Children's Profile and Analysis 2017

Moray Children's Services Transitional Group

A rapid needs assessment based on evidence, stakeholder views and data to inform initial children's services planning and to shape the requirements for a full joint strategic needs assessment

Children's Needs Assessment Profile 2017
Moray Children's Services Transitional Group

Executive Summary

This profile considers the evidence, stakeholder views and data for four separate but inter-related headings, namely demographics, health & wellbeing, services & interventions and living circumstances.

DEMOGRAPHICS

The evidence says:
- the early years set the trajectory for outcomes across life

Stakeholders say:
- some groups are 'invisible' and more transient than others

The data says:
- some children will live ten years longer depending on where they live in Moray
- the number of children in Moray will reduce by 1,300 over the next 20 years
- low birth weight warrants attention in some communities

What we don't know but need to know:
- how many ethnic minority families are there including gypsy / travellers, and where do they live?

HEALTH AND WELLBEING

The evidence says:
- inequalities in health and wellbeing have their origins in the early years of life

Stakeholders say:
- children in Moray are generally well and content

The data says:
- over half of infants in Moray are formula fed
- breastfeeding rates vary across communities
- there are 217 looked-after children (facing poorer outcomes)
- there are 65 children on the child protection register
- not all children receive a development review, and one in ten have a development concern identified
- obesity in children varies across communities, on average One in eight children in Moray is overweight; one in nine children is obese.
- dental decay varies across communities, there are areas where one in two children have dental decay
- 10% of 15yr olds in Moray are regular smokers

What we don't know but need to know:
- parenting capacity and skills
- health and wellbeing outcomes for Looked-After Children
- unintentional injury rates
- social and emotional wellbeing

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SERVICES AND INTERVENTIONS

The evidence says:
- there are seven key investments for health equity
- there are six top investments for prevention
- there are measures that will reduce inequalities in health and wellbeing

Stakeholders say:
- there are lots of services
- many people use more than one service
- transport and finance are a barrier
- some service users feel stigmatised
- more could be done to develop 'one-stop-shops'
- there is growing demand and decreasing resources

The data says:
- some areas are not achieving population protection against childhood infectious illnesses through vaccination
- around one in three girls and one in three boys don't achieve level 5 numeracy
- around four in five girls and seven in ten boys achieve level 5 numeracy

What we don't know but need to know:
- proportion of spending on early years versus later childhood services
- access to and uptake of sexual and reproductive education/counselling in youth
- access to and uptake of family planning services
- access to and uptake of prenatal and perinatal care including breastfeeding support
- access to and uptake of universally accessible, early childhood education programmes, located in every neighbourhood within walking distance of parents' homes (e.g. preschool nursery, sure start centres)
- access to and uptake of reading recovery for children
- access to and uptake of extended services in and around schools (activities, childcare, community access to school facilities, swift and easy referral to specialist services and parenting support)
- access to and uptake of primary, secondary and tertiary health care
- access to and uptake of intensive home visiting support to low income and teenage mums (e.g. family nurse partnership)
- access to and uptake of parenting programmes
- access to and uptake of child and adolescent mental health services (CAMHS) in moray
- how well active travel and physical activity for children and young people is promoted
- the extent of smoking, alcohol and drug prevention in schools

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LIVING CIRCUMSTANCES

The evidence says:
- The places around us provide a vital context to the lives we lead, the choices we make (and are empowered to make) and our health, wellbeing, opportunities and achievements
- poverty, employment, environment and adverse childhood experiences are important

Stakeholders say:
- Moray is a positive place to grow up
- most children are relatively safe
- there can be low aspirations and low emotional resilience

The data says:
- In places one in seven people are income deprived
- In places one in seven children are growing up in poverty
- There is significant variation in unemployment across Moray
- One in six children and young people (16%) were mentioned in a child concern or youth offending report in 2016
- Around 45 domestic violence incidents per year are witnessed by children
- Around 100 children annually are the victim of sexual offence
- Alcohol outlet density is associated with deaths and hospital admission rates
- There are areas that have multiple poor outcomes, namely:
  - New Elgin East
  - Elgin Cathedral to Ashgrove and Pinefield
  - Elgin Bishopmill West and Newfield
  - Buckie Central East
  - Forres South West and Mannachie
  - Forres Central East and seaward
  - Keith and Fife Keith

What we don't know but need to know:
- The number of young people not in education, employment or training
- That additional resources (time, effort, money) are invested in the areas with the poorest outcomes

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Introduction and method

A needs assessment comprises a set of strategic questions, the answers to which provide an understanding of assets and deficits in a given population; the evidence-based resources, services and interventions that can build on the asset-base and remedy the deficits; and gaps in the current provision of such resources, services and interventions.

This report was developed using a needs assessment methodology to develop a profile at pace to inform the development of the Moray Children's Services Plan. The method involved three steps:

1. *identify the strategic questions to be answered*

   o Given that Children's Services must safeguard, support and promote the wellbeing of children, what do we know about **relevant populations** in Moray, their **health and wellbeing**, their **access to and uptake of services and interventions**, their **behaviours** and their **living circumstances**?
   o In light of question one, what do we know about variations in **access**, **uptake** or **outcomes** by **geography**, by **socioeconomic position** or for **minority groups**?
   o In light of question two, what are the **evidence-based interventions** that planners should consider to improve access, uptake or outcomes in populations where **variation** is observed?

2. *collate evidence to answer the strategic questions*

   o **evidence of effectiveness**
     • Child Health 2020 public health evidence reviews

   o **professional knowledge and expertise**
     • gathered from multi-agency workshop on 25 January 2017

   o **stakeholder knowledge and lived experience**
     • gathered from sessions with children and young people

   o **data sources**
     • Moray Council (school attendance, exclusions, child plans, attainment, destinations, out of school activities)
     • NHS Grampian health intelligence (data dashboard informed by the Grampian Child Health 2020 Framework[1])
     • Police Scotland (data on child sex offences, cruelty and neglect, domestic abuse, crimes of violence (child victim), missing children, road traffic incidents, alcohol and drug incidents, children accused of crime)

3. *refine the profile with partners within the agreed timescale*

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[1] www.nhsgrampian.org/grampianfoi/files/Child_Health_2020.pdf

Demographics

What do we know about **relevant populations** in Moray?

*What does the **evidence** tell us?*

The evidence is clear and unequivocal: our early years are vital, setting the trajectory for our health, wellbeing, opportunities and outcomes across the rest of our lives.[2] One study found that one fifth of the population (20%) account for the majority of social spend in adulthood, and their identities can be predicted at three years of age by deprivation, maltreatment, poor IQ performance and low behavioural self-control.[3]

*What do our **stakeholders** tell us?*

A report of the stakeholder consultation event held in January is given as an addendum.
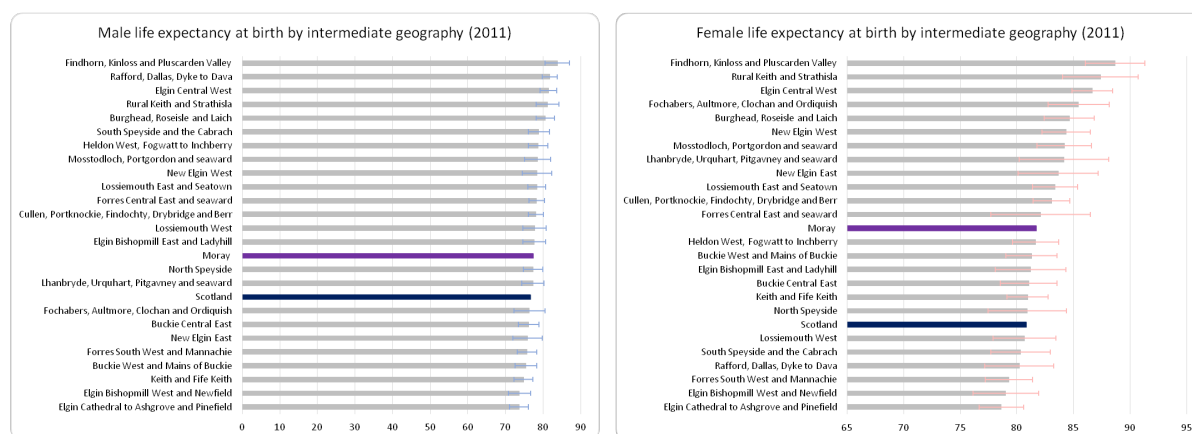
Stakeholders generally believe that children in Moray are generally well and contented. There are concerns that some groups are 'invisible' and that they don't necessarily live in the 'deprived' areas. There is a sense that some of the population is more transient than others.

*What does the **data** tell us?*

LIFE EXPECTANCY

- Where you're born in Moray determines how long you're likely to live

Some girls and boys born will live an average of ten years longer than others depending on where they live.

Male life expectancy at birth by intermediate geography (2011) — *Female life expectancy at birth by intermediate geography (2011)*

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[2] www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[3] 20% of the population account for more than half (57%) of hospital admissions, two-thirds (66%) of welfare benefits, four-fifths (78%) of prescriptions and four-fifths (81%) of criminal convictions www.nature.com/articles/s41562-016-0005
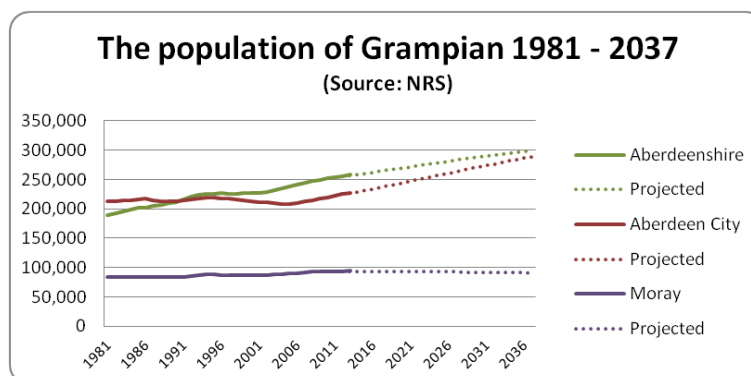
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Demographics

POPULATION ESTIMATES

- Moray's population is projected to plateau, with reducing numbers of children offset by growing numbers of older adults

The current Moray population estimate is 95,510.

The population of Grampian 1981 - 2037
(Source: NRS)

BIRTHS

There are currently around 900 live births per year. The majority (93%) are born to mothers aged between 20 and 39. On average there are fewer than five stillbirths per year in Moray. The small numbers hide any relationship with maternal age. The stillbirth rate in Moray is not significantly higher than elsewhere in Grampian, nor compared to the national average

Maternal age	Number of live births	Number of stillbirths
16 & under	1 (<1%)	-
<20	43 (<5%)	1 (20%)
20-24	171 (19%)	-
25-29	304 (34%)	2 (40%)
30-34	260 (29%)	-
35-39	101 (11%)	1 (20%)
40-42	20 (2%)	1 (20%)
43+	6 (<1%)	-
TOTAL	**906**	**5**

source: www.nrscotland.gov.uk

LOW BIRTH WEIGHT

Low birth weight (LBW) is defined as less than 2.5kg, and is associated with increased morbidity and mortality across the life course.[4] LBW is usually caused by restricted intrauterine growth or premature birth.[5]

- Restricted intrauterine growth is associated with genetic, placental, and maternal factors such as maternal nutrition, age, height and weight, infection and disease (e.g. hypertension), and tobacco smoking[6]

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[4] http://dx.doi.org/10.1016/S0140-6736(08)60136-1
[5] http://dx.doi.org/10.1097/00003081-199712000-00006
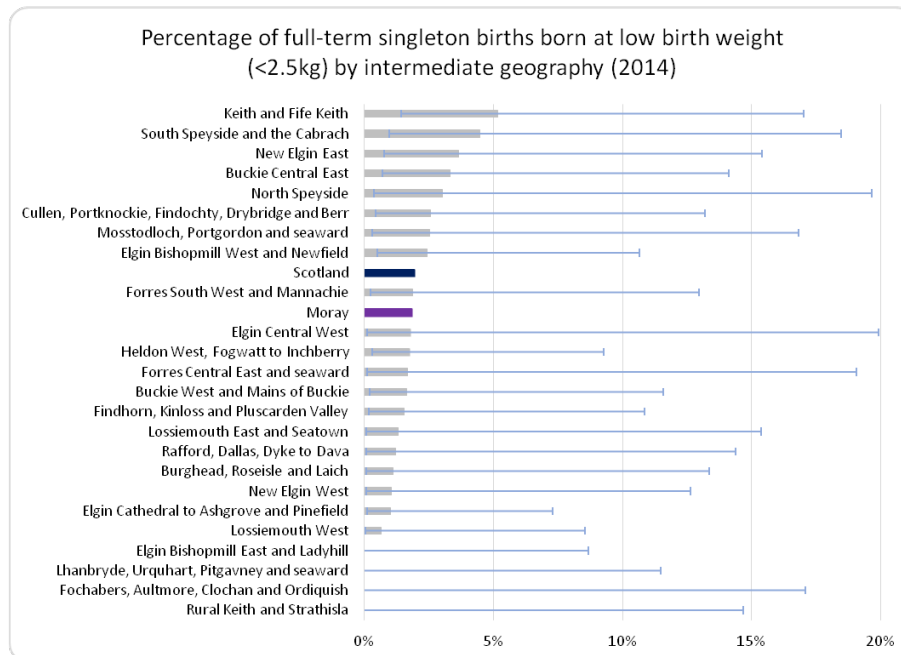[6] http://10.1093/acprof:oso/9780198578154.003.0015

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Demographics

- Premature birth is associated with socioeconomic deprivation, low maternal weight, history of previous pregnancy, multiple gestations, stress and depression, tobacco smoking, and intrauterine infection[7]

While small numbers make detecting statistically significant differences difficult, point variation can be seen and populations with higher rates of LBW warrant additional attention to these causative factors.

Percentage of full-term singleton births born at low birth weight (<2.5kg) by intermediate geography (2014)

TEENAGE PREGNANCY

- The number of teenage parents and teenage terminations have reduced

Teenage pregnancies reduced from 132 in 2009 to 106 in 2013, a reduction of 20% (national reduction 31%).

Teenage terminations reduced from 29 in 2009 to 25 in 2013, a reduction of 14% (national reduction 29%).

No Moray statistics are available for miscarriages.

CHILD POPULATION

The 2015 mid-year population estimate for children and young people in Moray was

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[7] http://dx.doi.org/10.1016/S0140-6736(08)60074-4

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Demographics

20,021. Girls represent 48% of children and young people.

	Age group			
	0 to 4	5 to 12	13 to 18	Totals
Female	2,362	4,134	3,184	**9,680**
Male	2,515	4,312	3,514	**10,341**
Totals	**4,877**	**8,446**	**6,698**	**20,021**

There are an average 1,054 children at each year of life .
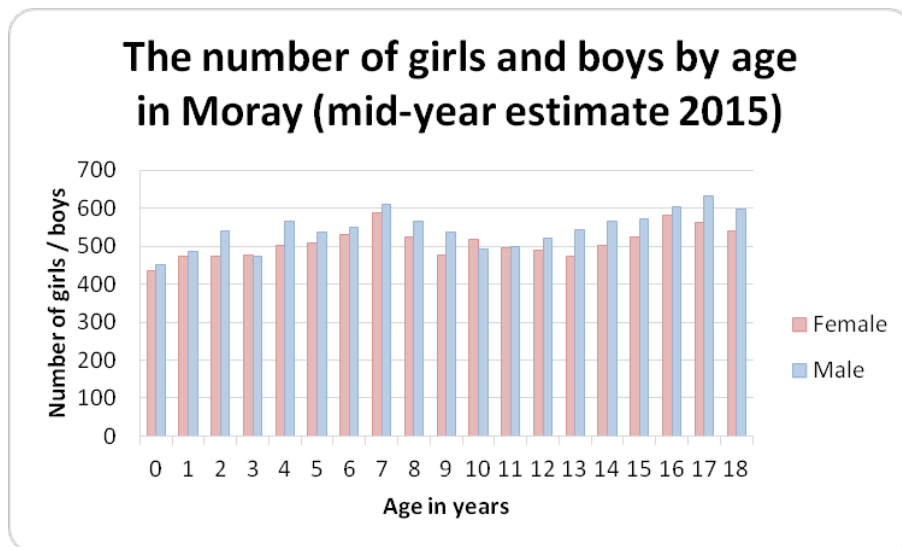
- The population aged 0 to 15 is projected to reduce over the next twenty years[8]
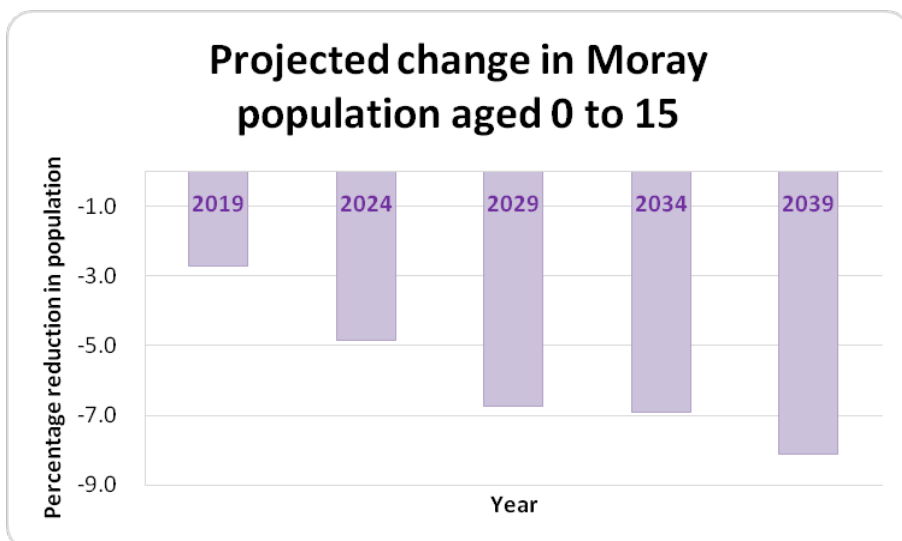
In 2015 the population aged 0 to 15 was estimated at 16,502. The population projections for this age group are therefore:

By 2019: 16,056 (446 fewer children)

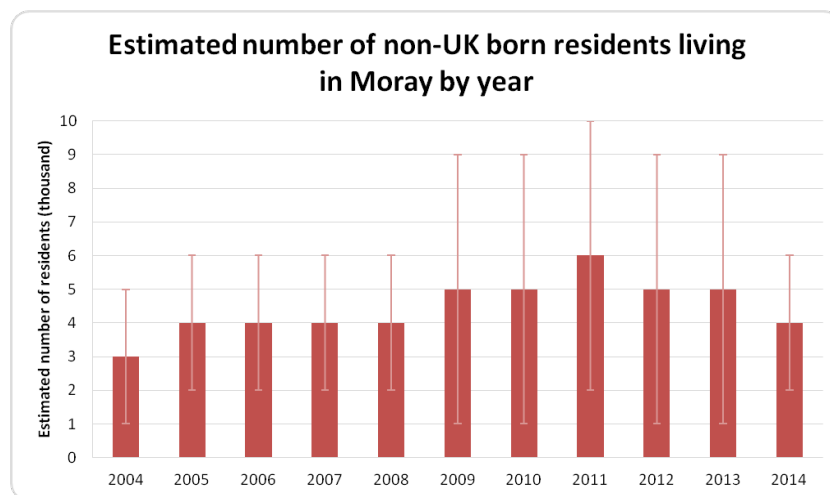[8] source: www.nrscotland.gov.uk

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Demographics

By 2024: 15,693 (809 fewer)
By 2029: 15,378 (1,122 fewer)
By 2034: 15,363 (1,139 fewer)
By 2039: 15,165 (1,337 fewer)

National Records of Scotland define "childbearing age" as 15 to 44. There has been a 4% reduction in the number of women aged 15 to 44 who live in Moray over the past decade

ETHNIC COMPOSITION

Nearly one in twenty people (4%) living in Moray were born outside the UK[9]
There are an estimated 4,000 residents living in Moray who were not born in the UK (age profile not known).

Estimated number of non-UK born residents living in Moray by year

Ethnic composition of Moray (2011)
Source: NHSG Health Intelligence Health & Wellbeing Compendium

	Caucasian						Asian					African/Caribbean		Other	
	Scottish	Other British	Irish	Gypsy/Traveller	Polish	Other	Pakistani, Pakistani British/Scottish	Indian, Indian British/Scottish	Bangladeshi/Bangladeshi British/Scottish	Chinese, Chinese British/Scottish	Other	African	Caribbean/Black	Mixed or Multiple ethnicity	Other ethnic groups
Moray	78%	18%	0.5%	0.1%	1.1%	1.6%	0.2%	0.1%	0%	0.2%	0.2%	0.1%	0.1%	0.2%	0.1%
Scotland	84%	7.9%	1.0%	0.1%	1.2%	1.9%	0.9%	0.6%	0.1%	0.6%	0.4%	0.6%	0.1%	0.4%	0.3%

- Gypsy / traveller community

No data available

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[9] source: www.nrscotland.gov.uk

Health and wellbeing
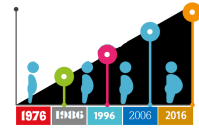
What do we know about **children's health and wellbeing** in Moray?

What does the evidence tell us?

There is a strong evidence base that inequalities in health and wellbeing have their origins in the early years of life.[10] There are a number of standout recommendations:

- Breastfeeding
- Reading with children from the beginning
- Parenting styles and skills
- Low income parents and teenage mums can need extra support
- Many aspects of health and wellbeing – such as nutrition and health behaviours (e.g. dental care, dietary choices) have their origins in childhood
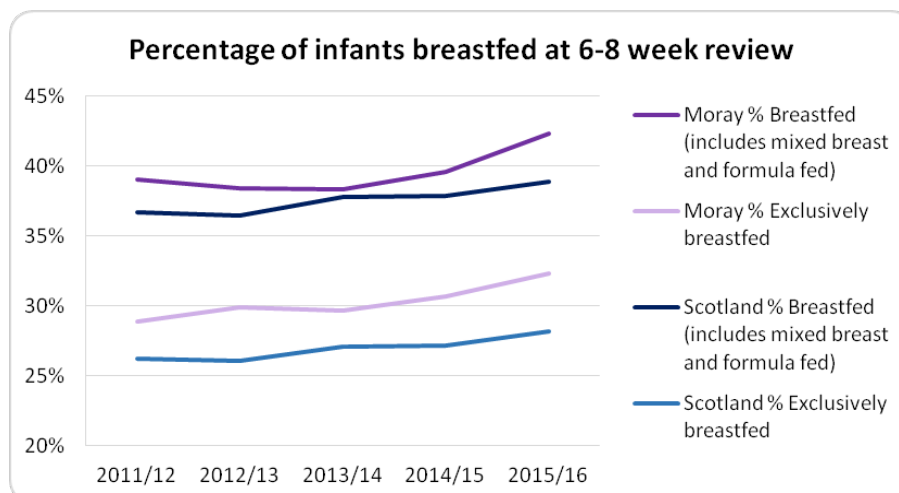
What do our stakeholders tell us?

A report of the stakeholder consultation event held in January is given as an addendum. Stakeholders generally believe that children in Moray are generally well and contented. There are concerns that some groups are 'invisible' and that they don't necessarily live in the 'deprived' areas.

What does the data tell us?

The key observation is that outcomes display significant variation across the geography of Moray.

BREASTFEEDING

- Over half of infants in Moray are formula fed

Percentage of infants breastfed at 6-8 week review

Legend:
- Moray % Breastfed (includes mixed breast and formula fed)
- Moray % Exclusively breastfed
- Scotland % Breastfed (includes mixed breast and formula fed)
- Scotland % Exclusively breastfed

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[10] www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

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Health and wellbeing
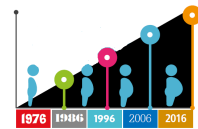
While small numbers make detecting statistically significant differences difficult, point variation can be seen in the prevalence of breastfeeding by geographical area

Exclusively breast-fed infants at 6-8 week review by intermediate geography (2014)

Rural Keith and Strathisla	
Lossiemouth East and Seatown	
Fochabers, Aultmore, Clochan and Ordiquish	
Rafford, Dallas, Dyke to Dava	
Findhorn, Kinloss and Pluscarden Valley	
Burghead, Roseisle and Laich	
Heldon West, Fogwatt to Inchberry	
Elgin Central West	
South Speyside and the Cabrach	
New Elgin West	
Mosstodloch, Portgordon and seaward	
Moray	
Forres South West and Mannachie	
Lhanbryde, Urquhart, Pitgavney and seaward	
Elgin Bishopmill West and Newfield	
Elgin Cathedral to Ashgrove and Pinefield	
Elgin Bishopmill East and Ladyhill	
Forres Central East and seaward	
Scotland	
Buckie West and Mains of Buckie	
New Elgin East	
North Speyside	
Cullen, Portknockie, Findochty, Drybridge and Berr	
Lossiemouth West	
Keith and Fife Keith	
Buckie Central East	

READING WITH CHILDREN

No data on parental reading available

PARENTING

Population measures of parenting styles and skills are not available, but indicators such as criminal offence and child protection data can suggest the scale of challenges at the more serious end of the spectrum.

- Cruelty and neglect

Between 2012 and 2016, 17 children were the victim of **cruelty and neglect** under the Children and Young Persons (Scotland) Act 1937.[11] The children ranged in age from two months to 14 years.

Inspector Area	2012	2013	2014	2015	2016	Total
Elgin	4	1	1	2		8
Buckie					2	2
Lossiemouth	3	1				4
Forres		2			1	3
Total	7	4	1	2	3	17

- Looked after children
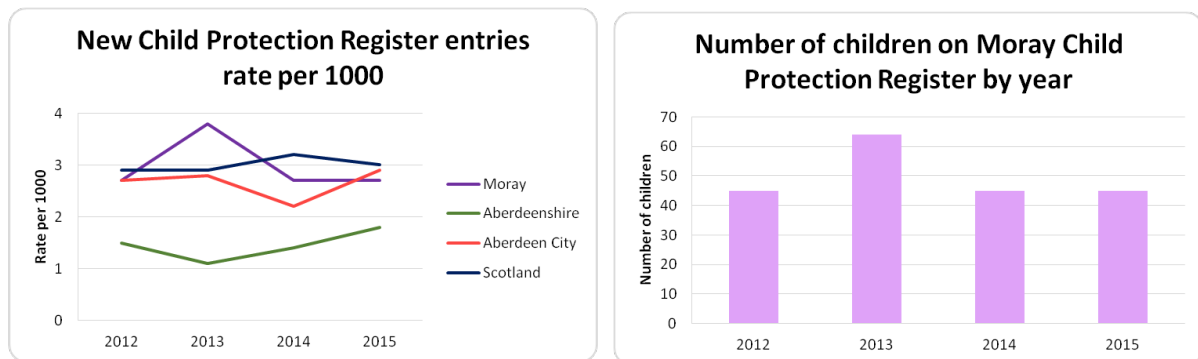
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[11] Source: Police Scotland
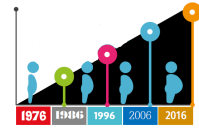
Health and wellbeing

Looked After Children have poorer outcomes.[12] There were 217 Looked After Children in Moray as of Q2 2016-17, with 45% accommodated by foster care placement.

- ### Moray Child Protection Register

Q2 2016-17 shows 65 children on the Child Protection Register in Moray with a rate similar to the national average.

The largest proportion of children on the child protection register is aged 0 to 4. Over two-thirds of children (69%) on the child protection register are noted to be at risk of emotional abuse

- ### Child development

All children are offered a 27 – 30 month child development review. In 2014/15 13% of children had no recorded review. Of children reviewed, around one in ten (9% in 2014/15) have a development concern identified by their review. Speech, language & communication is the largest area of concern, affecting 7% of children in Moray. The data does not show whether there is an association between development concerns and parental characteristics.
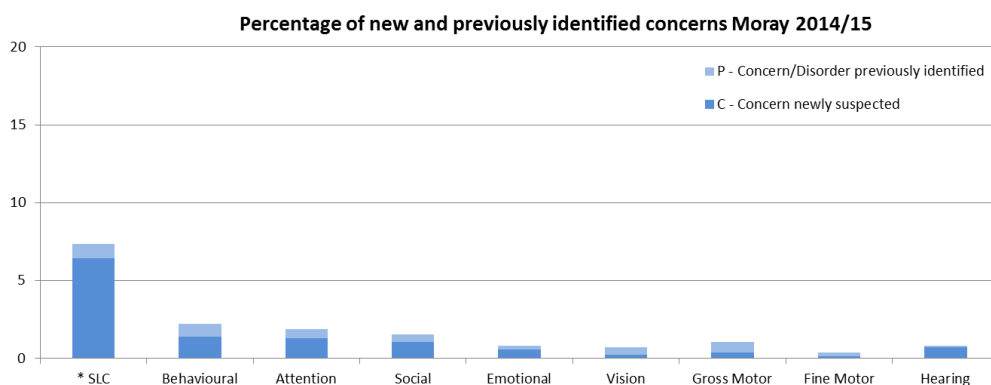
- ### Police child concern reports

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[12] www.scotphn.net/projects/looked-after-children-2/looked-after-children

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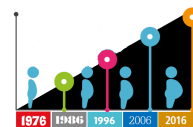
Health and wellbeing

Police identified 3204 children and young people (16% of the population aged ≤18) in 1356 child concern and youth offending reports in 2016.[13] The main concerns were for safety and being responsible (more than one indicator can be added at a time and in some instances, all eight indicators have been linked to one incident report). Child Concern (CC) reports can also be linked with other concern categories depending on the incident involved, including Adult Concern (AC), Domestic Abuse (DA), Youth Offending (YO) and Hate Concern (HC)

Wellbeing Concern	2014	2015	2016	Total
SAFE	1481	1878	2323	5682
HEALTHY	328	298	407	1033
ACHIEVING	173	160	196	529
NURTURED	257	339	230	826
ACTIVE	96	72	44	212
RESPECTED	192	153	155	500
RESPONSIBLE	507	564	725	1796
INCLUDED	132	116	101	349
Total	3166	3580	4181	10927

Concern types	2014	2015	2016	Total
CC only	2042	2066	2900	7008
CC+AC	1320	1588	1374	4282
CC+DA	2238	1948	2218	6404
CC+YO	478	1000	1668	3146
CC+HC	2	24	18	44
CC+DA+AC	540	1176	906	2622

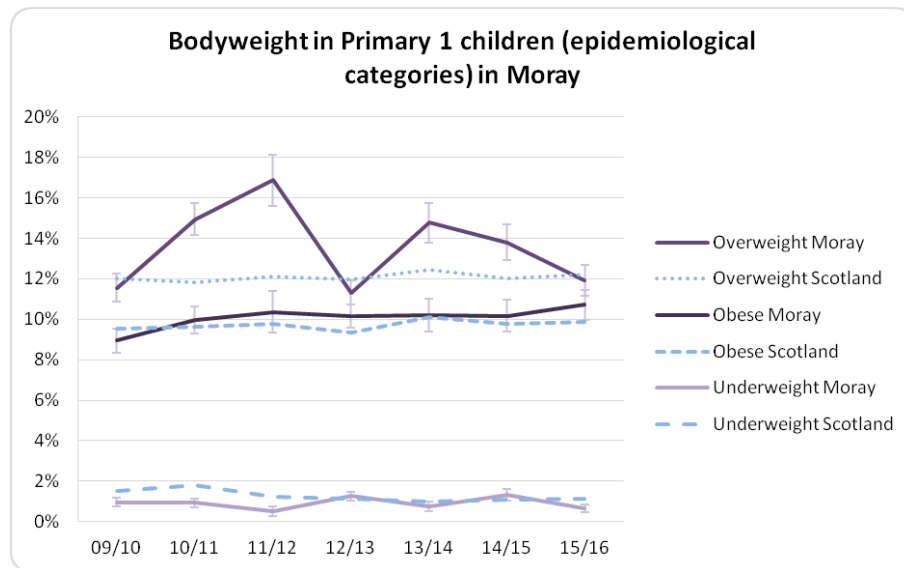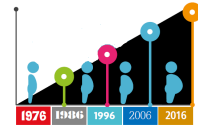## NUTRITION AND HEALTH BEHAVIOURS

- Bodyweight

One in eight children in Moray is overweight; one in nine children is obese.[14] The proportion of overweight children in Moray has converged with the Scottish average in recent years. The proportions of obese and underweight children are similar to the Scottish average.

Primary 1 body weight assessment 2015/16	
(epidemiological categories) "At risk of…"	Number of children
Underweight	6 (<1%)
Healthy weight	694 (77%)
Overweight	108 (12%)
Obese	97 (11%)
Total	905

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[13] Source: Police Scotland (Interim Vulnerable Person Database)
[14] Source: www.isdscotland.org/Health-Topics/Child-Health/Child-Weight-and-Growth

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Health and wellbeing

Bodyweight in Primary 1 children (epidemiological categories) in Moray

Legend:
- Overweight Moray
- Overweight Scotland
- Obese Moray
- Obese Scotland
- Underweight Moray
- Underweight Scotland

While small numbers make detecting statistically significant differences difficult, point variation can be seen in the prevalence of obesity in children.

Percentage of primary 1 children classified as obese by intermediate geography (2014)
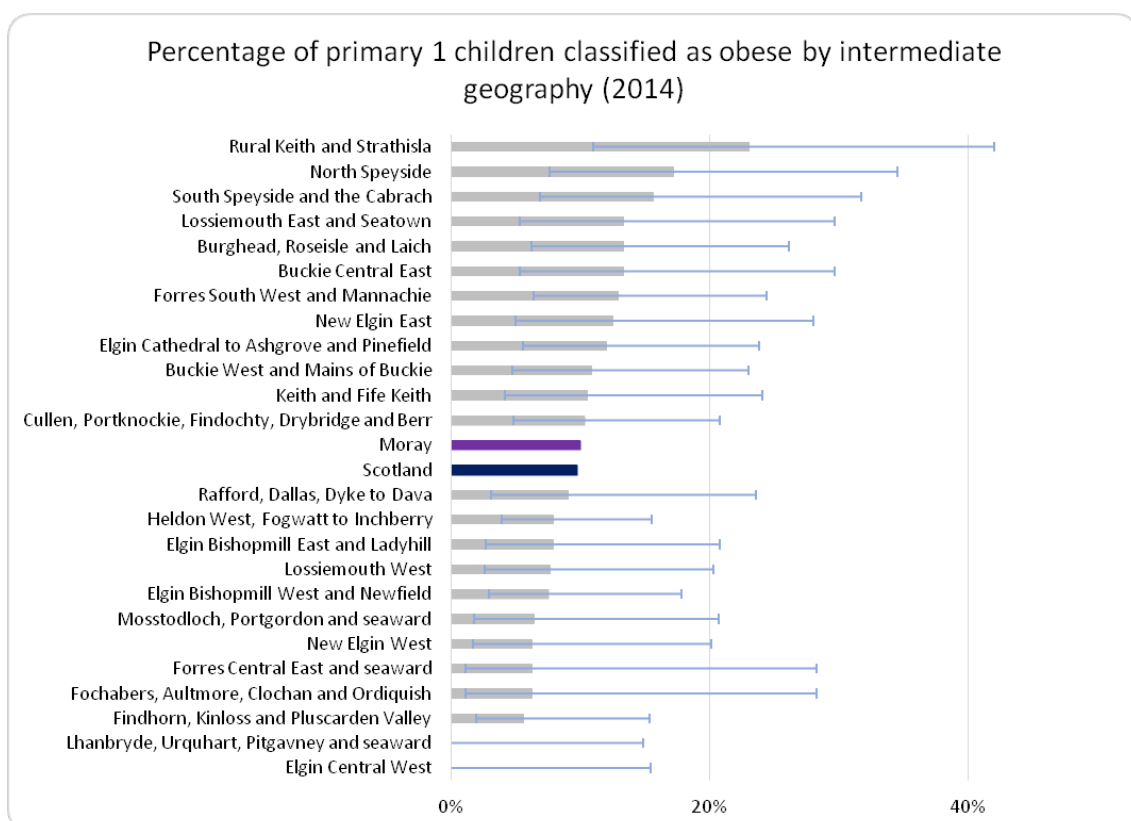
- Dental health begins in childhood

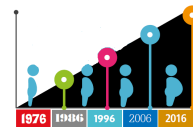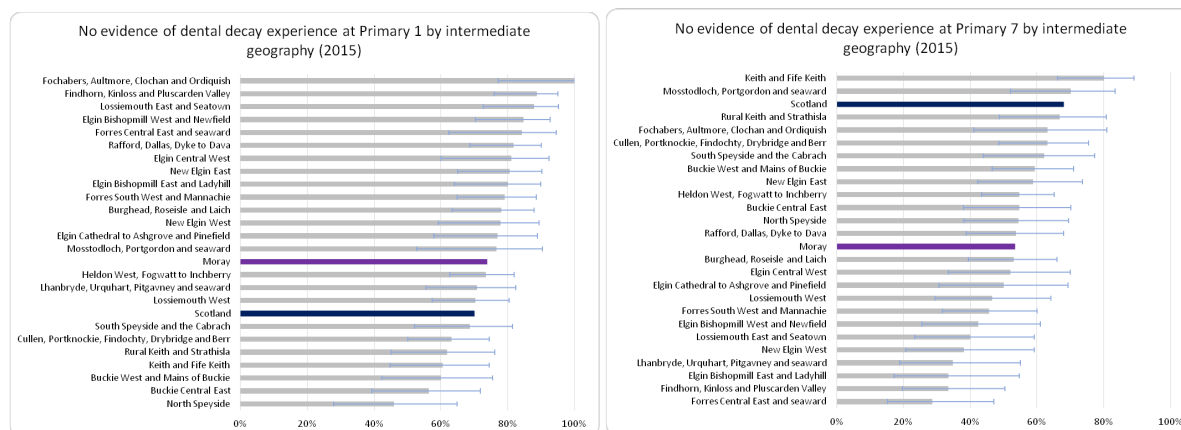# Health and wellbeing

Every child is offered a dental examination at school in primary one and primary seven. Around one in five children have some evidence of dental decay in primary one in some areas (and around four in five have none); elsewhere almost one in two children have some evidence of dental decay. Dental decay increases with school age and the variation across areas widens.

No evidence of dental decay experience at Primary 1 by intermediate geography (2015)

No evidence of dental decay experience at Primary 7 by intermediate geography (2015)

ALCOHOL AND OTHER DRUGS[15]

• Alcohol

There are a lower percentage of young people in Moray who have had an alcoholic drink, with a 10% reduction of 13yr olds and 9% of 15yr olds reporting that they had had an alcoholic drink. Those who have are drinking less often and smaller amounts of alcohol in comparison with the 2010 survey.

In Moray girls are more likely to consume alcohol than boys at both the 13yr old and 15yr old stages. By the age of 15 74% of boys and 81% of girls reported they had consumed alcohol, higher than the national average of 67% and 72% respectively. Although of those who drink, boys consume more alcohol.

By the age of 15, 75% of Moray pupils either agree or strongly agree that their school provides support which allows them to make important decisions about drinking, a 2% reduction from 2010.

Young people who reside with a single parent are the most likely group to consume alcohol.

Operation Avon, a multi-agency, alcohol-related initiative that engages young people 'on the street', reported the number of alcohol seizures each year.

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[15] *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013*

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Health and wellbeing
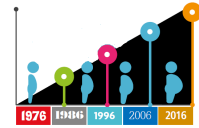
Year	Months covered	Number of Operations	Number of bottles/cans seized
2012	Jul - Nov	6	19
2013	Mar - Dec	42	66
2014	Jan - Dec	34	216
2015	Jan - Dec	40	109

- **Drugs**

98% of 13yr olds and 83% of 15yr olds reported that they had never tried any illegal drugs, which is in line with the national average.

37% of 15yr olds in Moray reported that they had been offered at least one illegal drug, which is a very slight decrease (1%) from 2010 and is 1% less than the National average.

38% of 15yr olds in Moray reported that it would be very easy to get an illegal drug which is 1% less than the national average.
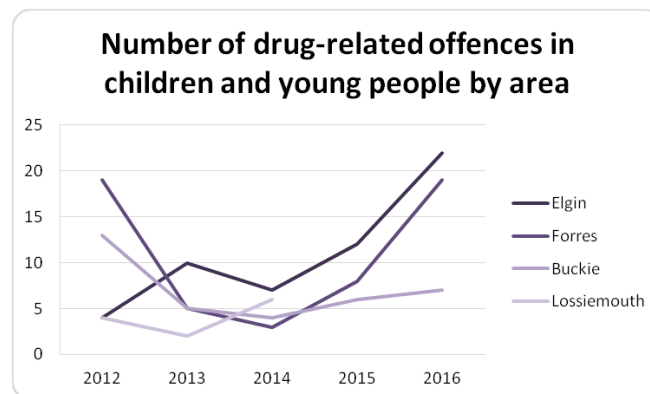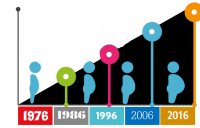
Police Scotland report a total of 156 drug-related offences in under-18s during past five years (involving 100 individuals):
- o Possession of Drugs = 78%
- o Supply of Drugs = 21%
- o Production, Manufacture or Cultivation of drugs = 1%

Number of drug-related offences involving children & young people by age					
Age	**2012**	**2013**	**2014**	**2015**	**2016**
12					1
13					5
14	3	2	1	2	8
15	6	1	6	7	8
16	19	6	4	11	14
17	12	13	9	6	12
Total	**40**	**22**	**20**	**26**	**48**

Number of drug-related offences involving children and young people by area					
	2012	**2013**	**2014**	**2015**	**2016**
Elgin	4	10	7	12	22
Forres	19	5	3	8	19
Buckie	13	5	4	6	7
Lossiemouth	4	2	6		
Total	**40**	**22**	**20**	**26**	**48**

V1.7

Health and wellbeing

Number of drug-related offences in children and young people by area

(chart: line graph with series Elgin, Forres, Buckie, Lossiemouth; years 2012–2016; y-axis 0 to 25)
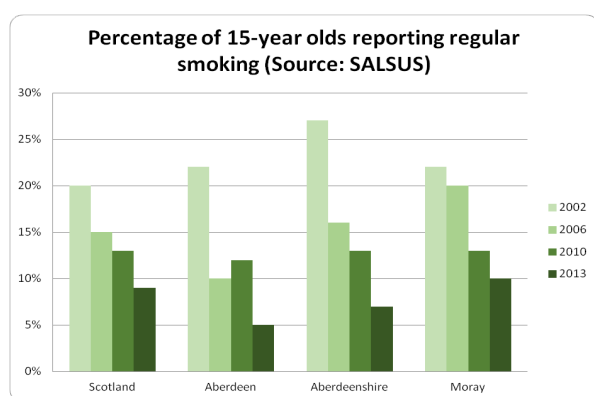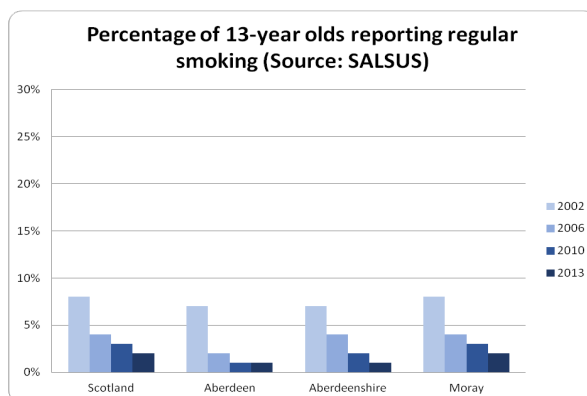
- ## Smoking

10% of 15yr olds in Moray reported that they were regular smokers.

60% of regular smokers report obtaining these from friends, family or carers. This means of obtaining cigarettes has increased by 11% since 2010, whereas other mechanisms have reduced (16% reduction of those buying from other people).

Percentage of 13-year olds reporting regular smoking (Source: SALSUS)

(bar chart with years 2002, 2006, 2010, 2013 for Scotland, Aberdeen, Aberdeenshire, Moray; y-axis 0% to 30%)

Percentage of 15-year olds reporting regular smoking (Source: SALSUS)

(bar chart with years 2002, 2006, 2010, 2013 for Scotland, Aberdeen, Aberdeenshire, Moray; y-axis 0% to 30%)

- ## Smoking at booking

Women are more likely to report smoking at booking appointment with their midwife than in Aberdeen or Aberdeenshire.

Percentage smoking at booking

(line chart with series Scotland, Aberdeen City, Aberdeenshire, Moray; years 2000-2002 to 2013-2015; y-axis 0% to 30%)
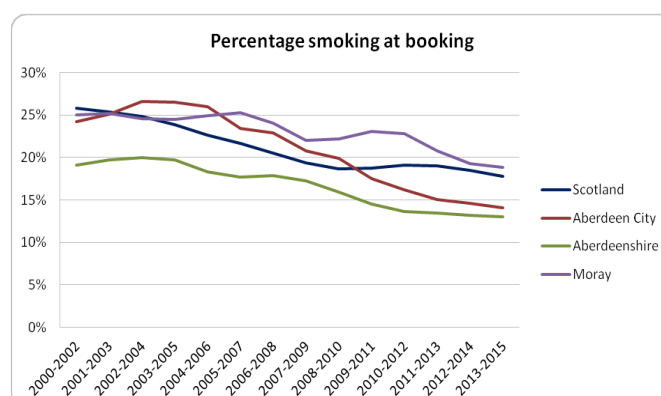
Access to and uptake of services

What do we know about children's access to and uptake of services and interventions in Moray?

What does the evidence tell us?

The "SCPHRP seven key investments for health equity" in Scotland include: [16,17]

- Universally accessible, strongly promoted, sexual and reproductive education/counselling in youth; family planning; prenatal and perinatal care (including effective breastfeeding support)
- Universally accessible, high-quality, early childhood education programmes, located in every neighbourhood within walking distance of parents' homes
- Systematic support to enable universal secondary and post-secondary education and training, suited to full and productive employment
- Accessible primary, secondary and tertiary health care, including evidence-based public health services

The Scottish Health Economics Network "top six investments for prevention" include:[18]

- programmes that target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision
- early years programmes

Early years programmes can reduce inequalities in health and wellbeing:[19]

- Spending on services for later childhood should **not** greatly exceed the spending on services for the early years
- Breastfeeding should be supported and encouraged
- Intensive home visiting support should be given to low income and teenage mums
- Sure start centres
- Parents should be supported to routinely read to and with their children
- Parenting programmes to support parenting skills should be available
- High-quality preschool provision is vital
- High-quality early years workforce is vital
- Families who receive intensive support during the early years should receive additional support during transition to school
- Reading recovery should be available to children
- Extended services in and around schools (activities, childcare, community access to school facilities, swift and easy referral to specialist services and parenting support)

[16] www.scphrp.ac.uk
[17] http://dx.doi.org/10.1016/j.socscimed.2015.07.007
[18] www.healthscotland.com/documents/24575.aspx
[19] www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

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Access to and uptake of services

- School-based work must be linked to work with parents, the family and wider community; focus on enabling parents to support cognitive development and life skills
- Educational health programmes (e.g. mental health, healthy eating, physical activity)

There are a range of specific guidance documents from NICE and the Institute for Health Equity / Public Health England. Such guidance can form the basis for planning purposes, as well as audit and quality assurance for professional services.

VULNERABLE GROUPS

- Looked-after children and young people
  www.nice.org.uk/guidance/ph28

- Unintentional injuries: prevention strategies for under 15s
  www.nice.org.uk/guidance/ph29

- Unintentional injuries in the home: interventions for under 15s
  www.nice.org.uk/guidance/ph30

PARENTING SUPPORT

- Good quality parenting programmes
  www.gov.uk/government/uploads/system/uploads/attachment_data/file/355768/Briefing1a_Parenting_programme_health_inequalities.pdf

- Improving the home to school transition
  www.gov.uk/government/uploads/system/uploads/attachment_data/file/355769/Briefing1b_Home_to_school_health_inequalities.pdf

SCHOOLS

- Building children and young people's resilience in schools
  www.gov.uk/government/uploads/system/uploads/attachment_data/file/355770/Briefing2_Resilience_in_schools_health_inequalities.pdf

- Social and emotional wellbeing in primary education
  www.nice.org.uk/guidance/ph12

- Social and emotional wellbeing in secondary education
  www.nice.org.uk/guidance/ph20

HEALTH BEHAVIOURS

- Active travel in schools
  www.nice.org.uk/guidance/ph17

Access to and uptake of services

- Smoking prevention in schools
  www.nice.org.uk/guidance/ph23

- Physical activity: walking and cycling
  www.nice.org.uk/guidance/ph41

- Physical activity and the environment
  www.nice.org.uk/guidance/ph8

- Physical activity for children and young people
  www.gcph.co.uk/publications/426_findings_series_36learning_from_success_active_travel_in_schools

- Alcohol: school-based interventions
  www.nice.org.uk/guidance/ph7

- Smoking: preventing uptake in children and young people
  www.nice.org.uk/guidance/ph14

- Substance misuse interventions for vulnerable under 25s
  www.nice.org.uk/guidance/ph4

What do our *stakeholders* tell us?

A report of the stakeholder consultation event held in January is given as an addendum.

Stakeholders identified a wide range of services, with people using one service most often also using a number of others. They believe that transport and finance can be real barriers to people accessing services. They have concerns that accessing some services can be stigmatising. They want to view the family as a whole unit, using a 'right time, right place approach'. More could be done to develop 'one-stop-shops'.

There are concerns that there are 'hard to reach' children and families in Moray who could potentially benefit from services.

There are concerns regarding workforce and the challenge of meeting growing demand for services amidst decreasing resources.

What does the *data* tell us?

ACCESS AND UPTAKE

V1.7

Access to and uptake of services

- Access deprivation

Those living in urban areas have greater access than those living in rural and remote areas.

Percentage of people within intermediate geography living in 15% most 'access deprived' areas (2014)
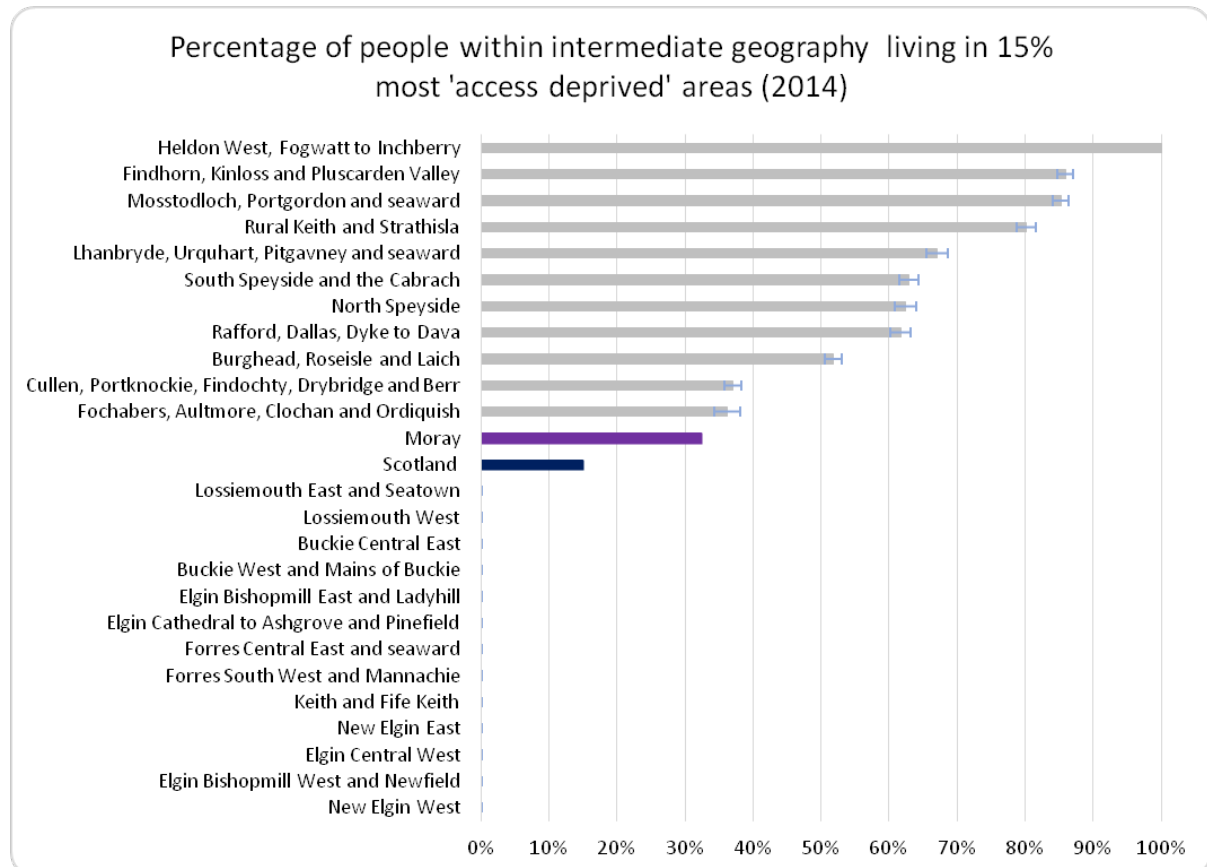
EARLY YEARS

- Proportion of spending on early years versus later childhood services

Data not known

- Access to and uptake of sexual and reproductive education/counselling in youth

Data not known

- Access to and uptake of family planning services

Data not known

- Access to and uptake of prenatal and perinatal care including breastfeeding support

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Access to and uptake of services

Data not known (variation in breastfeeding rates noted in "health" section above)

- Access to and uptake of universally accessible, early childhood education programmes, located in every neighbourhood within walking distance of parents' homes (e.g. preschool nursery, sure start centres)

Data not known

- Access to and uptake of reading recovery for children

Data not known

EDUCATION

- Access to and uptake of systematic support to enable universal secondary and post-secondary education and training, suited to full and productive employment

Moray's primary school population has increased year on year since 2011. Although secondary school numbers are dropping year on year the numbers of pupils who are aged 16 years and over are on the increase with over 30% of the secondary school population now above the age of 16.

Historical data shows that population age group trends change every five years. If this trend continues it would indicate that for the next five years there may be a decrease in Primary school roll numbers and an increase in the number of pupils attending secondary schools. Added to this is the increasing trend of pupils remaining in school past the age of 15 which may further increase the numbers in secondary schools across Moray.

Between 2013 and 2016 Moray children's Literacy and Numeracy performance deteriorated as they progressed through Primary school. P1 exit PIP scores indicate that children in Moray perform marginally better than standardised scores. At P3 stage performance in Reading and Maths is maintained with scores in the past two years again being slightly higher than standardised scores, Mental Arithmetic performance however is significantly lower. By P6 stage performance in Reading has fallen below the standardised score and the Mental Arithmetic and Maths scores are significantly lower. Performance in Maths and Mental Arithmetic has deteriorated year on year at P6 stage.

Between 2012 and 2016 Tariff scores at S4 stage have fallen significantly. In 2012 Moray performed at a comparable level to Virtual Comparator Authorities and higher than nationally. In 2016 S4 Tariff Scores show that performance in Moray is significantly lower in comparison to both Virtual Comparator Authorities and Scotland.

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Access to and uptake of services

Average tariff score of all pupils on the S4 roll by intermediate geography (2012)

| Area	
Keith and Fife Keith	
Rural Keith and Strathisla	
Elgin Central West	
North Speyside	
Lhanbryde, Urquhart, Pitgavney and seaward	
Cullen, Portknockie, Findochty, Drybridge and Berr	
New Elgin West	
Forres Central East and seaward	
South Speyside and the Cabrach	
Fochabers, Aultmore, Clochan and Ordiquish	
Heldon West, Fogwatt to Inchberry	
Moray	
Rafford, Dallas, Dyke to Dava	
Burghead, Roseisle and Laich	
Lossiemouth East and Seatown	
Mosstodloch, Portgordon and seaward	
Scotland	
Buckie Central East	
Buckie West and Mains of Buckie	
Findhorn, Kinloss and Pluscarden Valley	
Forres South West and Mannachie	
Elgin Bishopmill West and Newfield	
Elgin Bishopmill East and Ladyhill	
New Elgin East	
Lossiemouth West	
Elgin Cathedral to Ashgrove and Pinefield	

- Literacy

Over 90% of girls and boys combined achieve level 4 literacy, dropping to 78% who achieve level 5 literacy.

While a similar proportion of girls and boys achieve level 4 literacy a greater proportion of girls achieve level 5 literacy (84% versus 71% in 2014/15).

	Percentage of Leavers Attaining Literacy (Female)											
	% Level 4 Literacy						% Level 5 Literacy					
	2012/13		2013/14		2014/15		2012/13		2013/14		2014/15	
M=Moray V=Virtual Comparator	M	V	M	V	M	V	M	V	M	V	M	V
Moray	96%	95%	97%	95%	97%	95%	76%	74%	79%	76%	84%	80%
National	94%		94%		95%		73%		77%		81%	
	Percentage of Leavers Attaining Literacy (Male)											
	% Level 4 Literacy						% Level 5 Literacy					
	2012/13		2013/14		2014/15		2012/13		2013/14		2014/15	
M=Moray V=Virtual Comparator	M	V	M	V	M	V	M	V	M	V	M	V
Moray	91%	90%	95%	91%	95%	93%	59%	59%	68%	63%	71%	68%
National	90%		91%		92%		61%		64%		69%	

Access to and uptake of services

Percentage of Leavers Attaining Literacy by gender
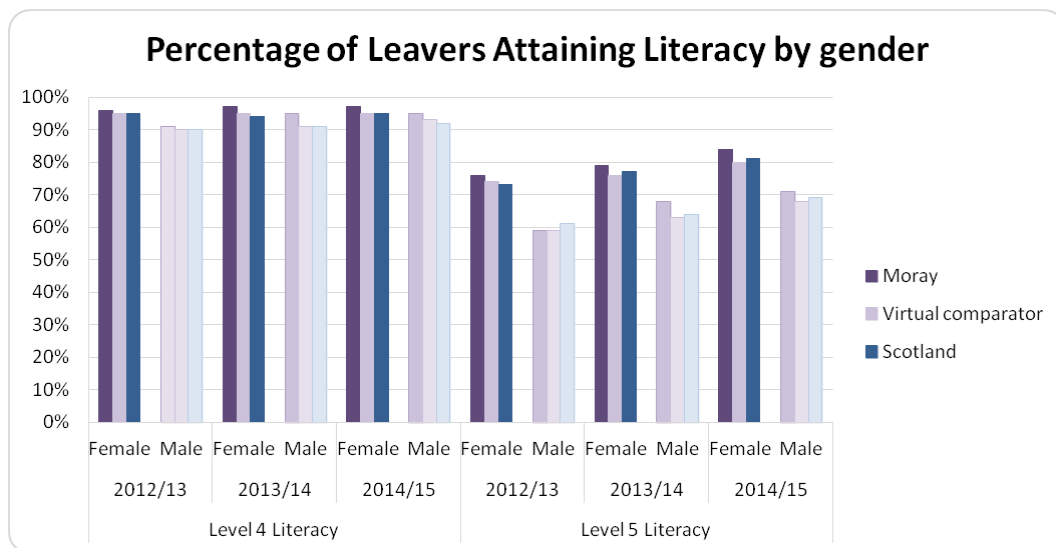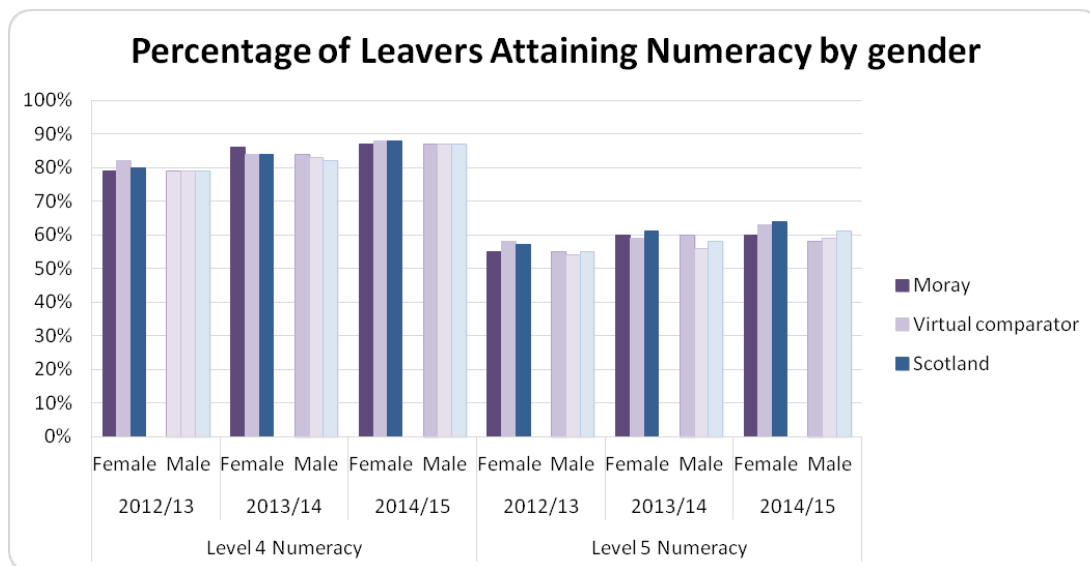

- **Numeracy**

Over 80% of girls and boys combined achieve level 4 numeracy, dropping to just under 60% who achieve level 5 numeracy.

Similar proportions of girls and boys achieve level 4 (87% for both in 2014/15) and level 5 numeracy (58% and 60% in 2014/15).

	Percentage of Leavers Attaining Numeracy (Female)											
	% Level 4 Numeracy						% Level 5 Numeracy					
	2012/13		2013/14		2014/15		2012/13		2013/14		2014/15	
M=Moray V=Virtual Comparator	M	V	M	V	M	V	M	V	M	V	M	V
Moray	79%	82%	86%	84%	87%	88%	55%	58%	60%	59%	60%	63%
National	80%		84%		88%		57%		61%		64%	

	Percentage of Leavers Attaining Numeracy (Male)											
	% Level 4 Numeracy						% Level 5 Numeracy					
	2012/13		2013/14		2014/15		2012/13		2013/14		2014/15	
M=Moray V=Virtual Comparator	M	V	M	V	M	V	M	V	M	V	M	V
Moray	79%	79%	84%	83%	87%	87%	55%	54%	60%	56%	58%	59%
National	79%		82%		87%		55%		58%		61%	

V1.7

Access to and uptake of services

Percentage of Leavers Attaining Numeracy by gender

- **Additional Support Needs**

  Amongst secondary students with additional support needs in 2014/15:

  - over 80% achieved level four literacy and around 50% achieved level 5 literacy
  - almost 70% achieved level four numeracy and around 30% achieved level 5 numeracy

  Since 2013/13:
  - level four literacy performance has been sustained and level five performance has improved
  - level four numeracy performance has improved and level five performance has been sustained

School	Number of Leavers with ASN		
	2012/13	**2013/14**	**2014/15**
Buckie High	16	29	35
Elgin Academy	-	18	40
Elgin High	61	60	64
Forres Academy	14	12	11
Keith Grammar	31	22	24
Lossiemouth High	5	8	10
Milne's High	26	13	20
Speyside High	15	18	17
MORAY	**168**	**180**	**221**

- **Attendance and exclusion**

Attendance rates are higher in primary in comparison to secondary schools. In 2015/16 overall exclusion rates are four times higher in Secondary in comparison to Primary schools.

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Access to and uptake of services

School Attendance						
	2012/13		2013/14		2014/15	
	Primary	*Secondary*	*Primary*	*Secondary*	*Primary*	*Secondary*
Moray	95%	93%	96%	94%	95%	90%
Scotland	95%	92%	-	-	94%	89%

Milnes high school has the highest exclusion rate of all secondary schools in Moray. Keith ASG has the highest primary exclusion rate and also the highest overall exclusion rate which is more than twice the Moray average.

School (ASG)	2015/16 - Exclusions (% half days lost due to exclusion)		
	Primary	Secondary	ASG
Buckie High School	0.03%	0.13%	**0.07%**
Elgin Academy	0.02%	0.05%	**0.03%**
Elgin High School	0.02%	0.10%	**0.05%**
Forres Academy	0.00%	0.04%	**0.02%**
Keith Grammar School	0.10%	0.12%	**0.11%**
Lossiemouth High School	0.01%	0.01%	**0.01%**
Milne's High School	0.01%	0.13%	**0.06%**
Speyside High School	0.00%	0.09%	**0.04%**
Total	**0.02%**	**0.08%**	**0.05%**

% of days lost due to exclusion (2015-16)
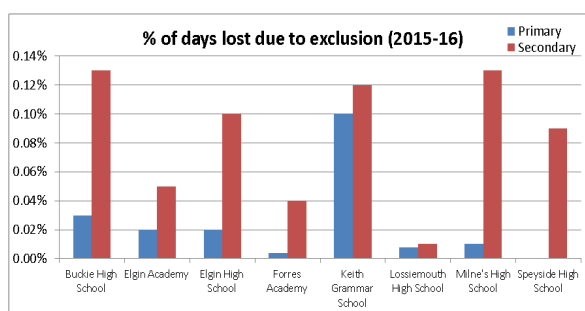
- Individual education plans (IEPs)

Based on 2015 mid-year estimates primary school pupils within the Keith ASG have the highest rate of IEP's/pupil (13.2%), almost double the Moray average. Elgin High school has the highest rate of IEP's (11.3%) of all Moray secondary schools, double the moray average.

as at 23 January 2017	IEP		
School (ASG)	Primary	Secondary	Total
Buckie High School	62	42	**104**
Elgin Academy	63	35	**98**
Elgin High School	94	65	**159**
Forres Academy	63	43	**106**
Keith Grammar School	72	31	**103**
Lossiemouth High School	48	42	**90**
Milne's High School	29	22	**51**
Speyside High School	54	6	**60**
Total	**485**	**286**	**771**

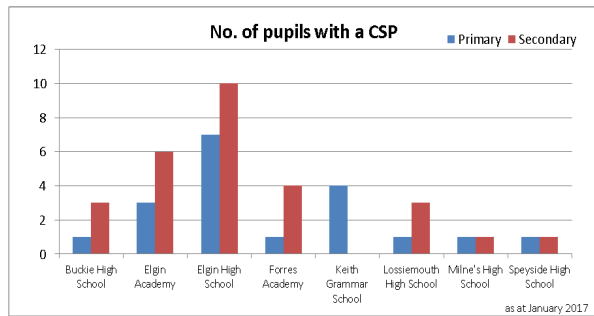
No. of pupils with an IEP
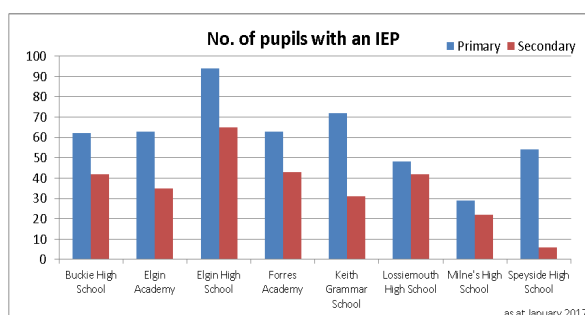
as at January 2017

- Coordinated support plans (CSPs)

The highest number and proportion of CSP's are within the Elgin High ASG.
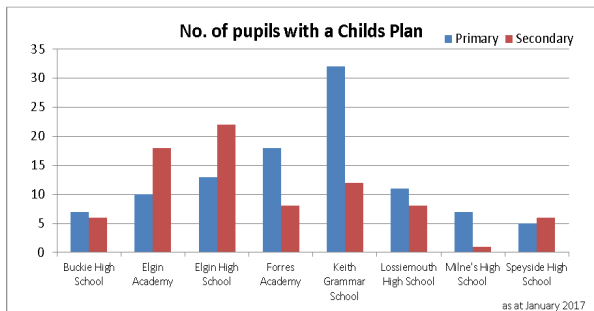
Access to and uptake of services

as at 23 January 2017	CSP		
School (ASG)	Primary	Secondary	Total
Buckie High School	1	3	4
Elgin Academy	3	6	9
Elgin High School	7	10	17
Forres Academy	1	4	5
Keith Grammar School	4	0	4
Lossiemouth High School	1	3	4
Milne's High School	1	1	2
Speyside High School	1	1	2
Total	19	28	47

- Pupils with a child's plan

Keith ASG has the highest number of pupils with Child's Plans. Almost a quarter of all pupils with a Child's Plans reside within the Keith ASG.

as at 23 January 2017	Childs Plan		
School (ASG)	Primary	Secondary	Total
Buckie High School	7	6	13
Elgin Academy	10	18	28
Elgin High School	13	22	35
Forres Academy	18	8	26
Keith Grammar School	32	12	44
Lossiemouth High School	11	8	19
Milne's High School	7	1	8
Speyside High School	5	6	11
Total	103	81	184

- Access to and uptake of extended services in and around schools (activities, childcare, community access to school facilities, swift and easy referral to specialist services and parenting support)

Data not known

HEALTHCARE

- Access to and uptake of primary, secondary and tertiary health care

Data not known

- Access to and uptake of intensive home visiting support should be given to low income and teenage mums

Data not known

- Access to and uptake of Child and Adolescent Mental Health Services (CAMHS)

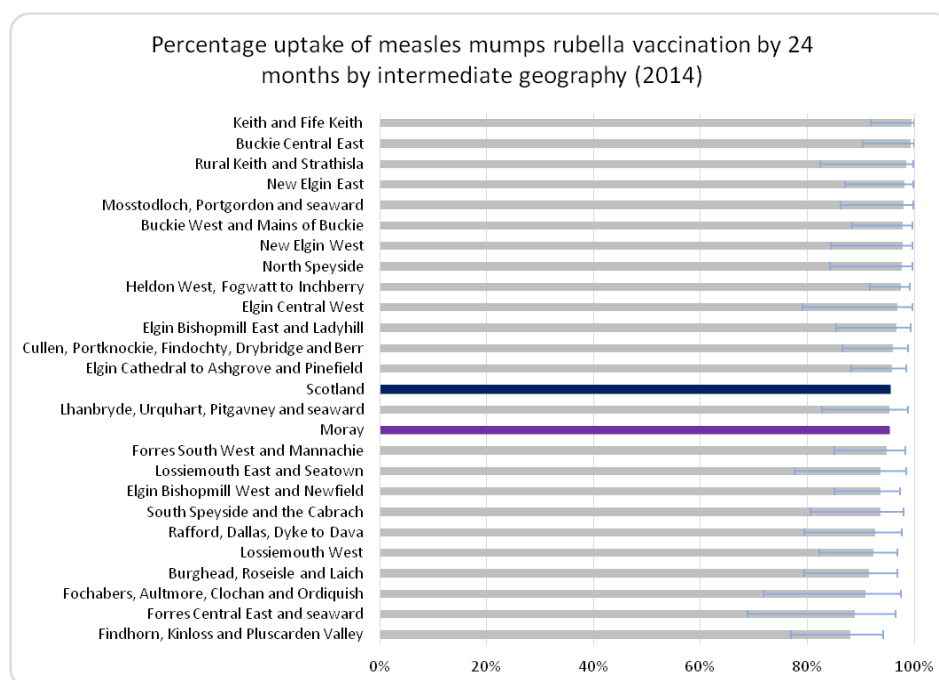Data not known at Moray level

Access to and uptake of services

- ## Access to and uptake of immunisation programmes

Two areas (around Forres and Findhorn) have uptake below the 95% standard to achieve population protection against Diphtheria, Tetanus, Pertussis, Polio and Hib

Percentage uptake of diphtheria tetanus pertussis polio Hib vaccination by 24 months by intermediate geography (2014)
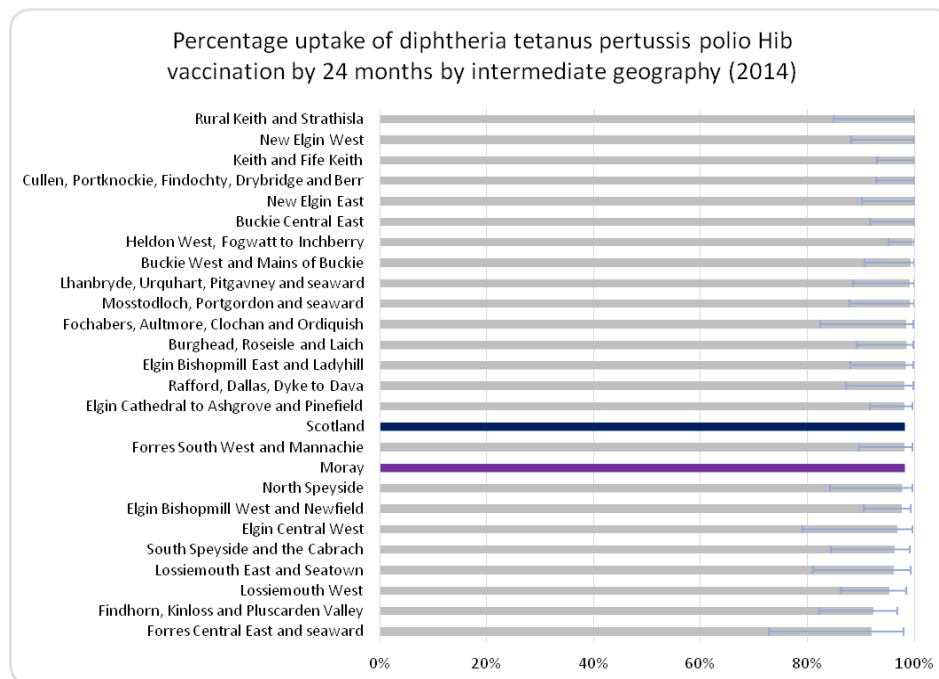
Areas around Findhorn, Forres, Fochabers, Lossiemouth and Elgin have uptake below the 95% standard required to achieve population protection against measles, mumps and rubella

Percentage uptake of measles mumps rubella vaccination by 24 months by intermediate geography (2014)

V1.7

Living circumstances

What do we know about children's **living circumstances in Moray**?

*What does the **evidence** tell us?*

The places around us provide a vital context to the lives we lead, the choices we make (and are empowered to make) and our health, wellbeing, opportunities and achievements.[20,21]

The "SCPHRP seven key investments for health equity" in Scotland include: [22,23]
- Labour market, tax and transfer policies to lift all families with young children out of poverty
- Strong, evidence-based economic and marketing controls on established health hazards, including: tobacco, alcohol, unhealthy foods, and gambling
- Sustainable economic development policies that support full meaningful employment

The Scottish Health Economics Network "top six investments for prevention" include:[24]
- programmes that ensure adequate incomes and reduce income inequalities
- programmes that reduce unemployment in vulnerable groups or areas
- programmes that improve physical environments
- policies that use regulation and price (for example, minimum unit price or taxes) to reduce risky behaviours.

In addition the Marmot Review highlights the necessity for:[25]
- Pregnant women to **be able to** eat well and not smoke, drink alcohol or use drugs
- New mums to be helped to avoid postnatal isolation and depression
- Employers to provide paid parental leave for first year
- The prevention and mitigation of child poverty

Children whose living circumstances expose them to **abuse**, **neglect** and **household adversity** (poverty, domestic violence, substance misuse, mental ill health, criminality, separation, living in care) cause chronic stress and increase the risk of a range of negative behavioural, health and social outcomes that can persist into and throughout adult life. Collectively referred to as *Adverse Childhood Events* (ACEs) these experiences warrant particular effort to prevent or mitigate them given their potential lifelong consequences. Recommended actions include:[26]

- Raising public awareness of the importance of ACEs
- Reducing families' social isolation
- Mitigating the family impacts of economic austerity

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[20] www.healthscotland.scot/tools-and-resources/the-place-standard-tool
[21] www.placestandard.scot
[22] www.scphrp.ac.uk
[23] http://dx.doi.org/10.1016/j.socscimed.2015.07.007
[24] www.healthscotland.com/documents/24575.aspx
[25] www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[26] www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf

V1.7

Living circumstances

- Focusing attention on low and insufficient income / wages
- Targeting parenting programmes for at-risk families
- Multi-agency team working to address household adversity
- Facilitating children's resilience
- Routinely enquiring into adversity in childhood in all adult assessments
- Routinely enquiring into children involved in adult adversity assessments

- Domestic violence and abuse: multi-agency working
  www.nice.org.uk/guidance/ph50

Poverty negatively affects health and wellbeing. Poverty impairs medium to long term decision as cognitive capacity is required to manage short-term survival.[27] Preventing and mitigating poverty is a vital component to improve health and wellbeing outcomes.

NICE provides guidance to inform organisational actions to help those living in under-heated homes.[28]

The Institute of Health Equity / Public Health England and Fuel poverty and the Scottish Public Health Network have summarised the evidence for mitigating fuel poverty:[29,30]

- understand Energy Company Obligation schemes available in the locality
- clarify availability of the Home Energy Efficiency Programme for Scotland
- ensure access to benefits and financial support and advice across all service providers

Food insecurity is addressed in two review papers from What Works Scotland:
- Fun, Food, Folk: The Centre stage approach to dignified food provision[31]
- The cost of school holidays:[32]
  - Free meals provision during school holidays
  - Additional childcare provision
  - High quality summer programmes

What do our stakeholders tell us?

A report of the stakeholder consultation event held in January is given as an addendum.

Stakeholders generally believe that Moray is a positive place to grow up and that

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[27] http://dx.doi.org/10.1126/science.1238041
[28] www.nice.org.uk/guidance/ng6
[29] www.scotphn.net/projects/fuel-poverty/fuel-poverty-documents
[30] www.gov.uk/government/uploads/system/uploads/attachment_data/file/355790/Briefing7_Fuel_poverty_health_inequalities.pdf
[31] http://whatworksscotland.ac.uk/publications/centrestage-dignified-food-provision/
[32] http://whatworksscotland.ac.uk/wp-content/uploads/2015/07/The-cost-of-school-holidays.pdf

V1.7

Living circumstances

most children are relatively safe. They have concerns that there can be low aspirations and low emotional resilience.

*What does the **data** tell us?*

POVERTY

- Poverty

Income deprivation is defined by the Scottish Index of Multiple Deprivation (SIMD) as the percentage of the population (adults and their dependants) in receipt of Income Support, Employment and Support Allowance, Job Seekers Allowance, Guaranteed Pension Credits, and Child and Working Tax Credits.

There are communities in Moray where one in seven people are income deprived.
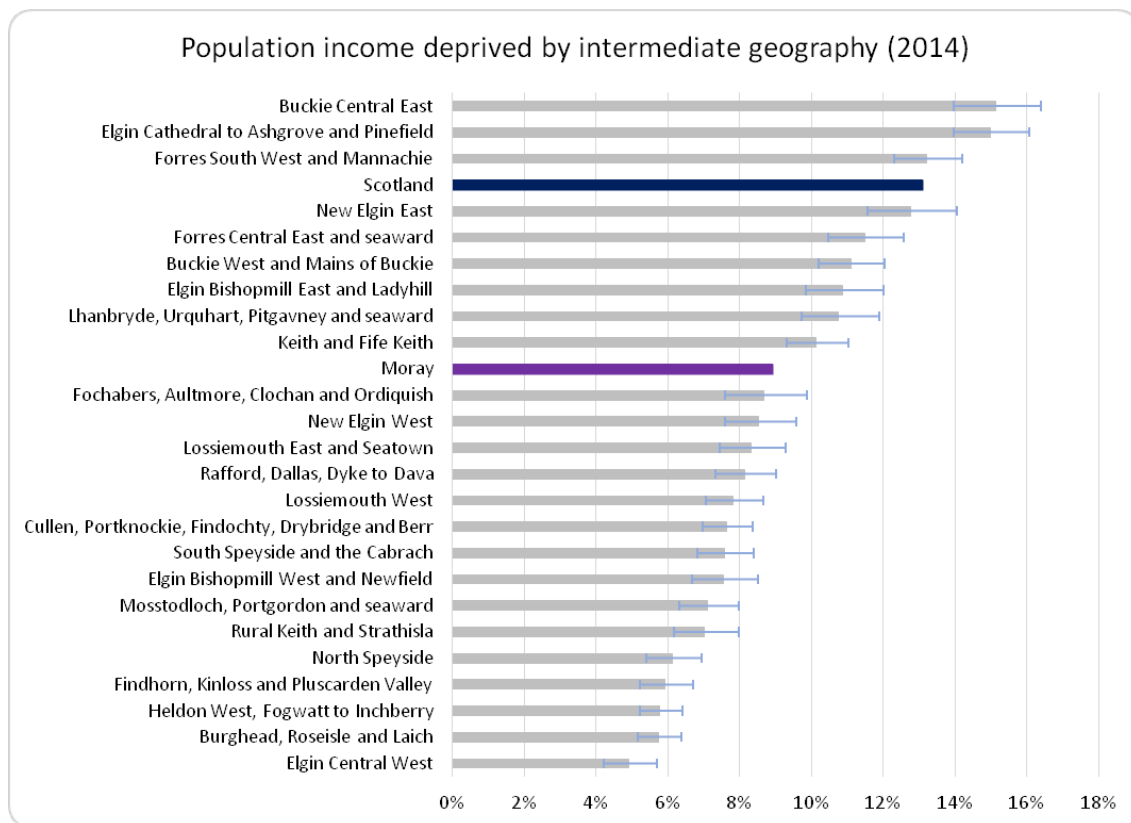
There is an obvious link between adult poverty and child poverty. There are some communities in Moray where one in seven children are growing up in poverty.

V1.7

Living circumstances

Children Living in Poverty by intermediate geography (2012 snapshot)
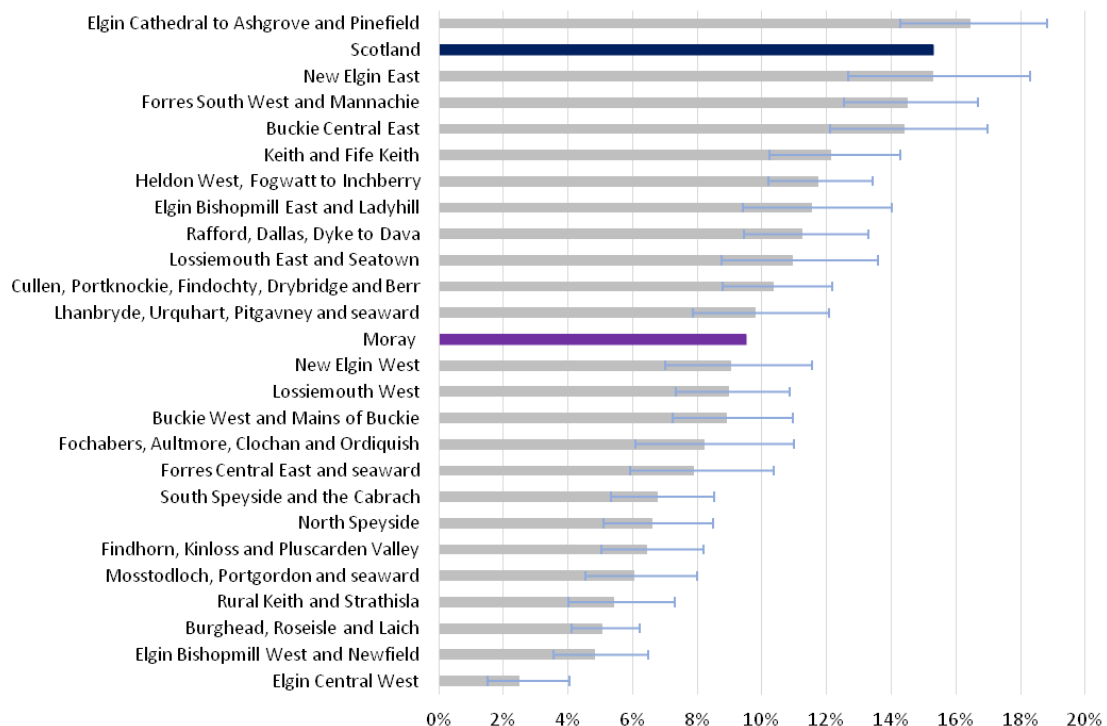
- ## Free school meals

All primary 1-3 pupils have access to free school meals. Free school meals can otherwise be an indicator of deprivation. Primary and secondary schools within the Elgin High ASG have the highest rates of free school meals. Primary and secondary schools within the Elgin Academy ASG have the lowest rates

as at 23 January 2017	Free School Meals		
School (ASG)	Primary	Secondary	Total
Buckie High School	100	57	**157**
Elgin Academy	71	45	**116**
Elgin High School	99	64	**163**
Forres Academy	111	67	**178**
Keith Grammar School	50	19	**69**
Lossiemouth High School	46	35	**81**
Milne's High School	42	24	**66**
Speyside High School	29	24	**53**
Total	**548**	**335**	**883**

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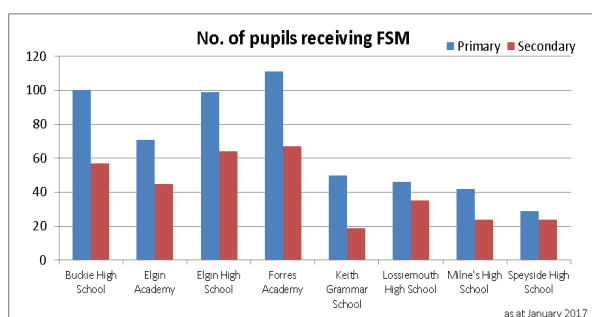
Living circumstances

• Disability

In 2012 there were 420 children and young people claiming disability living allowance

Young people under 16 claiming disability living allowance (Q4 2012)		
Age group	**Population**	**Claimants**
0-5	5,095	50 (1%)
5-10	4,940	170 (3%)
10-15	6,629	200 (3%)

The highest claims prevalence was in "Glenlatterach, Thomshill, Fogwatt & Moss of Barmuckity" (30 claims)

There is significant variation in adult disability across Moray.

Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance by intermediate geography (2015)

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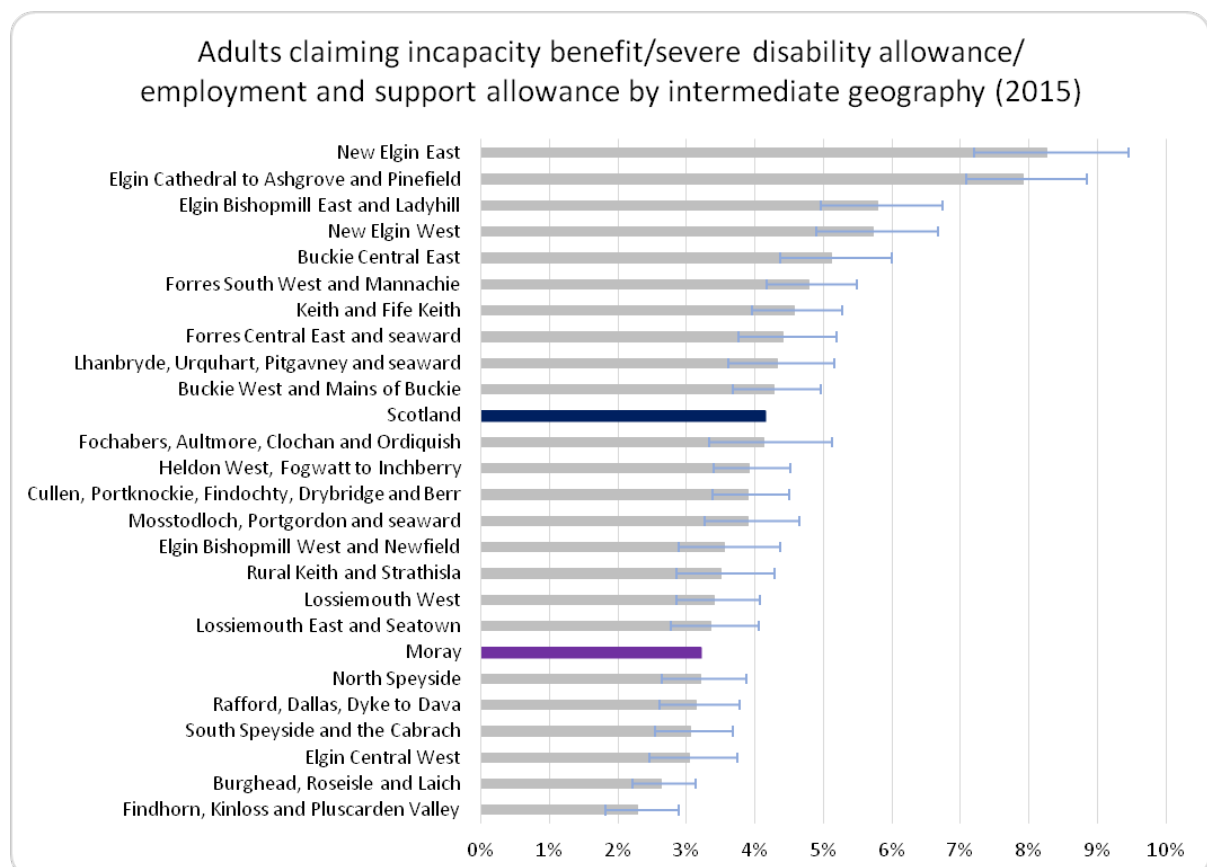
Living circumstances

EMPLOYMENT

- Unemployment

Working age population employment deprived by intermediate geography (2014)
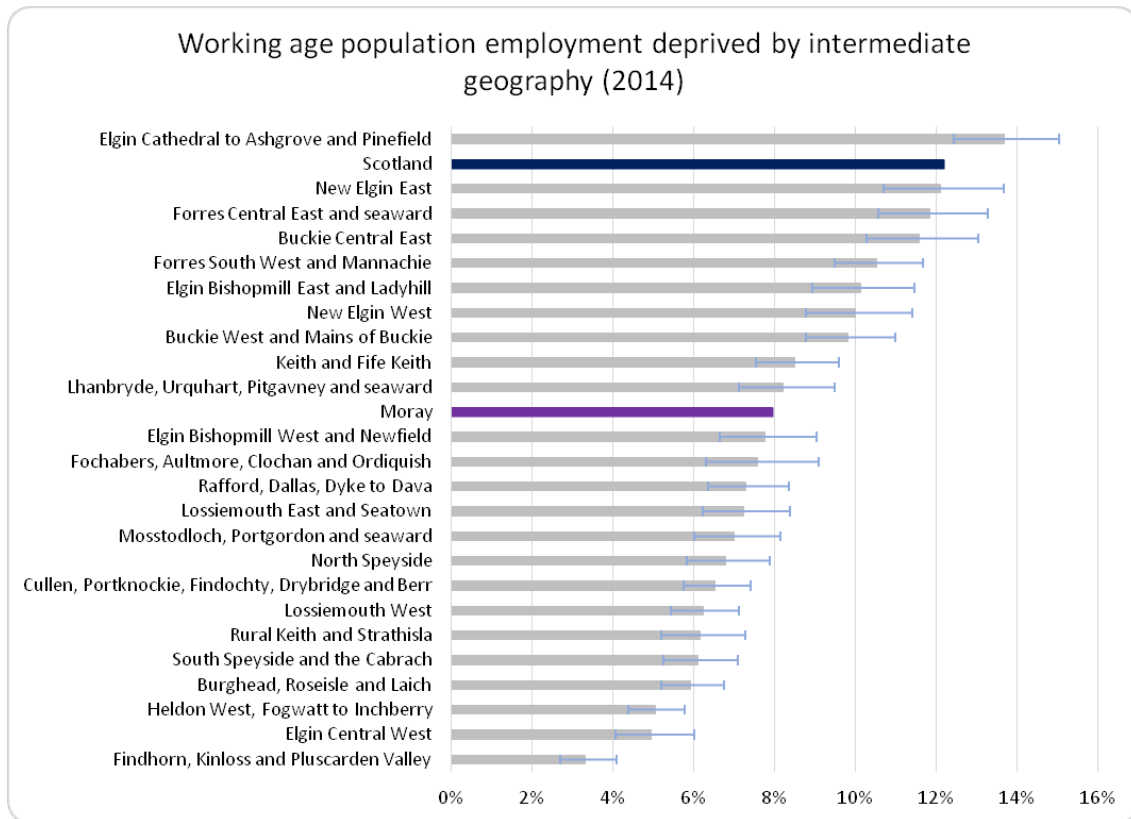
PLACE

- A safe place to live and grow up

Domestic violence

Out of an annual average of 509 domestic incidents in Moray between 2014 and 2016 inclusive a child was reported as being present at 22% of all recorded domestic violence incidents in Moray (around 112 incidents per year). Where a child was present they were recorded as witnessing the domestic violence in 40% of cases (around 45 incidents per year).

	Number of domestic crimefiles by area				
	2012	**2013**	**2014**	**2015**	**2016**
Elgin	203	217	229	226	228
Buckie	110	99	89	113	125
Forres	102	103	84	94	87
Lossiemouth	73	81	78	77	96

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Living circumstances

Number of domestic crimefiles by area

Child's role in domestic crimefile incident
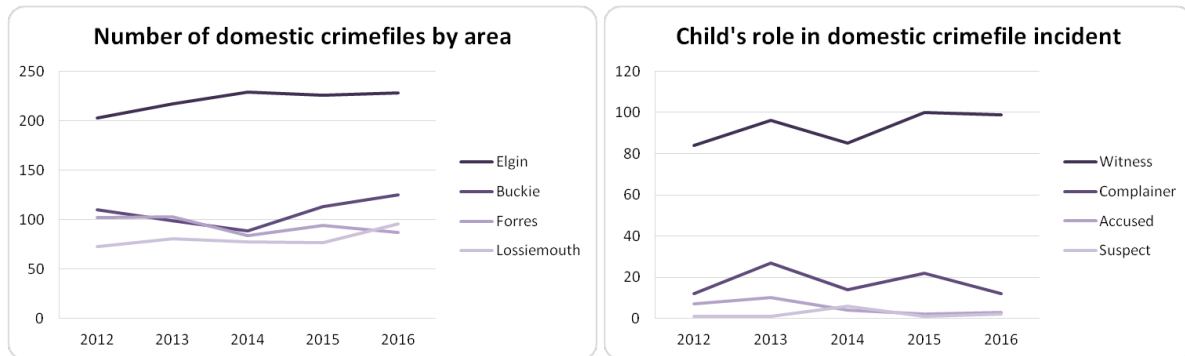
	Child's role in domestic crimefile incident				
	2012	**2013**	**2014**	**2015**	**2016**
Witness	84	96	85	100	99
Complainer	12	27	14	22	12
Accused	7	10	4	2	3
Suspect	1	1	6	1	2

Violent crime[33]

Between 2012 and 2016 there were 762 violent offences in which a child was the a victim. Common assault is the most frequent offence, accounting for 95% of the total.

Crime Description	2012	2013	2014	2015	2016	Total
Abduction		1			2	3
Assault & Robbery or Assault w i Rob	1	1	2		1	5
Common Assault	155	164	128	150	130	727
Cruelty, neglect & unnatural treatment of children	2			1	1	4
Drugging		1				1
Serious Assault	7	2	1	5	2	17
Threats and Extortion			2	2	1	5
Total	**165**	**169**	**133**	**158**	**137**	**762**

The majority of offences occurred in the Elgin Inspector area.

Inspector Area	2012	2013	2014	2015	2016	Total
Elgin	48	55	52	61	37	253
Buckie	47	41	30	44	48	210
Lossiemouth	33	41	24	26	17	141
Forres	37	32	27	27	35	158
Total	**165**	**169**	**133**	**158**	**137**	**762**

Nearly one third of offences (30%) involved a victim aged 16 or 17

One third of offences (37%) occurred in a residential location; one third (33%) occurred in a public place

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[33] Source: Police Scotland

V1.7

Living circumstances

Sexual violence[34]

Between 2012 and 2016 a total of 506 children were the victim of a **sexual offence** ("other Group 2 crimes" relate to sexual offences where the crime occurred prior to 2010).

	2012	2013	2014	2015	2016	Total
Assault w.i. Rape		1				1
Indecent Communication	12	23	10	6	16	67
Offences Involving Sex Images	4	6	10	4	18	42
Other Group 2 Crimes	20	71	43	30	16	180
Rape	16	17	12	14	3	62
Sexual or Indecent Assault	26	45	12	21	25	129
Sexual or Indecent Exposure		3	9	2	1	15
Voyeurism	3	3		3	1	10
Total	**81**	**169**	**96**	**80**	**80**	**506**

Area	2012	2013	2014	2015	2016	Total
Elgin	34	24	34	26	17	135
Buckie	12	36	25	21	13	107
Lossiemouth	16	77	15	21	12	141
Forres	19	32	22	12	38	123
Total	81	169	96	80	80	506

Victims were most frequently aged 14 (17% of cases), with a minimum recorded age of three years old

Sexual exploitation[35]

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[34] Source: Police Scotland
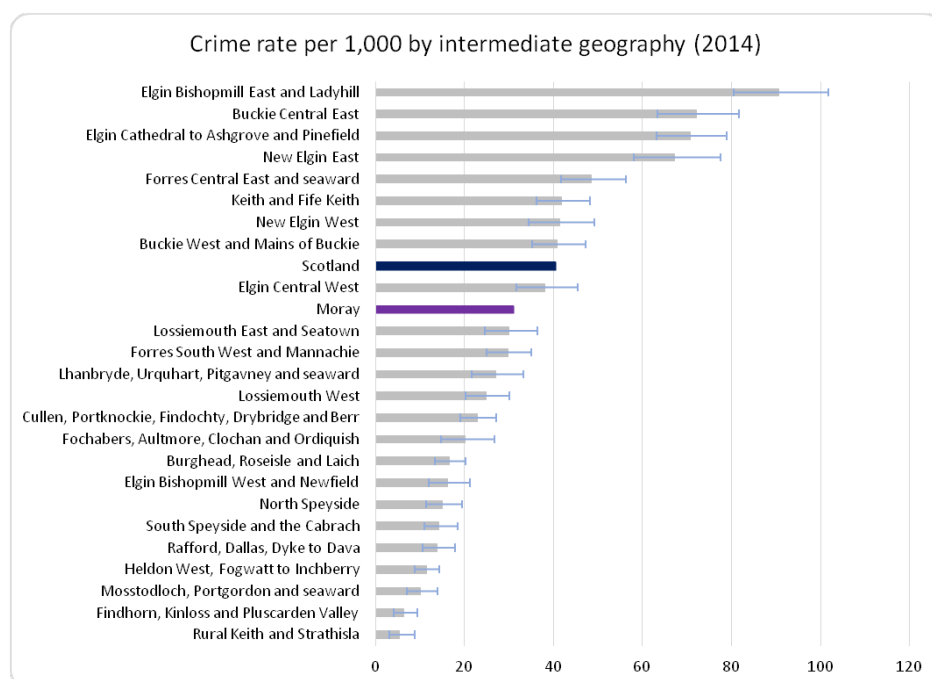
Living circumstances

Between 2012 and 2016 there were 26 offences relating to child sexual exploitation and 63 offences relating to indecent communication. It is likely that the actual number is higher as many incidents are not reported to the Police.

Crime Type	Crime Description	Total
Child Sexual Exploitation	Coerce into being present/looking at	22
	Sexual coercion of older female child (13 - 15)	3
	Sexual coercion of older male child (13 - 15)	1
Indecent Communication	Communicate indecently / cause to hear indecent communication (13 - 15)	28
	Communicate indecently / cause to hear indecent communication (under 13)	21
	Taking, distribution, possession etc. of indecent photos of children	14
Total		**89**

There is a rising trend in the number of recorded offences

Crime Type	Inspector Area	2012	2013	2014	2015	2016	Total
Child Sexual Exploitation	**M1 Elgin**		2	1	2	3	8
	M2 Buckie	1		1		1	3
	M3 Lossiemouth		1	1	2		4
	M4 Forres				1	10	11
Indecent Communication	**M1 Elgin**	1	1	11	7	3	23
	M2 Buckie	4		1	5	3	13
	M3 Lossiemouth	2	4	1	1	2	10
	M4 Forres	1	8	4	1	3	17
Grand Total		**9**	**16**	**20**	**19**	**25**	**89**

- Crime

Crime rate per 1,000 by intermediate geography (2014)

- Anti-social behaviour[36]

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[35] Source: Police Scotland
[36] Source: Police Scotland

V1.7

Living circumstances

The majority of antisocial behaviour calls relate to noise.

		2012	2013	2014	2015	2016	Total
Elgin	**ASBO**	2	2		1		
	DRINKING IN PUBLIC	30	26	24	5	3	1648
	NOISE	316	367	313	281	278	
Buckie	**DRINKING IN PUBLIC**	8	4	5	3	4	682
	NOISE	149	156	131	111	111	
Lossiemouth	**DRINKING IN PUBLIC**	7	3	3	2	2	453
	NOISE	100	99	87	102	48	
Forres	**DRINKING IN PUBLIC**	14	13	9	9	3	897
	NOISE	178	179	188	146	158	

The Early Intervention Worker works with young people to reduce antisocial behaviour and the likelihood further offending

Early Intervention stats	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
New Referrals to the Early Intervention Worker	58	31	27	27
% of interventions undertaken in 2 weeks	90	90	95	100
Number of one to one's	33	34	38	51
Group work	11	23	15	25
Restorative Justice / Mediation	0	0	0	0
Home Visits	21	23	11	18
Positive Behaviour Contract	0	1	0	0
Number of Partnership Meetings	27	23	15	22

Source of Referral	2014-15	2015-16	2016-17
Police	45	121	166
Social Work	7	4	11
Voluntray Sector	0	1	1
School	5	22	27
Operation Avon	17	14	31
YJMU	3	7	10
A&E	14	17	31
Self	1	16	17
Community Wardens / Community Safety Hub	58	29	87
Total	**150***	**231**	**381**

New Referrals to EIW	Q1	Q2	Q3	Q4	Total
2012/13	n/a	n/a	n/a	52	**52**
2013/14	36	59	61	74	**230**
2014/15	25	n/a	29	121	**175***
2015/16	54	45	74	58	**231**
2016/17	31	27	27	n/a	**85**

role was vacant between May and Mid Nov 2014
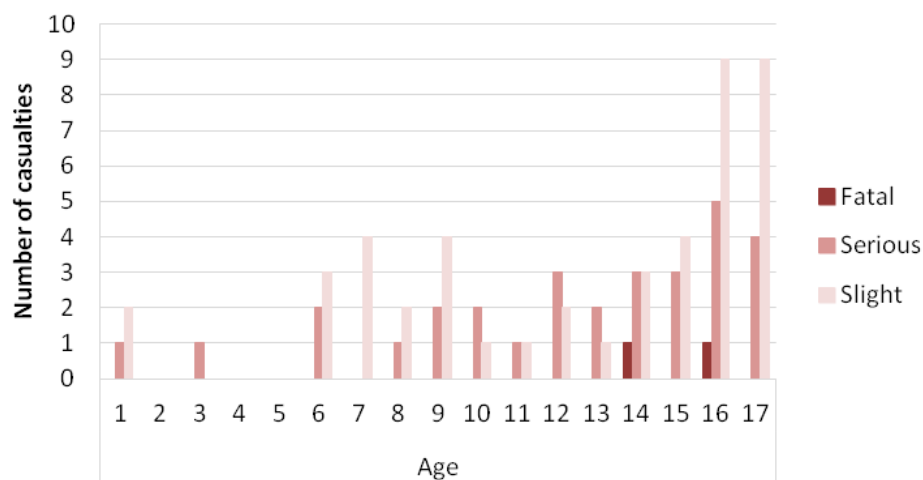
- Road Traffic Accidents

Living circumstances
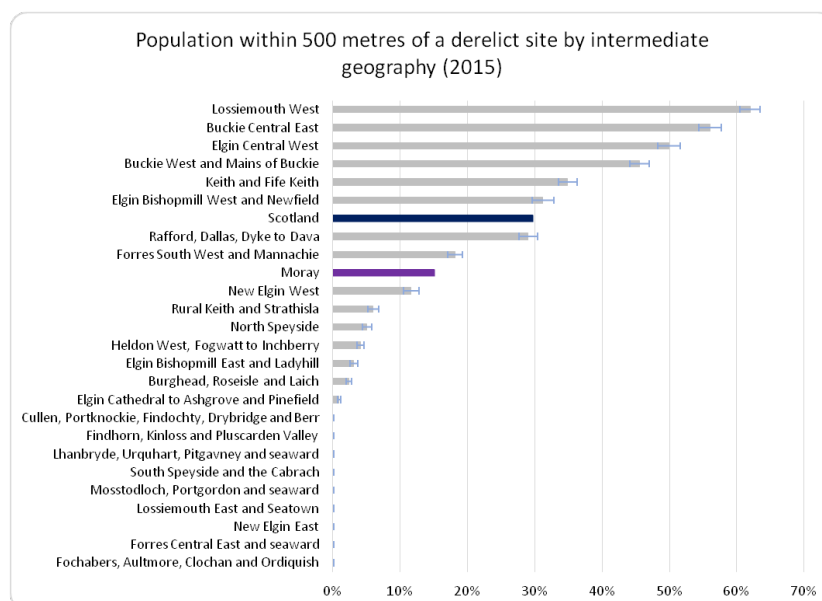
Road traffic accidents involving children and young people by severity of outcome

Severity	2012	2013	2014	2015	2016
Fatal	-	-	-	-	2
Serious	7	6	7	4	6
Slight	16	13	8	3	5
Total	**23**	**19**	**15**	**7**	**13**

RTA casualties by age and severity

- Physical environs

Population within 500 metres of a derelict site by intermediate geography (2015)

- Psychological environs

Alcohol licensing

Living circumstances

In Moray those areas with the highest density of off-sales premises had 133% more alcohol-related deaths and 171% more alcohol-related hospital admissions than areas with the lowest density; those areas with the highest density of on-sales premises had 92% more alcohol-related hospital admissions than areas with the lowest density.[37]
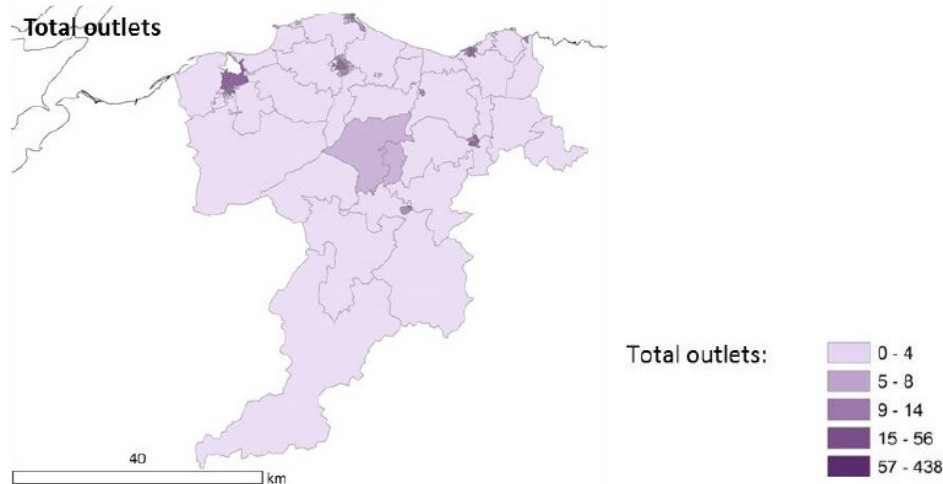
Mental health
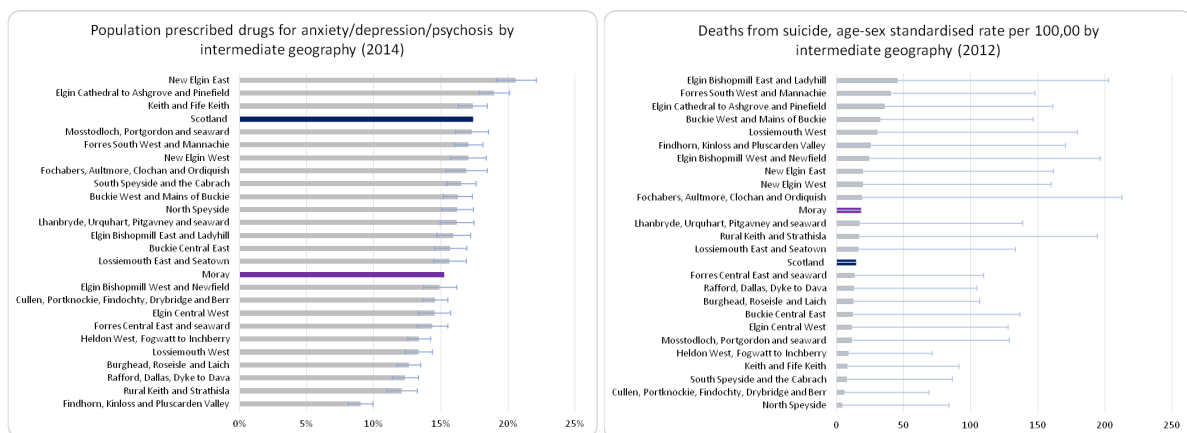
- ## Missing persons / running away

The frequency of missing person reports increases with age and peaks at age 15. Between 2012 and 2016 inclusive 257 children and young people accounted for a total of 691 missing person reports. Over one third of the 257 children and young people (36%) were reported missing more than once. One in twenty (19 individuals; 6%) accounted for 40% of missing person reports, with >10 reports each.
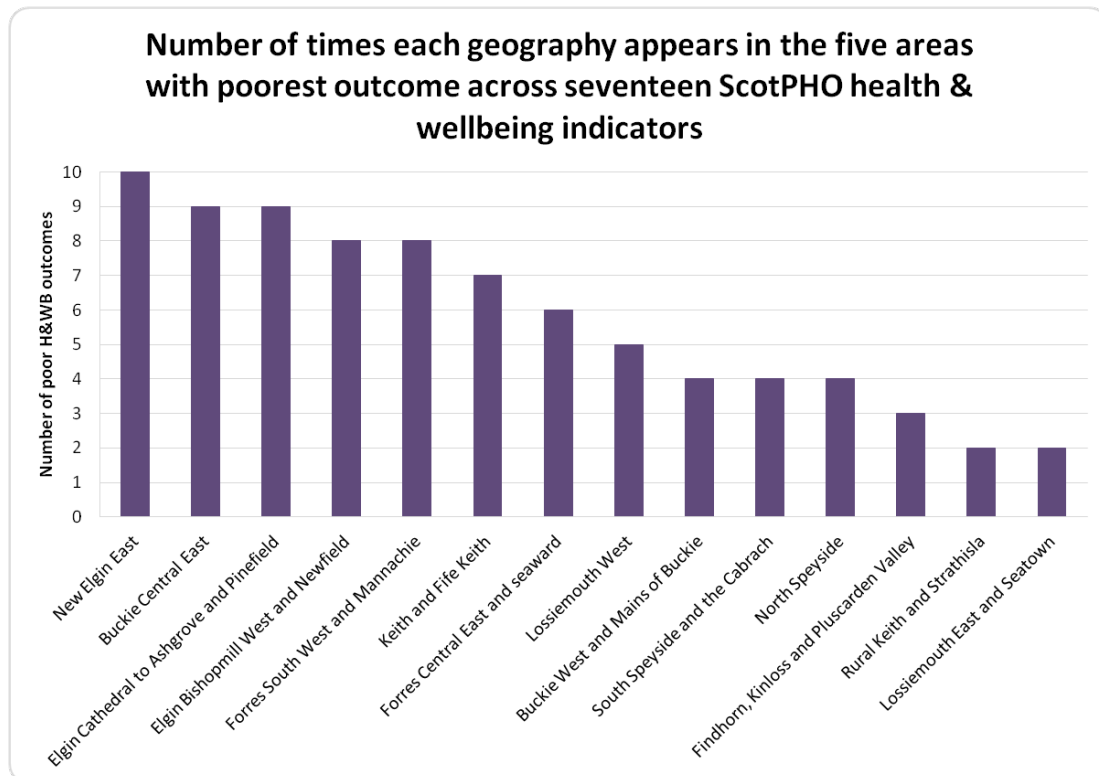
- ## Areas with multiple poor outcomes by place

The Scottish Public Health Observatory Health & Wellbeing Profiles contain seventeen relevant indicators at the intermediate geography level (male and female life expectancy at birth; psychiatric prescribing; S4 tarriff score; suicide rates; disability

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[37] www.alcohol-focus-scotland.org.uk/media/61894/Outlet-density-and-harm-Moray.pdf

Living circumstances

benefit rates; income deprivation; employment deprivation; child poverty; crime; derelict sites; breastfeeding rates; low birth weight rates; dental decay rates in children; child obesity; vaccination rates). The five intermediate geographies with the poorest outcomes for each indicator were extracted and counted. Some geographies are over-represented across multiple indicators.

Number of times each geography appears in the five areas with poorest outcome across seventeen ScotPHO health & wellbeing indicators

Geography	Number of poor H&WB outcomes
New Elgin East	10
Buckie Central East	9
Elgin Cathedral to Ashgrove and Pinefield	9
Elgin Bishopmill West and Newfield	8
Forres South West and Mannachie	8
Keith and Fife Keith	7
Forres Central East and seaward	6
Lossiemouth West	5
Buckie West and Mains of Buckie	4
South Speyside and the Cabrach	4
North Speyside	4
Findhorn, Kinloss and Pluscarden Valley	3
Rural Keith and Strathisla	2
Lossiemouth East and Seatown	2

Geographies with multiple poor outcomes (appearing in the five areas with the poorest outcomes in more than five H&WB indicators):

- New Elgin East
- Elgin Cathedral to Ashgrove and Pinefield
- Elgin Bishopmill West and Newfield
- Buckie Central East
- Forres South West and Mannachie
- Forres Central East and seaward
- Keith and Fife Keith

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**Joint Strategic Planning Consultation Event for Stakeholders
In preparation of the Moray Children and Young People's Services Plan
Children and Young People (Scotland) Act 2014**

25 January 2017 – Spynie Dental Hospital

1.0   Introduction

The Children and Young People (Scotland) Act 2014[1] states that formal plans for Children and Young People's Services are to be developed by April 2017. As part of the planning process, stakeholders are expected to come together to discuss the strategic vision and relevant actions for the plan, which will facilitate the development of plans, prepared with equal and joint responsibility.

The Act[1] is clear that a 'children's service' is any service provided in the local authority area wholly or mainly to, or for the benefit of, children by the local authority, health board, other service providers or Scottish Ministers. A 'related service' is any service provided in the local authority area which, although does not fall into the definition of a children's service, is still capable of having a significant effect on the wellbeing of children and young people.

For the purposes of planning, the term 'child' or 'children' refers to a person or persons who have not yet attained the age of 18 years, unless otherwise specified. The term 'young person' or 'young persons' will refer to children who are between the age of 16-18 years and sometimes older, dependent on their needs – the Children and Young Persons (Scotland) Act indicates that this may be anything up to the age of 26 years.

Existing Children's Services Plans for Moray[2] state that the current vision for Children and Young people is:

- A place where children and young people thrive
- A place where they have a voice, have opportunities, learn and can get around
- A place where they have a home, feel secure, healthy and nurtured
- A place where they are able to reach their full potential
- By achieving this vision we believe that our children and young people will be:
- Ambitious for themselves
- Confident
- Able to contribute to their community
- Able to learn successfully
- Able to act responsibly
- This will continue to be our vision for the foreseeable future.

2.0   Methods

Stakeholders were invited to attend a consultation event held at Spynie Dental Hospital, Moray, in January 2017. Representation was sought from the Local Authority (Moray), NHS Grampian and other service providers. The Act[1] specifies that 'other service providers' includes representation from Police Scotland, Scottish Fire and Rescue, The Scottish Children's Hearing System in addition to any service providers or related service provider (see above for definition). Appendix A has a list of stakeholders who were included in the consultation process. In total, there were 27 attendees, each of whom were split into 4 Groups. There was representation from each of the partners across the four groups.

Introductory speeches to the event were made by Angela McKinnon (Children's and

Young People's Project Manager, NHS Grampian; Susan MacLaren (Head of Integrated Children's Services, Moray Council and Inspector Paul McCruden (Police Scotland).

Each group was presented with a set of questions (below); a facilitator for each group was also present. Facilitators recorded notes from the discussions, which were completed as open dialogue using the prepared questions as prompts.
Lisa Allerton (NHS Grampian) acted in a researcher capacity, observing the conversations and taking additional notes, but did not contribute to any of the discussions. At the end of the consultation, the stakeholders has a brief conversation about the key findings, all notes were then taken in for analysis. The findings of that analysis are presented below. Jane Jeffery (NHS Grampian) also analysed the notes independently, to strengthen validity and to help confirm the common themes.

Consultation questions:
1. What do you know about children & families in Moray?
2. What services do they have access to and how well do they use them?
3. What variations in access, uptake do you know about?
4. Which groups have most difficulty with this? *geography/socioeconomic/ minorities*
   - What works well to mitigate against these variations currently?
   - What else would help?
5. How do you evidence improvement in your work with children &families? *Especially when dealing with possible neglect/ adverse childhood events*

Note: This work has been undertaken with a view that it will form part of a Joint Strategic Needs Assessment.

3.0   Findings

Group 1

Group 1 acknowledged that not all areas across Moray are the same; that deprivation in some areas is an issue but there are also a number of children, living in families who are subject to in-work poverty. It was noted that having a low wage economy, with a low level skilled workforce meant that children's aspirations were lower within schools. Furthermore, the group suggested that a number of young people (i.e. aged over 16 years and above) had limited life experiences that prepared them for life as young adults, which was described overall as 'low resilience' in young people. Those young people who leave Moray to live in other areas i.e. Aberdeen City, often did not return to Moray to live as adults, therefore it was felt that there may be an element of cyclic 'low resilience' perpetuated from one generation to the next. However, it was emphasised that Moray was a positive place for children and young people living in Moray, they appear to be satisfied and contented with life and it was felt to be a safe place for children to grow up in.
As a population Moray has a number of transient groups; RAF, migrants, travelling families, offshore workers etc. which can mean that some children are ostracised from the larger communities. Similarly, children who required additional support needs were a group who were specifically mentioned, this was in relation to having good integration, but there was a consensus that more needed be done. Some of the groups i.e. migrants, travelling families were considered extremely 'hard to reach', and more so if they lived in the more rural areas of Moray. It was also suggested that a 'boom/bust' culture was in

existence in Moray, partially due to the local oil and gas economy.

Rurality in terms of accessing services was a strong theme in this group, transport issues across the region are of particular concern as is the impact on family life. The cost, frequency and general access to services/goods were all mentioned as barriers.

Some of the other barriers to accessing services included: people not knowing about services; not speaking English as a first language; perceived stigma of accessing services and managing parental expectations. In particular, the group noted that some parents assume that certain areas of health and wellbeing is the responsibility of 'others.' An example given was childhood immunisation programmes being delivered in schools. The capacity of parents were also mentioned as an area of interest, with the group suggesting that some parents lacked the capacity to distinguish who was responsible, which meant teachers were often expected to deliver more than 'education.'

Some of the suggestions for improving access was to consider the family as a whole, rather than to focus on the individual child or children. It was thought that if families were supported by a number of services, 'one-stop-shops' would be a concept worth exploring. By this, the group suggested that families may be more inclined to travel/access services if they knew that all their needs would be met, rather than focus on one need at a time. Sharing of information, better use of technology and joint commissioning were all suggestions to facilitate the 'one-stop-shop approach.'
There was a notion that not everyone knew what 'good services' meant and that any joint vision prepared for the children's services plans should have clarity and be based on 'children's voices.' It was noted that there is lots of good guidance/tools around to assist professionals to define 'good' - GIRFEC, indicators in Schools, professional assessments etc. but the vast evidence base can also be confusing. An interpretation of this may be that this group felt that children's opinions were vital to the planning process and that any key measurable should indeed be structured around what children and young people would want to see changed in their lives rather than what planners and professionals think or what can easily be measured through routine/statutory reporting.

Speaking about Question 2:

"Some of the children are accessing 6, 7, 8 services, they are well used, but often by the same people that we see time and time again."

- **Group 2**

Group 2 highlighted that although some children lived in deprived areas of Moray, others live in areas that are not recognised as deprived (as measured by SIMD category) but struggling to live in the basic sense. This was described by the group to mean children who live in houses where one or more parents work, yet income levels are low. Again, this group concluded that there were many transient populations in Moray (RAF, travelling families, migrant) and suggested that these group of individuals have children who are likely to be more vulnerable. Other groups mentioned in terms of being vulnerable (i.e. unmet needs) included Lesbian, Gay, Bi-Sexual and Transgender (LGBT), Looked After and Accommodated Children (LAAC), young carers, care leavers, young offenders, young fathers, prisoners (or children affected by a parent/carer being in prison), rural families and assisted support needs (ASN) children.

Mental health issues in children and young people was a reoccurring theme in this group, the group talked at length about the mental health needs and the support (or lack of) from Child and Adolescent Mental Health Services. There was also a large discussion about other health issues affecting the young people in Moray, smoking, obesity, physical exercise, pregnancy at an early age were all spoken about in some detail.

This group also discussed the impact of transition points for children and young people, noting that some young people find transition, particularly into adulthood difficult. It was noted that children are growing up quickly, and with the additional pressures added by the use of social media, young people's mental health status, and supporting positive mental health was a concern.

The group recognised that the lack of transport across Moray made accessing services and generally other thing i.e. shopping, challenging for some people. It was also felt that the lack of good transport also disadvantaged people in making informed choices i.e. being able to purchase good quality food within a reasonable travel distance versus having to buy conveniently. It (lack of transport) was also seen as a reason for increases in childhood obesity, lack of physical exercise etc.
Other barriers listed by Group 2 included language barriers, finance and age. There was a notion that parents act in a 'gatekeeping' capacity. What was interpreted from this was that unless a parent (or other carer) acknowledged and recognised the needs for services, it was unlikely that a child or young person would receive the necessary assistance. Parents were described as having a 'big influence' – knowledge and understanding (or lack of); attachment issues; lack of nurturing; adverse childhood events; costs of schooling and education; lack of life skills; domestic violence were all noted as determining factors for seeking/requiring support services. The group identified lots of children's and young people's services (see list in Appendix B) however also denoted some gaps in services – domestic abuse was one area.

The additional support role schools play was highlighted, i.e. breakfast/afterschool clubs, remarking that for some children this would be their only source of 'good' nourishment. The group suggested that resilience in the early years was key to developing strong and confident young people, the importance of this now appears to be embedded into education. There was a strong feeling that aspiration and ambitions for adults are established in the early years.

To help, the group thought that the mind-set of the community and a willingness to change was important; that community safety and community spirit was important. Children in Moray showed a keen interest in their future during the referendum and the group thought this was indicative of children and young people's desire to be more involved in planning their future. There are a number of volunteering and charity projects across Moray with good engagement from young people.
The group indicated that the collection on qualitative data was just as important as collecting quantitive data, a baseline measurement of the current situation was considered helpful for setting any new indicators.

Speaking about Question 1:

> **"There is a huge difference between the have's and the have not's."**

- **Group 3**

Group 3 stated that planning Children's Services needs to be better, and quoted the use of the national health and wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included and Safe) as a useful tool to guide planning services.

The group felt that there were a number of marginalised groups in Moray - those affected by substance misuse, (poor) mental health, traveling/temporary residence, young carers, home schooled, non-attenders at school, LAAC and those on low income.

There was an in-depth discussion around parents' expectation of services and that it is the personal choice of parents/families whether they wish to engage with services. The discussion also revealed that the timing of intervention was critical as to whether it would be perceived as useful i.e. if it wasn't done at the right time, the opportunity would be lost. The group also spoke about transition points and how interventions were probably most useful in ensuring children move through transition points.
In addition to the expectations of parents, a lack of resources, engagement issues, lack of succession planning (workforce), and acknowledging the need for services were all cited as barriers to effective use. The lack of a skilled workforce or a depleting workforce was noted as a real concern for the future delivery of children's services. Redirecting resources/combining resources was something this group were keen to see being brought in with more partnership working. There was a strong feeling that all staff had the desire to maintain a well trained workforce and that he current workforce had a shared understanding of the issues.

Transport issues again were noted in this group as was finance (lack of). Similar to other groups current guidance and wellbeing indicators were discussed.
The group were able to collate a comprehensive list of children and young people's services, this has been included in Appendix A.

Speaking about Question 4:

"People are still scared to share information in an appropriate way, it would make things so much easier if we could share more – children would be better protected."
- **Group 4**

Group 4 felt that the majority of children in Moray are well, that there was a minority of families with persistent unmet needs and also a sub-group of 'invisible' children who were not known to services.

Children were perceived to be growing up quickly, external influences such as the internet, drugs and alcohol, emotional abuse were all seen as triggers to increasing numbers of children presenting with adult like issues i.e. sleep deprivation, anxiety issues. The group felt that often that in services, they were reacting at crisis point rather than preventing issues from occurring. The group discussed whether services were equipped to meet the demands of 'emotional issues' and acknowledged the unmet needs for mental health services.

Demands are clearly increasing but resources decreasing, the group expressed that a

'medicalisation' of issues was a contributing factor to increasing demands. The group expressed the need to build resilience among children and young people, especially in the early years. Again meeting expectations and different people having different expectations was seen as issue.

Following on, the group suggested that there was a lack of preventative messages and how best to 'sell services' to both parents/carers and young people. There is continued non-engagement by some due to the stigma of 'having to need/access services' and how sometimes it can be seen as a criticism of parenting/caring roles. The 'gatekeeping' affect was also mentioned by this group within the same context.
Workforce, capacity and resource issues were discussed, providing services in the future will be difficult to maintain. Partnership/joint working was seen as the solution, this included sharing resources, information and creating what was also described as Group 1, 'one-stop-shops.'

The Group felt that young people were becoming less interested in engaging with their local communities, which is in contrast to Group 2. They felt that advancing technology was resulting in less physical activity and not enough social interaction, which were seen in this group as core life skills.

Baseline measurements were perceived to be helpful, with a mixture of qualitative and quantitive data being collected and used to measure performance and success of any future plans.

Speaking about Question 2:

"Sometimes whatever we give is just not good enough, we can't meet the expectations of parents, and that is hard for those staff on the frontline. Sometimes you don't know whose job it is. If that child doesn't fit neatly into box X,Y or Z, where do you go and what do you do?"

4.0   Common themes and discussion
- **Question 1:** Children generally well and contented; Moray is a positive place to grow up in ; children are relatively safe; low aspirations; emotional resilience is low; number of groups who are invisible; focus should not be just on deprived areas.
- **Question 2:** Lots of services; generally used by the same people; transport and finance barriers to accessing services; parents in 'gatekeeper role' and expectations of services.
- **Question 3:** Accessing services can be stigmatising; have to view the family as a whole unit; right time, right place approach; one-stop-shops.
- **Question 4:** Number of transient groups in Moray and number of invisible/hidden groups; hard to reach; same people using the same services; engagement with one usually means engagement with many; workforce issues; demands for services difficult to cope with due to decreasing resource.
- **Question 5:** Baseline data useful; indicators should be based around existing guidance/evidence; qualitative data and the voices of children/young people critical; sharing of information considered useful.

In the main, similar themes were identified across all four of the groups. One of the strongest themes was 'emotional resilience' and the challenges that this brings in delivering services, meeting demands and ensuring we are developing/providing opportunities for children and young people to become equipped for adult life.
Transport in Moray was seen as the main barrier to service use, but moreover, a problem more generally for all families. The groups all gave examples of how the lack of good, affordable transport across Moray is impacting on daily family life.
The groups were all able to identify children and young people's services and related services. There seems to be an appetite to offer services in partnership, increase joint working but also in co-locations. The notion of 'one-stop-shops' was clear.
Prevention was mentioned specifically by one group in inadvertently in other groups, key prevention messages and interventions rather than 'reactive' services is something that could be explored more, particularly during conversations with children and young people.

Managing the expectations of parents/carers is something for stakeholders to think carefully about as is making sure the offer of services is not seen as a threat/criticism.

All of the stakeholders felt that baseline information/data would be useful before determining what measures/indicators would be used in terms of monitoring performance. It was indicated that any indicators/measures should not be solely reliant on 'easy to collect' sources and that the opinions of children and young people would probably be the most useful in knowing whether the 'plan' was right and fit for purpose.

Appendix A

Name	Job title
Alan Milton	Police Sergeant, Police Scotland
Beverley McPherson	Head Teacher, Rothes Primary School
Caroline Clark	Head of Nursing, Women and Children, NHS Grampian
Elaine Schiavone	Clinical Nurse Manager, NHS Grampian
Fiona Cruden	Health Visitor Team Lead, NHS Grampian
Fiona Herd	Locality Wellbeing Officer, Moray Council
Gail McIntosh	Head Teacher, East End Primary School
Gillian McIntosh	Continuing Support West – SW Team Manager, Moray Council
Gillian Valentine	Community Midwife Team Leader, NHS Grampian
Hazel Rothnie	Head Teacher, Crossroads Primary School
Jane Fox	Speech & Language Therapist, NHS Grampian
Jennie Williams	Service manager – NHS Grampian
Jennifer Gordon	Corporate Parenting and Commissioning Manager, Moray Council
Kerry Rigg	Police Sergeant, Police Scotland
Kirstie Wallace	Locality Wellbeing Officer, Moray Council
Mike McKenzie	Detective Sergeant, Police Scotland
Neil Johnston	Head Teacher, Buckie High School
Pat Farquhar	Lead Nurse, CAMHS, NHS Grampian
Sarah Grant	Head Teacher, Greenwards Primary School

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Sean Coady	Head of Primary Care, NHS Grampian
Sheila Erskine	Locality Wellbeing Officer/Service Manager 3rd Sector, Action For Children.
Susan Reid	Locality Wellbeing Officer, Moray Council
Tracey Gervaise	Health and Wellbeing Lead, NHS Grampian

Facilitators:
Table 1: Jen O'Hagan, Moray Council
Table 2 Jenny Price, Moray Council
Table 3 Pauline Merchant, NHS Grampian
Table 4 Chris Littlejohn, NHS Grampian.

In attendance: Lisa Allerton, NHS Grampian; Paul McCruden, Police Scotland; Angela McKinnon, NHS Grampian; Susan MacLaren, Moray Council

Appendix B
Combined list of Children and Young People's Services in Moray:

- Aberlour Youth Point
- Action for Children
- Active Schools/active school coordinators
- ADAPT
- Allied Health Professionals
- Autism Team
- Baby Massage
- Beechbrae
- Book Bug/Rhyme Time
- Breast Feeding Peer Support Group
- CEOP
- Child and Adolescent Mental Health Services (CAMHS)
- Childline
- Children 1st
- Childsmile
- CLAN
- Community Children's Services
- Education
- Elgin Youth Café
- Family Nurse Partnership
- Family Support Workers
- From The Beginning
- Grampian Regional Equality Counselling Service
- Health visitors
- Home School Link
- Homework clubs/afterschool clubs
- Led walks
- Libraries
- Local Beach

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- Local churches
- MIDAS
- Moray SEBN
- Moray Women's Aid
- Moray Youth Justice
- Mothers and Toddlers
- Named person service
- NSPCC
- Nursery schools/nurses
- Outfit Moray
- Outreach Nurture Groups
- Paediatricians
- PEEP
- Police/School Liaison Officers
- Quarriers
- Rail links/Bus links/Dial a bus/Car Share Scheme
- Rowan Centre
- School Nurses
- Sleep Scotland
- Smoking advisory service
- Social clubs, including Girl Guides, Boys Brigade, Scouts, Amateur Dramatics etc.
- Speech and Language Therapy
- Sports Clubs
- Step by Step
- Swimming pools
- Young Mum's Group
- Youth Clubs/Cafe

References:
[1] Scottish Government (2014) *Children and Young People (Scotland) Act 2014.* Available at: http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf Accessed 30/2/2017.
[2] Moray Community Planning Partnership (2016) *Moray Children and Young People's Services Plan 2016-2017.* http://www.moray.gov.uk/downloads/file106120.pdf