan. The rate is very close to the last reported national rates.

Action has continued to be taken to improve pupil attendance across Fife schools with the introduction of an improved attendance management policy in 2013 accompanied by support for staff in its implementation. A parent messaging system has been introduced, and has been progressively implemented by schools; this includes an absence alert facility through which schools can send text messages to parents in the event of their child's unexplained absence.

Figure 1 Attendance as % of possible half day openings: secondary



[Note: national data was not collected for 2011-12 and is not yet available for 2012-13]

2.1.9 The percentage of 16-19 year olds not in employment, education or training reduced from 10.3% in 2010 to 9.8% in 2011 (down from 1950 to 1830 individuals). This is a lagging indicator.

2.2 Key outcomes where impact has not yet been fully achieved

Further efforts will be applied by the partnership to the following areas where, despite considerable effort, progress has not been achieved as hoped. Partners are committed to achieving progress in these areas throughout the 2014-17 planning cycle.

2.2.1 Increase percentage of Looked After Children cared for within Fife

Having made positive progress on this indicator in recent years, the figure has decreased in 2012-13 to 94%. This is attributable in part to an unprecedented rise in the number of Purchased Placements made for Fife children and young people, which rose by 36% in 2012-13, thus requiring more outwith Fife placements. Further analysis suggests that more Looked After children required an accommodated placement; while fewer young people were able to leave placements.

To address this situation partners aim to

- Increase the number of foster care placements by 60 over the next 2 years.
- Increase residential capacity through developing a small Fife run crisis provision.
- Identify Fife carers who will take emergency admissions.

- Include emergency foster care placements in the 2014 re-tendering foster care contract.
- Join the National Foster Care contract.
- Further develop prevention and early intervention in the context of the new education and children's services directorate.

2.2.2 Increase % children exclusively breastfeeding at 6-8 weeks.

The goal has been to increase the percentage of children exclusively breastfeeding at 6-8 weeks from 25% to 27%. At March 2013 the rate was 23.9%. Progress towards improving overall breastfeeding rates continues to be difficult; we have however seen an increase in exclusive rates within Scottish Index of Multiple Deprivation category 1, now at 14% at 6 weeks. A variety of strands of work are being progressed, these range from promotion work with primary and secondary school children through the Personal and Social Education curriculum and health promotion campaigns to community health services gaining full accreditation in the UNICEF Babyfriendly initiative and maternity services retaining their accreditation. Targeted support continues to be improved via the breastfeeding support worker (BSW) service which provides proactive pre and post natal support; the BSW service seeks to contact all breastfeeding mothers discharged from Victoria Hospital.

2.3 Impact on improvements in processes

The Children's Services Plan celebrates Fife's achievements in developing and embedding GIRFEC processes and mechanisms across Fife's children's services. The following improvements in processes are noteworthy.

2.3.1 Improving support for Young Carers

In 2012 Fife launched the Getting it Right for Young Carers Strategy. The responsible partnership group has an action plan, focused on ensuring the strategy results in tangible improvements for young carers in Fife. A key outcome will be an increased awareness and identification of young carers across Fife, thereby facilitating access to appropriate support. Twilight sessions to enhance awareness and support improved identification continue to roll out across Fife supported by Fife Young Carers, with 'champions' identified across services.

2.3.2 Improving shared assessment processes

A new Multi-Agency Child Assessment Pathway has helped to standardise the approach to assessing children's needs and planning for support at the earliest stages. This process has been subject to rollout on a pathfinder basis and the new arrangements have been positively evaluated in assisting children to get the help they need when they need it.

2.3.3 Reduced referral to acute tier services

The 2010 introduction of ASCA (Autism Spectrum Community Assessment) and ASD Tier 2 community multi-agency assessment and diagnosis service has had a major impact on waiting times for assessment and diagnosis, now on average 28 weeks from referral to diagnosis. This reflects the comprehensive multi agency assessment, with families beginning to have input from services from their first assessment appointment, generally within 12-18 weeks. Tier 3 or FAST (Fife Autistic

Spectrum Team) waiting times have reduced from 3 years to, currently, 8 months. This means a child with the most complex behaviour and symptoms will have to wait, on average, no more than 14 months. A further stream of assessment and diagnosis was introduced in 2012 for children under 5 not in Fife Council Education provision and for all children under 3. To date there have been 26 referrals to this element of the pathway.

The introduction of a community based Tier 2 service, provided by Community Paediatricians, to the Attention Deficit Hyperactivity Disorder (ADHD) pathway in 2010 means that Tier 3 of the pathway is now focused on children with more complex behaviours and needs (716 referrals to Tier 2; includes new referrals and children who had previously been supported at Tier 3). The majority of these cases have been diagnosed with ADHD and supported within Tier 2.

2.3.4 Reduced exclusion from school

The rate of exclusion of pupils from Fife schools has shown a marked and steady downward trend in both the primary and secondary sectors over the last 6 years. Over the same period staff perceptions of pupil behaviour, as reported in the survey of all Fife school staff, have improved.

Figure 2 Days lost (per 1000) to exclusion: primary

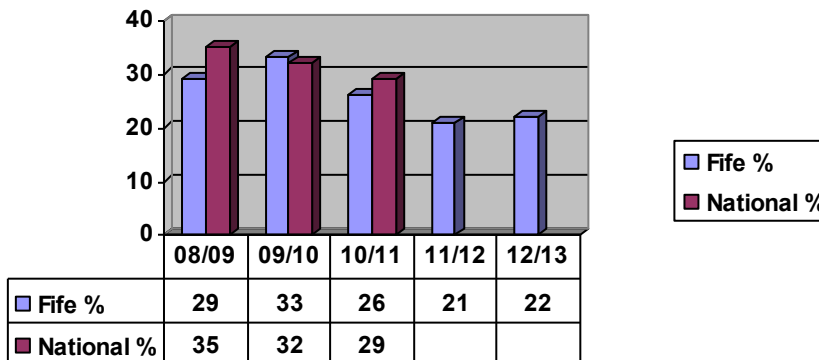
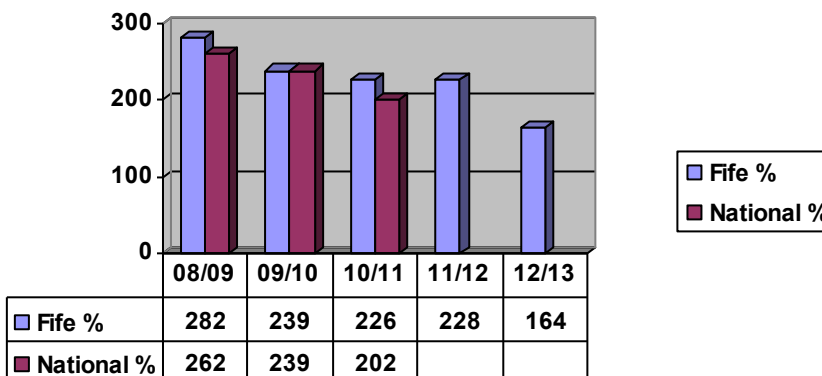


Figure3 Days lost (per 1000) to exclusion: secondary



[The national figures shown are those most recently available.]

2.3.5 Improving transitions to adult services

2013 saw the launch of the Fife Transitions Charter and 'Moving on' website. The charter outlines the standard of care and support that young people and their

families can expect from the agencies, public services and other organisations helping them as they move into adult services. It helps young people and their families to be clear about what to expect and if the standard is not met, then the Charter is something that they can refer to making sure that all agencies are accountable for their part in the transition arrangements. The website provides details of services and sign posts to a range of information which young people and their families may find useful at this time, e.g. benefits advice, college and employment opportunities.

2.3.6 Reduction in referral to the Reporter

Marked progress has been made in joining up local multi agency responses to offences by, and causes of concern for, children and young people.

A consequence is a faster/more responsive service to young people in need and risk. An indicator of progress is a reducing trend in rate of referral to the Reporter.

The number and rate of children referred has been reduced as follows:

- The overall number by 64% from 3752 (58 per 1000) in 2008-09 to 1345 (21 per 1000) in 2012-13
- Offence referrals from a rate of 19 per 1000 in 2008-09 to 3 per 1000 in 2012-13
- Non-offence referrals from 51 per 1000 in 2008-09 to 20 per 1000 in 2012-13

Other important consequences of this progress are:

- The Reporter is enabled to focus more clearly on cases that require statutory measures to be considered
- Support agencies are freed from the demands of formal statutory process

3.0 KEY PRIORITIES GOING FORWARD

Figure 4 illustrates the context for Fife's children's services work in Fife. It is a snapshot of figures available at the time of writing, to describe the landscape for children and young people in Fife. It highlights the way in which more targeted responses to children in need, those who require additional protection and those who are vulnerable are nested within universal services.

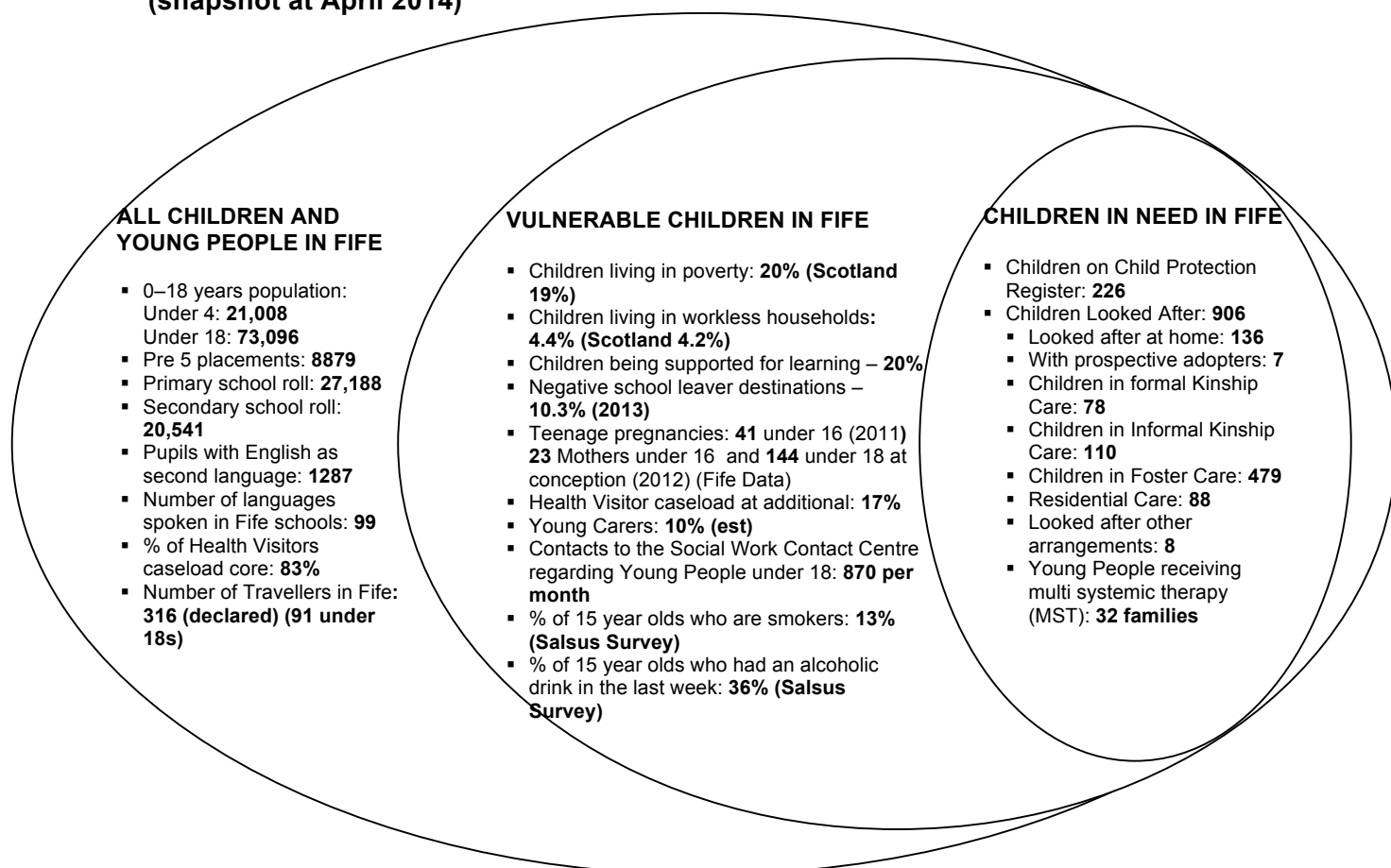
Whilst the actions highlighted in this plan aim to support all children in Fife particular emphasis is placed on those in greatest need and at greatest risk. Children's services partners in Fife work collaboratively in seeking to ensure best outcomes for all children and young people.

All children's services work across the partnership is quality assured through the new Care Inspectorate children services framework (see appendix 1) which seeks to

- improve outcomes for all children and young people
- provide assurance about the quality of services for children (particularly vulnerable children and young people)
- help to improve services and build capacity

A comprehensive self evaluation framework, developed through the work of the joint Children in Fife/Child Protection Committee Self-evaluation Working Group, has been developed to monitor progress and inform continuing improvement. This is helping to make continuous improvement through self evaluation integral to all service provision. Data is captured at 6 monthly intervals on our corporate data management system 'covalent'.

Figure 4 A preventative approach with response proportionate to need and risk (snapshot at April 2014)



The partnership has robust structures to support strategic development and operational delivery of children's services in Fife. The Children in Fife (CIF) Group, reporting directly to the Fife Partnership, leads and coordinates services at strategic level. The Getting it Right Working Group (GIRWG) leads on all developments relating to the GIRFEC framework and reports directly to the Children in Fife Group. Appendix 2 sets out the scope of the Children's partnership in Fife. Appendix 3 illustrates the Children's Services planning structure, the groups described are responsible for the priorities outlined below.

The range of strategies behind this plan is extensive and outlined in Appendix 2. Examples include the Fife Young Carers Strategy and the Corporate Parent Action Plan. These have been developed in partnership drawing on a wealth of feedback and information from service users such as community engagement and the Pupilwise survey.

3.1 Mechanisms for Getting it Right

A number of short term working groups and standing partnership groups, outlined in Appendix 2, progress the multi agency developments achieved to date. These have culminated in significant progress in areas such as:

- Training and practice development
- Integrating assessment and planning
- Involving children and families and promoting children's rights.
- Embedding GIRFEC in Fife's local areas
- Early years developments

3.1.1 Training and staff development

GIRFEC training and practice development programmes improve and promote the sharing of best practice across the partnership by embedding GIRFEC processes within the standard practice of all agencies. Practice development programmes have addressed basic and continuing training needs. This means that the partnership in Fife has already implemented key aspects of the Children and Young People Act including the Named Person, the single Child's Plan and the Children's Services Plan. The merger of the Practice Development Group with the CPC Training Group has helped to make training delivery seamless.

KEY ACTIONS IN PRACTICE DEVELOPMENT 2014-17

- Refresh GIR Practice Development materials to take account of implications relating to the Children and Young People Act and priorities relating to neglect and risk assessment.
- Continue to offer specific themed sessions in each of the GIR local areas.
- Develop the capacity of local GIR Group members to deliver GIR Practice Development sessions in the local areas. Deliver sessions bi-annually in local areas (May and November)
- Develop and update web based content to support practitioners at individual, group and service levels. Ensure content reflects the widening scope of children's services work in Fife.
- Continue multi agency input to GIRFEC and Child Protection training and practice development programmes.

3.1.2 Integrating assessment and planning

GIRFEC aims to integrate service provision across the spectrum of needs and to respond in ways that are proportionate, speedy and most local. It provides a framework for integrated service delivery and favours a single assessment and planning process, wherever possible. This plan builds on partners' achievements to date in the pursuit of these aims.

Multi-agency effort has resulted in significant progress in the development and ongoing use of the Child's Plan, the development of care pathways and the work of multi-agency forums such as Multi Agency Risk Assessment Conferencing (MARAC), Youth Offending Management Group (YOMG) and the new Child Assessment Pathway (CAP).

KEY ACTIONS IN ASSESSMENT AND PLANNING 2014-17

- Review the Child's Plan in line with expected national guidance. Ensure continued use of the plan following deregistration from the Child Protection register where appropriate. Continue to encourage involvement and ownership by children, young people and families in the child's planning process.
- Continue to promote the use of the Multi-Agency Information Sharing Protocol (SASPI) and develop guidance for practitioners.
- Develop the Multi Agency Risk Assessment Conference (MARAC) process particularly by encouraging all partners to refer to MARAC. Work with partners to improve specialist services for children affected by domestic abuse, including CEDAR.
- Develop the methodologies of Early and Effective Interventions and Whole Systems Approach through the Youth Offender Management Group to ensure best outcomes for young people.
- Fully implement the Child Assessment Pathway taking account of learning from the ongoing pathfinder work.
- Implement Fife's Parenting and Family Learning Strategy using nationally recognised evidenced-based parenting programmes.
- Review processes and service provision in light of *Getting Our Priorities Right 2* (children affected by parental substance misuse).

3.1.3 Involving children and families and promoting children's rights

The Children's Rights Strategy Group, part of the Big Shout, ensures that children and young people are active participants in decisions that affect them. The furtherance of children's rights and the desire to include children, young people and families in decision making at all levels is a core component of the GIRFEC national programme. The child or young person's involvement in decisions affecting them is at the heart of individual planning. Two newly developed surveys (Pupilwise and Parentwise), gathered the views of 14,249 children and young people and 4,609 parents. The results of the surveys influenced improvement planning at individual school and authority level. Children's services partners seek to utilise participatory approaches in their work with children, young people and their families as standard practice. This will remain a key theme of our work moving forward. Progress in this area continues to gather pace.

KEY ACTIONS IN PROMOTING RIGHTS 2014-17

- In line with Fife's Children's Rights Strategy and Action Plan develop Pathways of Participation to support young people's involvement and active citizenship.
- Continue to capture the views and learn from the experiences of children and young people with a particular focus on vulnerable groups.
- Extend the remit of Rights Respecting School's (RRS) Peer Assessors to extend the development to local communities.
- Ensure that Fife's children and young people continue to be afforded opportunities to inform and shape how services are planned and delivered and are effectively equipped and supported to do so via the Big Shout.
- Encourage all services to routinely seek feedback from children, young people and their families as standard practice.
- Extend the use of participatory approaches, such as Person Centred Planning.
- Develop and implement the Pupilwise survey across Fife schools.

3.1.4 Embedding GIRFEC in Fife's local areas

The overarching aim of GIRFEC is to support the delivery of improved outcomes for children, young people and their families. Central to this aim is positive action to minimise inequality of outcomes. Fife partners place particular emphasis on building capacity at the most local level. Local Getting it Right (GIR) Groups are key to achieving this goal. Fife's Children's Services Plan provides the common set of priorities for the agenda and business of each of the groups and additionally each group undertakes a unique local analysis of need to identify those priorities which require particular attention.

Local GIR Groups met regularly throughout the duration of the 2011-14 Children's Services planning cycle. Partners have shared specialist information, building an extensive local knowledge base to inform action within each of the groups. All groups have shared their progress with local area committees and, during 2013-14, have begun to contribute directly to local community planning processes.

KEY ACTIONS IN EMBEDDING GIRFEC IN LOCAL AREAS 2014-17

- Continue to strengthen links with Community Planning Partnerships and contribute to Local Community Plans.
- Evaluate and review the effectiveness of local groups on an annual basis.
- Develop a bi-annual cycle of Network of Support meetings to further develop practice in response to child neglect.
- Continue to develop the capacity of local GIR Group members to oversee the delivery of GIRFEC practice development programmes in local areas.

3.1.5 Early years developments in Fife

Partners are working closely to realise the objectives of the Early Years Framework, to work with families in a focused, proactive manner to secure improved outcomes for children. The launch of the national Early Years Collaborative in October 2012 has increased momentum to deliver objectives set out in the Framework, GIRFEC and the National Parenting Strategy. The aim and principles of the Collaborative are clear and in Fife we have already begun to deliver this transformational change over the last few years through the Early Years Strategy which is focused on building capacity in families and communities through an asset based approach.

A significant element in realising the aim of the strategy is the Family Nurture Approach programme. Through the programme Fife Council is working with partners to secure transformational change to create long term sustainability through service improvement in the early years.

KEY ACTIONS IN EARLY YEARS 2014-17

- Continue to develop Tests of Change with communities in key areas to meet the stretch aims of the Early Years collaborative
- Develop the early years workforce to deliver better outcomes for children and families through asset based help that empowers parents
- Extend the Family Nurture work to ensure locally based interventions meet the needs of children and families in responsive and targeted ways
- Develop a clear pathway to support parenting with well trained staff using evidence based approaches
- Continue to build on the opportunities afforded by 27/30 month infant screening
- Develop processes to reduce time in Permanency Planning, learning from the Test of Change
- Develop the role of, and processes to, support the Named Person to reflect the new legislation and accompanying guidance

3.1.6 Process and service development

Process and service developments are outlined in section 2, in order to continue to develop improvements in process the following key actions will be progressed in the 2014-17 plan.

KEY ACTIONS IN JOINT PROCESS/SERVICE DEVELOPMENTS 2014-17

- Fully implement the Young Carers Strategy action plan.
- Continue to support improvement in transition arrangements, with a particular focus on supporting families in relation to adults with incapacity.
- Continue to develop the child healthy weight programme.
- Further enhance processes for assessing and planning early with families for children and young people with complex needs to maximise the potential for early proactive support.
- The Children and Young People (Scotland) Act 2014 placed additional corporate responsibility on councils and other agencies for Looked After young people and for care leavers. In response, through the Action Plan of the Corporate Parent Board, we will review our practice and provision in line with the national guidance *Staying Put*, in particular in terms of accommodation options for teenagers and care leavers.

4.0 Improvement Priorities

The improvement priorities of the children's partnership for the 3 year period are set out in the table below. Each of the priorities aims to increase equality and break the cycle of disadvantage in Fife. There is a clear focus on securing impact on and improvement for children in young people in SIMD 1 and 2 in relation to each of these indicators.

These improvement priorities contribute collectively to the long term outcomes of the Fife Partnership, this includes improving early years development of children in Fife as outlined in the stretch aims of the early years collaborative and to raise educational attainment and reduce educational inequality.

Some of the priorities are new and some continue from the previous plan. Each improvement priority requires new or changed strategic action by the partnership and is described as a measurable outcome indicator.

We have limited the number of improvement priorities; this will ensure that the partnership commits collective effort to ensure their achievement. Progress against these priorities will be regularly monitored and reported through the Covalent style report that has been developed to support the wider partnership in considering areas related to how we improve our collective approach to vulnerable children and young people in Fife.

OUTCOME INDICATOR	PARTNERSHIP GROUP/LEAD AGENCY	Baseline	Target (2017 unless noted)
Improving early years development of children in Fife, raising educational attainment and reducing educational inequality			
Conception to one year: reduce the rate of stillbirths and infant mortality	Children In Fife Group	stillbirth 6.9/1000 births in (2008-10) infant mortality 5.4 /1000 live births in (2008-10)	5.9 /1000 births in 2013-15 4.6 /1000 live births in 2013-15
The indicator, from the Early Years Collaborative, measures impact of the work of partners on positive pregnancies and healthy babies. It reflects the importance of wellbeing from the earliest stage. These are also outcomes for the NHS Maternity and Children Quality Improvement Collaborative (MCQIC).			
One year to 30 months: Ensure children reach all expected developmental milestones at the time of the child's 27-30 month child health review	Children In Fife Group	80.6% had no concerns	85% (2016)
This indicator, from the Early Years Collaborative, measures the percentage of children about whom no concerns were noted in all aspects of their development at their 27-30 months review			
30 months to Primary School: Ensure children reach all of the expected developmental milestones at the time the child starts primary school.	Children In Fife Group	To be developed	90% (2017)
This indicator, from the Early Years Collaborative, measures the percentage of children making satisfactory progress in all aspects of their development by age of entry to primary school. (National developments are underway to develop a relevant measure for this outcome)			
Start of Primary to end of P4: Ensure children reach all of the expected developmental milestones and learning outcomes by the end of Primary 4.	Children In Fife Group	To be developed	90% (2021)
This indicator, from the Early Years Collaborative, measures the percentage of children making satisfactory progress in all aspects of their development by the primary school stage. (National developments are underway to develop a relevant measure for this outcome)			



Fife Children's Services Plan 2014-17

Increase % of half day attendances per pupil in secondary schools	Education & Children's Services	90.8% (2013)	92%
Absence from school disrupts learning and is associated with poor educational outcomes and, in some cases, also with risk of offending in the community. This indicator reflects the aim of the partnership to promote regular attendance at school.			
Increase the percentage of school leavers in positive and sustained destinations	Employer Engagement in Education Group	88% (2011/12 cohort at March 2013)	93%
This indicator reflects the partnership aim to maximise the number of school leavers who enter positive destinations. It is based on the SLDR Follow Up Return produced by SDS for CPP Partnerships in June each year.			
Improving the health of Fifers and narrowing the health inequality gap			
Increase the percentage of Looked After Children and Young People looked after at home or in kinship care arrangements	Education & Children's Services	37.6% (Dec 2013)	41%
The goal is to provide support to maximise the situations of least intrusive care. This indicator measures the percentage of children who are being supervised at home or within a formal kinship care placement as a percentage of all looked after children.			
80% of P1 children having no obvious dental decay by 2020	Oral Health Strategy Group	68.2% (2012)	75%
Oral health is an objective measure and essential component of good child health. <i>Childsmile</i> is the national oral health improvement programme that aims to improve, and reduce inequalities in, oral health and access to dental services.			
Increase % of Looked After Children who have a plan for permanence within 12 months of being accommodated	Education & Children's Services	66% (2014)	85%
Evidence shows that it is in children's best interests to join a permanent family as soon as possible after reception to care. This indicator reflects the partnership aim to improve the pace of such planning			
Reduce pregnancy rate amongst under 16 year olds per 1000	Sexual Health Strategy Group	6.7 / 1000 (2011 rate)	6.0/1000
Pregnancies conceived under age 16 are more likely to be associated with challenging social circumstances and are more likely to end in therapeutic abortion. The indicator measures the rate of conceptions per 1000 young women under 16 years of age.			
Minimise the percentage of babies requiring treatment for illicit substance misuse withdrawal	Maternity Services	6.5% (2013/14)	6.5%
The Vulnerable In Pregnancy team support pregnant women where substance misuse has been identified; this indicator measures the impact of such work. The increase in women engaging with services due to opiate dependency resulting from prescribed pain relief medication (rather than illicit drug use) has required the indicator to be changed. While the baseline includes babies treated for neonatal abstinence syndrome where the mother had been receiving prescribed pain medication; future data will exclude such cases. Therefore maintaining the rate achieved in 2013/14 will represent an improvement in the rate of cases of illicit substance misuse.			
Increase % of children exclusively breastfeeding at 6-8 weeks	Maternal and Infant Nutrition Group	23.9% (March 2013) (1 year rolling)	27%
In light of the proven health benefits for women and the child in terms of physical, social and emotional health, services across the partnership are working to support women to breastfeed. The indicator is the percentage of women in a rolling year who are breastfeeding at the 6-8 week core contact.			
Increase proportion of children categorised as healthy weight at time of P1 health check	Food and Health Strategy Group	85.1% (2011/12- ISD clinical category reported April 2013)	86%

<p>The indicator measures the number of children whose weight is within the healthy range at their P1 check. It is an indicator of the impact that work with communities, families and individual children is having in supporting healthy eating. The year on year % of children who are of a healthy weight fluctuates significantly with a negative trend over time. The target therefore is relatively modest reflective of significant annual variations and the negative trend.</p>			
<p>Reduce the number of women recorded as smokers at their first pregnancy appointment</p>	<p>Health and Wellbeing Alliance</p>	<p>23% (2011/12)</p>	<p>22%</p>
<p>The focus of this indicator is to reduce smoking and its impact on health outcomes for unborn and very young children. A national requirement has been introduced to CO (carbon monoxide) monitor every pregnant woman at their first appointment to establish smoking status. In Fife this has been implemented from Jan 2014, with this development it is considered that the rate may initially increase.</p>			
<p>Making Fife's communities safer</p>			
<p>Reduce number of children and young people with 5 or more separate referrals for offences in a six month period reported through the YOMG (under 18)</p>	<p>Youth Offender Management Group</p>	<p>Under 16 – 45 Over 16 – 36 Total – 81 (4/14-3/15 incl)</p>	<p>90%</p>
<p>The focus of this indicator is on young people at greatest risk of repeat offending. The collective effort of the partnership is to intervene early, responsively and proportionately to reduce such risk.</p>			
<p>Increase number of children benefiting from a risk management plan through MARAC</p>	<p>Fife Domestic Abuse Strategy Group</p>	<p>499 in 2012/13</p>	<p>700</p>
<p>Evidence from evaluation shows that victims of domestic abuse feel safer and are safer from repeat abuse as a result of the MARAC risk management process. This indicator reflects the partnership aim to increase safety for victims.</p>			

Appendix 1: Draft Quality Indicators (Care Inspectorate)

The framework of quality indicators for improving services for children and young people.

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and families	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
<p>1.1 Improving the well-being of children and young people</p>	<p>2.1 Impact on children and young people</p> <p>2.2 Impact on families</p> <p>3. Impact on staff</p> <p>3.1 Impact on staff</p> <p>4. Impact on the community</p> <p>4.1 Impact on the community</p>	<p>5.1 Providing help and support at an early stage</p> <p>5.2 Assessing and responding to risks and needs</p> <p>5.3 Planning for individual children</p> <p>5.4 Involving children, young people and families</p>	<p>6.1 Policies, procedures and legal measures</p> <p>6.2 Planning and improving services</p> <p>6.3 Participation of children, young people, families and other stakeholders</p> <p>6.4 Quality assurance</p> <p>7. Management and support of staff</p> <p>7.1 Recruitment, deployment and joint working</p> <p>7.2 Staff training, development and support</p> <p>8. Partnership and resources</p> <p>8.1 Partnership working</p> <p>8.2 Management of resources</p> <p>8.3 Securing improvement through self evaluation</p>	<p>9.1 Visions, values and aims</p> <p>9.2 Leadership of strategy and direction</p> <p>9.3 Leadership of people</p> <p>9.4 Leadership of improvement and change</p>
<p align="center">10. What is our capacity for improvement? Global judgement based on an evaluation of the framework of quality indicators</p> <div style="display: flex; justify-content: space-between; align-items: center;">   </div>				

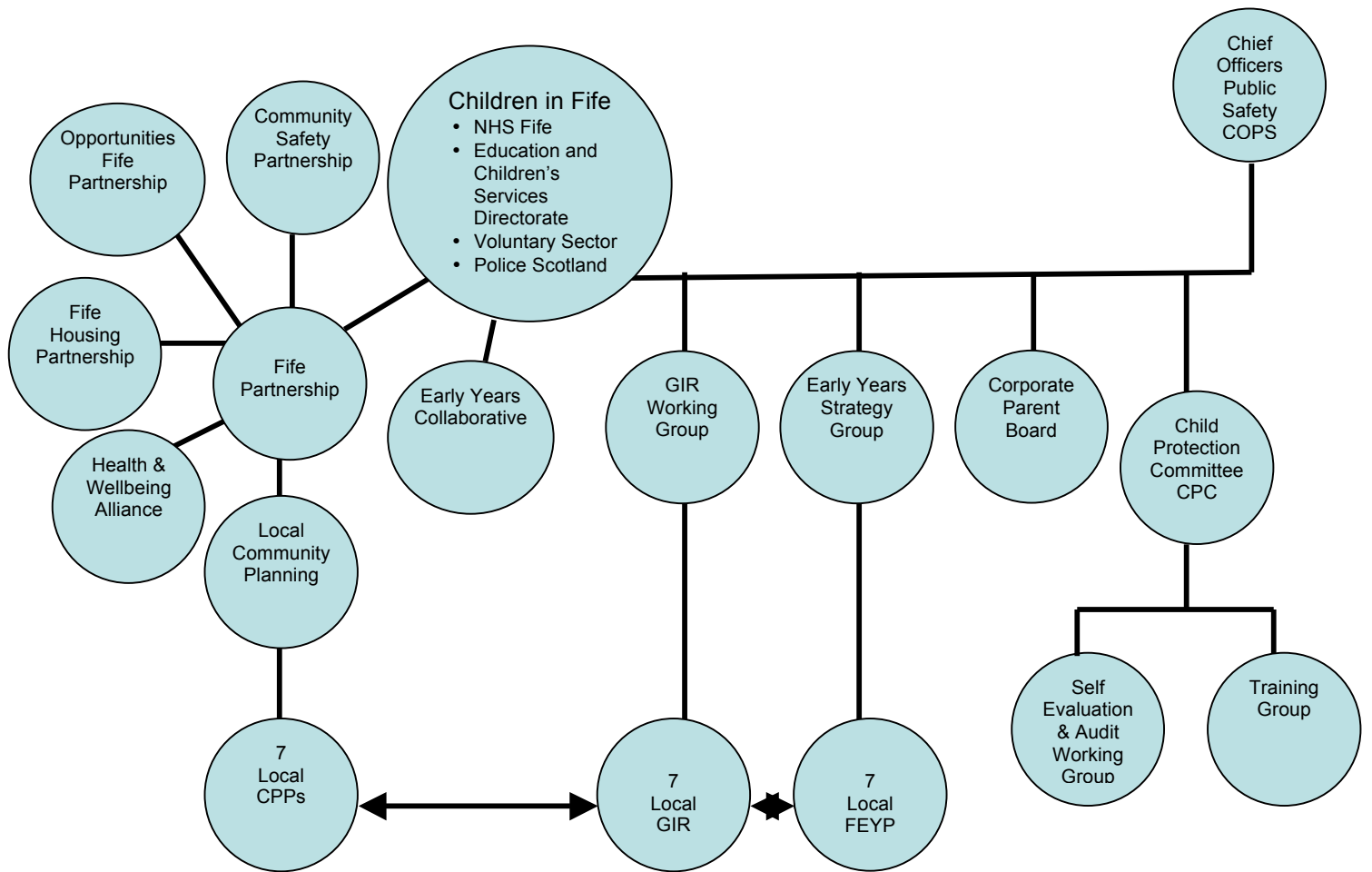
Appendix 2: SCOPE OF CHILDREN'S PARTNERSHIP

Partnership Group	Strategic Reporting Link	Key Purpose for 2014-17
Child Protection Committee	Chief Officers Public Safety Group	<ul style="list-style-type: none"> • Collective leadership and direction to improve the protection of children through: <ul style="list-style-type: none"> ○ continuous improvement through self evaluation and audit ○ strategic planning ○ multi agency training ○ specific themed priority areas activity
Early Years Strategy Group	Children in Fife Group	<p>Working towards the Early Years Stretch Aims with a focus on the following priority themes:</p> <ul style="list-style-type: none"> • Antenatal & Maternity • Parenting Interventions • Supporting Families • Diet & Lifestyle • Early Learning & Childcare • Service Improvement/Change
The Big Shout	Children in Fife Group	<p>The Big Shout supports children's rights through six strands of participation:</p> <ul style="list-style-type: none"> • Fife's Youth Forums • Pupil Councils • Scottish Youth Parliament in Fife • Children's Parliament • Fife Young People's Panel • The Big Challenge
Fife Domestic and Sexual Abuse Partnership (FDASAP)	Community Safety Partnership	<p>Reducing violence against woman and it's impact</p> <ul style="list-style-type: none"> • Individual needs of woman and children affected by violence against woman are fully met at the earliest point • Perpetrators are dealt with effectively and are less likely to reoffend • Social tolerance of all forms of violence against woman is reduced • Social acceptance of gender inequality is decreased
Multi-agency risk assessment conferencing (MARAC) Strategic Oversight Group	Safer Communities Committee	<p>Identify highest risk domestic abuse cases to</p> <ul style="list-style-type: none"> • Reduce repeat victimisation • Help victims feel safer, including children • Reduce the risk to victims and others including children
Youth Offender Management Group	Community Safety Partnership	<ul style="list-style-type: none"> • Reduce the number of inappropriate referrals to the children's reporter. • Reduce re-offending levels. • Increase the number of 16 and 17 year olds being diverted from the Procurator Fiscal.
Corporate Parenting Board	Children In Fife Group	<ul style="list-style-type: none"> • Ensure the needs of all Looked After Children and Careleavers are considered a priority across the community planning partnership in Fife. • Provide a high quality multi-agency service to young people when they cease to be looked after. • Improve the health and wellbeing, educational and employment outcomes for Looked After children and Careleavers and using these to improve service

		delivery and outcomes.
Employer Engagement in Education Group	Opportunities Fife Partnership	<ul style="list-style-type: none"> • Increase the number of young people in positive and sustained destinations post 16 i.e. at school, Higher Education, Further Education, Training and Employment. • Increase the positive destination of young people leaving care. • Ensure appropriate Activity Agreement (AA) opportunities are available in Fife each year for those young people who require them.
Food and Health Strategy Group	Fife Health and Wellbeing Alliance	<ul style="list-style-type: none"> • People have the personal skills, strengths, knowledge and opportunity to improve their health and wellbeing. • Local community networks are built and community participation increased around sourcing, preparing and eating a healthy diet. • Workforces have increased confidence and competence to improve health and wellbeing and tackle health inequalities.
Oral Health Group	Fife Health and Wellbeing Alliance	<ul style="list-style-type: none"> • Ensure the continued delivery of the core, nursery and school elements of the national Childsmile programme in Fife. • Continue to roll out Childsmile practice in Fife with the aim that every child enrolls in the programme during the first year of life.
Physical Activity Strategy Group	Fife Health and Wellbeing Alliance	<p>The aim of FPASG is to</p> <ul style="list-style-type: none"> • Increase physical activity participation across Fife, with particular focus on key priority groups where the greatest inequalities and barriers exist.
Sexual Health Strategy Group	Fife Health and Wellbeing Alliance	<ul style="list-style-type: none"> • Providing high quality sex and relationships education, with active support for parents and carers. • Maintain communications with the public regarding information on sexual health and services. • Target more vulnerable young people, and training for relevant staff across all agencies.
Tobacco Issues Group	Fife Health and Wellbeing Alliance	<ul style="list-style-type: none"> • Protection: compliance with legislation. • Cessation: provision of accessible and equitable stop smoking services across Fife. • Prevention: protect and dissuade young people in Fife from starting to smoke. • To reduce exposure to second – hand smoke and the wider harm associated with smoking to children and young people.
Infant Feeding Forum	Food and Health Strategy Group	<ul style="list-style-type: none"> • A multi-agency strategic group co-ordinating infant and maternal nutrition in Fife from 0-3 years. • Delivers the actions from the National maternal and infant nutrition framework and supports the delivery of actions required for the SOA for breastfeeding.
Mental Health Improvement Group	Mental Health SIG	<ul style="list-style-type: none"> • Support parents to help them build positive mental health in infants and young children • Support and sustain innovative projects/approaches to work directly with infants and pre-school children

		<p>to promote their mental wellbeing</p> <ul style="list-style-type: none"> • Support workers and encourage partnership working to improve children and young people's mental wellbeing • Work with children and young people to promote their mental wellbeing
Young Carers Strategy Group	Getting it Right Working Group	<ul style="list-style-type: none"> • Establish an effective multi-agency process to identify young carers. • Make available a range of approaches to assessment and support and evaluate their use. • Support progress against each of the SHANARRI indicators for young carers.
Internet Safety Group	Community Safety Partnership	<ul style="list-style-type: none"> • Provide access to relevant multi-agency training to staff on keeping children safe on-line • To keep staff up-dated on current and emerging trends via the quarterly Safetynet Ebulletin • Engage and support families to help children and young people to access the internet in a safe and responsible way • Identify opportunities for young people to support their peers

Appendix 3: Fife's Children's Services: mechanisms and links



Appendix 4

References

20:20 Vision (2011) -A route map to the 2020 vision for health and care
<http://www.scotland.gov.uk/Resource/0042/00423188.pdf>

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Child Healthy Weight – Preventing overweight and obesity in Scotland: A route map towards Healthy weight 2010 <http://www.scotland.gov.uk/Resource/Doc/302783/0094795.pdf>

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[http://www.scottish.parliament.uk/S4_Bills/Children%20and%20Young%20People%20\(Scotland\)%20Bill/b27bs4-aspassed.pdf](http://www.scottish.parliament.uk/S4_Bills/Children%20and%20Young%20People%20(Scotland)%20Bill/b27bs4-aspassed.pdf)

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Equally Well: Report of the Ministerial Task Force on Health Inequalities
<http://www.scotland.gov.uk/Publications/2008/06/25104032/0>

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Getting our priorities right 2 (2013) <http://www.scotland.gov.uk/Publications/2013/04/2305/0>

HALL 4 [Health for All Children; Guidance for Implementation in Scotland \(Hall 4\)](#)

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Improving Maternal and Infant Nutrition: A framework for action <http://scotland.gov.uk/Publications/2011/01/13095228/0>

Mental Health Strategy for Scotland 2012-2015 <http://www.scotland.gov.uk/Resource/0039/00398762.pdf>

National learning Disabilities Strategy - The keys to life - Improving Quality of Life for People with Learning Disabilities (June 2013) <http://www.scotland.gov.uk/Publications/2013/06/1123>

Offender Management -
What Works to Reduce Reoffending: A Summary of the Evidence
<http://www.scotland.gov.uk/Resource/0038/00385880.pdf>

Preventing Offending by Young People
A Framework for Action <http://www.scotland.gov.uk/Resource/Doc/228013/0061713.pdf>

Parenting strategy (national <http://www.scotland.gov.uk/Publications/2012/10/4789> and local)
<http://www.fifedirect.org.uk/publications/index.cfm?fuseaction=publication.pop&pubid=3A73C754-B31C-A9F0-F88ADBCB6649FF23>

Pathway for Vulnerable families 0-3 <http://www.scotland.gov.uk/Resource/Doc/347532/0115722.pdf>

Scottish Strategy for Autism (2011) <http://www.scotland.gov.uk/Publications/2011/11/01120340/0>

Teenage Sexual Health – Sexual health and BBV Framework 2011-15
<http://www.scotland.gov.uk/Publications/2011/08/24085708/0>

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Fife Children's Services Plan

2014 - 2017

