

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	12 December 2023
Agenda reference:	Board Paper 2023/24/49
Title:	Shetland Children's Partnership Plan
Responsible Executive/Non-Executive:	Prof Kathleen Carolan, Director of Nursing & Acute Services
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1 Purpose

This is presented to the Board/Committee for:

- Approval

This report relates to:

- Government policy/directives and how we are implementing them locally
- An overview of our person centred care improvement programmes

This aligns to the following NHSScotland quality ambition(s):

The quality standards and clinical/care governance arrangements are most closely aligned to our corporate objectives to improve and protect the health of the people of Shetland and to provide high quality, effective and safe services.

2 Report summary

2.1 Situation

The Board is asked to note the development of the partnership priorities for the delivery of services to children in Shetland and APPROVE the Shetland Children's Partnership Plan 2023-26 for publication (Appendix 1).

2.2 Background

The Shetland Children's Partnership Plan 2023-26 (the Plan) is presented to fulfil the requirements of Section 8 of the Children and Young People (Scotland) Act 2014. The purpose of the Plan is to provide an overview of how the Shetland Children's Partnership will, collectively, work together to benefit our community and to identify the strategic vision, priorities and outcomes for the next three years that the partnership will deliver. The Plan pulls together work done with Children in Shetland Islands Council, NHS Shetland, Police and the Voluntary Sector.

Section 13 of the Children and Young People (Scotland) Act 2014 also places a statutory duty on local authorities and health boards to publish an annual report in relation to their children's services plan. The Education and Families Committee approved the Shetland Integrated Children's Plan: Annual Report 2022-23 in September 2023. (Min Ref: E&F 19/23)

The Plan builds on existing provision, knowledge and experience gained from the current 2021-23 Plan. Recognising the impact of the pandemic on children, young people and families, the focus for 2023-26 will be on reducing the impact of inequalities, particularly poverty, and focussing on how we can support more vulnerable individuals and families in our community through enhanced support.

As part of the process of updating the Plan a Health Needs Assessment was undertaken which is included as Appendix 2. A review of current data, discussions with teams and service users, and best evidence around service provision recognised the progress made so far.

2.3 Assessment

The priorities and work plans of the Shetland Children's Partnership are well aligned to those of other strategic plans of the members of the partnership including Shetland Islands Council, NHS Shetland and the Voluntary Sector.

The planning and reporting processes in place are complex. It is not possible to consider services to children and young people in isolation of their families or carers. It is not possible to consider services to people without acknowledging the wider social, economic, financial and environmental aspects of how we live. All our plans are concerned with the whole Shetland population, and acknowledge that the wider community is key to the influence and support of our plans and the people of Shetland.

The Plan builds on inter-agency work already in place on a number of key strategic priorities relating to children and families: such as Child Protection, Early Years, Getting it Right For Every Child, and focuses on areas of work where we need to develop our responses and action is needed to further integrate our services and promote continuous improvement.

Progress towards achieving the vision, outcomes, and priorities outlined in the Plan will also contribute towards the success of the local Shetland Community Plan and the Scottish Government's National Performance Framework. The Community Plan sets out the high-level ambition for Shetland for the following ten years and is structured around strategic priority areas, the most relevant for the Shetland Children's Partnership focus are 'people' and 'reducing poverty'.

The vision for the Plan for the next three years is that 'Every child and young person in Shetland has what they need to live a happy and healthy life. Every child and young person thrives and reaches their full potential'.

Services provided to children and young people are many and varied, these change and adapt to ensure best fit, and best use of resources. The services cover universal, targeted and specialist services, delivered by statutory and voluntary sector providers. The Plan does not seek to describe all services to children and young people but instead focuses on those issues requiring a collective response, where working in partnership in new and innovative ways will deliver identified positive outcomes for children, young people and their families.

Shetland provides a safe and nurturing environment where our children and young people can grow and flourish. We have high standards of service, and high expectations of these but, for some of our children and young people there are barriers that prevent them from getting the best start in life and from reaching their full potential such as poverty and deprivation, isolation, domestic abuse, alcohol and drug misuse, and mental health and emotional wellbeing.

We are committed to improving the emotional wellbeing and mental health of our children and young people and will work in line with the guidance provided in the new Mental Health Strategy for Scotland (2017-2027). Emotional wellbeing and mental health affects every aspect of a child's development including their cognitive abilities, their social skills, as well their emotional wellbeing.

There are a number of factors, which contribute to poor outcomes for children in Shetland, including poverty, social exclusion, anti-social behaviour, domestic violence, substance use, and physical or mental health problems. Reduction in the resources available to public services has resulted in statutory services being prioritised and protected, and consequently, funding available for early, preventative support has reduced substantially. The Children and Young People (Scotland) Act 2014 promotes early intervention and prevention, and community based solutions to ensure support is available to prevent problems escalating.

The Shetland Children's Partnership have identified eight priorities in order to work towards and meet the vision outlined in the Plan:

- All our children have the best start in life in a nurturing, safe and stable home environment;
- We improve attainment and achievement for all children and young people;
- We reduce the impact of poverty on children and families;
- Improvement in children and young people's health and wellbeing;
- We keep the Promise for our care experienced children and young people;
- Our most vulnerable children and young people are protected;

- We place the human rights and needs of every child and young people at the centre of our work; and
- Our teams are nurtured and have opportunities to develop.

2.3.1 Quality/ Patient Care

The Plan provides examples of planned activity to be undertaken by the organisations involved working together with children, young people and their families to meet and achieve specific outcomes.

2.3.2 Workforce

The work described in the Plan includes a number of pieces of collaborative work supporting development of staff and teams and building supportive networks between teams to add resilience and improve outcomes.

2.3.3 Financial

The Plan will be implemented where possible within existing budgets using existing resources and reprioritising resources. External funding will however be accessed where appropriate and possible to supplement local resources. If there is need for additional funding, or where external funding is to be accessed, this will be subject to further approval by the Council.

2.3.4 Risk Assessment/Management

All local authorities have an obligation to produce an Integrated Children's Services Plan, if this is not produced then we will not fulfil our statutory duty.

2.3.5 Equality and Diversity, including health inequalities

EQIA is not required. Successful implementation of the Plan will lead to improved outcomes for children, young people and their families. There will be a positive impact on children, young people and families including those with protected characteristics.

2.3.6 Other impacts

2.3.7 Communication, involvement, engagement and consultation

As detailed in the plan, various professionals' workshops have been held to discuss the priorities set out in the plan as well as input from children and young people.

2.3.8 Route to the Meeting

This Plan has been approved by the Children & Families Committee, Shetland Islands Council on 22/11/23. It will be taken to the IJB for awareness in February 2024.

2.4 Recommendation

Board members approval of the Plan.

3 List of appendices

The following appendices are included with this report:

Appendix No1 Shetland Children's Partnership Plan 2023-2026

Appendix No 2 Children & Young People Joint Needs Assessment

Shetland Children's Plan 2023- 2026

2023 re-draft



**Building a brighter future together for
Shetland's children and young people**



Executive Summary

The organisations that make up the Shetland Children's Partnership have been working closely over the last 18 months to agree how best to work together to benefit our community and to identify the strategic vision, priorities and outcomes for the next three years that the partnership will deliver.

This plan represents the progression of the work that we have undertaken over the last three years, to focus resources on early intervention and prevention. We have made considerable progress in the ways in which we engage children and young people in discussion about service delivery and/or service change and in some cases, have authentic examples of co-production. The Meids Group is a good example of where young people and their voices are leading the way that services are shaped to support care experienced young people.

We have also sought to engage and work more closely with partners in the third sector, to ensure that we are taking an integrated approach that includes all of our expertise, knowledge and resources as a community. A great strength of our partnership is in the relationships and connections built between agencies. Having a diversity of membership and input into activities has allowed these to develop and will support our work going forward. A powerful example of our strength in collaborative working is the Voluntary Action Shetland (VAS) Open Project, where young people who are involved in peer research have really helped to improve our understanding of complex issues such as alcohol and drug use amongst young people and what that means for the culture of our community as a whole, particularly adults as role models.

We recognise that our role in tackling many of the root causes of poorer outcomes is limited, so a great deal of work goes into advocating for children's outcomes, and alignment of activity across sectors to have the greatest possible impact on the life chances of our children and young people.

The priorities and actions outlined in this plan build on improvement work progressed over a number of years, and are rooted in robust local intelligence. We do not seek to describe every improvement planned in each partner service, but instead focus on key collaborative work that is strengthened by a Partnership approach. Previous activity and achievements can be found in published annual reports, and some key pieces of work are reflected as 'Good practice examples' throughout the plan.

Having considered the data and the current needs of young people in Shetland, we have built our planning priorities around the following themes:

1. All our children have the best start in life in a nurturing, safe and stable home environment
2. We improve attainment and achievement for all children and young people
3. We reduce the impact of poverty on children and families
4. Children and young people's mental health and wellbeing is improved
5. We Keep the Promise for our Care Experienced children and young people (Corporate Parenting)
6. We place the human rights and needs of every child and young person at the centre of our work
7. Our most vulnerable children and young people are protected
8. Our workforce are nurtured and have opportunities to develop

Recognising the impact of the pandemic on children, young people and families, the focus of the plan for 2023-26 is on reducing the impact of inequalities, particularly poverty, and how we can support

more vulnerable individuals and families in our community through enhanced support. An example of where this will form part of new service development will include the implementation of new pathways to support young people with neurodevelopmental conditions which is a priority for us and reflects the increasing need we have identified in Shetland through the Joint Health Needs Assessment.

We have placed greater emphasis on setting clear indicators for monitoring and evaluating the effectiveness of the Partnership approach in terms of responding to and addressing the wellbeing needs of children and young people. This was an improvement area for us and we have attempted to better align the outcomes we want to achieve with and the improvement measures and improvement work being undertaken.

There has been considerable engagement in the development of this ambitious plan, with strategic workshops taking place in 2022 to review the partnership approach and plan development workshops in 2023 to agree our vision and priorities. We recognise the importance of the Joint Children's Plan and where it sits within the wider Shetland planning landscape and the relationship with other strategic commissioning Boards, locally, regionally and nationally. This is reflected in the section of the plan which sets out our governance and funding arrangements. This detail has not been included in previous publications, but we really wanted to demonstrate the relationships with other planning structures and the importance of strengthening our strategic relationships and influence, particularly in the ways in which we demonstrate how we use the resources available to deliver better outcomes for children and young people.

Producing the plan has been a considerable endeavour, with a significant number of contributors and we want to take this opportunity to thank everyone for being so generous with their time, expertise and making a real commitment to support young people to reach their potential.

We hope that you find the plan easy to read, informative, inclusive and meets our ambition that

“Every child and young person in Shetland has what they need to live a happy and healthy life. Every child and young person thrives and reaches their full potential”

Prof Kathleen Carolan, Chair of the Shetland Children's Partnership.

Lynn Tulloch, Vice Chair of the Shetland Children's Partnership.

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Shetland Children's Partnership – our learning from working together 2020-2023

Following the review of our Shetland Children's Partnership (SCP) in 2022 to improve the progress of collaborative work towards shared objectives, we have matured and developed as a Partnership allowing us to undertake several joint pieces of work to progress against the complex, shared challenges that impact outcomes for children and young people in Shetland. This work to align approaches and activity, is both supporting better outcomes and more sustainable approaches, in a system that has been impacted by workforce and financial challenges.

A great strength of our partnership is in the relationships and connections built between agencies. Having a diversity of membership and input into activities has allowed these to develop and will support our work going forward. We recognise that our role in tackling many of the root causes of poorer outcomes is limited, so a great deal of work goes into advocating for children's outcomes, and alignment of activity across sectors to have the greatest possible impact on the life chances of our children and young people.

The priorities and actions outlined in this plan build on improvement work progressed over a number of years, and are rooted in robust local intelligence. We do not seek to describe every improvement planned in each partner service but instead focus on key collaborative work that is strengthened by a Partnership approach. Previous activity and achievements can be found in published annual reports, and some key pieces of work are reflected as 'Good practice examples' throughout the plan.

To support quality service delivery, targeting of resources and efforts, and understand our progress we need to have a reliable picture of the situation in Shetland. This includes through reviewing data, and considering this alongside best practice guidance, qualitative feedback and input from children, young people, professionals and communities.

As part of the process of updating the Children's Partnership Plan a Health Needs Assessment was undertaken which is included as a separate document. A review of current data, discussions with teams and service users, and best evidence around service provision recognised the progress made so far.

Our Vision for 2023 – 2026

The foundations of good outcomes are laid in childhood, and individuals will have different needs and potentials across their life course. The vision for the Shetland Children’s Plan for the next 3 years is that:

“Every child and young person in Shetland has what they need to live a happy and healthy life. Every child and young person thrives and reaches their full potential”

The building blocks of long, happy, healthy lives extend far beyond the scope of children’s services so to realise this vision requires improvement in our role as partners, advocates and corporate parents as well as in service delivery. The shared values for our services to support this vision are:

- Being person centred
- Being trauma informed
- Offer fair access
- Focusing on early intervention, and
- Working together for better outcomes for people

This approach is rooted firmly in the national ***Getting it right for every child*** wellbeing framework that underpins all that we do in Shetland. The message we want to communicate to Shetland families is that the needs and voices of children and young people are at the centre of what we do and we will ensure this is the case for the life of this plan and beyond.

We have developed our new set of priorities based on needs assessment and local intelligence – measurement of activity against these, and related outcomes will help us to understand the impact we are having on children, young people and their families.

1. All our children have the best start in life in a nurturing, safe and stable home environment
2. We improve attainment and achievement for all children and young people
3. We reduce the impact of poverty on children and families
4. Children and young people’s mental health and wellbeing is improved
5. We Keep the Promise for our Care Experienced children and young people (Corporate Parenting)
6. We place the human rights and needs of every child and young person at the centre of our work
7. Our most vulnerable children and young people are protected
8. Our workforce are nurtured and have opportunities to develop

Progress towards achieving our vision, outcomes, and priorities will also contribute towards the success of the local [Shetland Partnership Plan](#) and the [Scottish Government’s National Performance Framework](#).

The Community Plan sets out the high-level ambition for Shetland for the following ten years and is structured around strategic priority areas the most relevant for the Shetland Children’s Planning Partnership focus on ‘people’ and ‘reducing poverty’.

Being safe Being treated fairly Reaching your potential Being listened to Being healthy

Vision

‘Every child and young person in Shetland has what they need to live a happy and healthy life. Every child and young person thrives and reaches their full potential’

Priorities

- All our children have the best start in life in a nurturing, safe and stable home environment
- We improve attainment and achievement for all children and young people
- We reduce the impact of poverty on children and families
- Improvement in children and young people’s mental health and wellbeing
- We Keep the Promise for our Care Experienced children and young people
- Our most vulnerable children and young people are protected
- We place the human rights and needs of every child and young person at the centre of our work
- Our teams are nurtured and have opportunities to develop



Approach

- ...Act early
- ...Be trauma-informed
- ...Work together
- ...Listen to understand
- ...Focus and build on strengths



NPF

We grow up loved, safe and respected so that we realise our full potential

We are healthy and active

We respect, protect and fulfil human rights and live free from discrimination

We live in communities that are inclusive, empowered, resilient and safe

We are well educated, skilled and able to contribute to society

How will we measure our success?

Throughout the plan actions are identified as our contributions to realising change in the priority area. These activities are based in evidence and so their implementation should result in improved outcomes. Our progress on these activities will be monitored by the partnership and reported in our annual report.

We have identified key indicators and monitoring measures within each priority, these come from a mix of local and national data sources, including the school health and wellbeing survey. Change in some indicators can take a number of years, and due to small number variation in Shetland we often need to see a trend over a few years to be assured we are having an impact. A selection of indicators are shared below – see priority sections for more detail and full list- these measurements only tell part of the story and gathering feedback, stories of experience, and case studies will help us understand change more fully.

Giving Children the Best Start in life

1. Maternal smoking and BMI
2. Low birthweight
3. Breastfeeding rates
4. No obvious tooth decay (P1 and P7)
5. Healthy weight in P1

Attainment and Achievement

1. Numeracy and literacy achievement
2. Positive destinations of school leavers, YAs in education, training or employment
3. The number of children and young people with less than 80% attendance,
4. Attainment gap (Free School Meals, Additional Support Needs, Looked After Children)
5. Number of three and four year olds who are taking up their Early Learning and Childcare places.
6. Volunteering awards

Reducing the impact of Poverty

1. Free School Meals uptake (Primary and Secondary)
2. Children living in low income families
3. P7-S6 going to bed or school hungry
4. Number of eligible two year olds who are receiving Early Learning and Childcare

Emotional Health and Wellbeing

1. CAMHS Rate of Referrals, and waiting times
2. Strengths and difficulties questionnaire within normal range
3. Drinking alcohol once a week or more
4. Do you have an adult in your life who you can trust and talk to about any personal problems?
5. Even if I'm having a difficult time I feel like I will be ok
6. I am happy with my body and the way I look

Keeping the Promise

1. Number and % of care leavers aged 17-21 in further education, training or employment.
2. Attendance, attainment and participation gap for Looked After Children
3. % of eligible care leavers supported by Through Care and After Care service
4. % of eligible for after care with up-to-date pathway plan

Protecting our most vulnerable

1. Rate on Child Protection register
2. Rate of Looked After Children
3. No of Child Protection registrations, de-registrations and case conferences
4. Young people transitioning between services have a positive experience

UNCRC

1. Adults are good at listening to what I have to say
2. Adults are good at taking what I say into account
3. Schools participating in Rights Respecting Schools Award
4. School staff undertaking UNCRC professional development

1. All our children have the best start in life in a nurturing, safe and stable home environment

To ensure children have the best start in life in Shetland we aim to support families in ways that build their capacity and resilience through relationship based work, intervene as early as possible where needed, and are health improving. Building these foundations from pre-conception and throughout the early years, supports long term outcomes for children and young people, and can support generational change. We want to make sure that all our partners operate as a coherent system meaning children and families who need support are able to access the right thing for them, at the right time, from the right person.

Shifting towards prevention and early intervention has long been a key focus for the partnership – in the coming years this will see our health and parenting services expand to focus on pre-conception as well as supporting through the antenatal and early year's period. Support will focus on whole families wherever appropriate looking to support health-building habits from the earliest stage.

As well as providing high quality, evidence based services we understand the need to support access to these. Learning from the local Anchor project has shown that even where we can identify those under pressure, approaching and offering support can still be challenging. Tackling the stigma around 3 of our high priority areas by building workforce understanding and confidence, supporting collaboration between partners and increasing community understanding should help initiation of support. These high priority areas are: Alcohol and other drugs, Domestic Violence, Poverty.

Parenting support in Shetland has been brought under one umbrella recently, to simplify access for parents and carers, while maintaining the range of support available. The Shetland Family Centre offers 3 evidence based parenting programmes – PEEP Learning Together (0-5 years), Incredible Years (2-11 years), and Teen Triple P (12-16 years). These programmes work alongside the HENRY approach, and the focus in recent years has been to improve professional understanding of what is available, and the content of courses, and to decrease the stigma around accessing support for parenting. These programmes will continue to be offered with a focus on increasing access to support, and understanding the impact of support provided.

As a Partnership we are also working to support greatest impact for available resources across our various services by improving our evidence base and collaborating on funding opportunities to ensure best value and sustainability of services wherever possible – this includes but is not limited to our collaborative work on the Neurodevelopmental Pathway, which is ongoing.

Local good practice example:

Recognising the wider health benefits associated with healthy maternal weight, we are focussing resources to support pre-conception in Shetland. In 2023, we will bring together a multi-professional team to develop a pre-conception service that aligns to the approach taken in the Healthy Families Right from the Start programme (HENRY). Where it is appropriate to do so, the pre-conception team will consider supporting the whole family to look at healthy lifestyle goals.

The service will support women to manage complex long-term conditions, look at factors affecting fertility including healthy weight and offer smoking cessation.

All our children have the best start in life in a nurturing, safe and stable home environment

Our contribution to making this happen	How we will measure our progress
Universal service – clarity of messaging and access, prevention early intervention approach	Staff access of training and development as per workforce section
Decreasing stigma and increasing understanding of domestic violence, alcohol and other drugs, and poverty.	Availability and uptake of: Money Worries training, Scottish Drugs Forum stigma training, Safe and Together model implementation.
We will raise awareness of the pre-conception service to maximize understanding of the benefits of seeking support when considering a pregnancy	% uptake of women using pre-conception service from the total number of women who deliver each year (where NHS Shetland is the Board of residence)
We will develop a service that aligns to the HENRY approach so that wider parenting skills advice can be provided via the pre-conception service	The Maternity Care Assistant supporting the pre-conception service will undertake the HENRY training and we will record how many times the whole family is supported due to a parent accessing the pre-conception service
We will offer women who have previously had gestational diabetes additional support prenatally and through her pregnancy to reduce likelihood of gestational diabetes developing	% uptake of women who have previous had gestational diabetes who do not develop it again in subsequent pregnancies (and who engage with preconception services)
We will develop a Child Health Service Priorities Plan for the next 3 years which sets out how we will develop models of care that support the principles of values-based care e.g., reducing duplication, inefficiencies	A plan is developed, and clear models are described that set out improvements to pathways that reduce duplication/improve access for children and families that require support
Delivery of Incredible Years and Triple Parenting programme to parents/cares	Number of parents/carers attending Impact of programme on family relationships

2. Improvement in attainment and achievement for all children and young people

Being able to reach your potential, in education and beyond, is integral to positive outcomes later in life for individuals, and will have a significant impact on the inequalities that exist in our communities.

As a Partnership we have a dual role in this priority – as services, ensuring children and young people are capable, confident and supported to take opportunities, and as Anchor organisations within our community ensuring high quality opportunities are available to all our children and young people.

[‘The Ambition: Excellence and Equity for Shetland’s Learners 2022 to 2026’](#) sets out the local strategy and reporting arrangements in place to improve the attainment and achievement for our children and young people in Shetland. The strategy is built on deep understanding of the local system and is focussed on five key priorities of the National Improvement Framework:

- Placing the human rights and needs of every child and young person at the centre of education
- Improvement in children and young people’s health and wellbeing
- Improvement in attainment, particularly in literacy and numeracy.
- Closing the attainment gap between the most and least disadvantaged children and young people
- Improvement in skills and sustained, positive school-leaver destinations for all young people

Attainment and achievement stretch aims to 2026 are also to be found in full there. Some of these stretch aims will be adopted by the Children’s Partnership where partnership working is key to overall success.

We recognise that achievement is not limited to educational and employment settings and locally we want to support children and young people to be active members of their community, including by celebrating and recognising the vast volunteering effort that Shetland young people engage in. Volunteering can provide significant benefits to young people through developing key skills they will carry into adulthood, from a sense of achievement, increased self-esteem to key practical skills to support in future career opportunities.

Understanding impact:

“Participation” in Shetland is one of the highest in Scotland at 97% for 2022/23 (“Percentage of young adults (16-19 year olds) participating in education, training or employment”)

The measure allows partners to better understand the impact of interventions and the outcomes they deliver at every transition point for 16-19 year olds.

The Developing the Young Workforce (DYW) programme plays a key role in secondary schools by facilitating connections between employers and young people to improve access to opportunities.

DYW have partnered with SSE renewables this year providing an opportunity for secondary pupils to participate in an Onshore Wind Farm: design and build VR model workshop with 3DW technology. DYW continue to engage with local employers to deliver the Young Person’s Guarantee and have been successful in signing up some of the largest companies in Shetland.

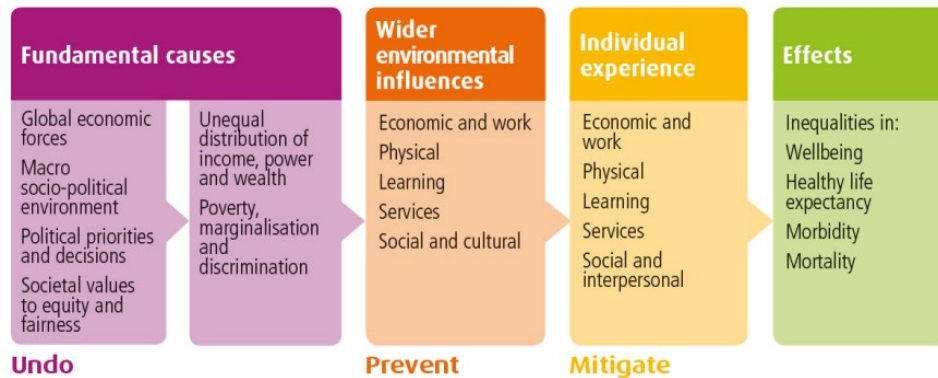
Improvement in attainment and achievement for all children and young people

Our contribution to making this happen	How we will measure our progress
<p>All partners ensure that parents and carers of two to four year olds have the correct information regarding Early Learning and Childcare services available and how to access these.</p>	<p>Number of eligible two year olds who are receiving Early Learning and Childcare.</p> <p>Number of three and four year olds who are taking up their Early Learning and Childcare places.</p>
<p>Literacy programmes including Vocabulary Improvement Project and Emerging Literacy are delivered.</p> <p>Guidance for Total Communication is developed and implemented.</p> <p>Professional learning for SEAL (Stages of Early Arithmetical Learning) is delivered.</p> <p>Develop quality improvement tools to enhance learning, teaching and assessment in numeracy</p>	<p>Overall Literacy and Numeracy – P1, P4, P7 combined, CORE measure in The Ambition: Excellence and Equity Plan.</p> <p>Primary – overall literacy and numeracy attainment gap, CORE+ measure in The Ambition: Excellence and Equity Plan.</p> <p>1 or more, Level 5, All SCQF – Additional Support Needs gap percentage points, CORE+ measure in The Ambition: Excellence and Equity Plan.</p>
<p>Deliver local and national volunteering awards:</p> <p>Saltire Awards –national initiative for young people aged 12 to 25.</p> <p>VAS Volunteering Awards - The aim of the local awards is to recognise all kinds of volunteering, both formal and informal, and celebrate individuals of all ages who volunteer in Shetland.</p> <p>‘Willin Haands Award’ for adults aged 26 and over</p> <p>‘Peerie Trows Award’ for children 11 and under</p>	<p>Number of young people receiving Saltire Award certificates for volunteering.</p> <p>2022 – 67 young people received certificates</p> <p>2023 – 118 young people received certificates</p> <p>Number of children receiving Peerie Trow Awards</p> <p>2023 – 14 Awards made to children</p> <p>(Reported in full within Voluntary Action Shetland Annual Report)</p>
<p>All partners fulfil role as exemplar employers locally, for example by offering work experience, participating in careers fairs, and exploring alternative routes into employment to tackle inequalities</p>	<p>Participation in local careers fairs</p> <p>Evidence of inclusion of alternative and innovative ways of increasing employment opportunities for young people within organisational workforce planning/annual reports</p>

3. We reduce the impact of poverty on children and families

The actions and measures outlined in this priority area are the same as those set out in Shetland’s Local Child Poverty Action Report (LCPAR) designed to mitigate the impacts of poverty on our children, young people and families.

To make a real difference to poverty in Shetland action is needed across all three domains described below. While we can’t eliminate poverty within the Shetland Children’s Partnership we have the power and influence to make a difference by lessening the impact of poverty on the families, children and young people that we deal with as services.



Building our future - NHS Health Scotland 2019

Understanding impact...

The overall literacy attainment gap has narrowed from 25% to 13% during academic year 2022/23 and that for numeracy from 33% to 18% across Primary 1, 4 and 7, the years that this data is collected nationally. The gap in secondary has been changeable over the last few years rising and falling from 35% in literacy in 2018 to the current figure of 19% and for numeracy over the same time period from 14% to 8%.

Pupil Equity Funding (PEF) has been used across many of our schools, with a top-up from Strategic Equity Funding awarded to our ‘non-PEF’ schools, to put in place targeted interventions to support those children and young people living in poverty to achieve better outcomes.

Reducing the impact of poverty on children and families

Our contribution to making this happen

Support our Anchor for Families Team to walk alongside families who are feeling under pressure, to build their strengths and capacity to achieve the goals they want to achieve, develop a more positive pathway and halt further deterioration in their situation.

How we will measure our progress

Number of families supported / year
Evaluation as per Anchor for Families Logic Model

<p>This is funded through the Scottish Government Whole Family Wellbeing Fund.</p> <p>NB: this work links strategically with Shetland's CLD Strategy, and operationally with CLD staff across Shetland.</p>	
<p>Develop an innovative test of change project to find financially vulnerable households, supporting them holistically, to improve their finances and employment, as a collaboration between Anchor for Families, Employability Pathway and Third Sector.</p> <p>This funded through the Scottish Government Child Poverty Fund, formally known as Parental Employment Support Fund.</p>	<p>Monitoring for this Project will be put in place.</p>
<p>Increase the capacity of frontline staff to recognise signs of poverty and ensure they are on an income maximisation pathway. This capacity will be built by, for example, our Anchor for Families Team, implementation of GIRFEC, Money Worries Training and Cost of the School Day.</p> <p>NB: this work links strategically with Shetland's CLD Strategy, and operationally with CLD staff across Shetland.</p> <p>This is Shetland's approach to reduce levels of Food Insecurity and the Scottish Government's Cash First Approach / Good Food Nation approach.</p>	<p>Attendance at Money Worries Training (number / services represented)</p> <p>Number of Cost of the School Day Events / Sessions</p> <p>Evaluation of System Change, as per Anchor for Families Logic Model</p> <p>Uptake of income maximisation services (SICAB, SIC Children's Finance, Social Security Scotland, Fuel Bank Vouchers, SIC Finance, Free Period Products, free ELC for eligible two year olds)</p> <p>Uptake of Access to Leisure (SRT, SADA, Summer Activities)</p> <p>Uptake of CLD Skills Development to complete benefit forms</p>
<p>Support the implementation of Shetland's response to the Cost of Living Crisis Plan, 2023/24, including an easy to use website, and dedicated phone line.</p>	<p>As per Cost of Living Crisis Plan (SRT / Summer Activities)</p>

Continue to support key Third Sector organisations: SICAB, Shetland Food Bank and Food for the Way.	Funding and staff time from partner organisations Number of clients CAB supported Number of food parcels distributed Attendance at activities – Food for the way
Support Shetland’s CLD Strategy to close the digital poverty gap.	As per CLD Strategy
Use opportunities such as Anchor for Families, Employability Services and Cost of Living supports to enable children and their families to be involved in shaping local policies and measures to reduce the social and economic impact of poverty.	Number of examples of changes to local policies and services as a result of involving children and families under pressure
Public Health and Maternity teams work to improve local use of data from national systems around financial support in pregnancy – particularly Badgernet recorded data and Best Start support uptake – to inform improvement	National data informs local improvement and targeted support.
Maternity team have awareness, confidence and skills to recognise signs of poverty, discuss money worries and support effectively (targeted individual support)	Uptake of Money Worries training Local uptake of Best Start support
Continue routine enquiry about money worries or financial concerns regularly throughout pregnancy and in postnatal period, with signposting/referral to appropriate income maximisation support (opportunistic individual support)	As above
HENRY programme workshops including Eat Well for Less are available to parents and prospective parents	No of workshops run, attendance, inclusion of antenatal families on these

4. Improvement in children and young people’s mental health and wellbeing

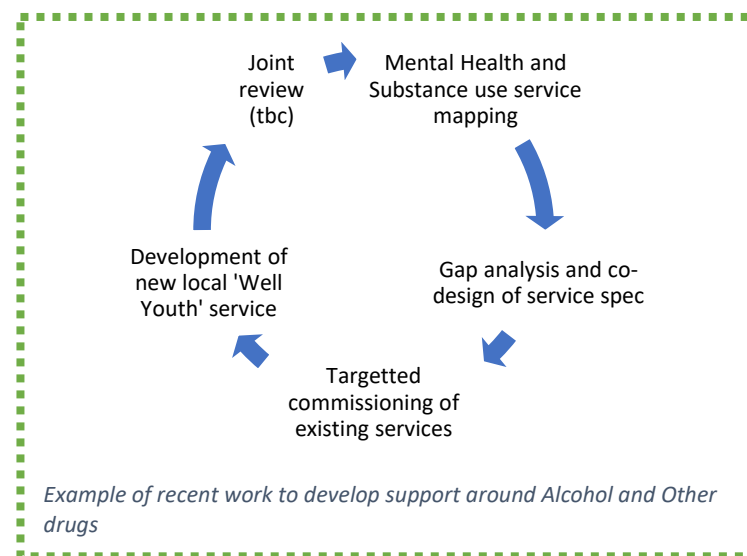
A Children and Young People’s Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in 2018 to review the system of support for children’s mental health and wellbeing, consider barriers to intervention, and understand where further development was needed across the country. The report of the taskforce makes a series of recommendations for redesign of services to deliver:

“a whole system approach to addressing children’s mental health needs, ensuring preventative action to reduce need and a prompt and proportionate response which improves outcomes for all children who need support or treatment.”

This very much reflects our ambitions in Shetland and the mental health and emotional wellbeing of our children and young people remains a priority for the Shetland Children’s Partnership. Locally we have been building on the outcomes of the [‘Emotional Wellbeing and Resilience’](#) project over the past 2 years. Findings have been used to support service scoping and development, gap analysis, co-design and targeted commissioning, involving children and young people at every stage. Reporting from partner services suggest this targeting and development process has worked well with high rates of referral and satisfaction with intervention outcomes. We plan to audit referrals over the next year to see if the addition of these newer lower tier services has had a positive impact on the numbers of young people referred to higher tier services, on waiting lists, time before assessment and the overall experience of young people who have received support.

In 2023-24, we will also review the priorities for Child Health services to ensure that we have the right approach for multi-professional working that reduces duplication for children and families. Meaning that we can then target the resources available to support those families that need it most e.g., where a child has a neuro-developmental condition, has complex health needs, or requires input from the Child and Adolescent Mental Health Team (CAMHS).

It is important that we recognise changes in need, and develop our services to meet those changing and rising needs – a particular area of focus currently is on Neurodevelopmental conditions, there assessment, diagnosis, and support both by specialist and universal services. The Partnership can



assimilate and share understanding of emerging need, and also has a role in scoping and identifying areas for development – building on work in the recently completed Neurodevelopmental Pathway scoping project will be a partnership focus over the next 3 years.

In Shetland understanding areas of inequality of outcomes and access can be difficult due to small numbers. As a Partnership we are championing the use of good data and local intelligence to ensure nobody is missed and our system is working for every child and young person. Examples include understanding school attendance, and review of immunisation uptake. Although we perform well against both of these, we know that the small numbers with lower attendance, or who don't receive immunisations, are likely to experience poorer outcomes. We hope by supporting this approach to understanding variation we can reduce inequalities and offer children, young people and their families support where it is needed.

Local good practice example

School Counselling Service hosts a fortnightly 'panel' meeting attended by representatives from Educational Psychology, School Nursing Service and CAMHS (Children and Adolescents Mental Health Service). This panel ensures that children and young people referred into the service are not receiving multiple inputs, which may be overwhelming and unhelpful for the young person but are being held by the right service at the right time.

Overall attendance in Shetland's schools is very good and above the national average, there are a small number of children and young people with lower than 80% attendance that equates to a day out of school per week. Research shows there are many complex reasons, including social anxiety, for non-attendance and by working across services, we plan to understand these and through a test of change find solutions that can work in our Shetland context.

Beyond service intervention, we recognise the value of having universal services and a system that supports early intervention and prevention by being well informed and equipped to build wellbeing and resilience at the earliest stages. We plan for these evidence based approaches to continue over the life of this plan in education settings and beyond supported by staff from

across the partnership, these include: Nurture, Zones of Regulation, Resilient Kids, Kitbag, LIAM (Let's Introduce Anxiety Management) and HENRY.

We also need to address some of the causes and effects of poor mental health and wellbeing locally. These are numerous and are also covered in other areas of this plan (e.g. poverty, attainment and best start), one important area of focus for us as both a cause and an effect is use of alcohol and other drugs, including vaping. Locally we are at the scoping and understanding stage of these, while also providing health improving services that can support people who wish to stop using alcohol or other drugs. A significant piece of local peer research into the culture around alcohol and other drugs among young people locally will be used to raise awareness, inform decision making and shape action over the next year.

We will continue to use the strength of our Partnership relationships to support service sustainability by collaborating wherever possible and building robust pathways and processes to mitigate the risks of short term funding and workforce challenges.

Improvement in children and young people's mental health and wellbeing

Our contribution to making this happen	How we will measure our progress
Identifying those in need of support and improving attendance through a test of change improvement model.	Report on the test of change.
Reducing the number of children with below 80% attendance.	The number of children and young people with less than 80% attendance, core + measure in the National Improvement Plan.
Understanding use of alcohol and other drugs, including vaping, to inform action.	<p>Reduction in the number of pupils smoking and vaping.</p> <p>The Warwickshire-Edinburgh Mental Wellbeing survey annual results, core + measure in the National Improvement Plan.</p> <p>Widespread sharing of local peer research outputs, evidence this has informed decision making.</p>
To implement the Active Shetland strategy.	<p>Increase number of children who are a healthy weight in P1.</p> <p>Availability of and attendance at FAST sessions.</p>
Continue to support and work in partnership with key Third Sector Organisations supporting children and young people: Mind Your Head, OPEN, relationship Scotland, Ability Shetland, Shetland Women's Aid, Shetland Bereavement Support Service, Autism Understanding, VAS Shetland Befriending Scheme, Shetland Compass Centre and VAS Shetland Carers	<p>Funding and staff time from partners.</p> <p>Number of children and young people accessing support within the Third Sector Organisations</p> <p>Outcomes for children and young people having accessed support</p> <p>Number of peer education workshops delivered in schools.</p>
Partnership approach to emotional wellbeing and mental health.	<p>Reduce inappropriate referrals to tier four services, informed by referral/service activity audit</p> <p>CYP experience of services (case studies, stories and service outcome measures)</p>
Neurodevelopmental pathway, change implementation and identification of resource	CYP and family experience of services, waiting times for assessment and support.

5. We Keep the Promise for our Care Experienced children and young people

In Shetland, we want the best for all our children and young people. We want them to flourish and grow up loved and safe, living healthy, active lives, doing well in education, and realising their full potential. We want Shetland's children and young people to make the most of the rich culture, heritage and leisure opportunities available locally, and to progress into positive post school destinations, whether this be to further or higher education or employment, and to be financially secure.



When a child or young person becomes 'looked after' (either at home or away from home), the local authority, health board, and a number of other public bodies become 'corporate parents' for those individuals. Corporate Parenting is the collective responsibility of elected members, employees, and partner agencies to provide the best possible care for our children and young people.

The Promise was published in 2020, and was the culmination of Scotland's Independent Care Review, which took place from 2017 – 2020. The Promise sets out a vision for change over a ten year period until 2030.

The priorities set out in The Promise are cross-cutting and there are implications for all services. The Shetland Children's Partnership therefore have a collective commitment and responsibility to #KeepThePromise for Shetland's children and young people.

From local data and intelligence we understand that alcohol and other drugs are implicated in a considerable number of cases for 'looked after' children and young people. Work last year looked at increasing local capacity to support CYP affected by alcohol and other drugs. This will be built on going forward by increasing access to these services at an earlier stage which will be done by improving staff confidence and capability at identifying need, and having difficult conversations about substance use (see section 8).

Our care experienced children and young people's collective advocacy group, the #ShetlandCrew, felt that the term 'corporate parent' is cold and uncaring, so they worked with a local artist to consider alternatives. The word 'Meid' was chosen as a metaphor to represent the role we can play in children and young people's lives. The Meids Board (formerly corporate parent board) is co-chaired by a care experienced leader, and the Chief Executive of the Shetland Islands Council.

Local good practice example

#ShetlandCrew

£20k of funding was received from the Life Changes Trust, and #ShetlandCrew have used this money to develop a series of three projects:

- A little book of hope
- Schools workshops (for staff)
- Coming into Care Packs / Moving into your first home boxes

We keep the Promise for our Care Experienced children and young people

Our contribution to making this happen	How we will measure our progress
Closing the gap between the educational outcomes of care-experienced young people and their peers.	% of young people who left school with one or more qualifications at SCQF level 5. % of young people who left school with one or more qualifications at SCQF level 6.
Close the attendance gap for care experienced children and young people.	CORE+ measure in The Ambition: Excellence and Equity Plan.
Develop the revised work placement offer. Supporting young people with barriers to onward positive destinations.	Number of care-experienced and Care Experienced Young People who are not in Education, Employment, Training. Number and % of care leavers aged 17-21 in further education, training or employment.
Throughcare and aftercare team supported by relevant partners ensure that all care leavers have a positive transition into adulthood. Shetland Children's Partnership will work together to meet the needs of all children and young people here in Shetland.	Number of care leavers supported by After Care service. % of Eligible for after care with up-to-date pathway plan. Reduce the number of out of authority placements.
Ensure children's voices are at the centre of decision making.	% of children and young people who take up Who Cares Scotland advocacy service.
Reduce placement moves for children and young people.	Percentage of care experienced children with more than 1 placement in the past year. Percentage of care experienced children with 3 or more placements in the past year.
Ensure families have choice and control when services are involved in their lives.	Number of families who are referred to Family Group Decision Making.
Ensure the workforce across all partners are supported to have the correct skills and knowledge for their role.	Number of staff trained in using a trauma informed approach.

What is a meid?

meid (n) a prominent landmark which, when lined up with another landmark, enables fishermen to establish and maintain their position at sea

From *The Shetland Dictionary* by John Graham

meid (n) a prominent landmark which, when lined up with a second one, enables fishermen to confirm direction or maintain a fixed position at sea.

(Gives alternative spellings 'meed' and 'mid')

From *Shetland Words*, by A & A Christie-Johnston,
with contributing editor Neil Anderson

A meid helps you to know where you are, and to steer your way safely. You can use it and return to it again and again.

You can decide on your meids, choosing what is important to you, people, places, dreams and ambitions, and knowing what challenges you might need to navigate.

The word can be used **metaphorically**, applied to other things besides fishing.

Two examples of use as a metaphor:

- The poet Rhoda Bulter, in her poem 'Macarism', paints an affectionate picture of a community where she spent part of her young life, and names all the people she loved best, all of them now dead. In the last stanza, she sums up their importance to her by saying that they are still 'a meede tae da vaiger'. ['Vaiger' means traveller, voyager. 'Meede' is Rhoda's own spelling.]

- The poem 'Auld Maunsie's Crö', by Basil Ramsay Anderson, has been well-known and admired in Shetland for many many years – the poet died in 1888. Novelist and poet Robert Alan Jamieson has recently written that the poem has been a 'mied' for later Shetland writers like himself. ['Mied' is RAJ's own spelling]



6. We protect our most vulnerable children and young people

We want every child in Shetland to have what they need to live a happy and healthy life. Our dual focus in this area is on ensuring the safety of children and young people; and meeting the needs of children and young people with complex health and care requirements.

We will continue to work together with children, young people and their families to ensure they get the support they need, in a way that works for them, and services from across agencies wrap around them to optimise their experience and outcomes. This includes in planning for transitions, and moving on from children's services.

Local good practice example:

The Integrated Children's Services Quality Assurance Group worked to better direct their work towards action for children at risk of harm, by temporarily having a specific focus as an inspection preparation group. This has supported a systematic approach to assuring quality and consistency across services.

We protect our most vulnerable children and young people

Our contribution to making this happen	How we will measure our progress
Explore ways to improve participation of care experienced young people in the work of Shetland Public Protection Committee.	Feedback from Meids Group workshops
Review the Shetland Public Protection Training Strategy to ensure we are supporting staff across the Partnership to keep our children safe.	Revised Strategy in place which aligns and makes best use of available national resources. Training requirements for staff agreed and implemented across the Partnership.
Complete the revision of our Partnership Child Protection Procedures, and all agreed supplementary Protocols, to ensure they fully comply with the 2021 National Guidance on Child Protection in Scotland, including the 2023 revisions.	Revised Child Protection Procedures in place. Impact understood via qualitative feedback through the Integrated Children's Services Quality Assurance Group.
Support Shetland Domestic Abuse Partnership to deliver on the six Equally Safe Outcomes locally through training and publicity and awareness raising.	Shetland Domestic Abuse Partnership is required to report to the Scottish Government on Delivering Equally Safe. We will use this information to measure progress with this priority.
To develop our use of local and national data on child protection to better support the work of the Public Protection Partnership in Shetland.	We will monitor local trends in child protection data against nationally published data, and use this information to inform strategic plans.
Work with HSCP colleagues to improve future planning for people with complex care needs (individual transition, and system planning)	User experience of transition between children's and adult services Evidence of service planning informed by Children's services (e.g. adult social care/housing)
We work together to understand need and develop sustainable solutions to offer clarity and continuity – current focus Neurodevelopmental Pathway	Implementation of recommendations from ND project (note this is funding dependent, and identifying resource will be a considerable challenge)

7. Placing the human rights and needs of every child and young person at the centre of our work

The good work around UNCRC started in schools with our young people needs to be replicated in other service areas to have a significant local impact. The Partnership will be instrumental in sharing learning across the system to be an advocate for children's rights and to support colleagues out with children's services to understand the need for rights respecting practice in their own service areas, and to help them take action that will support our Partnership priorities by strengthening and protecting families. This includes work to identify leading causes of harm to children and young people in Shetland, and supporting families to change behaviours to prevent harm – for example through offering support to people who use alcohol and other drugs, and routine enquiry about domestic violence.

Schools continue to engage with the Rights Respecting Schools Award (RRSA) programme putting the United Nations Convention on the Rights of the Child (UNCRC) into practice within the school and beyond. Scottish Government's service level agreement with UNICEF means that all accreditation, registration and some training opportunities are free for schools up to 2025. Shetland has 12 schools engaged in the award. Young people are at the centre of work in this area participating in 'An Introduction to UNCRC' awareness-raising workshop (in partnership with the Children and Young People's Commission and UNICEF).

OPEN Peer Education Network have also been instrumental in ensuring children's services hear the voices of children and young people on a number of issues they have been commissioned to work with our services on – these have been more thoroughly reported in our annual report, and a number of pieces of work are ongoing at varying stages.

The Meids board, co-chaired by members of the #Shetlandcrew, is working to ensure the voices of children and young people who are or have been care experienced are central to changes being made to services and supports for care experienced children and young people in Shetland.

As a community, we have a lot of work to do to be in a position to say confidently that we uphold the rights of all of our children. As well as being aware and willing, we must have structures and services in place that mean everyone can easily access what they have a right to – this links to our work on poverty, safety and best start in life. It also includes developing our services to meet the needs of those who experience barriers to inclusion in their day-to-day lives – for example work on the neurodevelopmental pathway and related support services, and associated work on community understanding, accessibility and stigma.

Local good practice example:

“Education must develop EVERY child's personality, talents and abilities to the full.”

To contribute to this all schools are in the process of implementing or embedding CIRCLE (Child Inclusion Research into Curriculum Learning and Education). CIRCLE aims to promote effective inclusive practice in classrooms for all children and young people.

To continue to move away from the medical model of disability and the concept of 'One to One Support' to the social model of disability and promoting independence, all partners must have an understanding of CIRCLE and how they can support children and young people and their families, along with their wider services, to engage with this universal service change.

We believe that to make significant progress with embedding UNCRC across our system we have to continue to work hard to involve children, young people and their families in developing and improving services and support. This work among all partners has evolved over recent years and Shetland has a strong history of participation among children and young people in schools. To ensure children and young people's voices are heard and listened to we must continue to create and protect these opportunities (examples below), ensure they are available to everyone, and reflect on the ways we involve people in improving what we do.

Participation Streams

The following youth participation opportunities have involved school-age young people from Shetland. This does not include Pupil Council/Voice that each school runs themselves (sometimes in collaboration with Youth and Employability staff).

Shetland Youth Voice is for anyone aged 12-25 who wants the opportunity to get their views and opinions heard at a local, national and international level. Meetings were held monthly up till 2023. Up to 30 young people attended sessions in 22/23 from six schools and five third sector organisations participating. The group had engagement with a range of partners including Mind Your Head, NHS Shetland, the Tall Ships Race and Voluntary Action Shetland. This project was coordinated by a Graduate Placement position in Youth and Employability Service, since the placement ceased the work has been picked up by SIC's Youth Development Team and the aim is for more closer work with school pupil councils so more young people are represented and engaged in process.

MSYPs for Shetland - Two Shetland pupils Michaela Christie and John Fraser represent young people in Shetland at the Scottish Youth Parliament. Michaela is a member of the National Sport & Leisure committee while John is a member of the Jobs & Economy Committee. In 2022/23 they both attended Education and Families committee meetings and took part in discussions with the Chair, Vice-Chair and Director regularly. They have represented Shetland's young people at Developing Young Workforce seminars, engagement sessions with NHS and ADES and the Lerwick Tall Ships event while also attending SYP sittings on the Scottish Mainland.

Shetland has had representation on the **Northern Alliance Youth Advisory Group** with regular virtual meetings taking place (facilitated by NA CLD staff) and a first in-person meeting taking place in March 2023.

Pupil Council's and Participative Democracy Certification: Participative Democracy Certification (PDC) provides accreditation for secondary pupils participating in representative roles in their school communities such as pupil councils (or equivalents).

PDC is a method of recognising and rewarding young people's involvement in decision-making. It is specifically aimed at the youth work sector and offers 2 credits at SCQF level 5 for participants. It provides a useful structure for meaningful participation for young people in their schools, getting them to research issues affecting them, consult peers and present to school senior management on their findings.

In 2022/23, 25 young people were awarded PDCs from Anderson High and Aith Junior High School. As well as accreditation, each secondary school/department in Shetland currently has a participation forum either facilitated by staff in school or partnered with Youth and Employability staff.

<p>1</p>  <p>DEFINITION OF A CHILD</p>	<p>2</p>  <p>NO DISCRIMINATION</p>	<p>3</p>  <p>BEST INTERESTS OF THE CHILD</p>	<p>4</p>  <p>MAKING RIGHTS REAL</p>	<p>5</p>  <p>FAMILY GUIDANCE AS CHILDREN DEVELOP</p>	<p>6</p>  <p>LIFE, SURVIVAL AND DEVELOPMENT</p>	<p>7</p>  <p>NAME AND NATIONALITY</p>
<p>8</p>  <p>IDENTITY</p>	<p>9</p>  <p>KEEPING FAMILIES TOGETHER</p>	<p>10</p>  <p>CONTACT WITH PARENTS ACROSS COUNTRIES</p>	<p>11</p>  <p>PROTECTION FROM KIDNAPPING</p>	<p>12</p>  <p>RESPECT FOR CHILDREN'S VIEWS</p>	<p>13</p>  <p>SHARING THOUGHTS FREELY</p>	<p>14</p>  <p>FREEDOM OF THOUGHT AND RELIGION</p>
<p>15</p>  <p>SETTING UP OR JOINING GROUPS</p>	<p>16</p>  <p>PROTECTION OF PRIVACY</p>	<p>17</p>  <p>ACCESS TO INFORMATION</p>	<p>18</p>  <p>RESPONSIBILITY OF PARENTS</p>	<p>19</p>  <p>PROTECTION FROM VIOLENCE</p>	<p>20</p>  <p>CHILDREN WITHOUT FAMILIES</p>	<p>21</p>  <p>CHILDREN WHO ARE ADOPTED</p>
<p>22</p>  <p>REFUGEE CHILDREN</p>	<p>23</p>  <p>CHILDREN WITH DISABILITIES</p>	<p>24</p>  <p>HEALTH, WATER, FOOD, ENVIRONMENT</p>	<p>25</p>  <p>REVIEW OF A CHILD'S PLACEMENT</p>	<p>26</p>  <p>SOCIAL AND ECONOMIC HELP</p>	<p>27</p>  <p>FOOD, CLOTHING, A SAFE HOME</p>	<p>28</p>  <p>ACCESS TO EDUCATION</p>
<p>29</p>  <p>AIMS OF EDUCATION</p>	<p>30</p>  <p>MINORITY CULTURE, LANGUAGE AND RELIGION</p>	<p>31</p>  <p>REST, PLAY, CULTURE, ARTS</p>	<p>32</p>  <p>PROTECTION FROM HARMFUL WORK</p>	<p>33</p>  <p>PROTECTION FROM HARMFUL DRUGS</p>	<p>34</p>  <p>PROTECTION FROM SEXUAL ABUSE</p>	<p>35</p>  <p>PREVENTION OF SALE AND TRAFFICKING</p>
<p>36</p>  <p>PROTECTION FROM EXPLOITATION</p>	<p>37</p>  <p>CHILDREN IN DETENTION</p>	<p>38</p>  <p>PROTECTION IN WAR</p>	<p>39</p>  <p>RECOVERY AND REINTEGRATION</p>	<p>40</p>  <p>CHILDREN WHO BREAK THE LAW</p>	<p>41</p>  <p>BEST LAW FOR CHILDREN APPLIES</p>	<p>42</p>  <p>EVERYONE MUST KNOW CHILDREN'S RIGHTS</p>
<p>43-54</p>  <p>HOW THE CONVENTION WORKS</p>	<h1>CONVENTION ON THE RIGHTS OF THE CHILD</h1>					

Placing the human rights and needs of every child and young person at the centre of our work

Our contribution to making this happen	How we will measure our progress
Develop a framework to ensure that the views of children and young people have influenced and shaped service delivery and future planning.	Evidence that children and young people are engaging in activities that allow them to have a say in the development of services that they access (or may access in the future). Case studies of how services have changed because of the contributions of children and young people.
Development of performance indicators to monitor progress of UNCRC across all partners.	Self-evaluation activities completed by all partners and a set of performance indicators developed.
Undertake strategic planning ahead of national advice on UNCRC implementation.	Working group across partners to establish plan for the implementation of UNCRC.
Schools engagement with Rights Respecting Schools Award, and UNCRC Professional Development	Number of schools engaged in RRSAs, and/or having completed UNCRC self-evaluation % Shetland school staff having had an introduction to UNCRC
Implement and embed CIRCLE across all schools and settings. All partners to have an understanding of CIRCLE as a universal approach to inclusion.	% of schools and settings staff trained. % of schools and settings staff implementing CIRCLE.
Schools and settings are implementing our supported interventions to ensure inclusion for all.	Feedback from audits and other self-evaluation activities. All partners have an understanding of these approaches when engaging with children, young people and their families and school and setting staff.
We communicate effectively about UNCRC and the role of the Shetland community in upholding children's rights, and advocate for a focus on UNCRC among colleagues in adult and universal services	Evidence from implementation of Shetland Partnership Plan (particularly Tackling Inequalities through Kindness strand)

8. Our teams are nurtured and have opportunities to develop

We recognise as partners that our workforce are our greatest asset, and that their experience, relationships and commitment drive improved outcomes. As a Partnership we have a role in supporting partners to support their teams by sharing best practice, driving cross-organisational change, and supporting opportunities for development – particularly where small team size, and costs can be prohibitive but a shared approach could be manageable. All partner organisation will have their own training and development plans, as a Partnership we have three key areas of focus – nurturing a culture of learning and support, identifying and sharing key learning in our system, and becoming a trauma-informed system.

Local good practice example:

[Supporting teams – Vicarious Trauma and Proactive Self Care, a Shetland case study](#)

Our teams are nurtured and have opportunities to develop	
Our contribution to making this happen	How we will measure our progress
Input into development of Trauma-Informed working as a Shetland approach – including via steering group, and sharing learning through services and teams.	<p>Uptake of trauma-informed practice training – principally National Trauma Training Programme and Policy Hub Scotland resources</p> <p>Number of services undertaking trauma-lens service self-assessment and implementing changes</p> <p>Children, Young-people, family and carer experience of services is improved (service satisfaction/experience measures to be agreed)</p>
<p>Sharing key learning to spread existing work and good practice, including:</p> <ul style="list-style-type: none"> • Anchor evaluation • HENRY approach • Speech and Language Therapy universal input • LIAM (Let’s Introduce Anxiety Management) 	<p>Our workforce are confident in our shared approach to support – strengths focused, early action, relationship based.</p> <p>Review Whole Family Support self-assessment to understand development/change.</p> <p>Uptake of locally delivered training (HENRY, SLT, LIAM)</p>
We have a culture of learning and support that enables development in our services, recognises the impact of work on our staff, and promotes the wellbeing of everyone in our teams, including using supervision and access to CPD/development opportunities.	<p>Support and promotion of staff wellbeing agenda across partner organisations</p> <p>Case study reporting of good practice within annual report</p>

Decision making, funding and governance arrangements to support partnership working

The Purpose of the Shetland Children's Partnership

In preparing the Children's Plan, we undertook work as a partnership to examine who we are, how we work as a partnership and how we will work together to oversee the delivery of the objectives set out in the Children's Plan. This review included participation from young people providing feedback via focus groups, as well as three workshops attended by professionals who work across the organisations that make up the Shetlands Children's Partnership.

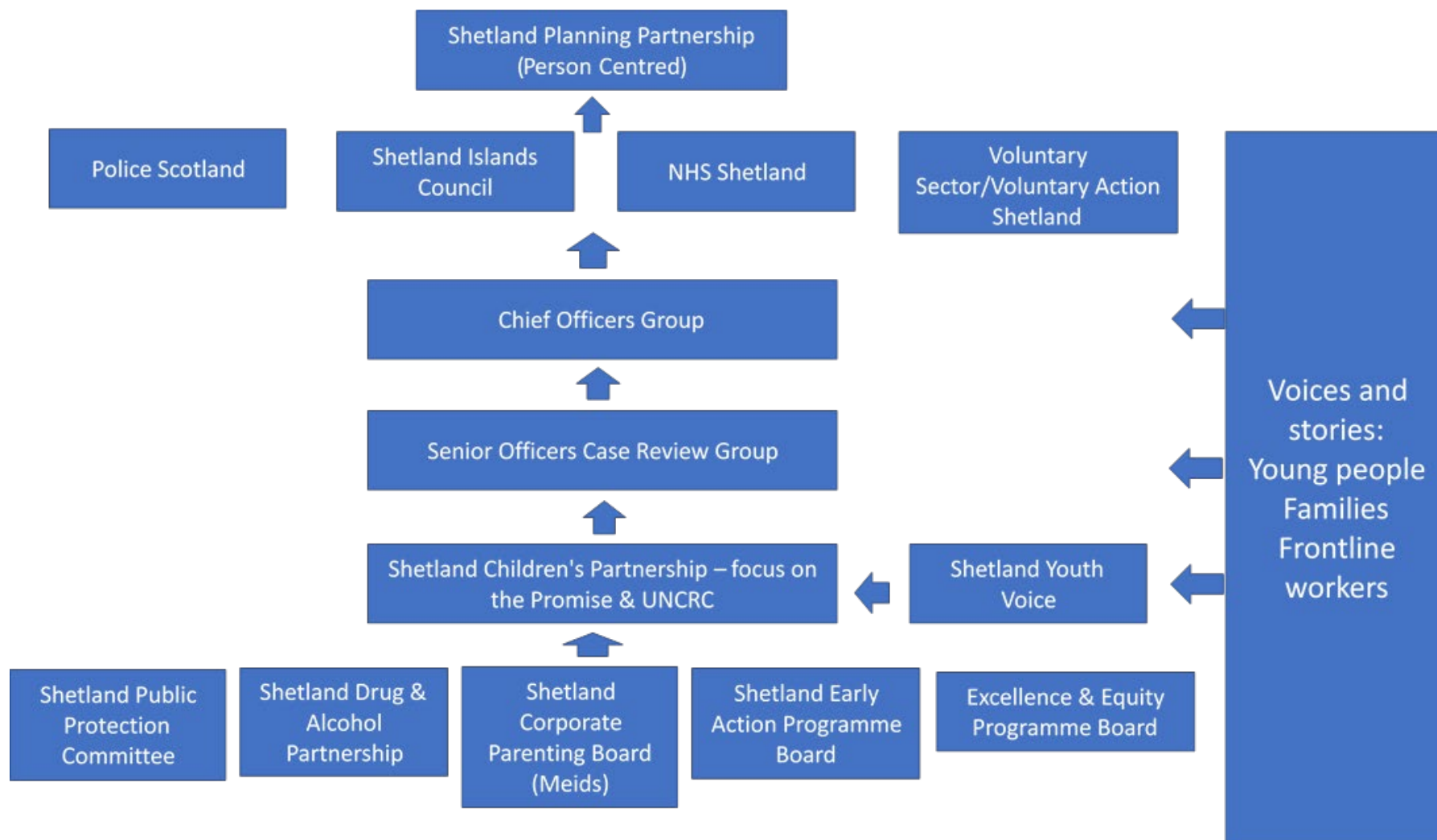
The table below sets out the role of the Shetland Children's Partnership in providing focus, being a forum for listening and learning, working together and 'doing things differently' to achieve better outcomes for children, young people and families. We have placed greater emphasis on how we can listen, learn and include the voices of young people and families and closer working with the third sector. To support the refreshed purpose of the Shetland Children's Partnership, we have also reviewed the governance and assurance structure which is shown overleaf..

Summary of the purpose of the Shetland Children's Partnership

Shared strategic responsibility Identify priorities Specify clear, bitesize, and time limited target outcomes Lobby for big fixes and stay away from maintenance	Space for research, ideas, and innovation Turn information into action Support risk taking Empower workers to initiate change Create a learning space
Formal joint-working activities Target known barriers together Get young people involved Integrated budgeting Engage more widely	Networking and knowledge transfer Listen to young people and families Tell the stories of young people and families Enable people to share skills, experiences, and approaches.

Governance and Quality Assurance

We have worked to simplify the structures surrounding the Children's Partnership which are shown in the diagram below. Annual Reports are received by Boards from the respective organisations, which have been assured through the refreshed governance framework for the joint planning and delivery of children's services.



What we spend on services for children and families

The table overleaf gives a sense of recent funding for children and family services – due to the nature of funding to partner agencies this is a mixture of out-turn spend (NHS) and forward budgeting (SIC and Third Sector). It has not been possible to effectively compare budgets over time due to the disruptions of the COVID-19 pandemic and associated changes to funding, short-term finance etc.

There are considerable cost pressures across NHS, SIC and third sector provided services and our focus over the next three years is on reducing inequalities through early intervention as a means of targeting resources to where they are most needed and can have greatest impact. We hope that by building our priorities and associated actions on best available evidence we are doing this.

A number of things make collaborative working more challenging in relation to budgets and we have worked as a partnership to overcome these where possible. For example by joint commissioning of services, collaborative assessment and application for available funding. All partners continue to experience challenges due to short-term funding and the related impact on recruitment and sustainability of service delivery.

Regarding NHS, funding components for children relating to provision of dental, primary care, acute hospital, AHP have not been extracted where the “children’s service” is provided as a function of the generic population service, i.e. it is not a distinct standalone service. Accounting for these elements the costings would be considerably higher.

Note costs overleaf are indicative – full detail are reported in respective annual accounts and budgeting processes.

Third Sector projects have a mix of local and external funding to support activity with some projects.

Shetland Islands Council (2023/24 budget)		£s
Education		39,989,115
Additional Support Needs (education)		7,769,501
Children's Social Work		6,726,404
Youth Work and Employability		952,964
Sport & Leisure and Libraries		2,393,394
NHS Shetland (2022/23 costs)		£s
Child and Adolescent Mental Health (CAMHS)		535,997
Non-recurring elements		(275,498)
Perinatal and Infant Mental Health (non-recurring)		50,526
Child Protection		15,247
Paediatric		71,167
Child Health and Maternity (includes CP Nurse)		2,601,338
Best Start Implementation		6,404
Maternal and Infant Nutrition		45,318
Breastfeeding Support Project (non-recurring)		55,000
Specialist Children's Services		12,532
Community Planning Partners and Partner Agencies* (2023/24 budget)		£s
Mind Your Head		147,305
Shetland Women's Aid		198,392
Ability Shetland		159,471
Relationships Scotland Shetland		42,106
Befriending		55,100
Shetland Bereavement Support Service		6,694
Shetland Carers		31,111

Appendix A: Children and young people: overview of policy context

[Getting it Right For Every Child](#) (GIRFEC) is the national approach to improving outcomes and supporting the wellbeing of children and young people. As such GIRFEC and [children's rights](#) underpin the approach to education in Scotland.

Scotland's education system is undergoing [reform](#), which is being informed by a national discussion.

[Curriculum for Excellence](#) sets out the overall curriculum in Scottish Education, with the aim of fostering four capacities in all young people: successful learners, confident individuals, responsible citizens and effective contributors. Importantly, it includes health and wellbeing as a key area of the curriculum.

The [National Improvement Framework](#) sets out a clear vision for Scottish Education, focussing on the twin aims of excellence through raising attainment, and achieving equity with a particular focus on closing the poverty-related attainment gap. The [national improvement framework and implementation plan](#) sets out the vision, priorities and activities for delivery.

The [Scottish Attainment Challenge](#) focusses on closing the poverty related attainment gap and is underpinned by wider policy and legislation.

Scottish Government are committed to expanding the provision of free, high quality, flexible [early learning and childcare](#), with the aims of improving children's outcomes, addressing the poverty-related attainment gap, increasing family resilience and supporting parents into work, study or training.

A range of national initiatives are in place to provide young people with [training and employment opportunities](#).

Policy actions on higher education have an inequalities focus and include a specific target of 20% of students entering [universities](#) being from Scotland's 20% most deprived backgrounds by 2030.

The Scottish Government's [Getting it Right For Every Child](#) (GIRFEC) approach overarches everything that Government and public and voluntary services do that impacts on children and young people. It is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people.

The [United Nations Convention on the Rights of the Child](#) (UNCRC) forms the basis of GIRFEC, as part of the Scottish Government's [vision](#) of a Scotland where children's human rights are embedded in all aspects of society.

The [Children and Young People \(Scotland\) Bill](#) (2014) embeds key elements of GIRFEC in statute and furthers the Scottish Government's ambition for Scotland to be the best place to grow up by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

Action on child poverty in Scotland is underpinned by the [Child Poverty \(Scotland\) Act 2017](#) and [Best Start Bright Futures](#), the national Tackling Child Poverty Delivery Plan. Child Poverty Action Reports are produced locally, based on the available [Guidance \(2018\)](#). Further information on the policy context for tackling child poverty is presented in the [Income & Economy](#) section of the website.

Other children and young people (and early years) policy documents include:

- [Scotland's Public Health Priorities \(2018\)](#)
- [Children and Young People \(Scotland\) Act \(2014\)](#)

- [Keeping the Promise implementation plan](#)
- [Mental Health Strategy 2017-2027 \(2017\)](#)
- [Supporting disabled children, young people and their families \(2019\)](#)
- [Play Strategy for Scotland: Our Action Plan\(2013\)](#)
- [Children & Young People Improvement Collaboratives](#)

Joint Strategic Needs Assessment

A Profile of Children and Young People's Needs in Shetland

A Joint Strategic Needs Assessment (JSNA) to describe the health, care and wellbeing needs of Shetland's children and young people was undertaken with Partnership colleagues, informed by local and national data, recent feedback, consultation and co-design work. It should provide a resource for local commissioners to support decision making around services locally. The JSNA has to take account of available resources to produce realistic priorities, the following were the major steps in the JSNA process:

1. Epidemiologically based needs assessment: Health & wellbeing profile
2. Comparative: comparing levels of service receipt between different populations.
3. Corporate: canvassing the demands and wishes of professionals, patients, politicians, and other interested parties.

The following priorities have been identified following analysis of data that follows, combined with conversations with professionals, outcomes from recent engagement activity with children, young people and families, and mapping exercises to understand local service provision across key areas (family support, alcohol and other drugs, and mental health). This also takes account of national priorities and policies, as relevant for Shetland:

1. All our children have the best start in life in a nurturing, safe and stable home environment
2. We improve attainment and achievement for all children and young people
3. We reduce the impact of poverty on children and families
4. Children and young people's mental health and wellbeing is improved
5. We Keep the Promise for our Care Experienced children and young people (Corporate Parenting)
6. We place the human rights and needs of every child and young person at the centre of our work
7. Our most vulnerable children and young people are protected
8. Our workforce are nurtured and have opportunities to develop

Joint Strategic Needs Assessment

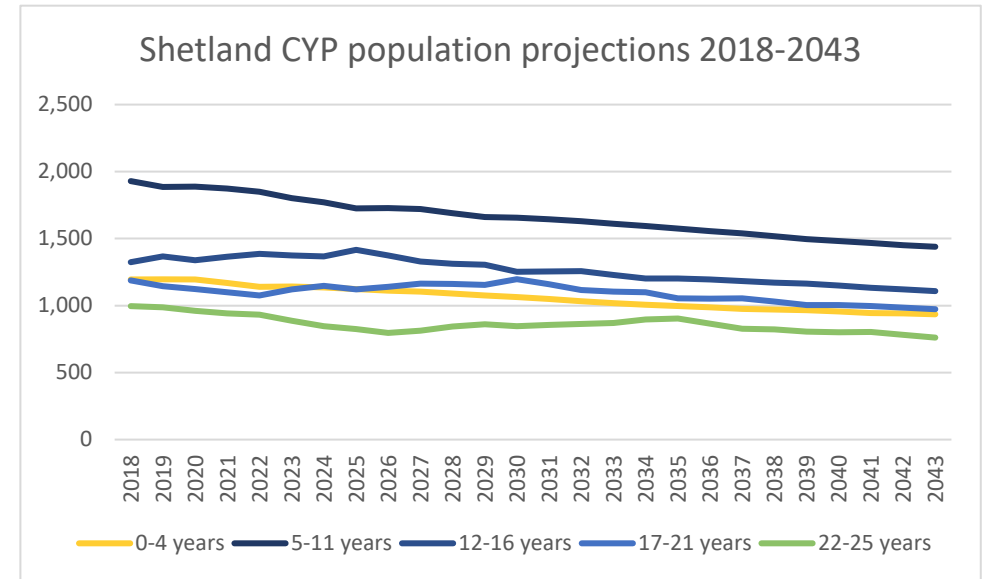
Population Demographics

In Shetland Islands, life expectancy at birth was higher for females (83.2 years) than for males (80.6 years) in 2018-20 and it is higher than Scotland level for both females and males.

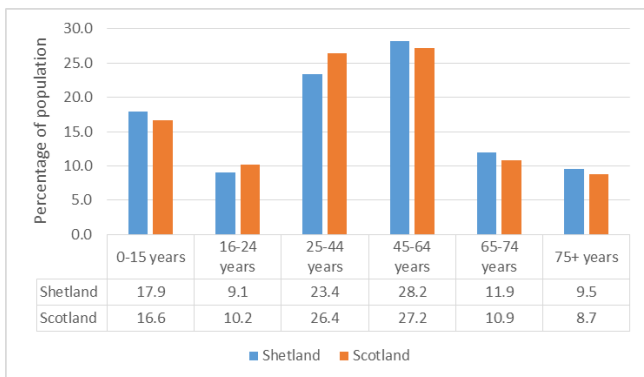
Between 2001-03 and 2018-20, female life expectancy at birth in Shetland Islands has risen by 3% while male life expectancy at birth has risen by 9.7%.

In Shetland Islands, life expectancy at age 65-69 was higher for females (21.8 years) than for males (19.2 years) in 2018-20 and it is higher than at Scotland level for both females and males.

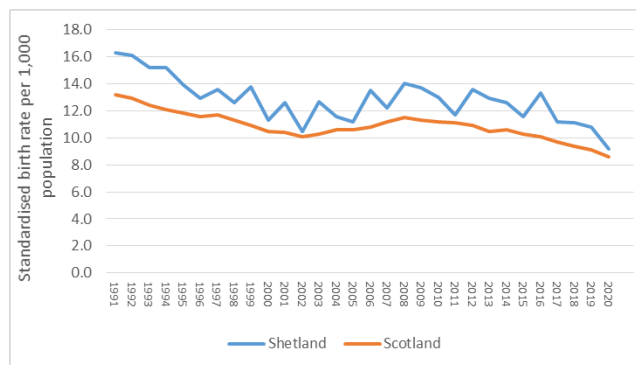
Between 2001-03 and 2018-20, female life expectancy at age 65-69 in Shetland Islands has risen by 12.6% while male life expectancy at age 65-69 in Shetland Islands has risen by 22.9%.



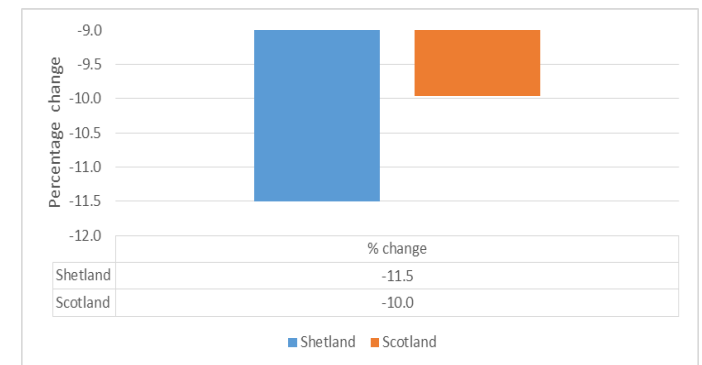
Population split – 2021



Birth rate – 1991 to 2021



Birth rate change – 2020 to 2021



Joint Strategic Needs Assessment

Child and Maternal Health

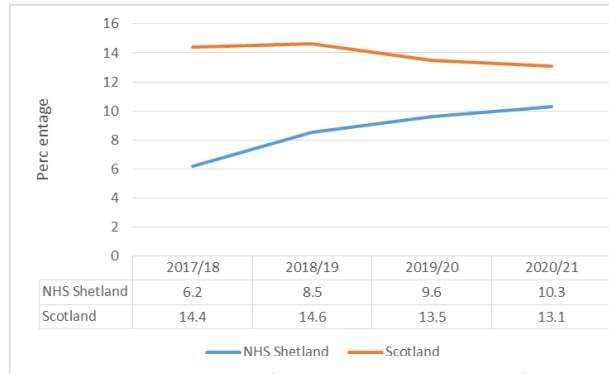
In Shetland, maternal smoking rates are rising, in contrast to rest of Scotland, and maternal BMI remains a concern

Shetland has historically had a high breastfeeding uptake rate, with consistently more than 50% of babies being exclusively breastfed at the time of the health visitor first visit and more than 40% at the time of the 6-8 week review.

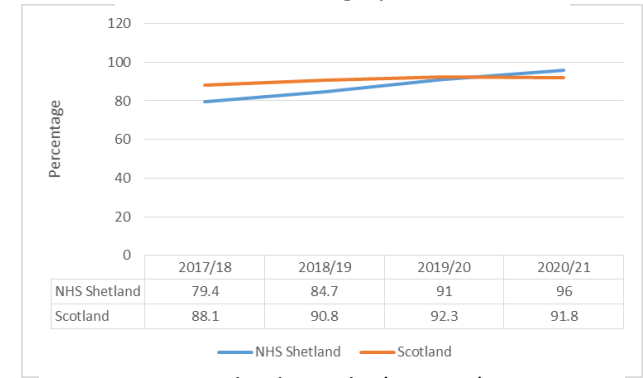
In 2020/21, Shetland has the 2nd highest breastfeeding rate at health visitor first visit – 53.6%, with Orkney being the only other board that had a higher rate – 56.3%. However, at the time of 6-8 week review Shetland and Orkney both had the same rate of babies being exclusively breastfed (40.9%).

Not only does Shetland has a high rate of breastfeeding, there is also a lower than average drop off rate between health visitor first visit and 6-8 week review. In 2020/21 the national drop off rate was 16%, however in Shetland that was 11.2% - this was the 2nd lowest drop off rate across NHS boards.

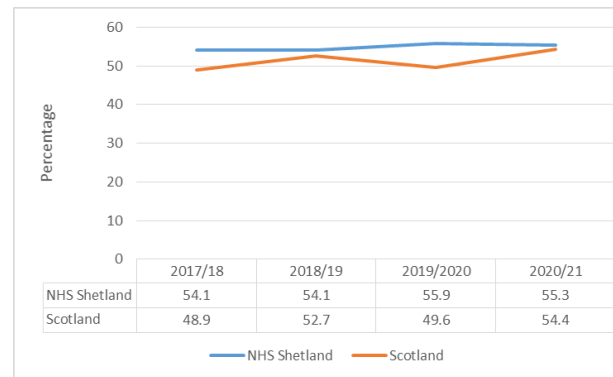
Maternal Smoking



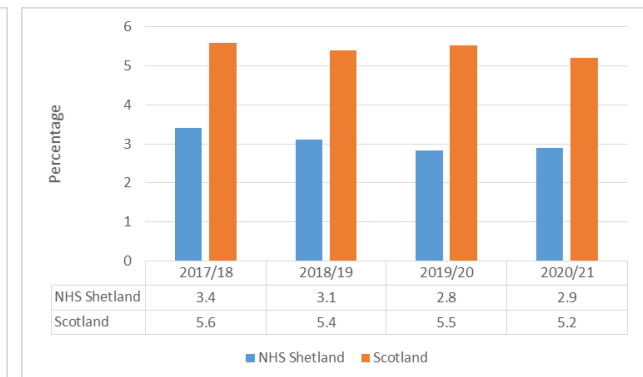
Antenatal booking by 12 weeks



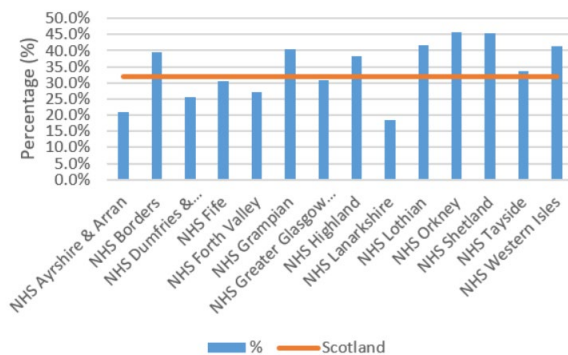
Maternal BMI (overweight or obese)



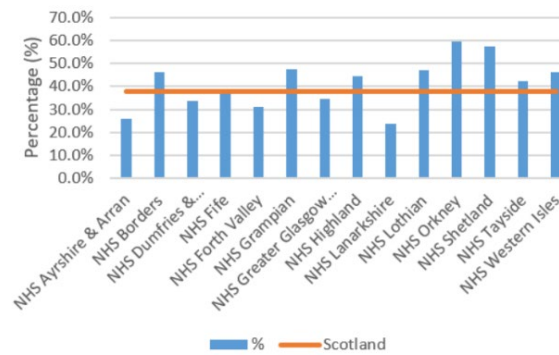
Low birthweight (<2499g)



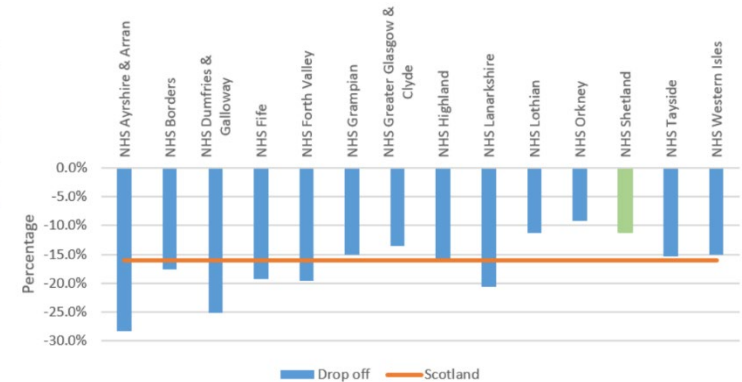
Exclusively breastfed at 6-8 week review



Exclusively breastfed at first visit



Drop off in breastfeeding between reviews



Joint Strategic Needs Assessment

Universal Health Visiting Pathway

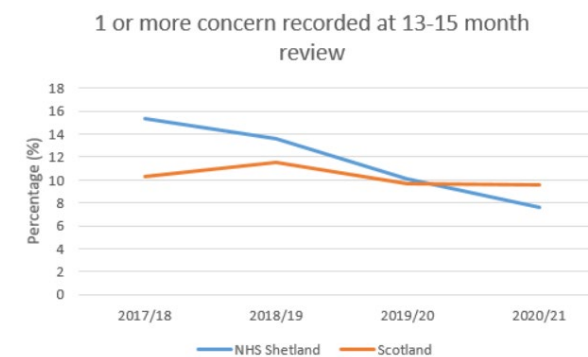
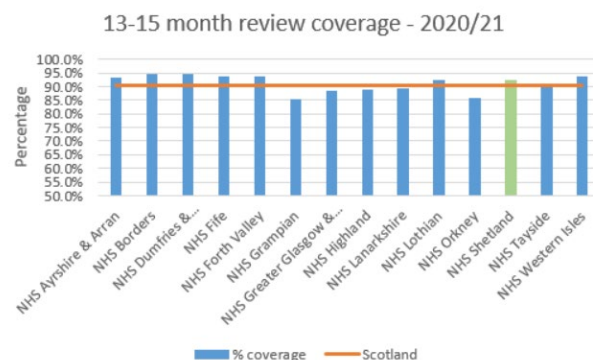
All children in Scotland are offered the Universal Health Visiting Pathway which includes a series of child health reviews, including an assessment of children's development at 13-15 months, 27-30 months and 4-5 years. These reviews involve asking parents about their child's progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child's development. At the end of the review Health Visitors record whether they have any concerns about each area of the child's development.

13 -15 month reviews

The coverage of 13-15 month reviews in Shetland in 2020/21 was higher than the national average – with 92.5% of children receiving their review. Coverage within Shetland had always been above the national level, with over 90% of children consistently having a 13-15 month review recorded.

Over recent years the proportion of children in Shetland with 1 or more concern recorded at their 13-15 month review has fallen from 15.3% to 7.6%, and is now lower than the Scottish rate.

In 2020/21, 7.6% of children undergoing a 13-15 month review in Shetland had a concern recorded about at least one area of their development. This was one of the lowest rates recorded across all NHS boards, with only NHS Grampian and NHS Grampian and Greater Glasgow & Clyde having lower rates.

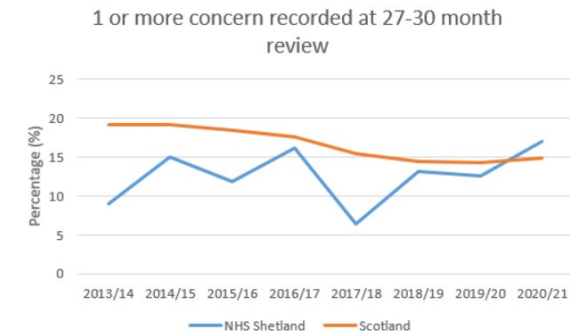
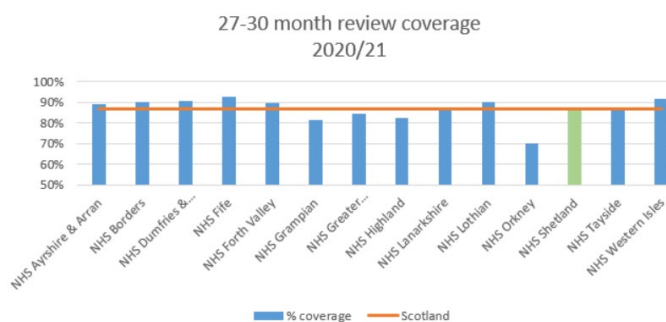


27-30 month reviews

The coverage of 27-30 month reviews in Shetland in 2020/21 was slightly lower than the national average – with 88.8% of children receiving their review. Until 2020/21 coverage within Shetland had always been above the national level, with over 90% of children consistently having a 27-30 month review recorded, until 2020/21.

Over recent years the proportion of children in Shetland with 1 or more concern recorded at their 27-30 month review has ranged from 6.4% to 17.0%, and until 2020/21 had been lower than the Scottish rate.

In 2020/21, 17.0% of children undergoing a 27-30 month review in Shetland had a concern recorded about at least one area of their development. This was above the national rate of 14.9% and one of the highest rates recorded across all NHS boards, with only NHS Ayrshire & Arran, NHS Great Glasgow and Clyde and NHS Lanarkshire having higher rates.



Joint Strategic Needs Assessment

4-5 year reviews

The coverage of 4-5 year reviews in Shetland in 2020/21 was higher than the national average – with 83.5% of children receiving their review. Coverage within Shetland had always been above the national level, with over 80% of children consistently having a 4-5 year review recorded.

Over the last three years the proportion of children in Shetland with 1 or more concern recorded at their 4-5 year review has ranged from 9.2% to 12.6%, however it has always been lower or equal to the Scottish rate.

In 2020/21, 12.6% of children undergoing a 4-5 year review in Shetland had a concern recorded about at least one area of their development. This was equal to the national rate.

Immunisations

The most recent immunisation rates for babies and young children show uptake for the year 2021/22 had fallen for some immunisations (6-in-1 and Rotavirus), while it has increased for PCV and MenB. Uptake for this cohort of the different primary vaccines was between 89.9% and 92.6%.

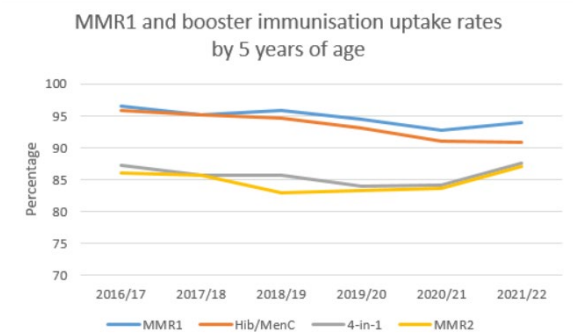
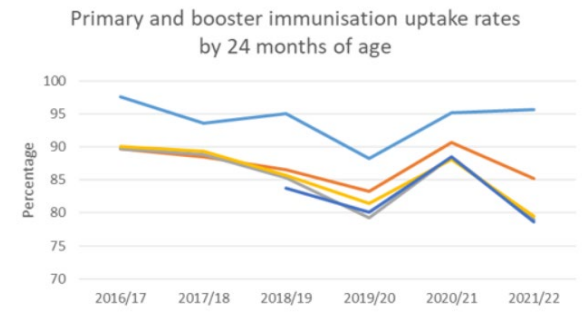
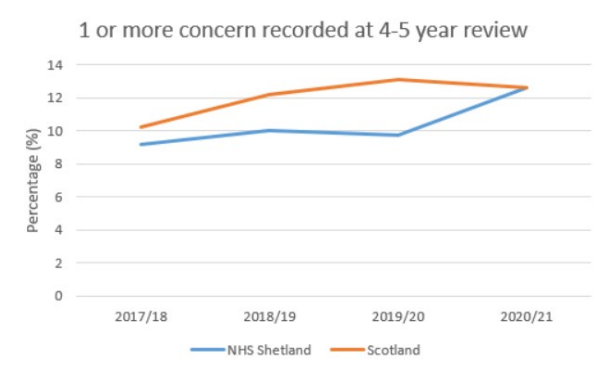
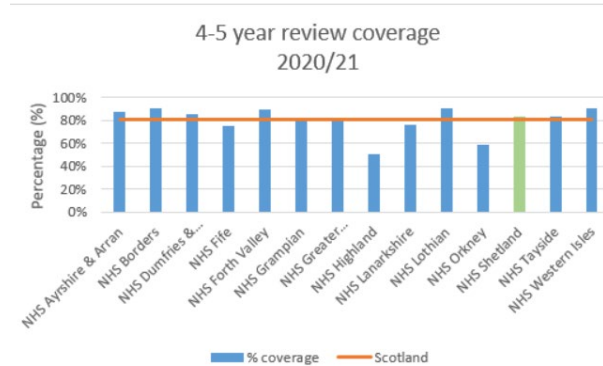
For those reaching the age of two, uptake largely fell between 2020/21 and 2021/22. Uptake ranged from 78.6% for the MenB booster to 95.7% for the 6-in-1.

Uptake of the pre-school booster measured at age 5 years has been low for a number of years, however there was a slight increase in 2021/22.

By the end of the 2020/21 school year uptake of the teenage Td/IPV Booster and MenACWY immunisation in Shetland was higher than the national rate. However it is important to note that the 2020/21 teenage booster immunisation programmes in many boards were not fully completed. In Shetland there has been an increase in uptake of both the teenage Td/IPV Booster and MenACWY immunisations between 2019/20 and 2020/21.

Scottish average uptake for 2022-23 was 93.4%, uptake of MMR1 at 5yrs in Shetland is 95.9% compared to Scottish Average 95.2%.

Catch up clinics have been arranged for anyone with missing dose/s – these are prioritised by risk. Local Measles Elimination Action Plan is in the process of being updated.



Joint Strategic Needs Assessment

Child and Adolescent Mental Health Service (CAMHS)

Rate of referrals has been fairly consistent to the national average, though our rate of rejected referrals is very low due to the multiagency group meetings to discuss referral and escalation. CAMHS waiting times, measured by the number of people seen within 18 weeks of being referred has been consistently better than the Scottish average.

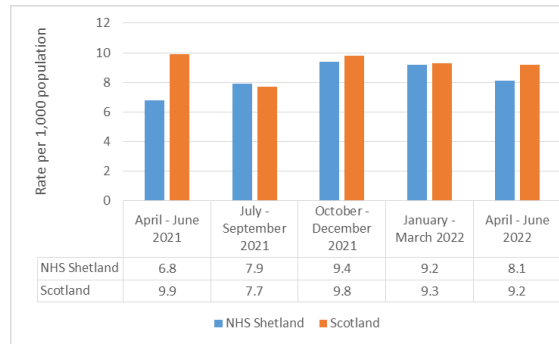
CAMHS team also gather outcome and patient and family/carer experience data. Balancing measures of referrals into third sector and other tiers of support to understand fuller picture around mental health and wellbeing will give a more rounded picture in the future.

Autism pathway referrals have been consistently above the rate expected, and growing year on year. Waiting times for diagnosis are below the national average.

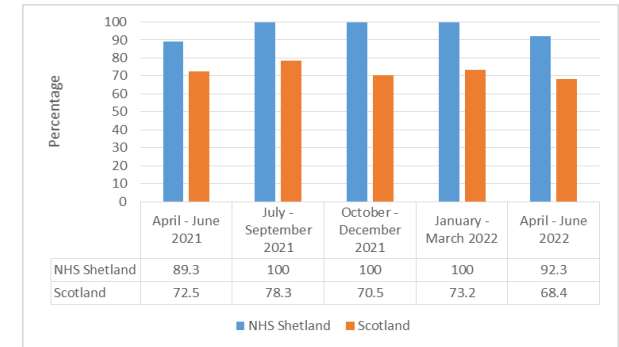
Childsmile

Success of the Childsmile service is measured via the National Dental Inspection Program in schools which looks at levels of obvious tooth decay on basic inspection of Primary 1 and Primary 7 pupils. Shetland performs better than the national average in both age groups.

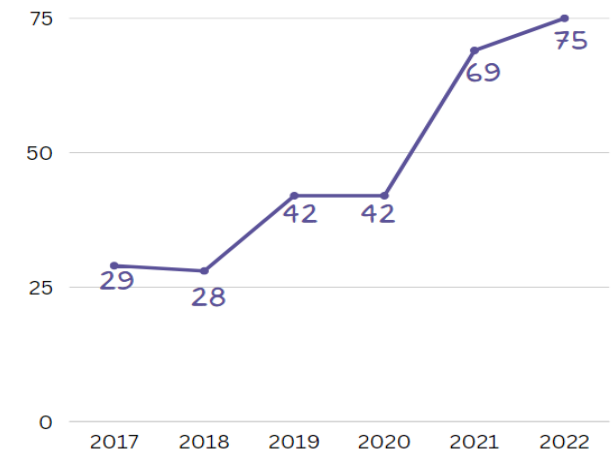
Rate of CAMHS Referrals



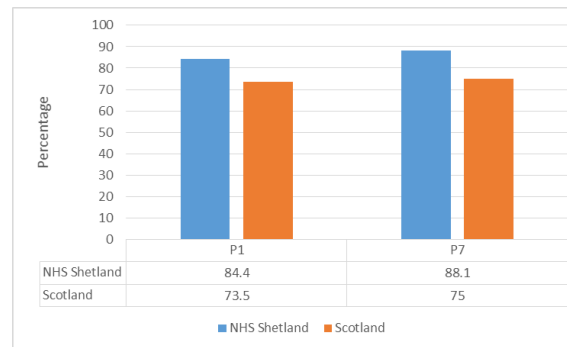
% waiting less than 18 weeks for start of treatment



Autism Pathway Referrals 2017-2022



No obvious tooth decay P1 and P7 (2020)



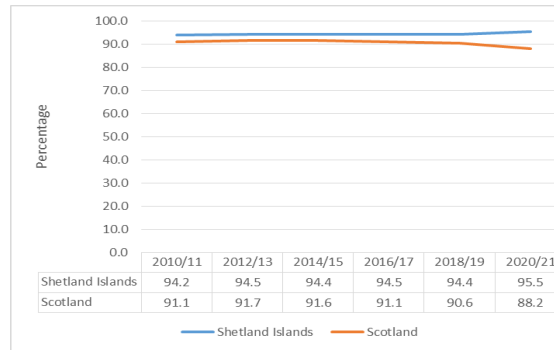
Joint Strategic Needs Assessment

Education

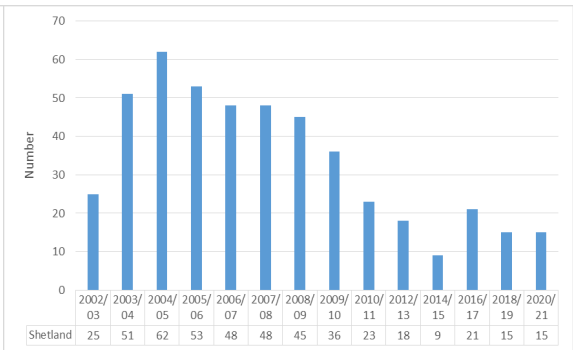
Analysis of education related data, and detail on improvement work and associated targets is included within [‘The Ambition – Excellence and Equity for Shetland’s Learners’ 2022-26 strategy](#).

Data shows high attendance rates compared to Scotland, and a declining number of exclusions over the period 2004-2014, followed by a period of plateau. Numeracy and Literacy achievement for P1/P4/P7 pupils is lower than the Scottish average. Positive destinations for school leavers, and young adults in education, training or employment are both slightly higher than the Scottish average.

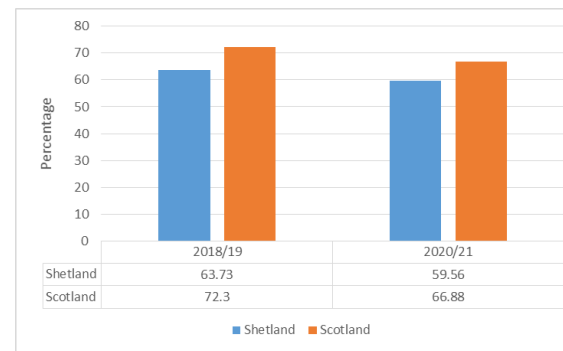
Attendance –rate (all schools)



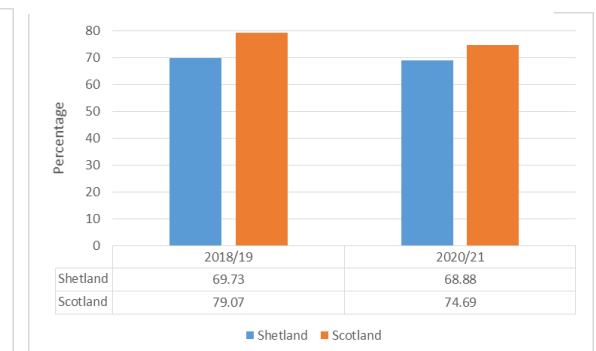
Exclusions - number



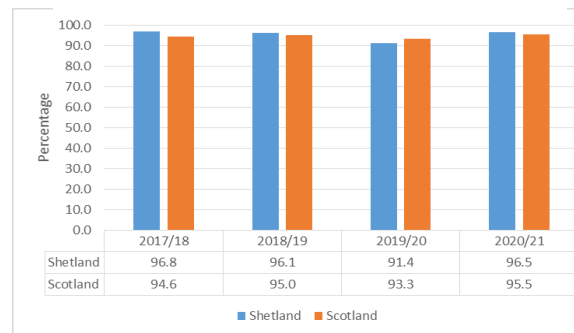
Meeting expected levels of achievement for literacy (P1, P4, P7)



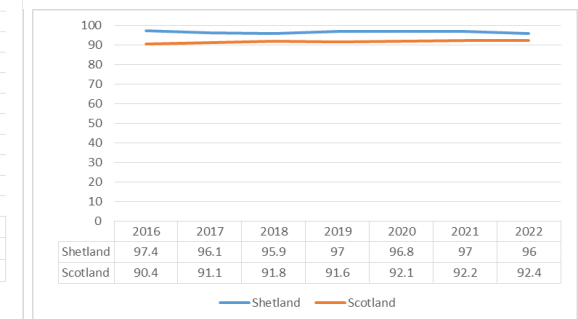
Meeting expected levels of achievement for numeracy (P1, P4, P7)



Positive destinations of school leavers



Young adults (16-19 year olds) participating in education, training or employment



Joint Strategic Needs Assessment

Poverty

Analysis of poverty related data, and detail of related improvement work can be found on the [Shetland Partnership](#) website, and will be covered further in the local tackling child poverty plan to be published later this year.

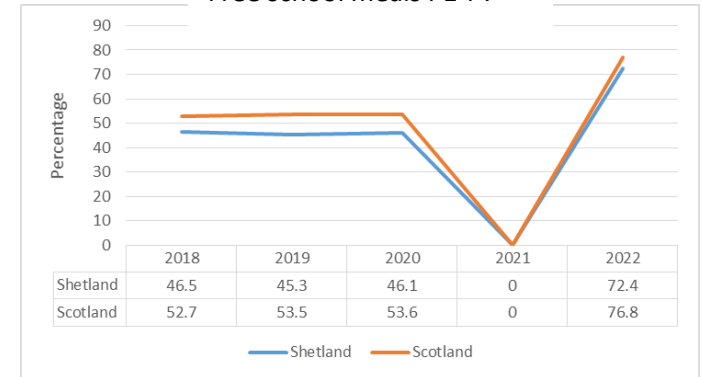
Childcare as a barrier to employment

The Shetland Childcare Consultation in 2021^y told us that there is a demand for more childminders across the island, with a large number of parents/carers stating they would be interested in using a childminder as a source of childcare if this was an option.

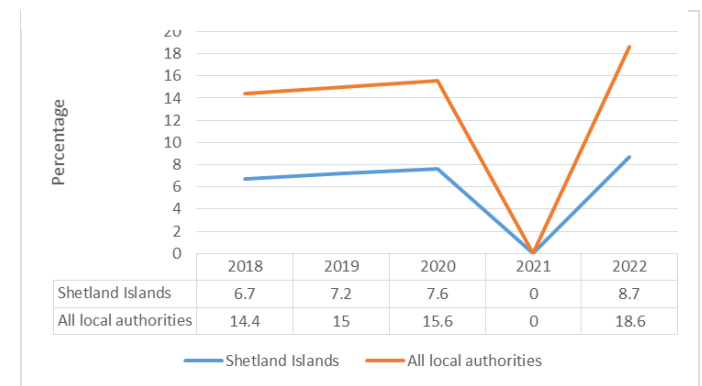
This was noted in both early learning and childcare and school-aged childcare however, the demand was more prevalent among early learning and childcare users, where they can use childminders as part of their funded entitlement. 76.5% of parents/carers use funded hours to allow them to work, whilst 63.9% also use it to enhance their child’s learning and development.

The findings concluded that nearly half of all parents/carers with school-aged children face barriers when accessing childcare. Respondents wanted an increase in out-of-school childcare options, particularly in local areas, including more provision before school begins, after school finishes, and during the school holidays.

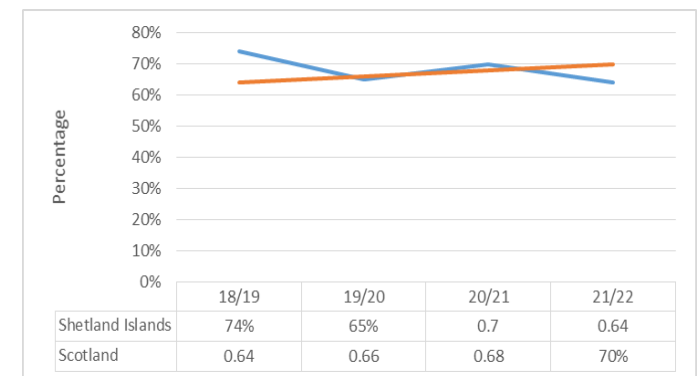
Free school meals P1-P7



Free school meals S1-S6



Healthy Start – Percentage of processed applications authorised



Joint Strategic Needs Assessment

Protecting our Most Vulnerable

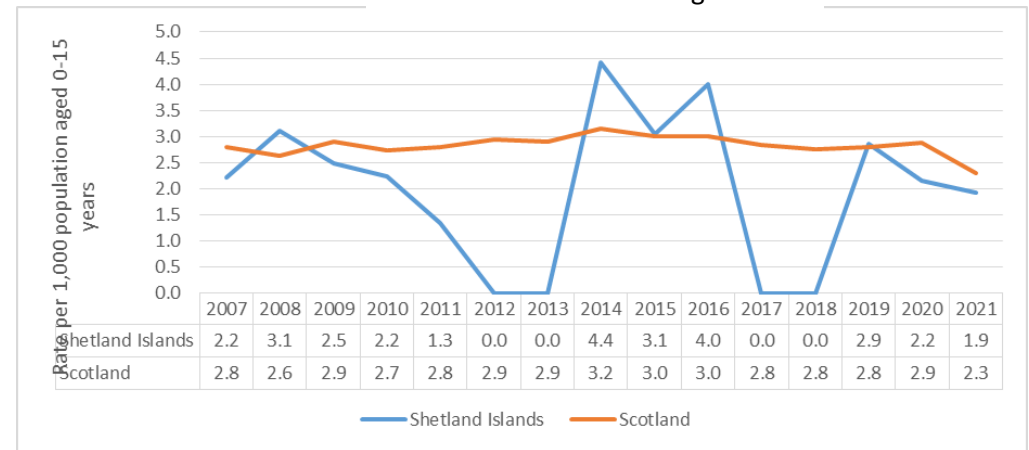
Our data around child protection must be interpreted with caution due to the small numbers involved – variations can look significant but may represent family make up rather than a change due to work that has taken place.

More than one reason can be recorded for each child and a different reason may be recorded for the same child at Initial Child Protection Planning Meetings and subsequent Reviews. Nationally registrations for 2020-21 (the most recent national Scottish Child Protection Data) show that the most frequently recorded reason for registration was domestic abuse followed by neglect and parental mental health problems. Whilst not a direct comparison it is useful to note this and further discuss where local and national information varies.

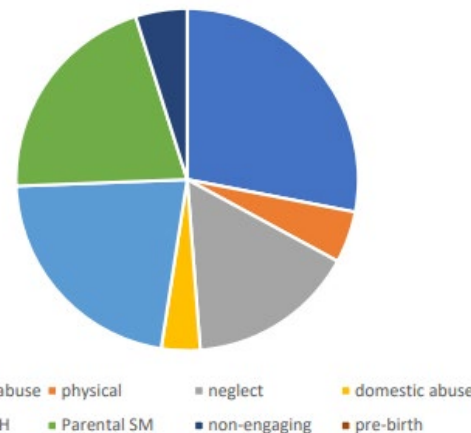
In order to reduce the number of children who are at risk because of parental mental health or substance use issues, we must support a collective and population-wide approach to good mental health and reductions in harmful substance use.

We will report uptake of services for children and young people affected by parental substance use that have been funded following peer research, co-design and commissioning.

Rate of children on the register



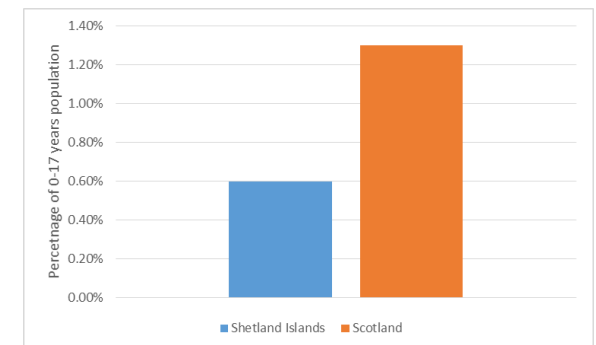
Reasons for Registration



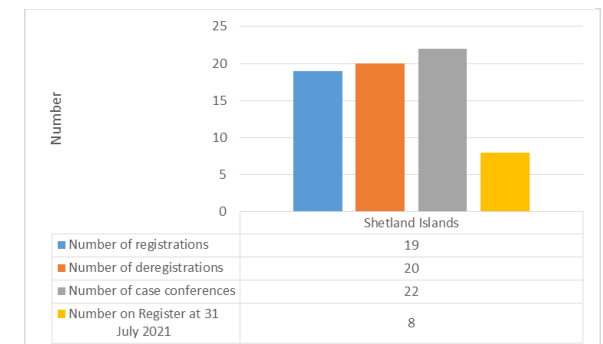
Key to chart:

Parental MH=Parental Mental Health problems,
Parental SM=Parental Substance Misuse

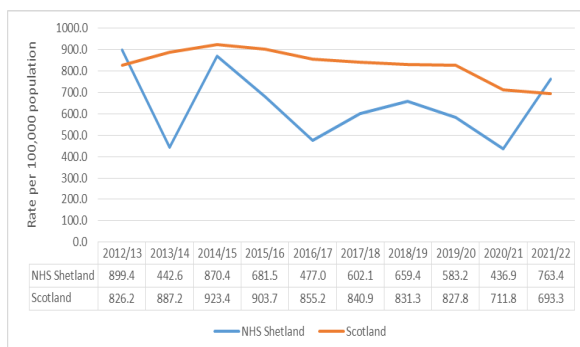
Rate of Looked After Children - 2019



Number of registrations, de-registrations and case conferences 2020/21



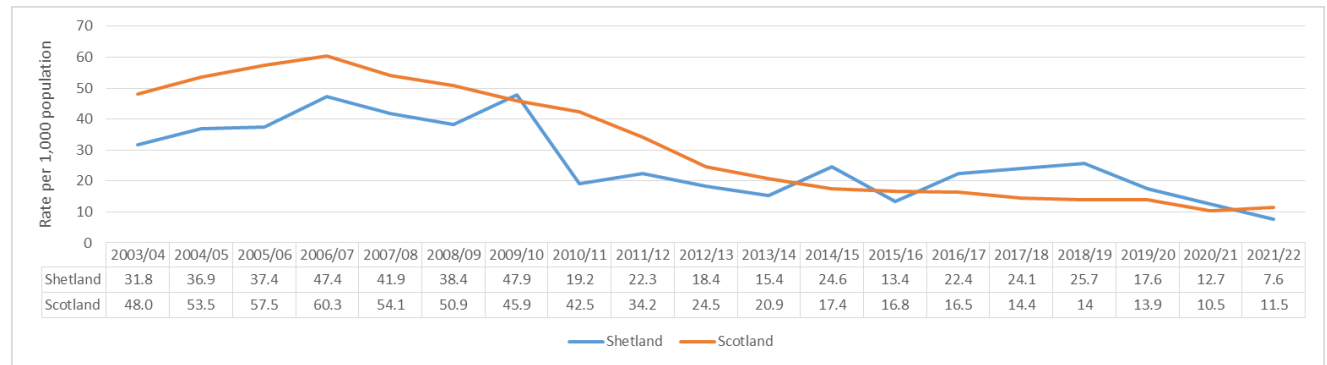
Rate of unintentional injuries



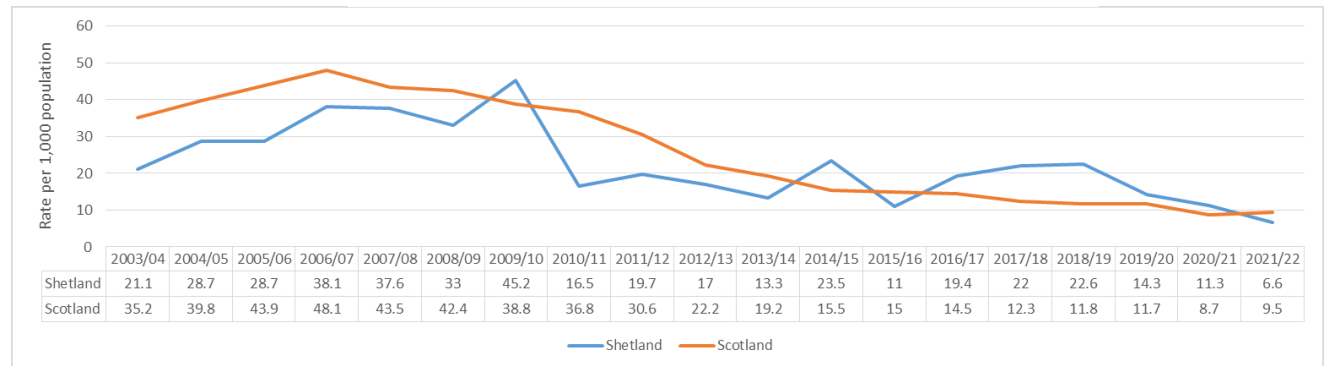
Joint Strategic Needs Assessment

The rate of children's reporter referrals for both offences and non-offences generally follows the national downward trend. Small number variation in Shetland results in greater variation year on year compared to the Scottish rate.

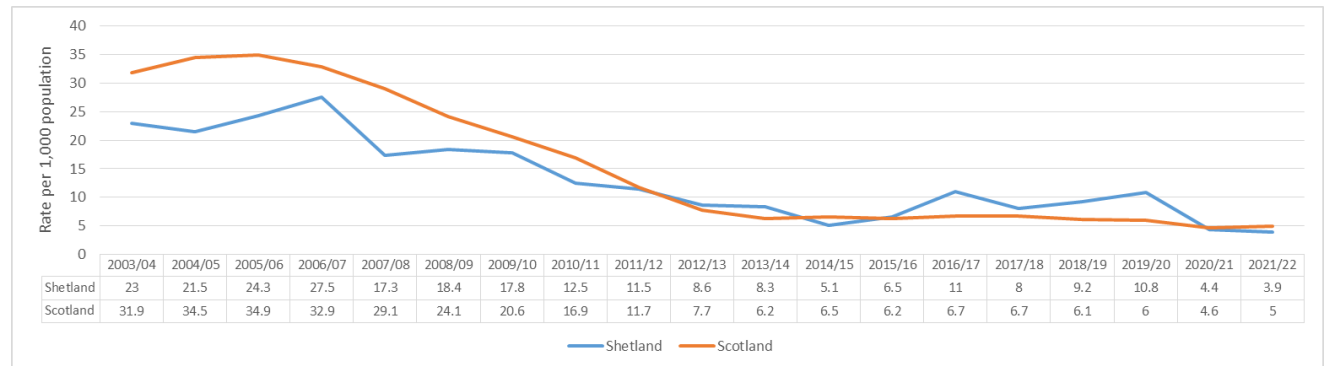
Rate of children's reporter referrals



Rate of children's reporter referrals – non- offences



Rate of children's reporter referrals – offences



Joint Strategic Needs Assessment

Building on our Data

To understand our priorities we have triangulated our gathered data with feedback from our teams, current best practice, and outcomes from recent stakeholder mapping exercises performed around alcohol and drug support, mental health support and parenting support. Local evidence relating to poverty and childcare also form part of the picture – these are more thoroughly reported within the local tackling child poverty action report and plan which considers action on the relevant systemic factors.

Primary school age children

- Shetland has good rates of no obvious tooth decay in P1 & P7.
- Body Mass Index (BMI) is measured in Primary 1. This may not be the best measure of childhood weight, rates have varied over the last few years and variation must be interpreted with caution given our small numbers locally.
- Overall school attendance in Shetland is very good, with Shetland ranking 1st in Scotland in 2020/21 and 3rd in 2018/19. However, there has been an increase in the number of learners with less than 80% attendance.
- Shetland ranks 3rd in Scotland for the rate of pupils being excluded from school, with no significant difference in exclusion rates for different groups of learners.
- 67% of primary 1, 4, 7 children are achieving the expected levels in literacy. This is below the national average at 71%; Shetland ranks 27 out of 32 local authorities. 73% of primary 1, 4, 7 children are achieving the expected levels of numeracy. This is below the national average at 78%, again with a rank of 27 out of 32.
- At Feb 22, 36% of children in primary required additional/targeted or intensive intervention through schools service.

Secondary school age children

- 88% of S3 pupils are achieving the expected levels, or better, in literacy, above the national average – Rank 11 out of 32.
- 93% of S3 pupils are achieving the expected levels, or better, in numeracy. This is above the national average – Rank 9 out of 32.
- 42% of school leavers attain 5 or more Highers. This is higher than the virtual comparator and the national average.
- We have good uptake rates of teenage booster vaccinations.
- 96.5% of school leavers enter a positive destination. This is higher than the virtual comparator, other northern alliance authorities and the national average (95.5%).
- The School Nursing Team report that the main presenting issue that they see among young people is emotional, mental health and wellbeing
- In addition to this, the CAMHS (Child and Adult Mental Health Service) in Shetland report a marked increase in neurodevelopmental concerns. Autism pathway referrals have grown from an average of 29 to 60 per annum since 2017. Referrals for ADHD have also increased over last 7 years.