

# Children and young people in Fife

The building blocks for health



## Acknowledgements

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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[www.nhsfife.org](http://www.nhsfife.org)

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# Introduction



Public health can be defined as *‘what we as a society do collectively to assure the conditions in which people can be healthy’*. It therefore must be concerned with broad aspects of our lives and environment, and the obligation to address inequality for those who face most challenges in realising their potential to participate in society.

This year I have chosen to focus the Annual Report and Information Supplement on children and young people. Clearly there are major health issues and pressures for all age groups, and these were covered more fully in last year’s report. These broader issues will be reviewed again in two years time. Childhood has a large influence on our health as adults. There are messages within this report relevant for everyone, as actions impacting on children and families benefit the wider adult population, and vice versa.

It is timely to consider children and young people for four reasons:

- the United Nations Convention on the Rights of the Child (UNCRC) which is expected to become incorporated into law in Scotland this year
- Scotland’s Promise to care experienced young people ‘You will grow up loved, safe and respected. And by 2030, that promise must be kept.’
- the strong and developing evidence base about the importance of attachment and social connectedness for babies, children and young people, the effect of adversity on early brain development, and the economic case for investing early in the life course
- the impact of COVID-19 and associated measures on children and young people, and the impacts, some ongoing, of the associated withdrawal of usual activities, services and supports, followed by the cost-of-living crisis.

It is impossible to cover every aspect of child health and care services in this report, and the Information Supplement provides further detail where this is available. The voice of children and young people is particularly important going forward to implement the UNCRC.

I would like to thank all the dedicated health and social care staff and carers, as well as those in Education, partner agencies and the third sector for their work with children and families in Fife. There are key messages and recommendations to consider, to give the next generation the most positive start possible.

Feedback on the report is welcome and will be used to help plan for future years. [see link in website]

**Dr Joy Tomlinson,**  
Director of Public Health

[Preface - The Future of the Public's Health in the 21st Century - NCBI Bookshelf \(nih.gov\)](#)

[https://www.scotphn.net/wp-content/uploads/2022/03/2022\\_02\\_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf](https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf)

[Tackling Inequalities Trauma and Adversity across the Lifespan \(improvementservice.org.uk\)](#)

[Home - The Promise](#)

# Key recommendations

**The science of connection shows that nurture in early life is crucial for brain development and for lifelong health and wellbeing, and investment in early years has the greatest economic impact on human development.**

The UNCRC should help ensure the issues and concerns affecting children and young people are considered in decision making at all levels, and that different groups of children and young people are given a chance for their voices to be heard to improve their health and life chances.

Tackling child poverty through increasing incomes, reducing costs and maximising benefits can make a huge difference to children and families, and the focus should be on the six priority groups as described in Best Start Bright Futures.

Strong connections are needed throughout pregnancy and childhood, and support for families in the community, access to good quality childcare, neighbourhood and community events, and support in education can support positive mental wellbeing. Access to more specialist services is important where needed.

Implementing The Promise is a major challenge and may require a culture change in how families, care experienced children and young people are regarded and supported.

Family support, youth work and third sector work plays a central role in supporting children and families and providing positive activities for young people, recognising the impact of disability and the role of unpaid carers.

Policy and action relating to health behaviours such as smoking, obesity, diet, alcohol and drugs need to take more account of the damaging reproductive effects and impact on children.

Addressing structural issues such as housing and environment will help create positive places for families now and for the next generation, taking into account inclusion and diversity.

Across a range of services, staff and the relationships they build are crucial to give the best support to families. Valuing, attracting and retaining staff working with pregnant women, children and families is important at all levels, from social carers and support staff through to expert professionals.

# General



# Population

## Why is this important?

Understanding changes in the number of children and young people under the age of 18 and their characteristics is essential to help in planning services for children and families.

## Background

At June 2021 an estimated 71,746 children aged under 18 lived in Fife. Within the age group 0-17 there were more males than females, 51% versus 49%. Of these children 17,300 or 24% were pre-school aged, 29,350 or 41% were aged 5-11 years and 25,096 or 35% were aged 12-17 years.<sup>1</sup>

Children aged 0-17 years account for 19.1% of the total population of Fife, a little above the national average of 18.7%. Within Fife, Dunfermline HSCP locality has the largest proportion of the total population aged under 18 at 20.9% and North East Fife the lowest at 15.6%. In the last 10 years the number of children aged 0-17 years estimated to be living in Fife fell by 1.8%, compared to the population aged 18 and over which grew by 3.2%. The largest fall has been seen in children aged 0-4 (24%) and then in children aged 5-11 (7%) which will in part be due to declining birth rates.

The most recent 2018 based population projections available for Fife estimate that by mid-2028 the total population of Fife, compared to 2018, will be a similar size with a 0.1% decrease in the total population and by 2043 will be 2.1% smaller. In comparison the population aged under 18 is estimated to be 6% smaller in 2028 compared to 2018 and 16% smaller by 2043.<sup>2</sup>

At the 2011 Census the under 16 population of Fife was predominantly of white ethnicity 96.9%, with 1.7% Asian ethnicity and 1.4% of children being from other minority ethnic groups.<sup>3</sup> The 2022 Fife Council pupil census reported that 5.7% of Fife school pupils were from a minority ethnic group.<sup>4</sup> The findings from the 2022 Census will provide us with a greater insight into the diversity of our child population in Fife.

### Summary

The proportion of children and young people as part of the overall population in Fife is currently reducing in line with the patterns seen across Scotland.

### Find out more

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections>

<https://www.scotlandscensus.gov.uk/search-the-census#/search-by>

<https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

# UNCRC – United Nations Convention on the Rights of the Child

## Why is this important?

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. While aspects of the Bill were challenged by the UK government, work is progressing and it is expected that new legislation will be passed in 2023.

## Background

The UK signed up to the United UNCRC which came into force in January 1992 and is the global gold standard for children's rights. The 54 UNCRC articles set out the multi-factorial rights that all children are entitled to. The articles are wide-ranging and cover a number of areas including health, education, leisure and play, social security, child labour, children in care and juvenile justice. The new law may make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights. An example is article 27: Every child has the right to a good enough standard of living to meet their physical and social needs including a proper house, food and clothing.

## Modifiable factors/local actions

Realising rights is a theme in the Fife Children's Services Plan, which covers partnership organisations in Fife. Organisations including NHS Fife are preparing to ensure processes and actions are compatible with the UNCRC. This affects services delivered to the wider population, and not just those aimed directly at children and young people.

Senior leaders are engaged in understanding the implications of the UNCRC and working on undertaking Children's Rights Impact assessments by public bodies where appropriate.

Work is ongoing to better listen to the voice of infants, children and young people as well as families to improve services and better meet their needs.

### Summary

Rights based approaches should change existing services to better realise all rights, including the right to health of the most disadvantaged children and young people.

### Find out more

[United Nations Convention on the Rights of the Child implementation: introductory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/20230623_socrr23_final.pdf)

[socrr23\\_final.pdf \(togetherscotland.org.uk\)](https://togetherscotland.org.uk/socrr23_final.pdf)

[UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk/uncrc-articles-archive)

# Factors affecting child development

## Why is this important?

Understanding the importance of early child development and the impact of life circumstance is constantly evolving. Attachment theory highlights the importance of a child's emotional bond with their primary caregiver. Disruption to or loss of this bond and accumulation of early adversity can affect a child emotionally and psychologically into adulthood, and can have an impact on their future relationships, social and health outcomes.

## Background

In international comparisons, the UK does not do particularly well on measures of child health, and inequalities in health in later life. The Heckman curve, Figure 1 shows the economic benefits of investing early in the life course. This is drawn from evidence of economics across numerous countries and is compatible with scientific evidence of the critical windows for development in early childhood, starting with pregnancy.

Quality of relationships with family, peers and community are important at any point in childhood and can be strained in times of family or community stress or disruption. Supporting child development can have a lifelong impact.

## Modifiable factors/local actions

Investment in family support and anti-child poverty measures can help support positive development in the critical early years. Prevention of adversity impacts on longer term outcomes for the next generation, for example measures to reduce domestic abuse, parental addiction and mental health issues in the adult population directly benefits children.

Maternal, perinatal and infant mental health is particularly important to promote positive bonding at the start of life. In Fife in addition to universal services there is tiered specialist support where needed from the Community Perinatal Mental Health team, Infant Mental Health team, and the Maternity and Neonatal Psychological Intervention team.

Child development and attachment informed policy and practice is particularly important in family, childcare and education arenas.

### Summary

The rapidity of early brain development and sensitivity to quality of nurture means that early life has a profound effect on the future life course.

**Find out more**

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://heckmanequation.org/resource/the-heckman-curve/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

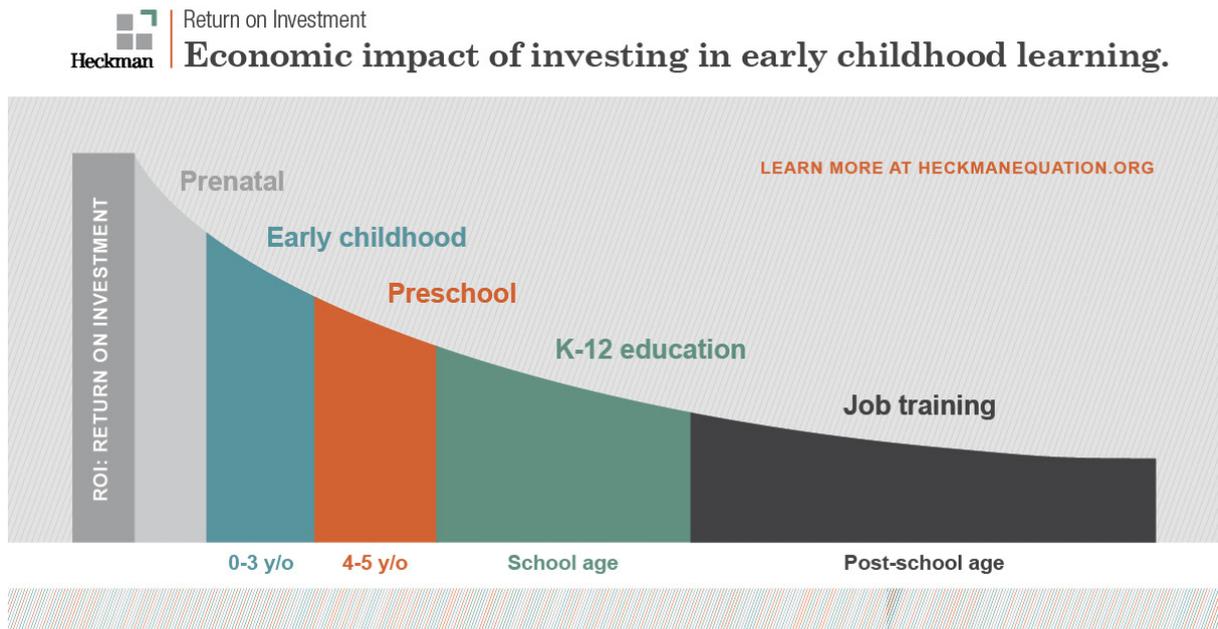


Figure 1 source: <https://heckmanequation.org/resource/the-heckman-curve/>

# ACE exposure and trauma

## Why is this important?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” In 1998 a landmark study by Felitti and colleagues was published demonstrating a link between cumulative exposure to ACEs with long term outcomes for adults including mental and physical health and leading causes of death.

## Background

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having four or more ACEs. Childhood trauma can affect individuals’ wellbeing across the lifespan, impacting on physical health, mental health and relationships. Being ‘Trauma Informed’ means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience.

## Modifiable factors/Local actions

Since 2016, NHS Education for Scotland (NES) has developed training to promote trauma informed practice, to support children and young people who have experienced trauma or ACEs. NHS Fife has developed four half day trauma informed modules on: Why trauma matters; Psychological Impact of trauma; Relationships and Recovery; Compassion Fatigue and Self-care.

These have been adopted and promoted via NES and are being delivered locally to a wide range of multiagency staff, including Family Support Service, social work staff, education staff and school nursing. There is also an enhanced module for staff working directly with children and young people who have experienced trauma. These modules have been delivered to staff working in CAMHS, child psychology and the DAPL school counselling service.

Trauma informed practice is also relevant for many adult services, and more broadly, consideration of prevention of ACEs is relevant in wider policy on inequalities including for example, criminal justice.

### Summary

To improve outcomes for those who have experienced trauma, we need a trauma informed workforce who can understand their needs and respond appropriately.

### Find out more

[Understanding trauma and adversity | Resources | YoungMinds](#)

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

[https://know.fife.scot/\\_data/assets/pdf\\_file/0027/177507/ACEs-in-Fife-Exposure-and-Outcomes-Profile-Oct-2018.pdf](https://know.fife.scot/_data/assets/pdf_file/0027/177507/ACEs-in-Fife-Exposure-and-Outcomes-Profile-Oct-2018.pdf)

[National Trauma Training Programme - Home \(transformingpsychologicaltrauma.scot\)](#)

[Home \(beaconhouse.org.uk\)](#)

[UKTC \(uktraumacouncil.org\)](#)

<https://www.gov.scot/publications/understanding-childhood-adversity-resilience-crime/pages/2/>

# COVID-19: Impact on children and young people

## Why is this important?

While direct health effects of COVID-19 had less impact on children than adults, the associated lockdown measures had a profound effect on usual socialisation, support, learning and activities, and services, adversely affecting aspects of child development.

## Background

School closures, lockdown measures and withdrawal of services to essential levels impacted the whole population, with particular effect on children and young people as usual activities, milestones and events had to be cancelled or curtailed. With adults under stress, this impacts on quality and quantity of interactions with children vital for language and development. The level of screen use in children increased significantly due to loss of usual activities.

While some families reported positives of having parents at home and less travel, many found the experience difficult, and women were disproportionately affected due to caring roles. At pre-school reviews, higher proportions of children have had developmental concerns post pandemic, 18.7% at 27-30 month review in 2021, compared to 14.6% prior to the pandemic for Scotland. Literacy and numeracy data were lower for Scotland in 2020/1 indicated an impact on learning. Parent-reported lower mental health and wellbeing scores in younger children were lower in 2020, and survey data indicated that families affected by disability had particular loss of services during the pandemic, with reduction in respite and social support. The proportion of Scottish children at risk of overweight or obesity increased in 2020/1. Demand and waiting times for many types of care were affected by the pandemic.

## Modifiable factors/local actions

Focus on connectedness and wellbeing of families, neighbourhoods and communities, as there may be a longer term cohort effect where supportive networks take time to re-establish.

Ensure services for families affected by disability, mental health issues and poverty are strengthened going forward to mitigate the impacts on disadvantaged groups.

### Summary

The pandemic and associated measures have had a major impact on children and young people, particularly those already in situations of disadvantage.

### Find out more

[https://www.scotphn.net/wp-content/uploads/2022/03/2022\\_02\\_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf](https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf)

# Family life

## Why is this important?

The family is the basic building block of society, and the expectations and structures around it change over time. This has implications for connectedness, and support in times of adversity, whether social, financial, physical or mental health related.

## Background

In the Growing Up in Scotland study, 27.3% of 14 year olds had at least one parent who lived elsewhere. Over half 57.5% saw this parent once a week or more, whilst 15.1% said they never saw this parent. Disabled young people were more likely to say they have at least one parent who lived elsewhere 35.2%, compared with 25.9% of non-disabled young people. There was an increase in single adult households in Scotland, with figures from the Labour Force Survey estimating that these accounted for 36% of all households in 2022. 23% of households in Scotland comprised adults and dependent children, less than one in four of all households. 5% of all households comprised a single parent and dependent children: 13% a small family, 5% a large family, an increase in the proportion with single parents over time.

There have also been significant changes to working patterns of parents in the UK, for example with more non standard working hours, particularly for lower paid workers. Some aspects such as unpredictable work schedules have been linked to lower parental wellbeing, however there is evidence to suggest access to flexible working patterns and the four day working week may reduce stress within families. The use of formal childcare has increased over time, however, availability and cost can limit options for families.

## Modifiable factors/local actions

Promote policies which support families with children, in particular families with disabled children, and encourage community support for families through intergenerational support, third sector, and volunteering, which also supports connectedness and positive wellbeing.

Promote a child and family focus in design of homes, work, communities and services, with accessible provision of high quality childcare.

The Workplace Team, Health Promotion Service in Fife actively promote a range of initiatives to Fife workplaces to encourage good and fair work, including family friendly policies, flexible working and intergenerational working, and promotion of the Healthy Working Lives programme in Fife.

### Summary

Promoting connected communities with the needs of children and families in mind will help the next generation flourish.

### **Find out more**

<https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/>

[Chapter 2 - The Composition and Characteristics of Households in Scotland \(www.gov.scot\)](#)

<https://www.nrscotland.gov.uk/files/statistics/old/he-05-table5.pdf>

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2021>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8651235/>

<https://www.weforum.org/agenda/2023/03/surprising-benefits-four-day-week/>

[10.1080/13668803.2022.2077173](https://doi.org/10.1080/13668803.2022.2077173)

<https://workingfamilies.org.uk/wp-content/uploads/2022/11/Working-Families-Benchmark-Report>

<https://www.nhsfife.org/workplace>

# Disability and neurodiversity

## Why is this important?

Difference is part of what makes us human, and also how we care for less able members of our society defines how we view ourselves as a civilised society. People with disability can face a number of barriers to inclusion and preventable adverse health outcomes.

## Background

The current rate of pupils in Fife assessed or declared as having a disability is 26.2 per 1000 pupils. Disability may relate to physical or learning ability or both, and may overlap with some chronic physical or mental health conditions, and sensory impairments. Disabilities may be classed as mild, moderate, severe, and in some cases, complex or exceptional where there are a number of conditions, or a mix of physical and learning disability leading to a need for complex care. The social model of disability recognises that people can be disabled by barriers in society such as absence of a wheelchair ramp, and is focussed on assets rather than impairments or deficits. The bio-psychosocial model incorporates the biomedical model with other perspectives and underpins person-centred care.

A learning disability is generally defined by lower intellectual ability, significant impairment of social or adaptive functioning, and onset in childhood. Some neurodevelopmental disorders may be associated with learning disability, including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Neurodiversity is a broader term relating to differences in brain processing, which is more variably defined and often includes ASD, ADHD, dyscalculia, dyslexia and dyspraxia. It is estimated around one in seven people in the UK is neurodivergent. Additional support needs is the term used in schools for children who require any additions to the educational provision that is usually provided, which can be due to the conditions above.

Recognising these conditions has important implications across the life course, in how to realise rights and advance equality of opportunity, provide reasonable adjustments and inclusion in society such as access to work, leisure and culture. As with adults, a higher proportion of disabled children live in areas of deprivation, and they are less likely to go to a positive destination after leaving school. Disabled people and their carers had a particularly difficult time during the COVID-19 pandemic for a variety of reasons including isolation and reduction in services. Unpaid carers have a vital role and there is a need to recognise, value and raise awareness of carers and their rights and whole family wellbeing.

The UN report on the implementation of the UNCRC in the UK highlights disability as a particular area for action. Stigma, fear of harassment and hate crime are prevalent and there are basic accessibility challenges for homes, public buildings and spaces. Rates of mental health issues are higher in disabled children and adults, and there can be barriers to accessing high quality health care.

## Modifiable factors/local actions

There should be increased recognition of the role of disability and caring roles in understanding and addressing health inequalities, and preventable premature mortality in Scotland.

There is work ongoing in health and education in Fife to improve access to support, advice and assessment to meet individual needs in relation to and reduce impact of neurodevelopmental disorders. Allied health professionals have an important role in advising and supporting families.

There is unmet need to support families caring for children with learning disabilities and the most complex mental health needs, with access to respite and multi-agency intensive support to prevent family breakdown or the need for alternative placements.

Transition from child to adult services for those with disability can be difficult to navigate, and is crucial to achieve the best long term outcomes. Key principles include person-centred planning, with planning starting early and continuing up to the age of 25.

### Summary

A core value of the UNCRC is non-discrimination, and responding to the experience of families and children is central to addressing barriers for those with disability or neurodiversity to realise their potential into adult life.

### Find out more

[Scotland's Wellbeing: national outcomes for disabled people - gov.scot \(www.gov.scot\)](#)

[Definition | Background information | Learning disabilities | CKS | NICE](#)

[The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](#)

[Celebrating neurodiversity in Higher Education | BPS](#)

[What are learning disabilities - report \(sldo.ac.uk\)](#)

[The biopsychosocial model of illness: a model whose time has come - Derick T Wade, Peter W Halligan, 2017 \(sagepub.com\)](#)

[UK Disability Survey research report, June 2021 - GOV.UK \(www.gov.uk\)](#)

[National carers strategy - gov.scot \(www.gov.scot\)](#)

[Findings from LeDeR reviews 2015-2020 | School for Policy Studies | University of Bristol](#)

[Principles-of-Good-Transitions-3.pdf \(arcscotland.org.uk\)](#)

<https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/pages/4/>

# Voice of children and young people

## Why is this important?

Linking to the UNCRC Article 12, participation and engagement with children and young people is being recognised as being integral in planning services to meet their needs, just as coproduction and working with communities is integral to wider service planning.

## Background

The Fife Children & Young People's Health & Wellbeing Survey was completed in schools in March and April 2023. The survey has been designed so that children and young people can tell us about their experiences and contains questions on a wide range of topics including: Physical Activity, Health, Emotional Wellbeing, Eating Habits and Social Media Use.

Gathering this information, at this time, was especially important to help to form an accurate picture of children and young people's wellbeing after the pandemic and to help to plan to support their recovery.

The results from the survey, available in summer 2023, will help us to understand the wellbeing and needs of children and young people in Fife. This will inform the work that partnership organisations are doing to improve services for children and families.

In preparing this report, feedback was obtained from Fife College students on topics most important to them. The Voice of children and young people, and working on young people's health priorities came top, followed by The Promise and Adversity priorities.

## Local actions/modifiable factors

There are many examples in Fife of good practice for engagement with children and young people, these include:

- The 'Voice of the infant' tool used within the Health Visiting and Family Nurse Partnership services.
- Following engagement with young people about their needs, NHS Fife School Nursing Service launched a text messaging service, launched in November 2022.
- In Education, local engagement work, as well as larger scale surveys such as SHINE and the Health and Wellbeing Survey are used to help plan services.
- Research undertaken with young people will inform Youth Work service priorities going forward.

### Summary

Information from larger scale surveys but also targeted work with specific groups of young people in Fife will help with designing appropriate services to meet their needs.

# Early years and building blocks for health



“Much is made of the need for more police on the streets. But while this would undoubtedly reduce violent crime in the short term, in the long term 1000 health visitors would be more effective than 1000 police officers.

Early years education and support is key to reducing violence in the long term.”

---

Detective Chief Superintendent John Carnochan,  
Head, Violence Reduction Unit of Scotland 2008



# Child poverty and cost of living

## Why is this important?

Child poverty affects opportunities for health, learning and development from pregnancy onwards, which can have lifelong consequences. The Child Poverty (Scotland) Act 2017 places duties on public authorities to take action to reduce and mitigate child poverty. The current cost of living crisis has made it more difficult for many families.

## Background

Almost one in four children in Fife live in poverty before housing costs. There are six child poverty priority groups which cover 90% of families with children in poverty: *lone parents, families affected by disability, children under 1 year, mothers under 25 years, ethnicity, families with >3 children*. The Policy document Best Start Bright Futures describes three drivers of child poverty: income from employment, cost of living, income from benefits.

Poverty rates are also higher in some parts of Fife than others, generally following patterns of deprivation. Poverty can be linked to increased family stress, and reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

## Modifiable factors/local actions

Fife has published several Local Child Poverty Action Reports as required by the Act. The report for 2023 will be part of the overall Tackling Poverty and Preventing Crisis report. Key areas for action focus on the three drivers and targeting the six priority groups:

- Income maximisation, with the successful MoneyTalks offer of referral for welfare checks in maternity and health visiting, and the Boosting Budgets programme in Education, and possible expansion of these.
- Reducing additional costs of the school day, and working to improve access to childcare.
- Anchor Institution actions, to ensure employment is accessible to priority groups where possible, and procurement can benefit local communities.
- Ensuring voice of those with lived experience is part of planning and feedback.
- Support action to explore better access to child maintenance payments and tackle young parent poverty.

### Summary

Poverty is a stressor which can be highly detrimental to all aspects of child and family wellbeing. Public services can take both preventive and mitigating action, in line with UNCRC articles 26 and 27.

### **Find out more**

<https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/>

<https://our.fife.scot/plan4fife/tackling-poverty-and-preventing-crisis/tackling-poverty-listing/tackling-child-poverty>

[https://our.fife.scot/\\_data/assets/pdf\\_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf](https://our.fife.scot/_data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf)

<https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

<https://cpag.org.uk/scotland/child-poverty>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports>

# Births and maternal health

## Why is this important?

Potentially modifiable factors affecting a mother's health before and during pregnancy can have a major impact on the mother and baby's wellbeing and some complications associated with pregnancy and childbirth. Some factors can influence the child's health in the longer term.

## Background

The birth rate is declining in Fife, in a similar pattern to Scotland, with 3157 births in 2021. Age at first birth is increasing, which has positive aspects, however fertility reduces with age and after age 35, the rate of pregnancy complications, and chance of some genetic conditions in the baby increase.

In Fife around 5% of singleton births have low birth weight, similar to the rate in Scotland. Low birth weight is caused by intrauterine growth restriction, prematurity or both. As well as immediate health care needs, it contributes to a range of longer term health outcomes. There are evidence based actions which can reduce the chance of low birth weight, these include: reducing smoking and reducing exposure to environmental tobacco smoke, alcohol, and illicit drug use. Low body mass index and anaemia are also risk factors so a healthy diet before and during pregnancy is important. Other factors include younger and older ages during pregnancy, time between births, infections including those which are sexually transmitted and exposure to domestic violence.

There were 11 stillbirths in Fife in 2021, and as a rate this was similar to Scotland. Stillbirths may have an identified cause but many are unexplained. There are also risk factors for stillbirth include smoking, obesity, poor nutrition, drug and alcohol use. One area of concern is that the percentage of women classified as overweight or obese at maternity booking in Scotland has been gradually rising. In Fife this was 60.4%, above the Scottish average.

Fife has one of the highest rates of current smokers at maternity booking in Scotland. In 2021/22, 16.7% of women self-reported as current smokers, compared to 11.8% for Scotland. Women who live in areas most affected by deprivation have the highest proportion of current smokers. Smoking is also associated with a wide range of harms including: increased risk of miscarriage, some congenital defects and learning difficulties, including attention deficit hyperactivity disorder. It may also cause genetic damage to be passed to the next generation. Smoking in the home is a significant risk factor for sudden infant death, as well as respiratory problems in children.

There are well understood risks during pregnancy from alcohol. Drinking alcohol during pregnancy increases the chance of fetal alcohol spectrum disorder (FASD) which is the commonest cause of non-genetic learning disability in the Western world. Importantly, damage may occur before a woman is aware of the pregnancy. It can be difficult to diagnose and symptoms include: difficulty processing information, memory and attention deficits, cognitive and behavioural problems. Early identification and support can improve outcomes.

Maternal deaths are fortunately now rare, however the Confidential Enquiries into Maternal Deaths 2022 showed stark inequalities with women from some ethnic backgrounds and women experiencing greater levels of deprivation more likely to be affected.

## Modifiable factors/local actions

Some actions that improve the health of the whole population such as increasing smoke-free environments will also directly benefit mothers and children. However, delivery of high-quality reproductive health care throughout a woman's life is also important for positive health outcomes for mothers and babies. While much is delivered in primary care, the ACORN project in Sexual Health Fife is an example of good practice which is designed to enhance access for women facing particular challenges who may not otherwise access services.

Maternity services in Fife provide person-centred care, with specific projects for some women, including the VIP project for those with alcohol and substance misuse problems, Family Nurse Partnership for younger first-time mothers, Family Health Midwives for those with complex challenges, and support for women with obesity in pregnancy. Translation services in maternity care are particularly important due to higher risks associated with some ethnicities. Areas for development include:

- Preconception health advice for all women, but especially for women with pre-existing conditions such as heart disease.
- Increasing access to reproductive health options such as long acting reversible contraception to women, including following birth.
- Reducing rates of smoking and obesity in the population, and exploring ways of increasing smoking quit rates in pregnancy including incentives.
- Supporting population health measures to reduce exposure to alcohol, including in pregnancy.
- A stronger focus on preconception and child health in general health policy.

### Summary

Improving preconception and maternal health will help reduce inequalities and improve outcomes for mothers and babies in Fife.

### Find out more

[Maternal and fetal risk factors for stillbirth: population based study | The BMJ](#)

[Fetal alcohol spectrum disorders: a guide for healthcare professionals \(exlibrisgroup.com\)](#)[Low birth weight \(who.int\)](#)

[Reducing low birth weight: prioritizing action to address modifiable risk factors | Journal of Public Health | Oxford Academic \(oup.com\)](#)

[Tobacco use in pregnancy | ASH Scotland](#)

[Smoking, Pregnancy and Fertility - ASH](#)

[Financial incentives for smoking cessation in pregnancy: randomised controlled trial | The BMJ](#)

[MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)

[Women's health plan - gov.scot \(www.gov.scot\)](#)

# Infant feeding

## Why is this important?

Breastfeeding provides the best start to life as breastmilk contains hundreds of components that cannot be artificially replicated including viral fragments, antibodies and immunoglobulins, hormones, stem cells, complex sugars and essential fats.<sup>1</sup> In addition to nutrition and immunity, the closeness of breastfeeding helps develop the infant microbiome and builds a strong bond between the mother and infant. This relationship can aid brain development and potentially influence life-long learning, development and social interactions.

## Background

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7 % in 2012 to 41.9 % in 2022.<sup>2</sup> There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get advice and support where needed.

Additionally, all maternity, neonatal and health visiting services across Scotland are accredited as “Baby Friendly” – a global initiative jointly developed between WHO and UNICEF to provide standards of care to improve breastfeeding support.<sup>3</sup>

## Modifiable factors/local actions

NHS Fife community successfully became “Baby Friendly” in 2014 and successfully reaccredited in January 2023 with outstanding results. The next steps to embed standards in practice include ensuring strong leadership, fostering a culture for staff learning and feedback, ensure a robust monitoring system to ensure standards remain consistently met to a high standard and developing innovations to improve services.<sup>4</sup> This includes access to breastfeeding support and advice from midwives, health visitors (or family nurses), the breastfeeding support team or one of the infant feeding advisors.<sup>5</sup>

Families can also get help with costs through Best Start grants and Best Start foods to help make sure infants and young children have access to food.<sup>6</sup>

### Summary

Actions to promote and support breastfeeding where possible remains an important health outcome, while sensitively supporting all families regardless of feeding methods.

### Find out more

[DPH Report 2023 - Draft Master V2 24.05.2023.docx \(sharepoint.com\)](#)

[Infant feeding statistics - Financial year 2021 to 2022 - Infant feeding statistics - Publications - Public Health Scotland](#)

[Learn more about the UNICEF UK Baby Friendly Initiative](#)

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

[Breastfeeding support | NHS Fife](#)

[Best Start Grant and Best Start Foods - mygov.scot](#)

# Health visiting pathway and Family Nurse Partnership

## Why is this important?

Universal services in pregnancy and from birth into the early years are essential to ensure early intervention and prevention and identify those requiring additional or intensive support.

Midwives, health visitors and family nurses are the core staff groups involved in pregnancy and following birth health visitors and family nurses are the key staff.

## Background

The Universal Health Visiting Pathway provides a core programme of 11 home visits to all new families, covering the first year to preschool, building relationships, providing support and including the Named Person function.

Development checks are captured in the Child Health Surveillance Programme national information system. In 2021/22 in Fife there was a fall in the proportion of eligible children reviewed at both 13-15 month review and 27-30 month review, to 83% and 90%. The percentage of children reviewed with developmental concerns at both reviews increased, to 18% and 19% respectively. This increase was noted across Scotland and further work is underway to investigate further.

The FNP programme is now available to all first time mothers aged 20 and under. This is a recent expansion from 19 years old and under and provides regular intensive home visits and support in pregnancy until the age of two according to an evidence based framework. This has been shown to improve a range of maternal and child outcomes.

## Modifiable factors/local actions

Full implementation of the Health Visiting pathway has been challenging due to staffing pressures in the last four years. A workforce strategy is in place covering recruitment, training and supervision which will bring long term stability to teams and support full delivery of the pathway.

Further consideration will be needed to meet the stretch aim to have the FNP programme offered to those aged 21 and under, and 25 and under for care experienced young people.

### Summary

Universal and additional support is essential to support families in the early years adapt to the changes and potential challenges in the early years.

### Find out more

[Early child development statistics - Scotland 2020 to 2021 - Early child development - Publications - Public Health Scotland](#)

<https://www.gov.scot/policies/maternal-and-child-health/family-nurse-partnership/>

[Perinatal and early years - Mental health - gov.scot \(www.gov.scot\)](#)

[Perinatal mental health - ScotPHO](#)

# Play and physical activity

## Why is this important?

Movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Play is well documented for its benefits at all life stages from infancy to older adults. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health.

## Background

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day. In 2021 the Scottish Health Survey reported that 71% of children aged 2-15 years had achieved this recommendation which included activity at school. This is an increase from 69% in 2019. However more boys than girls meet the recommendation.

Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skill mastery. This then can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age will help to increase activity levels, create good habits and improve life chances into adulthood.

## Modifiable factors/local actions

The ability to swim and ride a bike by the time a child leaves primary school are two 'life skills' measures Fife Council is working hard to impact, through provision of activity and interventions to tackle the barriers to participation.

Fife Sport and Physical Activity Strategy is a Fife wide commitment to improving opportunities for people of all ages, abilities, and localities in Fife to participate in sports and physical activities. Working in partnership with stakeholders Fife Council Active Communities is committed to increasing the variety and availability of activities, from walking in the community to supporting clubs and groups who are working to change people's lives through sport, including those with disabilities.

Additional funding will increase the ability to create and improve access to activity across Fife. Reducing barriers to activity' costs, facilities and perceptions continues to challenge all initiative and projects. Ongoing work to understand the needs of our communities, individuals and families assists with planning programmes, taking into account any impact from COVID-19 in changing how people play, participate and exercise.

### Summary

Play and physical activity is essential for healthy development in children and contributes to lifelong physical and mental health and wellbeing.

### Find out more

[Active Fife - leisure hub](#)

[Physical activity overview - Physical activity - Health topics - Public Health Scotland](#)

# Housing

## Why is this important?

Housing has a vital role to play in promoting child development by providing a safe and secure place for children to grow, play and learn in a homely and nurturing environment.

## Background

In 2021 the Scottish Government set out its vision for the Housing Sector in its 'Housing to 2040' Strategy.<sup>1</sup> This was in the context of an emphasis on preventing homelessness. Homelessness prevention duties on all public bodies are widely expected to form part of a forthcoming Housing Bill.<sup>2</sup> Pressure on housing services continues to be affected by the impact of the COVID-19 pandemic. In Fife the number of homeless applications and households in temporary accommodation remains higher than pre-pandemic.<sup>3</sup>

Scottish Government data 2020-2021 shows that within Scotland Fife has amongst the highest number of homeless households.<sup>3</sup> Homeless households with children spend on average longer in temporary accommodation than those without. The Draft Fife Local Housing Strategy 2022-2027 states that 22% of homeless households in Fife are single parents and 24% of homeless assessments include dependent children.<sup>4</sup>

## Modifiable factors/local actions

Housing and homelessness issues are entwined with other aspects of inequality such as employment and poverty. Fife's Local Housing Strategy includes actions to address the housing needs of populations where children and young people may be most at risk.<sup>4</sup> This includes those experiencing domestic abuse or with no recourse to public funds, care experienced young people, children in temporary accommodation, and closer working with child health and maternity services.

In Fife the Rapid Rehousing Transition Programme (RRTP) Board will establish a multiagency Homelessness Prevention Task Force. It will also work with the Centre for Homeless Impact to develop a local framework in line with the SHARE tool that aims to achieve the following: 'Scotland will be a society in which homelessness is prevented whenever possible or otherwise will be rare, brief and non-recurring'.<sup>5,6,7</sup>

### Summary

Housing provision and the prevention of homelessness need to take account of children's rights-based approaches in line with the UNCRC.

### Find out more

<https://www.gov.scot/publications/housing-2040-2/documents/>

<https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation-analysis-consultation-responses-final-report/>

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/06/homelessness-scotland-2020-2021/documents/homelessness-scotland-2020-21/homelessness-scotland-2020-21/govscot%3Adocument/homelessness-scotland-2020-21.pdf>

<https://www.fife.gov.uk/kb/docs/articles/housing/local-housing-strategy>

<https://www.homelessnessimpact.org/share-tool>

<https://www.scotpho.org.uk/wider-determinants/homelessness/key-points/>

[https://scotland.shelter.org.uk/housing\\_policy/homelessness\\_in\\_scotland](https://scotland.shelter.org.uk/housing_policy/homelessness_in_scotland)

# Greenspace and wellbeing economy

## Why is this important?

Greenspace Scotland outlines research demonstrating how greenspace can give children the best start in life and act as an outdoor classroom.<sup>1</sup> Greenspace provides places for children to play and promotes their social, emotional, intellectual and physical development. Wellbeing and sustainability can be seen as a children's rights issue due to the impact on future generations.<sup>2</sup>

## Background

The Place and Well-being Collaborative have recently developed a set of Place and Well-being outcomes for Scotland.<sup>3</sup> This work reflects the well acknowledged important effect the kind of the place in which we live, work and play has on our health and well-being. Issues of place are entwined with sustainability and the nature of economic development. Scotland is part of the OECD Wellbeing Economy Governments Group exploring wellbeing and economics, and meeting UN Sustainable development goals.<sup>3</sup>

## Modifiable factors/local actions

Targets and indicators for place and well-being are being developed at national level and will inform further development of actions covered in Fife strategies on Transport, the Climate Emergency, Sustainability and Greenspace.<sup>4,5</sup> This links to the Play Strategy for Scotland which has the ambition for all children and young people to enjoy outdoor free play in stimulating spaces with access to nature on a regular basis, and in Fife the Play Spaces Strategy provides a plan for upgrading play facilities across Fife.<sup>6,7</sup>

Fife has been part of a Scottish Government pilot programme supporting local areas to build capacity for community wealth building, now embedded as part of the Plan for Fife Recovery and Renewal review. Other collaborative projects in Fife are in progress which will contribute to the joint priorities of community wealth building and developing a green and sustainable environment to benefit future generations. These include: establishing a Green Health Partnership, the River Leven Programme and the work of partner organisations to develop their role as Anchor institutions.<sup>8</sup>

### Summary

The priorities of place-making, community wealth building, and sustainability are shared by partners across Fife and is evident already in work to address these areas. The rights, voices and best interests of children and families should be taken into account in these initiatives.

### Find out more

<https://www.greenspacescotland.org.uk/Pages/Category/greenspace-delivers>

<https://childreninscotland.org.uk/economy-must-be-redesigned-to-focus-on-wellbeing-and-environmental-sustainability/>

<https://www.gov.scot/groups/wellbeing-economy-governments-wego/>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes>

<https://www.fife.gov.uk/kb/docs/articles/roads,-travel-and-parking/local-transport-strategy>

<https://www.nhsfife.org/about-us/sustainability/sustainability-and-environmental-reporting/>

# Climate

## Why is this important?

The climate crisis is particularly relevant for children and young people, as they will be exposed to it for longer, and so will benefit most from harm reduction. This includes improving air quality and averting ecological changes such as extreme weather events.

## Background

NHS Scotland published its Climate Emergency and Sustainability Strategy last year, which sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals. This acknowledges how we need to change the ways we work to avert and deal with the consequences of climate change, and the need for a change in our culture to support this.

It is important that changes in response do not exacerbate inequality and follow the principles of a 'just transition', taking account of the effect on different groups and generations. The impact of climate change can be hardest on those who are already worse off. This affects children and young people in particular because altering where they live or their health can affect their opportunities for the rest of their life. Research shows they are also most affected by anxiety about ecological issues and so addressing the climate crisis may help improve mental wellbeing.

## Modifiable factors/local actions

Organisations and communities in Fife can work to address climate change through:

- listening to and involving children and young people in solutions, to promote a sense of positive agency locally for sustainability while accepting some levers lie at global level
- changing the ways that large organisations work through Anchor Institution principles
- helping all staff and communities to understand and respond to sustainability
- sharing resources, for example looking into how green space in NHS sites can be used by other groups and organisations
- working with local partners such as the Green Health Partnership and Fife Conference of the Partners.

### Summary

The climate crisis will affect the lives of today's children and young people as well as future generations, and their voices are integral to working towards solutions

### Find out more

[NHS Scotland climate emergency and sustainability strategy: 2022-2026 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/06/NHS_Scotland_Climate_Emergency_and_Sustainability_Strategy_2022-2026.pdf)

[Mission and Goals | International Institute for Sustainable Development \(iisd.org\)](https://www.iisd.org/)

[The NHS as an anchor institution \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/the-nhs-as-an-anchor-institution)

[https://doi.org/10.1016/S2542-5196\(21\)00278-3](https://doi.org/10.1016/S2542-5196(21)00278-3)

<https://www.penumbra.org.uk/climateanxietyandyoungpeople/>

# The promise and adversity



# The promise and care experienced children and young people

## Why is this important?

In 2020 Scotland made a promise to care experienced children and young people: You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept**.

## Background

The Independent Care Review (ICR) 2020 listened to 5,500 care experienced infants, children, young people and families who shared their experiences. The ICR identified that many did not feel loved, safe or respected. The conclusions and recommendations from the ICR shaped The Promise Action Plan (2021-2024). Longer term outcomes for those who are care experienced have been shown to be adverse compared to other groups, including health and educational outcomes. Those who have been in looked after can also experience stigma as a result.

Becoming looked after involves a formal supervision order following a Children's Panel Hearing and reasons include lack of parental supervision or exposure to harm. Children can be looked after at home, in kinship care, fostering, or in residential accommodation. Fife currently has 165 children looked after at home and 578 children looked after away from home from period 9th March 2023 until 5 April 2023.

## Modifiable factors/local actions

The Promise is an identified priority area within Fife Children's Services Plan (2021-23) and there is a commitment from Fife's Children's Services Partnership to collectively deliver the Promise to improve the experiences and outcomes of: those who experience care, those who may be described as on the 'edge of care', and those who have a requirement for additional services to support them to live safely at home.

Currently, there is mapping activity being undertaken across all sectors in Fife for partner agencies to identify how they are meeting the priorities highlighted within the Promise. This will inform gaps that need addressed, including support into young adulthood. A recently established working group within Fife Children's Services will explore means to increase awareness of the Promise and build capability across the workforce in social work, health, education and other agencies to embed the Promise into everyday practice.

### Summary

The promise is hugely important, in aspiring for more child-centred and systemic support for children, young people and families when they encounter services, leading to better experiences and long term outcomes.

### Find out more

<https://thepromise.scot/what-is-the-promise/independent-care-review>

[Fife-CS-Plan-2021-23-v2.pdf](#)

[Fife-CS-Plan-2021-23-v2.pdf](#)

<https://doi.org/10.23889/ijpds.v7i3.2020>

# Domestic abuse

## Why is this important?

The Domestic Abuse Scotland Act (2018) outlines that domestic abuse has a significant impact on babies, children and young people. This may be through direct experience, witnessing abuse to a parent or family member, or being present in a family environment where domestic abuse is taking place.

## Background

During 2021-22, 782 children in Fife were discussed at a multi-agency risk assessment conference, or MARAC - an indicator of the number of children living within high-risk domestic abuse settings. 461 children were supported by Fife Women's Aid. 57 children and 41 mothers were supported by CEDAR Plus, a programme which helps recovery.

Fife has a slightly higher rate of reported domestic abuse incidents than Scotland as a whole, with the gap increasing in the last few years. Data may be an underestimate due to the impact of COVID-19 restrictions during this reporting period and the hidden nature of domestic abuse.

## Modifiable factors/local actions

Actions and supports are outlined in the Fife Violence Against Women Action Plan 2020-22:

- Free telephone support line for children; Children and Young People Counselling; Join the Dots programme providing one-to one support, family support and Primary and Teen groupwork support. (Fife Women's Aid).
- CEDAR Groupwork (Children Experiencing Domestic Abuse Recovery) for 4 to 16-year-olds and their mothers; EYDAR Groupwork (Early Years Domestic Abuse Recovery) for mothers with children 0-4 years (Family Support Service, Fife Council).
- Safe & Together training is mandatory for Children & Families staff, focussing on keeping children safe with the non-offending parent within a domestic abuse situation.

### Summary

Domestic abuse can cause a variety of social, emotional and educational disadvantages, including attachment issues, therefore preventive work and adequate support services are necessary to support children and young peoples' development into adulthood.

### Find out more

[CEDAR Plus \(domestic abuse\) | Fife Council](#)

[Services for Children & Young People - Fife Women's Aid \(fifewomensaid.org.uk\)](https://www.fifewomensaid.org.uk)

[Fife Violence Against Women Partnership | Fife Council](#)

[Scotland's Programme for Government Commits to Safe & Together Model - Safe & Together Institute \(safeandtogetherinstitute.com\)](https://www.safeandtogetherinstitute.com)

# Neglect and child protection

## Why is this important?

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses and has major long term health consequences. Other forms of maltreatment include physical, emotional and sexual abuse.

## Background

Neglect can occur both pre- and post-natally. It may involve failing to: provide adequate food, clothing, or shelter; protect the child from physical/emotional harm or danger; respond to essential emotional needs; seek consistent access to appropriate medical care; and ensure the child receives an education. This can co-exist with other difficulties such as domestic abuse, parental substance use, parental mental health problems.

42% of children in Scotland who were on a Child Protection Plan or on the Child Protection Register had an indication that neglect was a concern. Neglect was identified as a common concern in most Initial Case Reviews in Scotland by the Care Inspectorate. In July 2022 the rate of Child Protection Registrations in Fife was 2.1 per 1000, relating to 136 children, a reduction since 2021, and similar to the rate in Scotland. There is increasing evidence of a causal link between child abuse and neglect, with later poor health and premature death.

## Modifiable factors/local actions

Fife has strong multi-agency working led by the Child Protection Committee with a focus on continuous improvement and keeping children safe. A supportive and early intervention approach to families in distress is important. NHS Fife is also implementing the Graded Care Profile 2 (GCP2), a tool that improves the assessment of quality of care being given and identification of when a child is at risk of harm/neglect. This is for core staff teams such as health visitors.

While many factors play a part, poverty has an association with levels of child abuse and neglect in contributing to family stress, therefore anti-poverty measures may reduce levels of neglect.

### Summary

Measures to support families to prevent neglect and abuse, early identification, support and intervention, will have lifelong consequences for health outcomes and future costs to society in terms of crisis or late intervention and care.

### Find out more

[Getting it right for every child \(GIRFEC\) - Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014 - gov.scot \(www.gov.scot\)](#)

[Child Protection | Care Inspectorate Hub Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](#)

[https://www.fife.gov.uk/\\_data/assets/pdf\\_file/0021/401565/CPC-Annual-Report-2020-21-FINAL-Academic-year.pdf](https://www.fife.gov.uk/_data/assets/pdf_file/0021/401565/CPC-Annual-Report-2020-21-FINAL-Academic-year.pdf)

<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

[The serious health consequences of abuse and neglect in early life | The BMJ](#)

# Young carers

## Why is this important?

The Carers (Scotland) Act 2016 gives rights to carers including young carers, who can face hidden social, emotional and educational disadvantages as a result of caring for a family member with a long-term health issue or disability.

## Background

There is no definitive number of young carers in Scotland and it is acknowledged that numbers reported in formal surveys may be an underestimate. In 2021 in Scotland 2% of children aged 4-15 years old reported providing any regular help or care for any sick, disabled, or frail person, this was a decrease from the 4% reported in 2019 when the full Scottish Health Survey was carried out. For young people aged 16-24 years old, 9% reported carrying out regular help, an increase from 7% in 2019. In Fife this equates to around 1000 children and 3,500 young people. However in a Fife Education survey in 2018 over 6000 children and young people in school identified themselves as a young carer.

Young carers are more likely to be female and more likely to live in areas of deprivation, and are twice as likely to report a mental health problem including stress, anxiety and depression. A higher level of physical health issues has also been described. Their caring role may limit social activities and contribute to social isolation; however, there can also be benefits in the caring role, such as responsibility and maturity.

## Modifiable factors/local actions

The 'Getting it Right for Young Carers in Fife' strategy (currently being updated) reflects the partnership work of all Children's Services, working together to support young carers in Fife. Fife Young Carers enable young carers to meet regularly in supportive social groups across Fife. They also provide direct support to schools to help raise awareness of the issues Young Carers face, and to support the Young Carers Champions identified in each school.

From consultation with young carers the following areas have been identified as important:

- Further awareness raising in schools and support to access help
- Support to access activities and opportunities in the communities
- Support with transitions into adulthood
- Support with mental health, especially during school holidays

### Summary

Providing support for young carers is important to realise their potential and reduce health inequalities.

### Find out more

[Young-Carers-Guide-2018\\_V4.pdf \(fifehealthandsocialcare.org\)](#)

<https://www.fifyoungcarers.co.uk>

[Young carers: review of research and data - gov.scot \(www.gov.scot\)](#)

[National Strategic Education Project | Carers Trust Scotland](#)

# Refugee and asylum seeking children and young people

## Why is this important?

It is a human right to be able to seek asylum in another country. Children and young people usually come as part of a family unit, but unaccompanied young people are a particularly vulnerable group.

## Background

Fife's Resettlement Core Group oversees approaches to support urgent resettlement and displacement programmes. Close partnership working has been crucial and health responses vital in meeting urgent needs and pathways to early integration. The response has evolved significantly in the last three years, and countries of origin include Syria, Afghanistan and Ukraine, under a variety of different programmes. This is a dynamic community and young people have been supported in the Afghan bridging hotel, the Homes for Ukraine sponsorship scheme, the Super Sponsorship scheme and Welcome Accommodation (hotels) providing interim sanctuary.

There can be significant social, physical and mental health needs, and there may be barriers in terms of language, culture, finance, and stigma which can impact on access to health and other services. Many families may have experienced psychological trauma as part of their journey.

Key health aspects for children include age appropriate health care, which includes prevention, such as ensuring immunisations are up to date, and access to relevant health services such as primary care and maternity care. Integration into education and the wider community can positively support ongoing child development.

## Modifiable factors/local actions

There are challenges in some services to meet the needs of this group for example, with finding suitable longer term housing options for some families, as young people and families in temporary accommodation may not be able to benefit from normal family life and opportunities a settled home provides, and uncertainty for the future can affect wider wellbeing.

### Summary

Support for children, families and young people who are refugees or asylum seekers to access healthcare and other services is essential to meet their needs.

### Find out more

[Refugees and asylum seekers - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH](#)

# Living well



# Food and diet

## Why is this important?

A healthy diet brings a wide range of benefits for physical and mental health. Poor diet and nutrition is a major 'downstream' cause of ill-health, chronic disease, and premature death in Scotland. A healthier diet with a higher proportion of fruit and vegetables can substantially reduce the risk of many chronic diseases including the two leading causes of death in Scotland - coronary heart disease and cancer.

## Background

In Fife, 77.3% of children measured in Primary 1 have a healthy weight. Children in Scotland report eating on average 3 portions of fruit and vegetables per day, compared to the recommended 5 or more portions. Children tend to consume foods and drinks that are high in fat and/or sugar more often than adults, and those in more deprived areas are more likely to eat no portions of fruit and vegetables than other areas. There is higher prevalence in obesity in the most deprived areas of Fife compared to least deprived. In Scotland 7% of families with children are classed as food insecure. Foodbank use is significant with over 5,506 parcels given out to children specifically in 2021/22 in Fife.

## Modifiable factors/local actions

Multiple factors influence our diet including knowledge, skills, affordability, accessibility, marketing and energy density of food. To improve the diet of Fifers we need to build capacity and resilience within individuals, families and the communities in which they live, and tackle food insecurity. This includes:

- The Child Healthy Weight Programme in Fife, Fife Loves Life, supports positive family friendly lifestyle changes, including eating well and physical activity.
- Early years funding has been secured for training the trainer HENRY Core Training, in partnership with NHS Lothian and Fife Council Early Years Education. The HENRY approach is designed to build the skills of practitioners to provide effective support for families and children in achieving a long-term healthy lifestyle.
- Fife Food Champions are a network of trained individuals who have a remit for food in their job/volunteer profile. They are trained to enable them to deliver key messages around eating well and cooking workshops in communities.
- The Food4Fife Partnership is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help address health, environmental and economic challenges by creating a sustainable food culture for a healthy Fife via a strategy and action plan.

### Summary

Children, young people and families need to be supported in the early years and beyond to establish lifelong healthy eating habits, and in the longer term reduce health inequalities in avoidable diseases and complications.

### Find out more

[Fife's Food Strategy Consultation - Food from Fife](#)

[Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland](#)

[Healthy weight - Diet and healthy weight - Health topics - Public Health Scotland](#)

# Smoking and children and young people

## Why is this important?

Health Inequalities are apparent from an early age, and are exacerbated by avoidable harms such as smoking. Smoking is more prevalent in the most deprived areas in Fife. The younger the age of uptake of smoking, the greater the harm is likely to be; early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

## Background

Cigarette smoking during childhood and adolescence causes significant health problems among young people including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung function. Longer term smoking leads to many health risks including lung disease, oral and lung cancer and circulatory problems.

Smoking prevalence increases significantly between the ages of 13 and 15 years and continues to rise steadily into early adulthood. In 2018 rates were higher in Fife than the national average: 2% of 13 year olds and 8% of 15 year olds smoke in Fife, and 17% of 13 year olds and 41% of 15 year olds believe that it is 'ok' to experiment with tobacco, a key risk factor for future tobacco dependence. Babies, children and pregnant mothers are particularly vulnerable to the effects of second hand smoke within enclosed spaces such as the home environment, and in Scotland the rate of child exposure to smoking in the home has fallen significantly over the last 10 years.

E-cigarette use or vaping was also higher in Fife than Scotland, with 41% of 15 years olds reporting trying this. While less harmful than smoking, adverse effects may include addiction and exposure to chemicals in the e-liquids.

## Modifiable factors/local actions

Local actions look to promote a culture where young people are not tempted to experiment with smoking, encourage each other to avoid smoking and have an active voice in health policy and practice by:

- raising awareness of the impact of smoking on children and young people, peer influences and tobacco industry tactics through school based and further education programmes
- developing smoke free environments for children and young people through our Smoke Free Homes programme and promote smoke free school gates and play parks
- working with partners to identify ways in which they can contribute to the tobacco prevention and early intervention agenda with the aim of supporting Fife to achieve the aspirational goal of a Smokefree generation by 2034.

### Summary

Tobacco control measures are a key part of reducing health inequalities and cancer prevention. The aim is to cultivate an environment where all children and young people view non-smoking as the social norm.

### Find out more

[Tobacco prevention and protection | NHS Fife](#)

[Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 \(www.gov.scot\)](#)

[Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) - gov.scot \(www.gov.scot\)](#)

# Mental health and wellbeing

## Why is this important?

The Scottish Government's Community Mental Health & Wellbeing Supports & Services Framework (CMHWSS Framework) states that every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing. Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This support will be available in the form of easily accessible support close to their home, education or community

## Background

Children's emotional and mental health and wellbeing is just as important as physical health. Risk factors for mental disorders are not fully understood, however genetic factors play a part, and childhood adversity or abuse is recognised as associated with increased likelihood of some conditions in later life. Family, peer and school relationships are crucial in emotional wellbeing, and disability, physical health conditions and the experience of discrimination are associated with an increased likelihood of mental health disorders. Some evidence suggests that prenatal and maternal health can also be relevant.

Evidence from a number of collated studies showed that the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in over half (62.5%), with a median age at onset of 14.5/18 years across all mental disorders. While many childhood problems will resolve, prevention and early intervention in children and young people in the community is of major importance for the entire life course.

The prevalence of poor mental health and emotional wellbeing across Scotland's children and young people has incrementally increased over the past five years, with services supporting children and young people experiencing year on year increases in presentation and complexity.

Between April and June 2021, 7,522 Fife young people took part in the SHINE mental health survey, key themes from the data indicates that in Fife young people are struggling with self-confidence, loneliness, poor body image and maintaining positive peer relationships. Levels of wellbeing in girls in secondary school age are of particular concern, and this has been noted nationally for some time.

Specialist referral data indicates that many young people who are referred to CAMHS do not meet the criteria for their service, and therefore alternative support in the community may be more appropriate.

## Child and Adolescent Mental Health Service

In addition to the objectives set out in the CMHWSS Framework, the Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification articulates the role and function of CAMHS services across the country and how it should link with wider service providers in order to achieve these objectives.

Key aims within this are the Scottish Government's CAMHS 18 week Referral to Treatment Target (RTT), reduction in waiting times, the recruitment, retention and development of a skilled workforce, and the provision of high quality, evidence-based care that is informed by the views, experiences and rights of children, young people and parents/carers.

Within Fife approximately 3,000 children per year are referred to Fife CAMHS with a spectrum of mental health issues ranging from short term emotional difficulties through to severe mental illness that requires intensive intervention and occasionally inpatient care.

## Modifiable factors/local actions

The CMHWSS Framework was implemented across Fife in 2021 with the aim of enhancing and extending community supports and services that target mental wellbeing and emotional distress. It supports an approach based on prevention and early intervention, enhancing provisions of additional (targeted) supports for young people aged 5-24 (up to 26 if care experienced), and their families to support their mental health and wellbeing, reducing the need for intensive interventions from specialist services.

Fife CAMHS carried out a gap analysis of the current provision mapped against the National Specification and from this has been working to an agreed improvement plan. Improvements have focussed upon:

- Increasing the provision of early intervention and promoting meaningful signposting to the range of mental health supports available across the community.
- Reducing waiting times and ensuring timely access: Fife's waiting list has reduced from 482 in Dec 2021 to 203 in Dec 2022 with only 15 children waiting more than 18 weeks compared to 165 in Dec 2021.
- Enhancing services that provide intensive and unscheduled care: CAMHS Intensive Treatment Service (ITS) and Urgent Response Teams (CURT) have both increased in staffing capacity between 50-80%.
- Developing and enhancing services that support the most vulnerable children in our communities: development of a CAMHS Kinship Team, expanding CAMHS Looked after Children's services and introducing a Transitions specialist to support young people as they move between support providers.

### Summary

Supporting positive relationships in families and the community is essential for emotional wellbeing. Every child and young person in Fife should be able to access help with their mental health and emotional wellbeing, when they need it and from people with the right knowledge and skills to support them.

### Find out more

[Mental health - CAMHS services in NHS Fife | NHS Fife](#)

[Young People Looking for Support - Worried About Someone's Mental Health? | Fife Council](#)

[https://www.fife.gov.uk/\\_data/assets/pdf\\_file/0026/193382/Our-Minds-Matter-Framework.pdf](https://www.fife.gov.uk/_data/assets/pdf_file/0026/193382/Our-Minds-Matter-Framework.pdf)

<https://doi.org/10.1038/s41380-021-01161-7>

<https://doi.org/10.1002/wps.20894>

<https://www.gov.scot/publications/factors-affecting-childrens-mental-health-wellbeing-findings-realigning-childrens-services-wellbeing-surveys-2015-2017/pages/6/>

<https://wakelet.com/wake/uahrJazimikLPbzVlpGeX>

<https://wakelet.com/wake/hsMfBQBdo5-VsAWzJ00jK>

# Impact of alcohol and drugs

## Why is this important?

In young people alcohol and drug use can cause serious harms such as poisoning and overdose, poor mental health and wellbeing, as well as contribute to accidents and other risk taking behaviours. In the longer term consumption increases the risk of cancers, and at higher levels, addiction, brain and liver damage. Substance misuse within the family can also seriously affect children and young people's wellbeing and health, and contribute to trauma which can have lifelong implications.

## Background

Evidence shows that use of substances like alcohol and drugs in our youth can influence our life long habits, with early substance use associated with longer term misuse, which cuts short lives.

Total alcohol consumption amongst young people has been declining but hazardous and harmful drinking is highest in the 16-24 age group. Children and young people's drinking behaviours are influenced by the availability and marketing of alcohol in their communities and social networks, and unhealthy social norms around alcohol in society.

Drug use is generally more common among younger people than older age groups, decreasing with age. Estimates of problem drug use involving opioids and benzodiazepines from 2015/16 indicate that problem drug use is less common in young people compared to people 25 and over, but we know that problematic drug use is associated with early drug use initiation.

In Fife there is a high alcohol related admission rate for 11-25 year olds with an annual average of 252 admissions in the previous three years, an indicator of serious harm from alcohol affecting some of our young people.

In Fife admissions due to drug use in young people have been increasing, and are higher than Scotland overall, with 144 admissions on average in each of the last three years. An increasing number of people aged 18-25 are sadly dying of a drug related death in Fife.

Family drug and alcohol misuse can significantly affect children and young people before birth. Just over 1 in 30 people in Scotland are estimated to be affected by fetal alcohol spectrum disorder caused by alcohol exposure in pregnancy.

Growing up with a parent with substance misuse problems can contribute to distressing childhood trauma. For example 97 children in Fife were subject of child protection case conferences due to parental drug or alcohol misuse in 2020 and many more young lives have been affected by a drug-related death of a parent.

## Modifiable factors/local actions

Factors which increase the risk of harms from drug and alcohol misuse for young people are complex and interrelated. Socioeconomic factors are thought to influence higher risk of alcohol and drug related harms in the longer term, through more exposure to risk factors for drug misuse and less to protective factors like education, secure housing, employment and recovery support. This contributes to inequalities in harms associated with drugs and alcohol. Experience of adversity in childhood and family and peer relationships (including parental substance misuse) are thought to be important. At an individual level early age at initiation, poor mental health and motivation for substance misuse are associated with higher rates of harm.

Positive interventions:

- **A range of interventions to support children and young people are available in Fife** – including services for children affected by parental substance use service; Youth friendly drug/alcohol support and information service for young people under 25 and kinship care investment.
- **Our minds matter mental health framework** – providing early intervention and prevention to support mental health resilience and support including peer to peer mentoring and crisis support for early signs.
- **Joint commissioning for whole families approach to substance misuse** – this work aims to increasing coverage for Fife families of proactive support and care.

Areas for action:

- **Structural determinants of substance misuse** – local policies should seek to undo, prevent and mitigate against the circumstances which increase the risk of alcohol and drug misuse including poverty, education, employment and housing.
- **Whole system prevention and early intervention** – need for system wide prevention and early intervention including universal and targeted education, early years support for women- and families with complex needs and substance use; and removing stigma and shame associated with drug use.
- **Trauma informed support** - for complex drug and alcohol misuse in children and young people (including appropriate and stable housing with support/residential support).

## Summary

Alcohol and drug misuse causes much direct and indirect harm to children and young people and policies must take account of these effects on inequalities and the next generation.

## Find out more

[Publications | FifeADP](#)

[Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

[Prevalence of Problem Drug Use in Scotland \(isdscotland.org\)](#)

[Developments in Fetal Alcohol Spectrum Disorders – a UK perspective \(shaap.org.uk\)](#)

[ScotPHO profiles \(shinyapps.io\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

# Sexual health and child sexual exploitation

## Why is this important?

Action to promote healthy relationships, prevention of unintended pregnancies, sexually transmitted infections and transmission of blood borne viruses is important to address health inequalities. There is a disproportionate impact of these public health challenges for children and young people especially girls. Healthy relationships also lay the foundations for the parents and families of the future.

## Background

Whilst teenage pregnancy rates (births, stillbirths and abortions) among under 18s in Fife have been falling in line with national trends, Fife rates are higher than the Scottish average, and are significantly higher in the most deprived areas. Early sexual activity is often regretted, particularly by girls and pregnancies are more likely to end in termination. The rate of intimate partner violence is reported to be high in teenage relationships, and rates of diagnosed sexually transmitted infections are highest in people aged under 25.

## Modifiable factors/local actions

There is a renewed focus following the pandemic to work across agencies to promote positive relationships and sexual health and wellbeing, recognising the additional challenges faced by underserved groups, such as care experienced young people, those with mental health or addiction issues, and diversity including LGBT young people.

The national educational resource on Relationships, Sexual Health and Parenting was launched in 2019. Work is underway to increase capacity and confidence of practitioners to develop and deliver age appropriate learning session using the tools included in the resource pack. This links to aspects of staying safe, including online, to prevent and address child sexual exploitation.

Access to high quality information for young people, their parents and carers, as well as appropriate support and health services is important, based on understanding of the experiences and pressures faced by young people today.

### Summary

Supporting good outcomes for young people in relationships and sexual health and wellbeing will need a renewed focus on tackling inequity affecting young people in underserved localities and groups.

### Find out more

[Reset and Rebuild - sexual health and blood borne virus services: recovery plan - gov.scot \(www.gov.scot\)](#)

[Pregnancy and Parenthood in Young People Strategy - gov.scot \(www.gov.scot\)](#)

[Pregnancy and parenthood in young people: second progress report - gov.scot \(www.gov.scot\)](#)

[Relationships and sexual health - Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](#)

[The FSRH Hatfield Vision - Faculty of Sexual and Reproductive Healthcare](#)

# Digital environment

## Why is this important?

Digital technology has transformed our society in the last twenty years, including work, leisure, culture, social interactions and networks. The long term effects on development of children and young people, both positive and negative, are not yet fully understood.

## Background

Survey data from Ofcom indicates that in 2022 66% of children aged 3-17 in Scotland owned a mobile phone, 96% use video streaming platforms, 65% use social media and 32% had seen something worrying or nasty online.

There are many positive impacts from digital technology including communication, learning and accessibility. Lack of access to devices or reliable internet, or literacy to interact with the digital world can result in exclusion from the benefits including education and services. The more negative aspects, especially from overuse, can include isolation and displacement of more active, social activities which are known to be positive for health; not being able to switch off; sleep disturbance; bullying; exploitation; gambling; concerns around data security and privacy; exposure to violence in video games. There is particular evidence around concerning levels of children being exposed to pornography, often depicting violence against women and girls, which could influence actual sexual behaviour and practices.

Harms may be reduced by adults setting a good example, setting boundaries and keeping open communication with young people about screen use. Adults being excessively distracted by devices could result in impaired quality of interaction with infants, children and young people.

## Modifiable factors/local actions

Positive actions include:

- Listening to the views and experiences of young people, ensuring accessibility of digital information and use of technology to support those with additional needs.
- Promoting intergenerational learning where young people can share skills with adults.
- Supporting parents and carers with information about managing screen use and avoiding harms across relevant settings.
- Positive use of digital platforms for health such as the Fife Health and Social Care Partnership Shout text service, for mental health and wellbeing.
- Support regulation at national level to reduce the likelihood of children and young people being exposed to harmful material.

### Summary

The principles of protection of children from harm and promoting wellbeing should apply in the digital environment, just as in the physical environment.

### Find out more

<https://www.childrenscommissioner.gov.uk/resource/pornography-and-harmful-sexual-behaviour/>

<https://www.childrenssociety.org.uk/information/professionals/resources/young-peoples-digital-lives-and-well-being>

[https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30029-7/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30029-7/fulltext)

# Services and support



# Immunisation

## Why is this important?

Delivery of effective immunisation programmes is an NHS Scotland priority. They aim both to protect the individual and to prevent the spread of disease within the wider population. Immunisation is a global health success story, saving millions of lives every year. Vaccines are critical to the prevention and control of many communicable diseases and therefore underpin global health security.

## Background

The World Health Organisation (WHO) target is for 95% coverage of the childhood vaccination programme. Uptake at 12 months of the 6-in-1 infant vaccine, 3 doses offered at age 8, 12 & 16 weeks, was 94.6% in Fife in 2022 and 95.7% in Scotland. Uptake has declined in Fife over the last 10 years and at 12 months there are differences in uptake of the 6-in-1 vaccine between those in the most deprived SIMD quintile: 91.3% compared with the least deprived 97.7%. By 5 years of age, uptake of the first dose MMR, offered just after 1 year, is above 95% in Fife. However, uptake of the second dose is 88% compared to 90.5% for Scotland, below the WHO target. Inequalities are even wider in the teenage programme. For example, in Fife in the 2021/22 school year uptake at S3 of the teenage booster protecting against tetanus, diphtheria, and polio was 55.1% for the most deprived quintile and 81.8% for the least deprived.

## Modifiable factors/local actions

The Fife Immunisation Strategic Framework 2021-24 sets out a vision for “A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course”. It identifies four strategic priorities and key actions for each of these. This includes the development of a comprehensive equality impact assessment and inclusion action plan. Quality Improvement project work focussed on specific parts of the programme is in progress, e.g. pre-school MMR uptake. A strategic review of the delivery and outreach model for the children’s programme is also being undertaken.

### Summary

Ensuring high and equitable vaccine uptake rates throughout childhood and teenage years is essential for protecting the population of Fife against Vaccine Preventable Disease.

### Find out more

<https://www.nhsfife.org/services/all-services/immunisation/>

<https://www.nhsinform.scot/healthy-living/immunisation>

<https://www.publichealthscotland.scot/our-areas-of-work/immunisations/>

<https://www.who.int/health-topics/vaccines-and-immunization>

# Pregnancy and newborn screening programmes

## Why is this important?

As well as clinical tests during pregnancy, there are a number of national screening programmes covering tests offered to women and their babies to potentially identify health conditions early.

## Background

Pregnancy screening covers:

- Infectious diseases (Hepatitis B, syphilis and HIV);
- Haemoglobinopathies (sickle cell and thalassaemia);
- Down's syndrome, Edwards' syndrome and Patau's syndrome.

The Newborn Bloodspot test is carried out at about five days old which can identify babies who may have rare but serious conditions including Phenylketonuria; Congenital Hypothyroidism; Cystic Fibrosis; Sickle Cell Disorder and others. Newborn screening also covers Universal Newborn Hearing Screening which is carried out in hospital or at outpatients in the first month.

## Modifiable factors/local actions

Each screening test has an associated pathway with further tests and access to clinical services where relevant, and each part needs to communicate smoothly across the whole.

Monitoring data is very complex for these programmes as a range of professionals are involved. Screening information is held on a number of different clinical systems. National and local work is aimed at improving this.

### Summary

Pregnancy and newborn screening covers a diverse range of health conditions and gives the possibility of early identification and intervention as appropriate.

### Find out more

<https://www.pnsd.scot.nhs.uk/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/pregnancy-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/newborn-blood-spot-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/universal-newborn-hearing-screening/>

# Dental health

## Why is this important?

Good dental health in childhood is critical to a child's overall health and wellbeing, and to their school readiness. Children experiencing toothache may experience pain, infections, and sleepless nights and may find eating and socialising difficult. They risk missing school as a result of toothache or needing treatment. Poor dental health is linked through common risk factors including diet to a number of other health conditions, including obesity, diabetes and cardiovascular disease, and is almost entirely preventable.

## Background

As of 30th September 2022, 86.6% of Fife's children were registered with an NHS dentist, compared with 92.6% in 2019. The proportion of children seeing an NHS dentist for examination or treatment within the two preceding years was 66% as of 30th September 2022, compared with 85.7% in 2019. There is a growing inequality gap in attendance between the most and least deprived children, from a gap of 6.7% in 2019 to 18.1% in 2022. Nationally, registration levels for 0 to 2-year-olds have dropped to 25% since the pandemic.

In Fife, the estimated rate of children with no obvious decay experience was 70.9% in 2022, down from 73.1% in 2020. The estimated rate of children experiencing severe decay or abscess was 11.7%, up from 3.4% in 2020; this compares to an increase for Scotland from 6.65% to 9.7% in 2022. The increase can be partly attributed to the impact of the pandemic.

Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5). In 2022, 743 children in Fife received dental treatment under general anaesthetic, down from 920 in 2019.

## Modifiable factors/local actions

Local priorities align with national policies aimed at increasing registration and participation, preventing disease and reducing inequalities.

Scotland's national oral health improvement programme for children, Childsmile, has now fully remobilised in NHS Fife. Application of fluoride varnish has resumed in Primary 1 to Primary 4 children, with the intention to extend this up to Primary 7 after the summer.

### Summary

Given the preventable nature of most dental disease, we should emphasise prevention at every possible opportunity across health and social care to improve health and reduce persisting inequalities.

### Find out more

[Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

[Recovery of NHS dental services inquiry | Scottish Parliament Website](#)

[National dental inspection programme - National dental inspection programme - Publications - Public Health Scotland](#)

[Childsmile – Improving the oral health of children in Scotland \(nhs.scot\)](#)

[Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

# Child death reviews

## Why is this important?

In 2014 the Scottish Government published the findings of the Child Death Review Working Group. It found that Scotland had a higher mortality rate for the under 18s than any other Western European country, and it was estimated that around a quarter of the deaths recorded could be prevented.

## Background

A national system has been set up following this report to review and learn from all child deaths, similar to the system in place in England. The Fife Children & Young People Deaths Review Commissioning Group was set up in October 2021. The commissioning group's core membership is multi-disciplinary and multi-agency. This collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement, both locally and nationally, from every child or young person's death in Scotland. Within scope are all deaths of children and young people up to their 18th birthday and also those up to their 26th birthday if they continue to receive aftercare or continuing care at the time of their death.

Substantive funding provided by NHS Fife led to the establishment of a dedicated Child Death Review Team, and this has allowed reviews of all board area child deaths in 2022. The main causes include prematurity and complications, genetic and lifelimiting conditions including cancer, along with unexpected deaths. Family support following bereavement and support for families is part of the process.

## Modifiable factors/local actions

There has been a significant amount of work developing the team and processes in Fife. Further actions include:

- Engaging families to the full capacity outlined in the national requirements
- Ongoing work to share learning about the process across all partner agencies and linking with other processes for review of deaths from specific causes
- Contributing to the system of national data collection and opportunities for national learning.

### Summary

Child death reviews can identify areas of good practice and learning for the future to identify opportunities for prevention.

### Find out more

<https://www.gov.scot/publications/child-death-review-report-scottish-government-child-death-review-working-group/>

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/deaths\\_of\\_children\\_reviews.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/deaths_of_children_reviews.aspx)

<https://www.gov.scot/publications/child-death-reviews-scottish-government-steering-group-report/>

# Family support

## Why is this important?

A focus on whole family wellbeing is a key principle in 'The Promise' following the Independent Care Review, which confirms families need to have access to adaptable and flexible services to ensure children and young people can live safely at home and in their community. Funding from the Scottish Government for 2022-26 for Whole Family Wellbeing provides an opportunity to redesign and reshape services across the whole system in Fife on a partnership basis. A long term aim of the fund is realigning local investment towards prevention.

## Background

The Fife Children's Services Partnership has developed a plan for change using this funding to help develop holistic family support in communities across Fife, which will focus on early support and prevention as well as targeted support to families. The first year will test out new approaches so families experience services which are accessible, flexible, and adaptable. A key focus is the involvement of families to understand barriers to access and help inform or 'co-design' services going forward. Plans are based on a self-assessment of family support in Fife at leadership level and views from staff and families are also being sought.

## Modifiable factors/local actions

The plan for action includes developing a number of strands of work including:

- A focus on co-production with families led by Fife Voluntary Action
- Local practice development sessions across the children's services partnership workforce
- Enhancing crisis support and early support to pregnant women and mothers with children under 4 years
- Establishing group work opportunities across communities in Fife for parents/care givers

Details of all the work underway are outlined in the link below.

### Summary

This funding is supporting early intervention and prevention to change how services work together and support families when they need it.

### Find out more

[Whole Family Wellbeing Funding - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations/web_publications/whole-family-wellbeing-funding-getting-it-right-for-every-child-girfec/)

<https://sway.office.com/zGdmTAXRwEBiUzHa?ref=Link>

# Youth work

## Why is this important?

Youth work has a significant impact on improving the life chances of Scotland's young people. The National Youth Work Strategy (2014-2019) developed jointly by Youth Link Scotland, the Scottish Government and Education Scotland, set out to improve a range of outcomes for young people.

## Background

Youth work is an informal education practice that supports young people's social, emotional, and educational development. Youth work can be adapted across a variety of settings, and typically engages with young people within their local community. Youth work opportunities and learning programmes for young people, and communities are developed based on the guiding principles of:

Personal and social development: Participation and active involvement; Equity, diversity, and inclusion; Partnership with others

The National Youth Work Strategy (2023-2028) currently sits with Scottish Government and is awaiting publication. This builds on the previous strategy, sets out the wider policy context for youth work and, once finalised, will set out key ambitions for the future. Youth Work is a key part of the Fife Community Learning and Development Plan, and there is close working with Local Area Partnerships, Education, Fife College, and other partners including the voluntary sector e.g. Youth 1st, YMCA.

## Modifiable factors/local actions

Across Fife delivery of youth work is focused on 11–21 year olds and includes youth clubs and youth centres, youth cafes, community groups, focused projects, street work, youth action, youth voice and participation groups. Over the year 2021/22 approximately 4000 young people engaged in youth work activity and although this is a reduction since pre-covid, numbers are starting to increase again.

In Fife we have also undertaken a research project that has focused on the impact of COVID-19 on young people and youth work. The research was developed using a participative approach and key issues starting to emerge from the research include mental health and wellbeing, relationships, places, and spaces to go, youth voice, money, and security. The research findings when published, coupled with the new national strategy, will support in identifying key youth work priorities and future development of our youth work provision.

### Summary

Youth work has a key role in addressing inequalities, developing positive skills and relationships, and improving long term outcomes for young people. It also seeks to promote the voice of young people.

### Find out more

[CLD plan 2021 - Final sept 21.pdf \(fva.org\)](#)

[National Youth Work Strategy \(2023-2028\) | YouthLink Scotland](#)

# Third sector role

## Why is this important?

It is important to have independent autonomous organisations to support children and young people in Fife so they have opportunities to thrive no matter what their circumstances. A multi-agency mixed market of service providers gives families a choice of where to go. Third sector services specialise in early intervention and prevention services reducing the number of families that need to access statutory services, through to focussed intensive support services.

## Background

Fife has many hundreds of voluntary sector organisations delivering services to children, young people and families across every community. The sector delivers a broad range of services from very targeted, complex, rights-based services through to universal support services.

Children and young people are supported through a wide range of needs such as reducing isolation, improving social skills, supporting mental health and wellbeing, supporting them through trauma, substance misuse and domestic abuse and being part of the team around the child once they become Looked After (LAC).

The availability of collated data in the voluntary sector is a challenge – with some public sector bodies collating output and outcome data for the services they fund, but many voluntary sector services are funded and sustained through other routes.

## Modifiable factors/local actions

Local organisations work very well with their colleagues in the sector and within their localities to ensure children and young people are supported and receive the best possible outcomes. Funding pressures and increasing demand, as well as more complex issues, has created pressure across the system and across sectors, with the need to focus resources on key priorities whilst maintaining critical early intervention and prevention services.

Strategic commissioning work in recent years is helping to realign commissioned services to local priorities. Going forward, work is being done on embedding The Promise and GIRFEC, capturing and valuing the contribution the sector makes to the outcomes of children and families, and building sustainability and resilience in funding.

### Summary

The third/voluntary sector plays a significant and growing role in supporting children and families, helping to build resilience and improving outcomes.

### Find out more

[https://www.fva.org/childrens\\_services\\_forum.asp](https://www.fva.org/childrens_services_forum.asp)

# One hundred years ago

Annual reports on the health of the public were produced by County Medical Officers of Health, appointed under the provisions of the 1897 Public Health (Scotland). Boundaries in Fife have changed relatively little over time, and Fife Council Medical Officer of Health Reports are available online. This provides an opportunity to reflect on the many changes which have led to improvements in maternal and child health and services over this time.

**In 1920** the total population was 113,177 and there were 3138 births, high following the end of the First World War. There were 253 deaths of children under age one, an infant mortality rate of 80.62/1000, noted to be the lowest recorded at the time. Causes of deaths were:

- Congenital debility, prematurity, malformation 42%,
- Diarrhoea, enteritis 12%,
- Bronchitis, pneumonia and whooping cough are among the next most common causes.

Unsafe storage of cow's milk before refrigeration was noted to be a factor in enteritis, and overcrowding a factor in spread of respiratory infections.

It was noted there were nine health visitors across the county, who could reach only 12-14% of women, and their duties included visiting tuberculosis cases. From 1915-20 there were 84 maternal deaths, including from puerperal sepsis and complications of pregnancy. There is comment on the difficulties of attracting suitably trained midwives.

**In 1923**, measles and whooping cough were responsible for 52 child deaths in total, nearly all under 5 years of age, including 15 deaths of infants.

**In 1930**, 699 families received grants for additional nourishment, via Welfare Nurses, for expectant and nursing mothers, and young families. Maternity and child welfare centres had been established, and dental clinics for expectant and nursing mothers and preschool children, as well as eye clinics for preschool children. Ultra violet ray treatment was used for a wide range of child health conditions including rickets.

Source: [Fife Medical Officer of Health Reports/Catalogue Search/Wellcome Collection](#)

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