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South Lanarkshire
Children Services
Partnership

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Acknowledgments

1 Introduction

1.1 Executive Summary

The CHILDREN AND YOUNG PEOPLE (SCOTLAND) ACT 2014: **Statutory Guidance on Part 3: Children's Services Planning –Second Edition 2020** sets out a criteria to review Children services plans. One of the key aspects enquires if the plan has incorporated a robust evidence-based joint strategic needs assessment of the current population of the children, young people and families in its area.

Our Joint Strategic Needs Assessment (JSNA) builds on the Realigning Children's Services process in 2016 and looks at the current and future needs of children, young people and families to inform and guide the planning and commissioning of children's services and the content of our children's services plan. The JSNA considers the needs arising from all the factors that impact on the wellbeing and outcomes of families including economic, education, housing and environmental factors. The purpose of our JSNA is to establish a shared, evidence-based consensus on the key local priorities for the next two years. The JSNA consists of the following evidence:

- Analysis of the available data held by stakeholders
- The views of children young people and parents
- The views of the wider children's services workforce

1.2 Our Approach

Every three years, we review the selection of priorities to ensure our understanding of need is focused on the most pertinent issues facing children, young people and families. This involves analysing and reviewing all the latest data and evidence to highlight the most significant issues, both now and for the future.

The JSNA summarises in one place what we know about our children, young peoples and families' health and well-being and some of the factors that influence this. It is based on available data held locally and nationally that helps us to build up a South Lanarkshire picture. This inevitably means that there are gaps in what we know where data is not collected or cannot be accurately collated. The JSNA also highlights where we do not have robust information to give us a true picture of health across the population and in specific groups who are likely to experience poor health.

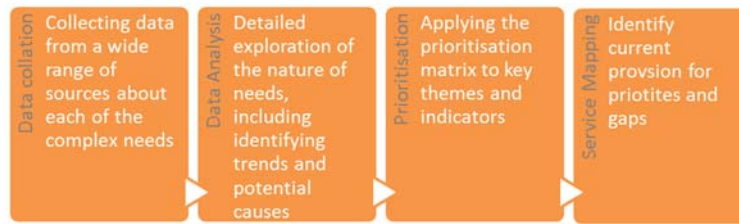
Crucially, the JSNA includes views of stakeholders, information from surveys including children and young people's and families views about their health and well-being, and what could improve this, the triangulation and analysis of this intelligence is crucial in assisting us to identify our priorities.

The data sets were analysed by our Data and Planning Group who identified the key themes below for consideration by the Continuous Improvement Group. These areas once agreed, will inform the development of the plan.

In addition the voices and experience of children and families and the perception of the wider children's services workforce (explained further in section ?) provide crucial evidence to add to the understanding of data and create a more holistic understanding of need.

1.3 Our process for defining the Needs

Figure One Data Analysis Process



As a vital component to informing the Joint Strategic Needs Assessment figure one shows our process which commenced with data collection (see embedded data we reviewed) from a wide range of partner sources, followed by an initial scan of the available indicators data sets for children, young people and families. The indicators used build on the draft national indicators set for monitoring progress on the wellbeing outcomes for children, young people & families (National performance framework). To enhance our decision making within the report we have incorporated relevant findings from our Realigning Children’s Services (RCS) 2016 wellbeing survey.

The Prioritisation Process

To assist in the decision making process and facilitate a detailed exploration of needs a prioritisation matrix developed by Warwickshire was utilised to evaluate the level of ‘need’ and strength of evidence behind the range of indicators and priority themes. The matrix introduces objectivity, robustness and transparency into the process so that stakeholders can hold more informed discussions on what should be the key focus of the new Children’s Services Plan.

What criteria were used to prioritise the topics?

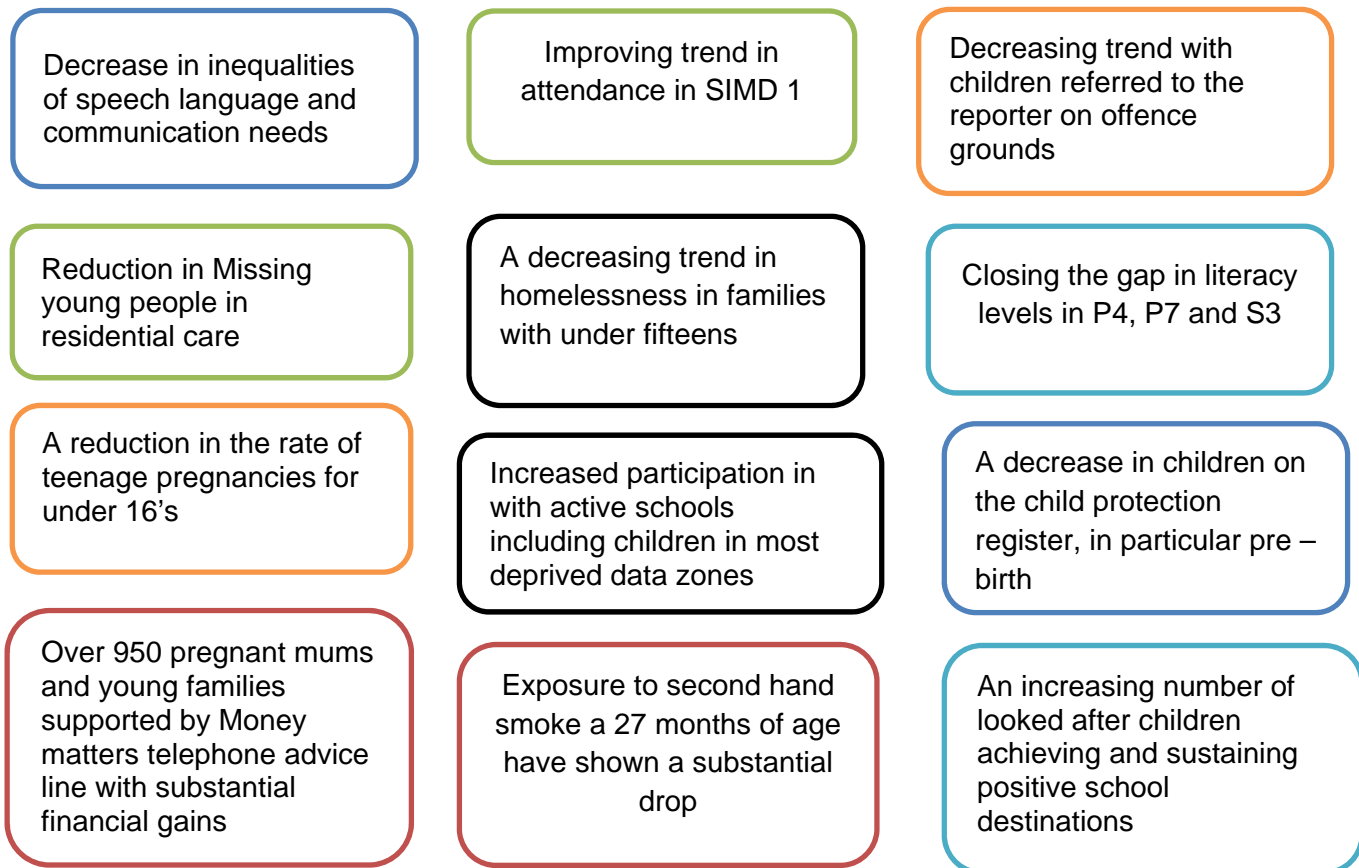
Figure 1 in the appendix outlines the key criteria which were used to assess the overall level of need for each suggested topic as part of the prioritisation process. Each indicator was run through the tool and the latest relevant evidence was assessed with ‘high’, ‘medium’ or ‘low’ scores being given for each particular criterion. Additional emphasis was placed on the level of need (volume, severity, trends, benchmarks and inequalities), to determine an overall score which will be followed up by economic cost and prevention and early intervention considerations for the identified priority themes.

Below are the Joint Strategic Needs Assessment themes with the highest scores which will be considered for our new children’s plan. The JSNA reviewed each measure individually, but it is worth bearing in mind that many outcomes are interrelated and that many measures, as well as being outcomes in their own right, will also be risk factors or contributors to other outcomes.

An additional tool can be used (hexagonal commissioning tool) once key areas are identified to assist the partnership to systematically evaluate new and existing interventions via six broad factors: needs, fit, resource availability, evidence, readiness for replication and capacity to implement. [NIRN-Education-TheHexagonTool.pdf](#)

1.4 Areas of Success

Below are areas of success, where outcomes for young people are positive, or going in the right direction, and areas for improvement, which will be prioritised and considered for our new children’s plan. The JSNA reviewed each measure individually, but it is worth bearing in mind that many outcomes are interrelated and that many measures, as well as being outcomes in their own right, will also be risk factors or contributors to other outcomes.



1.5 What are the South Lanarkshire High level needs?

The table below shows the outcome of this process

Need	
Mental Health and Emotional Wellbeing	<ul style="list-style-type: none"> • MH in pregnancy ,attachment and infant mental health • Emotional and behavioural concerns • MH and emotional wellbeing in the teenage years • Parental mental health • Bullying
Substance Misuse and Alcohol	<ul style="list-style-type: none"> • Substance misuse in pregnancy(Smoking, alcohol and drugs) • Parental health behaviours including substance misuse • Drug / Alcohol use and e-cigarette usage in children and young people
Child Poverty	<ul style="list-style-type: none"> • Income maximisation • Affordable/ access to childcare • Employment for Young People • Households not managing well financially • Homelessness • Food poverty • Digital inclusion • Parental employability • Cost of the school day and Free school meals
Vulnerable CYP <ul style="list-style-type: none"> • Children in need of care and protection 	<ul style="list-style-type: none"> • CYP with negative behaviours –offending/ reoffending • Admissions to hospital, young people (A&E, due to assault) • Sustained positive destinations for care experienced young people • Kinship carers • Child Protection neglect, physical abuse, emotional abuse and domestic abuse • Reduce child protection cases of children with neglect – • Care leavers transitions – Mental health

	<ul style="list-style-type: none"> • Care planning and reviews • Outcomes for care experienced children and young people- Health Needs Assessment issues for care experienced young people (developmental emotional and behavioural, personal social, behaviours, not engaging in regular exercise, sleep issues) and education and homelessness • Stability of placements, adoption and permanency • Reporter referrals re failure to attend school
Health and Wellbeing	<ul style="list-style-type: none"> • Child healthy weight, physical activity, healthy eating and Breastfeeding • Dental decay in P7 • Participation in decision making • CYP affected by childhood adversity and who have Experienced trauma
Learning and Development	<ul style="list-style-type: none"> • Early Years development Speech and Language (focus on SIMD1) • Early learning 2 year old places vulnerable groups • Parenting support

2 Pre-birth, pregnancy and children under five

2.1 Overview

Ensuring preconception health is fundamental to good outcomes for women and babies. Most pregnant women are highly motivated to do all they can to ensure the best outcomes for their babies, early and ongoing engagement with women, consistent health promotion messages as early as possible in the pregnancy is therefore vitally important.

A 'best start in life' during the pre-birth, infancy and early year's periods will influence how well infants and young children manage and cope with important transitions in their social lives, education and relationships during school years. Investments targeted to this stage can influence a child's readiness for school, educational attainment, economic participation and long term health. The right support at this stage is therefore key to children's long-term health and well-being.

2.2 Considerations

1. A focus on parental behaviours during pregnancy and early years –using whole systems approaches to substance misuse to address a wide range of complex and interlinked factors. For example Mental Health.
2. Support all professionals to deliver consistent, evidence-based messages through a 'Making Every Contact Count' approach to preconception and pregnancy. The challenge is to ensure messaging is integrated as routine practice.
3. Improve family lifestyle behaviours (healthy eating physical activity prior to pregnancy and in early years.
4. Support for women who have experienced, or at risk of repeated pregnancies that result in children needing to be removed from their care. Access to Long Acting Reversible Contraceptives to give women more control over the timing of pregnancies.
5. Build on the recognition of the importance of the mother-baby relationship and relationships with partners and the wider family.

6. Early identification of perinatal and infant mental health issues and timely quality specialist support
7. Continue to build on addressing the top two developmental concerns of speech, language and communication with an inequality focus and those in vulnerable groups
8. The rates of variation in infant feeding combined with socio-demographic data, as this will continue to help develop targeted programmes of change.
9. Expand Evidence based interventions for CYP affected by childhood adversity and who have experienced traumas. Make the link to parents with mental health issues.
10. Prevention and early intervention approaches in nurseries and childcare facilities can help by making preventing excess weight gain, improving children's diet and activity levels priorities.
11. Early learning 2 year old places vulnerable groups
12. Identifying families in need early and delivering practical, non-judgemental support to help them understand and prepare their child for school
13. Continue to focus on prevention and early staged intervention to address areas of need
14. Work with the workforce to increase the skills, confidence and competence of staff in key areas to be addressed

2.3 Service Mapping

Service mapping (What do we currently have in place to address the needs and gaps)			
NHS Lanarkshire's Healthy Lifestyle in Pregnancy Service	Family nurse partnership work with young pregnant women until child is two	LAMS Lanarkshire additional midwifery services – Support pregnant mums with substance misuse	EYMAS and Pact processes
Perinatal mental health service and midwife	SW children and families and Family Support,	Fas	Third Sector provision
Antenatal classes	CAREs	Breast feeding support	Child healthy weight specialist support
Speech and language therapist	IMH specialist support in development	Parenting programs	Early learning and childcare
Education psychology and EYMAT	Neurodevelopmental service	Universal services Midwifery and health visiting	South Lanarkshire leisure and culture
Smoking cessation	Childsmile		

3 School aged Children & young people

3.1 Chapter Overview

Between the ages of 5 years and 19 years old children will experience many transitions in all aspects of their lives, and their experiences will shape their future. At age 5 children are still mostly dependent on their caregivers to provide their needs, but by age 19 young people are more independent in their choices and behaviours. Therefore the school years are important for the health and wellbeing of children young people in the short and long term.

During the primary school years (5 to 9 years old) education has an increasing influence in addition to their family and home life. Children also experience physical development, acquisition of cognitive skills and exploring environments, developing independence and experimenting with risk.

The behavioural patterns established during the early adolescent phase (10 to 14 years) help to determine young people's health status and their risk for developing chronic diseases in adulthood. Although early adolescence is generally a healthy time of life, several important public health and social problems either peak or start during these years.

Because adolescents are in developmental transition, early adolescents are particularly sensitive to environmental—that is, contextual or surrounding—influences. Environmental factors, including their family, peer group, school, neighbourhood, and societal cues, can either support or challenge young people's health and well-being. Addressing the positive development of young people facilitates their adoption of healthy behaviours and helps to ensure a healthy and productive future adult population.

Later adolescence (15 to 19 years) is another crucial period for children and young people as they start making important decisions in terms of their education, employment and relationships. They will also become increasingly responsible for their health behaviours and their lifestyles. All of these issues will have an impact upon their adult lives.

3.2 Considerations

- Build on Education support to children and young people in achieving positive health and wellbeing outcomes
- **Robust communication** to raise awareness of what the services are available and how it can support families and schools.
- Work with the workforce to increase the skills, confidence and competence of staff dealing with the emotional health and wellbeing of school age children
- Build on the work to address self-harm and suicide and gather evidence of the impact
- Continue to focus on **transitions and how we effectively communicate across agencies**
- **Promote “Positive lifestyle choices”** on food culture, physical activity and weight management dimension include managing stress. Whole school approaches and healthy schools culture
- Explore wider information on enhancing life skills
- Support a whole population approach and promote the adoption of healthy attitudes towards food/eating/physical activity
- Continue to regularly explore views of families children and young people and their ' attitudes to their local area will give us insights into how norms are changing over time and how we might intervene to affect these positively.
- Reduce obesity and tooth decay partners can use contacts with families to provide practical advice such as not adding sweeteners such as sugar and honey to bottle feeds and weaning foods.
- Expand our Work on mental health and emotional wellbeing in teenage years
- While progress in school qualifications and positive destinations measures are very positive, retain a focus on the area deprivation gap
- Substance / Alcohol use and e-cigarette usage in children and young people
- Improve Participation in decision making and recording child's views
- Build on the children's rights agenda
- RCS survey found the proportion of children affected appears relatively high. Consider the risks of social media and cyberbullying
- Raising awareness of ACEs across the workforce and communities and implementation of trauma training at all levels to enable trauma-informed practice, policy and service provision.

- Prevention and mitigation of ACEs requires co-ordinated action and includes, tackling wider economic and social risk factors (such as poverty and isolation), tackling household adversity (such as substance use and domestic violence) and continuing to provide evidence-based parenting support, targeted to those most in need.
- Building resilience and the development of trusted and stable relationships.

3.3 Service Mapping to address needs

Education	Education Psychology	Youth , family community learning	School nursing
Smoking cessation services	Substance misuse services liberate	Aspire	CAMHS
Counselling through schools	Child healthy weight services	South Lanarkshire leisure and culture	Fas and Intensive families
Community engagement team	Third sector	Community mental health support in development	Go to service

3 Child poverty

3.1 Chapter Overview

Children who grow up in poverty may face additional disadvantages which affect their development, educational achievement and long-term outcomes. Low educational attainment, worklessness and lack of financial capability increase the risk that families will not have the resources for a decent standard of living, or for their children to achieve their potential in later life and in some cases leading into a cycle of poverty. The Scottish Government national performance framework goal is for, **‘Families to have adequate incomes and affordable, warm homes to ensure children have the best start in life’**

The Child Poverty (Scotland) Act 2017, which is part of the fairer Scotland action plan, sets out our overall strategy for tackling child poverty and inequality in Scotland an established framework for local partners to deliver to tackle child poverty. In order meet the requirements of the act South Lanarkshire has developed a [Local Child Poverty Action Report](#).

Through engagement with stakeholders on the theme of child poverty at locality events in Nov 2019, Children Young People and families and following analysis of the data evidence, we have triangulated the evidence to identify nine areas for consideration. These build on previous learning and will be considered and used to inform local response and commissioning decisions.

3.2 Considerations

1. Due to the economic climate, work is required to minimise the impact of food poverty and child poverty on child development, including maximising access to healthy food.
2. The process of gathering and analysing data to inform our actions has identified that there is a lack of local data available to provide us with a clear picture of the extent to which child poverty impacts on South Lanarkshire families and how our services are engaging with families and in particular low income families. This issue will need to be addressed by improving our information management systems to ensure appropriate data is collected and can be extracted and reported on including the child poverty target groups.

4. Work is required with partners to raise awareness of new benefits and support eligible families to apply i.e. Best Start Grants and Best Start Foods.
5. Formula poverty is prevalent within communities with many families going without food to pay for formula or adding water to maximise usage. Clear messaging on the use of first milks only and supporting and protecting breastfeeding to maximise income is vital. Third sector work
6. Supporting the role of the school community and colleges in working with parents and signposting them to money advice services
7. Cost of travel to dentist and charges for missed appointments
8. Period poverty
9. Supporting the unemployed and the economically inactive young people who would like to work to enter employment
10. Advocating for the living wage and the council and NHS as employers giving opportunities to young people from deprived communities, or vulnerable groups

3.3 Service Mapping to address needs



4 Vulnerable children and young people

Reference Community safety and homelessness JSNA

5 Engagement with workforce

6 Engagement with children, young people and families

7 JSNA data appendix



JSNA Data Appendix
V3.1.pdf