

# Getting it Right for every **Midlothian Child**



**Children's Services Plan 2017 - 2020**  
**Midlothian Community Planning Partnership**

**Midlothian Moving Forward**  
Community Planning for Midlothian

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## Foreword

Welcome to the Midlothian's Children's Services Plan for 2017 - 2020. The purpose of this new plan is to set out our vision for children, young people and families and to demonstrate our commitment to achieving the best possible outcomes for them. The plan is designed to meet the requirements of the Children and Young People Act 2014, which places statutory duties on the council and NHS to take joint responsibility for creating the plan and ensuring it is implemented. The plan is also designed to meet the requirements of the Community Empowerment Act 2015, which sets the legal framework of community planning in Scotland and places duties on NHS, Council, Police, Fire and Scottish Enterprise to facilitate community planning and deliver a local outcome improvement plan for Midlothian.

Since our first plan in 2002 we have come a long way towards our shared vision:

*"to ensure that every child and young person is valued and enabled to achieve their full potential".*

We want Midlothian's children and young people to have the best possible start in life and to enjoy their childhood. We want our children and young people to live safe, healthier, more active and independent lives. Together, we want to get it right for every child and young person.

Key to making our vision a reality is working in partnership with children, young people and families. We recognise parents and carers are our key partners and that our work must support them to fulfill their responsibilities and care for their children.

### **Getting it Right for Every Midlothian Child (GIRFEMC) Partnership**

The Getting it Right for Every Midlothian Child (GIRFEMC) Partnership is a community planning partnership group that has shared responsibility to improve outcomes for children, young people and their families in Midlothian, through delivery of the Children's and Young People's Services Plan.

To 'get it right for every child', every child and young person must be given the best preparation to participate in the opportunities available on the pathway to adulthood through early intervention and prevention. Our plan has been informed by what children, young people and families have told us about their needs and experiences.

The GIRFEMC Partnership originally prepared, consulted on and published this plan last year in advance of the requirement to publish a three-year plan starting in April 2017. The partnership is fully committed to achieving the promises made to Midlothian's children and young people in this plan. We thank all partners for their contribution to this plan and for their ongoing commitment to working together to achieve the best possible outcomes for our children and young people living in Midlothian.

Kenneth Lawrie  
Chief Executive  
Midlothian Council

Tim Davison  
Chief Executive  
NHS Lothian

## Introduction

Midlothian children's services partner agencies are committed to ensuring every child and young person is valued and enabled to achieve their full potential. Our new Children's Services Plan 2017 to 2020 provides a three-year direction and focus to improve outcomes for children and young people. Implementation of this plan will be supported by actions plans that will be reviewed annually against performance measure and outcomes. Progress reports will be submitted annually to the Scottish Government. Our planning is based on the wellbeing framework set out in Getting it Right for every Child 1, which aims to ensure all children and young people are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (Scottish Government, 2015).

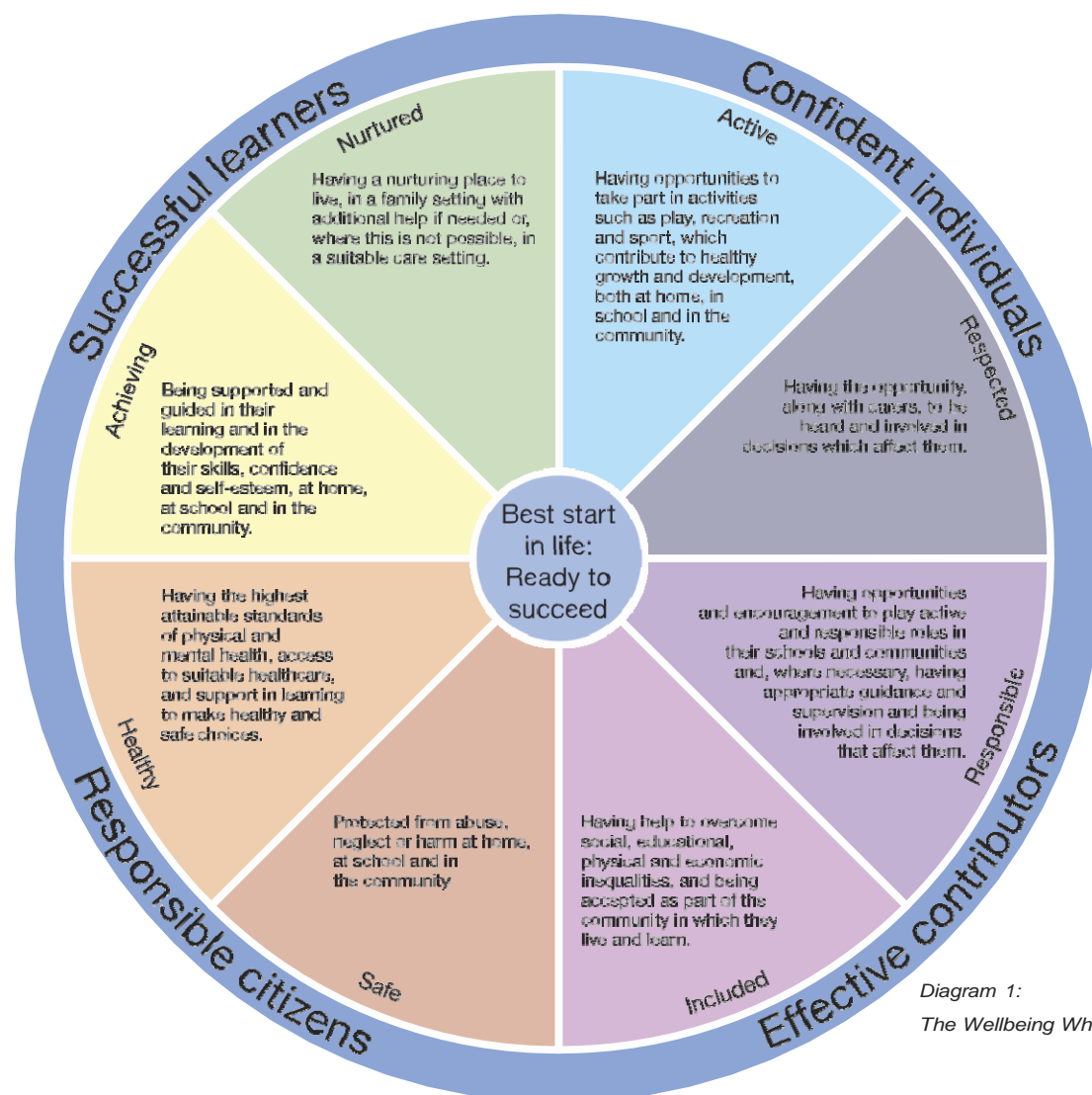


Diagram 1:  
The Wellbeing Wheel

Our plan adheres to the legislative requirements laid out in the Children and Young People Act 2014<sup>2</sup>, and the principles set out in the United Nations Convention on the Rights of the Child<sup>3</sup>.

<sup>1</sup> Scottish Government (2015) *Getting it right for every child*.  
[www.gov.scot/Topics/People/Young-People/gettingitright](http://www.gov.scot/Topics/People/Young-People/gettingitright)

<sup>2</sup> Scottish Government (2014) *Children and Young People (Scotland) Act (2014)*.  
[www.legislation.gov.uk/asp/2014/8/pdfs/asp\\_20140008\\_en.pdf](http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf)

<sup>3</sup> United Nations Convention on the Rights of the Child (UNCRC).  
[www.unicef.org.uk/Documents/Publication-pdfs/UNCRC\\_PRESS200910web.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf)

## Our vision, guiding principles and outcomes

The Getting it Right for Every Midlothian Child Board has set the following vision, guiding principles and outcomes to drive the delivery of the new plan.

### Our shared Vision

Midlothian's community planning partners are committed to ensuring that every child and young person is valued and enabled to achieve their full potential.

Our longer-term ambition for the children and young people of Midlothian is that:

Every child in Midlothian has the best start in life and is ready to succeed.

The life chances for Midlothian's children, young people and families at risk have improved.

Our people are successful learners, confident individuals, effective contributors and responsible citizens.

### Our Guiding Principles

The following principles will inform the approach of all Midlothian partners' services when working with children, young people and families, either individually as single agencies or when working with partner agencies:

- The child or young person will be placed at the centre of our thinking and action.

- The capacity of families and communities will be strengthened to meet the needs of their children and young people.
- We will intervene early to ensure children and young people get the help they need when they need it.
- The capacity of universal services will be developed to prevent the need for intervention, meet low level need as it arises and address concerns at the earliest stage.
- Children, families and communities will be helped to secure outcomes for themselves.
- Our responses to each child's needs will be personalised, proportionate, appropriate, and timely.
- Targeted support will be provided to those children and young people in greatest need.
- Services will work together to undertake holistic assessments of children's needs and plan to meet needs in a co-ordinated way.
- The ethnic, cultural, religious, and language needs of children and young people will be fully considered when we assess, plan, and deliver services for them.
- Children, young people and families will be supported to help us plan the services they need and help us evaluate our effectiveness.

### Outcomes

The Midlothian Local Outcome Improvement Plan 2016 -2019 identified three priorities, which are to reduce the gap: in learning outcomes, in health outcomes and in economic circumstances. **The Getting it Right for Every Mid Lothian Child outcomes are:**

OUTCOME 1: CHILDREN IN THEIR EARLY YEARS AND THEIR FAMILIES ARE BEING SUPPORTED TO BE HEALTHY, TO LEARN AND TO BE RESILIENT

OUTCOME 2: ALL MIDLOTHIAN CHILDREN AND YOUNG PEOPLE ARE BEING OFFERED ACCESS TO TIMELY AND APPROPRIATE SUPPORT

OUTCOME 3: ALL CARE EXPERIENCED CHILDREN AND YOUNG PEOPLE ARE BEING PROVIDED WITH QUALITY SERVICES

OUTCOME 4: CHILDREN AND YOUNG PEOPLE ARE SUPPORTED TO BE HEALTHY, HAPPY AND REACH THEIR POTENTIAL

OUTCOME 5: INEQUALITIES IN LEARNING OUTCOMES HAVE REDUCED

To track progress, each of these outcomes has a small set of indicators detailed in the action plan. These have been selected from a much wider range of indicators used by the partners at operational level. The indicators being used to track these three year outcomes have been mapped against the Wellbeing indicators shown in diagram 1 (see appendix 1). There are wider indicators of progress being used at sub-group and service levels. All GIRFEMC action plans operate within the framework of the National

# National Practice Model

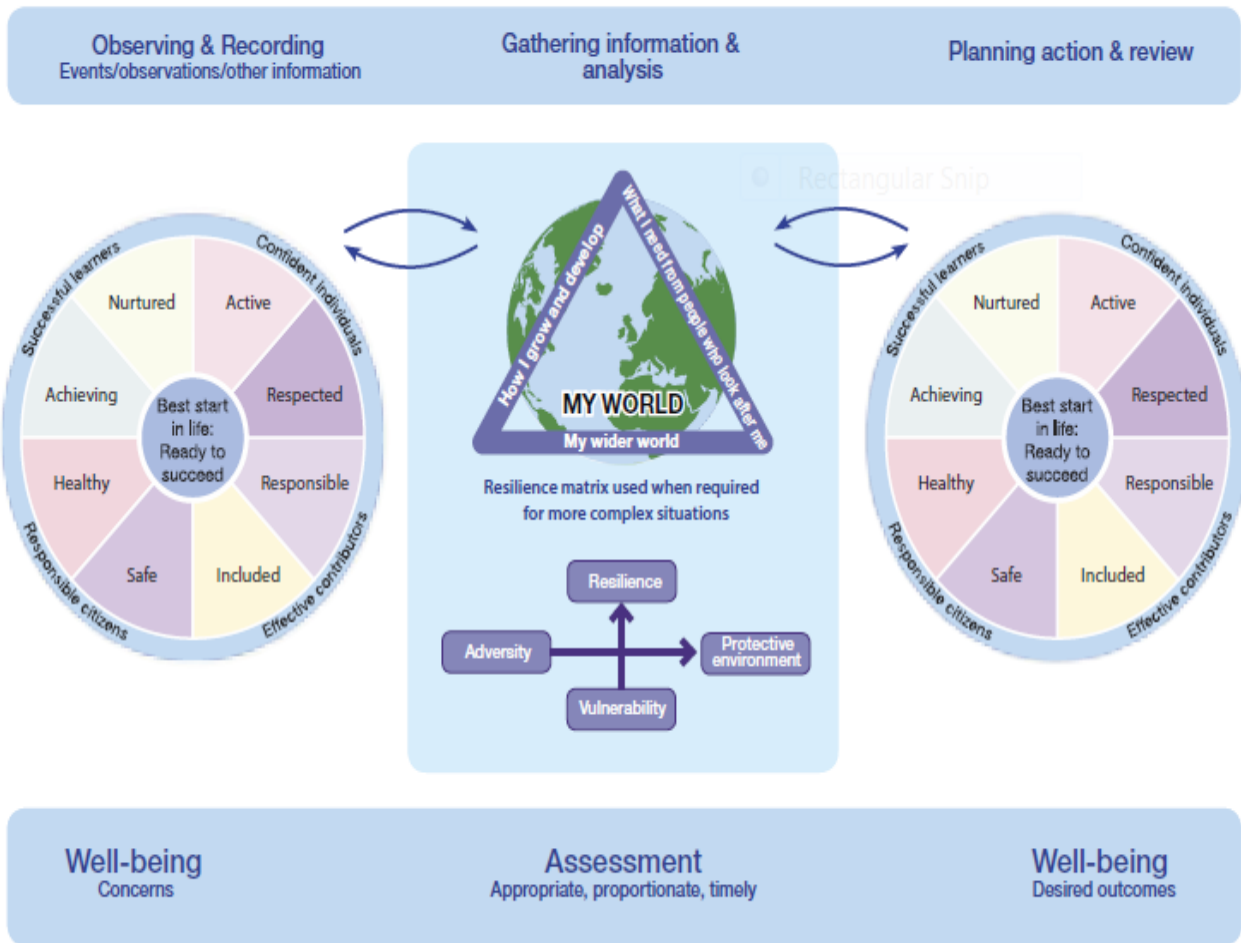


Diagram 2: GIRFEC National Practice Model

## National and Local Context

This first statutory Midlothian Children's Services Plan is written in the context of the Statutory Guidance for Part 3 of the Children and Young People (Scotland) Act 2014. It supports the ambitions set out in NHS Lothian's Strategy for Children and Young People 2014 – 2020.

"The vision of the Strategy is that every child should have the best start in life and grow up being healthy, confident and resilient. This strategy sets out a clear vision, principles and approach for how NHS Lothian will work with children and young people, their families, the public, the voluntary sector and local authorities to improve the physical and emotional health and wellbeing of children and young people across Lothian's".

This plan is complemented by a separately published corporate parenting strategy drafted by the Vulnerable Children and young people sub group, which sets out the following priorities:

Improve the health and wellbeing of our looked after children and young people.

Improve access to alternative, permanent family where possible.

Establish local housing and accommodation options for care leavers.

Increase opportunities for looked after children young people and care leavers to access quality education, training and employment.

Increase opportunities for looked after young people and care leavers to know their rights and develop confidence, using fun and innovate method.

Improve the types of supports offered to looked after young people and care leavers who are involved with the criminal justice system.

In addition, this plan forms part of the Single Midlothian Plan (our local outcome improvement plan, which is required under the Scottish Government's Community Empowerment Act 2015) and supports the following national outcomes.

**Our children have the best start in life and are ready to succeed**

**We have improved the life chances for children, young people, and families at risk**

**Our young people are successful learners, confident individuals, effective contributors and responsible citizens.**

The plan encompasses strategic objectives and priority outcomes focused around the needs of children and young people that link directly to local and national policy objectives. Key areas of focus include early years, prevention and early intervention, attainment and achievement leading to positive post school destinations, supporting vulnerable children and young people and improved inter-agency working.

This work is managed by the Early Years group, the Vulnerable Children and Young People group and the Children and Young People Act implementation group. These three subgroups report to the Getting It Right for Every Midlothian Child Board on a quarterly basis where their performance and progress is reviewed.

A fourth area of activity dealing with child protection operates through the combined Public Protection Unit serving both Midlothian and East Lothian Community Planning Partnership areas supervised by a joint public protection committee reporting to the critical services oversight group of chief officers. There is an East and Midlothian public protection performance framework, and regular reporting by the Child Protection improvement sub group to the GIRFEMC Board (see Appendix 6).

This approach allows us to focus efforts on areas of risk and, when appropriate, scrutinise reports and data. The high level actions in the overarching plan are broken down into lower level actions carried out by each partner organisation. Further information can be found at [www.emppc.org.uk/home/](http://www.emppc.org.uk/home/)

**Prevention and early intervention.** The publication of this plan takes place within an environment of considerable change as well as one that is increasingly challenging. Research shows that we need to intervene at an earlier stage with many families in order to prevent the problems they experience escalating.

Intervening later often leads to poorer outcomes especially in the longer term.

For our children to have the best start in life we need to focus on key outcomes i.e. healthy pregnancies, nurturing and consistent parenting and be able to offer a suite of early intervention approaches. Early years (including pre-birth) is a national priority as laid out in Early Years Framework (2008); Early Years Collaborative (now part of the Children and Young People Improvement Collaborative); The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland (2017); Universal Pathway Pre-Birth to Preschool (2016). All of these national policies are driving transformational change towards prevention and early intervention in the early years.



New national frameworks for monitoring attainment in education are being established alongside a national commitment to closing the gap in attainment between the children of better off families and those whose families are in difficult economic circumstances. Commitments to reducing this gap have to be balanced with the requirements for improving universal outcomes and meeting the needs of children facing challenges because of disability or other additional support needs.

Community Planning Partners are also very much aware of the recommendations of the Christie Commission on the Future Delivery of Public Services. In Midlothian progress is being pursued by community planning partners through three common approaches.

Prevention/early intervention, co-production and capacity building and streamlining access to services, including targeting geographic areas of greatest need.

Major reductions in public sector funding over the last five years and the continuing sharp decline in public service funding, now anticipated as continuing up to 2021, presents additional difficulties in how we manage this shift to prevention, and simultaneously continue to meet the considerable needs of the high levels of vulnerable families that we encounter. Despite these challenges, all partners are committed to taking up the challenge of changing our current approach to prevention and early intervention and will continue to work closely together to align our resources to achieving the outcomes agreed.

### **Building on Feedback and Evaluation**

The partners regularly collect feedback from children, young people and parents through a variety of methods. The priorities in this plan are not just driven by national policies or legislation, but also by the experience of children, young people and adults who use the services provided by partners. Results for the latest Getting it Right for Every Midlothian Child survey (2015) are detailed in Appendix 4.

This plan is informed by the results of a wide range of internal self evaluation processes and the results of external evaluations undertaken by a range of external inspection agencies, including Education Scotland, the Care Commission, Healthcare Improvement Scotland, Audit Scotland, and Her Majesty's Inspectorate of Constabulary in Scotland, the Risk Management Authority and the Scottish Housing Regulator.



## About Midlothian's Children and Young People

### Strategic Assessment

Each year the community planning partnership undertakes an assessment of the data and the political, economic, social, technological, environmental, and legal changes that will impact on the population and those delivering public services. The 2016 assessment is summarised here.

#### Political Factors

From mid-summer 2015 Midlothian Council and NHS Lothian have been working together as a Health and Social Care Partnership, governed by the Midlothian Integrated Joint Board. Consideration is being given to how best to progress integration of children's services in this new landscape.

The early years of a child's life are key to their future and this has been a Scottish Government and Community Planning Partnership priority for a number of years, as demonstrated through the Early Years Collaborative and the Children and Young People (Scotland) Act 2014. The Early Years Collaborative (Now Children and Young People Improvement Collaborative) is driving forward the Scottish Government's prevention and early intervention agenda (shifting the emphasis from providing expensive support when situations have escalated to intervening earlier and delivering less costly programmes to prevent the issues from arising in the first place) and this is a cornerstone of the work of the Getting it Right for Every Midlothian Child (GIRFEMC) Partnership.

#### Education Act (Scotland) 2016

New legislative provision in the Act will place additional responsibilities on local authorities to have regard to the need to reduce inequalities of outcomes – whether arising out of socio-economic disadvantage or otherwise – when exercising their functions relating to school education.

The Act will also ensure that certain children have rights to question any support needs they may have in order to make the most of their learning while at school. It will ensure that all children and young people have appropriately qualified teachers, and that local authorities each have a qualified and experienced Chief Education Officer with responsibility for advising on how to deliver their education functions.

The Act will also introduce a power which will ensure that there is a clear process for parents to make complaints to the Scottish Ministers with regard to the carrying out of educational duties by local authorities and a clear process for requesting that a local authority assess the need to provide Gaelic medium education.

Specifically, the Act aims to:

- Promote excellence and equity within our education system through the establishment of the National Improvement Framework and by imposing duties on education authorities and the Scottish Ministers in relation to reducing inequalities of educational outcome experienced by disadvantaged children;

- Place a duty on local authorities both to assess the need for Gaelic medium primary education (GMPE) following a parental request, and to actively promote and support Gaelic medium education (GME) and Gaelic learner education (GLE). The Act will also place a duty on Bòrd na Gàidhlig to prepare guidance on how GME should operate in Scotland.
- Extend rights under the Education (Additional Support for Learning) (Scotland) Act 2004 ("the 2004 Act") to children aged 12 and over with capacity to exercise those rights.
- Legislate for school pupils to receive a minimum number of learning hours annually.
- Reinstate section 53 of the Education (Scotland) Act 1980 ("the 1980 Act") which sets out functions relating to the provision of school food in Scotland (and to extend the requirement to provide a free school lunch to eligible pre-school children at partner providers). This section has been amended a number of times since enactment and it is considered that the section would benefit from restatement.
- Give the Scottish Ministers a regulation-making power which can be used to place a duty on local authorities to provide grants of a specified amount for school clothing for certain pupils.
- Modify the types of complaints that can be made to the Scottish Ministers under section 70 of the 1980 Act and introduce a power to make regulations about the procedure to be followed in relation to the investigation and determination of such complaints.
- Legislate for the role of a Chief Education Officer in local authorities in Scotland.
- Modify the powers of the Scottish Ministers to make regulations in relation to independent schools and grant-aided schools in Scotland so they are exercisable in such a way as to ensure that all teaching staff are registered with the General Teaching Council for Scotland.
- Ensure that all schools in Scotland are led by qualified teachers. All new head teachers in Scotland will have to hold the 'Into Headship' qualification prior to their first head teacher post.
- Amend section 47(3) of the Children and Young People (Scotland) Act 2014 ("the 2014 Act") as it currently excludes a small group of children from the early learning and childcare provisions.

Following the General Election in 2015 the political landscape within which the GIRFEMC partnership operates continues to change, with elections for the Scottish Parliament in 2016 which resulted in a new minority administration and local elections in 2017. Many of the policy intentions of the UK government will affect services in Scotland, and in some cases, such as increasing the number of hours per week of Early Learning and Childcare provided to 3 and 4 year olds and certain 2 year olds, will align with those of the Scottish Government.

The Scotland Act has transferred additional power to the Scottish Parliament and will significantly impact upon the national and hence local provision of services. Devolution of powers relating to benefits, will affect child poverty and the levels of deprivation in which many of our children live, which strongly influence their prospects and future lives. The impact of use of the devolved powers will need to be taken into account as this plan progresses, and will have an impact on the economic landscape in which it operates. Similarly the decision to leave the European Union will have far reaching effects on a wide range of social and economic factors affecting children, but it is still unclear what these will be.

## **Economic Factors**

National public sector budget pressures have been driving local services to consider and develop changes in ways of working for some years now and the aim of the UK government to reduce the budget deficit and national debt over the course of the current parliament illustrates that there is no sign of this changing over the period of this plan. As a result it will become increasingly important to work along with the voluntary sector and communities to provide a wide range of services and opportunities. Both Midlothian Council and NHS Lothian are no different from this national picture and need to bridge their budget deficit gaps over the next few years.

There still are significant economic factors affecting children, young people and families following on from the financial recession, the ongoing welfare benefits reform and the ensuing effect on child poverty. The approach to service delivery is continuing to shift nationally, and locally, to preventative spends, which has been shown to be effective in areas of health, education and justice, such as the 'Childsmile' dental health programme which is estimated to result in savings of £5m annually for the NHS.

Planning is being informed by The Scottish Parliament's Financial Scrutiny Unit briefing 'Preventative Spend – Literature Review' 2010 which summarises some of the cost benefit studies. The Scottish Government joint ministerial foreword The Financial Impact of Early Years Interventions in Scotland showed that financial modeling of short term savings from investing in early years/early interventions from pre-birth to aged five suggests that there are potential net savings of up to £37.4k per annum per child in the most severe cases and of approximately £5.1k per annum for a child with moderate difficulties in the first five years of life. It also sets out potential medium term net savings to the public sector that can be realised 10 years after the early year's period. Using Looked after Children as a proxy for those individuals with moderate difficulties, and those in residential care as a proxy for the severe cases, it is estimated that the total potential saving could initially be up to £131m per annum across Scotland in the medium term.

In the longer term, a failure to effectively intervene to address the complex needs of an individual in early childhood can result in a nine fold increase in direct public costs, when compared with an individual who accesses only universal services. A package of effective early years interventions designed to reduce the frequency and type of service demanded by those individuals experiencing severe pathways could have a significant impact on the outcomes for those individuals, and therefore a reduction in the level of cost to the public sector.

For example, a ten percent reduction in the total cost to the public sector of an individual's severe pathway could result in a potential saving of approximately £94,000 per individual.

Earlier intervention of services is one of the cornerstones of the Getting it Right for Every Child approach, which moves from an informal to formal duty for services working with children in 2016, alongside the potential implementation of the Named Person Service and the single Child's Plan (subject to amended legislation).

## **Social Factors**

### **Breastfeeding and Immunisation**

Recognising that the diet and nutritional status of the mother before conception and during pregnancy, the feeding received by the infant in the first few months of life, the process of weaning onto solid foods and the diet and nutrition status of the growing infant all contribute significantly to the long term health of the population, the Scottish Government developed the Maternal and Infant Nutrition Framework as a multiagency approach to tackling these issues. The Framework adopts World Health Organisation guidance recommending exclusive breastfeeding for the first six months of an infant's life and Midlothian is committed to working with its partners to improve the health and well being of children and young people through its recommendations. The detrimental effect of health inequalities on maternal and infant nutrition is also recognised in the framework, making it particularly pertinent for the people of Midlothian given the area's socio-economic conditions, and is reflected in the below average breastfeeding rates. Local initiatives, education and the adoption of the UNICEF Baby Friendly standards for the community will work to address this. Immunisation rates are around or better than the Scottish average.

### **Physical Activity and Obesity in Children**

Lack of physical exercise and poor diet/nutrition can lead to obesity, which can reduce people's overall quality of life, creating strain on the health service and leading to premature death.

Overweight and obesity are increasing in Scotland and in Midlothian 15.3% of primary 1 children are clinically overweight or obese.

### **Play**

Community based opportunities for children and young people to play freely and for families to spend leisure time together are important for meeting children's rights under article 31 (UNCRC) and as universal, preventative services that meet children's developmental needs This is important for children of all ages, and includes unstaffed provision such as public play or open spaces and staffed provision such as playgroups, various types of clubs and 'play ranger' projects such as Midlothian Association of Play's Out2Play. The Midlothian Play Strategy will contain detailed actions to improve and increase play opportunities in Midlothian and supports this plan.

Based on the assumptions of the Housing Land Audit we project 20% pupil population growth in the next 5 years, 45% in 10 years and 70% in fifteen years, with further growth after that.

## **Vulnerable Children**

Care experienced children and young people, young as well as those living in our more deprived communities often face significant disadvantages in health and life opportunities. They have the highest rates of severe chronic illness; the poorest diet; are the heaviest consumers of tobacco, alcohol and illicit drugs; the highest rates of unintended teenage pregnancies and the lowest educational achievements.

### **Children Affected by Disability**

There are 1570 children between age 3 and 18 attending Midlothian schools who have been assessed as being affected by a disability. Of these, 706 have a learning disability, 154 are on the autism spectrum, 151 have a language or speech difficulty, 81 have both a learning and physical disability, 75 have a physical or motor impairment, 64 have both a learning disability and are on the Autism spectrum, 29 a visual impairment, 24 a hearing impairment, 15 other communication support needs and 271 Dyslexia

### **Mental Health**

Mental ill health can affect every aspect of a person's life. With the prescription rate of anti-depressants in the age 15+ population of Midlothian being higher than the other local authority areas within NHS Lothian and with 512 children attending Midlothian schools at present have social, emotional or behavioural difficulties to the extent that this has been assessed and provisions made for additional support. A further 30 have a diagnosed mental health condition.

With long waiting lists and waiting times for some related child and young people services this is an area where a preventative approach will improve outcomes for children and young people, and on into adulthood

### **Pregnancy and Parenthood in Young People**

Some young people make a positive choice to become parents at an early age, however for many becoming a parent whilst still at school can perpetuate a cycle of deprivation and inequality, with young parents facing barriers to fulfilling their educational potential. In Midlothian 33.8 in 1000 girls under 18 years of age have teenage pregnancies (total number 152), lower than the Scottish rate of 24.9:1000 for same age group. 4.3:1000 girls under 16 are teenage pregnancies (total number 20), compared to 4.9:1000 in Scotland. Rates have been steadily falling for a number of years throughout Scotland.

Pregnancy and Parenthood in Young (SG 2016), aims to prevent unplanned pregnancies in young people and to improve outcomes for young parents and their children. This can be found at:  
[www.gov.scot/Publications/2016/03/5858/](http://www.gov.scot/Publications/2016/03/5858/) downloads.

## **Alcohol, Smoking and Substance Misuse**

Alcohol consumption and substance misuse by young people are linked to longer term problem drug use, offending behaviour, reduced health and wellbeing and lower levels of achievement. The 2013 SALSUS (Scottish Schools Adolescent Lifestyle and Substance Use Survey) of 13 and 15 year olds found a large drop in the proportion of young people in Midlothian reporting smoking or drinking alcohol and a small drop in those taking drugs. These results were at or better than the Scottish figures. The 2013 survey was the first to ask about the use of e-cigarettes and found 5 % of 13 year olds and 12% of 15 year olds reporting having tried of using them, with both figures being below the national averages.

The SALSUS survey is a good indicator of the behaviour of the general pupil population; however, it is carried out at school and those young people who are most involved in risk taking behaviour are considerably less likely to be attending school. The number of young people from Midlothian being looked after in secure care has slightly increased in the last year. The success of the policy of "a Midlothian child is a Midlothian child" keeping our vulnerable young people in Midlothian rather than sending them to residential homes out of the authority requires us to continue our focus on reducing the number of young people experiencing harm as a result of risk taking behavior.

### **Social Inequality**

The Growing Up in Scotland report found that by age 5 the gap between most advantaged and most disadvantaged children is already 6-13 months in problem solving ability and 11-18 months in expressive vocabulary.

### **Family Learning Approach**

Best practice projects such as Pen Green in Corby have shown improvements in outcomes using centres which co-locate key workers in order to integrate services at the point of delivery. These multi disciplinary approaches bring together Early Learning and Childcare staff, Allied Health Professionals, Lifelong Learning and Employability, Family Support and Third Sector partners to work together with communities and enable families to access a team which supports their child, under one roof and firmly rooted in their local community.

### **Child Poverty**

The impact of welfare reform and fuel poverty upon the wellbeing of children should not be underestimated and work is ongoing to minimise the impact. This work is led by the Improving Opportunities Midlothian partnership working collaboratively with the GIRFEMC board.

Further details can be found on the Midlothian council website: [www.midlothian.gov.uk](http://www.midlothian.gov.uk)

## **Technological Factors**

The development of modern methods of communication means that the use of websites and the full range of social media are important in order to link with all ages within local communities. Children and young people are often very skilled with the latest technology and social media and this makes understanding it one of the keys to engaging with them, and also to giving them advice on keeping safe while using it. Social media is particularly relevant to those in the community who have literacy difficulties and those for whom such modes of communication are the norm, and who will become parents in the future.

With the increasing use of technology and the internet in the delivery of education and learning, and its role as a social enabler, it is important to address disadvantage so that all children and young people, particularly those who are vulnerable such as those in care, have the equality of access that is crucial to gaining qualifications and employment and being socially involved. A new Insight tool has been introduced for senior phase education (Secondary years 4 to 6) that allows tracking of progress and attainment of pupils at school level and the comparison of overall performance against virtual schools created out of data for pupils with similar characteristics from across Scotland. The use of this tool is being developed and it will be important to make best use of its functions as we tackle inequality in outcomes for pupils (see Education (Scotland) Act below).

There is a continuing need to consider how best to develop the use of new technologies to enable children and young people affected by disabilities to access learning.

## **Environmental Factors**

The Lasswade High School and Community Hub opened in August 2013 and includes a community facility, conference suite, public library and leisure centre, and has won a number of awards. It is intended to maintain these excellent standards for the replacement Newbattle Community High School, opening in 2017 and for other new schools being built in Midlothian, such as those at Shawfair. The importance of outdoor play is well evidenced as being important to children's health and wellbeing. Access to play areas that provide safety and where children and young people affected by disability can access is to be developed further within Midlothian, through the Play Strategy

Meeting places in the community for adults are important in order to facilitate parenting and family support activities. The Council is working with Midlothian Sure Start, a voluntary organisation providing parenting and family support across Midlothian, to relocate some centres to larger premises with outdoor play space in order to improve provision and prepare for the anticipated population growth.

National Records of Scotland estimate a 21.8% increase in the under 16 population in Midlothian between 2012 and 2037, which will have a significant impact on demand for services, places at nurseries and schools and caseload levels for staff, particularly if it takes time for the funding from Scottish Government to adjust to reflect the increases.

The area has a limited number of dedicated physical spaces for youth work. The Council has one freestanding community centre in Newtongrange.

Other Council community use spaces are within schools. The Y2K building in Mayfield, YM/YWCA building in Penicuik and MYPAS building in Dalkeith offer third sector options along with the Bill Russell youth project in the MARC building in Woodburn, where Play Midlothian is based.

## **Legislative Factors**

Not all the legislative duties placed upon local authorities and NHS noted below are or will be fully funded by the Scottish Government. In some cases, for example the Named Person Service, if introduced, will be funded for a very short time with efficiencies gained through the impact of their early intervention approach expected to offset the cost of providing the service within a year. In other cases, such as the duty to take account of reducing inequalities in educational achievement that result from socio-economic deprivation that is proposed in the Education (Scotland) Act, no additional money will be provided to local authorities.



## Children and Young People (Scotland) Act 2014

Implementation of the various parts of the Act has been taking place, such as the increase to 600 hours of Early Learning and Childcare from August 2014 and free school meals for Primary 1 to 3 pupils from January 2015. Parts 4 (Named Person) and Part 5 (Child's Plan) are deferred to 2018 with the requirement for a Bill to be progressed to allow for information sharing.

Placing a duty on public bodies to report on how they are improving outcomes for children and young people (Part 3 Children's Services Plan).

An increase from 475 to 600 hours per year free early learning and childcare provision for 3 and 4 year old children and with the publication of the Blueprint for 2020, the expansion of Early Learning and Childcare to 1140 hours by 2020. (Part 7).

Extending the number of 2 year old children entitled to 600 hours per year free early learning and childcare (Part 6).

The introduction of the Named Person Service (Part 4), with the intent to reintroduce this by August 2018 made clear by the Scottish Government following the Supreme Court ruling the current legislation is inadequate  
The single Child's Plan replacing a number of other plans (Part 5).

Applying a Corporate Parenting responsibility to promote and support the needs of care experienced children and young people (Part 9).

Extending the age that a looked after young person can remain in care and subsequently receive support (Part 10).

Introducing additional support for kinship carers (where children are looked after by relatives who are not their parents) (Part 13).

The Named Person Service, when re-introduced, will be a single point of contact for children and young people and all those professionally involved with them. Subject to changes in legislation, the Named Person will be responsible for having an overview of the wellbeing of the child and making the right support available at the right time. The Named Person will be the Health Visitor until the child starts school and, generally, senior schools staff from then until they turn 18. If the child has complex needs a Lead Professional may take on a coordination role.

The Getting it Right for every Midlothian Child (Children's Services) Plan takes account of the statutory requirements for planning and reporting within the Children and Young People (Scotland) Act 2014 and guidance issued by the Scottish Government, and it embraces the principles of the United Nations Convention on the Rights of the Child (Part 1 of Act).

## 'Prevent' Strategy

In Midlothian, authorities and communities are working together to deliver the Government's Prevent Strategy.

Prevent is one of four objectives which feed into the Counter Terrorism and Security Act 2015 (CONTEST). This places a duty on all Authorities to have 'due regard to the need to prevent people from being drawn into terrorism'; this duty applies to local authorities, schools, colleges, universities, health and social care, criminal justice and the police. Under the strategy of Prevent we need to ensure that our staff in all agencies have awareness and are offered appropriate training in relation to this.

Midlothian Council is currently delivering specific training needs and running Workshops to Raise Awareness of Prevent (WRAP) as well as having obtained an e-learning module. The Council has appointed a Single Point of Contact (SPOC) to oversee the development and implementation of the Prevent Strategy. The SPOC is the Director of Communities, with the Deputy SPOC being the Head of Children's Services.

## Community Empowerment (Scotland) Act 2015

This Act includes revisions to the Community Planning process and participation opportunities for communities that may impact on the way future plans are prepared and progress monitored.

## Social Care (Self-Directed Support) (Scotland) Act 2013

This Act put in place greater choice and control for service users, including children and their families, in deciding the type of support they receive and who manages and provides them. Although it came into force in April 2014 and working practices and policies have been revised, it will take a number of years to fully embed and lead to changes in services and how they are commissioned.

## Education (Scotland) Act 2016

Amongst the provisions contained in the bill are proposals for a duty upon education authorities to have account for reducing inequalities resulting from socio-economic disadvantage, duties relating to Gaelic medium education provision and revisions to children's rights relating to Additional Support for Learning.

## Developing Scotland's Young Workforce

Implementing the recommendations from this report will have major implications for the education service and its partners in the years ahead, including:

- The creation of improved vocational pathways in the senior phase.
- Increased partnership working with further education colleges.
- Stronger collaboration between schools and the business/employing community of Midlothian.
- The introduction of apprenticeships in schools.

Supporting young people at risk of negative destinations  
Midlothian Council has established a Developing Midlothian's Young Workforce Board which will oversee the strategic development of these Scottish Government recommendations.

## Equality and Diversity

All public and third sector partners have a legal responsibility to ensure equality of opportunity is available to all, in respect of service planning and delivery, access to goods and services, and employment, education and training. Midlothian Community Planning Partnership has set up Midlothian People's Equality Group to bring together individuals from voluntary groups to look more generally at equality issues facing Midlothian. Various voluntary organisations exist to provide a voice for the people of Midlothian.

### Ethnicity

The total population of Midlothian in the 2011 Census was 83,187, of which 3517 (4.22%) people described themselves in categories other than 'White Scottish' or 'White British'. This ethnic minorities' population includes 72 people who identified themselves as 'Gypsy / traveller', 474 as 'White Irish', 455 as 'White Polish', 1044 as 'White – other white', 210 as 'mixed ethnic group', 371 as part of the British or Scottish Pakistani community, 180 as part of the British or Scottish Indian community, 41 as British/Scottish Bangladeshi, 130 as British/Scottish Chinese, and 188 as other Asian British/Scottish. Further, 159 identified as British/Scottish African, 99 as British/Scottish Black/ Caribbean, and 94 as other ethnic group (Arab and Other Ethnic Group).

### Disability

Midlothian has 10.4 adults with learning disabilities (known to the local authority) per 1,000 populations. This is the highest number per 1000 of any local authority in Scotland.

### Gender Inequality affecting Parents

Males currently earn more than females in Midlothian, with a Median Gross Weekly Earning for full time workers of £469.00 compared to females at £404.00. The Scottish gross median wage for all workers is £ 508.00, and the UK £518.00.

Occupations are still segregated by gender - only 2.4% of modern engineering apprenticeships are female and only 1.5% of modern childcare apprenticeships are male. The Equality and Human Rights Commission point out however that girls' attainment is higher than boys' at S5 and S6 levels and that 57% of all university students are women. 87% of working age men are economically active in Midlothian compared to 81.2% of working age women.

In Scotland, women are slightly more likely to live in relative low-income households than men (both before and after housing costs). Further, 31 per cent of women workers are low-paid.

Given that 90 per cent of lone parents are female; this has clear and direct connections to child poverty. It also means that in retirement, women's income is 40 per cent less than men's.







## Sexual Orientation or Transgender Status

There are no accurate figures for the numbers of Lesbian, Gay, Bisexual and Transgender (LGBT) people in Midlothian. A study by Stonewall of LGBT people's experiences of accessing public services in Scotland found that more than half would conceal their sexual orientation or gender identity mainly because they were worried about the reaction they would get and over 71% said they had been assumed by public services to be straight.

Whilst attitudes among young people are considered to have shifted to be more accepting of different sexualities, there are still sections of the community who display prejudice and fear; this especially appears to remain the case towards people of transgender status.

Negative attitudes towards LGBT people can still appear as a factor for schools and community groups when dealing with bullying issues, alongside ethnicity, disability and many other interpersonal factors.

Recent work in Midlothian funded by the Council jointly led by MYPAS and LGBT Youth Scotland has supported young people in 5 out of 6 high schools to establish LGBT and allies groups in each school.

## Religion or Belief

In the 2011 Census, 33.7% of the population described themselves as belonging to the Church of Scotland. 9.8% to the Roman Catholic Church, 4.0% to other Christian denominations, 0.6% as Muslims, 0.5% to other religions, 45.2% describe themselves as having no religious beliefs, and 6.2 % preferred not to answer.

## Economic or social hardship

Older people, people from ethnic minorities, disabled people, young people and women are more likely to experience social and economic hardship.

## Priorities for equality and diversity

- Develop more holistic ethnic, religion, LGBT and Gypsy Traveller profiles for children and young people, as well as contact with and understanding of these groups
- Develop community engagement, involvement and consultation practices so that all protected characteristic groups are included in service planning and delivery exercises
- Initiate and be part of exercises to reduce hate crime that affect those within protected characteristic groups, especially disability, race, religion and LGBT
- Mainstream Equality Impact Assessments across planning by partners working with children and young people
- Put plans and procedures in place to reduce instances of racist, sectarian, homophobic or other disability persecuting behaviour in our schools, colleges and in the wider community
- Support the Licensing Board to work with license holders and other Council services to support good behaviour in and around licensed premises reducing young people's access to alcohol under 18
- Support partners as employers to make their workforces representative of the Midlothian population profile as well as eradicating discrimination and fostering good relations

## Action plan: Getting it Right for every Midlothian Child 2017-20

The Action Plan for each year is a separate document attached to this strategy and annually revised after review of progress and public reporting requirements have been met.

### Strengthening joint working

Following the changes in structures brought about by the creation of the Integrated Joint Board (IJB) for health and social care, a board of four Councillors and four Health Board members has been established; the IJB directs the shared staff and management team of adult health and adult community care staff, in addition to a number of actions are required which are not directly relating to the delivery of services to children and young people, but are required to improve the processes through which business is done. These actions have been separated out and will be pursued concurrently with the actions set out in the previous pages.

Area	Action	Owner/project	Indicator
1. Strategic Partnership Working with Health	1.1 Review and strengthen the involvement of Health in GIRFEMC BOARD and its Sub Groups	Health & Children's Services project team	Appropriate Memberships, minutes showing participation / contribution/ self evaluation of Board effectiveness
	1.2 Strengthen joint working with Health staff through the Children's Services review of organisational arrangements	Children's Services Management	Feedback from frontline staff
	1.3 Develop clear reference to joint strategic planning with Health through the rewrite of the Children's Services Plan	Community Planning Partnership	Approval of new plan by health partners
	1.4 Ensure a strong partnership approach to the design and implementation the Named Person arrangements (subject to amended legislation)	CYP Act Implementation sub-group	Feedback from frontline staff confirms this
	1.5 Review the possible involvement of Health in Education and Children's Services Divisional Management Team arrangements	Health, Education & Children's Services Management	Decision taken
2. Operational Partnership Working with Health	2.1 <b>Child and Adolescent Mental Health Services: (CAMHS)</b> Action needed to reduce waiting lists – improve triage and signposting to alternative supports. CAMHS to provide staff training. Agree pre CAMHS referral pathways and map out the availability of local resources	GIRFEMC Board	Uptake of training delivered Waiting times Preventive pathways set up
	2.2 <b>Substance Misuse Service:</b> Effective screening group for communication and joint working. Need to resolve the criteria for SMS closing cases when risks for children assessed as remaining high	GIRFEMC Board	Clear criteria established with positive feedback from front line staff on their use

Area		Action	Owner/project	Indicator
		<p>2.3 <b>Mental Health:</b> Working relationships with the psychiatric service are viewed positively. There is a gap in support services for parents who have a "common mental health problems" who do not require specialist services. This gap may be a combination of good information, staff confidence and skill and the availability of service provision. Action to explore the type of supports needed, ease of access to local resources available and identify possible gaps in service</p>	Integration Joint Board Adult Health and Care	New services established which fill gaps, positive service user feedback
3.	Delivery of Children's Health Service in Midlothian	3.1 Strengthen local management arrangements – at present these are currently shared across East and Midlothian	Health Management	New management arrangements in place
		3.2 Scottish Transition Forum "Principles of Good Transition" processes in place to support child to adult health service transitions	Team	Processes in place and compliant with standards
		3.3 NHS Learning Disability Local Delivery Plan for children and young people developed at a Midlothian level		Plan developed, agreed at GIRFEMC Board
4	Joint Working between Adult and Children's Services	4.1 Review links with adult mental health, substance misuse and offenders social work services to ensure that services being provided are fully coordinated with those provided to children	GIRFEMC Board	Review recommendations agreed and implemented
		4.2 Consider lessons from Family Resilience Project for integrated working	Health & Children's Services project team	Evidenced of lessons learned being applied more generally in system
5	Services for Children with or affected by Disability	<p>5.1 Evaluate the potential benefits and viability of creating a single service for children and adults with complex needs</p> <ol style="list-style-type: none"> <li>Determine the numbers and levels of complexity of children who may be included in such a service</li> <li>Link this work to the integration of adult health and social care services for learning disabilities</li> <li>Map current pathways</li> </ol>	Health & Children's Services project team	Decision on single service made and changes implemented, positive feedback from service users and carers
		5.2 Review the scope for health staff already involved with children with disability undertaking brief assessments and arrange respite care for children who do not meet the criteria for Children's Services. include community nursing staff, speech and language therapists and members of the Learning Disability Team in delivery system		New / revised services in place, positive feedback for staff and service users
		5.3 Implement 'all age' Autistic Spectrum services review recommendations	Community planning Partnership	Operational delivery underway, positive feedback from service users, carers and staff

## Midlothian community planning structure



Diagram 3: Midlothian community planning structure

## Children's Services Plan/ Community planning governance arrangements

The statutory governance accountability for the delivery of this plan lies with NHS Lothian and Midlothian Council as per the guidance; with partnership involvement at delivery level across the community planning partnership. Children's planning activity takes place within the wider context of community planning, the plan being one of the main delivery vehicles for the achievement of children and young people's outcomes within the Single Midlothian Plan, regular reports are therefore made to the CPP Board.

The children's planning structure consists of the strategic board and three planning groups based on themes. The Board is the principal multi-agency group with responsibility for joint strategic planning of services for children, young people, and families and membership is drawn from a wide range of partners (see Appendix 2 for the full membership list).

In addition to overseeing the delivery of the plan, the core group considers new legislation and national policy initiatives and in turn provides guidance on local implementation. The work of the Board is supported by the multi agency planning groups as outlined above. The planning groups have responsibility for ensuring that the outcomes contained within the new plan are progressed and achieved and report back to the core group on their progress.

### Evaluation and Reporting

How we will know we are getting it right for every child and young person?

Monitoring the implementation and evaluating the impact of this plan is a key responsibility of all partners. To support this task each year through the work of the Board we produce an annual performance report to demonstrate our progress towards achieving the activities, outcomes and targets we have set. Each of the planning groups work to a delivery plan with clear actions and the chair of each group reports directly to the Board on what is being achieved and also any challenges that are being experienced. The Board will scrutinise performance reports and provides support to the planning groups in resolving difficult issues and finding solutions.

### What we spend on our services

A breakdown of expenditure in relation to children and young people's services is provided here. It should be noted that whilst Education, Children's services and LLE services are better positioned to demonstrate how much they spend, other services are less able to provide this information as their core business is not exclusively targeted at children and young people.

All local partners over the next year will publish their agency's budgetary information in relation to children, to inform the prevention and early intervention work that needs to be undertaken.

<b>Service/Agency</b>	<b>2015/16 Budget</b>
Midlothian Council - Education	£74,096,299
NHS Lothian Specialist Children's Services Health Visitors/School Nurses Service in Midlothian	£1,243,133
Midlothian Council - Children's Services	£14,806,778
Midlothian Council - Lifelong Learning and Employability	£1,976,368
NHS Lothian Speech & Language Services	£206,545
Midlothian Council - Economic Development	£307,633
Midlothian Council -Housing	£504,949



## Appendices

### Appendix 1: GIRFEMC indicators

#### SAFE

##### Indicators

- The % of pupils who had been in trouble with the police as a result of their drinking
- Self reported drug use in the last year (pupils aged 15 years - SALSUS survey)
- Rate of Child Protection connected with parental alcohol or drug misuse
- % of repeat referrals to Domestic Abuse services who engage with services where there is a child in the family

#### HEALTHY

##### Indicators

- % of families in EL&C settings reporting improved health outcomes for children and parents (dental health /breastfeeding/eyesight screening /obesity levels)
- Numbers of referrals to physiotherapy services and waiting time
- Numbers of referrals to occupational therapy and waiting time
- Numbers of referrals &waiting times to Child and Adolescent Mental Health Service
- Numbers of referrals & waiting times to Midlothian Young People's Advisory Service

#### NURTURED

##### Indicators

- % of parent's attending Early Learning & Childcare (EL&C) settings who are able to report that their knowledge and understanding on how to support their child's learning and development has improved
- % having check 27 month check (years 2 & 3 additionally % having 15 month check)
- % of children achieving appropriate developmental milestones
- (In year 1 at 27 month check, in years 2 & 3 adding in the new 15 month developmental milestones check)
- % achieving developmental milestones in SIMD areas
- % of early years children not achieving appropriate developmental milestones receiving appropriate additional support

#### ACTIVE

##### Indicators

- % of schools able to deliver national curriculum expected hours of physical activity
- Numbers of young people involved each week in community sport or physical activity groups
- Numbers of young people involved in arts / cultural activities in the community
- Numbers participating in youth work provisions
- Number of Young People (under 25 years) accessing volunteering opportunities



## Appendix 1: GIRFEMC indicators (continued)

### ACHIEVING

#### Indicators

- Numbers of young carers in a positive destination on leaving school
- Pupil performance information (national improvement framework/ Insight tracking data)
- Levels of post school engagement amongst 16-21 year olds

### RESPECTED AND RESPONSIBLE

#### Indicators

- % of pupils reporting they feel safe and cared for in school
- Numbers of reported bullying incidents

### INCLUDED

#### Indicators

- % of children who have been assessed as having additional support for learning needs having these needs met
- Numbers of children in part time attendance at school, or specialist provisions inside Midlothian
- Numbers of children in part time attendance at school, or specialist provisions outside Midlothian
- % re-entering mainstream schools from specialist provisions
- Numbers of school exclusions per 1000 pupils (primary)
- Numbers of school exclusions per 1000 pupils (secondary)
- % children with communication support needs who are receiving this support
- SQA data for care experienced children and young people
- % of care experienced young people presenting as homeless
- % of children looked after away from home who experience 2 or more placement moves in a 12 month period

## Appendix 2: GIRFEMC Board Membership

### Getting it Right for Every Midlothian Child Board Membership List

<b>Midlothian Council:</b>	
Director, Education, Communities and Economy	Mary Smith (Chair)
Head of Education	Grace Vickers
Schools Group Manager ASL	Andrew Sheridan
Head of Children’s Services	Joan Tranent
Schools Group Manager, Early Years	Julie Fox
Early Years Manager	Jacky Gillan
<b>Community Planning:</b>	
GIRFEMC Thematic Lead	Alasdair Mathers
<b>NHS:</b>	
Child Health Commissioner & Associate Director Strategic Planning NHS Lothian	Sally Egan (Vice Chair)
Head of Older People and Primary Care	Allister Short
Public Health Medicine	Graham Mackenzie
Strategic Planning, NHS Lothian	Karen Grieve
<b>Others:</b>	
Police Scotland – Chief Inspector	Kenny Simpson
Scottish Children’s Reporter Administration	Lesley Siewert
Child Protection Committee	Anne Neilson
Voluntary Organisations – Early Years	Cheryl Brown
Voluntary Organisations – Later Years	George Wilson
Integration of Health and Social Care ( <i>Head of Adult Community Care and Chief Social Work Officer for Midlothian</i> )	Alison White
<b>Non-voting members:</b>	
Subgroup Chairs:	
CYP Act sub group	Andrew Sheridan
Early Years	Julie Fox
Vulnerable Children and Young People	Jo Foley
Quality Improvement	Lesley Watson

## Appendix 3: Summary of data

- Children and young people aged 21 years and under account for 26.7% of the population of Midlothian (0-4 years – 6.1%, 5-11 years – 8.0%, 12-15 years – 4.9%, 16-17 years – 2.5%, 18-21 years - 5.2%).
- There are 17,710 women receiving child benefit.
- There are 690 unemployed parents receiving lone parent benefit support, (1.3% of all claimants- slightly above Scotland average of 1%).
- Midlothian has a 2% higher than Scottish average proportion of children and young people aged 0-15 in its population.
- The birth rate is slightly higher than the Scottish average. By 2037 the population of Midlothian is projected to be 99,090\*, an increase of 17.6 per cent compared to the population in 2012. (The population of Scotland is projected to increase by 8.8 per cent over the same period).
- The population aged 0-15 in Midlothian is projected to increase by 21.8 per cent over the 25 year period.
- Fewer babies are breastfed in Midlothian than in the NHS Lothian area and across Scotland.
- Mothers in Midlothian smoking during pregnancy figures are 5% higher than the Scottish average.
- 79.4% of children had reached their expected development level at 27 months of age.
- The proportion of p1 pupils defined as overweight is 15.8%, slightly higher than the NHS Lothian's area.
- (14.9%) Immunisation rates are higher than the NHS Lothian and Scotland rates.
- In 2013, 35% of 13-year olds and 67% of 15 years old reported that they had had an alcoholic drink. (2010 - 49% of 13 year olds and 82% of 15 years olds) these figures are still slightly higher than the Scottish average.
- A lower percentage of Midlothian young people aged 13-15 smoke or have ever tried illegal drugs.
- Average school attainment measured by exam results at the end of s4 are below the results for our 'Virtual comparator school'\*\* at s4 by 2.4%, at s5, by 6.1%, and at s6 by 5.7%.
- During 2012/13 there were 440 temporary exclusions in Midlothian schools, affecting 254 children. This equates to 37 incidents per 1,000 pupils, just higher than the Scottish average of 33 per 1,000 pupils.
- Over 1200 children in Midlothian under the age of 15 live in one of the 20% most deprived areas in Scotland.
- There were 52 Homeless presentations by young people (under 18) down from 79 in 2011/12, but a snapshot of children living in families defined as homeless in April 2016 indicates that there were 566 children aged between 0 and 16 affected by homelessness in Midlothian.
- Teenage pregnancies rate per 1000 (15-19 yr olds) was 9.4% higher than Lothian, 14% higher than Scotland over 3 year averages 2009-11.
- School Leavers in positive destinations: 93.9% in 2013/14 (78.9% in 2008/9).
- Edinburgh College enrolments for 15 to 17 year olds: 616 in 2013/14 (down from 728 in 2011/12).
- Referrals to child and adolescent mental health services: 222 (40 had to wait more than 6 months for an appointment).
- Number of domestic violence incidents where children were present- 474 out of 1185 reported incidents (40%).
- Number of children referred to Children's Hearing: 500 hearings for 221 children in 2014/15.
- Numbers of Pupils with additional support needs: 2,295 of 12,523 pupils in mainstream schools have additional support needs. There are 496 Pupils whose home language is not English.

### Appendix 3: Summary of data (continued)

- Free school meals –Midlothian average 17.3%, Scotland 15.5%. 3110 Children live in 1670 Households where one or more out of work benefit is claimed.
- Disability Living Allowance (DLA) recipients – there were 550 under 16 year olds and 80 16-17 year olds in receipt of DLA in the most recent available data (2012/13).
- 426 Child Protection Inter-agency referral discussions (IRDs) were held in 14/15 about 373 children.
- Children on Child Protection Register, the rate per 1000 children (0-15) is 2.5% (March 2016) against the Scotland rate of 3.0%.
- Looked after Children 309 (14.2 per 1000 of the 0-18 population, slightly below the national figure of 14.9).
- 26 Young people were living in residential care (30 March 2016).
- The Children Affected by Parental Substance Misuse (CAPSM) Needs Assessment report estimated 1500 children in Midlothian live with parents/guardians whose alcohol use is potentially problematic, and also estimated there are 10 children born every year in Midlothian with foetal alcohol spectrum disorder (FASD); indicating there are 180 infants, children and young people up to the age of 18 living with FASD.
- The 2014 rate of Child Protection Case Conferences where parental alcohol misuse has been identified for children on the register is slightly better in Midlothian than the national average 4.0 per 10,000 children aged under 18 years compared to national average of 6.2.
- There are 84 children currently known to be receiving Kinship Care (March 2016).
- Children 1st estimates indicate there are 1400 Young Carers supporting family members living in Midlothian.
- There are 2414 children with Additional Support Needs attending Midlothian schools, of which 600 are defined as having a disability.
- The population estimates used by Scottish Government do not account for planned housing growth.
- Virtual comparator schools are used to compare the average performance of a school or set of schools against the performance that a school with equivalent social and economic circumstances might be expected to have.

## Appendix 4: Feedback from parents, children and practitioners

The surveys undertaken in 2015 indicate that 83% of pupils say they feel safe living in Midlothian, with 7% saying they do not feel safe. 80% describe themselves as healthy, whilst 7% feel they are not healthy. 83% feel that they are achieving in their learning, 6% do not feel they are. 82% describe themselves as feeling nurtured by the adults around them, 9% do not feel this. 86% say they are physically active, 4% that they are not. Only 75% say they feel respected, 9% stating they do not feel respected. 83% describe themselves as feeling responsible, 6% do not feel they are able to say this. 82% say they feel included, but 8% say they do not.

A middle grouping in each have less clear opinions of where they feel they stand on these matters.

Parents were asked the same questions about their children. 79% of parents thought their child was safe, 9% that they were not. 79% stated that their child was healthy, 5% that they were not. 64% that their child was achieving in learning, with 11% saying they were not, and 25% giving a middle ranking answer. 78% felt their child was being nurtured, 11% that they were not. 81% stated that their child was physically active, 6% that they were not. 70% stated that their child was respected, 10% that they were not. 74% felt that their child was responsible, 9% that they were not. 74% felt that their child was included, 9% that they were not. It is notable that there is a significantly higher positive response from children and young people about their achievement in learning.

Turning to the children and young people who are being looked after by the council, the 2015 service user survey found 99% saying they felt safe, with 0% saying they did not. 94% that they felt healthy, 2% that they did not. 96% that they felt they were achieving in learning, 0% that they did not feel this. 99% that they felt nurtured 0% that they did not. 94% that they felt they were physically active with 0% that they did not feel this. 94% stated that they felt respected, 2% that they did not. 96% stated that they felt responsible, 2% that they did not. 96% that they felt included, 0% that they did not feel this.

These results indicate that young people being looked after by the council feel more positive about the wellbeing indicators than the general population of children and young people in Midlothian.

Turning to staff in schools, (including teachers, childcare development workers, learning assistants, playground assistants, administrative, cleaning, catering and janitorial staff) the most recent survey of school staff in 2015 about 'Getting it Right for Every Child' indicates that 47% of staff feel they know a lot about the GIRFEC approach in Midlothian, with 44% that they know a little, and 8% that they do not know very much. 88% consider the approach very relevant to their work, and 10% that it is of some relevance. 88% say they have been given information about the GIRFEC way of working in Midlothian, 11% that they have not. 66% of staff in schools said they had undertaken professional learning about GIRFEC, 32% that they had not done so. 61% said that GIRFEC was part of their school improvement plan, 28% did not know whether it was or not. 41% stated they knew a lot about the values and principles of GIRFEC, 49% a little, and 9% not very much. 44% stated they were very familiar with the wellbeing indicators- safe, healthy, achieving, nurtured, active, responsible, respected and included, with 41% stating they knew a little about these and 10% that they did not know very much. 85% saw the wellbeing indicators as very important with a further 11% describing them as of some importance to their work. 84% said that GIRFEC was relevant to all children, 10% to most children.

When asked about how well their school engaged with children and young people about the GIRFEC approach, 22% said very well, 44% satisfactorily, 8% not very well and 26% that they did not know.

When asked about how well their school engaged with parents about the GIRFEC approach, 11% said very well, 42% satisfactorily, 12% not very well and 36% did not know.

When asked about how well their school engaged with partner agencies about the GIRFEC approach, 37% said very well, 29% satisfactorily, 1% not very well and 33% did not know.

## Appendix 5: Abbreviations

Abbreviation	What it stands for	More information
ASN	Additional Support Needs	<a href="http://www.educationscotland.gov.uk/inclusionandequalities/additionalsupportforlearning/">www.educationscotland.gov.uk/inclusionandequalities/additionalsupportforlearning/</a>
ASL	Additional Support for Learning	<a href="http://www.educationscotland.gov.uk/inclusionandequalities/additionalsupportforlearning/">www.educationscotland.gov.uk/inclusionandequalities/additionalsupportforlearning/</a>
CAMHS	Child and Adolescent Mental Health	<a href="http://www.nhslothian.scot.nhs.uk/Services/A-Z/CAMHS/Pages/default.aspx">www.nhslothian.scot.nhs.uk/Services/A-Z/CAMHS/Pages/default.aspx</a>
C&YP	Children & Young People	Normally used for anyone aged 0-18, but may extend to age 24 in some areas of work
CP	Child Protection	<a href="http://www.midlothian.gov.uk/info/1347/social_care_and_health/340/child_protection">www.midlothian.gov.uk/info/1347/social_care_and_health/340/child_protection</a>
CPP	Community Planning	<a href="http://www.midlothian.gov.uk/info/200130/communities_and_community_planning">www.midlothian.gov.uk/info/200130/communities_and_community_planning</a>
CYPA	Children and Young People (Scotland) Act 2014	<a href="http://www.gov.scot/Topics/People/Young-People/legislation">www.gov.scot/Topics/People/Young-People/legislation</a>
CYPMAP	Child and Young Person's Multiagency Assessment	<a href="http://www.midlothian.gov.uk/info/543/services_and_advice_for_young_people/345/services_for_children_and_young_people">www.midlothian.gov.uk/info/543/services_and_advice_for_young_people/345/services_for_children_and_young_people</a>
EYC	Early Years Collaborative	<a href="http://www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative">www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative</a>
GIRFEC	Getting It Right For Every Child	<a href="http://www.scotland.gov.uk/gettingitright">www.scotland.gov.uk/gettingitright</a>
GIRFEMC	Getting it Right for Every Midlothian Child	<a href="http://www.midlothian.gov.uk/info/200130/communities_and_community_planning/367/community_planning/7">www.midlothian.gov.uk/info/200130/communities_and_community_planning/367/community_planning/7</a>
GUS	Growing Up in Scotland	<a href="http://www.google.co.uk/#safe=strict&amp;q=growing+up+in+scotland">www.google.co.uk/#safe=strict&amp;q=growing+up+in+scotland</a>
HMIe	HM Inspectorate of Education	<a href="http://www.hmie.gov.uk/">www.hmie.gov.uk/</a>
HV	Health Visitor	<a href="http://www.healthvisitors.com/hv/25/508">www.healthvisitors.com/hv/25/508</a>
ICYPSP	Children and Young People's Services Plan	The subject of this document
LA	Local Authority (another name for a Council)	<a href="http://www.midlothian.gov.uk/">www.midlothian.gov.uk/</a>
LAAC	Looked After & Accommodated	<a href="http://www.gov.scot/Topics/People/Young-People/protecting/lac">www.gov.scot/Topics/People/Young-People/protecting/lac</a>
LAC	Looked After Children	<a href="http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/introduction_wda88884.html">www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/introduction_wda88884.html</a>
LACH	Looked After Child at Home	<a href="http://www.gov.scot/Topics/People/Young-People/protecting/lac/about">www.gov.scot/Topics/People/Young-People/protecting/lac/about</a>
LAC&YP	Looked After Children and Young People	<a href="http://www.gov.scot/Topics/People/Young-People/protecting/lac/about">www.gov.scot/Topics/People/Young-People/protecting/lac/about</a>
LGBT	Lesbian, Gay, Bisexual and Transgender	<a href="https://en.wikipedia.org/wiki/LGBT_community">https://en.wikipedia.org/wiki/LGBT_community</a>
MAPSS	Midlothian Assessment & Planning Staged System for Children	<a href="http://www.midlothian.gov.uk/info/827/education_and_learning/1298/getting_it_right_for_every_child_girfec/5">www.midlothian.gov.uk/info/827/education_and_learning/1298/getting_it_right_for_every_child_girfec/5</a>
MARAC	Multi-Agency Risk Assessment	<a href="http://emppc.org.uk/file/Violence_Against_Women_Girls/East_Lothian_Midlothian_MARAC_Annual_Report_2013-14.pdf">http://emppc.org.uk/file/Violence_Against_Women_Girls/East_Lothian_Midlothian_MARAC_Annual_Report_2013-14.pdf</a>
MC	Midlothian Council	<a href="http://www.midlothian.gov.uk/">www.midlothian.gov.uk/</a>
MELDAP	Midlothian and East Lothian Drug and Alcohol	<a href="http://www.meldap.co.uk/">www.meldap.co.uk/</a>
MVA	Midlothian Voluntary Action (Council for Voluntary Service, part of Midlothian Third Sector Interface)	<a href="http://www.mvacvs.org.uk">www.mvacvs.org.uk</a>

## Appendix 5: Abbreviations (continued)

Abbreviation	What it stands for	More information
MYPAS	Midlothian Young People's Advice Service	<a href="http://www.mypas.co.uk/">www.mypas.co.uk/</a>
NP	Named Person	<a href="http://www.gov.scot/Topics/People/Young-People/gettingitright/named-person">www.gov.scot/Topics/People/Young-People/gettingitright/named-person</a>
PPPF	Public Protection Performance Framework	<a href="http://www.emppc.org.uk/file/Public_Protection_front_page/East_Lothian_Midlothian_Public_Protection_Committee_-_Annual_Report_2014-15_-_29-07-15_v1.3.pdf">www.emppc.org.uk/file/Public_Protection_front_page/East_Lothian_Midlothian_Public_Protection_Committee_-_Annual_Report_2014-15_-_29-07-15_v1.3.pdf</a>
PPU	Public Protection Unit	<a href="http://www.emppc.org.uk/home/">www.emppc.org.uk/home/</a>
PVG Scheme	Protection of Vulnerable Groups	<a href="http://www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm">www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm</a>
RAFA	Raising Attainment for All	<a href="http://www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative">www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative</a>
SCCPN	Scottish Child Care and Protection	<a href="http://www.withscotland.org/">www.withscotland.org/</a>
SCCYP	Scotland's Commissioner for Children and Young	<a href="http://www.sccyp.org.uk">www.sccyp.org.uk</a>
SCRA	Scottish Children's Reporter	<a href="http://www.scra.gov.uk/home/index.cfm">www.scra.gov.uk/home/index.cfm</a>
SCSWIS	Social Care and Social Work Improvement Scotland more commonly known as the "Care	<a href="http://www.careinspectorate.com/">www.careinspectorate.com/</a>
SDS	Self Directed Support - the ways in which individuals and families can have informed choice about how their support is provided to	<a href="http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Self-Directed-Support">www.gov.scot/Topics/Health/Support-Social-Care/Support/Self-Directed-Support</a>
SEBD	Social, Emotional and Behavioural	<a href="http://www.gov.scot/Publications/2010/04/26102809/3">www.gov.scot/Publications/2010/04/26102809/3</a>
SEEMis	Scottish Executive Education management Information system	<a href="http://www.seemis.gov.uk/site3">www.seemis.gov.uk/site3</a>
VM	Volunteer Midlothian	<a href="http://www.volunteermidlothian.org.uk/">www.volunteermidlothian.org.uk/</a>
VSC&YPSG	Voluntary Sector Children sub-group	<a href="http://www.mvacvs.org/index.php/community-planning/voluntary-sector-forum">www.mvacvs.org/index.php/community-planning/voluntary-sector-forum</a>

# Appendix 6: Public Protection Performance Framework – East Lothian and Midlothian

## EAST LOTHIAN AND MIDLOTHIAN PUBLIC PROTECTION PERFORMANCE FRAMEWORK – SUMMARY DIAGRAM (21/06/16)



- Child Protection**
- Number of children on the Child Protection Register (1,000 per 0-15 population)
  - Number of repeat Child Protection Register registrations within a 12 month period
  - Number of repeat Child Protection Register registrations within a 24 month period
  - Number of Child Protection IRD's
  - Number of children with a repeat IRD within a 12 month period
  - Number of repeat IRD's per child within a 12 month period
  - Percentage of Child Protection initial and pre-birth case conferences held within agreed timescales
  - Percentage of Child Protection review case conferences held within agreed timescales
  - Percentage of Child Protection core groups held within agreed timescales
  - Percentage of cases going to initial Child Protection case conference where the interim safety plan meets the standards required as per the *Child Protection Interim Safety Plan Guidance*
  - Percentage of children on the Child Protection Register that have a multi-agency integrated chronology
  - CURRENTLY UNDER REVIEW
  - Percentage of children on the Child Protection register that have a SMART plan
  - CURRENTLY UNDER REVIEW

- Adult Support and Protection**
- Total number of cases with a live Adult Support and Protection plan
  - Number of repeat Duty to Inquire within a 12 month period following Adult Support and Protection Case Conference
  - Percentage of Duty to Inquire that have been completed within procedural timescales
  - Number of Adult Support and Protection IRD's undertaken
  - Number of adults with a repeat IRD within a 12 month period
  - Percentage of Adult Support and Protection initial case conferences held within procedural timescale
  - Percentage of Adult Support and Protection review case conferences held within procedural timescales
  - Percentage of Adult Support and Protection initial case conferences where Council Officer reports were completed within procedural timescale
  - Percentage of adults, at Adult Support and Protection initial / review case conference that have a single agency chronology in place
  - Percentage of adults where a comprehensive multi-agency risk assessment has been completed within 28 days of the case conference
  - Percentage of Adult Support and Protection case conferences where the adult attended
  - Percentage of Adult Support and Protection case conferences where an advocate / guardian / power of attorney attended
  - Number of adults reporting that they feel safer as a result of intervention (following Initial Case Conference)

- Drugs and Alcohol**
- Rate of Child Protection case conferences where parental alcohol misuse (with or without drug misuse) has been identified for children on the register at 31 July per 10,000 population aged under 18 years
  - Rate of Child Protection case conferences where parental drug misuse (with or without alcohol misuse) has been identified for children on the register at 31 July per 10,000 population aged under 18 years
  - Rate of Child Protection case conferences where parental alcohol or drug misuse has been identified for children on the register at 31 July per 10,000 population aged under 18 years
  - Maternities with drug use (number and rates of maternities [per 1000 maternities] recording drug misuse 3 year rolling aggregates)
  - Number of adults in treatment for substance misuse who have children living with them (even if not their own)

- Offender Management**
- Percentage of people subject to statutory supervision and MAPPA arrangements who have not reoffended (with a relevant offence) within 12 months
  - Percentage of RSOs being managed at Level 1
  - Percentage of throughcare licenses with an initial appointment within 24 hours of release

- Violence Against Women and Girls**
- Number of women referred to SMILE substance misuse worker
  - Percentage of women that access the Domestic Abuse Advocacy Service that report an improvement in self confidence and self esteem during exit interview
  - Number of women referred to SMILE Routes to Independence worker
  - Number of children supported by EMWA children's service
  - CURRENTLY UNDER REVIEW
  - CURRENTLY UNDER REVIEW
  - Number of victims referred to domestic abuse service
  - Number of victims responded to by SMILE weekend service
  - Number of victims referred to MARAC
  - Number of actions to increase safety offered at MARAC
  - Percentage of victims reporting an improvement in their safety when exiting the domestic abuse service
  - Number of new Caledonian orders being issued at Court



Signed off at the meeting of the EMPPC on 31/05/16





## Communicating Loud and Clear

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

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Körler için kabartma yazılar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri sağlamak ve tercüme etmekten memnuniyet duyuyoruz.

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