



INVERCLYDE ALLIANCE BOARD

MONDAY 16 MARCH 2020 – 1PM

BOARD ROOM 1, MUNICIPAL BUILDINGS, GREENOCK

Please note that a sandwich lunch will be provided from 1pm.

BUSINESS

1. **Workshop Session**
 - SIMD Data 2020
 - Population Partnership
 - Economic Regeneration
2. **Apologies for Absence**
3. **Minute of Previous Meeting** (copy attached)
4. **Matters Arising**
5. **Inverclyde Local Outcome Improvement Plan Quarterly Progress Report – March 2020**
Report by Chair of LOIP Programme Board (copy attached)
6. **Locality Planning Progress Report**
Report by Lead Officer for Inequalities (copy attached)
7. **Scottish Index of Multiple Deprivation (SIMD) 2020**
Report by Chair of LOIP Programme Board (copy attached)
8. **Public Health Approach - Inverclyde**
Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (copy attached)
9. **Alliance Drug Action Plan**
Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (copy attached)
10. **Inverclyde Council School Health and Wellbeing Survey 2019**
Report by Corporate Director Education, Communities & Organisational Development, Inverclyde Council (copy attached)
11. **Poverty and Inequality Commission's Review of the Local Child Poverty Action Reports 2019**
Report by Chair of LOIP Programme Board (copy attached)
12. **West College Scotland – Regional Outcome Agreement 2021-22**
Report by Vice-Principal, Educational Leadership, West College Scotland (copy attached)
13. **Local Governance Review – Developing and Testing Proposals**
Report by Policy Performance & Partnership Manager, Inverclyde Council (copy to follow)

14. **Date of Next Meeting – Monday 15 June 2020 at 1pm**

Likely Items of Business

- LOIP Annual Report
- Child Poverty Local Action Report (Annual)
- Repopulation Partnership Presentation
- Environment and Culture Partnership Annual Report
- Joint Children's Services Annual Report
- Community Safety Partnership Strategic Needs Assessment and Annual Report
- Skills Development Scotland Report

Enquiries to - **Sharon Lang** - 01475 712112

INVERCLYDE ALLIANCE BOARD

MONDAY 9 DECEMBER 2019 – 1PM

CONFERENCE ROOM, INVERCLYDE ACADEMY, GREENOCK

Present: Councillors S McCabe (Chair), L Quinn and E Robertson (Inverclyde Council), Mr A Comrie (Strathclyde Partnership for Transport), Mr S Frew (Scottish Enterprise), Ms M Carson (Skills Development Scotland), Ms C Elliott (CVS Inverclyde), Ms L Campbell (DWP), Mr P Fagan (West College Scotland), Ms E Cannon and Mr J Grant (River Clyde Homes), Superintendent A Murray (Police Scotland) and Group Manager D McCarrey (Scottish Fire & Rescue Service).

In attendance: Mr A Fawcett, Ms R Binks, Mr S McNab, Mr A McEwan, Ms L McVey, Mr I Hanley, Ms S Lang and Ms L Carrick (Inverclyde Council), Ms L Long, Ms S McAlees and Ms A Wardlaw (Inverclyde HSCP).

Apologies for absence: Councillor G Brooks, Mr S Allan and Mr H Scott (Inverclyde Council), Ms S Kearns (Scottish Government), Ms S Kelly (Skills Development Scotland), Ms S Rae (West College Scotland), Mr S McMillan, MSP, Ms A McPherson (NHS Greater Glasgow & Clyde), Ms K Wallace (Scottish Natural Heritage) and Mr M Newlands (Scottish Enterprise),

HARD EDGES SCOTLAND REPORT

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the main findings of the Hard Edges Scotland report which looked at the complexity of the lives of people facing multiple disadvantage in Scotland with the aim of establishing a statistical profile of the extent and nature of severe and multiple disadvantage. The report also set out the key findings from an Inverclyde event held on 22 October.

The Board then heard a presentation by Ann Wardlaw, Criminal Justice Lead, Inverclyde HSCP on the findings of the report and thereafter Ms Wardlaw answered a number of questions from members.

Decided:

- (1) that the findings of the Hard Edge Scotland report be noted;
- (2) that agreement be given to the suggested actions identified from the Inverclyde event; and
- (3) that a follow-up report be submitted to the Alliance Board within 12 months and that this include information on the ways in which the findings of the report could be used to inform policy and practice.

MINUTE OF MEETING OF 7 OCTOBER 2019

The minute of the meeting of 7 October 2019 was submitted and approved.

MATTERS ARISING

There were no separate matters arising.

INVERCLYDE LOCAL OUTCOME IMPROVEMENT PLAN QUARTERLY PROGRESS REPORT

There was submitted a report by the Chair of the Programme Board providing an update on the progress which had been made in implementing the Local Outcome Improvement Plan

(LOIP) 2017-2022. The report included sample flash reports for the Repopulation Partnership, Environment Partnership and Cultural Partnership which were set out in Appendix 1 of the report.

During the course of discussion on this item, Mr Comrie referred to consultations on both the Scottish Government's Strategic Transport Projects Review and the SPT Regional Transport Strategy and highlighted the importance of Partners taking the time to complete the surveys.

Decided:

- (1) that flash reporting be adopted as a method of reporting progress in the delivery of the Local Outcome Improvement Plan (LOIP); and
- (2) that the progress made in implementing the LOIP between August and October 2019 be noted.

LOCALITY PLANNING ACTION PLANS

There was submitted a report by the Chair of the Programme Board providing an update on progress made with regard to the development of Locality Action Plans. The template used for the Greenock South and Southwest Action Plan was circulated to the meeting.

Decided:

- (1) that the progress made with regard to the development of Locality Plans be noted; and
- (2) that it be agreed that the template used for the Greenock South and Southwest Action Plan be replicated across the remaining five Locality Plans.

INVERCLYDE COMMUNITY SAFETY PARTNERSHIP – PROPOSED GOVERNANCE ARRANGEMENTS

There was submitted a report by the Chair of the Community Safety Partnership Strategy Group outlining proposed governance changes to the Inverclyde Community Safety Partnership.

Decided:

- (1) that agreement be given to the proposed governance arrangements for the Community Safety Partnership Strategy Group as set out in the report;
- (2) that agreement be given to create a single Community Safety Strategy for Inverclyde, "Inverclyde Community Safety Partnership Strategy 2020-2022 – Making Inverclyde Safer"; and
- (3) that the proposed timetable in relation to the proposed new governance arrangements as set out in Section 7 of the report be agreed.

A 3 YEAR PLAN FOR CO-ORDINATING COMMUNITY LEARNING & DEVELOPMENT (CLD) IN INVERCLYDE 2018-2021: PROGRESS REPORT, YEAR 1

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council providing a year 1 progress report on the 3 year plan "Co-ordinating Community Learning & Development in Inverclyde 2018-2021".

Decided:

- (1) that the progress made in the implementation of year 1 of the 3 year plan for Community Learning & Development be noted; and
- (2) that the actions to be implemented in year 2 of the 3 year plan be noted.

UPDATE ON GETTING IT RIGHT FOR BROOMHILL

There was submitted a report by Elaine Cannon, Senior Manager, River Clyde Homes providing an update on the progress of the Getting It Right for Broomhill Governance Group in achieving the aims and outcomes of the Broomhill Regeneration Project and appending

the independent evaluation of the community regeneration of Broomhill by the University of Stirling.

Decided:

- (1) that the findings of the independent evaluation report undertaken by the University of Stirling together with the progress made in achieving the Broomhill Regeneration aims and outcomes be noted; and
- (2) that the lessons learned from regeneration work undertaken in the Broomhill area be used by Officers to inform other aspects of the Alliance Strategy and that any proposals in this regard be reported to the Alliance Board.

REPORTING TIMETABLE 2019/20

There was submitted a report by the Chair of the Programme Board providing a timetable showing the annual reports and presentations to be submitted to the Programme Board and Alliance Board during 2019/20 as well as the meeting dates of the Partnerships responsible for delivering the Local Outcome Improvement Plan.

Decided:

- (1) that the reporting timetable for 2019/20 be approved; and
- (2) that this be a standing item on the Alliance Board agenda.

DATE OF NEXT MEETING

It was noted that the next meeting of the Alliance Board would take place at 1pm on Monday 16 March 2020.

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Aubrey Fawcett Chair of Programme Board	Report No:	
Contact Officer:	Louise McVey	Contact No:	01475 712042
Subject:	Inverclyde Local Outcome Improvement Plan Quarterly Progress Report – March 2020		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Inverclyde Alliance Board with an update on the progress that has been made in implementing the Local Outcome Improvement Plan (LOIP) 2017-2022.

2.0 SUMMARY

- 2.1 This report provides details of the progress that has been made between November 2019 and January 2020 in implementing the priorities within the LOIP.
- 2.2 The LOIP contains three priorities and these are Population, Inequalities and Environment, Culture and Heritage. Details of the progress made by the Repopulation Partnership, Environment Partnership and Cultural and Heritage Partnership are contained within this report and provided in the flash reports attached as an Appendix to this report.
- 2.3 The key achievements of the Population Partnership this quarter include: the Discover Inverclyde Website to promote Inverclyde will be launched in March 2020. There has been agreement that there should be a local house building event to showcase Inverclyde and development opportunities. A report was approved at the Environment and Regeneration Committee in January 2020 with respect to the wider Housing Strategy including Port Glasgow and Greenock. The Council's Business Gateway services have been awarded and the contract includes an enhanced requirement to outreach to possible start-ups.
- 2.4 The key achievements of the Environment Partnership this quarter include: completion of many actions against the key area of activity including the review of the membership to include officers from the HSCP and the GCV Green Network partnership completed the strategic habitat network. An application has been submitted from Inverclyde Council for Smarter Choices Smarter Places funding to deliver a range of active travel behaviour change activities. This will include the creation of a Sustainable Travel Officer.
- 2.5 The key achievements of the Culture and Heritage Partnership this quarter include: Galoshans 2019, produced by RIG Arts, was held, with a vibrant programme of events celebrating creativity and community spirit, and commemorating James Watt through themes of innovation and light. The Watt Institution re-opened to the public. Visitor numbers are increasing and feedback has been almost unanimously positive. The bicentenary year of James Watt drew to a close with a formal dinner to celebrate Greenock's most famous son.
- 2.6 The Reducing Inequalities priority is being developed and delivered through the Locality Planning process. There is a report on the agenda of this meeting providing an update on this work.

- 2.7 In addition to the three priorities and the 4 partnership action groups, the lead officers have had discussions about proposals to take forward shared priorities to deliver a Heritage Connection Programme focusing on greenspace and heritage improvement projects in three localities in Inverclyde (Port Glasgow, Inverclyde East/Central and Greenock South/South West). This shared proposal is being led by the Environment Partnership and Population Partnership and initial discussions have taken place with the Culture and Heritage Partnership to avoid duplication and to establish a shared vision and outcomes.

3.0 RECOMMENDATIONS

It is recommended that the Alliance Board:

- I. Notes the progress that has been made in implementing the LOIP between November 2019 and January 2020.

Aubrey Fawcett
Chair, Programme Board
Chief Executive, Inverclyde Council

4.0 BACKGROUND

- 4.1 Inverclyde's LOIP was formally agreed by the Alliance Board at its meeting on the 11th of December 2017. This progress report provides details of the progress that has been made in implementing the LOIP during the last quarter.
- 4.2 The Population Partnership, Environment Partnership and the Cultural Partnership have all been established and meet on a regular basis.
- 4.3 The inequalities priority will be delivered through the Locality Planning Partnerships and a Strategic Implementation Group has been established to oversee this process. Further detail of the progress made with regard to locality planning is the subject of a separate report on the agenda of this meeting.
- 4.4 This report provides details of the key achievements made by the Repopulation Partnership, Environment Partnership and Cultural Partnership.
- 4.5 It was agreed by both the Programme Board and the Alliance Board that flash reporting be adopted as the method of reporting progress on the delivery of the LOIP. The purpose of the flash report is to provide a high level overview of the key achievements during the last quarter, the challenges faced during the last quarter and details of the key actions that will be taken forward in the next quarter. In addition, flash reports will provide details of the rag status of the actions being delivered by each Partnership so that the Programme Board and Alliance Board can clearly see how each Partnership is performing against their objectives.
- 4.6 Flash reports for the Repopulation Partnership, Environment Partnership and Cultural and Heritage Partnership are contained within Appendix 1 of this report.

5.0 Repopulation Partnership Update

The key achievements of the Repopulation Partnership this quarter include:

- The Marketing strategy being progressed under the banner of Discover Inverclyde to present a 'one stop shop' to promote Inverclyde and all its assets, public and private in the one location. The strategy capitalises on Inverclyde's connectivity (well connected to an international airport, the Glasgow conurbation and wider marketplace), our heritage, and quality of education, skilled work force, and unique location.
- House builders are being engaged to promote Inverclyde and a promotion event will take place in March 2020 where we will seek to showcase Inverclyde and encourage partnership working with developers.
- The Inverclyde Regeneration and Employment Partnership (IREP) have selected a new joint chairperson and are reviewing and developing their action plan. The proposed action plan will be reported through the Population Partnership and discussed at the next Programme Board in May 2020.
- A report was approved at the Environment and Regeneration Committee in January 2020 with respect to the wider Housing Strategy including Port Glasgow and Greenock.
- The Council's Business Gateway services have been awarded and the contract includes an enhanced requirement to outreach to possible start-ups.

6.0 Environment Partnership Update

The key achievements of the Environment Partnership this quarter include:

- Completion of many actions against of the key area of activity including the review of the membership to include officers from the HSCP and the GCV Green Network partnership completed the strategic habitat network.

- Work ongoing on a Sustrans funding bid for implementation of a public realm project (including active travel infrastructure) in and around West Blackhall Street.
- The Council has submitted an application for 2020/21 - Smarter Choices Smarter Places funding to deliver a range of active travel behaviour change activities. This will include the creation of an Sustainable Travel Officer.
- The Inverclyde Community Development Trust appointed a consultant to carry out a preliminary design study on various improvements; this was completed in November 2019. The members of the partnership are now reviewing the study.
- Partners within the Environment Group have been taking a stock check on what previous surveys have been carried out to identify gaps and are looking to identify actions that can be carried out which demonstrate how nature can contribute to community planning priorities and at the same time help address the climate emergency.

7.0 Cultural and Heritage Partnership Update

The key achievements of the Cultural Partnership this quarter include;

- Galoshans 2019, produced by RIG Arts, was held, with a vibrant programme of events celebrating creativity and community spirit, and commemorating James Watt through themes of innovation and light.
- The Watt Institution re-opened to the public. Visitor numbers are increasing and feedback has been almost unanimously positive.
- The bicentenary year of James Watt drew to a close with a formal dinner to celebrate Greenock's most famous son.

8.0 Inverclyde Heritage Connections: Linking People and Place

In addition to the three priorities and the 4 partnership action groups, the lead officers have had discussions about proposals to take forward shared priorities to deliver a Heritage Connection Programme focusing on greenspace and heritage improvement projects in three localities in Inverclyde (Port Glasgow, Inverclyde East/Central Inverclyde South/South West). This shared proposal is being led by the Environmental and Population Partnership and initial discussions have taken place with the Culture and Heritage Partnership to avoid duplication and to establish shared outcomes.

The first five projects are identified in the "Area Renewal and Inverclyde Green Network- integrated master planning of new neighbourhoods 2010". The sixth project is drawn from the Clydeplan Green Network Spatial Strategies; Green Network Delivery Study 2016.

The lead officers have had an initial meeting with the National Lottery Heritage Fund Scotland (NLHFS) to discuss options available to secure funding to implement the delivery of the six projects the approximate costing would be in the region of £3.5 million. The NLHFS have suggested that the Partnership submit a proposal, in the first instance for the development stage. This would fund a consultant to update the current plans, engage with the stakeholders and community and agree a long-term strategic vision that will improve outcomes for the people living in the localities identified.

9.0 IMPLICATIONS

- 9.1 Legal: none at present
 Finance: none at present
 Human Resources: none at present
 Equality and Diversity: none at present
 Repopulation: repopulation remains a key priority within the Inverclyde Outcomes Improvement Plan.
 Inequalities: the Locality Partnerships will be working specifically to tackle inequalities on a geographic basis.

10.0 CONSULTATIONS

- 10.1 n/a

11.0 LIST OF BACKGROUND PAPERS

11.1 Inverclyde’s Local Outcome Improvement Plan 2017-2022



Inverclyde Alliance
Inverclyde Outcome Improvement Plan 2017-2022
Flash Reporting – March 2020



**Repopulation Partnership
Lead Officer – Scott Allan**

Repopulation Partnership - LOIP 10 Year Vision

- Inverclyde will be a more attractive place to live and work with excellent education provision, leisure facilities, transport links, good quality housing and employment opportunities.
- A greater variety of opportunities that meet the needs and aspirations of our young people will be available so that they are encouraged to stay in the area after leaving school.
- Inverclyde's local economy will have grown and be characterised by a diverse business base as a result of an increase in the number of local entrepreneurs and inward investment.
- Communities in Inverclyde will have an enhanced sense of pride, identity and influence, resulting in improved quality of life and satisfaction with living in the area.
- Inverclyde will have a stable population with a good balance of socio-economic groups.

Population Partnership Overarching Goal (March 2019) (EKOS Study 2018/19)

To grow the population of Inverclyde by 2025 through improving the employment, housing and infrastructure offer

Strategic Objectives

Develop and communicate an image for Inverclyde that reflects its many strengths and opportunities for residents, visitors and business

Focus on attracting and retaining young people and families to live in Inverclyde


Increase the level of private house building in spatial priority areas in Inverclyde

Increase the number and quality of jobs and the number of locally based employers

Increase the contribution which the cultural and leisure assets in Inverclyde make to economic growth

Maximise the potential of the workforce through engagement with young people, older workers and disadvantaged groups



Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
1. Marketing and Communication Activity			1. Develop place promotion branding under the 'discover Inverclyde' theme being developed by the local area tourism partnership group 'Tourism Inverclyde' and expand the focus on Inverclyde as a place to visit, live and do business and support events.	<ul style="list-style-type: none"> Marketing & communications plan completed and approved with funding in place and approved within year 1 – (to March 2020) Individual campaigns launched by end year1 (March 2020) 	<p>The Discover Inverclyde Website and Launch Date which will take place in 27 March 2020.</p> <p>The Alliance Board to be invited to the launch with the Chair of the Alliance Board taking a lead role.</p> <p>Members of the group will take this forward.</p> <p>Conversation and discussion has taken place in schools in Inverclyde on a useful strapline and what they young people think should be used.</p>	 Green – On Track	



					<p>Corporate Communications will test out some of these and apply, the most common strapline was "Inverclyde - A Warm Welcome Awaits"</p> <p>The Population Partnership would like to have a shared agreement about the positives of the area so that everyone agrees and promotes the same highlights and these would be promoted across all members of the Alliance, this would be alongside Compassionate Inverclyde and Inverclyde Cares.</p> <p>The group to discuss the best way to take this discussion forward.</p>		
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			2. Review role of a relocation service to provide support to those moving into Inverclyde.		Officers exploring available data on profile of potential new residents to develop interventions.		
			3. Seek out opportunities to lever in additional support including financial and logistical from partners to promote Inverclyde's place offer.		Officers developing a toolkit as part of launch.		
			4. Support tourism and visitor development in Inverclyde to encourage increased day visitors in line with Glasgow City Region tourism targets		Discussions taking place with Visit Scotland. Reviewed and new actions have been developed with the new Tourism Strategy for the Glasgow City Region.		



			<p>5. Actively seek out high profile, cost effective promotional advertising, sponsorship and marketing opportunities to position Inverclyde as a positive destination for visitors, residents and business.</p> <p>6. Create and implement a developer engagement plan to support growth in the housing market.</p>	Developer/ investor engagement programme completed	<p>Marketing launch.</p> <p>Agree to host a House Builders Conference to discuss the opportunities that are available in and across Inverclyde.</p> <p>A report was approved at the submitted to Environment and Regeneration Committee in January 2020 with respect to a wider Housing Strategy including Port Glasgow and Greenock.</p>		
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			7. Create and deliver a business growth marketing campaign focussed on Inverclyde to supplement existing national Business Gateway promotional activity.		<p>A presentation will be given to the Alliance Board in March 2020 providing a full annual update on progress of this group and the achievements to date linking with the SIMD 2020 data.</p> <p>This would link to the launch of the Discover Inverclyde Website.</p> <p>Promotion of business gateway awards and awards from Telegraph awards</p>		
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			8. Ensure that all promotion considers and includes local people and opinion.				
Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
2. Growing the Housing Market			<p>Develop a private housing strategy with targets</p> <p>Review private housing land supply</p> <p>Identify development opportunities East Greenock/ Port Glasgow - Eastern Gateway.</p>	<p>Housing strategy with identified sites/ annual targets – March 2020</p> <p>Private sector confirmed interest and engagement – December 2019</p> <p>Development briefs for priority opportunities – June 2019</p> <p>Local masterplans</p>	<p>Housing supply opportunities are identified in the local plan. This is being distilled to identify opportunity sites for development.</p> <p>Brief for Port Glasgow East Strategic Housing issued for tender. Briefs to follow for Port Glasgow Town Centre and Greenock Town Centre.</p>		



			Recruitment to communications team leader position including remit to fulfil the local developer/investor liaison contact role.	completed – March 2020	Communications Team Leader in post	 Green – Complete	
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
3. Growing Local Jobs and Enabling Infrastructure			<p>1. Increased resources for council business development support (including business gateway) for local SMEs growth</p> <p>2. Complete review of public sector opportunities in terms of employment;</p>	<ul style="list-style-type: none"> New business service with business plan approved and funding secured. – July 2019 	<p>The Councils Business Gateway services have been tendered and awarded to BDA. The specification for this contract includes an enhanced requirement to outreach to possible start-ups. BDA have acquired premises in Clyde Square and as a result are seeing an increase in footfall and interest in the service.</p> <p>The Councils Procurement Strategy for 2020/21 is being redrafted and will include action plans</p>		



			procurement; community benefit; and local physical assets		that enhance existing strategies that focus on SMEs and local suppliers. The Councils part in Glasgow City Region City Deal will see benefits in terms of the projects that will be delivered and the joint practices that are being designed to open up opportunities for SME and local supplier growth. Both of these work streams, under the remit of the Procurement and Regeneration services will create further community benefits and enhance employment opportunities.		
			3. Progress studies in partnership with trunk road authority in terms of accessibility.	<ul style="list-style-type: none"> Public asset policy developed, 	225 businesses have received assistance from Business Development I.C. this includes, Grant & Loan		



			4. Review business property portfolio and identify opportunities for small business.	approved and with action plan	support, property assists, start-up support, including Property Enquires - between 1st April 2019 to 21stJan 2020.		
					The Procurement Strategy will include a narrative to look at areas that create opportunities for		



			<p>5. Inverclyde enterprise Initiative high growth start programme.</p> <p>6. Review potential to create further jobs and opportunities within the third sector economy.</p>		<p>further jobs in the 3rd sector in line with current and future commissioned services within HSCP, Education and Regeneration.</p> <p>The Population Partnership has also agreed to develop a briefing strategy that will include proposals and the preferred approach for Eastern Gateway. This strategy will include confirmation of existing use, who owns what land, voids and demand for the area.</p> <p>The group have proposed that the strategy proposals will be taken to the March</p>		
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					<p>Alliance Board for approval.</p> <p>The Population Partnership agreed to provide a Members Briefing on the Scottish Transport Planning Strategy 2 to consider a response to the Scottish Government on the A78/A8 and part of the action plan to enable and improve infrastructure.</p> <p>A meeting has taken place regarding Community Wealth Building looking at the Preston Model for procurement. An action is being developed to increase the % of SME from Inverclyde</p>		
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					<p>applying for local contracts.</p> <p>RCH advised that they have an affiliated group known Home Fix Scotland which would align with growing local jobs and infrastructure.</p> <p>Tender process ongoing.</p>		
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
4. A Region for People of all Ages			<ol style="list-style-type: none"> 1. Strategic skills investment plan and actions. 2. Work with DYW to expand education/ business links. 	<ul style="list-style-type: none"> • Local Skills Investment Plan developed and agreed – December 2019 • Associate action plan with funding commitments - December 2019 	<p>Inverclyde Council will take joint Chair the Inverclyde Regeneration Employability Partnership (IREP) with DWP.</p> <p>An action has been created to progress an Inverclyde Skills plan and is embedded within the actions of IREP. Meetings have progressed with Council, West College Scotland and SDS to create a draft plan which will be a subset of both the West region and City deal region plans.</p>		



			<p>3. Review option of a relocation office to provide support to those moving into Inverclyde.</p> <p>4. Work with HSCP to review opportunities for older workers</p> <p>5. Close working with the college to increase college roll in support of repopulation principles.</p>	<p>Feasibility study into relocation office completed by March 2020</p>			
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
5. A Centre for Culture and Leisure			Review opportunities for increasing employment in culture and leisure sector and align the strategy and culture and leisure offer in line with repopulation aspirations and marketing activity at OT1.	<ul style="list-style-type: none"> Review of opportunities completed/ plan signed off and funded – October 2019 Associated Action Plan - October 2019 	Outline plan prepared by SNH to develop a Heritage Funding Bid to support Regeneration linking Culture and Heritage Sites to the wider population whilst capturing travel, access to green space and healthy lifestyles.		
Challenges this quarter November 2019 – February 2020							
Next steps Feb 2020							



Inverclyde Alliance

Appendix 1

Environment Partnership – Flash Report

Inverclyde Alliance March 2020


Lead Officer – Kerry Wallace

LOIP 10 Year Vision - Inverclyde's environment, culture and heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit.

Although this Plan covers the period 2017/22, the Partnership appreciates that due to the complexity of tackling these issues, improvements in outcomes for residents will not be fully evident in the short term. The outcomes we expect to have achieved in 10 years include:

- The amount of vacant and derelict land will be reduced and used for alternative uses that will benefit local communities.
- Adults, children and young people living in Inverclyde will be more physically active.
- Inverclyde residents will have greater pride in Inverclyde and a sense of identity and belonging to the area.
- There will be increased attendance at cultural events and places of culture.
- Those living in our most deprived communities will enjoy improved wellbeing through greater access to green space.
- The local Green Network will be improved to develop stronger communities, sustainable places and create enhanced habitat connections.
- Public transport will be more accessible and active travel network will be improved to make it easier to get around Inverclyde.



Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
1. Connectivity	It is currently difficult for Inverclyde residents to engage in active travel with gaps in provision and poor infrastructure.	We want to create pleasant and safe walking and cycling routes which make it easier for people of all ages to choose to walk and cycle as part of their everyday lives.	<p>Improve cycle paths and walking routes through the development of:</p> <p>Active Travel Strategy by Summer 2018; and</p> <p>Cycling Strategy by Spring 2019.</p>	<p>Statistics from Community Tracks; and Statistics from Bike Bothy.</p> <p>Further measures will be identified in both the Active Travel Strategy (ATS) and the Cycling Strategy. The Cycling strategy is on hold until</p>	<p>The Council adopted the Active Travel Strategy in Aug 2018. A Governance structure has been established to support delivery of the Action Plan.</p> <p><u>Behaviour Change Actions</u></p> <p>The Smarter Choices Smarter Places (SCSP) Programme is progressing actions in 2019/20 through the Bothy and Community Tracks projects, which are being delivered by Cycling UK and ICDT respectively (ongoing).</p> <p>The Council submitted an application for 2020/21 SCSP</p>	<p>Green-Completed</p> 	



					<p>funding on 31st Jan. 2020. This will be used to create a Sustainable Travel Officer post within the Council to support delivery of the ATS. Specifically, the post will promote and support sustainable travel in selected council workplaces, schools and health centers. It will also deliver engagement activities to support the ongoing development of active travel infrastructure Greenock Town Centre.</p> <p>Community Tracks have established a Community Cycling Forum to inform the ATS Delivery Groups (i.e. Behaviour Change and Infrastructure). The first meeting was held on 30th Jan 2020.</p>		
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					<p><u>Infrastructure</u></p> <p>The Council was awarded £25,000 of Sustrans funding to carry out detailed design for a place making project (including active travel elements) along West Blackhall street. The design was completed in June 2019 and approved by the Council in Sept 2019. Work on a Sustrans funding bid for implementation is ongoing</p> <p>The Council was awarded £25,000 of Sustrans funding to carry out a feasibility study on active travel links from Greenock Town centre into West Blackhall street. A consultant has been appointed, with the</p>		
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					<p>study due to be undertaken in early 2020.</p> <p>The Council and the Inverclyde Community Development Trust are in the process of developing a cycling/pedestrian route through Gourock Pierhead. A meeting of all stakeholders will be held in mid Feb 2020.</p> <p>The Inverclyde Community Development Trust appointed a consultant to carry out a preliminary design study on various improvements to the NCN75 between Octavia Park and Gourock train station (completed Nov 2019). The study is currently being reviewed by the Trust</p>		
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					<p>and the Council's Roads service</p> <p>The Council is also investigating options for aerial active travel routes into Greenock (ongoing).</p> <p>The Council is in the process of tendering for a feasibility study into a new walking/cycle route between Inchgreen dry dock and McDonalds.</p>		
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
2. Healthier Lifestyles	The majority of individuals living and working within Inverclyde are not physically active enough to benefit their health. This reduction in activity levels has taken	We want to increase physical activity and promote healthy lifestyles amongst individuals and families across Inverclyde through sustained positive changes to	Create and establish links between health and environment professionals to enable a partnership to be established by Autumn 2018.	Completed membership from HSCP links to the Environment Partnership.	Completed – Cath Tearne now a member of this group.	Green Completed. 	



	place over a number of years and can be attributed to various factors ranging from increased car use to the very design of our local communities. Only four in ten (39%) adults met the current physical activity recommendation	both their lifestyle and natural environment.	Develop a Community Food Growing Strategy by April 2020.	<p>Carry out an exercise to analyse opportunities for community involvement in environmental projects that improve health.</p> <p>By April 2020 there will be an Inverclyde Council Food Growing Strategy inclusive of the partners who also provide opportunities for food growing to take place.</p>	<p>Inverclyde Life could be a digital platform to raise awareness of opportunities in which communities can become involved and priorities.</p> <p>1st Draft out for consideration and return to Ian Hanley by 11 October 2019. Tuesday 12 November Inverclyde Council Officers met to discuss a number of key issues particularly around allotments. Council officers are due to meet with Wellington Allotment (our allotment association) to discuss waiting lists (currently 13) and the future when the waiting list would be triggered (the starting</p>	<p>AMBER – On track</p> 	
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	<p>s and just over a third (35%) of secondary school pupils meet the target of taking 60 minutes or more of physical activity on five or more days per week. (Inverclyde Child and Youth Health and Wellbeing Survey 2013).</p>				<p>point is 15 for Inverclyde) and what opportunities and options may be available for Inverclyde Council and Wellington Allotments.</p> <p>The Council Group have also agreed to visit the areas identified within the Local Development Plan and potentially through the Open Space Strategy with existing community food growing groups to look at the suitability of food growing on these areas of land (subject to council ownership and planning).</p> <p>Re the consultation, a workshop was held in October where the community were considering what</p>		
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					<p>questions to ask and who to consult with.</p> <p>The food growing strategy will not include private food growing.</p> <p>Baseline needs to be established and an access point for people to receive information and advice.</p> <p>The strategy can be launched in April as a working document and reviewed annually. This needs to be reported to both Inverclyde Alliance and the Inverclyde Council Committee and will include an Allotment for Inverclyde Action plan 2020.</p> <p>A road map will also be included within the report to the Alliance Board.</p>		
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
3. Land Use and Management	The percentage of derelict land has increased from 17% to 51% in 2016. 80% of the increase in derelict land relates to two large sites, the Former Inverkip Power Station site and Valley	Improve the built environment so that all communities in Inverclyde can enjoy both a quality local environment and a healthy and active lifestyle.	Develop a Greenspace Strategy by Winter 2018	By periodically measuring the number of people within a 5 minute walk of a good quality useable greenspace (this is line with a new national indicator on access to greenspace). Performance measures: The number of people within 400m of quality green space.	Work is ongoing on the Greenspace Strategy. Data analysis now completed and anticipated published Greenspace Strategy will be Spring 2020.	 RED – Incomplete	



	Park, Spango Valley, being identified as derelict.		Review vacant and derelict land sites in light of Greenspace Strategy to identify opportunities to plug gaps in greenspace provision for community benefit by Spring 2019.	% of derelict land in Inverclyde.	The Review of vacant and Derelict land sites has been completed. This will inform the implementation of the Greenspace strategy once it has been completed.	 Completed Green	
			Identify a Strategic Habitat Network for Inverclyde by Autumn 2018.		The GCV Green Network partnership completed the Strategic Habitat Network in the Aug 2019.	 Completed Green	
<p>Challenges this quarter Food Growing Strategy – Baseline needs to be established and an access point for people to receive information and advice.</p> <p>The strategy can be launched in April as a working document and reviewed annually. This needs to be reported to both Inverclyde Alliance and the Inverclyde Council Committee and will include an Allotment for Inverclyde Action plan 2020. A road map will also be included within the report to the Alliance Board.</p>							
<p>Next steps Climate Change Emergency – Should be considered by Alliance Board Partners within the Environment group have been taking a stock check on what previous survey have been carried out to identify gaps and are looking to identify actions that can be carried out which demonstrate how nature can contribute to community planning priorities and at the same time help address the climate emergency.</p>							

**Culture and Heritage Partnership
Lead Officer – Tony McEwan**

Cultural Partnership - LOIP 10 Year Vision

LOIP 10 Year Vision - Inverclyde's environment, culture and heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit. The outcomes we expect to have achieved in 10 years include:

- The amount of vacant and derelict land will be reduced and used for alternative uses that will benefit local communities.
- Adults, children and young people living in Inverclyde will be more physically active.
- Inverclyde residents will have greater pride in Inverclyde and a sense of identity and belonging to the area.
- There will be increased attendance at cultural events and places of culture.
- Those living in our most deprived communities will enjoy improved wellbeing through greater access to green space.
- The local Green Network will be improved to develop stronger communities, sustainable places and create enhanced habitat connections.
- Public transport will be more accessible and active travel network will be improved to make it easier to get around Inverclyde.


The Inverclyde Heritage Strategy aspires to achieve the following vision by 2029;

“Inverclyde’s heritage is a source of knowledge and pride across the region and is employed at every opportunity to support our diverse community’s social, cultural and economic wellbeing.”

Aims

- Inverclyde’s heritage is captured, conserved, protected and enhanced
- Inverclyde’s heritage is valued, appreciated and instils a sense of pride and belonging amongst residents
- Inverclyde’s heritage offers opportunities for participation to all, inspiring and sustaining meaningful heritage engagement over the long-term
- Inverclyde’s heritage encourages more people to visit, stay longer and spend more across the region
- Inverclyde’s heritage sector is strong and sustainable, underpinned by an ethos of collaboration and co-ordination across the public, private and third sectors and integrated within Inverclyde’s wider cultural sphere, harnessing the synergy and reciprocity with the arts.




Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
Heritage Strategy	ICP to commission development, publication and promotion of a Heritage Strategy for Inverclyde	Production of a long term strategy for the development of heritage in Inverclyde to help the ICP plan effectively for the future and gain greater leverage with external	<p>Tender for heritage consultant Sept 2018; Contract award Oct/Nov 2018; Anticipated submission Jan/Feb 2019.</p> <p>Strategy and associated action plan are published, promoted and feed into ICP's forward planning mechanisms. Spring 2019 onwards.</p>	Action plan priorities and objectives taken forward with identified outcomes being successfully implemented.	<p>The Heritage Strategy was approved by Inverclyde Alliance on 17 June 2019 and will be formally launched on 5 Feb 2020 (delayed from Nov 2019 due to General Election) to tie in with the re-opening of the Watt Institution.</p> <p>One of the key actions in the Heritage Strategy Action Plan is to implement the Strategy's proposed Leadership Framework for the delivery of both the Heritage Strategy and the Arts and Creativity Strategy. In Aug 2019, the ICP agreed to an amendment to its Terms of Reference to</p>	 Green Completed	



		<p>funding bodies.</p> <p>Partnership working to develop, enhance and deliver the strategy building a network and legacy.</p>			<p>meet less frequently (4 times per year) and adopt more of an oversight role, including overseeing the Cultural Partnership Delivery Plan, the Heritage Strategy and the Arts and Creativity Strategy. The arts and heritage working groups would meet 8 times per year and would facilitate partnership working between individuals, community groups and organisations with similar interests, and would ensure delivery of the Strategy action plans.</p> <p>Work has begun on a bid to the National Lottery Heritage for funds to support the building of capacity across the heritage sector in Inverclyde. Progress reports on</p>		
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					this bid will be brought to future Programme Board/Alliance Board meetings.		
Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
Arts and Creativity Strategy	Inverclyde's Arts & Creativity Strategy launched in 2017 but did not contain an Action Plan to take the Strateg	Arts & Creativity Strategy and action plan being implemented with actions being delivered; Arts sub-group feeding in to	Recruitment of Arts Co-ordinator for Inverclyde, funded by remaining Place Partnership funds. Maintain regular meetings of the Arts & Creativity sub-group, ensuring representation across Inverclyde CPP.	Meetings take place consistently and attendance by all partners remains high. Regular review of members of partnership.	Arts Co-ordinator appointed March 2019; Arts sub-group established Sep 2019; sub-group currently working on producing an action plan to sit alongside Arts & Creativity Strategy. Updates on progress will be brought to future meetings of IOIP Programme Board.	 Green Completed	



Inverclyde Alliance

Appendix 1

	y forward. Arts & Creativity sub-group implemented with representation from a range of partner organisations and individual artists.	overall Cultural Partnership and cultural delivery plan for the area.					
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
Great Place Scheme	Inverclyde awarded c. £200K under HLF's Great Place Scheme to undertake activities aimed to strengthen networks between heritage, civic		<p>The approved purposes of the project are:</p> <ul style="list-style-type: none"> -Project Officer to be appointed to project manage all aspects of GPS and associated budget, and link together existing heritage assets in Inverclyde. -Young Heritage Apprentices - 2 consecutive apprentices appointed through Inverclyde Council's "The Recruit" programme to work at the Watt Institution on heritage activities. 	Community engagement and participation in heritage will increase; will be visible through higher levels of cultural participation reported in the SHS.	<p>Project Officer appointed May 2018; post-holder successfully obtained a promoted post within Cultural Services and resigned March 2019; replacement appointed July 2019.</p> <p>HA1 appointed through 2018 "The Recruit" programme. Placement finished and qualification obtained. HA2 appointed through 2019 "The Recruit" programme. Placement & College work ongoing.</p>	 Green Completed  Green Completed	



	and community organisations, enhancing the role heritage plays in the future of each place participating in the scheme .		Artists residences: commission 3 artists to animate spaces and places, celebrate 'lost' heritage and input into proposed public realm improvements.		<p>1st residency = Surge performance theatre at Galoshans 2018.</p> <p>2nd residency = Yvonne Lyon & Annie Mackay arts & music residency to celebrate James Watt bi-centenary in 2019. When Art Tells Tales: Intergenerational project which facilitated the creation of music and art inspired by James Watt. With support from Museum Galleries Scotland Festival Fund, the final exhibition and recital was held at the Beacon Arts Centre on Fri 23 August to coincide with the actual bicentenary. Over 100 people attended.</p> <p>3rd residency = GPS in early stages of discussion with</p>		
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			<p>Inverclyde Heritage Strategy: produce a long-term strategy for the development of heritage in Inverclyde to help the Cultural Partnership plan effectively for the future.</p> <p>Heritage Events: engage large numbers of people in heritage activities through a collaboration of Watt Institution team, commissioned artists and Heritage Apprentices.</p>		<p>Sustrans about a collaborative project celebrating Year of Coasts and Waters, and more specifically the theme of emigration, by commissioning a piece of art and related community engagement on the National Cycle Network by the waterfront.</p> <p>See above for more information regarding the Heritage Strategy.</p> <p>Kennedy Collection: In a joint project, Inverclyde Council, the Great Place Scheme and the Inverclyde Heritage Network are working on the launch of the Kennedy Collection, an extraordinary</p>		
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					<p>archive of 900+ photographs by Alexander (Sandy) Kennedy, an amateur photographer who spent ten years recording images of Greenock and Port Glasgow before the redevelopment of the town centres in the 1960s. Gifted to the McLean Museum by the Kennedy family and transformed into digital images by the Inverclyde Heritage Network, the latter showcased a selection of them in the D McGilp pop-up shop in Kempock St, Gourock, from 14-19 October.</p> <p>Museum of Me: Community groups worked alongside a local artist to create their own "Museum of Me", a 'museum within a museum' to</p>		
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					<p>celebrate the re-opening of the Watt Institution. This exhibition showcased personal exhibits, memories and memorabilia of local people, describing key events in their lives and contributing to 'stories frae the street'.</p> <p>East Asia Project: with additional funding from National Museum of Scotland, this project involves participation for young people aged 15-24 in heritage research, conservation and world cultures through examining a variety of artefacts from the East Asian collection of the McLean Museum. The final event will be an exhibition planned, created and curated by the young people.</p>		
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					<p>Teacher consultation: One of the aims of the Great Place Scheme is to promote access to heritage resources and facilities to a wide variety of groups, including local early years' establishments, primary and secondary schools. Consultation on how heritage services can support schools is now underway and will include consultation with Craigmarloch, Language and Communication Bases, and Garvel Deaf Centre to make sure that heritage is suitable, accessible and fully inclusive.</p>		
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Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status	Tolerance Level
Festivals and Events	Develop calendar of current and emerging AC&H festivals and events including those within individual	Work to develop, create, deliver and support AC&H events across Inverclyde, both by ICP members			Now in its 5 th year, the <u>Galoshans</u> festival returned to Inverclyde from 25 October – 1 November 2019 with a vibrant programme of events celebrating creativity and community spirit, and commemorating James Watt through themes of innovation and light. RIG Arts led on the delivery of the	 Green complete	



	communities.	<p>themselves, and by building capacity within communities.</p> <p>Effective use of public spaces and venues to support co-ordination of events.</p>			<p>festival in collaboration with a consortium of partners, and funding was secured from Creative Scotland (£42,000), National Lottery Heritage Fund (£14,000) and EventScotland (£8,000).</p> <p>Planning has begun for <u>Galoshans 2020</u> which will be themed around Year of Coasts and Waters.</p> <p>Planning has begun for the <u>Clyde Comedy Festival</u>, to run 5-14 June 2020. Events will be held at the Beacon, Kip Marina, and at restaurants and</p>		
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Key cultural venues	Central Greenock has 2 major cultural venues: the Watt Institution, and the Beacon Arts Centre, and a third which will open in early 2021 - the Wyllie Gallery	All 3 centres are represented at the Cultural Partnership and will work together to maximize cultural opportunities for the people of, and visitors to, Inverclyde.			bars across the area.		
				Each centre will report increasing visitor numbers. Cultural participation in Inverclyde will increase.	The Watt Institution re-opened to the public on 22 November 2019 after an almost 3 year closure for refurbishment. Staff are now working hard to ensure an increase in visitor numbers and improved programming. The Beacon had a very successful panto season to round off 2019 and have an exciting programme lined up for 2020. The centre is developing an Ambassadors' programme, a resident curator programme, and will	 Green Complete	



					<p>be running various creative learning activities and events throughout the year.</p> <p>The Ocean Terminal plans are now completely signed off. After some delays, construction is about to start. The facility will be open 52 weeks per year.</p>		
<p>Challenges this quarter: November 2019 – January 2020</p> <p>None.</p>							
<p>Next steps: February – April 2020</p> <ul style="list-style-type: none"> • The refurbished Watt Institution will be launched • The Inverclyde Heritage Strategy will be launched • A bid to the NLHF for funds to support the Heritage Strategy will be submitted • Planning for Galoshans 2020 will continue • Work will commence on the Ocean Terminal project/Wyllie gallery • Celebration of Year of Coasts and Waters will commence. 							



Inverclyde Alliance

AGENDA ITEM NO: 6

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Louise Long Lead Officer for Inequalities	Report No:	
Contact Officer:	Lynsey Logsdon	Contact No:	N/A
Subject:	Locality Planning Progress Report		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Alliance Board with an update on the progress that has been made with the implementation of locality planning.

2.0 SUMMARY

- 2.1 This report provides details of the progress that has been made with regard to the implementation of locality planning between November 2019 and January 2020.
- 2.2 A flash report has been compiled to provide an overview of the progress that has been made and this is contained within Appendix 1 of this report. Flash reporting is the performance reporting method used for the Local Outcome Improvement Plan (LOIP).
- 2.3 During the last quarter, significant progress has been made with the development of Locality Action Plans for Greenock South and South West, Port Glasgow and Greenock East and Central.
- 2.4 Significant progress has also been made with regard to the establishment of Communication and Engagement Groups. A successful event was held in Port Glasgow to recruit members of the local community to join the Port Glasgow Communications and Engagement Group and the first meeting of the group will take place in mid-February.
- 2.5 The next steps are to:
- Draft Locality Action Plans for the remaining localities of Kilmacolm and Quarriers Village, Greenock West and Gourock and Inverkip and Wemyss Bay.
 - Hold events in Greenock East and Central and Greenock South and South West before the end of February to set up their Communications and Engagement Groups.
 - Pilot the establishment of a Locality Planning Group in Port Glasgow.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board notes the progress that has been made with the implementation of locality planning.

Aubrey Fawcett
Chair, Programme Board
Chief Executive, Inverclyde Council

4.0 BACKGROUND

- 4.1 The Community Empowerment (Scotland) Act 2015 placed a statutory requirement on the Inverclyde Alliance to develop locality plans for the communities of Inverclyde that experience the greatest inequalities.
- 4.2 In addition, the Public Bodies Joint Working (Scotland) Act 2014 placed responsibility on the HSCP in relation to locality planning. Health and Social Care Partnerships must set up two or more localities and the localities should be established to enable service planning at a local level within natural communities.
- 4.3 Inverclyde Alliance and the HSCP have been working together to put in place arrangements for locality planning that meet the needs of both pieces of legislation.
- 4.4 Inverclyde Alliance and the HSCP have agreed to establish the following six localities to ensure that the whole of Inverclyde has the opportunity to participate in locality planning:
- Kilmacolm and Quarriers Village
 - Port Glasgow
 - Greenock East and Central
 - Greenock South and South West
 - Greenock West and Gourock
 - Inverkip and Wemyss Bay
- 4.5 The model for locality planning that both the Alliance Board and the IJB have approved is to have a Locality Planning Group (LPG) in each of the six localities, along with a Communications and Engagement Group in each locality that will sit underneath the LPG. The Communications and Engagement Groups will be responsible for developing local communications and engagement plans, implementation of these plans, and embedding involvement and engagement with staff and local communities as part of our day-to-day business. This will build on existing relationships with communities.

5.0 PROGRESS

- 5.1 A flash report has been compiled to provide an update on the progress that has been made with regard to the implementation of locality planning during the last quarter, November 19 to January 2020. This is to ensure consistency with the Local Outcome Improvement Plan (LOIP) as flash reporting has been adopted as the method of reporting on the delivery of the LOIP. The flash report for locality planning is contained within Appendix 1 of this report.
- 5.2 Significant progress has been made during the last quarter. The highlights include:

Locality Action Plans

- The Greenock South and South West Locality Action Plan has been fully developed and published on the Council's web site. It can be accessed via the following link <https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/localities/greenock-south-south-west> In addition, a copy of the Locality Action Plan for Greenock South and South West is contained within Appendix 2.
- The Port Glasgow Locality Action Plan has been drafted and is currently being graphically designed.
- The Greenock East and Central Locality Action Plan has been drafted and circulated to partners for comment and feedback.

Communication and Engagement Groups

- A working agreement between Inverclyde Alliance, the HSCP and third sector partners supporting Locality Communications and Engagement Groups has been agreed by all partners.
- Your Voice, along with representatives from Inverclyde Alliance and the HSCP hosted an event in Port Glasgow on the 22nd of January. Interested members of the community came along to find out more about locality planning and how they could get involved by joining the Port Glasgow Communications and Engagement Group. Approximately 12 attendees signed up to be a member of the group and the first meeting took place on the 19th of February.

6.0 NEXT STEPS

6.1 The next steps are to:

- Progress with the development of Locality Action Plans for the remaining localities of Kilmacolm and Quarriers Village, Greenock West and Gourock and Inverkip and Wemyss Bay. In addition, the Port Glasgow and Greenock East and Central Locality Plans will be published on the Council's web site once all comments and feedback from partner organisations have been incorporated and the plans have been graphically designed.
- Events will be held in Greenock East and Central and Greenock South and South West to recruit members of the community to join the Communications and Engagement Groups in these localities.
- Work will begin on establishing a pilot Locality Planning Group in Port Glasgow.

6.2 A number of workstreams will be progressed to support and enable the implementation of the next steps which are outlined in the paragraph above. For example:

- An organogram will be developed to illustrate the role and function of the Communications and Engagement Groups and the Locality Planning Groups, along with a revised terms of reference for both groups.
- A training and induction programme will be developed for members of the Communication and Engagement Groups and Locality Planning Groups.
- A Communications and Engagement Strategy for locality planning will be developed.

7.0 IMPLICATIONS

7.1 Legal: none at present
Finance: none at present
Human Resources: none at present
Equality and Diversity: none at present
Repopulation: repopulation remains a key priority within the Inverclyde Outcomes Improvement Plan.
Inequalities: the Locality Partnerships will be working specifically to tackle inequalities on a geographic basis.

8.0 CONSULTATIONS


n/a

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde’s Local Outcome Improvement Plan 2017-2022

Appendix 1 –Locality Planning Flash Report January 2020
Lead Officer – Louise Long

Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status
Locality Communications and Engagement Groups	There is currently no robust and comprehensive community involvement / engagement in place in each of the six localities in Inverclyde.	<p>Communications and Engagement Groups established in all six localities.</p> <p>Communications and Engagement Plans are developed for each locality.</p> <p>Members of the Communications and Engagement Groups are trained so that they have the capability to fulfill their roles.</p>	<p>Communications and Engagement Groups established in:</p> <p>Kilmacolm and Quarriers - Dec 19</p> <p>Port Glasgow – Feb 20</p> <p>Greenock South and South West – March 20</p> <p>Greenock East and Central – March 20</p> <p>Greenock West and Gourock – April 20</p> <p>Inverkip and Wemyss Bay – April 20</p>	Communication and Engagement Groups will be established in all six localities and will be meeting on a regular basis.	<ul style="list-style-type: none"> A working agreement between Inverclyde Alliance, the HSCP and third sector partners supporting Locality Communications and Engagement Groups has been agreed by all parties. Your Voice, along with representatives from Inverclyde Alliance and the HSCP hosted an event in Port Glasgow on the 22nd of January. Interested members of the community came along to find out more about locality planning and how they could get involved by joining the Port Glasgow Communications and Engagement Group. Approximately 12 attendees signed up to be a member of the group and the first meeting will take place in mid-February. A Communications and Engagement Group has been established in the Kilmacolm and Quarriers Village Locality. It met on the 31st of January 	Green

					and again on the 21 st of February.	
Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status
Locality Plans	Locality Plans for the six localities across Inverclyde are in the early stages of development.	<p>Compliant with the Community Empowerment Act (Scotland) 2015 with Locality Plans developed for localities that suffer the greatest inequalities.</p> <p>Locality Plans developed and implemented for the other localities in Inverclyde, including Kilmacolm and Quarriers, Greenock West and Gourock and Inverkip and Wemyss Bay.</p> <p>Locality Plans are reviewed and progress reported</p>	<p>Locality Plans fully developed for:</p> <p>Greenock South and South West – Jan 20</p> <p>Port Glasgow – Jan 20</p> <p>Greenock East and Central – Feb 20</p> <p>Kilmacolm and Quarriers – March</p> <p>Greenock West and Gourock – April</p> <p>Inverkip and Wemyss Bay - May</p>	Locality Plans will be developed for all six localities and published on the Council's web site.	<ul style="list-style-type: none"> The Greenock South and South West Locality Plan has been fully developed and published on the Council's web site. The Port Glasgow Locality Plan has been drafted and is currently being graphically designed. Work is underway to develop Greenock East and Central's Locality Plan and Kilmacolm and Quarriers Village Locality Plan. 	Red 

		publicly on an annual basis.				
Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status
Locality Planning Groups	There are currently no Locality Planning Groups established in any of Inverclyde's six localities.	<p>Locality Planning Groups established in all six localities and fulfilling their role to enable service planning at a local level thus ensuring compliance with the Public Bodies (Joint Working) Act 2014.</p> <p>Communities have a lead role in locality planning.</p>	<p>The establishment of a Locality Planning Group will be piloted in one locality and the learning disseminated across the other localities.</p> <p>A group will be set up to oversee the establishment of Locality Planning Groups and to develop a terms of reference.</p>	<p>Locality Planning Groups will be established in:</p> <p>Port Glasgow: March 20</p> <p>Greenock South and South West: April 20</p> <p>Greenock East and Central: April 20</p> <p>Kilmacolm and Quarriers: May 20</p> <p>Greenock West and Gourock: June 20</p>	The establishment of a Locality Planning Group will be piloted in Port Glasgow to allow the process and procedures for establishing and running Locality Planning Groups to be developed before rolling it out across the remaining five localities.	Amber 

				Inverkip and Wemyss Bay: June 20		
Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Progress	RAG Status
Training and Development	<p>There is a lack of capacity within communities in relation to people who have the skills and knowledge to be members of Locality Planning Groups.</p> <p>There is a lack of awareness in relation to the Community Empowerment (Scotland) Act 2015 and the role of officers and Elected Members in promoting it and also</p>	<p>Members of Communications and Engagement Groups and Locality Planning Groups understand their role and are equipped with the knowledge they need to perform their duties.</p> <p>Officers and Elected Members fully understand Inverclyde's approach to locality planning and are able to promote it and encourage residents to get involved.</p>	<p>Training and Development Session held for each Communications and Engagement Group.</p> <p>Training and Development Session held for each Locality Planning Group.</p> <p>Training plan developed for officers and Elected Members.</p>	<p>We will have enough people within communities with the skills and knowledge to be members of the Communications and Engagement Groups and Locality Planning groups.</p> <p>Officers and Elected Members will promote the Community Empowerment (Scotland) Act 2015 and encourage local</p>	<p>Training and development will be progressed with all Communications and Engagement Groups and Locality Planning Groups once they have been established.</p> <p>A training plan for officers and Elected members will be developed once all Locality Plans have been drafted and the Communications and Engagement Groups and Locality Planning Groups are up and running.</p>	<p>Green</p> 

	locality planning.			residents to participate in locality community.		
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Challenges this quarter – November 19 – January 20

- Agreeing the roles and responsibilities of the third sector, the HSCP and the Council in the establishment and running of Communications and Engagement Groups.
- Resources required to draft Locality Action Plans and at the same time progress with the establishment of the Communications and Engagement Groups.

Next Steps February – April 20

- Develop an organogram to illustrate the role and function of the Communications and Engagement Groups and the Locality Planning Groups.
- Develop a terms of reference for the Communication and Engagement Groups and the Locality Planning Groups.
- Events will be held in Greenock East and Central and Greenock South and South to recruit members of the community to join Communication and Engagement Groups.
- A draft training and induction programme will be developed for members of the Communication and Engagement Groups and Locality Planning Groups.
- The Greenock South and South, Greenock East and Central and Port Glasgow Locality Action Plans will be updated to include the SIMD 2020 data.
- An information sheet will be produced for Community Councils to ensure they are fully briefed around what is happening with locality planning.
- A pilot Locality Planning group will be established in the Port Glasgow locality. This will involve working through all the issues involved in establishing Locality Planning Groups.
- A Communications and Engagement Strategy to support locality planning will be developed in partnership with the Council's Corporate Communications Team.



Greenock South and South West Locality plan 2020

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1 - Introduction

Welcome to Greenock South and South West's locality plan.

The development of this plan is part of a new approach being adopted by Inverclyde Alliance, the area's Community Planning Partnership and Inverclyde Health and Social Care Partnership are working with local communities to plan and deliver services that will make a real difference to the lives of people in Greenock South and South West.

The Community Empowerment (Scotland) Act 2015 placed a legal duty on Inverclyde Alliance to demonstrate that it is making a significant difference to the lives of residents through the planning and delivery of local outcomes and the involvement of community bodies at all stages of community planning. In addition, the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within the area.

Both these pieces of legislation have provided the opportunity for Inverclyde Alliance and Inverclyde Health and Social Care Partnership to develop six locality plans for the localities listed below.

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central
- Greenock West and Gourrock
- Greenock South and South West
- Inverkip and Wemyss Bay

The purpose of this locality plan is to outline the key issues in Greenock South and South West that have been identified through the statistical information we hold for this locality, as well as extensive engagement with the community.

The locality plan also identifies a range of actions that will be taken to address these issues by both Inverclyde Alliance and the local community in Greenock South and South West working together.

Locality plans should be informed by communities themselves and work is ongoing to set up locality planning groups who will help us to finalise the development of the plans and work with us to deliver them.

The locality plans, and the locality groups, will help to inform and take forward participatory budgeting (PB) in Inverclyde. PB is a way for people to have a direct say in how local money is spent.

This is an exciting opportunity for anyone who would like to get actively involved in the way services are delivered in the future and shape how their local community might look in the future.

Public bodies cannot do this alone, we need to listen to what local people say is important to them and include your views as we plan ahead together.

2 - Locality planning principles

Inverclyde Alliance and the Health and Social Care Partnership agree that the principles for locality planning should be:

- To engage with communities to develop and progress plans for the locality building on community assets.
- To bring community planning public sector partners together with communities to work together to bring about change.
- To co-ordinate and pull together community engagement processes and feedback.
- To work with communities to develop solutions to the issues identified by them.
- To share information across communities and partners.
- To make best use of and share resources.
- To take forward the Health and Social Care Partnership (HSCP) locality planning structures and any other locality based approaches to service delivery.
- To take forward the requirement of Community Empowerment (Scotland) Act 2015.
- Support development of participatory budgeting.
- To meet any future demand from communities or requirements set out by national or local government.



3 - Locality planning membership

The locality plan will be driven by the locality partnership.

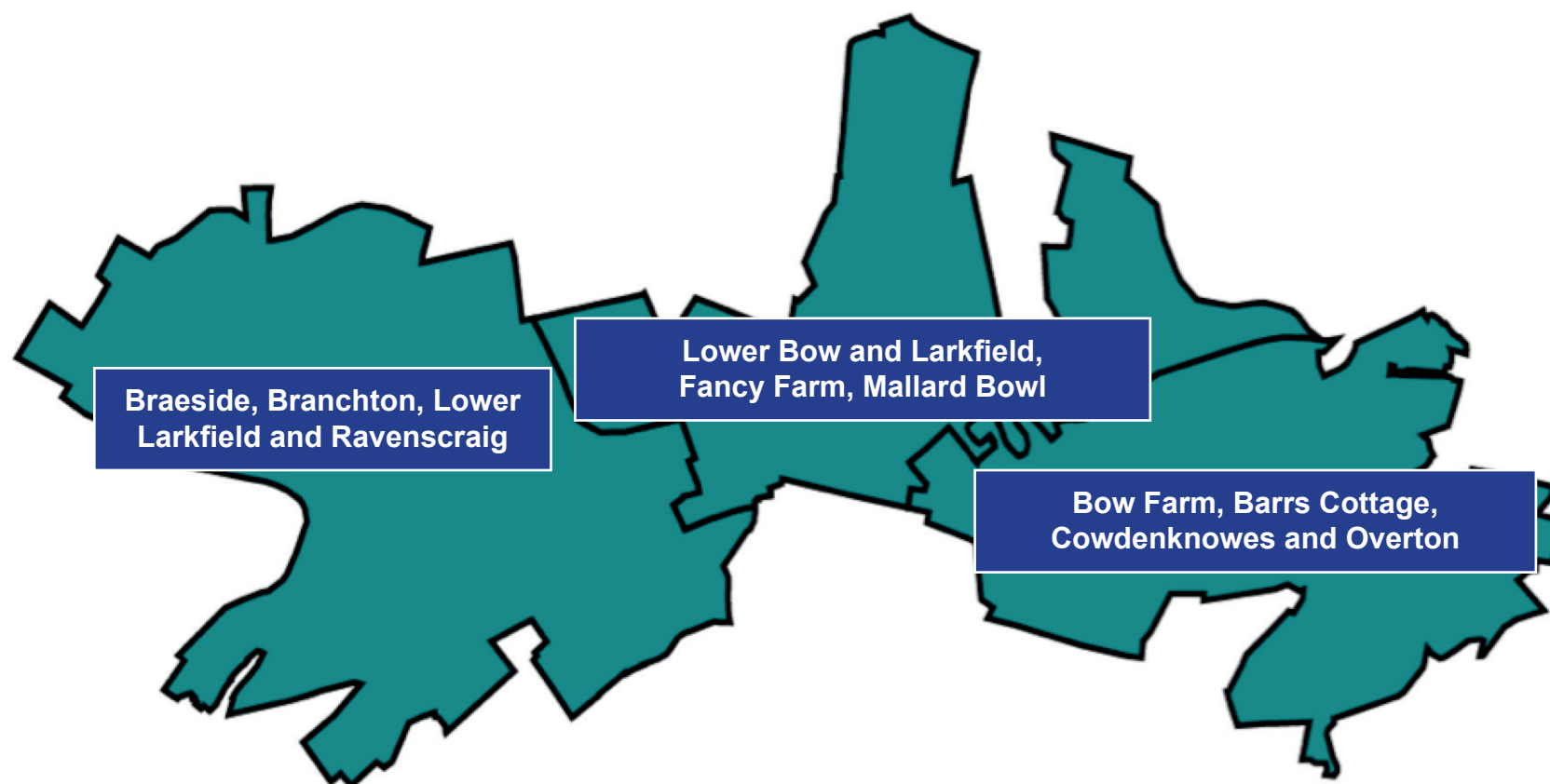
Each locality partnership will consist of:

- The chair
- Elected members for the locality
- Representatives of the third sector (Branchton Community Trust)
- Inverclyde Council community learning and development (CLD) link officer(s)
- Health and Social Care Partnership (HSCP) link officer(s)
- Police Scotland representative
- Scottish Fire and Rescue representative
- Chairs of Community Councils
- Community members
- Representative of the housing sector
- Representative of carers and patients
- Health and social care professionals e.g. GP's, pharmacists, practice nurses

This list is not exhaustive and as each locality partnership develops then more members maybe invited or co-opted onto the partnership.



4 - Greenock South and South West area profile



Population

- The estimated population of Greenock South and South West in 2017 was 18,842. (Source: National Records of Scotland)
- 48% of the population is male and 52% female. (Source: National Records of Scotland)

Health

- The early mortality rate, that is death rates for those aged 15-44 was 204.7 per 100,00 in 2016-18. Higher than the Inverclyde figure of 146.1 per 100,000. (Source: National Records of Scotland)
- Greenock South and South West has a higher mortality rate per 100,000 than Inverclyde HSCP for deaths from alcohol conditions, early deaths from cancer and early deaths from coronary heart disease. (Source: National Records of Scotland)
- The rate per 100,000 population for emergency admissions is higher than the figure for Inverclyde as a whole. (9,742 versus 8,528) (Source: ISD/SMR01)

Challenges in Greenock South/South West

- The percentage of children living in low income families within Greenock South and South West was 24% in 2016. (Source: Scottish Government/Open Data)
- In Greenock South and South West 8,765 individuals (47%) live in one of the most educationally deprived data zones in Scotland. For Inverclyde HSCP this figure is 32%. (Source: SIMD 2016)
- The % of babies reported by the parent as being exclusively breastfed at 6-8 weeks post birth in Greenock South and South West between 2015/16 and 2017/18 was 8%. Much lower than Inverclyde as a whole at 15%.

- 62% of the population of Greenock South and South West live in an area that is identified at one of the most deprived in Scotland. (Source: SIMD 2016)
- 62% of the population of Greenock South and South West live in an area where high percentages of people are employment deprived. (Source: SIMD 2016)
- 60% of the population of Greenock South and South West are income deprived. (Source: SIMD2016)

Environmental challenges

- 88.9% of residents in Braeside, Branchton, Lower Larkfield and Ravenscraig live within 500 metres of a derelict land site. 63.8% of residents within Lower Bow, Larkfield, Fancy Farm and Mallard Bowl and 74.8% of residents in Bow Farm, Barrs Cottage, Cowdenknowes and Overton. (Source: Scotpho Onlines Profile Tool)
- 50% of residents in Greenock South and South West live in areas seemed most deprived in regards to crime. (Source: SIMD 2016)
- Housing deprivation is based on whether households are overcrowded or have no central heating. 59% of residents in Greenock South and South West are affected by housing deprivation. (Source: SIMD 2016)

5 - Engaging with the community of Greenock South and South West

Extensive engagement has been carried out with residents in Greenock South and South West to find out what they think about living in the area and identify what improvements they would like to see take place.

Our place our future (2017)

In 2017 Inverclyde Alliance carried out a survey across Inverclyde called 'our place our future' which delved into a wide range of themes from traffic and parking, streets and spaces, to work, care, housing and local amenities.

There were 251 responses from residents living in Greenock South and South West to the 'our place our future' survey. Respondents were asked to rate how satisfied they were with various aspects of living in Greenock South and South West on a rating of 1-7 where 1 represents not at all satisfied and 7 represents very satisfied.

Based on the overall average scores, satisfaction levels were highest with:

- Natural space (4.7)
- Public transport (4.7)

The lowest scoring area in terms of satisfaction was:

- Care and maintenance (3.8)
- Influence and sense of control (3.7)
- Traffic and parking (3.5)

People were asked what you like about your locality:

- Good community spirit
- Good quality schools
- Branchton community centre
- Improved housing
- Good neighbours
- Attractive greenspace

People were asked about their concerns regarding the locality:

- Feel less safe outside in the evenings
- Derelict buildings spoil the area
- Poor pavements & footpaths
- Dog Fouling
- Expensive & unreliable bus service
- Lack of quality jobs available in the area
- Lack of facilities for teenagers

Engagement with people for the HSCP strategic plan 2019-2020 The six 'big actions'

Inverclyde HSCP is built on established integration arrangements. The vision, values and six 'big actions' have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. The HSCP have also undertaken targeted engagement with the children and young people of Inverclyde to ensure that their voices are heard.

- **Big action 1** - Reducing inequalities by building stronger communities and improving physical and mental health.
- **Big action 2** - A nurturing Inverclyde will give our children and young people the best start in life.
- **Big action 3** - Together we will protect our population.
- **Big action 4** - We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.
- **Big action 5** - Together we will reduce the use of, and harm from alcohol, tobacco and drugs.
- **Big action 6** - We will build on the strengths of our people and our community.

Engagement with young people for the HSCP strategic plan 2019-2020

219 children from across Inverclyde gave the HSCP their views and identified eight priorities and actions that are important to them. These included:

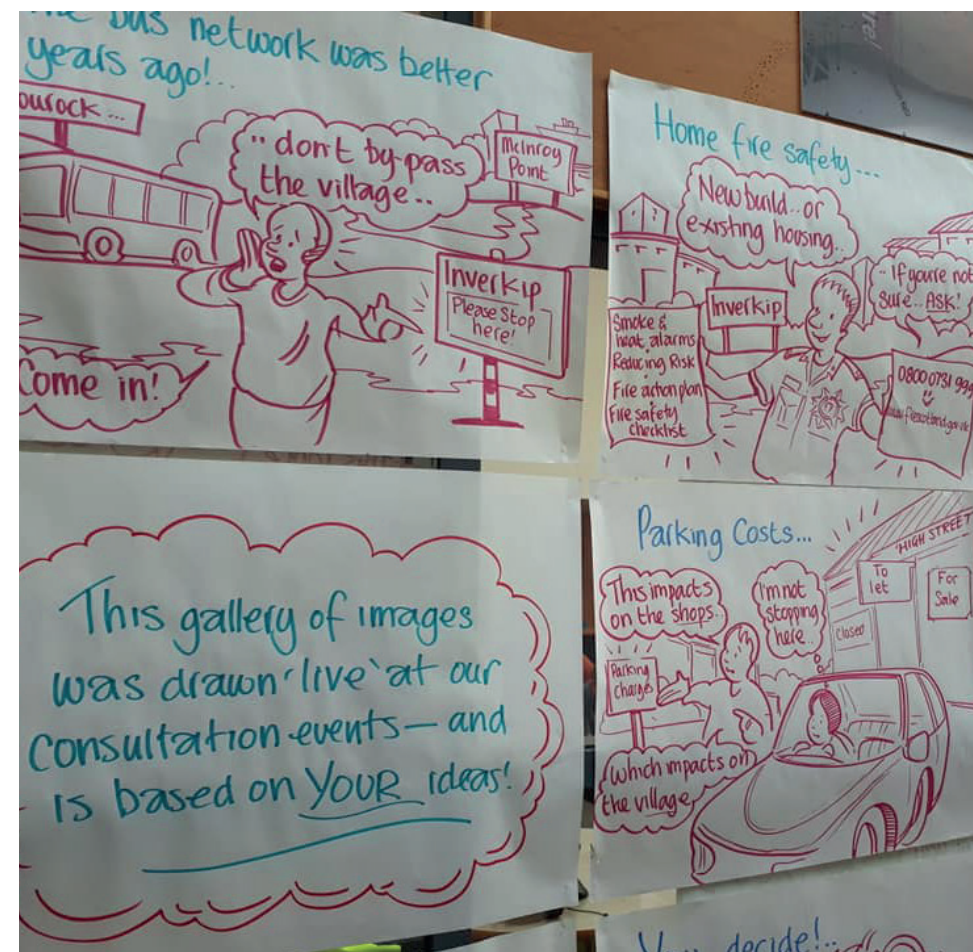
- Life skills education
- Inter-generational participation
- Recovery: celebrating and supporting recovering communities
- Feeling safe and building relationships
- Mental health support, self-care and education
- Addiction: utilising people with lived experience as an educational resource
- Affordability and visibility of services / activities locally.
- Compassion and kindness

‘Celebrate the present, shape the future’ event September 2019

In 2019 Inverclyde Alliance held a series of engagement events across all six localities in Inverclyde called ‘Celebrate the past, shape the future’. The Greenock South and South West event was hosted at Inverclyde Academy on 7 September 2019 and was attended by more than 500 people.

Residents in Greenock South and South West told us that the issues of most concern to them are:

- The provision of parks and play areas
- Activities and facilities for young children and teenagers
- The provision of groups and activities to support health and well being
- Transport and parking provision
- Feeling safe



6 - Greenock South/South West locality priorities

As a result of the extensive engagement that has taken place the following priorities will be taken forward through the locality plan for Greenock South/South West.

- Children have access to good quality parks and play areas
- Children and young people are engaged in activities in Inverclyde that promote wellbeing
- Improve health and wellbeing for people of Greenock South and South West
- People of Greenock South and South West are able to access improved transport and parking across Inverclyde.
- People of Greenock South and South West feel safe to go out at night.

Specific actions relating to Greenock South and South West are outlined in the Locality Action Plan in section 9.



7 - Community assets

Greenock South and South West has a range of physical assets and details of these are contained within the table below. It is important that these assets are fully utilised for the benefit of residents in Greenock South and South West and that consideration is given as to how these assets could be better used in order to improve the quality of life and deliver better outcomes for local people.

People assets (Voluntary / Community Groups)

Greenock Southwest Community Council (last Wed of month, alternates between St Joseph's & St Margarets churches)

Grieve Rd Tenant Community Hall Management Committee

Lady Alice Parent Network

St Joseph's Parent Network

Franciscan Sisters

Cheeky Tots (Grieve Rd Centre, Thurs 11a.m – 1pm)

Creative Writers (SW library Fri 10-12)

St Joseph's Sewing Group (Wed pm)

Chatty Café Crafters (SW library thurs 1.30-3.30pm)

Bead & Blether Group (SW library Fri 1-3pm)

Inverclyde Skywatchers (SW Library Mon 3.30?)

Larkfield, Braeside & Branchton Community Council (first wed of month, Inv. Academy at 6.30pm)

Branchton Community Centre Association

Larkfield Tenants Hall Management Committee

Youth Connections Management Committee

Meadowlark Tenants Hall Management Committee

Aileymill Parent Partnership

St Andrew's Parent Network

Wean's World

WISHES (Women's Initiative for Socialising, Health, Education and Skills)

Digital Creations

Larkfield Housing Association

St Ninians Women's Guild

Branchton over 55s (Closed group, Thurs pm)

Sunday Social

Friends of Coves Reservoir

Physical assets

Schools / Nurseries

Lady Alice Primary & Nursery School
St Joseph's Primary & Nursery School
Bluebird Family Centre
Aileymill Primary School
Aileymill Nursery
St Andrew's Primary School
Larkfield Children's Centre
Inverclyde Academy

Places of Worship

St Margaret's Parish Church
St Joseph's RC Church
St Andrew's RC Church
St Ninian's Parish Church

Leisure

Fancy Farm Tenants Hall
Grieve Road Tenants Hall
Lady Alice Bowling Club
Rankin Park Bowling Club
Police Club

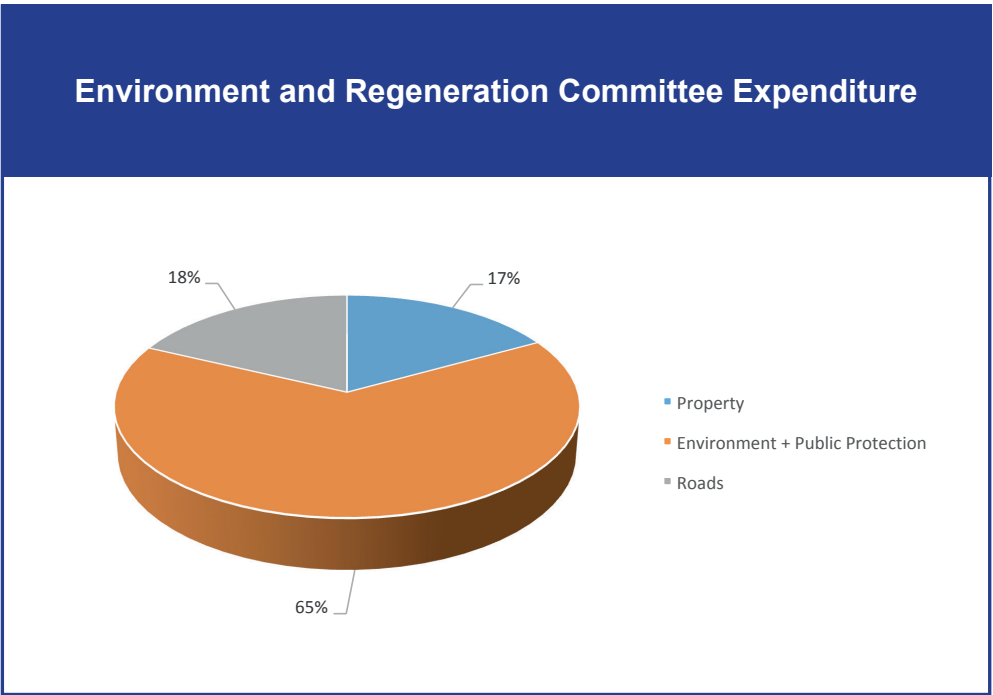
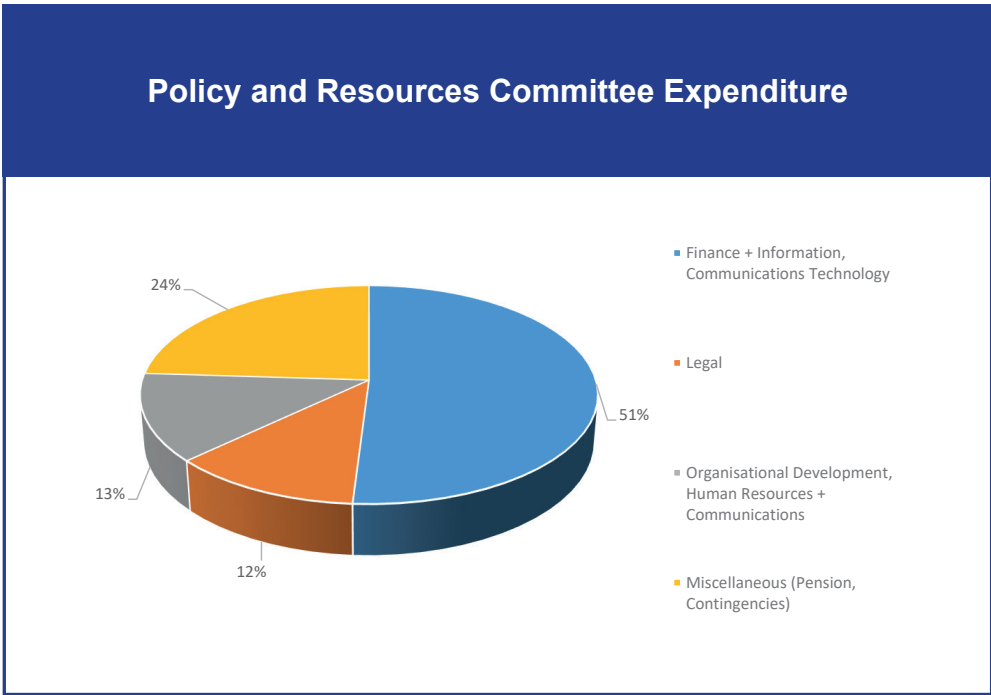
Greenock Southwest Library
Branchton Community Centre
Youth Connections
Ravenscraig Activity Centre
Ravenscraig Sports Stadium
6 play areas (Burns Square, Branchton, Bow farm x2, Grieve Rd & Lady Alice)
Crawl space to access school football pitches
Larkfield Community Garden
Coves Reservoir
Cowdeknowes Reservoir (Murdieston Dam)
Town Reservoir
Greenock Cut
Greenock Golf Club
Whinhill Golf Club

Common good Property

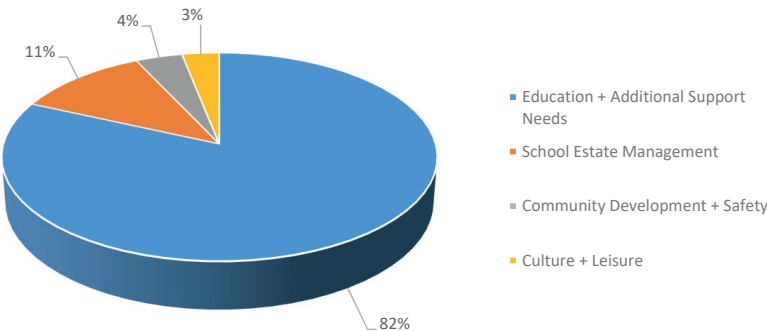
Larkfield Industrial Estate
Whinhill Golf Club

8 - Finance

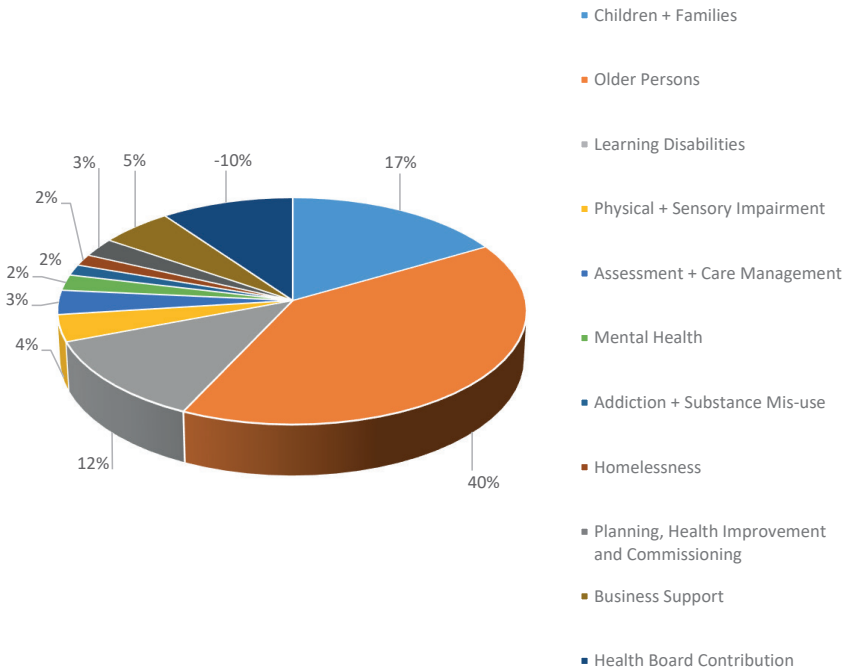
Council 2019/20 Budgets expenditure breakdown by Service and Income



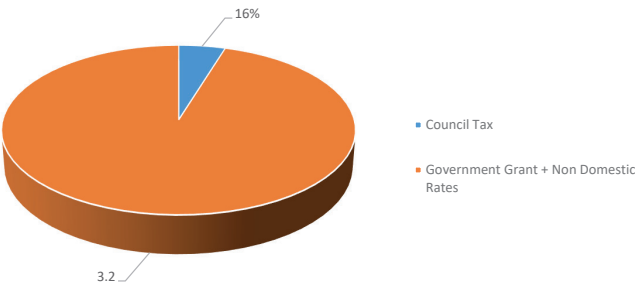
Education and Communities Committee



Health and Social Care Committee

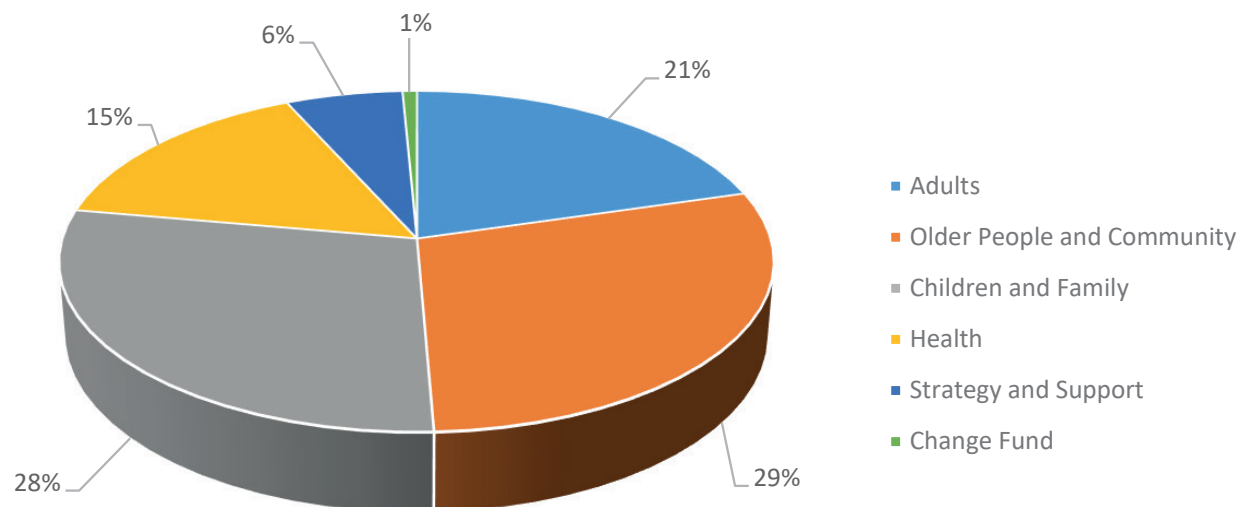


Where the money comes from: 2019/20 budget



9 - Inverclyde Health and Social Care Partnership

Health and Social Care Partnership





10 - Greenock South and South West locality Action Plan

What do we want to achieve?	LOIP Priority	Link to HSCP Six Big Actions	Actions to take this forward	Lead	Timescale/ Progress
Children have access to good quality parks and play areas.	Repopulation and Environment	A Nurturing Inverclyde will give our children and young people the best start in life.	Interested parties to take forward the following: <ul style="list-style-type: none"> • Link the provision of play parks to the Inverclyde playpark strategy. • Identify if there is a need to install any new play equipment in play areas across Greenock South and South West. • Identify actions that could be taken to make the current play parks safer for use. 	CLD/ENVIRONMENT AND REGENERATION	
Children and young people are engaged in activities in Inverclyde that promote wellbeing	Inequalities	A Nurturing Inverclyde will give our children and young people the best start in life.	<ul style="list-style-type: none"> • Ensure that good communication about all activities and facilities for young children and teenagers is in place • Review the provision of youth clubs for teenagers in the area • Identify the activities available for pre-school children • If required – adapt or increase the current provision 	CLD - YOUTH WORK	
Improve health and wellbeing for people of Greenock South and South West	Inequalities	Reducing inequalities by building stronger communities and improving physical and mental health.	<ul style="list-style-type: none"> • Ensure communication for support groups for issues such as bereavement is in place • Identify what social groups the community would like to see established. • Establish groups to support health and wellbeing such as walking groups and exercise classes if necessary. 	HSCP - 3rd Sector	
People of Greenock South and South West are able to access transport to ensure easy transport and parking	Repopulation and Environment	We will support more people to fulfil their right to live at home or within a homely setting and promote independent living.	<ul style="list-style-type: none"> • Evaluate transport links between GS&SW and the rest of Inverclyde and identify any appropriate actions. • Identify the transport related issues that the community would like to see addressed. • Evaluate parking in Greenock South and South West 	HSCP COMMUNITY SAFETY PARTNERSHIP	
People of Greenock feel safe to go out at night	Repopulation and Inequalities	Together we will protect our population.	<ul style="list-style-type: none"> • Work with the Community Safety Partnership to identify the specific issues for Community safety in Greenock South and South West • Members of the community need to feel safe going out in GS&SW particularly in the evening. • Work with agencies to identify and tackle drugs misuse in the area 	COMMUNITY SAFETY PARTNERSHIP	

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Aubrey Fawcett Chair of LOIP Programme Board	Report No:	
Contact Officer:	Louise McVey Corporate Policy, Performance and Partnership Manager	Contact No:	01475 712042
Subject:	Scottish Index of Multiple Deprivation (SIMD) 2020		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Alliance Board with an overview of the key points contained within the Scottish Index of Multiple Deprivation (SIMD) 2020, with a particular focus on the data relating to Inverclyde.

2.0 SUMMARY

- 2.1 The Scottish Government published the Scottish Index of Multiple Deprivation on 28 January 2020. The SIMD is the Scottish Government's official tool for identifying places in Scotland suffering from deprivation. It uses data relating to multiple aspects of life (income, employment, health, education, access, crime and housing) in order to gain the fullest possible picture of deprivation across Scotland.
- 2.2 The SIMD 2020 is calculated using 2011 data zone boundaries that were introduced in November 2014. Scotland has been divided into 6,976 data zones and Inverclyde consists of 114 data zones. Data from the domains is combined to produce a relative ranking for each data zone, where a ranking of 1 equates to the most deprived and 6,976 the least deprived.
- 2.3 The Alliance Board should note that at the present time, SIMD 2020 Technical Guidance has not yet been published by the Scottish Government. This Guidance sets out in detail the data source, time periods and methods used in constructing the indicators, which then determines the data zone ranking within each domain, as well as the overall ranking. A full, detailed analysis of the data is underway but cannot be finalised without the Technical Guidance as, without this information, it is very difficult to make a fully informed assessment as to the reasons for the change in Inverclyde's overall rankings. A further report, with recommendations will therefore be brought to the Council's Policy & Resources Committee on 24 March 2020.
- 2.4 An initial commentary on the SIMD 2020 data can be found in section 6.0 of this report. One area identified for further investigation is the need for a more detailed examination of the data zones to ensure that depopulation is not having a disproportionate impact. This is particularly important where rankings are derived from measures that are calculated as a rate of the overall population.
- 2.5 The SIMD 2020 data shows that the most deprived data zone in Scotland is located in Greenock, specifically Greenock Town Centre (data zone S01010891). A map of the area

covered by this data zone is provided in Appendix 1. This data zone also ranked highly in SIMD 2016, with a ranking of 23.

2.6 The least deprived data zone in Inverclyde is S01010821 which is found in Kilmacolm, Quarriers, Greenock Upper East/Central. This data zone is ranked 6,882 in the overall ranking for Scotland. This data zone was also the least deprived in Inverclyde in SIMD 2016, with a ranking of 6,741.

2.7 When compared to SIMD 2016:

- The number of data zones in Inverclyde that fall into the category of the 5% most deprived in Scotland has increased by 11, from 11 to 22
- The number of data zones in Inverclyde that fall into the category of the 20% most deprived in Scotland has increased by 1 from 50 to 51.
- In SIMD 2016, no Port Glasgow data zones featured in the 5% most deprived in Scotland however 5 Port Glasgow data zones appear in this category in SIMD 2020.

2.8 Despite one data zone within Greenock town centre having an overall ranking of 1 in relation to multiple deprivation, when looking at each individual domain, no other data zone in Inverclyde ranks in first place. However rankings are very high for income, employment, health, education and crime in some data zones.

	Highest data zone rank	Intermediate zone and data zone
Income	5	Greenock town centre and east central (data zone: S01010893)
Employment	4	Greenock town centre and east central (data zone: S01010891)
Health	2	Greenock town centre and east central (datazone:S01010891)
Education	3	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl (data zone: S01010862)
Access	263	West Braeside, East Inverkip and West Gourock (data zone: S01010833)
Crime	17	Greenock Town Centre and East Central (data zone: S01010891)
Housing	171	Port Glasgow Mid, East and Central (data zone: S01010916)

2.9 Analysis of the individual domains that make up the SIMD 2020 shows that there has been an overall increase in the number of data zones in 20% most deprived in the income, employment, education and access domains, whilst the housing domain has remained unchanged between SIMD 2016 and SIMD 2020. Two domains, health and crime, have a reduced number of data zones in the most deprived 20%. More information on domain changes is provided in paragraph 5.5. A description of each SIMD domain is provided in Appendix 2.

2.10 Looking at the national picture, six Council areas have a larger share of the 20% most deprived data zones in Scotland compared with SIMD 2016. These councils are Aberdeen City; North Lanarkshire; Moray; East Lothian; Highland and North Ayrshire.

2.11 Three councils, Glasgow City, Renfrewshire and City of Edinburgh have had the largest percentage decrease in the 20% most deprived. All remaining councils, including Inverclyde, have changed by less than 2%.

2.12 The limitations of the SIMD should always be remembered when considering the data:

- You cannot pinpoint how much more deprived one area is from another, as the difference between ranks can be tiny or large.
- The SIMD is a relative ranking of all data zones in Scotland and as some improve and move in ranking, others will move up to take their place.
- The SIMD identifies multiply deprived areas not individuals, so not everyone living in a deprived area is individually deprived, and not all deprived individuals live in multiply deprived areas.

2.13 The concentration of data zones that sit at the most deprived end of the spectrum shows that continued effort is required in reducing inequality across the Inverclyde area, bearing in mind that the SIMD is a relative scale, where what happens in other areas affects where Inverclyde sits within the rankings.

2.14 As a partner of the Inverclyde Alliance, the Council is striving through the delivery of the Inverclyde Outcomes Improvement Plan and the establishment of Locality Action Plans to tackle the inequalities that are prevalent in Inverclyde.

2.15 It should be noted that notwithstanding the ongoing effort of the Council and the Alliance partners, which in itself can only have a limited input into addressing local deprivation, there is a more significant role for central government to provide appropriate mechanisms to support local economies and communities in peripheral areas such as Inverclyde.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board notes:

- The key points arising from SIMD 2020;
- That a more detailed analysis of the data will be carried out and a report will be brought to a future meeting with associated recommendations;
- That further written and verbal engagement has taken place with the Scottish Government to provide assistance for the local economy and communities within Inverclyde.

3.2 It is recommended that the Alliance Board considers what action should be taken to reduce inequalities within Inverclyde.

Aubrey Fawcett
Chair of LOIP Programme Board

4.0 BACKGROUND

- 4.1 The Scottish Government published the Scottish Index of Multiple Deprivation on 28 January 2020. The SIMD is the Scottish Government's official tool for identifying places in Scotland suffering from deprivation. Previous SIMD statistics have been published in 2016, 2012, 2009, 2006 and 2004.
- 4.2 SIMD 2020 is calculated using 2011 data zone boundaries. These data zones are based on the 2011 Census and were introduced in November 2014. 2011 boundaries differ from 2001 data zones which were used in previous SIMD editions. This means that whilst comparison can be made between SIMD 2016 and 2020, the data cannot be directly compared with previous editions of the SIMD.
- 4.3 The SIMD is based on small areas known as data zones. Each data zone has on average between 700 and 800 people living in it. As data zones are population-based they can however vary hugely in size. Scotland has been divided into 6,976 data zones and Inverclyde consists of 114 of these.
- 4.4 The SIMD 2020 uses data relating to multiple aspects of life in order to gain the fullest possible picture of deprivation across Scotland. Seven different domains are used, covering income, education, employment, health, housing, access to services and crime. The use of data for such small areas helps to identify 'pockets' of deprivation or multiple deprivation that may be missed in analyses based on larger areas such as council wards or local authorities. The data can be used to target policies and resources at the places with greatest need.

5.0 SIMD 2020 – Local Picture

- 5.1 For the purposes of SIMD 2020, Inverclyde has been split into 114 data zones. This represents 1.6% of all Scotland's data zones.
- 5.2 According to the SIMD 2020, the most deprived data zone in Scotland is located in Greenock, specifically Greenock Town Centre (data zone S01010891). A map of the area covered by this data zone is provided in Appendix 1. This data zone also ranked highly in SIMD 2016, with a ranking of 23.
- 5.3 The least deprived data zone in Inverclyde is S01010821 which is found in Kilmacolm, Quarriers, Greenock Upper East/Central. This data zone is ranked 6,882 in the overall ranking for Scotland. In 2016 this data zone was also the least deprived in Inverclyde with a ranking of 6,741.
- 5.4 Other changes between SIMD 2016 and SIMD 2020 include:
 - The number of data zones in Inverclyde that fall into the category of the most deprived 5% in Scotland has increased by 11, from 11 to 22
 - The number of data zones in Inverclyde that fall into the category of the most deprived 20% in Scotland has increased by 1 from 50 to 51.
 - In SIMD 2016, no Port Glasgow data zones featured in the most deprived 5% in Scotland however 5 Port Glasgow data zones have moved into this category in SIMD 2020.
- 5.5 Despite one data zone within Greenock town centre having an overall ranking of 1 for level of multiple deprivation, when looking at each individual domain, no other data zone in Inverclyde ranks in first place. However rankings are very high for income, employment, education, health and crime in some data zones as shown in the table over.

DOMAIN	Highest data zone rank	Intermediate Zone and data zone
Income	5	Greenock town centre and east central (data zone: S01010893)
Employment	4	Greenock town centre and east central (data zone: S01010891)
Health	2	Greenock town centre and east central (datazone:S01010891)
Education	3	Lower Bow and Larkfield, Fancy Farm, Mallard Bowl (data zone: S01010862)
Access	263	West Braeside, East Inverkip and West Gourrock (data zone: S01010833)
Crime	17	Greenock Town Centre and East Central (data zone: S01010891)
Housing	171	Port Glasgow Mid, East and Central (data zone: S01010916)

5.6 The table below shows the changes in the national and local share between SIMD 2016 and SIMD 2020. The national share is the percentage of Inverclyde data zones that fall into the 20% most deprived in Scotland. The local share is the number of Inverclyde's data zones that fall into the 20% most deprived as a percentage of all of Inverclyde data zones.

SIMD Domain	National share (%) of 20% most deprived data zones		Local share(%) of 20% most deprived data zones <i>Number of data zones in brackets</i>	
	2020	2016	2020	2016
ALL DOMAINS	3.6%	3.6%	45% (51)	44% (50)
INCOME	3.8%	3.4%	46% (53)	41% (47)
EMPLOYMENT	3.9%	3.7%	47% (54)	46% (52)
HEALTH	3.4%	3.6%	41% (47)	44% (50)
EDUCATION	3%	2.6%	37% (42)	32% (36)
HOUSING	3%	3%	37% (42)	37% (42)
ACCESS	1.3%	1.1%	16% (18)	14% (16)
CRIME	1.7%	2.3%	21% (24)	28% (32)

- On the **income** domain, the number of data zones in the 20% most deprived has increased by 6, from 47 to 53.
- On the **employment** domain, the number of data zones in the 20% most deprived has increased by 2 from 52 to 54.
- On the **health** domain, the number of data zones in the 20% most deprived has decreased by 3, from 50 to 47.
- On the **education** domain, the number of data zones in the 20% most deprived has increased by 6 from 36 to 42.
- On the **housing** domain, the number of data zones in the 20% most deprived is 42. This is the same number of data zones as in 2016.
- On the **access** domain, the number of data zones in the 20% most deprived has increased by 2, from 16 to 18.
- On the **crime** domain, the number of data zones in the 20% most deprived has decreased by 8 from 32 to 24.

6.0 Initial commentary on the SIMD 2020 data for Inverclyde

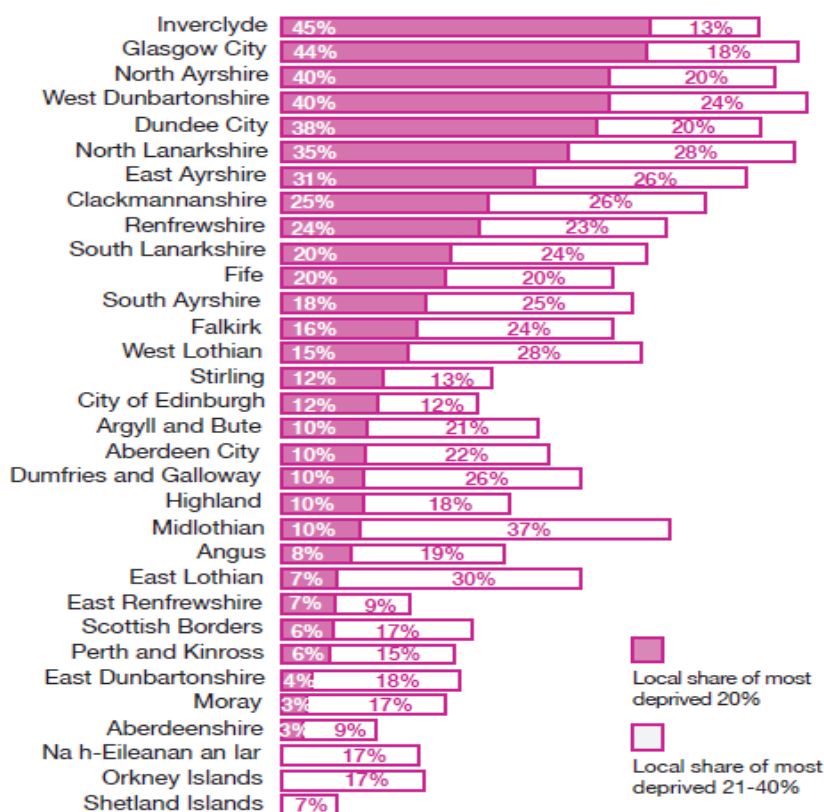
- 6.1 It is very disappointing that despite significant efforts on the part of Inverclyde Council and Inverclyde Alliance, alongside targeted investment to tackle the inequalities that are prevalent in the area, the SIMD 2020 shows an increase in the percentage of Inverclyde data zones in both the 5% and 20% most deprived in Scotland. However, it is important to consider this in the context of the limitations of the SIMD data:
- You cannot pinpoint how much more deprived one area is from another, as the difference between ranks can be tiny or large,
 - The SIMD is a relative ranking of all data zones in Scotland and as some improve and move in ranking, others will move up to take their place.
 - The SIMD identifies multiply deprived *areas* not individuals, so not everyone living in a deprived area is individually deprived, and not all deprived individuals live in multiply deprived areas
- 6.2 The Scottish Government has yet to publish the SIMD 2020 Technical Guidance. This Guidance sets out in detail the data source, time periods and methods used in constructing the indicators, which then determines the data zone ranking within each domain, as well as the overall ranking. A full, detailed analysis of the data is underway but cannot be finalised without the Technical Guidance as, without this information, it is very difficult to make a fully informed assessment as to the reasons for the change in Inverclyde's overall rankings. A further report, with recommendations will therefore be brought to a future meeting of the Alliance Board. In the meantime, whilst this 'deep dive' into the data is ongoing, an initial commentary on the data is provided below.
- 6.3 In developing the Integration Joint Board Strategic Plan 5 year Strategic Plan and the 6 locality planning profiles for Inverclyde, it became clear that changes in population were having an effect on specific communities in Inverclyde. According to National Records of Scotland, over the period 2008-2018 Inverclyde's population declined by -4.7%, whilst Glasgow City's population increased by 8.7% and Scotland's population rose by 4.5%. It is predicted that the population will decrease by a further -3.8% by 2026.
- 6.4 These population changes result in an increasing older population, leading to a steep rise in the dependency ratio, the ratio of children, young people and older people to working age adults. The health needs assessment indicated that Inverclyde has a higher proportion of people living with mental health difficulties, long term conditions and dependency on alcohol/drugs. This has important implications for the health and social care needs and the delivery of local services.
- 6.5 More examination of the data zones is required to ensure that the depopulation experienced in Inverclyde is not having a disproportionate impact. Nonetheless, addressing health inequalities is the core thread that runs through the Integration Joint Board Strategic Plan and the Inverclyde Outcomes Improvement Plan, with a number of programmes underway to address priorities such as alcohol and drugs, mental health, homelessness and long term conditions.
- 6.6 The issue of depopulation is currently being tackled via Inverclyde Council's regeneration activity, which focuses on repopulation through marketing Inverclyde, creating opportunities for businesses, regenerating town centres, delivering the council's three City Deal projects, helping hard to reach residents into jobs, taking a strategic approach to addressing social housing conditions and encouraging private sector house building.
- 6.7 Regeneration Forums have been established in Port Glasgow, Greenock and Gourock. The Council is committed to a £3m urban realm overhaul of West Blackhall Street, which falls within the most deprived data zone, to transform the environment, restore vibrancy to the town centre and attract new businesses. There will also be links to the waterfront including the new Cruise Ship Terminal. Plans are also being progressed to acquire derelict town centre sites and create higher quality urban development. Inverclyde Council is also working with the Oak Mall Shopping Centre to assist mixed use regeneration in the core of the town.

- 6.8 The Council's employability programme engages annually with around 1,500 people who face challenges entering the job market. The programme offers a route for many young people out of poverty and addiction and has achieved considerable success in securing a high percentage of positive destinations.
- 6.9 The Local Development Plan makes provision for over 5,500 new homes across Inverclyde and engagement is ongoing with house builders to promote Inverclyde. Strategic studies into housing across Port Glasgow and Greenock have started with a view to addressing housing condition, building new houses for the social rented sector and promoting private sector infill development. This is an important area where we would seek to lever in higher levels of government grant for housing.
- 6.10 Future success will depend heavily on the extent to which local people can access jobs and the appetite for people to locate in Inverclyde. Whilst there is much to do, the Council's actions are having a positive impact and projects like Ocean Terminal and West Blackhall St urban realm demonstrate vision and ambition for the future.
- 6.11 In relation to education, Inverclyde's attainment is strong against national comparators. Evidence shows that our schools are raising standards and are succeeding in reducing the poverty related attainment gap. National data from the Local Government Benchmarking Framework 2018/19 places Inverclyde as the fourth highest performing authority in Scotland in relation to the percentage of pupils living in the 20% most deprived areas gaining 5+ awards at level 5 and also level 6. This is confirmed by national data which ranks the total tariff points (all the awards a pupil receives) of those in the most deprived areas as well above the national average. In addition, the Broad General Education is not only showing improvement overall but also shows that the gap in attainment between the most and least affluent is reducing.
- 6.12 Care should be taken when undertaking any analysis of educational attainment data at a data zone level as in some cases the numbers are extremely low (fewer than 5 pupils) and as such can be subject to significant year on year variations. Participation measures for young people (which measure positive destinations) have shown recent improvements and further work is being undertaken to ensure that this improves further.
- 6.13 The SIMD status, free school meal status and if a child is care-experienced is tracked by schools and appropriate interventions and support are put in if required. Education Services continually seek to identify areas for improvement, based on data. This includes the attainment of children who are Looked After at Home and school attendance, which although showing a slightly improving trend, remains a concern. Head teachers report increasing numbers of unauthorised absences, especially parents requesting time off school for holidays in term time.
- 6.14 The Child Poverty Action Group has raised awareness across Inverclyde for anybody working with people affected by poverty. Initiatives such as raising awareness of the cost of the school day, increasing free school meal availability, working with community groups to support food insecurity through community freezers, ensuring families are aware of benefits, holiday lunch clubs are beginning to impact and to make a difference.
- 6.15 Notwithstanding the above, the increase in the concentration of data zones that sit within the most deprived end of the spectrum serves to show continued effort is required in reducing inequality across the Inverclyde area, bearing in mind that the SIMD is a relative scale, where what happens in other areas affects where Inverclyde sits within the rankings.
- 6.16 As a partner of the Inverclyde Alliance, the council is striving with very limited resources to tackle the inequalities that are prevalent in Inverclyde. However, it must not be forgotten that there is a clear and significant role for central government to provide appropriate frameworks and support to help and address the inequalities in peripheral economies and communities like Inverclyde.

- 6.17 The SIMD 2020 data will be considered at the next meeting of the Alliance Board with a view to identifying improvement activity from a partnership perspective.

7.0 SIMD 2020 – National Picture

- 7.1 The chart below shows the proportion of data zones in each Scottish council area which are among the most deprived. Historically, Inverclyde has ranked behind Glasgow in relation to the percentage of data zones that fall into the 20% most deprived, however in SIMD 2020 these rankings have reversed.



- 7.2 The least deprived council area in Scotland is Shetland Islands whilst the least deprived data zone in Scotland is in Stockbridge in the City of Edinburgh.
- 7.3 Glasgow City, Renfrewshire and City of Edinburgh now have a smaller share of the 20% most deprived data zones in Scotland compared with SIMD 2016.
- 7.4 Six council areas, Aberdeen City; North Lanarkshire; Moray; East Lothian; Highland and North Ayrshire have a larger share of the 20% most deprived data zones in Scotland compared with SIMD 2016. All remaining Scottish councils, including Inverclyde, have changed by fewer than 2 percentage points.

8.0 IMPLICATIONS

8.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

8.2 Legal

There are no legal implications arising from this report.

8.3 Human Resources

There are no human resource implications arising from this report.

8.4 Equalities

Equalities

- (a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

- (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

- (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

X

YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

NO

8.5 Repopulation

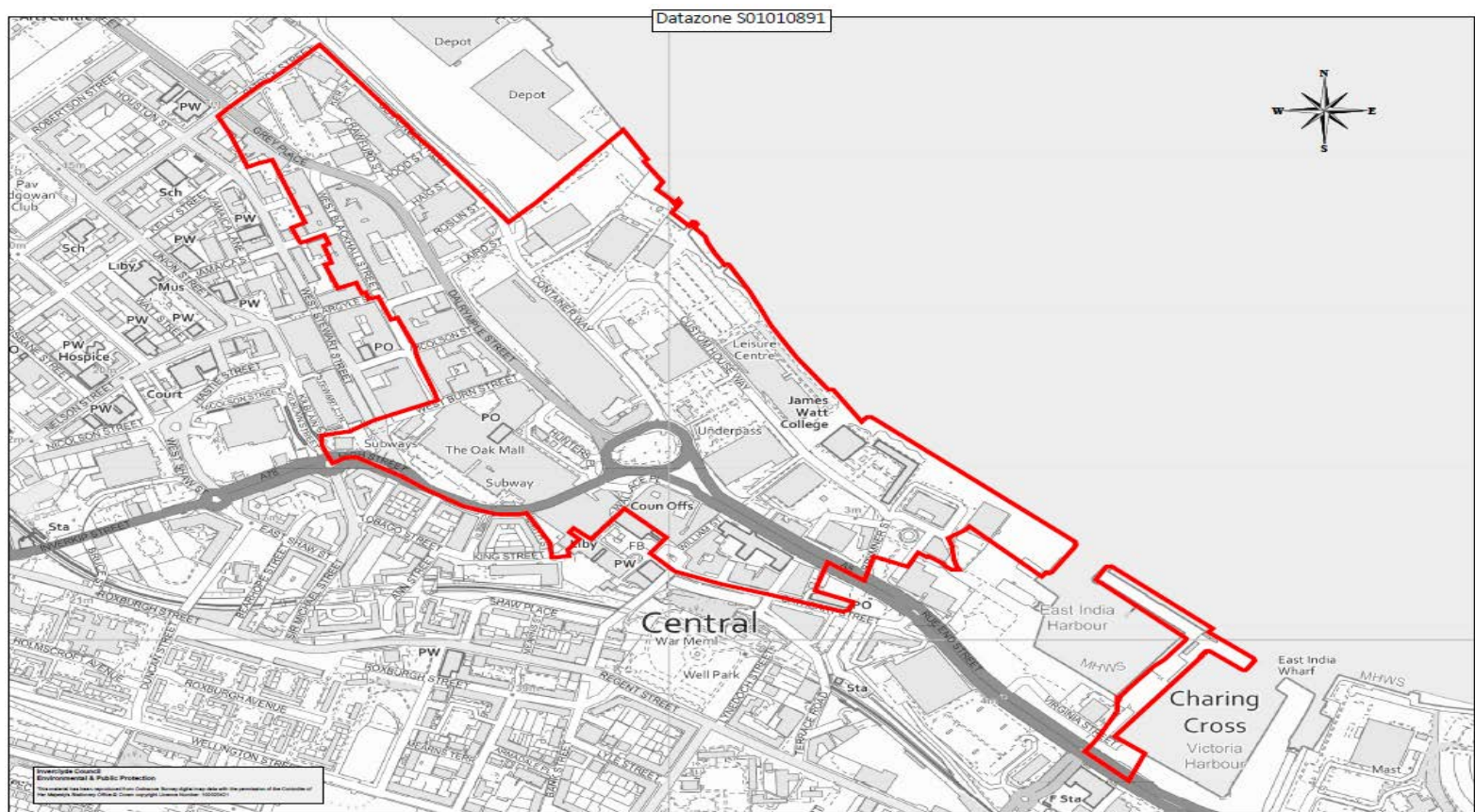
This new data on deprivation within Inverclyde shows an increase in the number of data zones that fall into the most deprived 5% in Scotland. This will have implications for the work of the Repopulation Partnership in their efforts to encourage more people to move into the area.

9.0 CONSULTATIONS

9.1 None.

10.0 BACKGROUND PAPERS

10.1 None.



	Column	Indicator type	Description
Geography	Data_Zone	Code	2011 Data Zone
	Intermediate_Zone	Name	2011 Intermediate Zone name
	Council_area	Name	Council area name
Population	Total_population	Count	2017 NRS small area population estimates
	Working_age_population	Count	2017 NRS small area population estimates and state pension age
Income	Income_rate	Percentage	Percentage of people who are income deprived
	Income_count	Count	Number of people who are income deprived
Employment	Employment_rate	Percentage	Percentage of people who are employment deprived
	Employment_count	Count	Number of people who are employment deprived
Health	CIF	Standardised ratio	Comparative Illness Factor: standardised ratio
	ALCOHOL	Standardised ratio	Hospital stays related to alcohol use: standardised ratio
	DRUG	Standardised ratio	Hospital stays related to drug use: standardised ratio
	SMR	Standardised ratio	Standardised mortality ratio
	DEPRESS	Percentage	Proportion of population being prescribed drugs for anxiety, depression or psychosis
	LBWT	Percentage	Proportion of live singleton births of low birth weight
	EMERG	Standardised ratio	Emergency stays in hospital: standardised ratio
Education, Skills and Training	Attendance	Percentage	School pupil attendance
	Attainment	Score	Attainment of school leavers
	no_qualifications	Standardised ratio	Working age people with no qualifications: standardised ratio
	not_participating	Percentage	Proportion of people aged 16-19 not participating in education, employment or training
	University	Percentage	Proportion of 17-21 year olds entering university
Geographic access to Services	Drive petrol	Time (minutes)	Average drive time to a petrol station in minutes
	drive_GP	Time (minutes)	Average drive time to a GP surgery in minutes
	drive_PO	Time (minutes)	Average drive time to a post office in minutes
	drive_primary	Time (minutes)	Average drive time to a primary school in minutes
	drive_retail	Time (minutes)	Average drive time to a retail centre in minutes
	drive_secondary	Time (minutes)	Average drive time to a secondary school in minutes
	PT_GP	Time (minutes)	Public transport travel time to a GP surgery in minutes
	PT_Post	Time (minutes)	Public transport travel time to a post office in minutes
	PT_retail	Time (minutes)	Public transport travel time to a retail centre in minutes
	broadband	Percentage	Percentage of premises without access to superfast broadband (at least 30Mb/s download speed)

Indicator Descriptions

Appendix 2

Crime	crime_count	Count	Number of recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault
	crime_rate	Rate per 10,000 population	Recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault per 10,000 people
Housing	overcrowded_count	Count	Number of people in households that are overcrowded
	nocentralheat_count	Count	Number of people in households without central heating
	overcrowded_rate	Percentage	Percentage of people in households that are overcrowded
	nocentralheat_rate	Percentage	Percentage of people in households without central heating



Inverclyde Alliance

AGENDA ITEM NO: 8

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde HSCP	Report No:	
Contact Officer:	Louise Long	Contact No:	01475 712722
Subject:	PUBLIC HEALTH APPROACH INVERCLYDE		

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Inverclyde Alliance Board on the approach taken in Inverclyde to improve public health and implement Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-2028.

2.0 SUMMARY

- 2.1 It is recognised that any approach to improving public health in Inverclyde must tackle the fundamental causes of poverty and associated inequalities. Inverclyde is in a strong position to influence this due to well established cross-sector partnership working. The Community Planning Partnership has made inequalities one of its themes and there is a wide range of work underway to both address and mitigate inequality.
- 2.2 An indication of the range of work across the HSCP, supported by the Inverclyde Health Improvement Team, in order to deliver the Public Health Strategy 2018- 2028 as part of the wider system is noted below. During 2020, the team will support the introduction of Locality Planning Groups with specific focus on Greenock East and Central, Port Glasgow and Greenock South and South West. This can only be done through a whole system approach and with the benefit of strong cross-sector partnership working. This report outlines some of the work undertaken in support of the six programmes of action found in Turning the Tide, the HSCP Six Big Actions and the three outcomes found in the Inverclyde LOIP 2017-2022.
- 2.3 An associated presentation was delivered at the NHSGG&C Public Health Standing Committee on January 22nd 2020. This is attached as appendix 1.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
- a. Notes the content of the report and the attached presentation

Emma Cummings
Service Manager Primary Care, Public Health & Equalities
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 It is recognised that any approach to improving public health in Inverclyde must tackle the fundamental causes of poverty and associated inequalities. Inverclyde is in a strong position to influence this due to well established cross-sector partnership working. The Community Planning Partnership has made inequalities one of its themes and there is a wide range of work underway to both address and mitigate inequality.
- 4.2 Despite the stark impact of inequalities in Inverclyde, it remains an area with a strong sense of community supported by a thriving third sector. The HSCP and partners strive not only to deliver high quality services and improved outcomes but also to be at the forefront of innovation and have undertaken a number of nationally recognised projects.
- 4.3 *Compassionate Inverclyde* aims to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The programme is about enabling and nurturing kindness, helpfulness and neighbourliness in Inverclyde. In a Compassionate Community, people are encouraged to be empathic and motivated by compassion to care for each other. The whole community accepts that responsibility for the health of its citizens cannot be left solely to health and social care services to deal with. Based on listening to the community, compassionate Inverclyde is volunteer led and has transformed the lives of many people through improved confidence, improved mental and physical health, improved social connections and a sense of purpose and achievement.
- 4.4 An indication of the range of work across HSCP supported by Inverclyde Health Improvement Team in order to deliver the Public Health Strategy 2018- 2028 as part of the wider system is noted below. During 2020 the team will support the introduction of Locality Planning Groups with specific focus on Greenock East and Central, Port Glasgow and Greenock South and South West.

5.0 THE PUBLIC HEALTH APPROACH IN INVERCLYDE

5.1 Turning the Tide Programme 1- Understand the needs of the population

We have a good understanding of our population and alongside other local and national sources of data have completed and shared:

- A range of Health Needs Assessments including
 - Criminal Justice
 - Children & Young People
 - Mental Health & Wellbeing
- A wide range of public engagement
- Locality Profiles
- Primary Care week of care audits

We will participate in the next Health & Wellbeing Survey due to commence in 2020 and evidence from this will inform reporting of progress towards Big Action 1 of our Strategic Plan. Evidence from *Hard Edges* report will allow us to target interventions and support for this particularly vulnerable group.

5.2 Turning the Tide Programme 2- Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects

The levels of deprivation experienced within parts of Inverclyde represent a significant challenge. Our cross-sector relationships especially with the third sector are essential to changing the outcomes for people and this is evident across a range of work:

- Child poverty plans
- Welfare and money advice
- Social prescribing and Community Link Workers

- Food network, food map and access to food
- Supporting mental wellbeing, resilience and alternatives to distress
- Training needs analysis – trauma informed practice

5.3 Programme 3- Apply a life-course approach, recognising the importance of early years and healthy ageing

Improving support and integration of health improvement team to provide expert advice and guidance across all HSCP service areas and developments:

- Learning Disability Review
- Attend operational Team Leader meetings
- Dementia Coordination ihub programme
- Living and Dying Well with Frailty ihub programme
- Long-term conditions, supported self- care and technology

We will be actively involved in working alongside the new Public Health Scotland body in their whole system approach to Child Poverty in Inverclyde.

5.4 Public Health Programme 4- Intervene on the intermediate causes of poor health and health inequalities

We are engaged in the wide range of interventions required within Programme 4 which in 19/20 includes:

- Developing and commissioning of social prescribing approaches
- Improved information around LTCs in particular COPD
- Healthy eating and promoting/ identifying opportunities to access to food
- Updated Oral Health Strategy – includes engaging with primary care services
- Health behaviour change training for Care at Home Staff
- Drug Action Plan to address high prevalence figures and drug deaths in Inverclyde and
- New pathways for service users in Drug & Alcohol services

5.5 Public Health Programme 5- Improve the quality of services

Activity undertaken across Programme 3 and 4 has strengthened relationships with our internal services in particular allowing the team to consider new opportunities to influence both strategic and operational approaches. Central to this is the promotion of the wider range of non-clinical support and skill development which delivers improved outcomes and reduces the impact of inequalities. Mindful of the specific needs of the New Scots families, alongside the support from the refugee resettlement team a programme of health literacy, health information and advice on accessing services has been undertaken.

5.6 Public Health Programme 6- Protect the public's health

We have ensured the following opportunities have been taken:

- Closer relationship with Primary Care- influencing planning for VTP
- Advise and update local Sexual Health plan through support of Inverclyde Sexual Health Local Implementation Group
- Ensure public health concerns with appropriate data and evidence are raised formally at Inverclyde Licensing Board. Implemented Renfrewshire & Inverclyde feedback meeting to review outcome of associated Licensing decisions along with Police Scotland and public health colleagues

- Work collaboratively to produce a new framework for prevention & education around drugs and alcohol

Commenced a joint approach with community planning partners to deliver a suicide prevention action plan.

- 5.7 The importance of place and housing in impacting mental and physical health are well known and during 2020 we will ensure that we build relationships across a wider range of partners which will influence the built environment, green space, use of derelict land, and improve access to areas for food growing.

6.0 IMPLICATIONS

- 6.1 Legal: None
 Finance: None
 Human Resources: None
 Equality and Diversity: In implementing Turning the Tide we ensure that we adhere to expectations within the Equality legislation and that equality of access is ensured.
 Repopulation: Improved public health and associated outcomes will contribute to Inverclyde as a positive place to live.
 Inequalities: This paper and associated presentation outline the public health approaches designed to impact on inequalities and associated outcomes.

7.0 CONSULTATIONS

- 7.1 The range of consultation undertaken as part of HSCP Strategic Planning and wider locality planning continues to inform our approach.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 Public Health Approach Inverclyde – Presentation

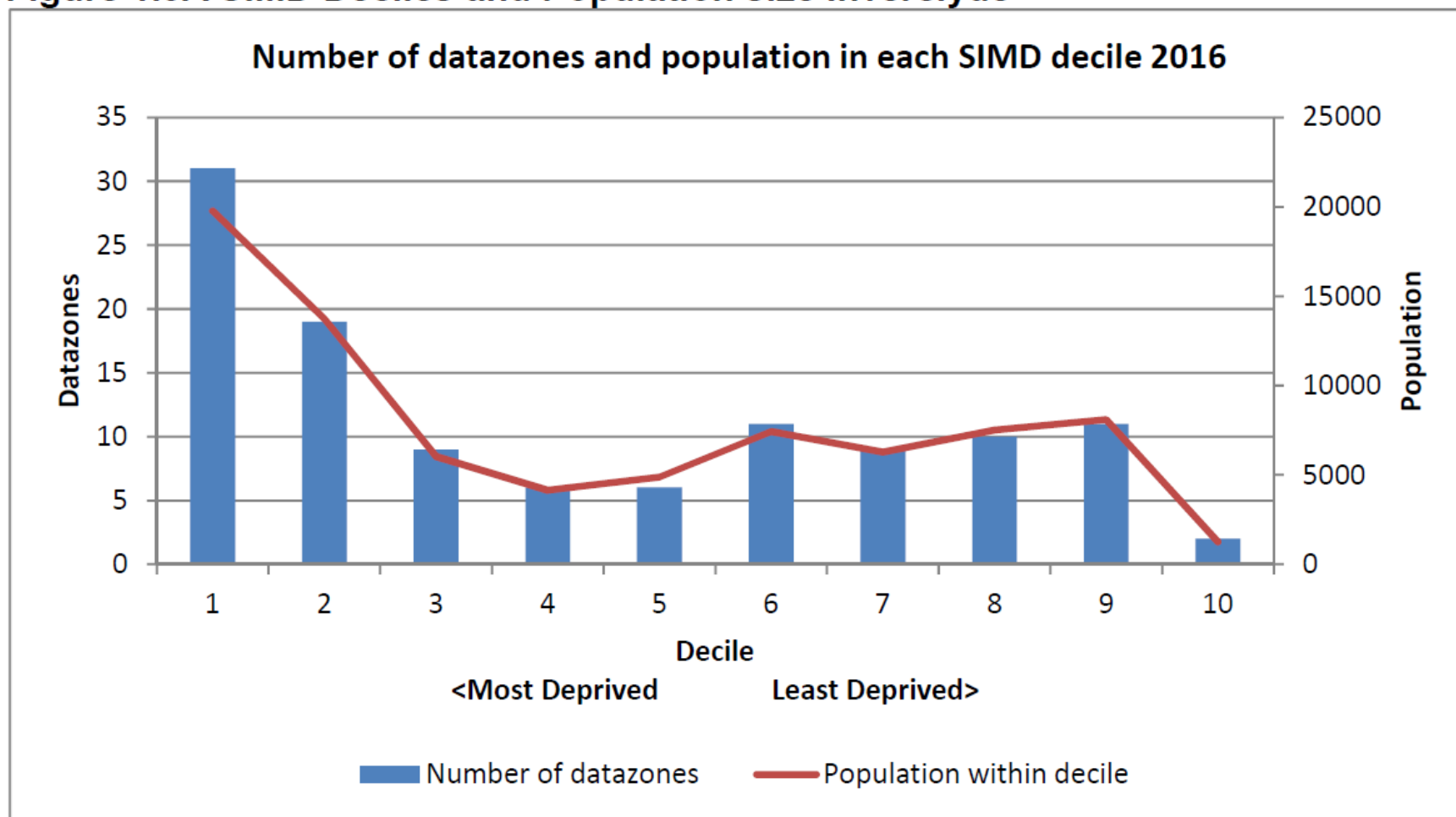
PUBLIC HEALTH APPROACH- INVERCLYDE

Louise Long Chief Officer
Emma Cummings Service Manager
January 2020

Understanding Population

- Health Needs Assessment a wide range of evidence available
- Poverty
- Mortality
- Life expectancy
- Prevalence – MH & drugs & alcohol – impact of inequalities
- Young People – H&WB school survey

Figure 1.3A SIMD Deciles and Population size Inverclyde

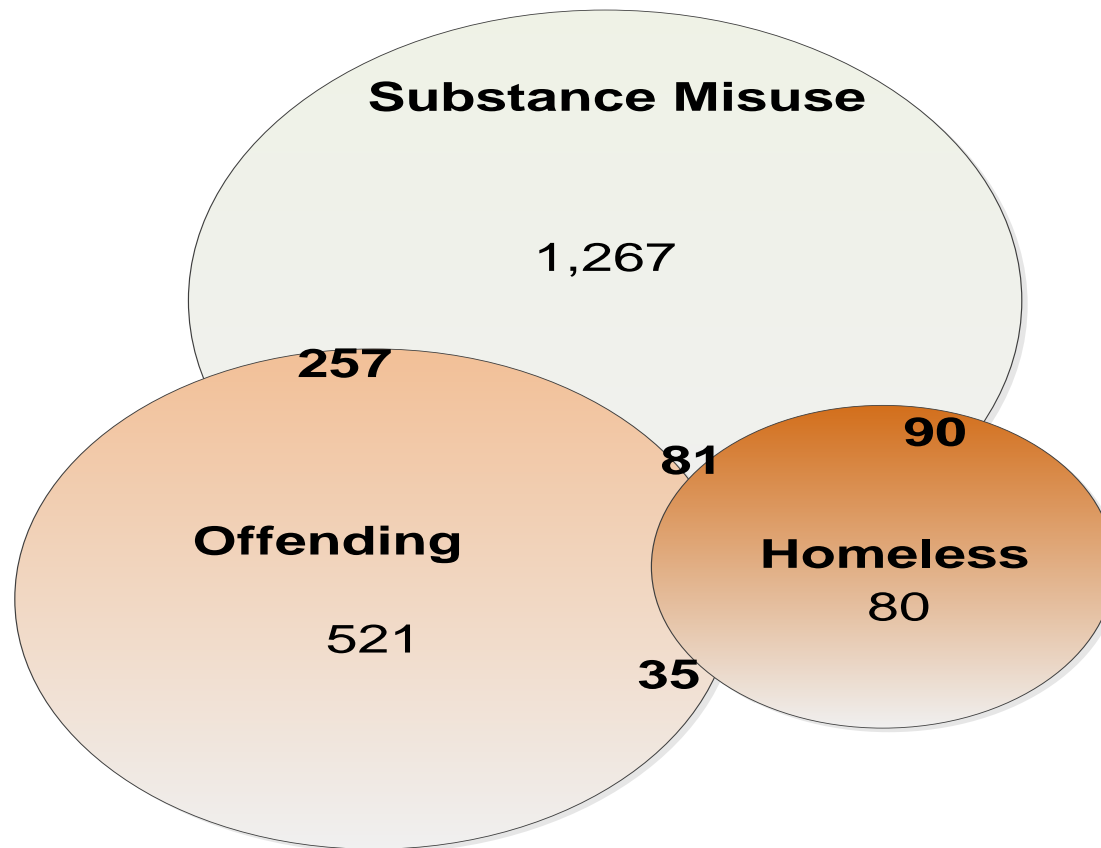


Mortality

Figure 2.3A Number and percentage of deaths (all ages) by cause 2017

Cause of death	Inverclyde (n)	%	Scotland %
Cancer	309	28.0%	28.6%
Mental and behavioural disorders	113	10.2%	7.9%
Diseases of the nervous system	73	6.6%	6.9%
Diseases of the circulatory system	257	23.3%	26.1%
Diseases of the respiratory system	146	13.2%	11.8%
Diseases of the digestive system	57	5.2%	5.4%
External causes	62	5.6%	5.4%
Other	87	7.9%	7.9%
Total	1104	100%	100%

Three Disadvantages – Inverclyde Picture



Turning the Tide

- Localities - Community Engagement
- Understanding of inequalities and the impact
- Community Empowerment Act
- Alliance – Creation of Locality Plans focussing on inequalities.

Nurturing Inverclyde: Getting it right for every Child, Citizen and Community

Inverclyde Alliance

Outcomes Improvement Plan
2017 – 2022



Population Inverclyde's population will be stable and sustainable with an appropriate balance of socio - economic groups that is conducive to local economic prosperity and longer term population growth.



Inequalities There will be low levels of poverty and deprivation and the gap in income and health between the richest and poorest members of our communities will be reduced.



Environment Inverclyde's environment, culture and heritage will be protected and enhanced to create a better place for all Inverclyde residents and an attractive place in which to live, work and visit.

Approaches

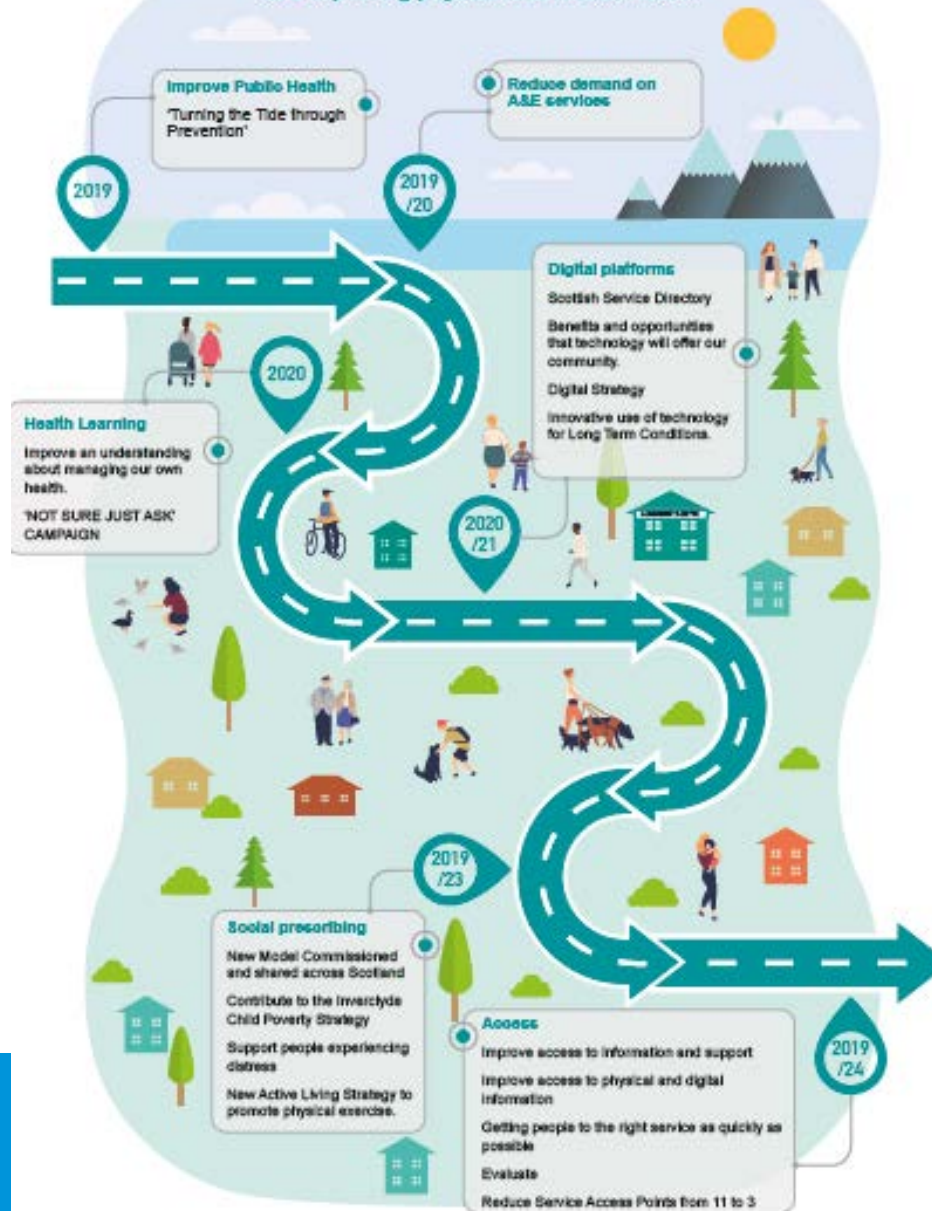
- Child poverty- 1 in 4 living in poverty
 - Public Health Scotland – whole system approach – self assessment & support
- H&SC framework – early adopters
- Prevention & public health themes
- Vaccination Programme
- Criminal Justice – integrated system
- Universal proportionalism

Strategic Plan – Big Actions

- 6 Big Actions – cover all aspects of Health & Social Care
- Engagement priorities
 - wellbeing
 - loneliness, anxiety, isolation
- Social Prescribing - Compassionate Inverclyde
- Long Term Conditions Support
- Recovery
 - Public Health Approach to poverty
 - Alcohol & Drugs – social assets

Big Action 1 Roadmap

Reducing inequalities by building stronger communities and improving physical and mental health.



What Next?

- Public Health Approach Alcohol & Drugs
- Work with communities – asset based approach for solutions
- Inverclyde Cares – partnership to create a culture that is kind, compassionate and neighbourly
- Improving measurements across Inverclyde



Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde HSCP	Report No:	
Contact Officer:	Margaret McConnachie Alcohol & Drug Partnership Lead Officer	Contact No:	01475715360
Subject:	Alliance Drug Action Plan		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Inverclyde Alliance Board with progress and actions taken since the Drug Action Planning workshops were held with Inverclyde Alliance in October 2019 and to remit the Strategic Implementation Group for Inequalities to continue to take forward and monitor the action plan.
- 1.2 The report also provides information from the Scottish Government's New Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs. (2019) outlining the role for Community Planning Partnerships in delivering outcomes for families and communities impacted by harmful drug use.

2.0 SUMMARY

- 2.1 A presentation was delivered to Inverclyde Alliance on the 2018 published National Records for Scotland (NRS) data on drugs related harm in Inverclyde. Inverclyde has the highest drug misuse prevalence rate in Scotland including rates for both young men and young women (15-24) which are significantly higher than that of other local authorities in Scotland. In 2018, Inverclyde had the third highest drug-related death rate in Scotland - only Dundee City and Glasgow City had higher rates.
- 2.2 The presentation to the Alliance Board focused on the issues around drug related deaths, drug misuse prevalence and current partnership responses to meeting need and supporting prevention of drug misuse. Inverclyde Alcohol and Drug Partnership (ADP) has created a specific action plan on substance misuse, however, a whole system response is required in order to make a significant impact in this area.
- 2.3 The discussions from the Inverclyde Alliance workshop identified key action areas which would help to identify current strengths and gaps and actions for the services and organisations to take forward to meet the needs of individuals, families and communities impacted by harmful drug use in Inverclyde. Inverclyde's Outcomes Improvement Plan 2017 – 2022 places Inequalities as one of three strategic priorities and the prevalence of both alcohol and drug misuse is monitored and reported through the Inequalities Strategic Implementation Group.
- 2.4 In exploring responses to the complex issue of drug-related harm the Alliance Board acknowledged the cross-cutting nature of this problem and the need for multi-agency solutions and resources around:
- Leadership and Culture
 - Intelligence and Resources

- Prevention and Intervention

- 2.5 The Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning 2020/21 attached as Appendix 1 of this report provides, details of good practice, the gaps in provision and the key actions to be taken forward. This action plan forms the basis for reporting to Inverclyde Alliance Board as a mechanism for identifying further actions and to monitor progress towards achieving better outcomes. The prevalence of alcohol and drug misuse is monitored and reported through the strategic priority theme of Inequalities within the Inverclyde's Outcomes Improvement Plan 2017 – 2022.
- 2.6 The main findings from the Inverclyde Alliance Board Tackling Drug Related Harm in Inverclyde - Drug Action Plan include: refresh the membership of the Alcohol and Drug Partnership, challenge the language and stigma used towards people who experience problems with drugs, conduct meaningful engagement with young people, service users, and families which should help agencies to understand what more needs to happen to educate, prevent and help people recover and provide more clarity and support for young people which is required by developing clear pathways into support. The full action plan is included at the end of this report as Appendix 1.
- 2.7 Across Scotland the Alcohol and Drug Partnerships were provided with a new delivery framework by Scottish Government – “Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs” (2019) provides information on the role for Alcohol and Drug Partnerships (ADPs) to continue to lead the development and delivery of local comprehensive and evidence based strategies to deliver local outcomes. This also provides an emphasis on the role for community planning partnerships in delivering outcomes for families and communities impacted by harmful drug use.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board agrees:
- That there is a continued role to identify further actions to be taken forward to address drug related harm and in particular drug related deaths in Inverclyde which will be monitored and reported through the strategic implementation group for inequalities.
 - That there is a role for Community Planning Partnerships in delivering outcomes for families and communities impacted by harmful drug use as outlined within the Scottish Government's New Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs. (2019)

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde has the highest drug misuse prevalence rate in Scotland including rates for both young men and young women (15-24) which are significantly higher than that of other local authorities in Scotland. In 2018, Inverclyde had the third highest drug-related death rate in Scotland - only Dundee City and Glasgow City had higher rates. This includes: drug misuse prevalence, drug related deaths and drug related hospital admissions data. The drug treatment services in Inverclyde support a large number of people within specialist treatment services and in partnership with GP practices through the shared care programme of treatment and support. However, much harmful drug misuse is within hidden populations. Many people do not seek help and support and often face complex issues of poverty, unemployment, poor health including mental health and involvement with the criminal justice system. This impacts on individuals, children and families and the wider community.
- 4.2 Across Scotland the Alcohol and Drug Partnerships were provided with a new delivery framework by Scottish Government – “Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs” (2019). This provides information on the role for Alcohol and Drug Partnerships (ADPs) to continue to lead the development and delivery of local comprehensive and evidence based strategies to deliver local outcomes.
- 4.3 The “Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs” (2019) also provides an emphasis on the role for community planning partnerships in delivering outcomes. This is outlined within the following statements:

The new framework is designed to be consistent with, and to build directly upon:

- *“Statutory duties for Community Planning, built around a purpose that local public services work together and with community bodies to improve outcomes and tackle inequalities*
- *The Scottish Government and CoSLA undertake, and invite community planning partners, to operate within the terms of this framework.*

Community planning requires local public sector bodies to work together with community bodies, to improve outcomes on themes they determine are local priorities for collective action. Where reducing the use of and harms from alcohol and drugs feature in these priorities, local Community Planning partners should consider how co-operation with Alcohol and Drug Partnerships can support delivery.”

- 4.4 Inverclyde’s Outcomes Improvement Plan 2017 – 2022 places Inequalities as one of three strategic priorities and the prevalence of both alcohol and drug misuse is monitored and reported through the Inequalities Strategic Implementation Group.
- 4.5 The Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning 2020/21 provides an important step in supporting the delivery of better outcomes around drug related harm within the strategic priorities of the Inverclyde Outcome Improvement Plan.

5.0 THE FINDINGS

- 5.1 The main findings from the Inverclyde Alliance Board Tackling Drug Related Harm in Inverclyde - Drug Action Plan include refreshing the membership of the Alcohol and Drug Partnership, challenge the language and stigma used towards people who experience problems with drugs, conduct meaningful engagement with young people, service users, and families which should help agencies to understand what more needs to happen to educate, prevent and help people recover and provide more clarity and support for young people which is required by developing clear pathways into support. The full action plan is included at the end of this report as Appendix 1.

6.0 PROPOSALS

- 6.1 It is proposed that the Alliance Board takes forward the actions outlined in the Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning as a key priority within the strategic priority of Inequalities within the Inverclyde's Outcomes Improvement Plan 2017 – 2022.
- 6.2 It is proposed that the Strategic Implementation Group for Inequalities takes forward the changes required to review and monitor the actions within the Drug Action Plan 2020/21 and report developments and improvements which will support a partnership response to needs around harm from drug use and challenges to the Inverclyde Alliance Board.

7.0 IMPLICATIONS

- | | | |
|-----|-------------------------|--|
| 7.1 | Legal: | None |
| | Finance: | All partners are required to train staff on stigma from within own resource. |
| | Human Resources: | None |
| | Equality and Diversity: | None |
| | Repopulation: | None |
| | Inequalities: | None |

8.0 CONSULTATIONS

- 8.1 NA

9.0 LIST OF BACKGROUND PAPERS

- 9.1 ADP - PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS
<https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>
- 9.2 Inverclyde Alliance, Drug Action Planning Seminar, 7 October 2019



Outcome
Discussion at the All

Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning

A series of Drug Action Planning discussions and workshops held with Inverclyde Alliance partners in the latter part of 2019.

The first Drug Action Planning seminar was held in August 2019 at which Alliance partners were provided with the opportunity to outline the role their own agency plays in addressing drug related harm in Inverclyde. Community Planning Partners, including Housing, Police Scotland, Fire & Rescue, Health and Council came together to consider the services currently being provided, plans for the future and any gaps. It was clear from discussions that drugs issues impacted on all partners, and that there was collective willingness to work together to address the issues. Themes arose from the discussions and the need for more exploration was identified.

Table 1 reports key themes which emerged from the workshop and early action areas identified for further discussion from the first workshop :

Table 1	Actions for consideration
Theme: Leadership - Alcohol and Drugs Partnership - needs refreshed leadership at a suitable level to agree changes and drive improvement owned by all partners, service users, families and communities.	Refresh Alcohol Drug Partnership membership
Theme: Culture - Challenge and eliminate stigma towards people who experience problems with drugs and their families. Language across partners, communities needs to change. People who experience problems with drugs, and their families are part of Inverclyde community - let's ensure they feel it.	Eliminate Stigma Campaign Social Media Campaign
Theme: Intelligence - the data in services particularly around young people shows few young people with drug issues are engaging with services. More consistent, robust reporting and gathering of information is required to monitor improvements. Meaningful engagement with young people, service users, and families should help agencies to understand what more needs to happen to educate, prevent and help people recover.	Develop multi-agency collaboration (MAC) Explore data/reporting Consultation with young people Consultation service users, families
Theme: Prevention - A need to develop a shared approach to prevention. To ensure that we are delivering consistent messages.	Relationship with young people, Police Scotland, Fire & Rescue Consistent framework across agency on prevention/education Social Media Campaign

Table 1	Actions for consideration
<p>Theme: Interventions - More clarity and support for young people is required by developing clear pathways into support.</p> <p>The treatment services provide support to over 800 people who have problematic drug use. The quality of treatment services is good but more should be done to promote recovery. It was suggested a greater role for the 3rd sector in providing support to service users and their families. Clear support into employment has significant impact on person's ability to recover from problematic drug use.</p> <p>The Alcohol and Drugs framework ties to the employment agenda through increasing longevity of the population and ensuring more people are capable of being involved in economic activities through their lives.</p>	<p>Pathway for young people into service Recovery Strategy including employability</p> <p>RSLs to explore and analysis the housing offers to those experiencing homelessness and using substance problematically</p>
<p>Resources -There was an acknowledgment that there is no addiction money. The seminar was able to identify that the majority of resources are directed at treatment or product of drugs. An agreement is needed across all partners to consider how we support prevention and recovery.</p>	<p>Police Scotland explore opportunity within schools</p> <p>Fire/Rescue support activities and join Multi- Disciplinary Collaborative</p> <p>HSCP develop recovery services, scope and request additional funding from IJB</p> <p>Education/CLD consistent prevention strategy</p>

A further workshop took place in October 2019 at which partners were able to explore the following themes identified at the earlier seminar with a view to further identifying and developing key actions to be taken forward by partners. Discussions were focused around the key themes of:

- Leadership and culture
- Intelligence and Resources
- Prevention and Intervention
-

Discussions focused on:

- What are we doing well?
- Identifying Gaps and
- What could we be doing differently?

There were a large number of comments recorded across the discussion areas and these are summarised in the table below. A full list of comments is provided at Appendix 1a of this document.

What are we doing well?	Identifying Gaps	What could we be doing differently
Strong Communities	Supply side data (drugs)	Tackling the supply of drugs
Enforcement - targeting source of drugs		
Established a recovery community	Intelligence data : Overcoming data sharing issues, making better use of data	Looking at supporting communities at the micro level - targeting support
Collaborative working across partners with good communication	Making better use of data	
Already have a prevention programme of education around drugs in schools	Personal data :Information sharing and referral for support across agencies	More focus on prevention rather than treatment
Have established partnership relationships across Alliance partners	Better signposting for access to services	Provide a mechanism for the community to express any concerns they have around drugs
	Meeting needs of those who are arrested	Provide wider employability options for those in recovery
	Learning from lived experience	Right support at the right time: more flexibility in accessing services –including role across agencies in referring (e.g. Housing providers/Police)
	Addressing role of deprivation, trauma, parenting and need to build resilience	Need for community hubs
	Addressing Drug Related Deaths	Ensure access to welfare support
	Need for early intervention; including being able to capture people who present across parts of the system	
	Understanding housing allocation	

Key actions identified from the discussions are noted in the Drug Action Plan

Drug Action Plan 2020/2021

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
1.	Leadership and Culture	1.1 All Alliance partners to be provided with World Health Organisation Language Matters Guidance. 1.2 Programme for this guidance to be adopted across partner agencies. https://nadaweb.azurewebsites.net/resources/language-matters/	ADP Margaret McConnachie	March 2019 2020/21	Guidance prepared disseminated across ADP partners. Wider dissemination is programmed. Training	A
		1.3 Tackling Stigma training programme to be developed ensuring access across all alliance partnership agency staff groups.	ADP (Margaret McConnachie)	January – June 2020	Scottish Drugs Forum Stigma awareness programme.	G
		1.4 Social media campaign around tackling stigma.	ADP (Margaret McConnachie) Your Voice (Alice Paul)	By July 2020	To be commenced	R
		1.5 ADP membership to be reviewed to reflect correct representation across partner agencies and seniority of staff attending.	Louise long (ADP Chair)	March 2020	New Terms of reference for ADP Committee were tabled at December 2019 Committee. Amendments will be tabled for final approval at February 2020 ADP Committee.	A

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
2.	Intelligence and Resources	<p>2.1 Establish Pathways to Services for Young People.</p> <ul style="list-style-type: none"> - Consultation across partner services to be undertaken to establish current pathways to services for young people and identify gaps. - Pathway to be developed. 	TBC	February 2020 March 2020	<p>Multiagency grouping has been established and consultation carried out across partner agencies around/demand/pathway and access to drug and alcohol services for young people (<18 years of age).</p> <p>Pathway is being developed in response to consultation.</p>	G G
		<p>2.2 Establish a Joint Approach to Drug Related Death Prevention Strategy:</p> <ul style="list-style-type: none"> - establish a multi-agency grouping to consider partnership awareness and actions required to prevent drug related deaths. - Revised Drug Death prevention plan will be developed. 	TBC	April 2020 May 2020	<p>ADP Executive group partners will take forward review of Drug Death Prevention Plan in line with Scottish government recommendations from "Staying Alive in Scotland" National strategy. And Drug Death Taskforce recommendations –which are not yet available.</p>	G A
		<p>2.3 Provide information about drugs to parents to help them support young people.</p> <ul style="list-style-type: none"> - consultation with parents via Parent's council - Survey of parent council member - Facebook page for parents to be reviewed in response to consultation. -Development of social media in response to consultation. 	Ruth Binks (Education Services)	February 2020 March 2020 May 2020	<p>Parent Council Chairs meeting consulted and survey carried out completed by February 2020.</p> <p>Parents Face book page to include drug and alcohol information in March 2020. In line with national campaigns.</p>	G A

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
		2.4 Programme to reduce supply of drugs in our communities. Police Scotland Interventions in Schools Project will be launched in School in February 2020 ;to improve intelligence: - Fearless will be implemented in schools to support better intelligence	Debbie Reilly (Police Scotland)	February 2020	Project will be launched in February	G
		2.5 Police Scotland Improving intelligence from community around drugs; - Crime stoppers Campaign: Widespread media campaign.	Debbie Reilly (Police Scotland)	March	Campaign is under development having identified key areas of focus for this work	A
3.	Prevention and Intervention	3.1 Bid to CORRA foundation to provide early intervention around substance and young people.	Ruth Binks (Education Services)	December 2019	Decision on funding award will be made March 2019	G
		3.2 Distress Brief Interventions Training Across Partners	Emma Cummings HSCP	2020	To be commissioned	A
		3.3 Improving Recovery Opportunities: Commissioning of Recovery focused services as part of Recovery Service Review – this will be test of change. - HSCP to Commission peer volunteer project to support engagement in services and recovery - HSCP to Commission Recovery Development post - HSCP to Commission peer led post to support meaningful activity, education and employability.	Andrina Hunter	April 2020	Alcohol and Drug Recovery Service Review has identified need for r commissioned recovery capacity across Inverclyde . With a focus on peer led work in line with national strategy. This will be test of change work via NHs “Quick Quote “processes. Services will be reviewed once evaluated for longer term tender.	A
		3.4 Provide Family Support Services	Andrina Hunter	April 2020	Review of Family support services was carried out in 2019. Recommendations form this review has led to commissioning for family	A

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
					support services. This will be test of change work via NHs "Quick Quote" processes. Services will be reviewed once evaluated for longer term tender.	
		3.5 Widening Access to Services : <ul style="list-style-type: none"> - Services available 7 days per week and outwith 9-5 hours - Services delivered outwith specialist treatment centre –liaison at GP practice Pilot . - Extend options for delivery of detox services in people's homes. 	Andrina Hunter	2020/21	Funding was secured from CORRA foundation and HSCP Transformation fund to widen access to services. Project is being implemented in 2020.	G
		3.6 Review of prevention and education will be undertaken as part of the Addictions Service Review. Consultant will be commissioned by ADP to provide framework for future delivery model.	Ruth Binks (Education Services)	Terms of Review agreed with consultant January 2020. Draft Report April 2020	Outline programme of work has been established and agreed with consultant. Time frame for delivery agreed as draft report in April 2020.	A

Appendix 1a Full list of Comments from Alliance Workshop held October 2019

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
Leadership and Culture	<p>Enforcement – targeting sources of drugs. Information, intelligence, supply chain, national/local units/functions. Collaborative working Good schools, Good Communities SU, Carer Communities Involved Looking at Problems Recovery Café The input into Sport Culture Awareness Raising in Schools Correction Dundee – Inverclyde Treatment Centric. Prevention Naloxone Training Schools Resilience People work in Communities together.</p>	<p>Offenders get arrested/charged. What about their wellbeing Difficult Conversations Deprivation, trauma, parenting, resilience. Drug Deaths</p>	<p>Relationships – Build these and improve Communication with Communities Increase Funding Reduce Availability Support Criminalisation Availability of drugs is excessive Welfare Support Micro Communities – Pick on area/localities. 18 -24 years – 86 young people Change Culture</p>
Intelligence and Resources	<p>What Do We Know? How can we use the Data Better? How Do we Ensure the Right Service at the Right Time Don't Get Data Consistently at the Moment</p>	<p>Supply Side of Data GDPR - Share Data Legislation to Share Information 15 – 24 years – Getting into Treatment Programme Stops at 18 years Understand the Why? Use Resources to Best Effect. Could Resources be focused at Earlier Stage? How can we Interpret Data better Arrests vs Availability – Police Finding People with Drugs. No Value Seizures Use Intelligence. More Targeted Interventions</p>	<p>Build Capacity Prevention Focus CLD – School Service Relationships, Drug Education Provide opportunities to move on Promote belief to recovery Widening Access to Employment and recovery Quality jobs. Methadone. Recruit jobs CVS Community Capacity Builders Straight and Arrow – look at this initiative Track back when engagement/ Diversion RCH – Good News Story – someone in recovery</p>

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
		<p>Interrogate Specific Case Studies of Drug Deaths and Process</p> <p>Intelligence Gap – Focus on the 86 People and Find Out What Would Have Made a Difference</p> <p>Link to Mental Health Issues</p> <p>Don't have Good Information or Credible Information – Education on Drugs. Drugs People to Share their Concerns</p> <p>Not Capturing All Information into One Place or to Bringing it Together</p> <p>Assume that Information is Passed On – When Person is in System ie Hospital Accessibility Easy</p> <p>Use Resources to Best Effect.</p> <p>Safe Advice to People. Change in Culture. Why is Culture Different? Do We Have Data to Support this?</p> <p>How Do We Give “the right” Support at this time</p> <p>Maturity.</p> <p>Generational/Cultural.</p> <p>People Know Where/How to Access Drugs.</p> <p>Tolerance Level. Normalised Behaviour.</p> <p>Sign posting support</p> <p>GDPR – roles between services</p> <p>Skills – Jobs – employment</p> <p>Education to access signposting to services</p> <p>Do young people see a future/opportunities/alternatives/job/career</p>	<p>Focus on High Impact Cases and if not known with SDS.</p> <p>Help to Identify The at Risk and Lived Experiences</p> <p>Support and Treatment for Young People</p> <p>Anecdotal Information could also be used</p> <p><i>Education</i> at Schools</p> <p>Hard Reduction Analysis. Predictive Type Model.</p> <p>Use existing data.</p> <p>ID more at risk and People</p> <p>Capture and Audit of Data around young people</p> <p>Explore employment opportunities</p> <p>Information Sharing</p> <p>Involvement with Lived experience</p> <p>Hosting community events (joints)</p> <p>Partnership Community Events – raise drug detox profile</p> <p>People with lived experience speaking to young people.</p> <p>Not offering enough support to young people.</p> <p>Risks within schools.</p> <p>Lived experience presentation/</p> <p>Listening to learned experience</p> <p>Informal learning</p> <p>Listening to our community and young people</p>
Prevention and Intervention	<p>Work Well with Police Scotland</p> <p>Work well with Schools</p>	<p>Families (Contacts)</p> <p>Stability, Housing, Education, Routine, Hope</p> <p>Trauma informed practice</p> <p>Informed Choices</p> <p>Other Opportunities</p>	<p>Co-ordinated approach</p> <p>Building resilience with young people</p> <p>Community Hubs</p>

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
		<p>Looking at what is underlying Young People's Needs – pulling together information Drug Prevalence 18-24 Information</p> <p>Understanding Why? (86 people)</p> <p>Predictive model – Identifying people at risk</p> <p>Drug – Police Data?</p> <p>Supply</p>	



Inverclyde Alliance –
Drug Action Planning Seminar
7 October 2019

A report was submitted to Inverclyde Alliance Board on 7 October 2019 to provide with details of actions identified at the Inverclyde Alliance drug action planning seminar held on 19th August 2019 and to seek approval from the Alliance Board to take forward actions identified by partners at the drug action planning seminar.

Inverclyde has the highest drug misuse prevalence rate in Scotland including rates for both young men and young women (15-24) which are significantly higher than that of other local authorities in Scotland. In 2018, Inverclyde had the third highest drug related death rate in Scotland - only Dundee City and Glasgow City had higher rates.

The Inverclyde Alliance Drug Action Planning seminar provided the opportunity to find out more about the impact of drug use in Inverclyde and to learn from Alliance Partners about what work is currently being undertaken to address the impact of drug use in our communities, challenges faced and future plans to address the impact of drug use across Inverclyde. The key aim of the seminar was to provide a platform to support the identification of key actions required by partners and to support the development of a multiagency action plan to address needs and improve outcomes for individuals, families and communities impacted by drug use.

In addition to the Drug Action Planning seminar, the members of Inverclyde Alliance were provided with the opportunity to participate in a facilitated Café Style workshop discussing 3 Key Themes

Leadership and Culture	Louise Long /Alice Paul
Intelligence and Resources	Deborah Gillespie/Margaret McConnachie
Prevention and Intervention	Hugh Scott/Andrina Hunter

People were asked to move around 3 discussion groups spending 15 minutes at each table

Each group was prompted by the facilitator to discuss

- What are we doing well?
- Are there any gaps?
- What could we do differently?

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
Leadership and Culture	<p>Enforcement – targeting sources of drugs.</p> <p>Information, intelligence, supply chain, national/local units/functions.</p> <p>Collaborative working</p> <p>Good schools, Good Communities SU, Carer Communities Involved Looking at Problems Recovery Café</p> <p>The input into Sport Culture Awareness Raising in Schools</p> <p>Correction Dundee – Inverclyde Treatment Centric. Prevention Naloxone Training Schools Resilience People work in Communities together</p>	<p>Offenders get arrested/charged. What about their wellbeing</p> <p>Difficult Conversations</p> <p>Deprivation, trauma, parenting, resilience.</p> <p>Drug Deaths</p>	<p>Relationships – Build these and improve Communication with Communities</p> <p>Increase Funding</p> <p>Reduce Availability</p> <p>Support Criminalisation</p> <p>Availability of drugs is excessive</p> <p>Welfare Support</p> <p>Micro Communities – Pick on area/localities. 18 -24 years – 86 young people</p> <p>Change Culture</p>
Intelligence and Resources	<p>What Do We Know? How can we use the Data Better? How Do we Ensure the Right Service at the Right Time</p>	<p>Supply Side of Data</p>	<p>Build Capacity Prevention Focus CLD – School Service Relationships, Drug Education</p>

	Don't Get Data Consistently at the Moment	<p>GDPR - Share Data Legislation to Share Information</p> <p>15 – 24 years – Getting into Treatment Programme</p> <p>Stops at 18 years</p> <p>Understand the Why? Use Resources to Best Effect. Could Resources be focused at Earlier Stage? How can we Interpret Data better</p> <p>Arrests vs Availability – Police Finding People with Drugs. No Value Seizures Use Intelligence. More Targeted Interventions</p> <p>Interrogate Specific Case Studies of Drug Deaths and Process</p> <p>Intelligence Gap – Focus on the 86 People and Find Out What Would Have Made a Difference</p> <p>Link to Mental Health Issues</p> <p>Don't have Good Information or Credible Information – Education on Drugs. Drugs</p>	<p>Provide opportunities to move on</p> <p>Promote belief to recovery</p> <p>Widening Access to Employment and recovery Quality jobs. Methadone. Recruit jobs</p> <p>CVS Community Capacity Builders</p> <p>Straight and Arrow – look at this initiative</p> <p>Track back when engagement/ Diversion RCH – Good News Story – someone in recovery</p> <p>Focus on High Impact Cases and if not known with SDS.</p> <p>Help to Identify The at Risk and Lived Experiences</p> <p>Support and Treatment for Young People</p> <p>Anecdotal Information could also be used</p> <p><i>Education</i> at Schools</p>
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		<p>People to Share their Concerns</p> <p>Not Capturing All Information into One Place or to Bringing it Together</p> <p>Assume that Information is Passed On – When Person is in System ie Hospital</p> <p>Accessibility Easy</p> <p>Use Resources to Best Effect.</p> <p>Safe Advice to People. Change in Culture. Why is Culture Different? Do We Have Data to Support this?</p> <p>How Do We Give “the right” Support at this time</p> <p>Maturity.</p> <p>Generational/Cultural.</p> <p>People Know Where/How to Access Drugs.</p> <p>Tolerance Level. Normalised Behaviour.</p> <p>Sign posting support</p> <p>GDPR – roles between services</p> <p>Skills – Jobs – employment</p> <p>Education to access signposting to services</p>	<p>Hard Reduction Analysis. Predictive Type Model.</p> <p>Use existing data.</p> <p>ID more at risk and People</p> <p>Capture and Audit of Data around young people</p> <p>Explore employment opportunities</p> <p>Information Sharing</p> <p>Involvement with Lived experience</p> <p>Hosting community events (joints)</p> <p>Partnership Community Events – raise drug detox profile</p> <p>People with lived experience speaking to young people.</p> <p>Not offering enough support to young people.</p> <p>Risks within schools.</p> <p>Lived experience presentation/ Listening to learned experience</p> <p>Informal learning</p> <p>Listing to our community and young people</p>
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		Do young people see a future/opportunities/alternatives/job/career	
Prevention and Intervention	<p>Work Well with Police Scotland</p> <p>Work well with Schools</p>	<p>Families (Contacts)</p> <p>Stability, Housing, Education, Routine, Hope</p> <p>Trauma informed practice</p> <p>Informed Choices</p> <p>Other Opportunities</p> <p>Looking at what is underlying Young People's Needs – pulling together information Drug Prevalence 18-24 Information</p> <p>Understanding Why? (86 people)</p> <p>Predictive model – Identifying people at risk</p> <p>Drug – Police Data?</p> <p>Supply</p>	<p>Co-ordinated approach</p> <p>Building resilience with young people</p> <p>Community Hubs</p>

2020/23 BUDGET

- Shared Services/Collaboration
- Channel Shift/Modernisation – DAS
- FMS Review/Replacement
- Cloud Migration
- Welfare Reform
- Digital Strategy
- Digital Shared Opportunities

The participants of the workshop were also asked

“What one thing would you recommend that we could do now to stem the rise in Drug Related Deaths we are experiencing in Scotland?”

Seeing Drug Users as Victims of Organised Crimes

The UK is a great place to live and play. Build up Hope!

Campaign to raise the drug issues within the Community

Listen, Involve, and Include

Inverclyde Drug Action Planning Seminar - 19th August 2019

Community Planning Partners, including Housing, Police Scotland, Fire & Rescue, Health and Council came together to consider the services currently being provided, plans for the future and any gaps. It was clear from discussions that drugs issues impacted on all partners, and that there was collective willingness to work together to address the issues. Themes arose from the discussions and more exploration is required, however an initial action plan was developed:-

THEME	ACTIONS	RESPONSIBLE AGENCY	DATE/TIMESCALES
Leadership - Alcohol and Drugs Partnership - needs refreshed leadership at a suitable level to agree changes and drive improvement owned by all partners, service users, families and communities.	Refresh Alcohol Drug Partnership membership	All agencies Led ADP Chair	December 2019
Culture - Challenge and eliminate stigma towards people who experience problems with drugs and their families. Language across partners, communities needs to change. People who experience problems with drugs, and their families are part of Inverclyde community - let's ensure they feel it.	Eliminate Stigma Campaign Social Media Campaign	ADP / LL	September 2019 January 2020
Intelligence - the data in services particularly around young people shows few young people with drug issues are engaging with services. More consistent, robust reporting and gathering of information is required to monitor improvements. Meaningful engagement with young people, service users, and families should help agencies to understand what	Develop multi-agency collaboration (MAC) Explore data/reporting Consultation with young people Consultation service users, families	ADP/ LL ADP/LL Children Service – R Binks ADP	November 2019 February 2020 October 2019 November 2019

more needs to happen to educate, prevent and help people recover.			
Prevention - A need to develop a shared approach to prevention. To ensure that we are delivering consistent messages.	<ul style="list-style-type: none"> Relationship with young people, Police Scotland, Fire & Rescue Consistent framework across agency on prevention/education Social Media Campaign 	MAC ADP Children Service Planning ADP	January 2020 January 2020
<p>Interventions - More clarity and support for young people is required by developing clear pathways into support. The treatment services provide support to over 800 people who have problematic drug use. The quality of treatment services is good but more should be done to promote recovery. It was suggested a greater role for the 3rd sector in providing support to service users and their families. Clear support into employment has significant impact on person's ability to recover from problematic drug use.</p> <p>The Alcohol and Drugs framework ties to the employment agenda through increasing longevity of the population and ensuring more people are capable of being involved in economic activities through their lives.</p>	<ul style="list-style-type: none"> Pathway for young people into service Recovery Strategy including employability/housing offer 	Children Service Planning ADP	December 2020 February 2020
Resources -There was an acknowledgment that there is no addiction money. The seminar was able to identify that the majority of resources are directed at treatment or product of drugs. An agreement is needed across all partners to consider how we support prevention and recovery.	<ul style="list-style-type: none"> Police Scotland explore opportunity within schools Fire/Rescue support activities and join Multi- Disciplinary Collaborative HSCP develop recovery services Education/CLD consistent prevention strategy 	ADP/Alliance	April 2020

Appendix 1 - Actual Comments from the October Workshop

<p>1. LEADERSHIP</p> <p>Enforcement – targetting sources of drugs. Information, intelligence, supply chain, national/local units/functions. Collaborative.</p>	<p>Culture - Language</p> <p>What are we doing well?</p> <ul style="list-style-type: none"> • Good schools, Good Communities • SU, Carer Communities Involved • Looking at Problems • Recovery Café • The input into Sport Culture • Awareness Raising in Schools • Correction Dundee – Inverclyde • Treatment Centric. Prevention • Naloxone Training • Schools • Resilience • People work in Communities together • Offenders get arrested/charged. What about their wellbeing • Difficult Conversations • Deprivaion, trauma, parenting, resilience • Drug Deaths
<p>2. RELATIONSHIPS – Build these. Improve Communicatioin with Communities.</p>	<ul style="list-style-type: none"> • Funding • Reduce Availability • Support Criminalisation • Availability of drugs is excessive • Welfare Support • Micro Communities – Pick on area/localities. 18 -24 years – 86 young people

	<ul style="list-style-type: none"> • Change Culture
<p>3. INTELLIGENCE AND RESOURCES</p> <ul style="list-style-type: none"> • Supply Side of Data • Don't Get Data Consistently at the Moment • GDPR - Share Data • 15 – 24 years – Getting into Treatment Programme • Understand the Why? • People Take Arrests vs Availability – How can we Interpret Data • Interrogate Specific Case Studies of Drug Deaths and Process Stops at 18 years • Link to Mental Health Issues • Intelligence Gap – Focus on the 86 People and Find Out What Would Have Made a Difference • Don't have Good Information – Education on Drugs. Drugs Credible Information • People to Share their Concerns • Legislation to Share Information • Not Capturing All Information into One Place or to Bringing it Together • Assume that Information is Passed On – When Person is in System, Hospital • Accessibility Easy • Use Resources to Best Effect. Could Resources be focused at Earlier Stage • What Do We Know. How can we use the Data Better. How Do we Ensure the Right Service at the Right Time • Safe Advice to People. Change in Culture. Maturity. • Why is Culture Different? Do We Have Data to Support this? 	<ul style="list-style-type: none"> • Build Capacity • C/D – School Service Relationships • Drug Education • Opportunities to move on • Promote belief to recovery • Prevention Focus • Widening Access to Employment. Recovery • Community Capacity Builders • CVS • Straight and Arrow – look at this initiative • Track back when engagement/ • Diversion • RCH – Good News Story – someone in recovery • Quality jobs. Methadone. Recruit jobs

<ul style="list-style-type: none"> • Police Finding People with Drugs. How Do We Give “the right” Support at this time • No Value Seizures • Use Intelligence. More Targetted Intervention. • Generational/Cultural. Help to Identify They Are at Risk. • Living Experiences • Support and Treatment for Young People • People Know Where/How to Access Drugs. Tolerance Level. Normalised Behaviour. • Focus on High Impact Cases if not known with SDS. • Anecdotal Information could also be used • Education at Schools • Hard Reduction Analysis. Predictive Type Model. Use existing data. ID more at risk and People • Capture and Audit of Data around young people 	
---	--

GROUP 1

PREVENTION AND INTERVENTION

What We Do Well

- Work well with Police Scotland

GAP

- Coordinated approach
- Building resilience within young people
- Community Hubs

What is your service/agency contribution?

Group 2

GAPS

- Explore employment opportunities
- Informaiton Sharing
- Sign posting support
- GDPR – roles between services
- Skills – Jobs – employment
- Involvemnt with Lived experience
- Hosting community events (joints)
- Partnership Community Events – raise drug dexot profile
- People with lived experiene speaking to young people
- Not offering enough support to young people
- Risks within schools
- Lived experience presentation
- Listening to learned experience
- Informal learning
- Listing to our community and young people
- Educaiton to access signposting to services
- Do young people see a future/opportunities/altrnatives/job/career

What is your service contribution?

- Pathways
- Opportunities to move on
- Options for support recovery/treatment

Group 3

Do Well

- Work well with school

GAPS

- Families (Contacts)
- Stability, Housing, Education, Routine, Hope
- Trauma informed practice
- Informed Choices
- Other Opportunities
- Looking at What is underlying
- Young Peoples Needs – pulling together information Drug Prevalence 18-24 Information
- Understanding Why? (86 people)
- Predictive model – Identifying people at risk
- Drug – Police Data?
- Supply

What is your service contribuion?

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Ruth Binks, Corporate Director Education, Communities & Organisational Development	Report No:	
Contact Officer:	Nicola Hurrell	Contact No:	01475 712761
Subject:	Inverclyde Council Schools Health and Wellbeing Survey 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is to outline the methodological approaches employed to carry out the Health and Wellbeing Survey 2019 in all six mainstream secondary schools in Inverclyde. This report also provides a summary of key statistics from 2019 and trend analysis from 2013 to 2019 and similarities emerging from Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018.

2.0 SUMMARY

- 2.1 In 2013 Inverclyde Council in collaboration with Inverclyde CHCP and NHS Greater Glasgow and Clyde (Public Health Resource Unit) commissioned the first secondary schools health and wellbeing survey. The purpose of this research was to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress.
- 2.2 Funding was identified in 2018, with £15,000 from Inverclyde HSCP through their NHS stream and £10,000 from the local implementation of the Scottish Attainment Challenge funds, to conduct a further Health and Wellbeing Survey. Education Services and Inverclyde HSCP worked in partnership with NHS Greater Glasgow and Clyde to conduct the second Schools Health and Wellbeing Survey in 2019.
- 2.3 Traci Leven Research was commissioned to carry out the report writing and analysis of data, including comparability with the 2013 survey. **(APPENDIX 1)**. There is no national comparator data for this survey because the Scottish wide Health and Wellbeing survey has been delayed and is still at the pilot stage.
- 2.4 The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) of smoking, drinking and drug use was conducted within Inverclyde secondary schools in 2018. The report presents key findings to aid comparative analyses and benchmarking from the 2013 SALSUS report and to the 2018 national average (difference from Scotland 2018). **(APPENDIX 2)** Detail from both the Health and Wellbeing Survey and SALSUS 2018 have been noted where similarities emerge.
- 2.5 Although there are no national comparators for some measures, the findings from the Inverclyde survey mirror national media reports and research findings. Outcomes for young people in Inverclyde remain strong with increasing academic attainment, wider achievements and positive destinations. It is important that we continue to listen to the voice of our young people about their physical and emotional health in an ever changing world so that we can continue to provide the best support possible.

3.0 RECOMMENDATIONS

It is recommended that the Alliance Board:

- 3.1 Notes the contents of the report.
- 3.2 Gives approval to the continuing work required in the dissemination of the research findings, in partnership with Inverclyde HSCP.

Ruth Binks
Corporate Director
Education, Communities and Organisational Development

4.0 BACKGROUND

- 4.1 Inverclyde undertook a Health and Wellbeing survey in 2013. This survey gave a lot of rich information and prompted Clyde Conversations so that young people could talk openly about health and wellbeing issues that affect them. The intention was to undertake another survey in 2015/16, however this was postponed because the Scottish Government proposed to produce a national Health and Wellbeing survey. Although work has been undertaken, the national position is that the Scotland-wide Health and Wellbeing survey is currently only at the pilot stage. Rather than wait for the national survey, Education and HSCP undertook to carry out a local survey.
- 4.2 Although there is no national comparator data for the Inverclyde Health and Wellbeing survey, it is evident from national media and research that mental and physical health, exam stress, availability of alcohol and drugs, bullying and amount of sleep remains an issue for young people across the country. The outcomes and academic achievements for our young people remain very strong and pupils are supported and listened to in a nurturing environment. Although there are some hard hitting messages in this survey, it is important that Inverclyde continues to listen to the voices of our young people so that we can continue to provide the best support possible.
- 4.3 The aim of the 2019 Health and Wellbeing survey was to gather current demographic information on the secondary school pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing.
- 4.4 In the development stages of the 2019 survey a range of key stakeholders and partners were invited to a number of meetings, in order to ensure full consultation of the questionnaire. The 2019 health and wellbeing survey includes questions that have remained the same from the 2013 survey and therefore allows the monitoring of trends over time. However, the 2019 survey has been adapted to take into account emerging issues such as e-cigarettes.
- 4.5 The 2019 Health and Wellbeing survey included questions on the following topics:
 - Demographics – including age, gender, family composition, and ethnicity
 - Physical Activity, Diet & Sleep
 - General health
 - Mental health & wellbeing
 - Smoking, Alcohol & Drugs
 - Sexual Health & Relationships
 - Screen Time
 - Risk behaviours
 - Uptake & awareness of services aimed at young people
 - Money
 - Future aspirations
- 4.6 Two online surveys were developed, one for S1–S2 pupils and one for S3–S6 pupils. Variations between the two versions were limited to the addition of questions for S3–S6 pupils on sexual relations.
- 4.7 Pupils accessed the appropriate survey for their stage via an online link to Smart Survey. Community Learning Development Youth Workers supported the fieldwork in the classrooms.
- 4.8 Liaison with Head Teachers led to an agreement to complete the surveys with S1–S5 pupils between April and June 2019. S6 were not included due to the timing of exam leave.
- 4.9 There are a total of 3,664 pupils in S1–S5, of which 2,891 completed the survey. This equates to 79% of the S1–S5 overall roll participating in the survey.

Year Group	Population	Actual Responses	Response Rate
S1/S2	1,534	1,392	91%
S3/S4	1,498	1,103	74%
S5	632	396	63%
TOTAL	3,664	2,891	79%

4.10 The main findings from the Schools Health and Wellbeing Survey 2019 data have been prepared by Traci Leven Research. The report by Traci Leven Research presents the combined findings of 2,891 pupils from 6 mainstream Secondary Schools in Inverclyde. Differences in the key independent variables of gender and school stage are also examined within the report.

4.11 Findings from the Traci Leven Research report will be used to inform the work of Education Services, Inverclyde HSCP, other Community Planning Partners and individual schools. This type of engagement with young people has ensured they have a voice and are able to influence future service delivery based on their needs, attitudes and behaviours through this method of self-reporting.

5.0 Summary Findings

The following provides a summary of the key statistics and trend data from the chapters within the main 2019 Health and Wellbeing Survey Report. Detail from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018 have also been noted.

5.1 Pupil Profile - Key statistics

- 63% lived in a 2 parent family
- 32% lived with a family member who had a drug/alcohol problem, long-term illness, disability or mental health problem
- 17% were carers

Trends

The prevalence of caring rose between 2013 and 2019.

5.2 Physical Activity, Diet and Sleep - Key statistics

- 10% met the target for physical activity
- 33% used active travel for the journey to school
- 31% never ate breakfast on school days
- 9% skipped lunch
- 88% ate a meal with their family at least once a week
- 39% had 5+ portions of fruit/vegetables per day
- 23% got 9+ hours sleep per night
- 27% felt tired every day

Trends

There was no significant change since 2013 in the proportion who met the physical activity target.

There was an increase in the proportion of pupils who skipped lunch.

There was an increase in the proportion who consumed 5+ portions of fruit/vegetables per day.

There was a decrease in the proportion who got 9+ hours sleep per night.

5.3 General Health - Key statistics

- 59% had a positive view of their health
- 43% had a physical illness or disability
- 11% had a limiting condition or illness

Trends

There was a decrease in the proportion who had a positive view of their health.

5.4 Mental Health and Wellbeing -Key statistics

- 31% had an emotional, behavioural or learning difficulty
- 30% had been bullied in the last year
- 24% had been bullied at school in the last year
- 16% bullied others at school in the last year
- 39% had a high 'total difficulties' score

Trends

Between 2013 and 2019 there was an increase in the proportion who had been bullied at school in the last year.

There was an increase in the proportion who had a high score for 'total difficulties'.

5.5 Behaviours: Smoking, Alcohol and Drugs - Key statistics

- 9% were smokers
- 5% used e-cigarettes
- 29% lived with a smoker
- 12% were exposed to smoke in cars
- 55% were exposed to smoke indoors
- 56% had drunk alcohol
- 20% of those who drank alcohol got drunk at least weekly
- 15% had used drugs

Trends

Between 2013 and 2019 there was an increase in the proportion who were smokers.

There was an increase in the proportion of drinkers who got drunk at least weekly.

There was an increase in the proportion who had used drugs.

5.6 An additional source of information on smoking, drug and alcohol use amongst teenagers is published in the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), the most recent of this carried out in 2018. This presents the key findings for pupils attending secondary schools in Inverclyde. Although they are not directly comparable, the SALSUS survey provides valuable information on drug and alcohol issues.

5.7 The SALSUS survey was administered by teachers in a mixed ability class, under exam conditions, and was completed between October 2018 and April 2019.

5.8 There were 1,513 13 and 15 year olds within year groups S2 and S4 eligible to take part in the survey, with 391 (26% of all eligible pupils) participating. As in previous SALSUS surveys, schools dedicated to children with additional support needs were excluded from the sample. The response rates achieved (based on those sampled) for Inverclyde are shown below:-

	Inverclyde Council	Scotland
School response rate	71%	61%
Class response rate	79%	57%
Pupil response rate	80%	91%
Overall response rate (product of class and pupil response rate)	63%	52%

5.9 Key statistics and trends

The SALSUS 2018 survey reported that:

SMOKING

- 3% of 13 year olds were regular smokers (usually smoking one or more cigarettes per week). There is not statistically significant change from 2013 figures.
- 3% of 15 year olds were regular smokers (usually smoking one or more cigarettes per week). This is 7% decrease from 2013 figures and 4% more positive than national data.

- 1% of 13 year olds and 1% of 15 years olds reported using e-cigarettes once a week or more.

ALCOHOL

- 32% of 13 year olds reported they had had an alcoholic drink. There is not statistically significant change from 2013 figures.
- 64% of 15 year olds had had a proper alcoholic drink. This was lower than the % recorded across Scotland for this age group which was 71%
- Two third of pupils aged 13 who reported having drunk alcohol reported that they had been drunk, (representing a 19% increase from 2013 data) for 15 year olds the figure was 23%. (2% higher than the 2013 data)
- Inverclyde levels of drinking to excess across both age groups reported in SALSUS in 2018 were higher than that for Scotland :
 - 18% higher for 13 year olds
 - 7% higher for 15 year olds
- 16% of pupils aged 13 had managed to purchase alcohol which is an increase of 13% from 2013 and 11% higher than the response from Scotland as a whole.
- 12% of 15 year olds had managed to buy alcohol. This was a slight increase from 2013 for Inverclyde and compared to Scotland as a whole.
- 3% of 13 year olds and 4 % of 14 year olds were refused alcohol when they tried to purchase. This was higher by 3% and 2% respectively than in 2013 study and slightly higher than the rate reported for pupils across Scotland.
- no change in 13 year olds who had had a drink between the 2013 and 2018 data
- a 4% fall in the number of 15 year olds having ever had a drink.
- There was a lower % of pupils having ever had a drink than the percentage for Scotland as a whole in 2018.

DRUGS

- 94% of 13 year olds and 80% of 15 year olds had never taken drugs. This was slightly lower (3% and 1%) than in 2013 and was the same as the data for Scotland as a whole.
- 4% of 13 year olds and 18% of 15 year olds having taken Cannabis over the past year. This was 2% higher for 13 year olds 2% higher for 15 year olds compared to 2013. Data for Cannabis use in 2018 was similar to that for Scotland as a whole.

15 year olds only

- 32% obtained drugs from a friend of the same age (last time used drugs). This is considerably lower (31%) than the data for 2013 and lower than the data for Scotland in 2018.
- 17% obtained drugs from an older friend (last time used drugs).
- 49% gave some drugs away on the last occasion they took drugs. This is a 21% reduction from 2013 and similar to that in Scotland wide data.
- 13% who used drugs needed help related to this use - reflecting 10% increase from 2013 and 6% higher than that for Scotland as a whole.
- 66% would like to stop taking drugs. This is a 39% increase from 2013 and 22% higher than the rate for Scotland.

5.10 A brief summary of key points from Health & Wellbeing (Behaviours: Smoking, Alcohol and Drugs Section) and SALSUS Surveys are highlighted in **APPENDIX 3**.

The remainder of the report refers to the Health & Wellbeing Survey.

5.11 **Behaviours: Sexual Health and Relationships** **Key statistics**

- 8% identified as lesbian, gay or bisexual
- 25% had a boyfriend or girlfriend

- 40% of S3-S5 pupils had engaged in sexual activity
- 40% always used contraception or condoms when sexually active

5.12 **Behaviours: Screen Time**

Key statistics

- 99% had access to the internet at home
- 32% spent 7+ hours on electronic devices on school days

5.13 **Risk Clustering and Positive Behaviours**

Key statistics

- 83% had engaged in at least one of 20 risk/antisocial behaviours
- 75% had engaged in at least one of 8 positive behaviours

5.14 **Services for Young People**

Key statistics

- 93% had used at least one listed health service
- 75% had a Young Scot card
- 79% had used parks in the last year
- 61% had used a sports centre
- 39% had visited a library
- 38% had visited a museum
- 29% had visited a community centre
- 18% had visited a youth club

Trends

Between 2013 and 2019 there was an increase in the proportion who had a Young Scot Card.

There was a decrease in the proportion who had used a library in the last year.

There was a decrease in the proportion who had used a sports centre in the last year.

5.15 **Money**

Key statistics

- 78% had savings
- 55% had £10 or more to spend per week

5.16 **Post-School Expectations**

Key statistics

- 68% expected to go to further education/training

Trends

Between 2013 and 2019 there was a decrease in the proportion who expected to go to further education/training.

6.0 IMPLICATIONS

6.1 Finance

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.2 Legal n/a

6.3 Human Resources n/a

6.4 Equalities n/a Equalities

(a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
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X	NO
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6.5 **Repopulation**
n/a

7.0 CONSULTATIONS

7.1 Education Services
Inverclyde HSCP
Public Health
Community Learning Development
Sandyford

7.2 A pilot questionnaire was undertaken in March 2019 at one of the Secondary Schools in order to test and consult on the survey. This was conducted across 2 year groups with a mix of boys and girls and a mix of abilities.

8.0 BACKGROUND PAPERS

8.1 <https://www.inverclyde.gov.uk/meetings/meeting/1694>
agenda item 17

APPENDIX 1

**Inverclyde Council Schools Health and Wellbeing
Survey 2019**

Final Report

Prepared for



December 2019

Traci Leven Research
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1 Introduction and Methodology

1.1 Introduction

This report contains the findings of research carried out in 2019 in partnership with Inverclyde Council and NHS Greater Glasgow and Clyde.

In 2013 Inverclyde Council commissioned the first secondary schools health and wellbeing survey in order to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress. In the six years since the first survey there have been many changes that impact either directly or indirectly on health equalities and outcomes.

The health and wellbeing survey includes questions that have remained the same and allow the monitoring of trends over time. However, the survey has also been adapted over time to take into account emerging issues. The survey provides a snapshot in time of the views and experience of the secondary school population and whilst we cannot attribute causal relationships between the findings and the changing policy context, we can explore and contextualise our findings alongside national and local data.

The aims of the current study are to gather current demographic information on the pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing. The survey included questions on the following topics:

- Demographics – including age, gender, family composition, and ethnicity
- Physical Activity, Diet & Sleep
- Smoking, Alcohol & Drugs
- General health
- Mental health & wellbeing
- Sexual Health & Relationships
- Bullying and risk behaviours
- Future aspirations
- Uptake & awareness of services aimed at young people

In addition, this report contains thematic chapters exploring the complex interaction between life circumstances, behaviours and health outcomes.

The main findings from the survey data have been prepared by Traci Leven Research. The report presents the findings for all pupils together and examines differences by the following key variables:

- Gender
- School stage

Introduction and Methodology

The survey was made available to the S1-S5 pupil population in all six mainstream secondary schools in Inverclyde.

The fieldwork was supported by CLD youth workers and class teachers in the classroom environment. There are a total of 3,664 pupils in S1-S5, of which 2,891 completed the survey. This equates to 79% of the S1-S5 overall roll participating in the survey.

Survey Responses by Year Group

Year Group	Population	Actual Responses	Response Rate
S1/S2	1,534	1,392	91%
S3/S4	1,498	1,103	74%
S5	632	396	63%
TOTAL	3,664	2,891	79%

The survey will help us to reflect on the key issues that affect young people in 2019 and how we can best support them. In an ever-changing world, our young people will be affected by changes to lifestyles, different and often increasing pressures and competing priorities. The results of this survey help us to analyse and improve the way we can support our young people. This will include responses from all agencies to evaluate the current provision and what can be provided in the future.

The survey will provide useful data towards:

- Improving health outcomes for children & young people through a multi-agency approach to tackling key issues
- Taking forward the next Children's Services Plan
- Developing Health and Wellbeing priorities in partnership
- Supporting local health improvement planning for Children and Young People.

1.2 Survey Methodology

In early 2019 NHS Greater Glasgow & Clyde shared with Inverclyde Council the two survey questionnaires being used by Glasgow City for S1/S2 and S3-S6 pupils. A short life working group reviewed the questionnaires and modified as required to create two surveys for pilot. Following the decision to make the survey exclusively available online, a Smart Survey licence was allocated to Inverclyde Council from NHS Greater Glasgow & Clyde.

Smart Survey created two online surveys (S1-S2 and S3-S6) which were piloted in March 2019 with four classes. To ensure testing of both surveys, S1 and S4 classes participated in the pilot. The fieldwork was supported by

Introduction and Methodology

CLD youth workers and pupils were encouraged to ask if there was anything they were unsure about.

The pilot surveys could not be completed in the time allocated. Pupil feedback highlighted the need to refine the survey questions. Changes were discussed with the short life working group, including increased use of infographics and different response options. There was agreement that the survey responses would be anonymous. Communicating to young people that they would not be identifiable was key to ensuring honest responses to the questions asked. Final versions of the questionnaire were sent to Smart Survey.

Liaison with Head Teachers in April 2019 led to an agreement to complete the surveys with S1-S5 pupils before the end of June 2019. Parents were lettered in April 2019 to inform them that the survey was taking place during the summer term. The letter also gave parents the opportunity to opt out from the survey.

1.3 This Report

This report has been prepared by Traci Leven Research. It presents the combined findings for the whole Inverclyde area from 2,891 S1-S5 pupils in six secondary schools. All findings are from data weighted to reflect the distribution S1-S5 population in each of the schools.

Data Weighting

The achieved sample was not representative of the S1-S5 secondary school population in Inverclyde. A weighting factor was therefore calculated to compensate for this. The weighting factor corrected for under- and over-representation of some schools, and also the over-representation of younger pupils and the under-representation of senior pupils. (See Appendix).

Analysis

Analysis was conducted in two stages:

- 1 Compute basic frequencies for each question in the questionnaire.
- 2 Establish whether there were significant differences between groups for two key independent variables (using the **99.9% confidence level**; $p \leq 0.001$).

The two key independent variables used for analysis are shown below together with the number and percentage of pupils in each group.

Table 1.2: Key Independent Variables Used for Analysis

Key Variables	Description	Numbers (unweighted)
Gender	Boys and Girls	Boys: 1,413 Girls: 1,440 Total: 2,853
Stage	S1/S2; S3/S4; S5	S1/S2: 1,392 S3/S4: 1,103 S5: 396 Total: 2,891

Reporting Conventions

Each of the subsequent chapters begin with an infographic summary of key indicators contained within the chapter. Each of these chapters report findings by theme, following these conventions:

- Firstly, description of basic frequencies for each theme from the survey for all Inverclyde pupils.
- Secondly, key indicator trend data for the theme, where relevant/applicable, showing significant ($p \leq 0.05$) changes since the last survey in Inverclyde in 2013 for **S1-S5 pupils** (limited to mainstream schools only)¹.
- Thirdly, reporting *only* those key variables (identified above) which exhibit statistical significance ($p \leq 0.001$).

Some additional explorative analysis has been conducted to provide more detailed understanding of the findings within specific themes.

Other Data Sources

Throughout the report, numerous national data sources have been used for context. The main data sources are:

- Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018

¹ Previously reported findings for Inverclyde schools in 2013 show the findings for all S1-S6 pupils and include the special education school and behaviour unit. Trend data for 2013 data presented in this report have been adjusted to remove the S6 pupils and those not in mainstream schools to make the findings comparable with the 2019 sample.

Introduction and Methodology

- NHS Greater Glasgow And Clyde Health and Wellbeing Survey – Inverclyde HSCP findings² which provide findings for health and wellbeing indicators for adults in Inverclyde
- Scottish Health Survey 2018³ which includes both adults and children's questions

Web sources for all other data sources are referenced as cited in each of the chapters of this report.

Tables and Figures

All non-responses have been removed from analysis. Not all pupils answered each question; therefore the base number varies. Unless otherwise indicated, 'don't know' responses have been excluded from the analysis.

All findings are from weighted data (see Appendix)

The sum of responses in tables and text may not equal 100% due to rounding.

Where percentages are less than 0.5 but more than 0, the conventional '<1%' has been used. A '0%' means exactly zero.

Limitations

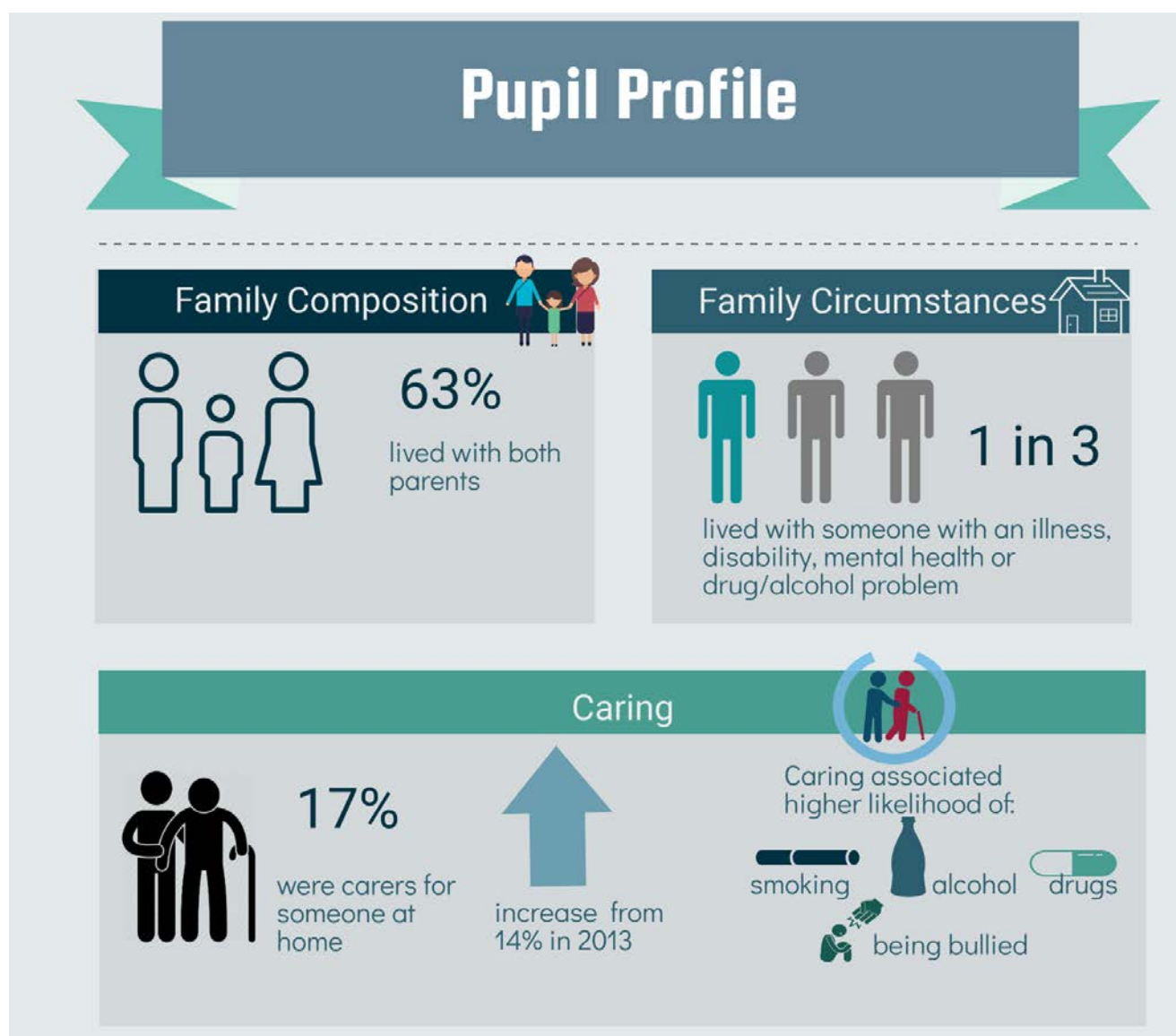
The timing of the fieldwork means there are some limitations in terms of both comparability with the 2013 survey and the overall representativeness of the sample. While the 2013 survey was conducted in October/November, the 2019 Survey was conducted between March and June. S4/S5 pupils were surveyed after the exam break. This means that:

- The average age of pupils within each year group is higher in the 2019 survey
- Seasonal differences will affect responses for some indicators
- Pupils who chose to leave school after their exams (or earlier in the school year) and who did not return to school to commence S5 and S6 studies in June will not be included.

² <https://www.stor.scot.nhs.uk/handle/11289/579888>

³ <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>

2 Pupil Profile



2.1 Gender, Age and Stage

The following tables show the profile of respondents (after weighting to proportionately represent the distribution of pupils by school and stage – see Appendix).

One percent of pupils did not express a binary gender identity or preferred not to state their gender; the remainder were evenly split between boys and girls.

Thirty five percent were aged 13 or under. A quarter (25%) were aged 16 or over.

Table 2.1: Gender of Pupils

Gender	Percentage of Pupils
Female	50%
Male	49%
Other or not stated	1%
Total	100%

Table 2.2: Age of Pupils

Age	Percentage of Pupils
11	< 1%
12	15%
13	20%
14	21%
15	18%
16	19%
17	7%
18	< 1%
Total	100%

Table 2.3: Stage of Pupils

Year Group	Percentage of pupils
S1	20%
S2	21%
S3	21%
S4	20%
S5	18%
Total	100%

2.2 Ethnicity

Most (94%) described themselves as White Scottish or White British and 3% gave an other White ethnic identity. The breakdown of pupils by ethnic group is shown in Table 2.4.

Table 2.4: Ethnicity of Pupils

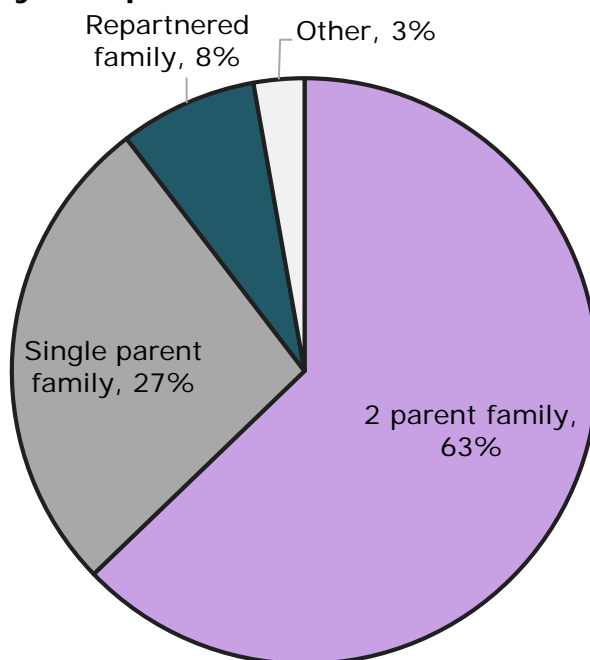
Ethnic Group	% of pupils
White Scottish/British	94%
Other White	3%
Any Mixed	1%
Any Asian	1%
Any Chinese	<1%
Any Black	<1%
Other	<1%
Total	100%

2.3 Family Composition

Just over three in five (63%) lived with both their parents. There was no significant change since 2013. Just over a quarter (27%) of pupils lived in single parent families.

The breakdown of all family types is shown in Figure 2.1.

Figure 2.1: Family Composition



Note: 'single parent families' include those who spend some time with one single parent and some time with another single parent; 're-partnered families' include those who spend time between two repartnered families.

2.4 Language

Most (96%) pupils said they spoke English at home and a further 2.5% said they spoke Scots, 'Scottish' or 'slang'. A total of 1.6% pupils spoke any other language at home, the most common being Gaelic (0.4%).

2.5 Family Circumstances and Caring Responsibilities (Young Carers)

Context and National Data

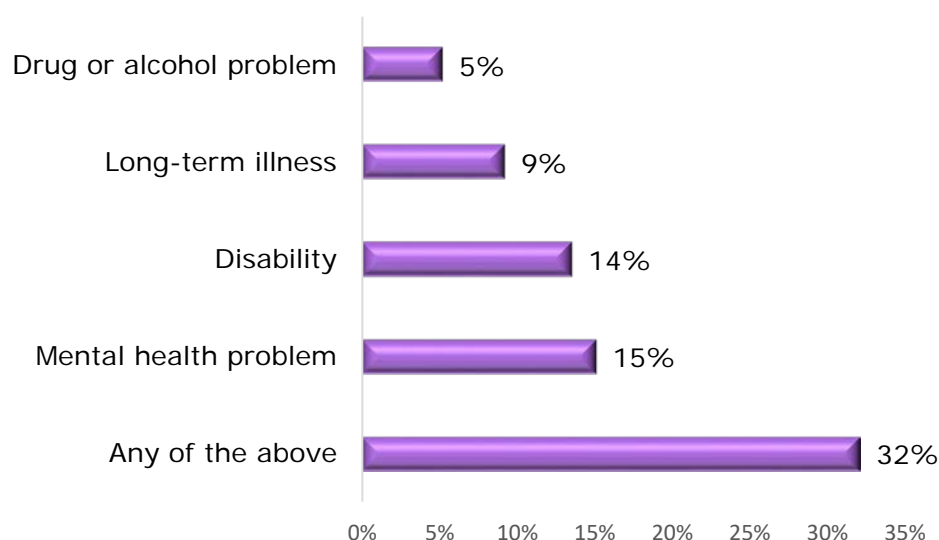
The Carers (Scotland) Act 2016 was implemented in 2018 with the aim of supporting carers' health and wellbeing, including young carers. This involved local authorities creating a person-specific young carer statement to identify needs and personal outcomes.

The Scottish Health Survey 2018 showed that across Scotland 3% of children aged 4-15, and 12% of all adults aged 16 or over were carers. The NHS GGC adult Health and Wellbeing Survey 2017/18 found that 14% of adults in Inverclyde were carers.

The Scottish Government Report *Young Carers: Review of Research and Data* (Scottish Government, 2018) highlighted that young carers have poorer self-reported health, are more likely to have a long term health condition or disability and particularly more likely to have a mental health condition. Young carers also face difficulties in participating in social activities and may feel isolated.

One in three (32%) pupils had someone in their family household with a disability, long-term illness, drug/alcohol problem or a mental health problem.

Figure 2.2: Proportion of Pupils who had Household Family Member with Listed Conditions



Among those who had a household family member with at least one of these conditions, more than half (56%) said that they looked after or cared for them because of their illness/disability.

**Key
statistic:
17%
were
carers**

Overall, 17% of pupils were carers for someone in their household. Those in S1-S4 were more likely than those in S5 to be carers (18% S1/S2; 19% S3/S4; 13% S5)⁴.

The proportion of pupils who were carers for a household member rose between 2013 and 2019, as shown below.

Table 2.5: Trends for Caring

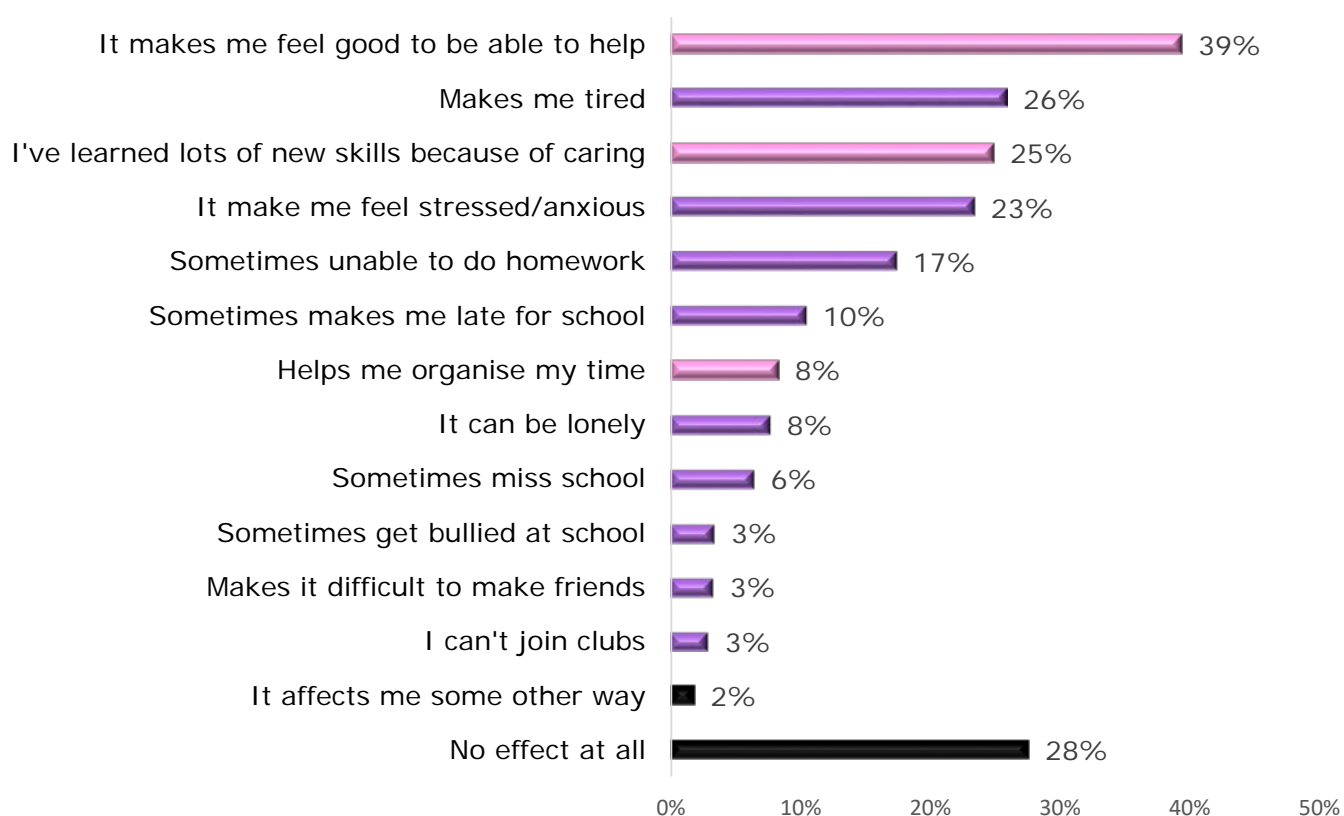
	% of pupils who cared for a household member
2013	13.8%
2019	17.5%
Change (2013-2019)	+3.7%

Among carers, 28% said that they looked after their family member every day, 40% said that they did so a couple of times a week and 32% said that they did so once in a while.

⁴ Because the S5 pupils surveyed comprised only those who returned to school for S6 after the exam period, the difference may be indicative of young carers being less likely to continue at school into S6.

Those who looked after/cared for a household family member were asked how their caring affected them. Seven in ten (72%) said that their caring responsibilities had affected them in some way. These included a mix of positive and negative effects of caring. Half (48%) of all carers were affected in a negative way. All effects of caring responsibilities are shown in Figure 2.3. The most commonly reported effect was positive – it makes me feel good to be able to help (39%). One in four (26%) carers said that their caring responsibilities made them tired and one in four (23%) said it made them feel stressed or anxious.

Figure 2.3: Effects of Caring Responsibilities (positive effects shown in pink; negative effects shown in purple)



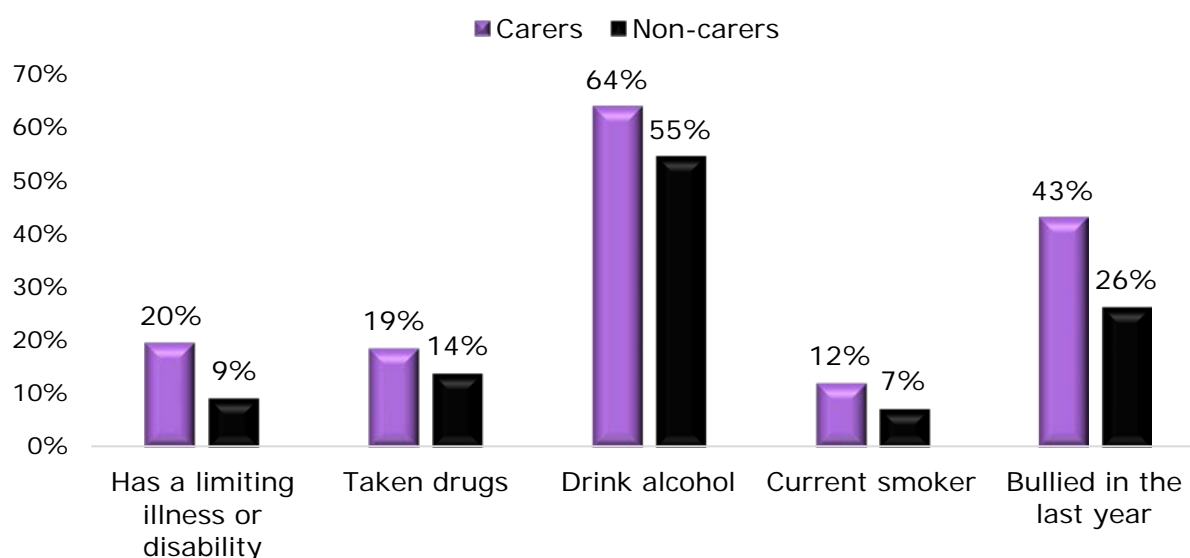
Young Carers – Exploring Further

Findings shown in subsequent chapters of this report show that young carers were associated with higher levels of difficulties measured by the Strengths and Difficulties Questionnaire (see Chapter 5), and engagement in multiple risk behaviours (see Chapter 9).

As Figure 2.4 below shows, carers were also more likely than non-carers to:

- Have been bullied in the last year;
- Be current smokers;
- Drink alcohol;
- Have ever taken drugs;
- Have a limiting illness or disability;

Figure 2.4: Key Indicators Showing Significant Differences between Carers and Non-Carers



CHAPTER SUMMARY

Key statistics

- 63% lived in a 2 parent family
- 32% lived with a family member who had a drug/alcohol problem, long-term illness, disability or mental health problem
- 17% were carers

Trends

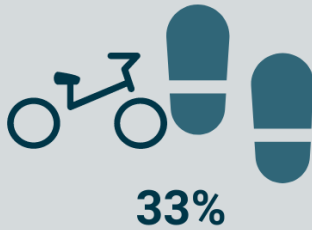
The prevalence of caring rose between 2013 and 2019.

Physical Activity, Diet and Sleep

Physical Activity



Meet the target of 60 mins+ exercise each day



Use active travel methods for journey to school

Activity levels higher for:

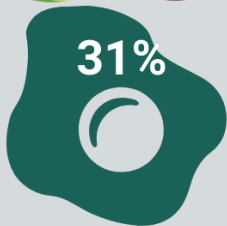
Boys



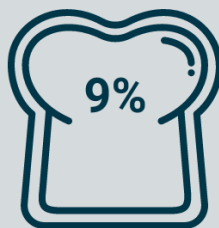
Younger pupils



Diet



Never ate breakfast on school days



Skipped lunch



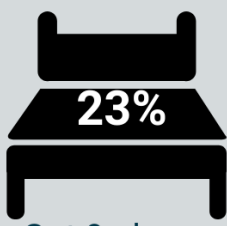
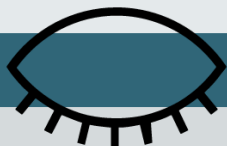
Ate a meal with their family at least once a week



Had 5+ portions of fruit/veg per day

increase from 33% in 2013

Sleep



Got 9+ hours sleep



decrease from 27% in 2013

35%



S1/2 S3/4 S5



felt tired every day



3.1 Physical Activity

Context and National Data

The Scottish Government has set a target of all primary schools providing two hours of PE per week, and all secondary schools providing two periods of PE for all S1-S4 pupils.

In 2018 The Scottish Government published *Active Scotland Delivery Plan* which recognises the importance of physical activity on physical health, mental health and wellbeing, reducing isolation and developing confidence. The delivery plan set out a commitment to encouraging and increasing physical activity at all stages of life, and includes a commitment to ensuring Scotland becomes the first 'Daily Mile Nation', rolling out the daily mile initiative in primary schools to secondary schools, nurseries and further education. It also includes commitment to investment in active travel and encouraging participation in sport for women and girls.

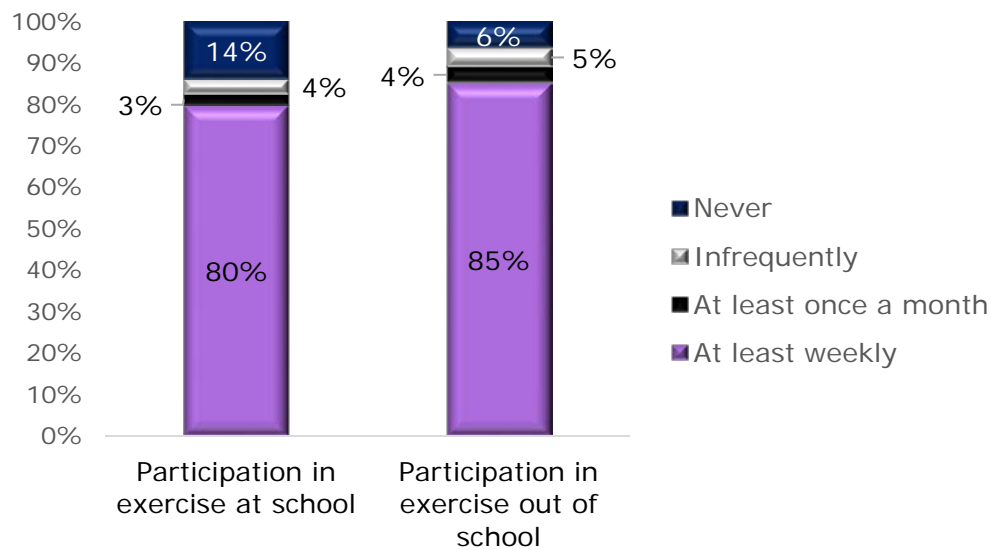
Current national guidelines for young people aged 5 to 18 years old are to take at least 60 minutes of physical activity every day, which should include both moderate activity (e.g. cycling, playground activities) and vigorous activity (e.g. running, tennis). The Scottish Health Survey 2017 found that 18% of 13-15 year olds met this target.

**Key
statistic:
10% met
the physical
activity
target**

Pupils were asked on how many days over the last seven days they had been physically active for a total of at least 60 minutes. Responses showed that just one in ten (10%) met the target of taking 60 minutes or more of moderate physical activity on seven days per week. Just over four in five (82%) were active, but not enough to meet the target. A further 7% were not active at all. There was no significant change since 2013. The proportion meeting the target is lower than the national findings for 13-15 year olds from the Scottish Health Survey 2017 (18%). However, the Scottish Health Survey combined responses from questions about specific types of activity (sports and exercise, active play, walking and housework/gardening), which is likely to have prompted more recall about activities undertaken.

Pupils were asked how often they usually exercised so much that they got out of breath or sweated. Four in five (80%) pupils participated in exercise like this at school at least once a week and 85% participated in such exercise at least once a week out of school. Responses are shown in Figure 3.1 below.

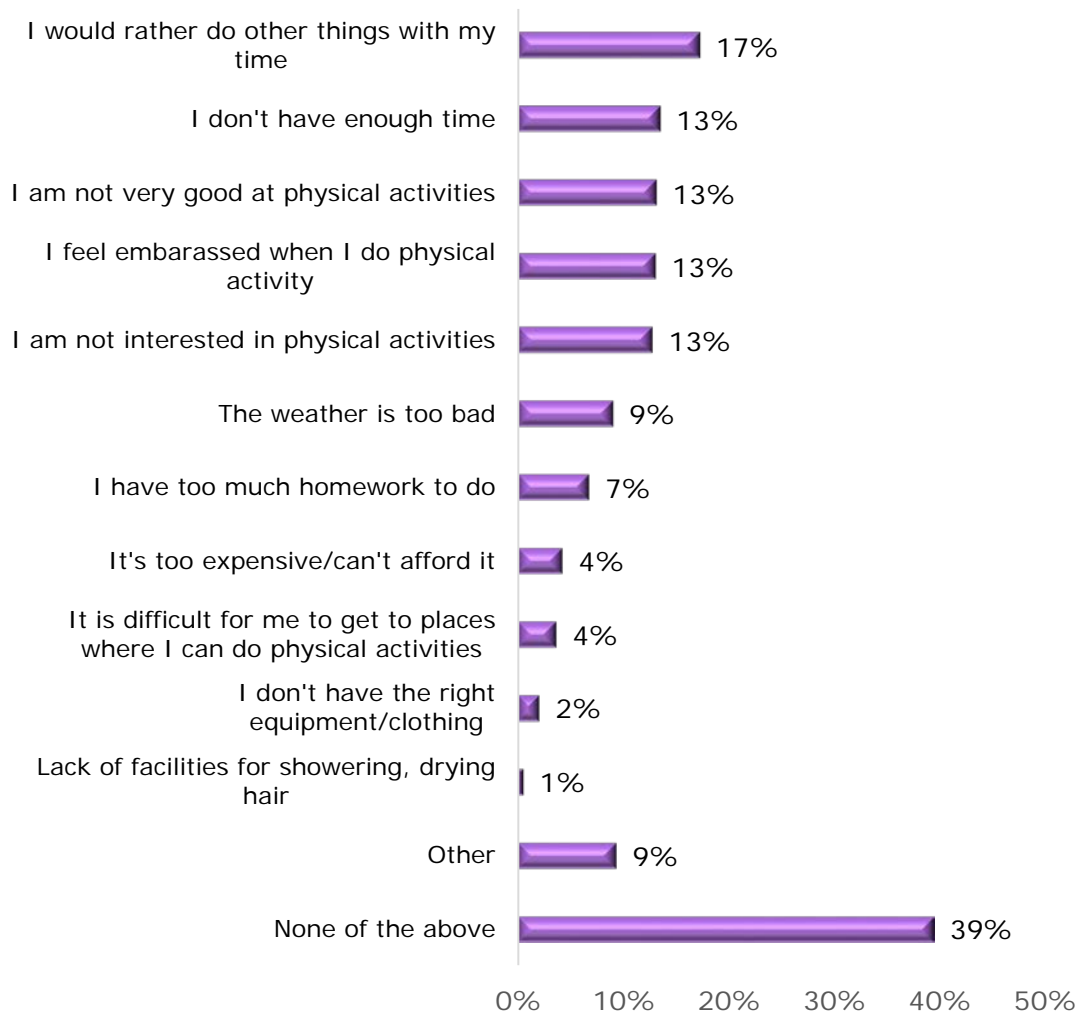
Figure 3.1: Participation in Exercise (enough to get out of breath or sweat) at School and Out of School



Pupils were also asked how often they participated in physical education (PE) at school. One in four (25%) said they did not do any PE, 25% did one or two periods of PE per week and half (51%) had three or more periods of PE per week.

Pupils were asked which of a number of statements relating to barriers to physical activity applied to them. Three in four (61%) indicated at least one barrier applied to them. All responses are shown in Figure 3.2.

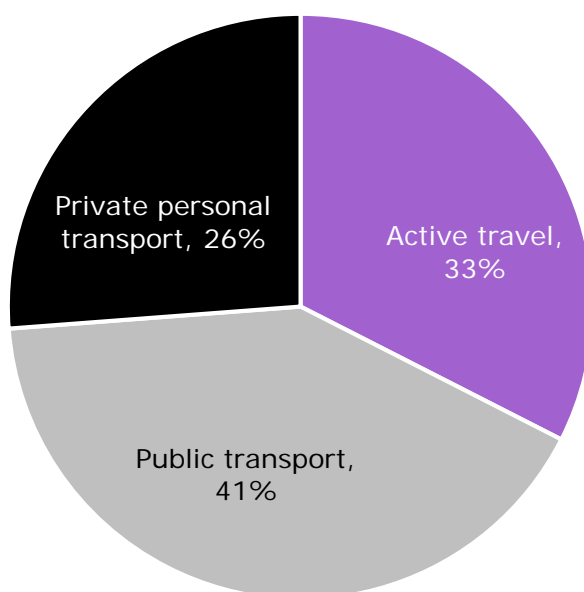
Figure 3.2: Barriers to Physical Activity



**Key
statistic:
33% used
active
travel
methods**

Pupils were asked how they usually travel to school. Responses are shown in Figure 3.3. One in three (33%) used active travel methods (walking/cycling), two in five (41%) used public transport and one in four (26%) used private personal transport.

Figure 3.3: Means of Travel to School



Note:

Active travel: walking, cycling

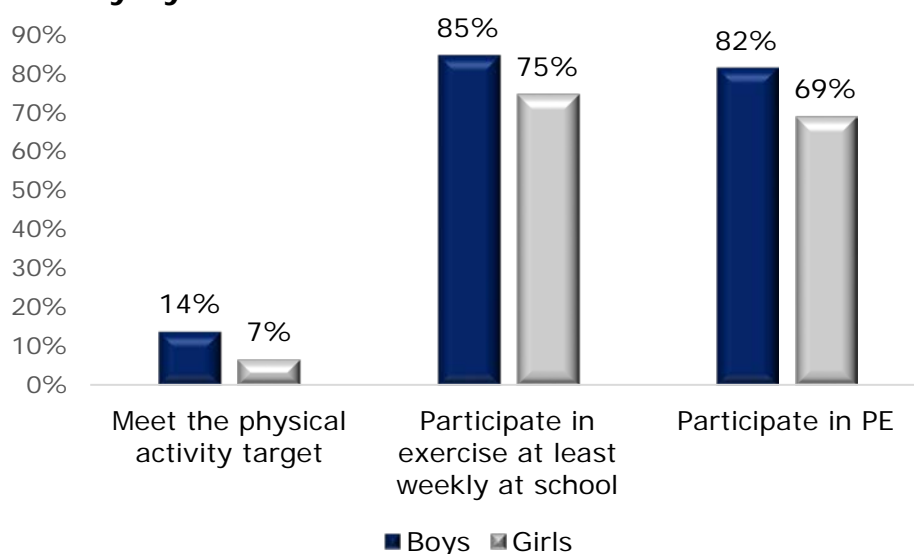
Public transport: bus, train, taxi, ferry

Private personal transport: car

Gender

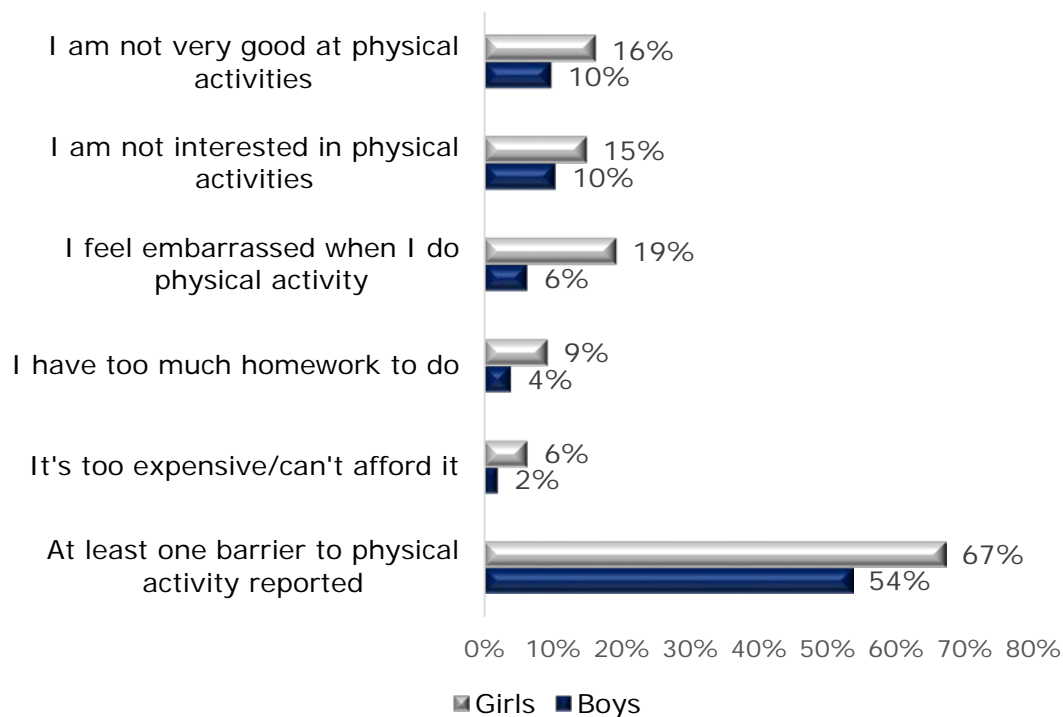
Consistent with national surveys on physical activity levels, survey findings show considerably more positive findings relating to physical activity for boys compared to girls. Responses show that boys were more active than girls. Figure 3.4 shows the significant differences between boys and girls which highlight the overall gender disparity in physical activity levels. Overall, boys were more likely than girls to meet the target for physical activity, participate in weekly exercise at school (enough to make them breathe harder or sweat) or participate in PE.

Figure 3.4: Significant Differences for Indicators of Levels of Physical Activity by Gender



Girls were more likely than boys to report barriers to doing physical activity (67% girls; 54% boys), and were more likely to specifically report five of the barriers as shown in Figure 3.5.

Figure 3.5: Proportion Reporting Reasons for Not Doing Physical Activity by Gender (all reasons showing a significant difference)

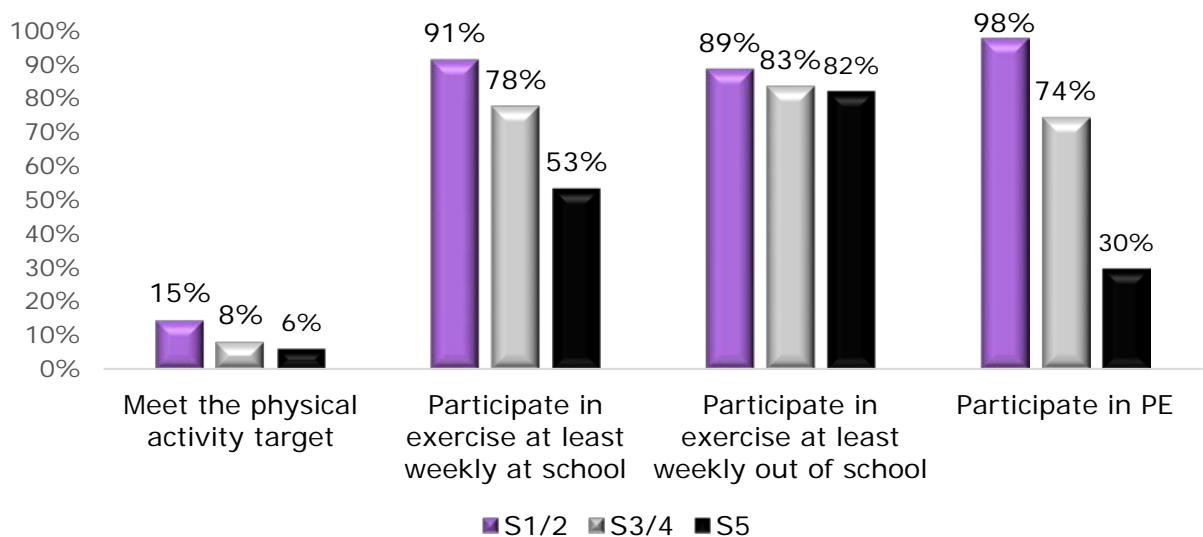


Stage

Overall, responses show the least positive findings relating to physical activity for S5 pupils, suggesting a tendency for pupils to reduce physical activity levels as they get older. This is consistent with the Scottish Health Survey data which show a steady decline in physical activity levels among children and young people from the age of seven.

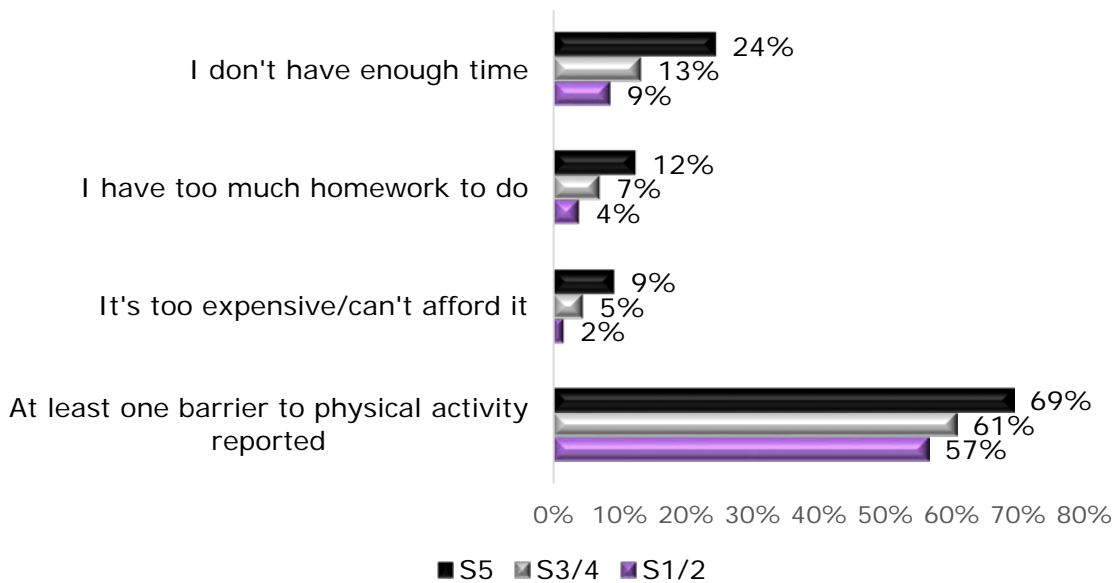
Figure 3.6 shows that S1/S2 pupils were the most likely to meet the target for physical activity. S5 pupils were the least likely to participate in sports out of school and particularly in school, and the least likely to participate in PE.

Figure 3.6: Significant Differences for Indicators of Levels of Physical Activity by Stage



S5 pupils were the most likely to identify with three of the reasons for not doing physical activity, and the most likely to overall report any barriers to physical activity as shown in Figure 3.7.

Figure 3.7: Proportion Reporting Reasons for Not Doing Physical Activity by Stage (all reasons showing a significant difference)



Context and National Data

The importance of a healthy balanced diet has long been established in terms of its effects on health. Poor diet is associated with risks of cancer, high blood pressure, diabetes and heart disease. Improved diet, as well as reducing risk of disease, is important to control weight and promote healthy body growth. The importance of eating breakfast is also recognised for providing energy and deterring unhealthy snacking and controlling weight.

In 2018, The Scottish Government published *A Healthier Future: Scotland's diet and healthy weight delivery plan*. One of the priority outcomes is that children get the best start in life – they eat well and have a healthy weight. The target is for childhood obesity to half by 2030. The delivery plan set out actions to ensure that children and young people have the skills they need to make healthy choices, and that these messages are embedded in the Curriculum for Excellence.

The Sugar Tax came into force in April 2018 which made high sugar drinks more expensive for consumers. The consumption of sugary drinks appears to have declined very sharply. The Scottish Health Survey found that the proportion of children aged 2-15 who consumed sugary drinks daily fell from 38-39% in 2013/2014 to 16% in 2017/18.

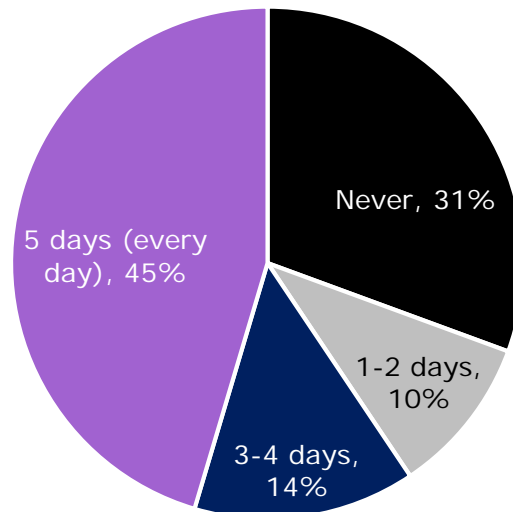
The Scottish Health Survey 2018 found that 22% of adults and 15% of children met the target of consuming five or more portions of fruit/vegetables per day.

The 2017/18 NHS GGC adult health and wellbeing survey found that 42% of adults in Inverclyde met the target of consuming five portions of fruit/vegetables per day – a significant rise from 31% in 2014/15. The proportion meeting the target was lower in the most deprived areas in Inverclyde (37%) than other areas (48%).

**Key
statistic:
31% never
ate
breakfast on
school days**

The survey showed that a significant proportion of pupils in Inverclyde are starting their school day on an empty stomach. One in three (31%) said they never ate breakfast on school days. Less than half (45%) of all pupils said that they ate breakfast on school days five days per week.

Figure 3.8: Number of Days Per Week Eat Breakfast on School Days

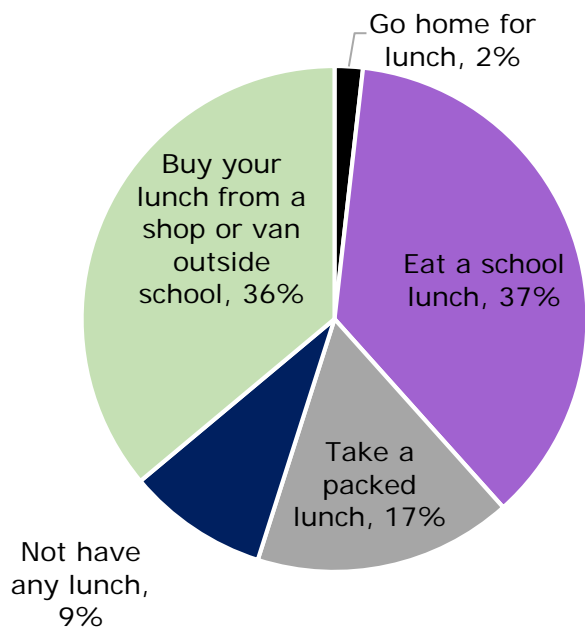


Three in five (60%) pupils said they ate breakfast on both weekend days; 22% had breakfast on one weekend day and 18% said they never ate breakfast at weekends.

Just under nine in ten (88%) pupils said they had meals together with their family at least once a week – 32% said they had meals with their family every day, 40% did so most days and 16% said about once a week.

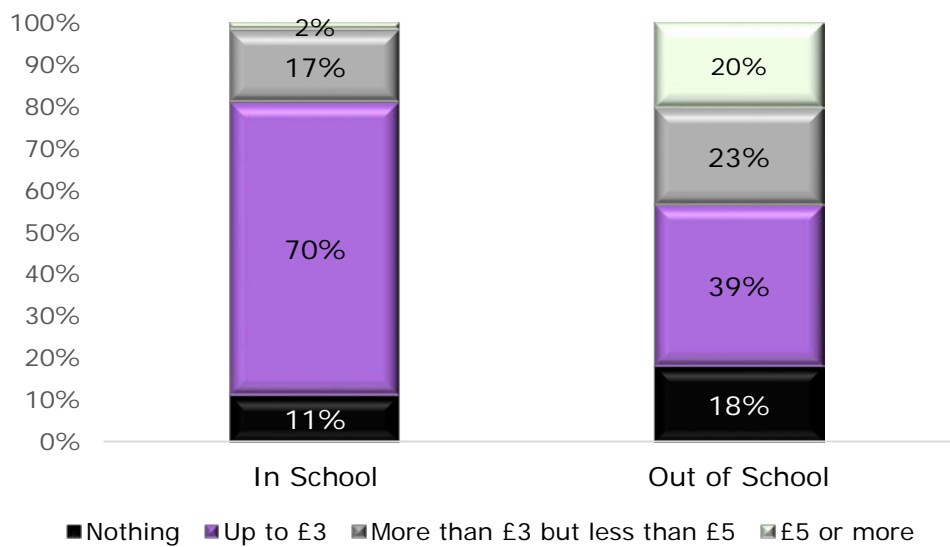
Skipping lunch was much rarer than skipping breakfast. Nine in ten (91%) pupils said they had lunch during their last school lunchtime. Most commonly pupils had a school lunch (37%) or bought their lunch from a shop or van (46%). All responses are shown in Figure 3.9.

Figure 3.9: What Pupils Did for Lunch During Previous School Lunchtime



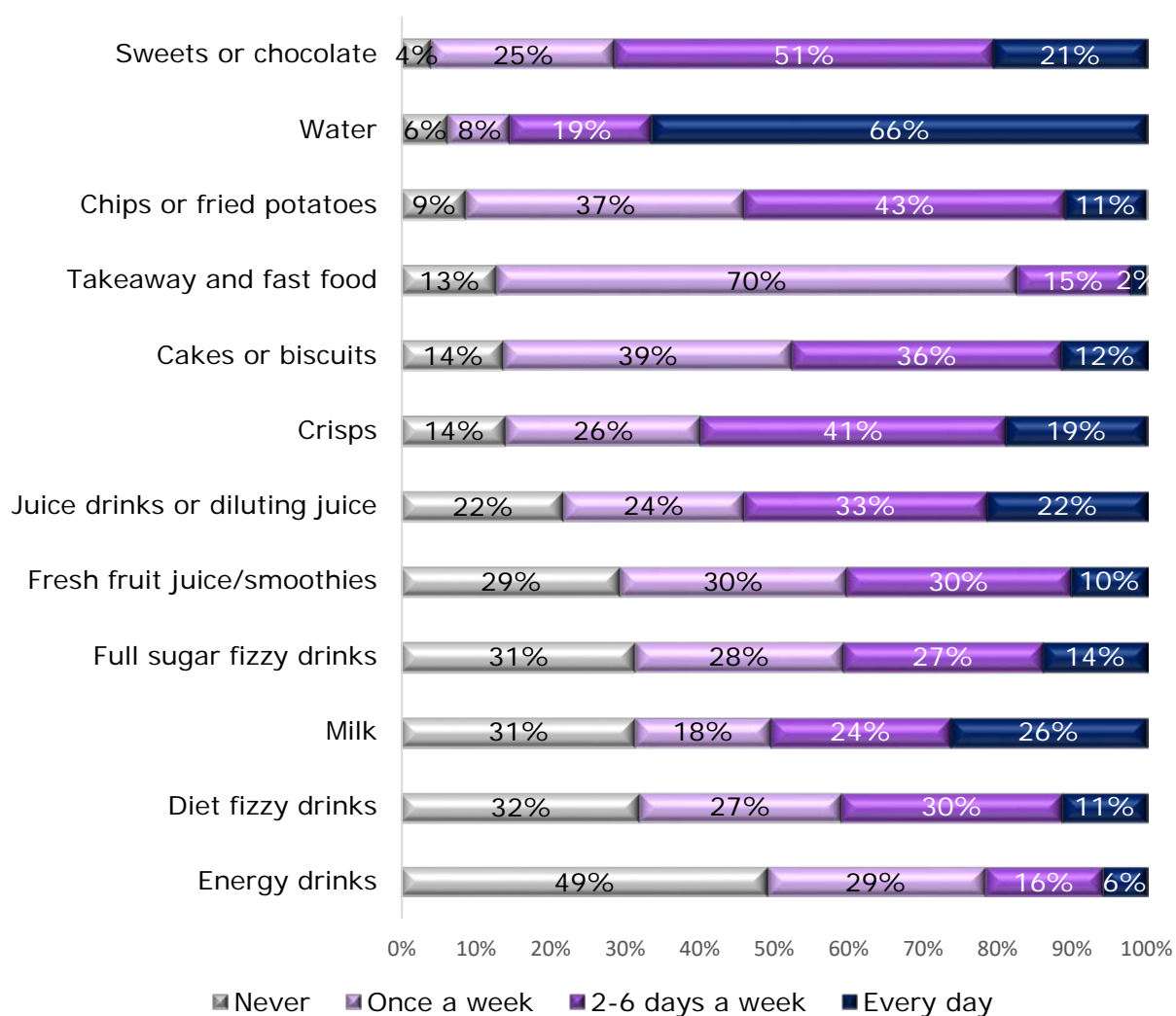
Pupils were asked the average cost of their lunch in school and out of school. Most (81%) said that school lunches cost no more than £3, compared to 57% of lunches out of school.

Figure 3.10: Average Cost of Lunch in and out of School



Pupils were asked how many times a week they consumed various types of food and drink. Responses are shown in Figure 3.11. The most commonly consumed type of food/drink was sweets/chocolate – 96% of pupils had this at least once a week.

Figure 3.11: Frequency Consume Types of Food/Drink



Key statistic:
39% had 5+ portions of fruit or vegetables

The national recommendation for fruit and vegetables has, for some time, been to consume at least five portions of fruit/vegetables per day. The survey showed that 15% of pupils had eaten no fruit or vegetables in the previous day, but 39% met the target of consuming five or more portions.

Diet Trends

The proportion of pupils who ate any lunch fell from 94% in 2013 to 91% in 2019. However, there was a significant increase in the proportion who met the target for fruit/vegetable consumption, as shown in Table 3.1.

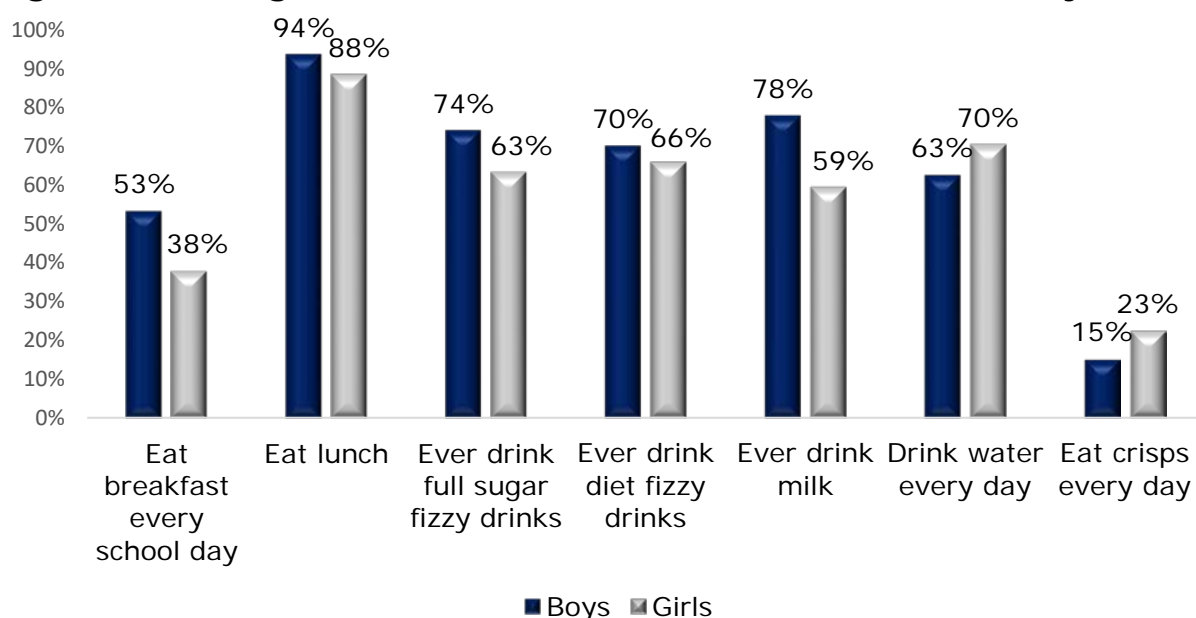
Table 3.1: Trends for Diet Indicators

	% of pupils who ate lunch	% of pupils who consumed 5+ portions of fruit/veg per day
2013	93.8%	33.5%
2019	91.0%	38.6%
Change (2013-2019)	-2.8%	+5.1%

Gender

Figure 3.12 shows the diet indicators which showed significant gender differences. Girls were more likely than boys to skip breakfast or lunch.

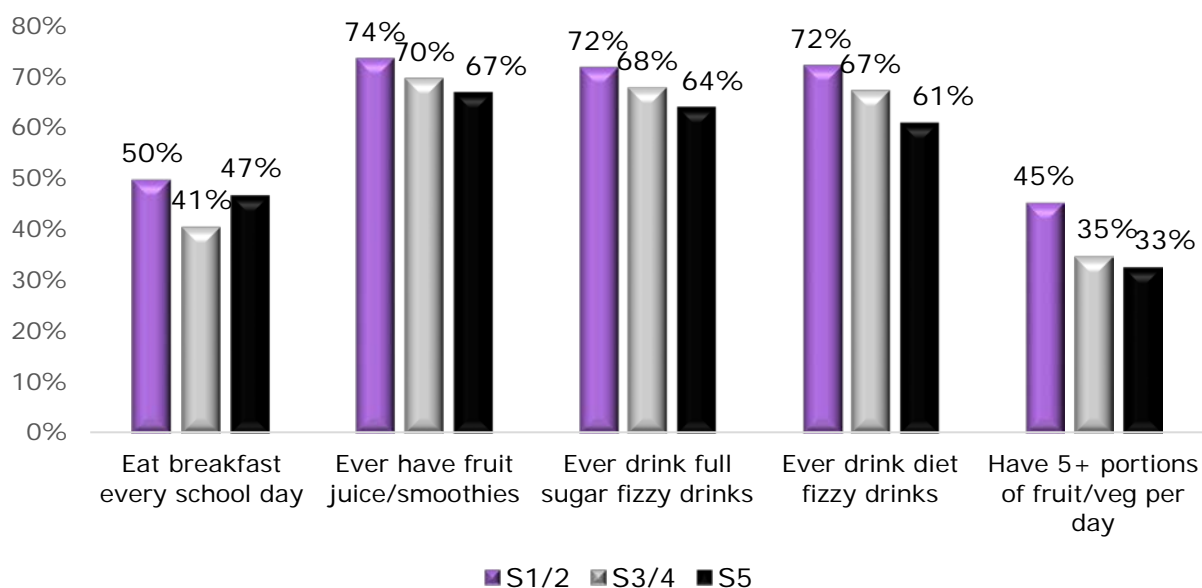
Figure 3.12: Significant Differences for Indicators of Diet by Gender



Stage

S3/S4 pupils were the least likely to eat breakfast every school day. S1/S2 pupils were the most likely to drink fruit juice or fizzy drinks and the most likely to meet the target of consuming five or more portions of fruit/vegetables per day.

Figure 3.13: Significant Differences for Indicators of Diet by Stage

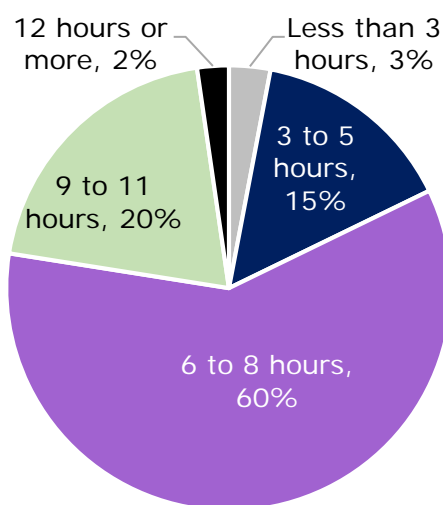


3.3 Sleep

Key statistic:
23% got 9 or more hours sleep

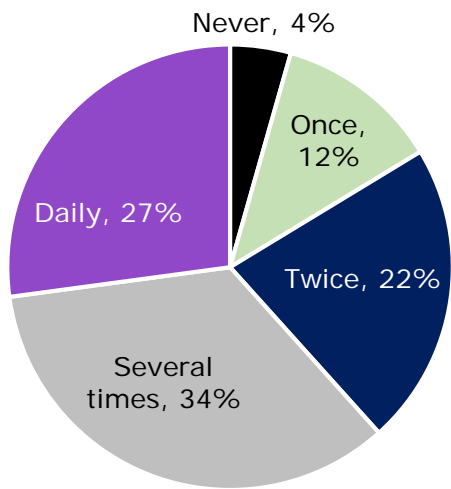
Pupils were asked how many hours sleep they got the previous night. A wealth of available research points to teenagers needing at least nine hours sleep per night, and NHS recommendations relating to secondary school children are for 12-13 year olds to get at least 9 hours 15 minutes sleep and for 14-16 year olds to get at least 9 hours sleep. Responses are shown in Figure 3.14. Overall, 82% got at least six hours sleep, but less than one in four (23%) met the target of getting nine hours sleep.

Figure 3.14: Number of Hours Sleep in the Previous Night



Most (96%) pupils had felt tired at least once during the daytime in the previous week, and more than one in four (27%) had felt tired daily.

Figure 3.15: Number of Times Felt Tired in Previous Week



Two in five (41%) said that in the last month they had stayed out later than their parent/carer allowed – 29% had done so 1-4 times; 6% had done so 5-10 times and 6% said they had done this more than 10 times.

Sleep Trends

Between 2013 and 2019 there were a decrease in the proportion of pupils who got at least 9 hours sleep⁵, as shown in Table 3.2.

Table 3.2: Trends for Sleep

	% of pupils who got 9+ hours of sleep
2013	27.2%
2019	22.5%
Change (2013-2019)	-4.7%

Gender

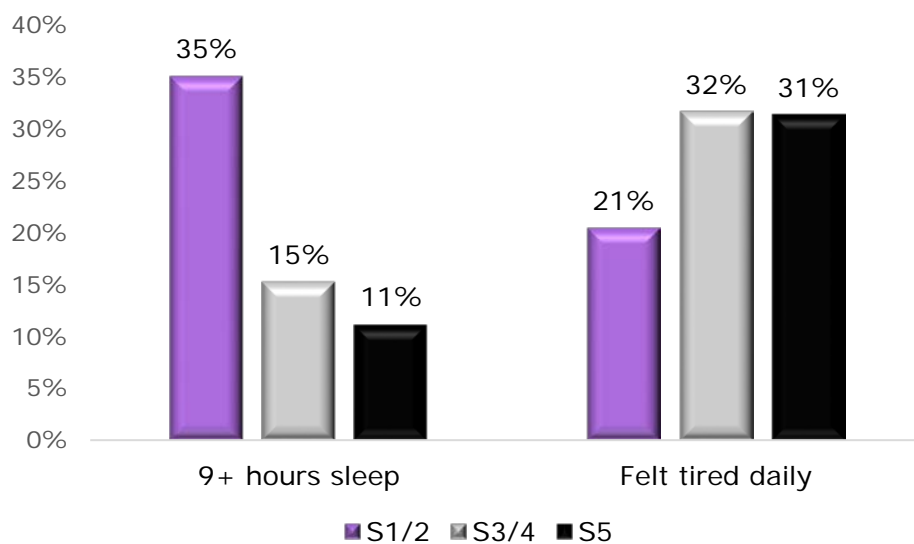
Girls were more likely than boys to say they had felt tired every day in the last week (33% girls; 21% boys).

⁵ There was a change in the way this question was asked – in 2013 pupils were asked to write (free text) the number of hours sleep they got; in 2019 pupils were given a list of options.

Stage

As shown in Figure 3.16, pupils in S1/S2 were much more likely than older pupils to get at least nine hours sleep and were less likely to have felt tired daily in the last week.

Figure 3.16: Significant Differences for Sleep Indicators by Stage



CHAPTER SUMMARY

Key statistics

- 10% met the target for physical activity
- 33% used active travel for the journey to school
- 31% never ate breakfast on school days
- 9% skipped lunch
- 88% ate a meal with their family at least once a week
- 39% had 5+ portions of fruit/vegetables per day
- 23% got 9+ hours sleep per night
- 27% felt tired every day

Trends

There was no significant change since 2013 in the proportion who met the physical activity target.

There was an increase in the proportion of pupils who skipped lunch.

There was an increase in the proportion who consumed 5+ portions of fruit/vegetables per day.

There was a decrease in the proportion who got 9+ hours sleep per night.

Key differences by gender

Boys were more likely than girls to meet the physical activity target.

Girls were more likely than boys to skip breakfast or lunch.

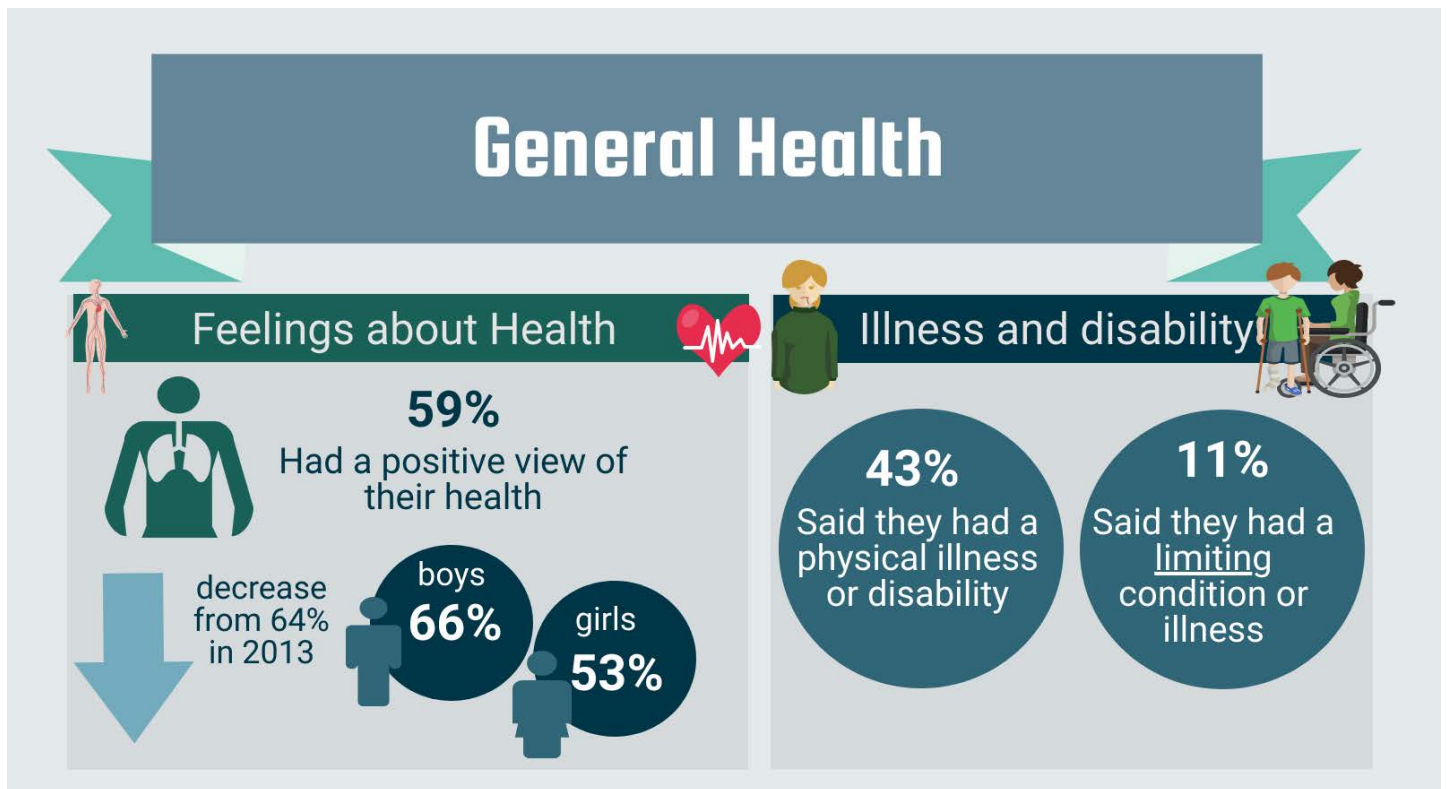
Girls were more likely than boys to feel tired every day.

Key differences by age

S1/S2 pupils were the most likely to:

- meet the physical activity target
- consume 5+ portions of fruit/vegetables per day
- get 9+ hours sleep per night

S1/2 pupils were the least likely to feel tired every day.



4.1 Feelings about Health

Pupils were asked to indicate which of the following faces showed how they have felt about their health over the last year:



Key statistic:
59% had a positive view of their health

Overall, three in five (59%) gave a positive response (19% gave the most positive response, and 40% gave the fairly positive response), while 27% gave the neutral response and 14% gave one of the negative responses.

Trends for Feelings about Health

There was a decrease in the proportion of pupils who had a positive perception of their general health, from 64% in 2013 to 59% in 2019⁶.

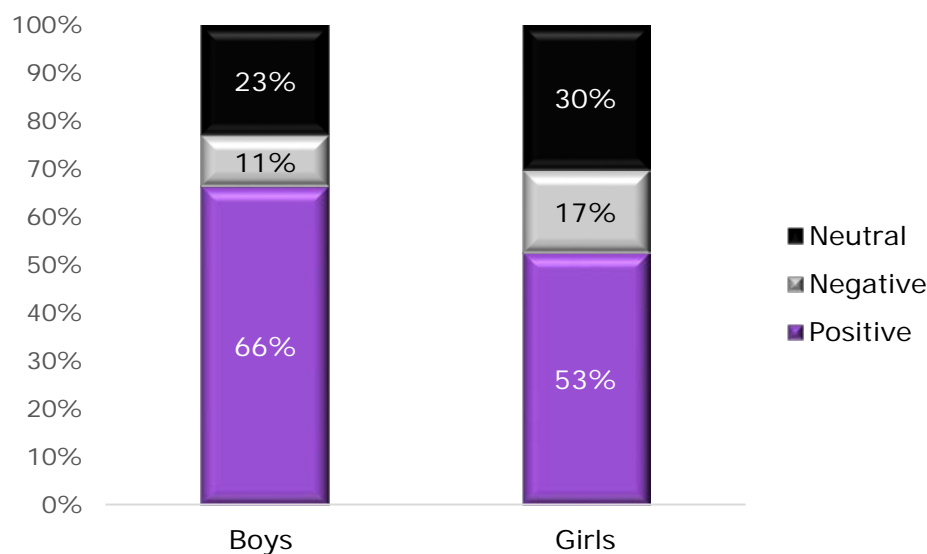
Table 4.1: Trends for Feelings about Health

	% of pupils who had a positive view of health
2013	64.3%
2019	59.0%
Change (2013-2019)	-5.3%

Gender

Self-perceived health was generally more positive for boys than for girls. Two in three (66%) boys gave a positive rating of their health compared to 53% of girls.

Figure 4.1: Feelings about Health in the Last Year by Gender

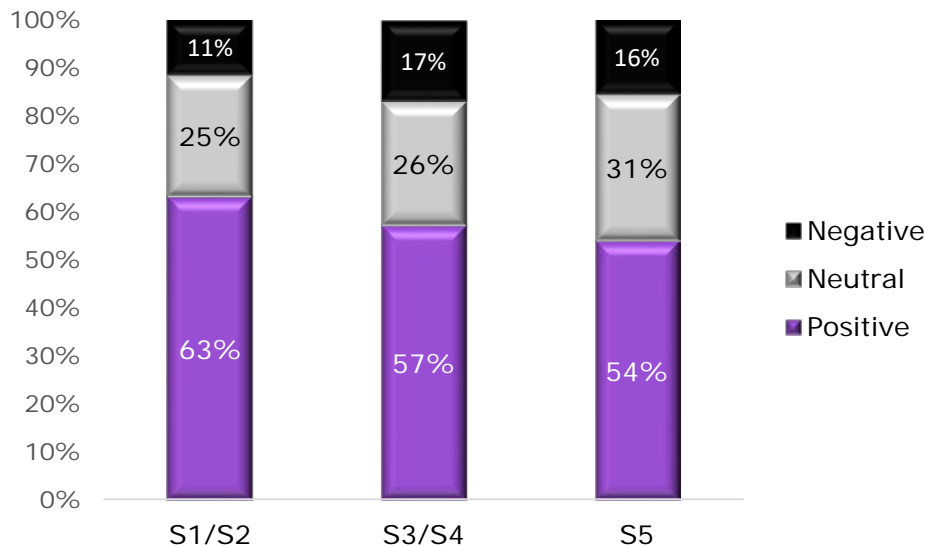


⁶ The 2013 survey asked pupils to rate their general health as 'very good', 'good', 'fair', 'poor' or 'fairly poor'. Comparisons with the 2019 survey assume that the first two faces are analogous with 'very good' and 'good'.

Stage

Findings show that feelings about health became less positive with age: 63% of S1/S2 pupils were positive about their health, but this fell to just 54% among S5 pupils.

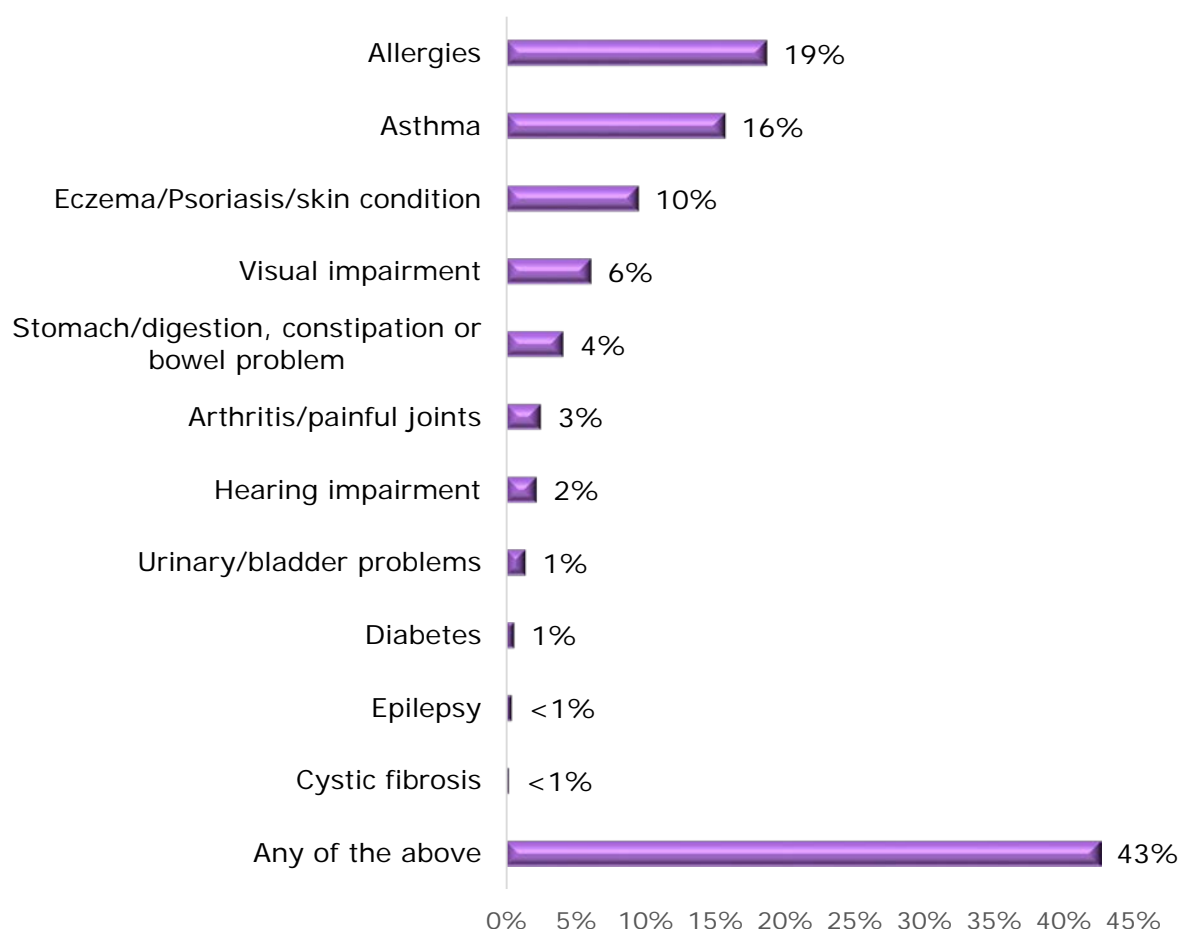
Figure 4.2: Feelings about Health in the Last Year by Stage



4.2 Illness and Disability

Pupils were also asked whether they had a number of physical illnesses or disabilities. Altogether, two in five (43%) said they had at least one physical illness or disability. The most common were allergies (19%) and asthma (16%). All responses are shown in Figure 4.3.

Figure 4.3: Physical Illnesses and Disabilities Reported



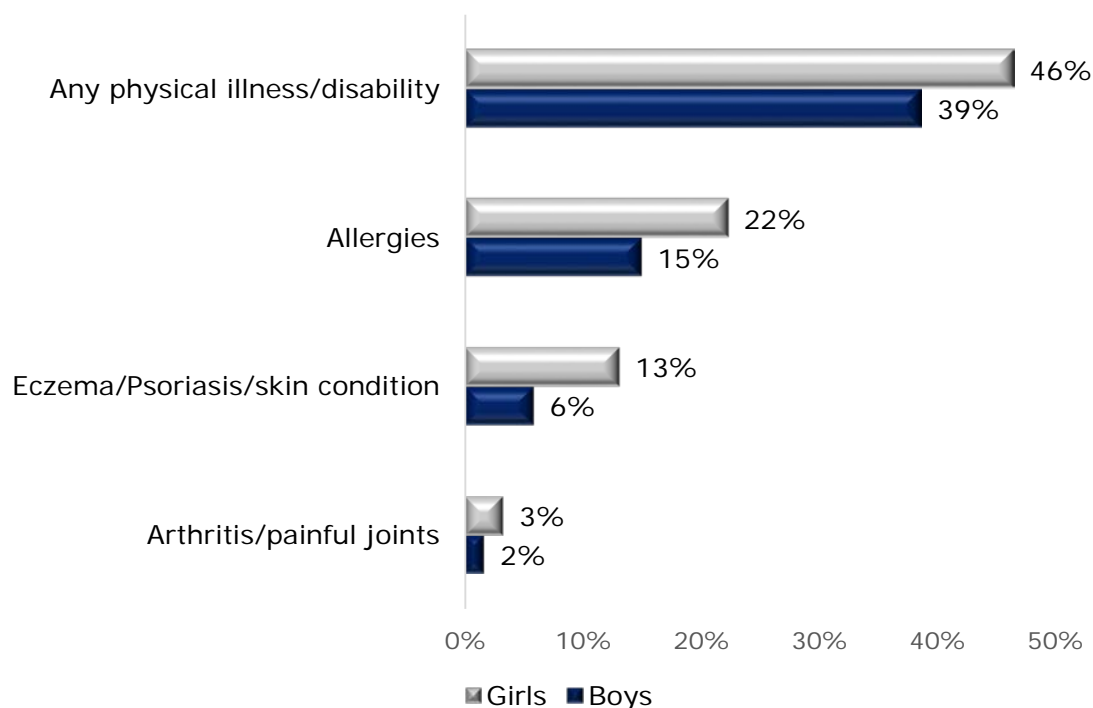
Key statistic:
11% had a limiting condition/illness

One in nine (11%) pupils said they had an illness or disability that limits what they can do. This was consistent with the finding in the 2013 survey.

Gender

As Figure 4.4 shows, girls were more likely than boys to say they had any physical illness or disability and specifically more likely to have allergies, eczema/psoriasis/skin condition or arthritis/painful joints.

Figure 4.4: Physical Illnesses/Disabilities by Gender (all conditions showing a significant difference)



Stage

S5 pupils were the most likely to have a visual impairment (10% S5; 6% S3/S4; 4% S1/S2).

4.3 Life Expectancy

Pupils were asked, on a scale of 0% to 100% how likely did they think they would live to be 75 years old:

- If they did not look after their health; and
- If they took a lot of care of themselves and looked after their health.

The mean likelihood of reaching 75 years old if they did not look after their health was estimated at 39.7%. The mean likelihood if they took care of themselves and looked after their health was 77.5%.

CHAPTER SUMMARY

Key statistics

- 59% had a positive view of their health
- 43% had a physical illness or disability
- 11% had a limiting condition or illness

Trends

There was a decrease in the proportion who had a positive view of their health.

Key differences by gender

Boys were more likely than girls to have a positive view of their health.

Girls were more likely than boys to have a physical illness or disability.

Key differences by stage

S1/2 pupils were the most likely to have a positive view of their health.

Mental Health and Wellbeing



Emotional, behavioural and learning difficulties

31%

Said they had a an emotional, behavioural or learning difficulty



15% girls



4% boys

Said they had a mental health diagnosis/condition

Worries



Issues pupils most commonly worried about:



Exams:
55%



The future:
47%



The way I look:
43%

Difficulties



39%

Had a high 'total difficulties' score



increase from 26% in 2013

Bullying

24%

Bullied at school in the last year



increase from 17% in 2013

32%



21%



12%



S1/2

S3/4

S5

5.1 Mental, Emotional and Learning Difficulties/Disabilities

Context

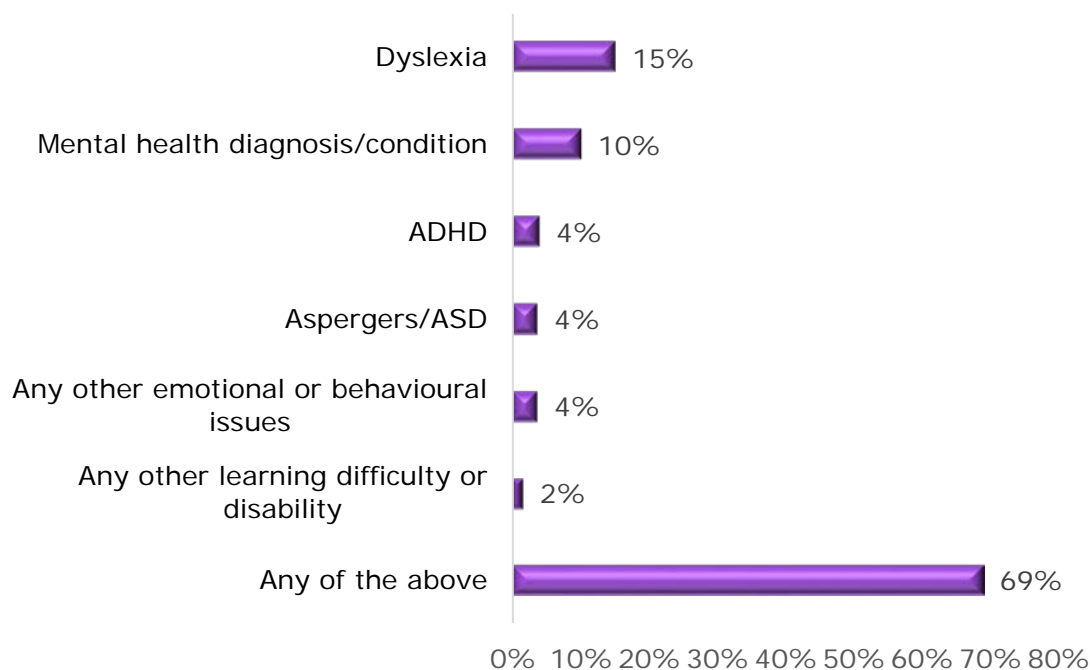
The Scottish Government's Mental Health Strategy (2017) set out a commitment to prevent and treat mental health problems in Scotland, and this includes improving prevention, early intervention and access to treatment. The strategy sets out ambitions to provide every child and young person to have appropriate access to mental wellbeing support in school and to have evidence-based interventions to address behavioural and emotional issues for children and young people across Scotland. Specific actions have been set to address these.

In December 2018, The Scottish Government published *Children and Young People's Mental Health Taskforce: delivery plan*. This recognised the current 'unacceptable' waiting times for specialist services, gaps and community service provision and poor provision of mental health crisis support for children and young people, and developed priorities for improvement. This was informed in part by an Audit Scotland report on the Child and Adult Mental Health Service (CAMHS) in September 2018. This report pointed to 1 in 10 children aged 5-16 having a clinically diagnosed mental illness. A 22% increase had been observed in referrals since 2013/14. Three in four (74%) children referred had been seen within 18 weeks in 2017/18, with the average wait being 11 weeks.

In 2019, The Scottish Government published *Exploring the Reported Worsening of Mental Wellbeing Among Adolescent Girls in Scotland*, which presented the findings of a rapid literature review. It pointed to various sources of evidence of adolescents' mental wellbeing in Scotland worsening in the last few years, particularly among girls.

Pupils were asked whether they had a number of emotional, behavioural or learning difficulties or disabilities. Altogether, three in ten (31%) said they had at least one of these. The most common was dyslexia (15% of pupils). Responses are shown in Figure 5.1 below.

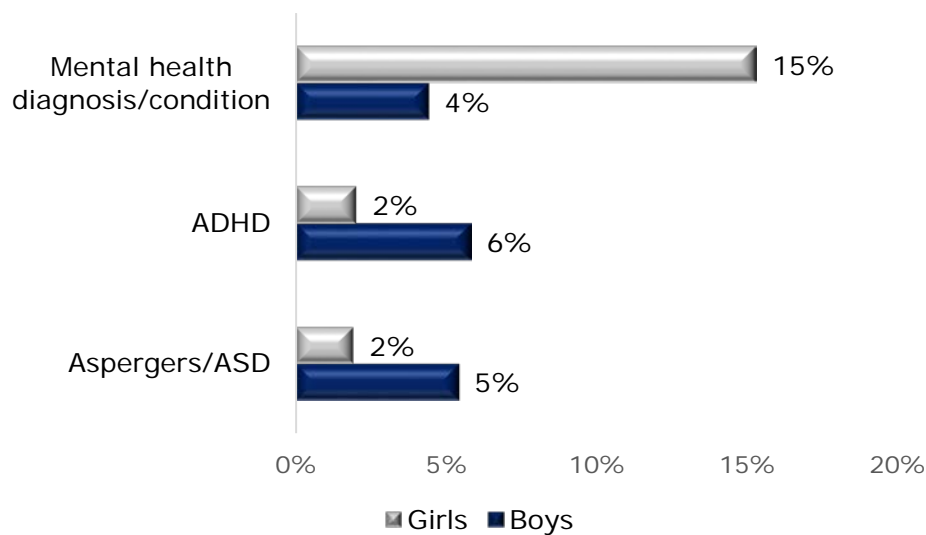
Figure 5.1: Emotional, Behavioural or Learning Difficulties/Disabilities Reported



Gender

Boys were more likely than girls to have ADHD or ASD, but girls were much more likely than boys to have a mental health diagnosis/condition. This is shown in Figure 5.2.

Figure 5.2: Emotional, Behavioural, Learning Difficulties/Disabilities by Gender (all conditions showing a significant difference)



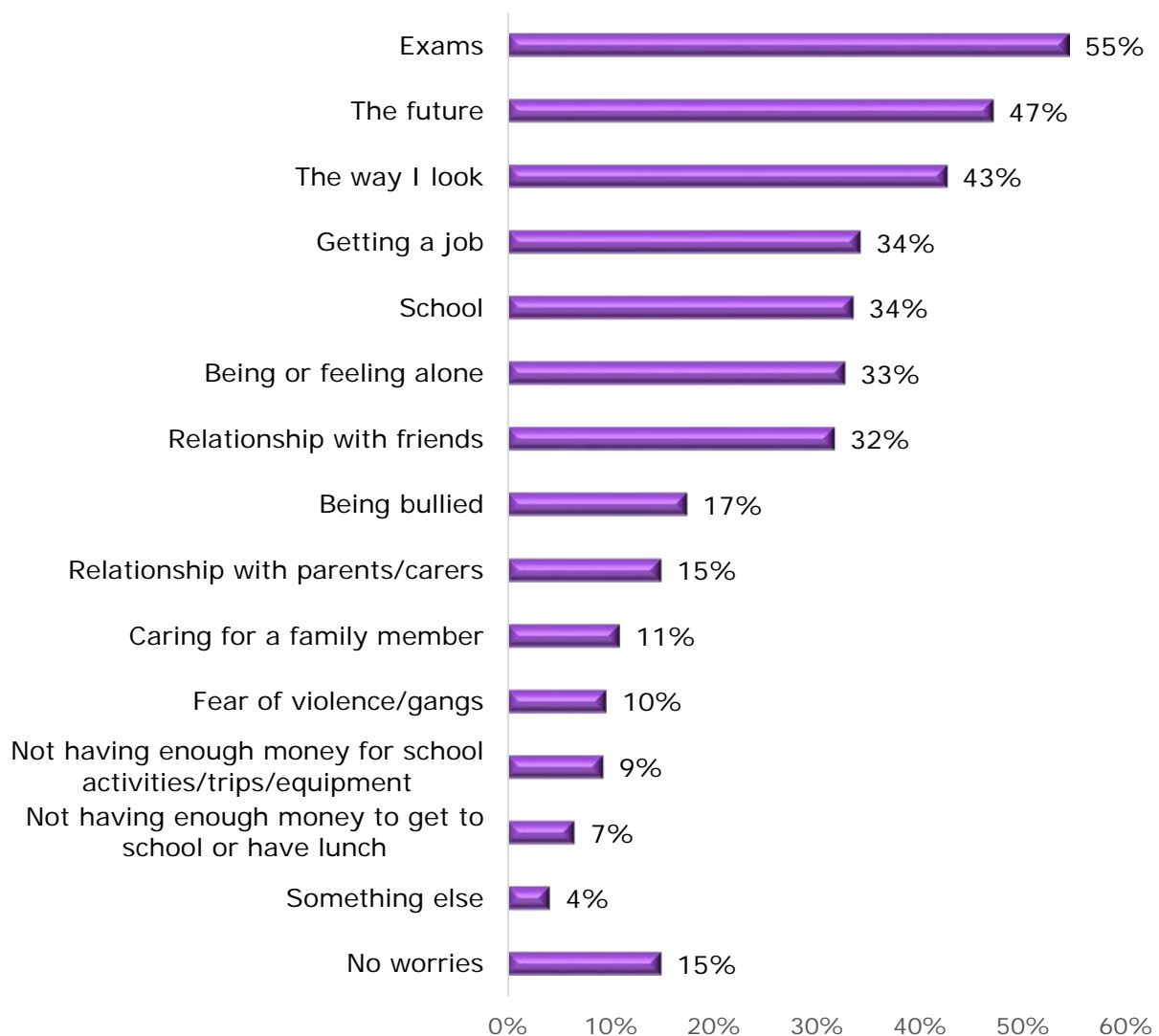
Stage

The likelihood of reporting having a mental health diagnosis/condition rose with age (7% S1/S2; 12% S3/S4; 14% S5).

5.2 Worries and People to Talk to

Pupils were presented with a list of 13 issues and asked which, if any they worried about or whether they worried about anything else. Overall, 85% of pupils worried about at least one thing. The most common worries were exams (55%), the future (47%) and the way they look (43%). All worries are shown in Figure 5.3.

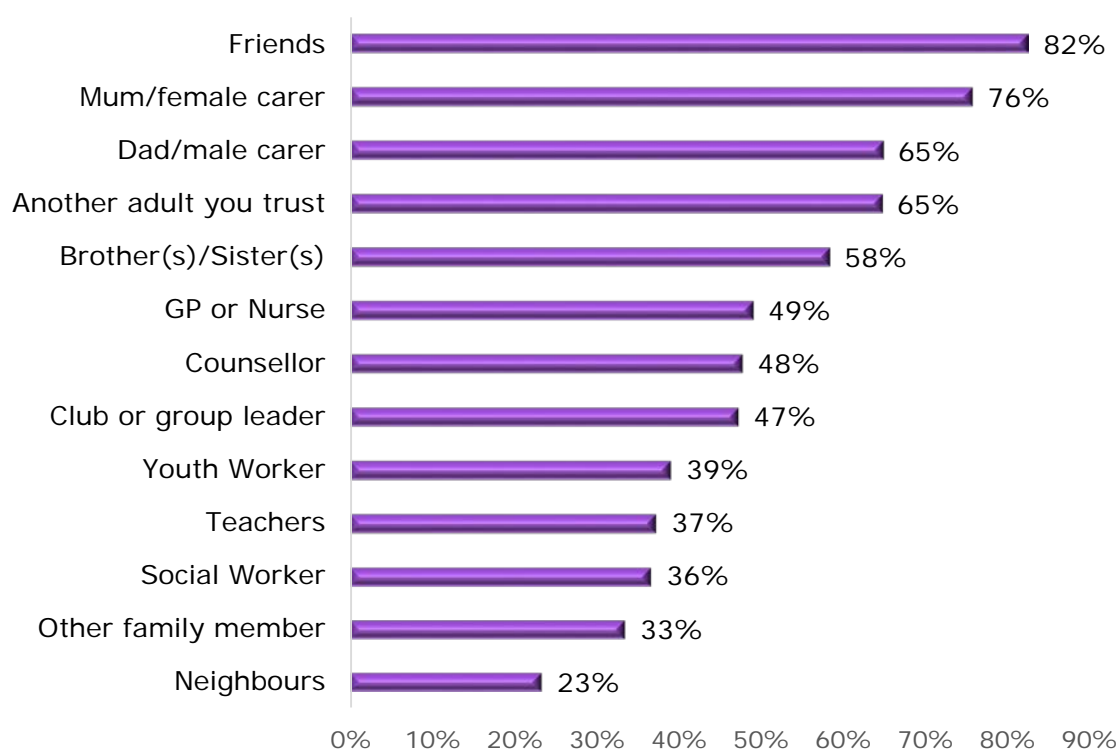
Figure 5.3: Pupil Worries



Pupils were presented with a list of people and asked how easy or difficult it was for them to talk to these people about things that really bother them. Figure 5.4 shows the proportion of pupils who said it was easy for them to

talk to each type of person (for those who had these people in their lives). The types of person with which pupils were most likely to talk easily were friends (82%) and mother/female carer (76%).

Figure 5.4: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not see/have this person')

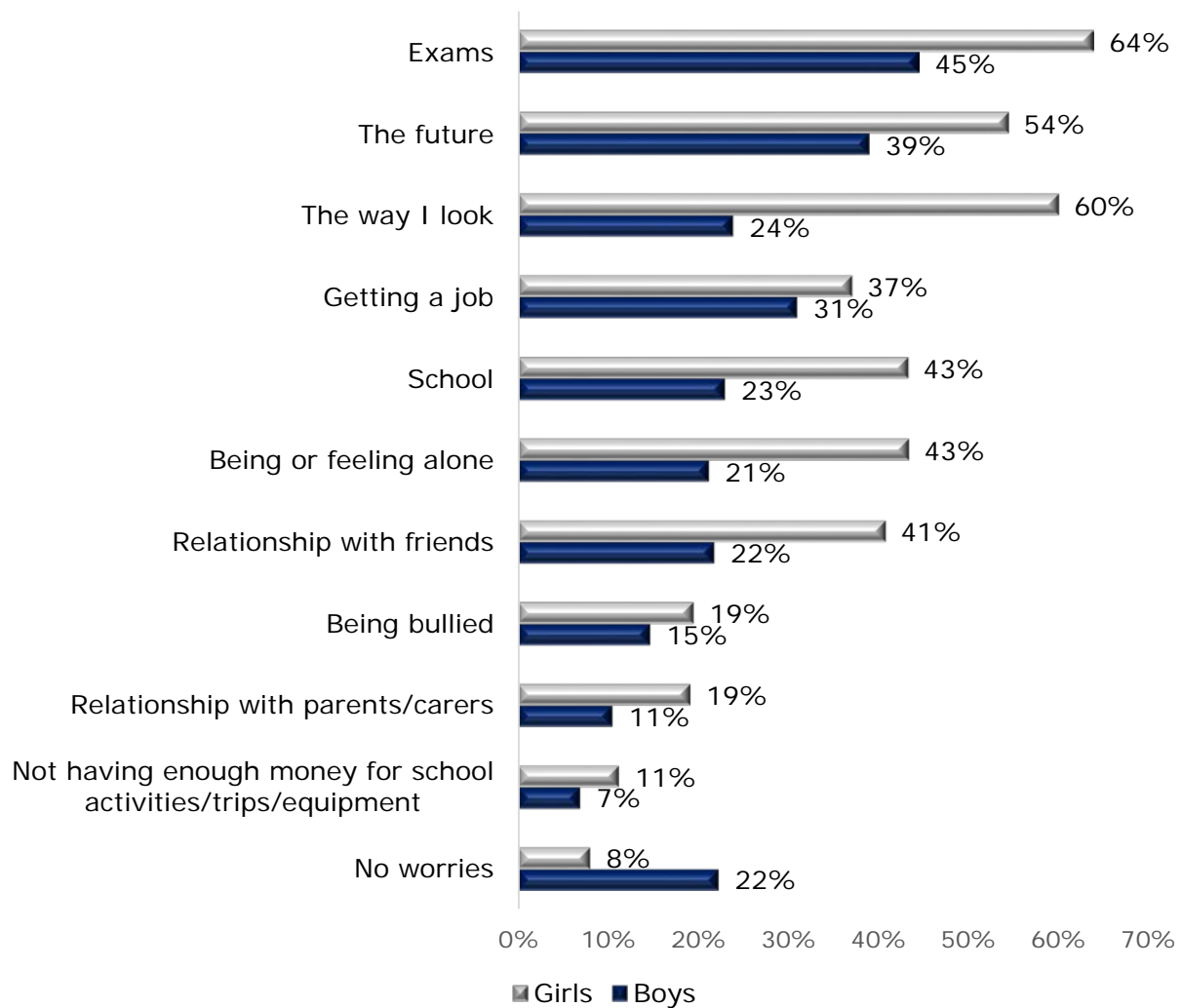


Most (94%) pupils had at least one person that they said it was easy to talk to about things that really bother them.

Gender

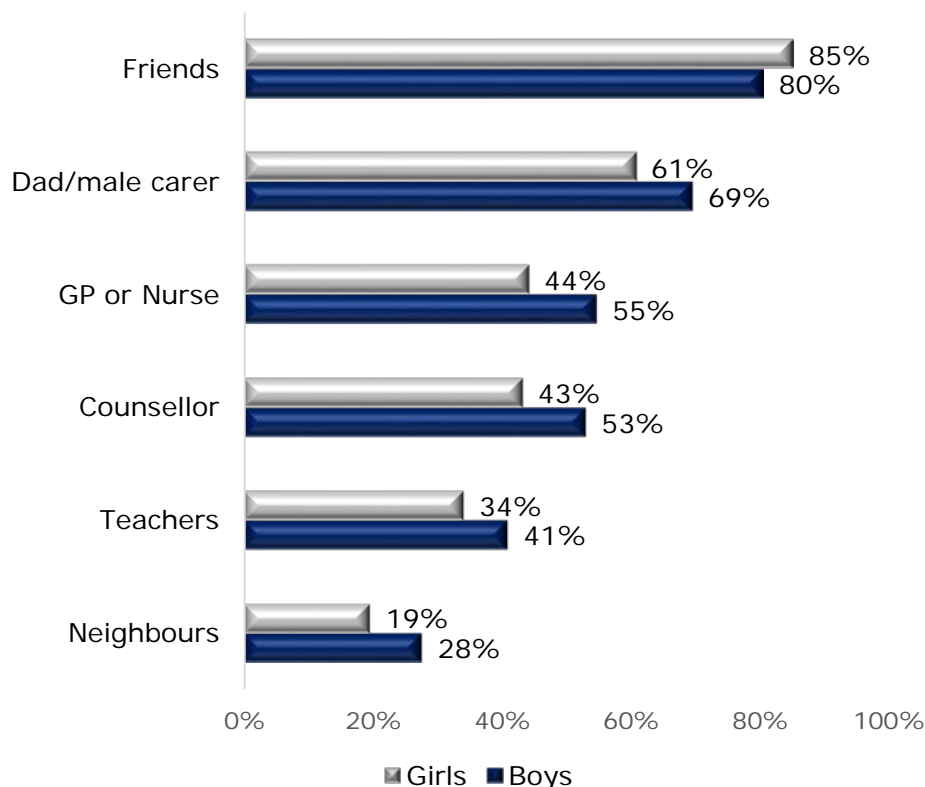
The survey findings suggest that generally girls tended to be more burdened with worries than boys. Girls were more likely than boys to have any worries (92% girls; 78% boys), and girls were more likely than boys to worry about most of the issues, as shown in Figure 5.5.

Figure 5.5: Pupil Worries by Gender (all worries showing a significant difference)



Although boys tended to have fewer worries than girls, boys were more likely than girls to say it was easy to talk to five of the types of people listed, as shown in Figure 5.6. However, girls were more likely than boys to say it was easy to talk to friends.

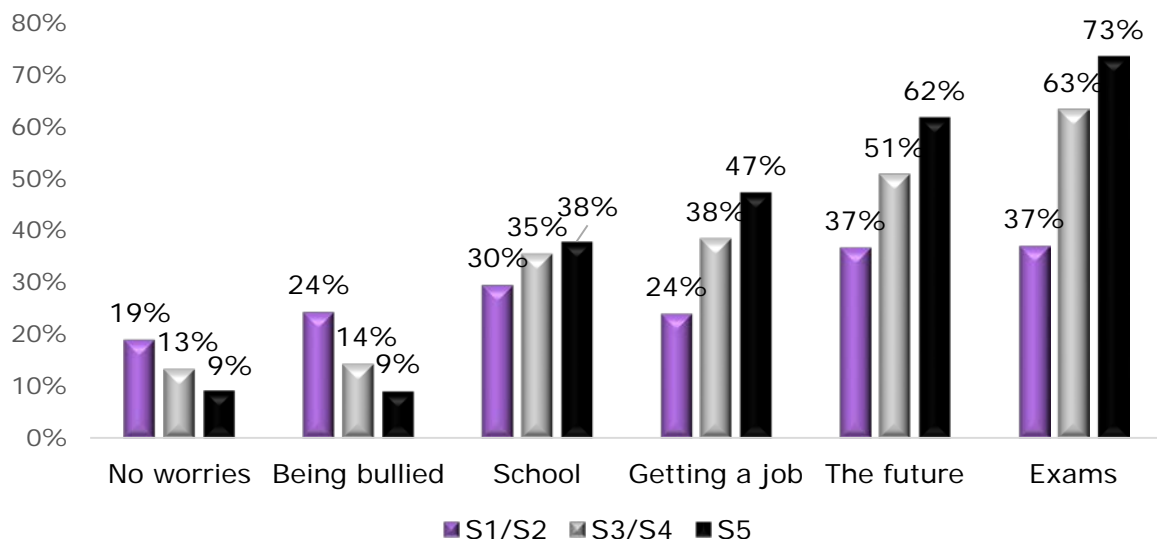
Figure 5.6: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not have this person') by Gender (all significant differences)



Stage

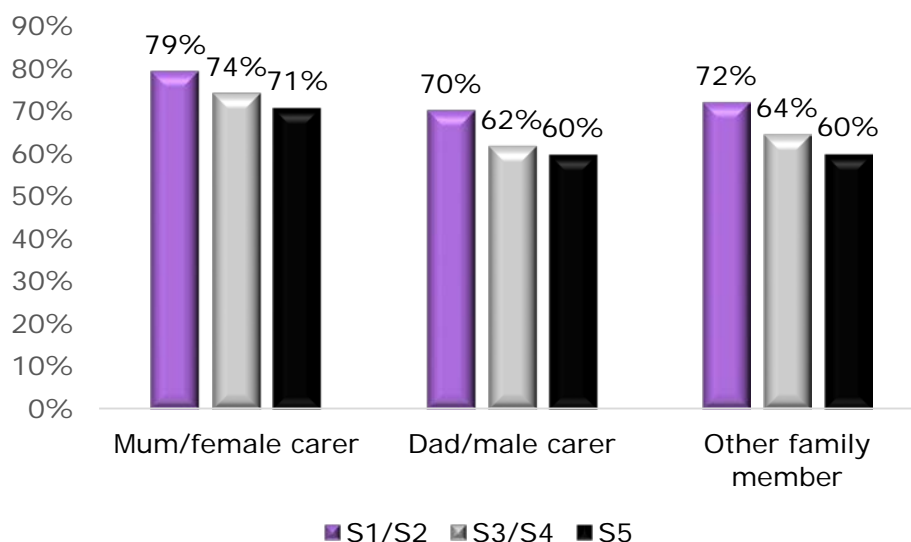
The findings show that worries increase with age during school years. The proportion of pupils with any worries ranged from 81% of S1/S2 pupils to 91% of S5 pupils (87% of S3/S4 pupils had any worries). Specifically, S5 pupils were the most likely, and S1/S2 school pupils were the least likely, to worry about exams, the future, getting a job and school, as shown in Figure 5.7. However, S1/S2 pupils were the most likely to worry about being bullied.

Figure 5.7: Pupils Worries by Stage (all worries showing a significant difference)



Although S5 pupils were the most likely to have worries, they were the least likely to have someone they found it easy to talk to about their worries – 91% of S5 pupils found it easy to talk to at least one person compared to 94% of S3/S4 pupils and 96% of S1/S2 pupils. Pupils in S1/S2 were the most likely to say it was easy to talk to their mother, father or other family member, as shown in Figure 5.8.

Figure 5.8: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not have this person') by Stage (all significant differences)



5.3 Bullying

Context and National Data

Bullying takes many forms including infliction of physical harm, name calling, threatening, mocking, humiliation, spreading rumours, exclusion from groups/activities, being ignored, etc. The increase in internet access and particularly social media, has given children and young people a new medium for bullying and cyberbullying using mobile phones other online devices has become increasingly common.

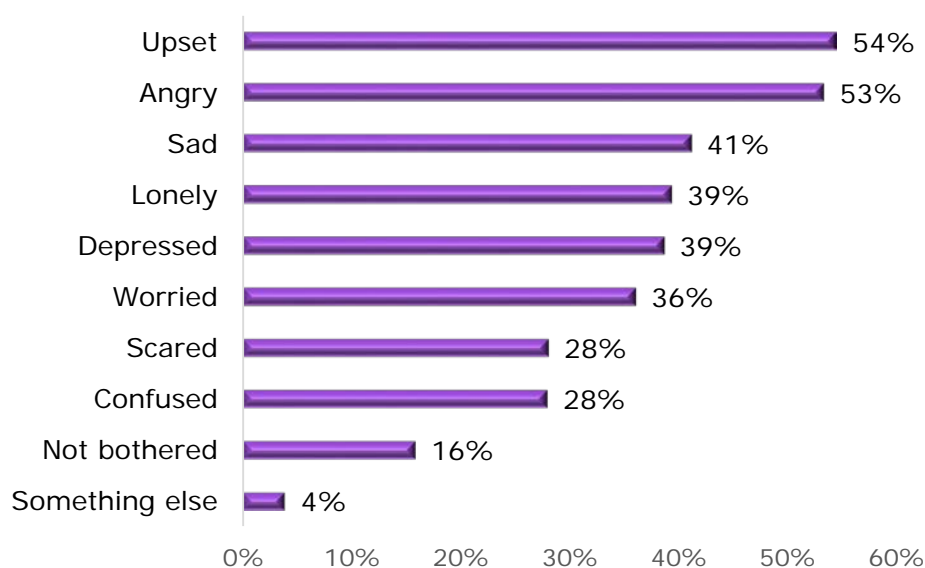
In 2017, The Scottish Government published its guidance document *Respect for All: national approach to anti-bullying* which sets out a framework for anti-bullying work across national and local organisations.

Key statistic:
30% had been bullied in the last year

One in four (24%) pupils said they had been bullied at school in the last year, 11% said they had been bullied somewhere else (including on the way to or from school) and 16% said they had been bullied online in the last year. Altogether, three in ten (30%) pupils had been bullied anywhere in the last year.

Those who had been bullied were asked how being bullied made them feel. The most common emotions were upset (54%) and angry (53%). All responses are shown in Figure 5.9.

Figure 5.9: How Bullying Made You Feel



Half (48%) of those who had been bullied said that they had reported the bullying to someone. Of those who had reported the bullying, the people who were most commonly told were mum/female carer (46%), teachers (30%), friends (12%) and dad/male carer (6%).

More than half (56%) of those who had reported the bullying to someone said that it had made the situation better, while one in three (33%) said that nothing changed and one in ten (10%) said that reporting the bullying made the situation worse.

Bullying others

Sixteen percent of pupils admitted to having bullied or frightened others in their school in the last year - sometimes (14%), often (1%) or very often (1%). This was consistent with the finding in the 2013 survey.

Trends for Bullying

There was a concerning rise in the proportion who were bullied at school in the last year – from 17% in 2013 to 24% in 2019⁷.

Table 5.1: Trends for Bullying

	% of pupils who were bullied at school in the last year
2013	16.7%
2019	23.8%
Change (2013-2019)	+7.1%

Gender

Overall, girls were more likely than boys to have been bullied anywhere in the last year - one in three (32%) girls had been bullied compared to one in four (26%) boys. Girls were also more likely than boys to specifically have been bullied online (19% girls; 14% boys).

⁷ The 2019 questionnaire included a definition of bullying which was not included in the 2013 survey, and may have affected levels of recognition of bullying. The definition was: *Bullying is both behaviour and impact; the impact is on a person's capacity to feel in control of themselves. This is what we term as their sense of 'agency'. Bullying takes place in the context of relationships; it is behaviour that can make people feel hurt, threatened, frightened and left out. This behaviour happens face to face and online.*

Not only were girls more likely than boys to have been bullied in the last year, but among those who had been bullied, girls were more likely than boys to have been emotionally affected by the bullying. Among those who had been bullied, girls were more likely than boys to say that the bullying had made them feel:

- Upset (66% girls; 40% boys)
- Sad (46% girls; 34% boys)
- Lonely (44% girls; 32% boys)
- Worried (44% girls; 26% boys)
- Scared (33% girls; 21% boys).

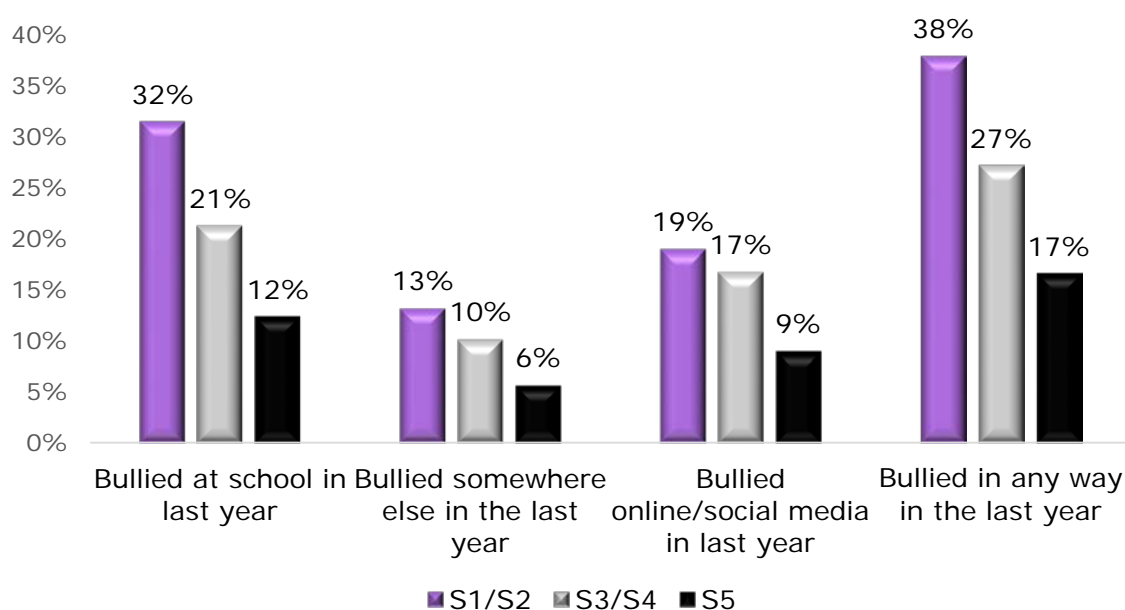
Among those who had been bullied, girls were more likely than boys to have reported the bullying to someone (54% girls; 42% boys).

Boys were more likely than girls to admit to having bullied others at school in the last year (19% boys; 13% girls).

Stage

Experience of bullying was much more common among S1/S2 pupils. Nearly two in five (38%) S1/S2 pupils had been bullied anywhere in the last year, compared to 27% of S3/S4 pupils and 17% of S5 pupils .

Figure 5.10: Experience of Bullying in the Last Year by Stage



Among those who had been bullied, S1/S2 pupils were the most likely to say the bullying had made them feel scared (35% S1/S2; 20% S3/S4; 23% S5).

S1/S2 school pupils who had been bullied were much more likely than others to say that they had reported the bullying (59% S1/S2; 39% S3/S4; 26% S5).

5.4 Strengths and Difficulties

The survey included the Strengths and Difficulties questionnaire (SDQ)⁸, which gives each pupil a score out of ten on five scales. The SDQ is used to identify emotional and behavioural problems in childhood and adolescence. The mean scores for each scale are shown below:

Table 5.2: Mean Scores for Strengths and Difficulties Scales

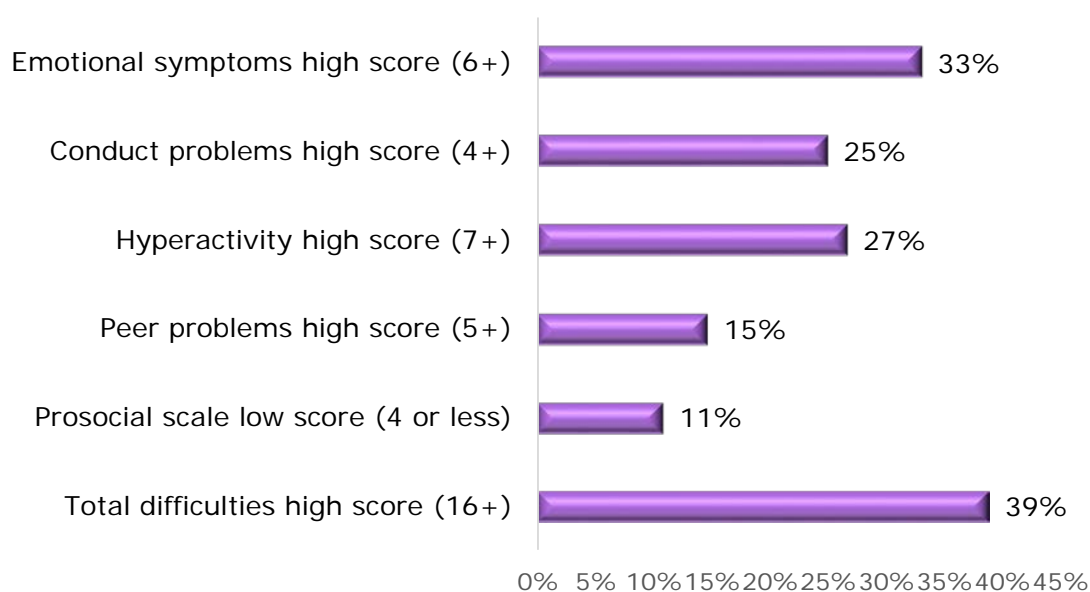
Scale	Mean Score
Emotional symptoms scale (0-10) (high score indicates difficulties)	4.3
Conduct problems scale (0-10) (high score indicates difficulties)	2.4
Hyperactivity scale (0-10) (high score indicates difficulties)	4.8
Peer problems scale (0-10) (high score indicates difficulties)	2.4
Prosocial scale (0-10) (high score indicates strengths)	7.2
Total difficulties (0-40) sum of all four difficulties scales	13.9

**Key statistic:
39% had a high score for total difficulties**

A score of 16 or more on the 'total difficulties' scale indicates a high level of difficulties. Overall, two in five (39%) had a score indicating a high level of difficulties. Figure 5.11 shows the proportion of pupils for each type of difficulty/strength scale with scores indicating a high level of difficulty.

⁸ See: <http://bjp.rcpsych.org/content/177/6/534.full>

Figure 5.11: Proportion of Pupils with Scores Suggesting a High Level of Difficulties for each Strength/Difficulty Scale



Trends for SDQ

There was no significant change between 2013 and 2019 in the proportion of pupils who had a high score for conduct problems. However, all other SDQ measures showed a sizeable increase between 2013 and 2019 for scores which indicated difficulties, as shown in Table 5.3.

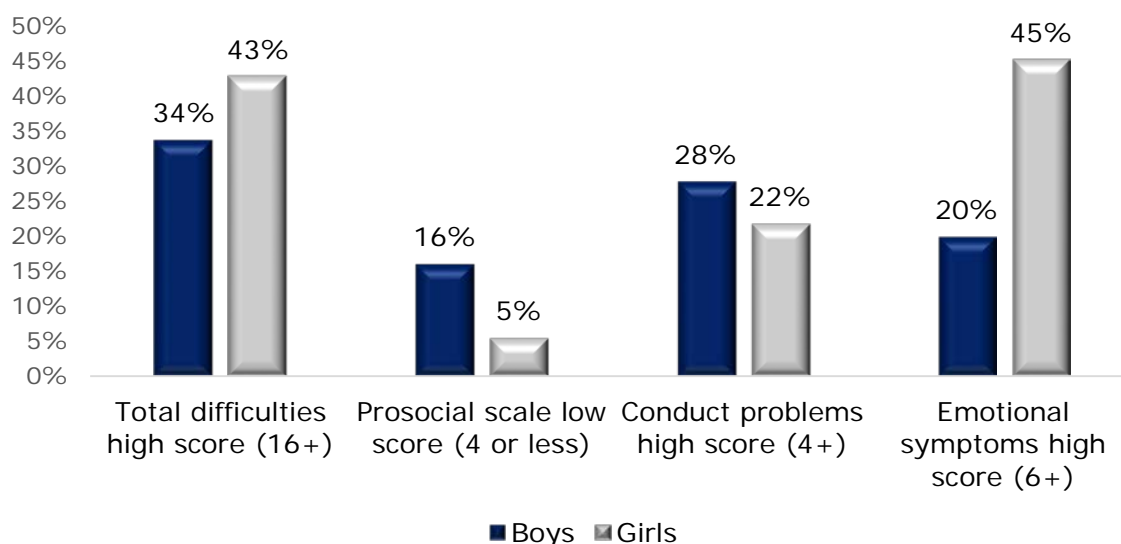
Table 5.3: Trends for Strengths and Difficulties

	% with high score for total difficulties	% with high score for emotional symptoms	% with high score for hyper-activity	% with high score for peer problems	% with low score for pro-social
2013	26.4%	22.4%	18.7%	8.6%	8.5%
2019	38.8%	33.0%	26.6%	14.6%	10.8%
Change (2013-2019)	+12.4%	+10.6%	+7.9%	+6.0%	+2.3%

Gender

Overall, girls were more likely than boys to have a high 'total difficulties' score (43% girls; 34% boys). However, patterns of difficulties differed. Girls were much more likely than boys to have a high score for emotional symptoms (45% girls; 20% boys). However, boys were more likely than girls to have a high score for conduct problems (28% boys; 12% girls), and particularly more likely to have a low score on the prosocial scale (16% boys; 5% girls).

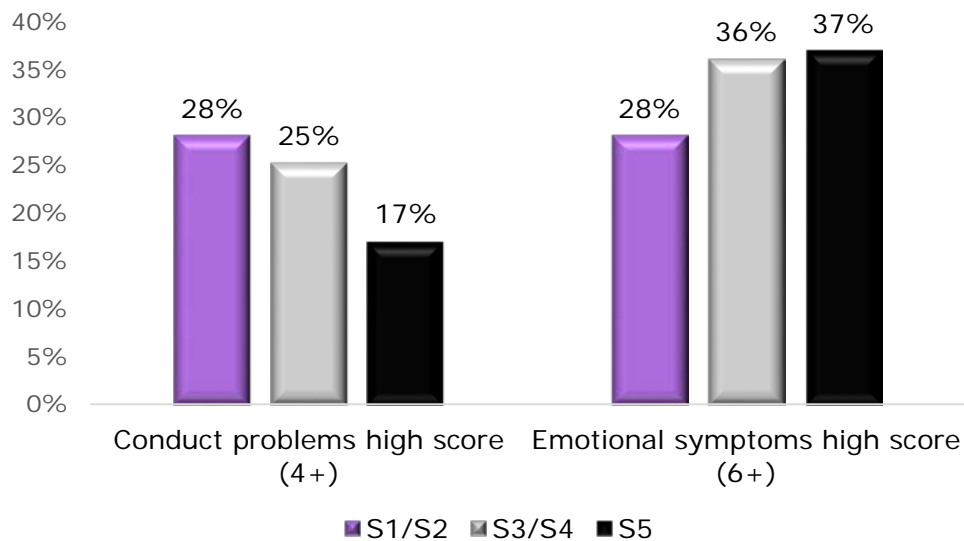
Figure 5.12: Proportion of Pupils with Scores Suggesting a High Level of Difficulty for each Strength/Difficulty Scale showing a Significant Difference by Gender



Stage

S5 pupils were less likely than younger pupils to have a high score for conduct problems. S1/S2 pupils were the least likely to have a high score for emotional symptoms, as shown in Figure 5.13.

Figure 5.13: Proportion of Pupils with Scores Suggesting a High Level of Difficulty for each Strength/Difficulty Scale showing a Significant Difference by Stage



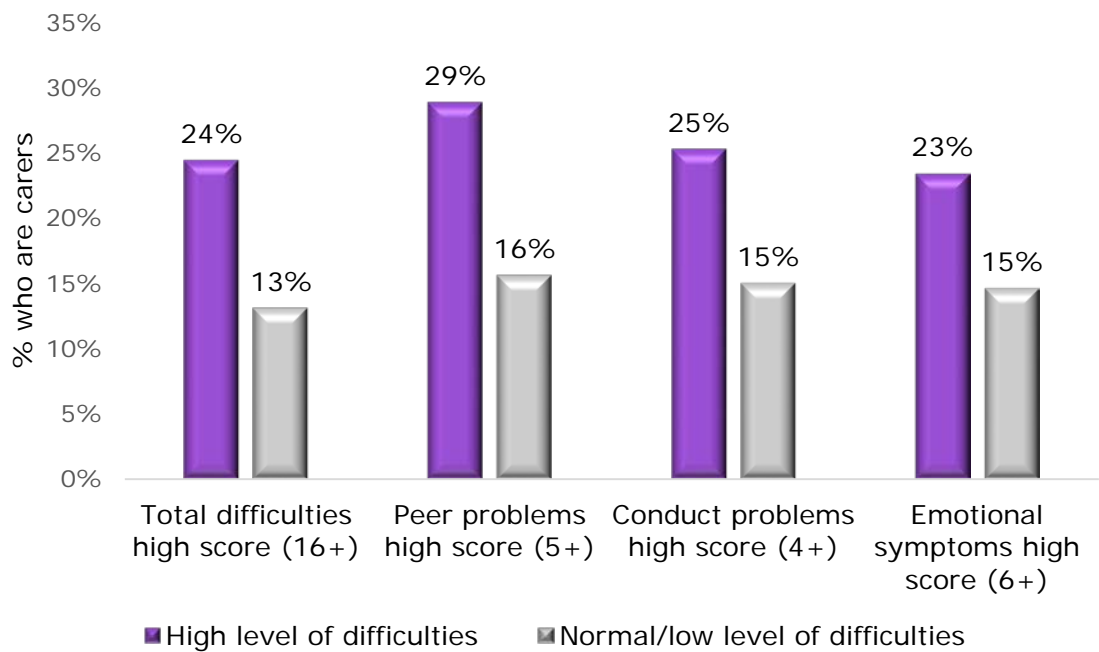
5.5 Strengths and Difficulties - Exploring Further

This section explores in more depth some of the findings relating to strengths and difficulties, answering specific research questions/hypotheses.

Are those with high SDQ scores more or less likely to be caring for a family member?

It is interesting to note that those with a high 'total difficulties' SDQ score were almost twice as likely than those with normal/low scores to be caring for a family member - one in four (24%) pupils who had a high 'total difficulties' score were carers, compared with 13% of those with normal/low SDQ scores. For subscales, those with high levels of peer problems, conduct problems and emotional symptoms were much more likely to be carers, as shown in Figure 5.14.

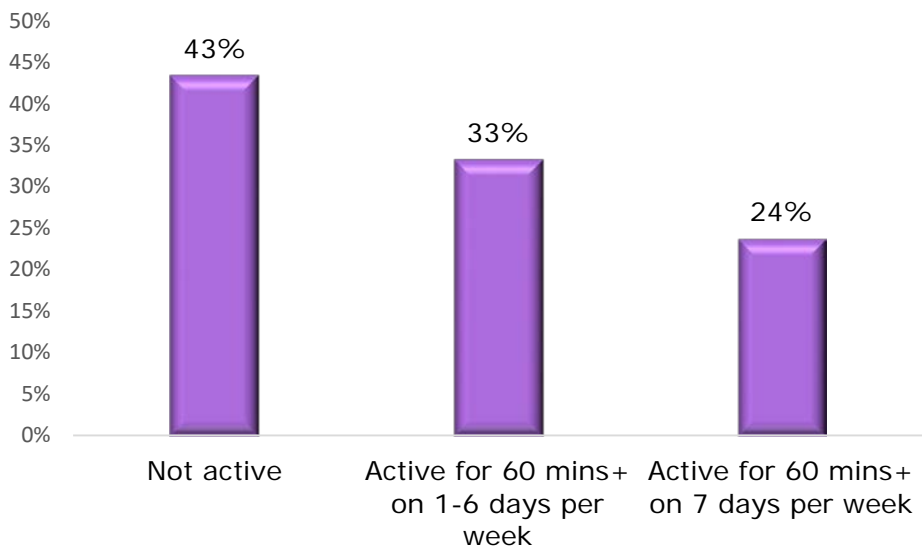
Figure 5.14: Proportion of Carers by High or Low/Normal Level of Difficulties



Do those who report being more physically active have lower SDQ scores?

Low physical activity levels were associated with higher difficulties on the emotional symptoms scales - 43% of those who were inactive had scores indicating emotional symptoms difficulties, compared to 24% of those who were active for 60 minutes every day.

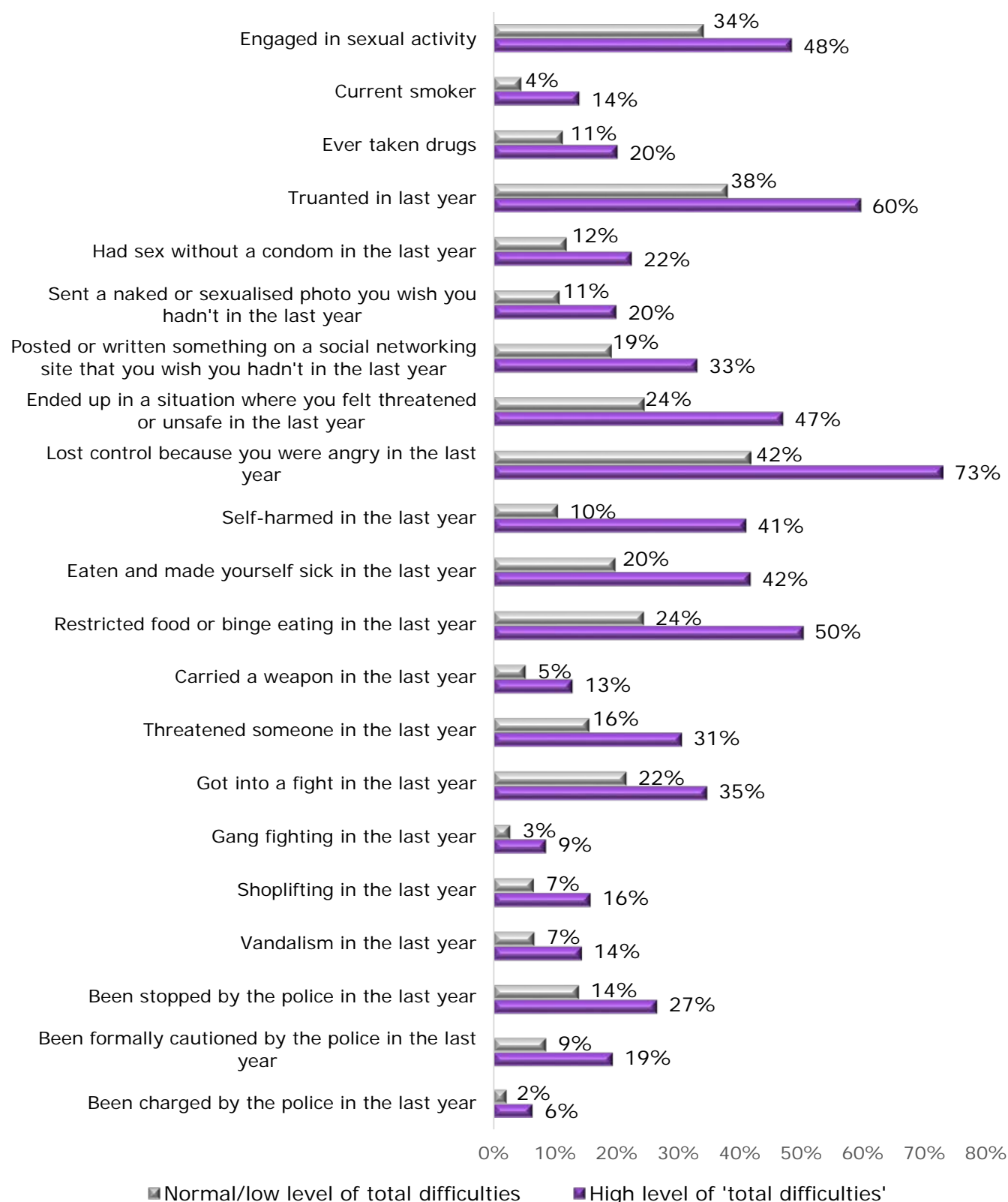
Figure 5.15: Scores Indicating High Levels of Emotional Problems by Levels of Physical Activity



Are those with high SDQ scores more or less likely to take risks?

There was a strong relationship between difficulties measured by the SDQ and risk-taking behaviour. As Figure 5.16 shows, levels of engagement with many risk behaviours was higher for those with a high 'total difficulties' SDQ score, compared with those with normal or low scores. Compared to those with normal scores, those with a high level of difficulties were twice as likely to have ever taken drugs (20% compared to 11%), and more than three times as likely to be smokers (14% compared to 4%). Those with a high level of difficulties were also four times more likely to have self-harmed in the last year (41% compared to 10%), twice as likely to have restricted food or binged (50% compared to 24%) or eaten and made themselves sick (42% compared to 20%).

Figure 5.16: Risk Behaviour by High or Low/Normal Levels of 'Total Difficulties' Scores

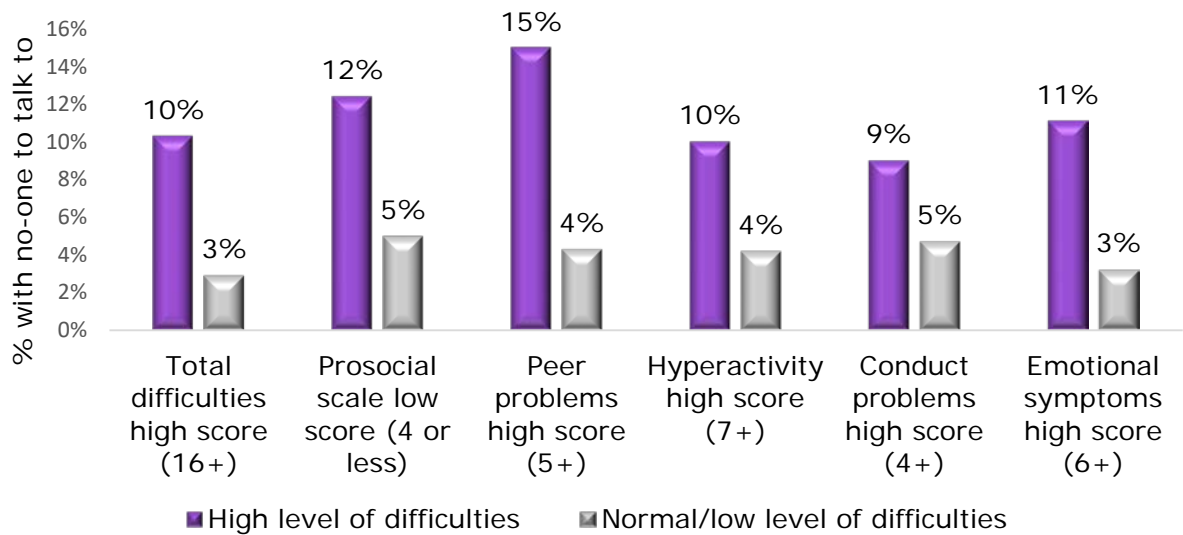


Do those with high SDQ scores have someone to talk to?

Although most of those with a high level of difficulties did have someone to talk to about things that bothered them, those with a high level of difficulties

on each of the SDQ scales were more likely than those with normal/low levels of difficulties to have no-one to talk to. Overall, 10% of those with a high level of 'total difficulties' had no-one to talk to, compared to 3% of those with a normal or low level of total difficulties.

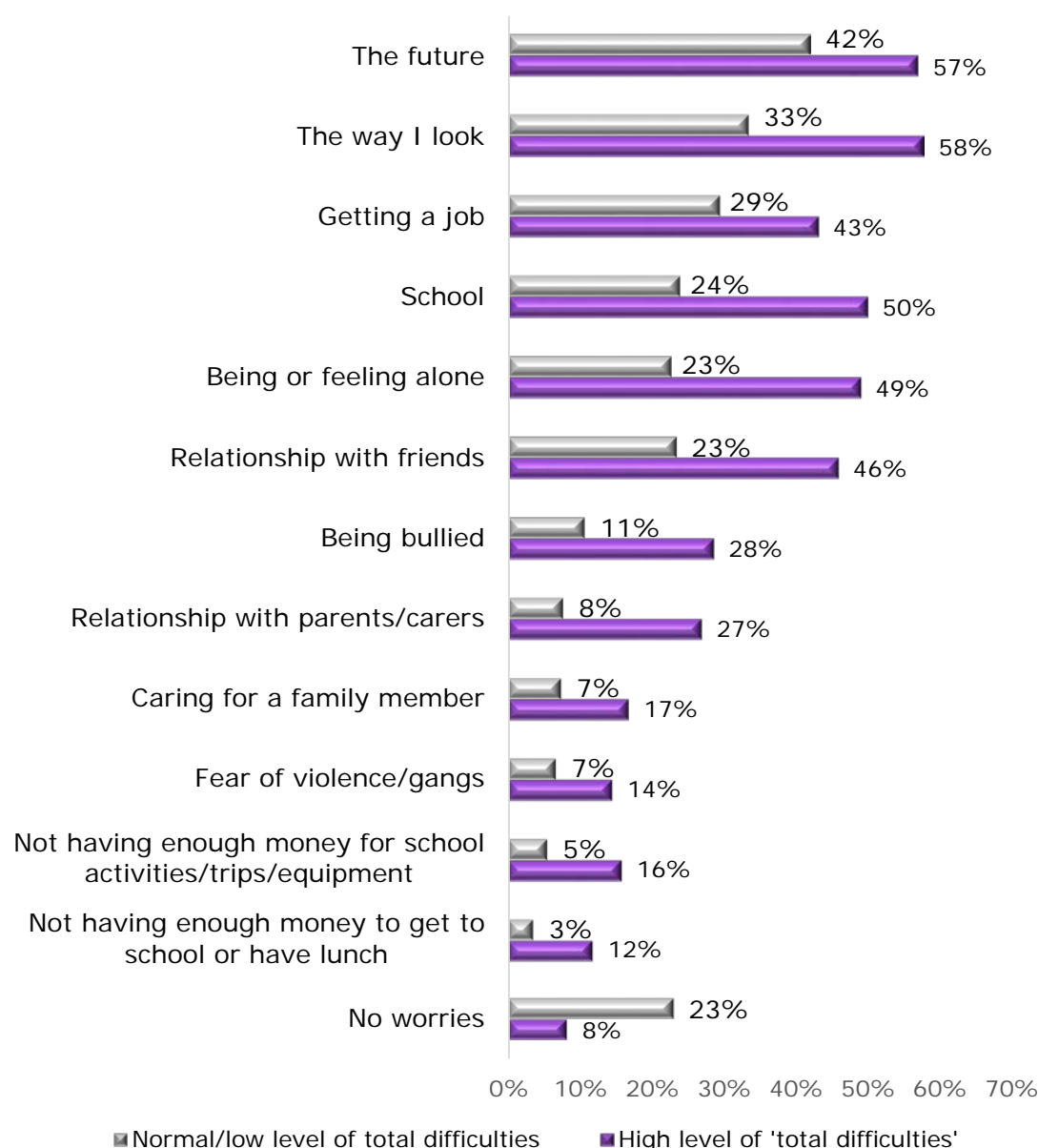
Figure 5.17: Proportion who had No-one to Talk to by High or Low/Normal Level of Difficulties



Are young people with a high SDQ score more likely to have worries?

Those with a high 'total difficulties' score were more likely than those with normal/low score to worry about at least one thing (92% compared to 77%). As Figure 5.18 shows, those with a high level of total difficulties were more likely than those with normal/low levels of total difficulties to worry about nearly all of the issues that were asked about.

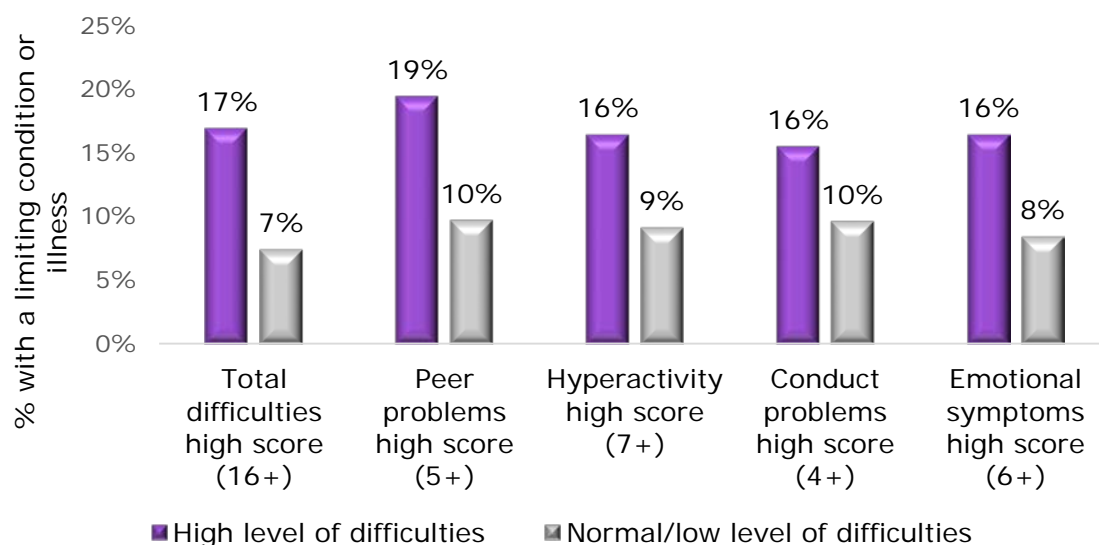
Figure 5.18: Worries by High or Low/Normal Levels of 'Total Difficulties' Scores (all worries which showed a significant difference)



Are pupils with a high SDQ score more likely to have a limiting illness or condition?

Pupils with a high level of difficulties on each the SDQ scales were more likely than those with a normal/low level of difficulties to say they had a limiting illness or condition. Overall, those with a high level of total difficulties were more than twice as likely than those with normal/low levels of total difficulties to say they had a limiting illness or condition (17% compared to 7%). The scale which showed the most marked difference was peer problems - 19% of those with a high level of peer problems had a limiting illness/condition, compared to 10% of others. The differences for each SDQ scale are shown in Figure 5.19.

Figure 5.19: Proportion with a Limiting Condition or Illness by High or Low/Normal Level of Difficulties



Are pupils with high SDQ scores more likely to have a learning disability?

The questionnaire specifically asked about dyslexia, ADHD and ASD/Aspergers. Those with a high level of total difficulties were more likely than those with a normal/low level of total difficulties to have:

- Dyslexia (21% high; 11% normal/low)
- ADHD (8% high; 1% normal/low)
- ASD/Aspergers (7% high; 2% normal/low)

Those with a high level of conduct problems were more likely than those with a normal/low level of conduct problems to have:

- Dyslexia (22% high; 13% normal/low)
- ADHD (10% high; 2% normal/low)

Those with a high level of hyperactivity problems were more likely than those with a normal/low level of conduct problems to have:

- Dyslexia (19% high; 14% normal/low)
- ADHD (10% high; 2% normal/low)

Those with a high level of peer problems were more likely than those with a normal/low level of peer problems to have:

- Dyslexia (23% high; 14% normal/low)
- ADHD (7% high; 3% normal/low)
- ASD/Aspergers (11% high; 2% normal/low)

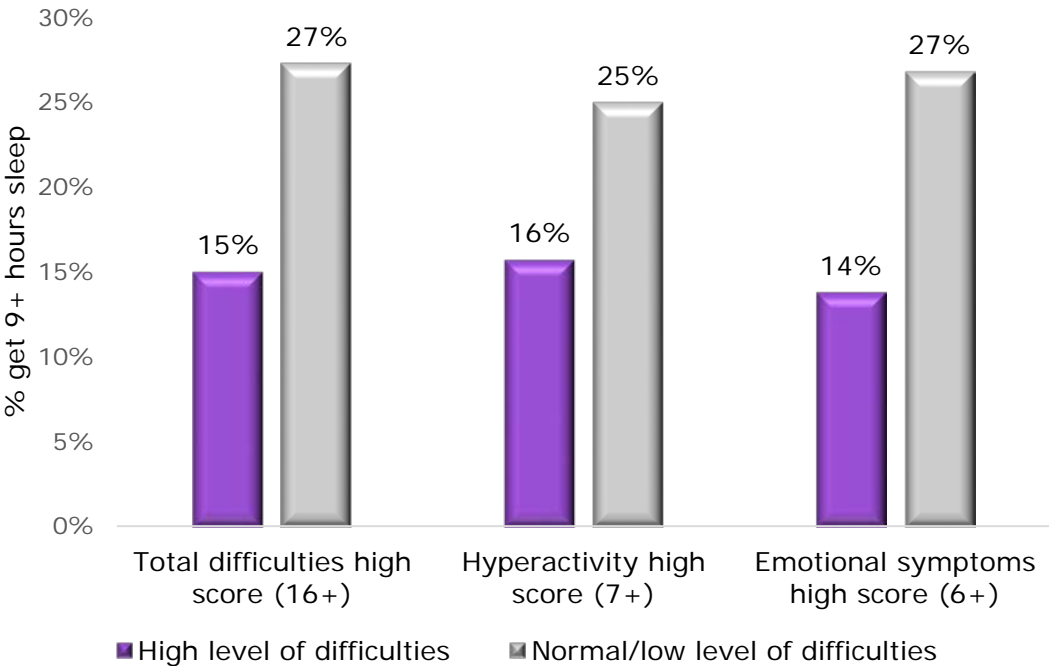
Those with a low level of prosocial strengths were more likely than those with a normal/low level of prosocial strengths to have:

- ADHD (7% low; 4% normal/high)
- ASD/Aspergers (9% low; 3% normal/high).

Do pupils with high SDQ scores get less sleep?

Overall, those with a high total difficulties score were less likely to get 9 or more hours sleep per night. Significant differences were shown for those with high scores on the emotional symptoms and hyperactivity scales.

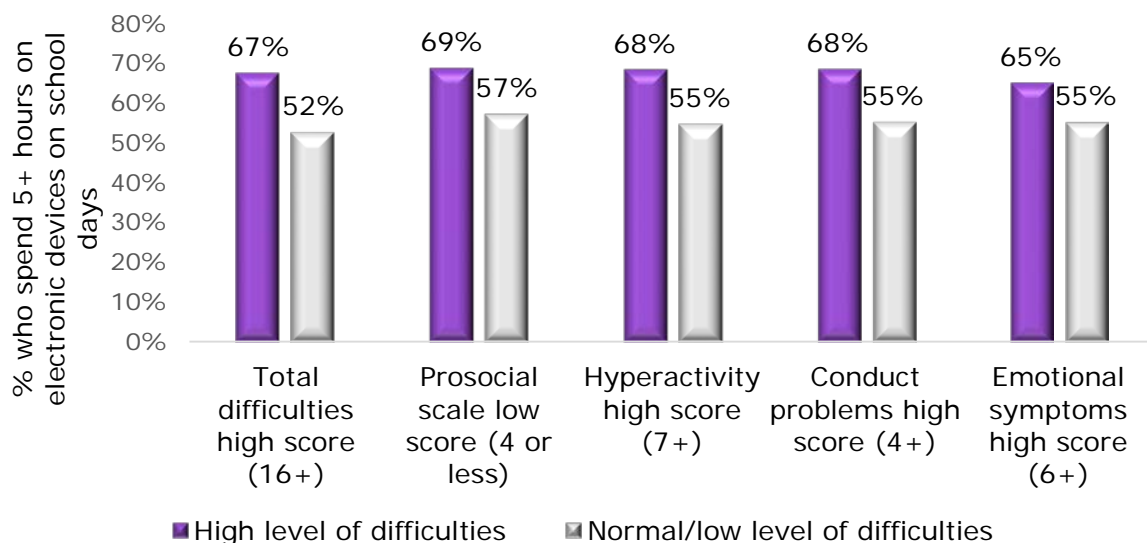
Figure 5.20: Proportion getting Nine Hours Sleep Per Night by High or Low/Normal Level of Difficulties



Do pupils with high SDQ scores spend more time on electronic devices?

Pupils with a high total difficulties score were more likely than others to spend five or more hours on electronic devices on school days. Significant differences were shown for emotional symptoms, conduct problems, hyperactivity and the prosocial scale.

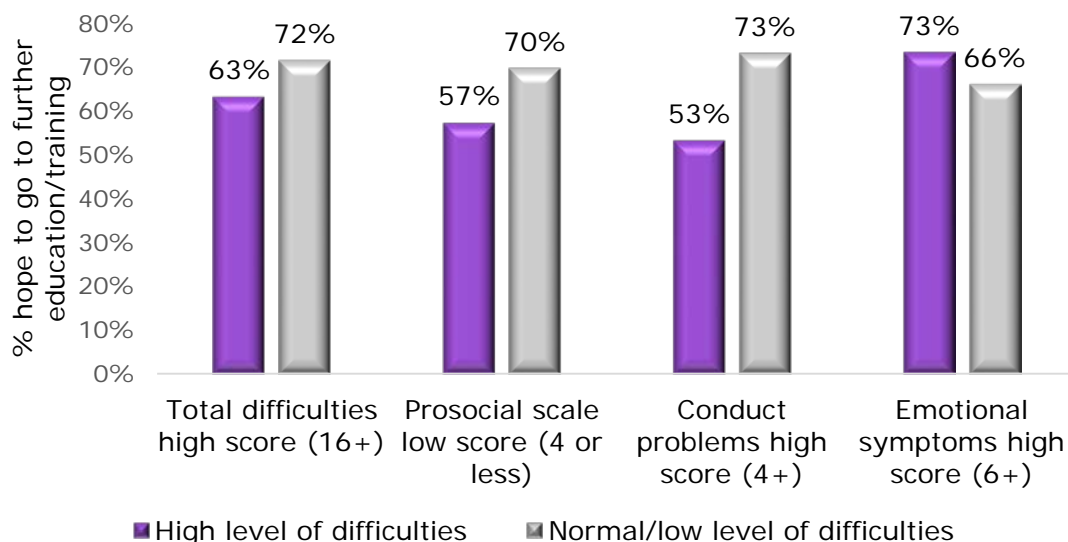
Figure 5.21: Proportion who spend Five or More Hours on Screen-Based Activities on a School Day by High or Low/Normal Level of Difficulties



Do young people with high SDQ scores have lower aspirations?

Overall, those with a high level of total difficulties were less likely than those with normal/low levels of total difficulties to say they expected to go to further education/training after school (63% high; 72% normal/low). However, as Figure 5.22 shows, while those with conduct problems and those with low prosocial strengths were less likely to expect to go to further education/training, those with emotional problems were **more** likely to expect to go to further education/training.

Figure 5.22: Proportion who Expect to Go to Further Education/Training by High or Low/Normal Level of Difficulties



CHAPTER SUMMARY

Key statistics

- 31% had an emotional, behavioural or learning difficulty
- 30% had been bullied in the last year
- 24% had been bullied at school in the last year
- 16% bullied others at school in the last year
- 39% had a high 'total difficulties' score

Trends

Between 2013 and 2019 there was an increase in the proportion who had been bullied at school in the last year.

There was an increase in the proportion who had a high score for 'total difficulties'.

Key differences by gender

Girls were more likely than boys to have been bullied.

Boys were more likely than girls to have bullied others at school.

Girls were more likely than boys to have a high score for 'total difficulties'.

Key differences by stage

S1/S2 pupils were the most likely to have been bullied in the last year.

Smoking, Alcohol and Drugs

Smoking

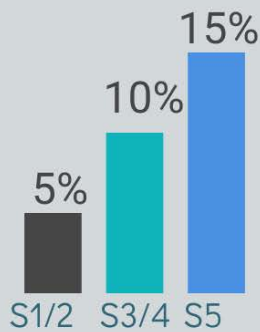


Alcohol

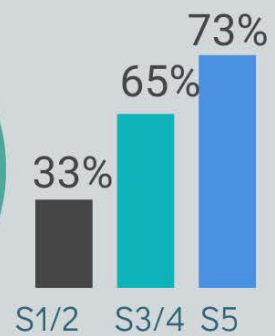


9%
Current smokers

increase from
5% in 2013



56%
Drink alcohol



29%
lived with
someone who
smokes at home

12%
exposed to
smoke in cars

55%
exposed to
smoke indoors



10%
drank alcohol at
least once a
week



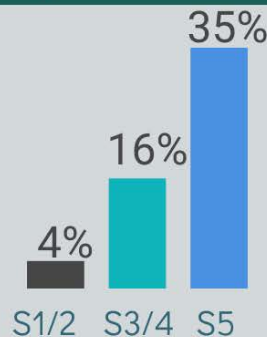
20%
of those who
drank alcohol got
drunk at least
once a week

Drugs



1 in 7 (15%) had used
drugs in the last year

increase from
8% in 2013



58%
used drugs with alcohol
on the last occasion

Context and National Data

The health risks of smoking tobacco are wide and well established. In Scotland, smoking tobacco is the attributable cause of around 10,000 deaths and 128,000 hospital admissions per year.

Legislation in Scotland has sought to discourage smoking and exposure to second hand smoke. In 2007, the minimum age for the sale or purchase of tobacco was raised from 16 to 18. Legislation introduced in 2013 prohibited the display of tobacco products in large shops, and this was rolled out to all shops in 2015. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill was passed in 2016 which made provisions for the sale and purchase of Nicotine Vapour Produces and introduced smoke-free perimeters around NHS hospitals. At the end of 2016, a ban on smoking in cars carrying anyone aged under 18 was introduced.

The Scottish Government's 2013 tobacco control strategy *Creating a Tobacco-Free Generation* set a target to reduce smoking among the adult population to 5% or less by 2034. There is a significant way to go to achieve this target. The Scottish Household Survey in 2017 showed that 18% of adults across Scotland were smokers. A new 5-year action plan was produced in June 2018, *Raising Scotland's Tobacco Free Generation*.

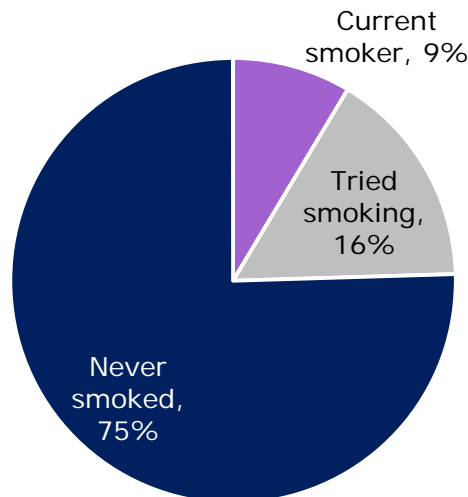
The Scottish Government publication *Scotland's Future is Smoke Free: A Smoking Prevention Action Plan (2008)* included priorities to reduce the prevalence of smoking among Scotland's young people, including health promotion and education, a campaign to reduce the attractiveness of cigarettes, enforcing the law to reduce the availability of cigarettes to young people and reducing the affordability of cigarettes for young people. This document set a target of reducing smoking among children aged 13 to 15 from 14% to 12% between 1995 and 2005 and to 11% by 2010 (as measured by the SALSUS survey), a target which was exceeded.

The SALSUS survey has seen overall downward trends in smoking among young people since the 1980s. The 2015 survey found the lowest rate of smoking ever measured by the survey - with 2% of 13 year olds and 7% of 15 year olds nationally reporting being regular smokers, and these levels were retained in 2018.

**Key
statistic:
9% were
smokers**

One in eleven (9%) pupils across Inverclyde secondary schools were current smokers. A further 16% had tried smoking and 75% had never smoked. Those who smoked comprised those who smoke six or more cigarettes per week (3%), those who smoke one to five cigarettes per week (1%) and those who smoke sometimes but less than once per week (4%).

Figure 6.1: Smoking Status



Those who were current smokers were asked why they smoke (with more than one answer possible). The most common reasons for smoking were:

- To manage stress/anxiety (40%)
- It's fun (28%)
- To help cope (26%)
- Boredom (25%)
- To feel good (24%)
- To experiment (16%)
- Easily available (15%).

Those who were current smokers were asked where they usually got their cigarettes from. The most common responses were:

- I buy them from someone else (35%)
- Friends or relatives give me them (31%)
- I ask an adult I know to buy them (17%)
- I buy them from friends or relatives (17%)
- I ask someone else under the age of 18 to buy them (14%)
- I take them without asking (7%)
- I buy them from a newsagent, tobacconist or a sweet shop (7%)
- I buy them for a supermarket (7%).

Smoking Trends

There was an increase in the proportion of smokers from 5% in 2013 to 9% in 2019. This is discouraging, particularly in light of the ambition of a 'tobacco free generation'. However, it is worth noting that smokers in the 2019 survey were more likely to be infrequent smokers. Indeed, there was no significant difference in the proportion who smoked six or more cigarettes per week between 2013 (2.2%) and 2019 (3.1%). However, adult surveys have shown a continual decline nationally and locally (the adult survey in Inverclyde showed a reduction in smoking from 24% in 2014/15 to 20% in 2017/18).

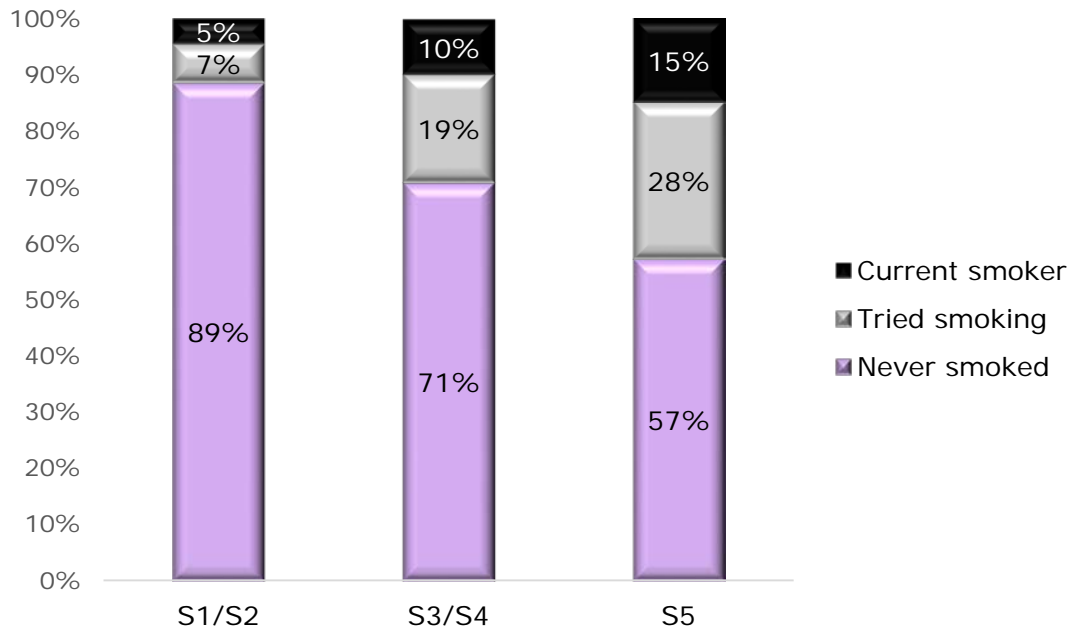
Table 6.1: Trends for Smoking

	% of pupils who were current smokers
2013	5.0%
2019	8.6%
Change (2013-2019)	+3.6%

Stage

Smoking rates among pupils rose from 5% of S1/S2 pupils to 15% of S5 pupils. More than two in five (43%) S5 pupils had at least tried smoking, compared to 11% of S1/S2 pupils.

Figure 6.2: Smoking Status by Stage



6.2 E-Cigarettes

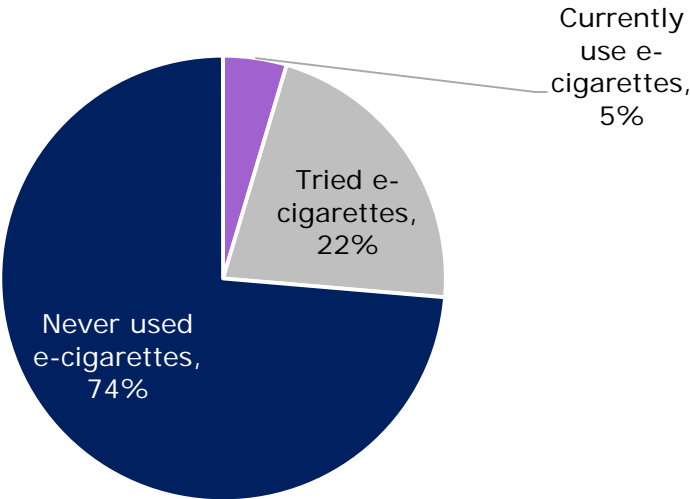
E-cigarettes (or 'electronic cigarettes', 'personal vaporizers' 'vapes' or 'ENDS' - electronic nicotine delivery systems) are battery-powered vapour inhaler devices. They usually deliver chemical mixtures which include nicotine. In

2017 the law in Scotland was changed to implement the same age restrictions on the sale of e-cigarettes as tobacco, meaning that it is illegal for anyone under the age of 18 to buy e-cigarettes or vapes.

**Key
statistic:
5% used e-
cigarettes**

Use of e-cigarettes was lower than cigarettes, with 5% of pupils saying they were current users of e-cigarettes/vapes (2% used vapes at least once a week and 3% did so less often). More than one in four (26%) had ever tried e-cigarettes/vapes.

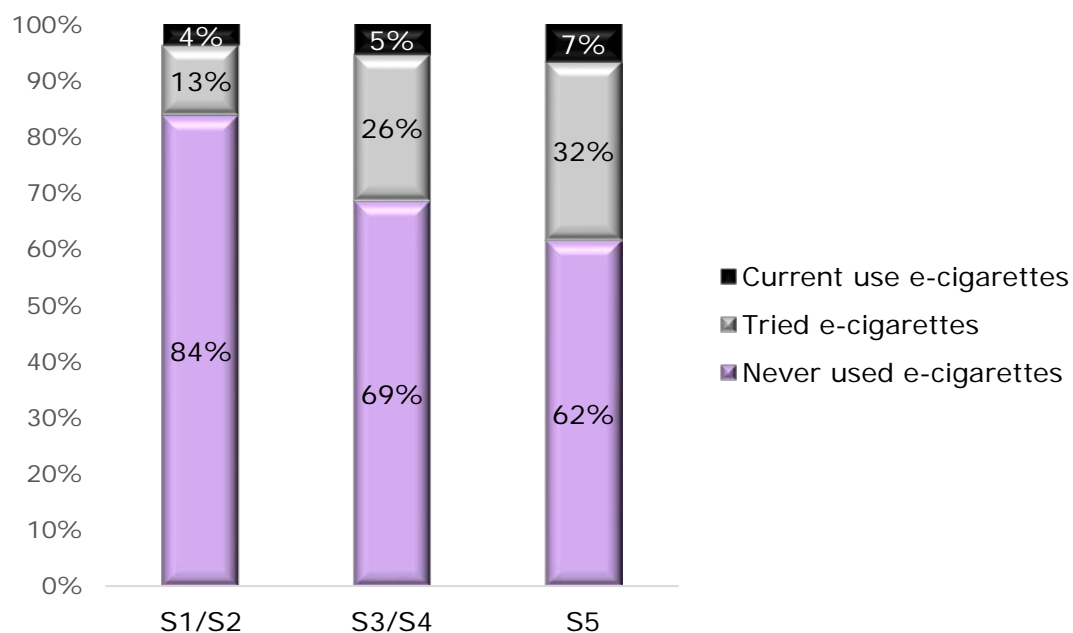
Figure 6.3: Use of E-Cigarettes



Stage

Pupils in S1/S2 were less likely than those in older year groups to have ever tried e-cigarettes/vapes, as shown in Figure 6.4.

Figure 6.4: Use of E-Cigarettes by Stage



6.3 Exposure to Environmental Tobacco

Smoking in public places was banned in Scotland in 2006, and across the UK in 2007. A report by ASH in 2014⁹ highlighted that smoke free legislation has led to an overall reduction in children's exposure to second hand smoke and an increase in parents who have made their homes smoke-free.

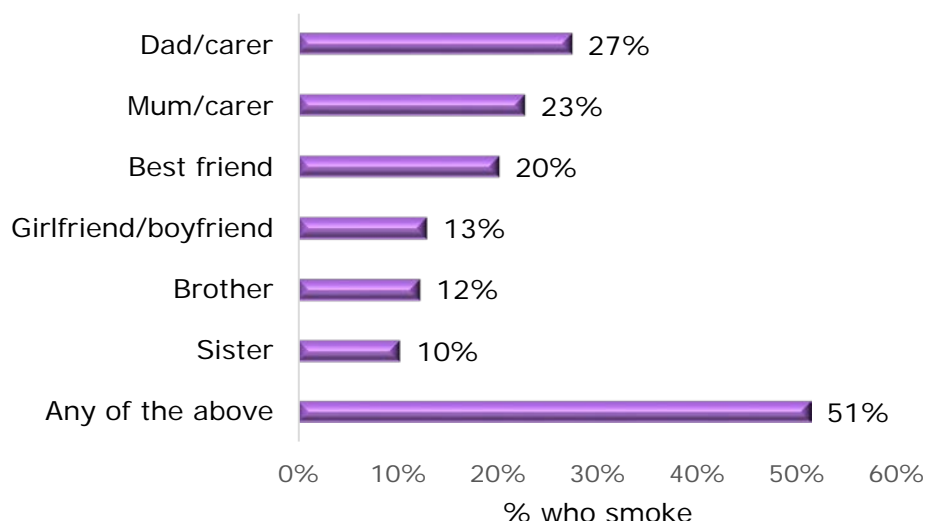
A ban on smoking in cars where anyone under the age of 18 was present was introduced in Scotland in 2016.

Others who smoke

Pupils were asked whether their mum, dad, brother, sister, girlfriend/boyfriend or best friend smoked. Half (51%) said that at least one of these people smoked.

⁹ http://www.ash.org.uk/files/documents/ASH_596.pdf

Figure 6.5: Whether Specific People Smoke (excluding those who said don't have or see this person)



Exposure to smoke at home

**Key
statistic:
29% said
someone
smoked in
their home**

Three in ten (29%) said that someone smoked inside their home (16% did so every/most days and 14% did so sometimes).

Among those who said someone smoked in their home:

- 50% said they smoked outside
- 28% said they smoked in a particular area of the house
- 14% said they smoked anywhere in the house
- 24% said they smoked in one room
- 1% said they smoked in communal stairwells.

Exposure to smoke in cars

One in eight (12%) said they someone smoked inside the car when they were travelling in it (9% said this happened sometimes and 3% said this happened on all/most journeys).

Exposure to smoke indoors

**Key statistic:
55 % were
exposed to
second hand
smoke
indoors**

All pupils were asked how often they have to breathe in other people's smoke indoors. Just under half (45%) said they were never exposed to second hand smoke, 39% said this happened rarely, 11% said this happened often and 5% said this happened every day. Thus overall, two in three (55%) were ever exposed to environmental tobacco smoke.

Gender

Girls were more likely than boys to say that their boyfriend/girlfriend smoked (17% girls; 8% boys).

Stage

Those in S1/S2 were less likely than others to say their boyfriend/girlfriend smoked (8% S1/S2; 14% S3/S4; 19% S5), or that their best friend smoked (11% S1/S2; 23% S3/S4; 33% S5).

Context and National Data

Scotland is renowned for its drinking culture. Drinking alcohol is associated with short and long term health risk factors. Long term effects include damage to liver and brain, and alcohol can be a contributory factor in numerous diseases including cancer, stroke and heart disease, and can affect mental health. Short term effects include the risk of social disorder, violence and injury due to intoxication.

Drinking among children and young people can cause short and long-term health effects and also make them more likely to be at risk of harm when drunk. Alcohol Focus Scotland also points to research that shows that the earlier a young person starts drinking alcohol, the more likely they are to drink in ways that can be harmful later in life.

In 2009, The Scottish Government published *Changing Scotland's Relationship with Alcohol: A Framework for Action*. Initiatives introduced since the framework was implemented included the delivery of alcohol brief interventions and the establishment of Alcohol and Drug Partnerships. In 2018, a new Alcohol Framework set out progress achieved and planned new actions to reduce harm from alcohol. These include a series of actions to protect young people, including measures to protect them from exposure to alcohol marketing and revisions to the programme of substance use education in schools.

With recognition that affordability is a key driver of increased consumption, the Alcohol Minimum Pricing (Scotland) Act 2012 came into force in May 2018. It set a minimum price of 50p per unit of alcohol.

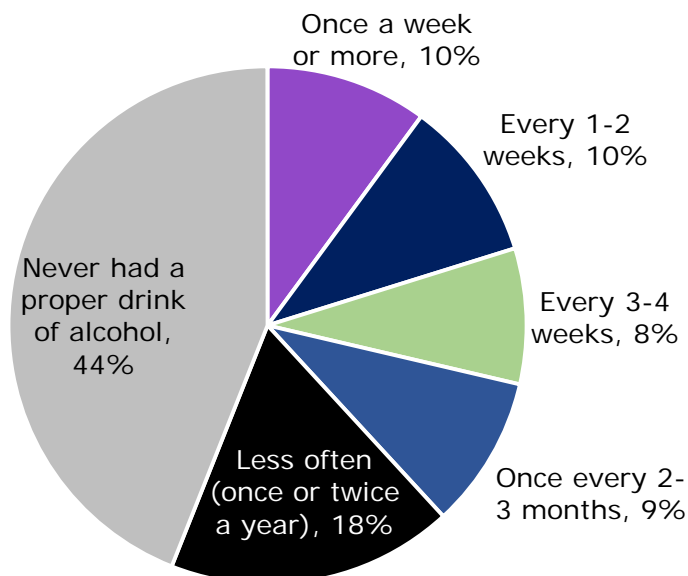
Data from the National Records of Scotland show that there were 1,136 alcohol-specific deaths in Scotland. Information Services Division (ISD) statistics show that there were 35,499 alcohol-related hospital admissions in Scotland in 2017/18. This represented a 2.5% decrease on the admissions per population rate from the previous year.

SALSUS findings (2018) showed that 36% of 13 year olds and 72% of 15 year olds had ever had an alcoholic drink. In 2018, the proportion who had drunk alcohol in the previous week was 6% for 13 year olds and 20% for 15 year olds.

**Key statistic:
56% drank
alcohol**

More than half (56%) of all pupils said that they had had a proper drink of alcohol. One in ten (10%) pupils drank at least once a week.

Figure 6.6: Frequency Drink Alcohol



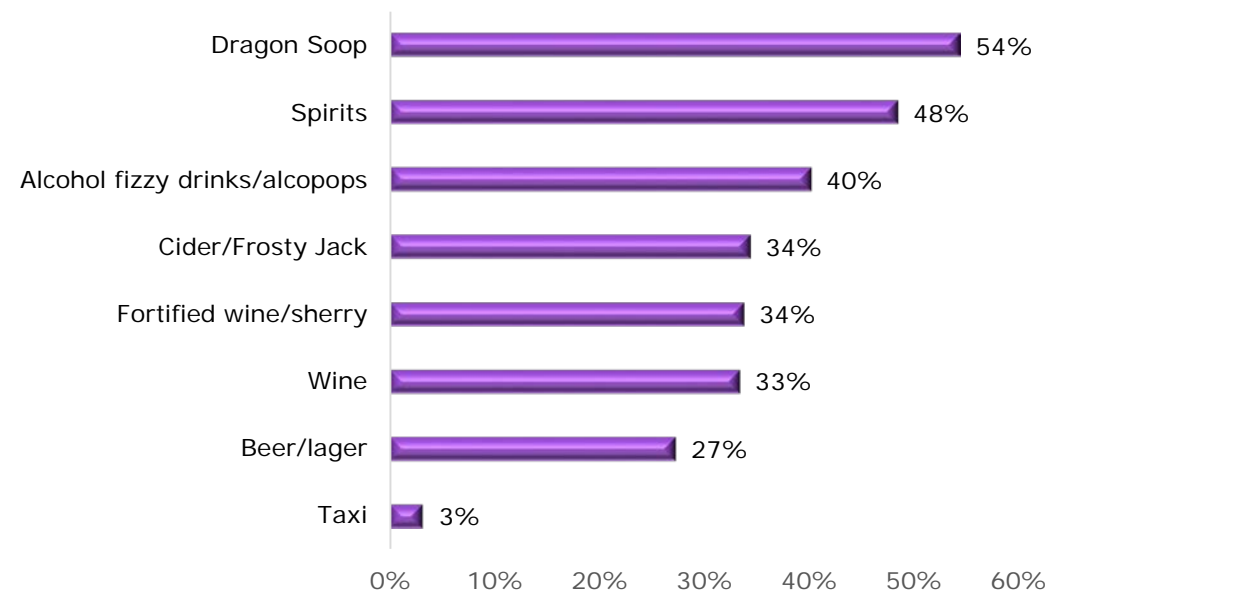
Note to Reader:

The remainder of the findings presented in this section relate only to those who ever drank alcohol.

Those who had drunk alcohol were asked at what age they had their first proper drink of alcohol. The average age was 13. However, one in three (31%) had their first alcoholic drink before the age of 13.

Those who drank alcohol were asked which types of drink they had. Responses are shown in Figure 6.7. The most common type of alcohol drink consumed was Dragon Soop (54%).

Figure 6.7: Types of Alcohol Drink Consumed (of those who ever drank alcohol)

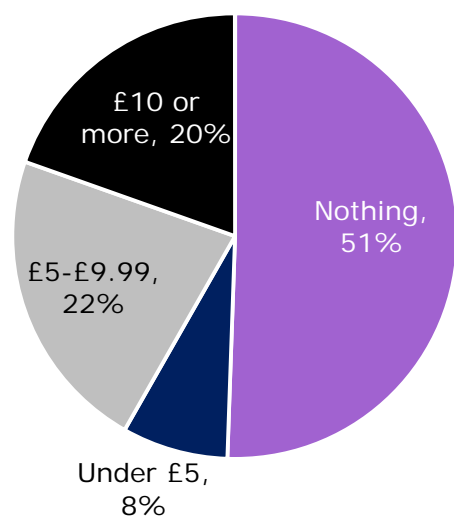


Key statistic:
20% of
drinkers got
drunk at
least weekly

Just over half (54%) of those who drank alcohol said that they rarely or never got drunk, while a quarter (26%) said they got drunk once or twice a month and one in five (20%) said they got drunk once a week or more.

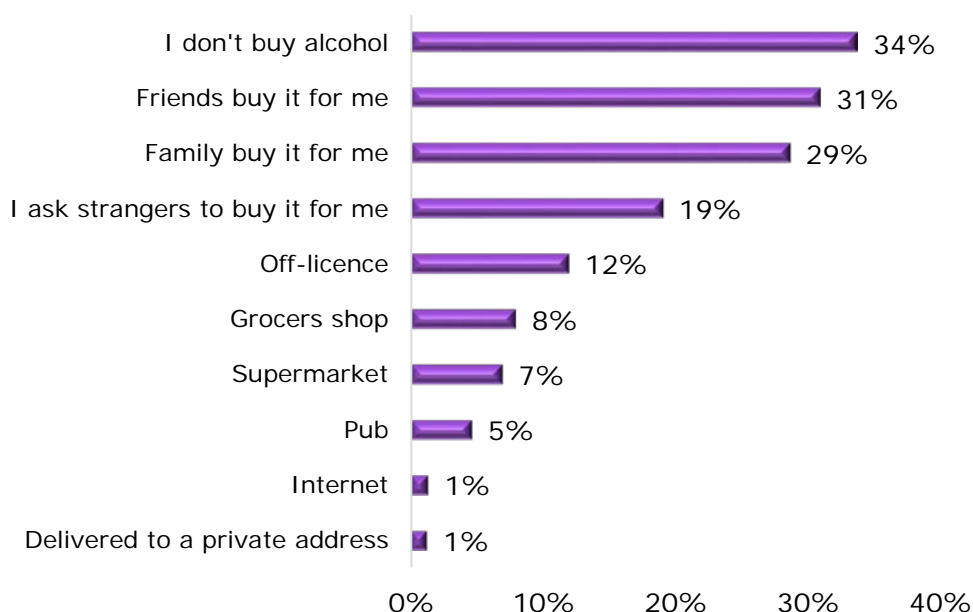
Those who ever drank alcohol were asked how much they usually spend on alcohol per week. Half (51%) said they spent nothing on alcohol. One in five (20%) spent £10 or more per week on alcohol. Responses are shown in Figure 6.8.

Figure 6.8: Expenditure on Alcohol Per Week (of those who ever drank alcohol)



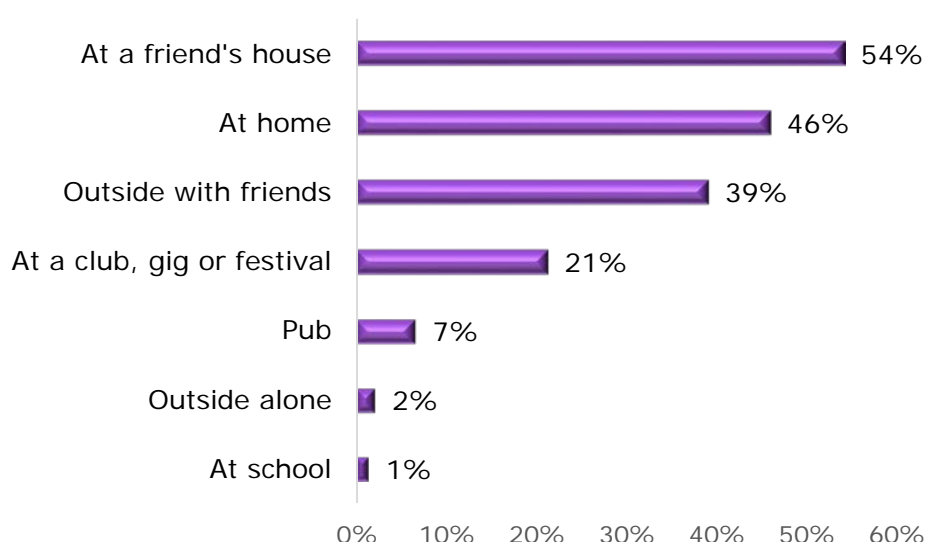
Pupils who ever drank alcohol were asked where they buy alcohol. Responses are shown in Figure 6.9. One in three (34%) said they did not buy alcohol. The most common means of buying alcohol was friends buying it for them (31% pupils).

Figure 6.9: Where Buy Alcohol (of those who ever drank alcohol).



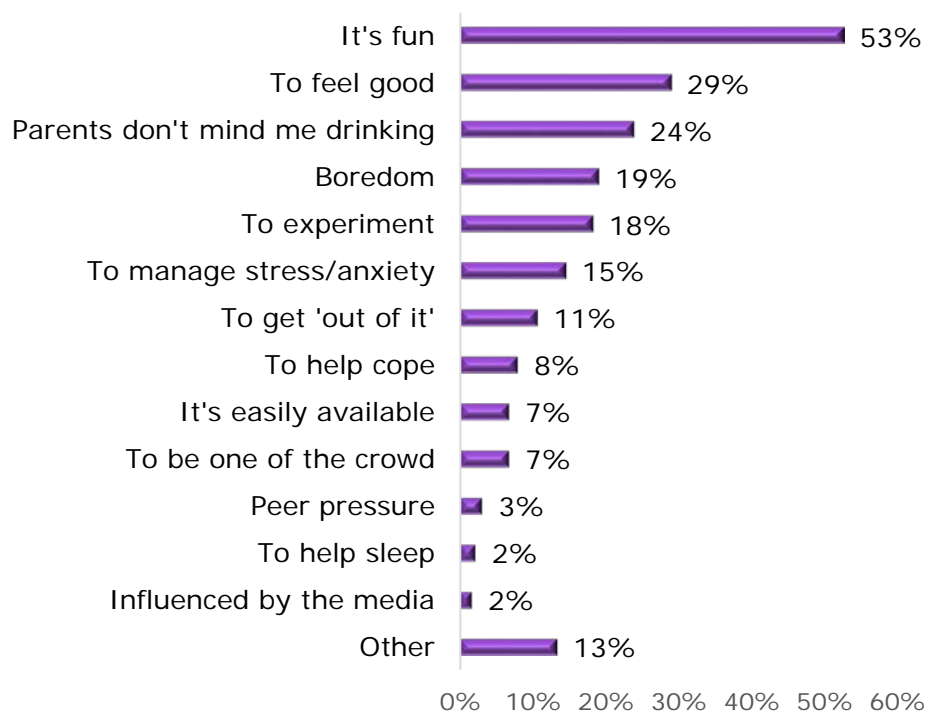
Those who ever drank were asked where they usually drink alcohol. Responses are shown in Figure 6.10. The most common places to drink alcohol were at a friend's house (54%) and at home (46%).

Figure 6.10: Where Pupils Usually Drank Alcohol (of those who ever drank alcohol)



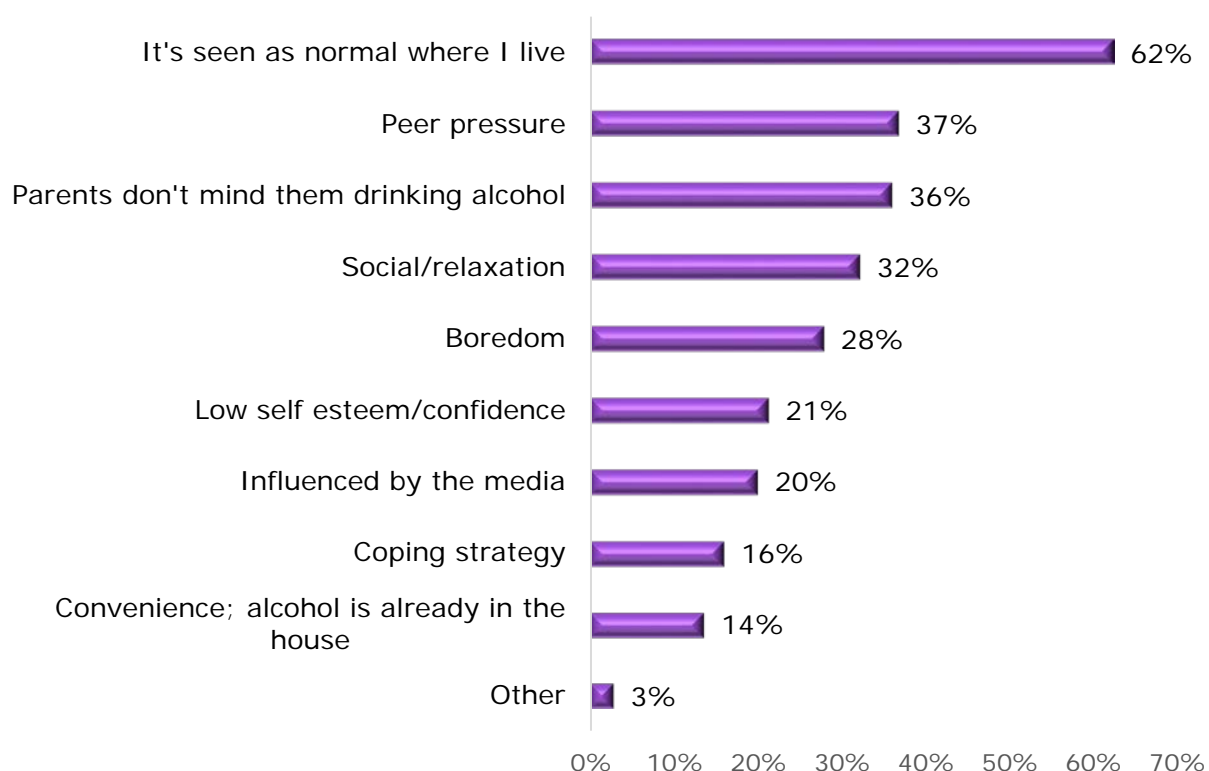
Those who drank alcohol were asked why they drank, with a list of options. The most common reason was 'it's fun', as shown in Figure 6.11.

Figure 6.11: Reasons for Drinking Alcohol (of those who ever drank alcohol)



Only those who drank alcohol were asked what they thought were the main factors that influence young people to drink alcohol (from a list). The most common factor identified was 'it's seen as normal where I live' (62%).

Figure 6.12: Perceived Factors that Influence Young People to Drink Alcohol (of those who ever drank alcohol)



One in seven (14%) of those who drank alcohol said that their drinking had led them to behave in anti-social ways.

Trends for Getting Drunk

Due to changes in the questionnaire, it is not possible to reliably compare the proportion who had ever drunk alcohol between the two surveys. However, limiting trends to those who drank alcohol, the proportion who said they got drunk at least once a week rose between 2013 and 2019 from 16% to 20%.

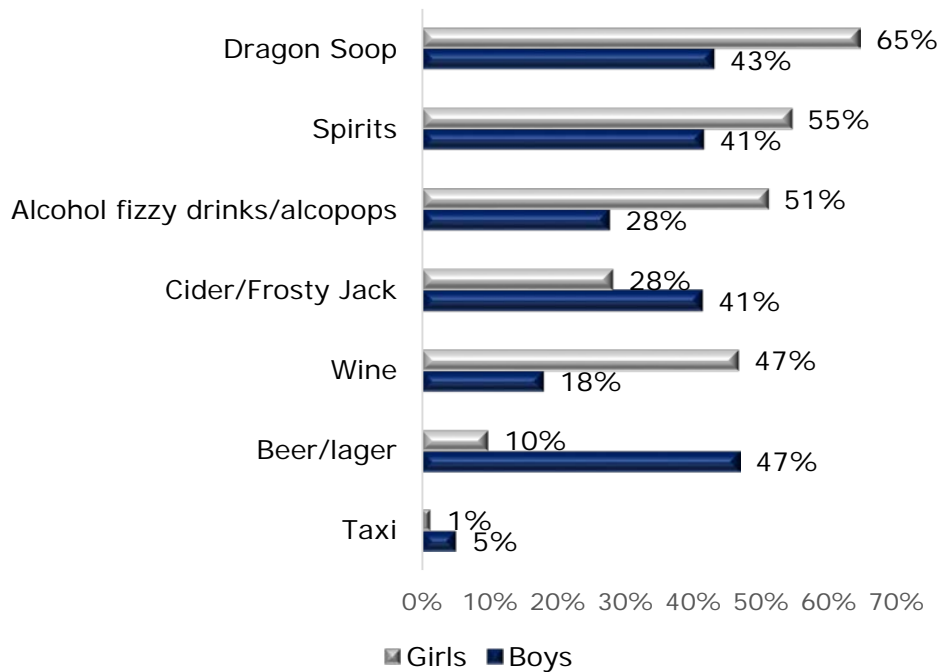
Table 6.2: Trends for Getting Drink Once Per Week or More (of those who ever drink alcohol)

	% of drinkers who got drunk at least once a week
2013	16.3%
2019	19.6%
Change (2013-2019)	+3.3%

Gender

Boys and girls tended to drink different types of alcoholic drinks. Among those who ever drank alcohol, boys were much more likely than girls to drink beer/lager (47% boys; 10% girls) and cider (41% boys; 28% girls). Girls were much more likely than boys to drink alcopops (alcopops (51% girls; 28% boys) and wine (47% girls; 18% boys). All significant differences are shown in Figure 6.13.

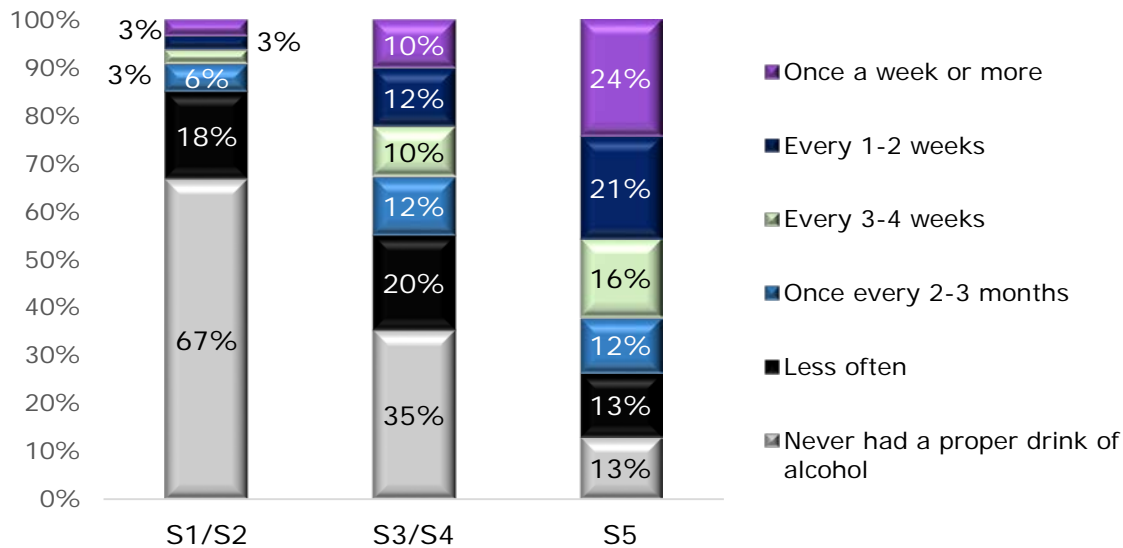
Figure 6.13: Types of Drink Consumed by Gender (all those who ever drank alcohol – all drinks showing a significant difference by gender)



Stage

As would be expected, patterns of alcohol use changed with age, with younger pupils much less likely than older pupils to drink alcohol. The proportion who said they never drank alcohol ranged from 66% of S1/S2 pupils to 13% of S5 pupils.

Figure 6.14: Frequency Drink Alcohol by Stage



Among those who ever drank alcohol, S5 pupils were the most likely (and S1/S2 pupils were the least likely) to drink:

- Dragon Soop (61% S5; 54% S3/S4; 48% S1/S2)
- Spirits (70% S5; 46% S3/S4; 28% S1/S2)
- Alcopops (52% S5; 37% S3/S4; 32% S1/S2)
- Cider (52% S5; 33% S3/S4; 16% S1/S2)
- Fortified wine/sherry (43% S5; 35% S3/S4; 22% S1/S2)
- Beer/lager (37% S5; 25% S3/S4; 21% S1/S2)
- Wine (43% S5; 33% S3/S4; 26% S1/S2).

Also, among those who ever drank alcohol, S5 pupils were the most likely, and S1/S2 pupils were the least likely to:

- Get drunk at least once per week (29% S5; 18% S3/S4; 10% S1/S2)
- Spend money on alcohol each week (63% S5; 48% S3/S4; 35% S1/S2)
- Obtain alcohol by:
 - Friends buying it for them (48% S5; 28% S3/S4; 15% S1/S2)
 - Family buying it for them (49% S5; 24% S3/S4; 12% S1/S2)
 - Buying it at an off-licence (21% S5; 10% S3/S4; 5% S1/S2)
 - Buying it at a super market (14% S5; 4% S3/S4; 3% S1/S2)
 - Buying it at a grocers shop (14% S5; 6% S3/S4; 4% S1/S2)
 - Buying it at a pub (11% S5; 2% S3/S4; 1% S1/S2)
- Drink alcohol at:
 - a friend's house (81% S5; 53% S3/S4; 24% S1/S2)
 - clubs/gigs/festivals (44% S5; 15% S3/S4; 7% S1/S2)
 - a pub (16% S5; 3% S3/S4; 2% S1/S2).

However, among those who ever drank alcohol, S1/S2 and S3/S4 pupils were more likely to obtain alcohol by asking strangers to buy it for them (23% S1/S2; 22% S3/S4; 10% S5).

6.5 Drugs

Context and National Data

Illegal or controlled drugs are those which are illegal to market, supply or possess under the Misuse of Drugs Act (1971). In recent years, new types of substances have emerged known as New Psychoactive Substances (NPS), these substances are synthesized to have the same or similar effects to illegal drugs, initially known as 'legal highs'. However, the Review of Psychoactive Substances Act 2016 made it an offence to produce or supply NPSs.

National Records for Scotland show that in 2018 there were 1,187 drug-related deaths in Scotland, marking an increase of 27% since the previous year and making the rate of drug-related deaths in Scotland the highest in Europe. Within Scotland, the Greater Glasgow & Clyde health board area has the highest drug-related death rate.

The national strategy *Rights, Respect and Recovery: Alcohol and Drugs Treatment Strategy* was published in November 2018 and set out approaches and actions including those aimed at preventing drug use and making early interventions with the aim of fewer people developing problem drug use, developing appropriate systems of recovery/care for those with problem drug use, and supporting children, young people and family affected by drug use.

A Scottish Government established a Taskforce to tackle the drugs death emergency in September 2019, and followed a Scottish Government commitment to spend an additional £20 million over the next two years to reduce the harm caused by drugs.

The SALSUS survey 2018 found that 4% of 13 year olds and 12% of 15 year olds in Scotland had used drugs in the previous month.

**Key statistic:
15% had
ever taken
drugs**

More than one in seven (15%) pupils said that they had ever used drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to them.

Of those who said they had ever used drugs, 48% said they did so infrequently, 20% no longer took drugs and 32% took drugs at least monthly. This equated to 5% of all pupils taking drugs at least once a month.

Those who had ever taken drugs were asked where they got their drugs from on the last occasion. By far the most common sources of drugs were friends (54%) and dealers (44%).

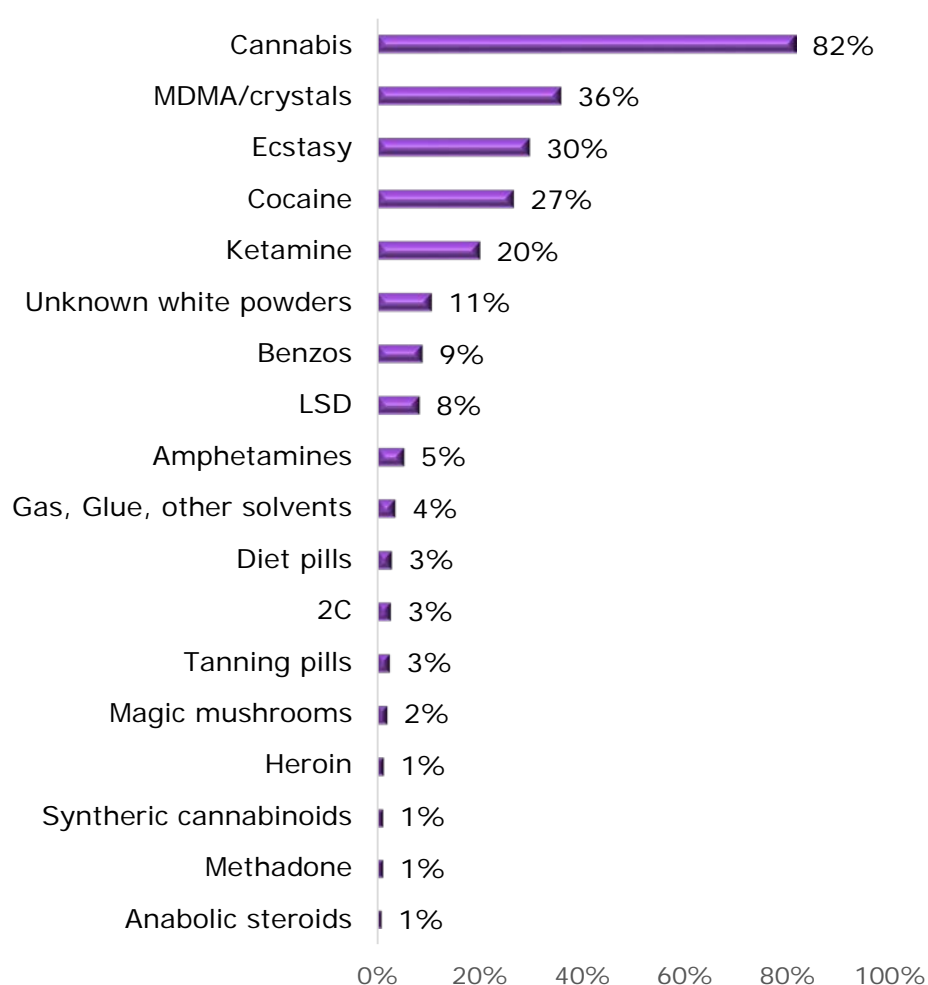
Those who had used drugs were also asked where they used them on the last occasion. Responses were:

- Outside with friends (46%)
- At a friend's house (45%)
- At home with friends (13%)
- At a club, gig or festival (9%)
- At home alone (4%)
- Outside alone (3%)
- At school (2%).

Those who had used drugs were asked whether, on the last occasion, they had used drugs with alcohol. Three in five (58%) said they had.

Those who had ever used drugs were given a list of drugs and asked whether they had taken any of these in the last year. By far the most commonly used drug was cannabis, which had been used in the last year by 82% of all pupils who had ever used drugs. The next most common drugs were MDMA powder/crystals (36%), ecstasy (30%) and cocaine (27%). All responses are shown in Figure 6.15.

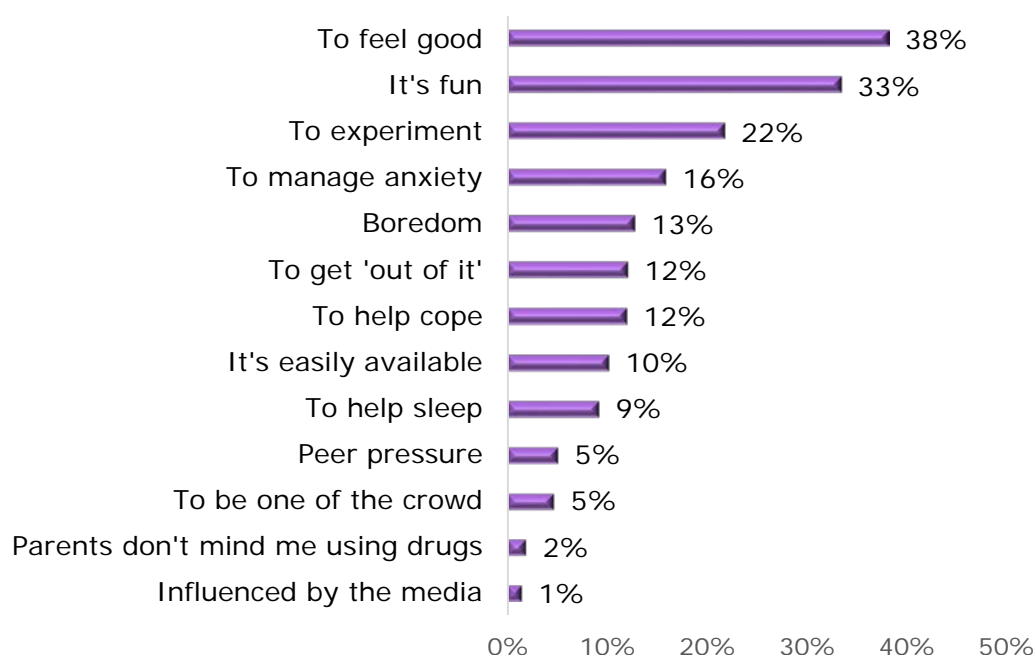
Figure 6.15: Drugs Used in the Last Year (of those who had ever taken drugs)



Thus, overall, 12% of **all pupils** had taken cannabis in the last year, 5% had taken MDMA powder/crystals, 4% had taken ecstasy, and 4% had taken cocaine.

All those who had ever used drugs were asked why they use the drugs they choose. The most common responses were 'to feel good' and 'it's fun'. All responses are shown in Figure 6.16.

Figure 6.16: Reasons for Using Drugs



One in six (16%) of those who had ever taken drugs said that taking drugs had led them to behave in anti-social ways.

All pupils were asked how easy they thought it would be for them to get hold of drugs. More than one in three (37%) said that they did not know. Of those who were able to respond, 58% said it would be easy (22% said very easy and 35% said fairly easy) and 42% said it would be difficult or impossible (10% said fairly difficult, 9% said it would be very difficult and 24% said it would be impossible).

Trends for Drug Use

Between 2013 and 2019 there was an increase in the proportion of pupils who had ever taken drugs¹⁰.

Table 6.3: Trends for Drug Use (ever)

	% of pupils who have ever taken drugs
2013	8.1%
2019	14.9%
Change (2013-2019)	+6.8%

¹⁰ There was a change in the way drug use was measured between the surveys, including the collection of use of drugs and legal highs separately in the 2013 survey, and a new definition in 2019 which included 'prescription drugs not prescribed to you'.

Gender

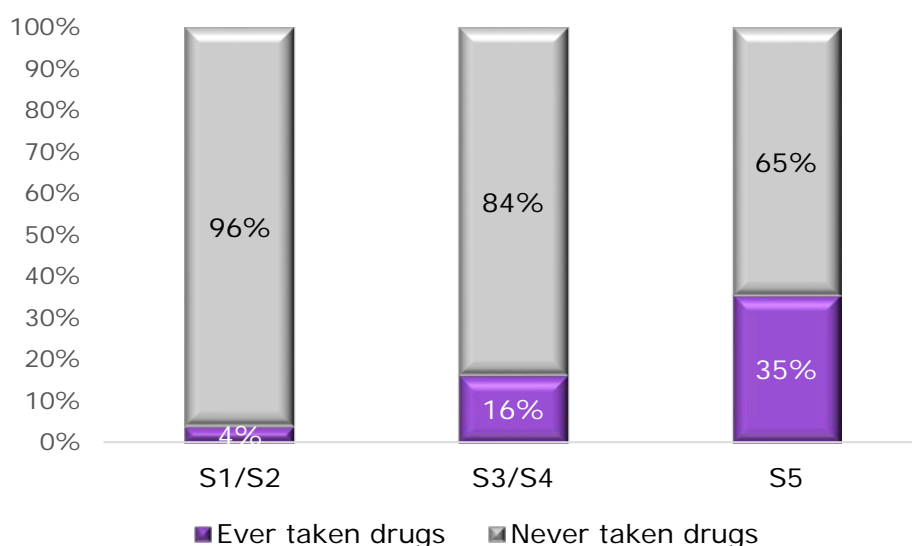
Among those who had taken drugs, girls were more likely than boys to say they had taken drugs at a friend's house (55% girls; 38% boys). Girls who had used drugs were also more likely than boys to say they the last time they had used them they did so with alcohol (71% girls; 49% boys).

Among those who had ever taken drugs, boys were more likely than girls to have used cannabis last year (89% boys; 72% girls).

Stage

While just 4% of S1/S2 pupils said they had ever used drugs, this rose to more than a third (35%) among S5 school pupils.

Figure 6.17: Whether Ever Taken Illegal Drugs by Stage



Among those who had used drugs, S1/S2 pupils were the least likely to have used drugs at a friend's house on the last occasion (11% S1/S2; 41% S3/S4; 58% S5).

Among those who had used drugs, S5 pupils were the most likely to say they had used drugs with alcohol on the last occasion (70% S5; 49% S3/S4; 45% S1/S2).

Among those who were able to say, S5 pupils were the most likely to say that it would be easy for them to get drugs (81% S5; 66% S3/S4; 32% S1/S2).

CHAPTER SUMMARY

Key statistics

- 9% were smokers
- 5% used e-cigarettes
- 29% lived with a smoker
- 12% were exposed to smoke in cars
- 55% were exposed to smoke indoors
- 56% had ever drunk alcohol
- 20% of those who drank alcohol got drunk at least weekly
- 15% had ever used drugs

Trends

Between 2013 and 2019 there was an increase in the proportion who were smokers.

There was an increase in the proportion of drinkers who got drunk at least weekly.

There was an increase in the proportion who had used drugs.

Key differences by stage

S5 pupils were the most likely to:

- Smoke
- Use e-cigarettes
- Drink alcohol
- (among drinkers) get drunk at least once a week
- Have taken drugs

Sexual Health and Relationships



Sexual Orientation

8%

identified as
Lebian, Gay or
Bisexual



10%
girls

5%
boys

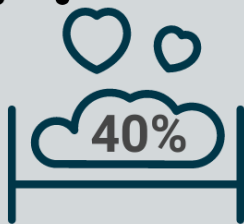
Boyfriends/girlfriends



25%
had a
boyfriend or
girlfriend



Sexual Activity



40%

S3-S5 pupils
had engaged in
sexual activity

51%
S5

34%
S3/4



always used
contraception or
condoms when
sexually active

Being sexually
active associated
with:



smoking



alcohol



drugs



risk/antisocial
behaviours

7.1 Sexual Orientation

Excluding those who refused to say (3%) and those who were unsure of their sexual orientation (3%), 92% of pupils identified as heterosexual/straight and 8% had an LGB identity. Those with LGB identities comprised 5% bisexual, 2% gay/lesbian and 1% other LGB identities (the most common of which was pansexual).

Gender

Girls were twice as likely as boys to identify as LGB (10% girls; 5% boys).

7.2 Sexual Health and Relationships Education

The Scottish Government states that relationships, sexual health and parenthood education is an integral part of the health and wellbeing area of the school curriculum in Scotland¹¹. Three in four (74%) said they had received sexual health and relationships education (SHRE) at school.

Of those who had received SHRE, two in five (43%) said that it was useful; 37% said they were not sure and 20% said it was not useful.

7.3 Relationships with Boyfriends/Girlfriends and Sexual Activity

One in four (25%) pupils said they currently had a boyfriend or girlfriend.

Overall the mean age of current boyfriends/girlfriends was 14.7. Among S1/S2 pupils, the mean age of boyfriends/girlfriends was 13.1; among S3/S4 pupils it was 15.1 and among S5 pupils it was 16.5.

Pupils with a current boyfriend or girlfriend were asked whether their boyfriend/girlfriend had done a number of positive or negative things (often, quite often, occasionally or never). All responses are shown in Table 7.1. By far the most common negative behaviour reported was boyfriends/girlfriends constantly checking where they were – two in three (66%) of those with a boyfriend or girlfriend said this happened at least occasionally.

¹¹ <http://www.gov.scot/Topics/Education/Schools/HLivi/sex-education>

Table 7.1: How often boyfriend/girlfriend does certain things (those with boyfriend/girlfriend only)

	Often	Quite often	Occasionally	Never
Makes you feel safe and respected	80%	13%	3%	3%
Encourages you to do something you enjoy	75%	17%	5%	3%
Has physically hurt you in any way	3%	1%	5%	92%
Puts you down when you are together or in front of other people	2%	1%	5%	92%
Comments negatively on how you dress	2%	1%	6%	91%
Constantly checks where you are	15%	14%	37%	34%
Tries to or limits the time you spend with friends	4%	3%	9%	84%
Puts pressure on you to send naked images of yourself	3%	1%	3%	93%
Puts pressure on you to do sexual things	3%	1%	7%	89%

In Scotland, as defined by the Sexual Offences (Scotland) Act 2009, the age of consent is 16. It is illegal for an adult to engage in any sexual activity with a young person aged under 16 and it is also illegal for young people aged under 16 to have sexual intercourse or oral sex. Nonetheless, under-age sexual activity is prevalent. In Scotland, 30% of young men and 26% of young women reported having had sexual intercourse before their 16th birthday.¹²

Pupils in S3-S5 were asked whether they had ever engaged in sexual intercourse or other sexual activity with another person. Nearly three in ten (28%) had engaged in sexual intercourse and one in three (34%) had engaged in other sexual activity. Altogether, 40% of all S3-S6 pupils had engaged in either sexual intercourse or other sexual activity.

S3-S5 pupils who had engaged in sexual intercourse or other sexual activity were asked how often they or their boyfriend/girlfriend used contraception (e.g. implant, injection, pill) and condoms. Three in five (61%) said they never used contraception, 14% said they/their partner sometimes did and 26% said they always did. Half (51%) said they never used condoms, 28% said they sometimes did and 22% said they never did. Altogether, 40% of those who were sexually active said they always used either contraception or condoms.

S3-S5 pupils who had ever been sexually active were asked to indicate their level of agreement/disagreement with a number of statements:

¹² <http://www.gov.scot/Publications/2010/12/02143509/1>

- Nearly nine in ten (88%) agreed that they found it easy to say 'no' to having sex
- Three in five (59%) agreed that they found it easy to ask for help regarding sexual issues
- Three in four (73%) agreed that they found it easy to get information on sexual health
- More than nine in ten (92%) agreed that they found it easy to say what they want in relationships.

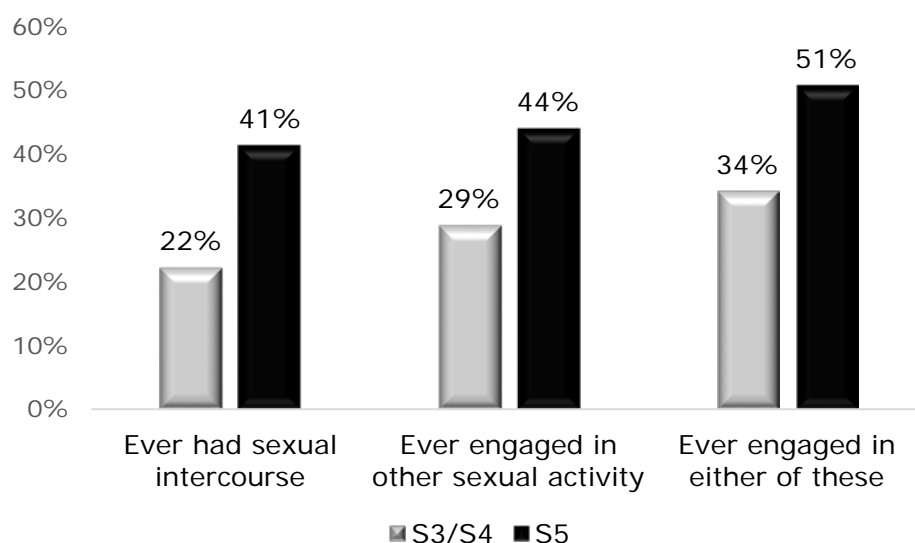
Gender

Among those who were sexually active, girls were more likely than boys to say they/their partner always used contraception (32% girls; 19% boys), and overall more likely to say they always used either contraception or condoms (48% girls; 31% boys).

Stage

Half (51%) of S5 pupils and one third (34%) of S3/S4 pupils had engaged in sexual activity.

Figure 7.1: Whether Engaged in Sexual Activity by Stage



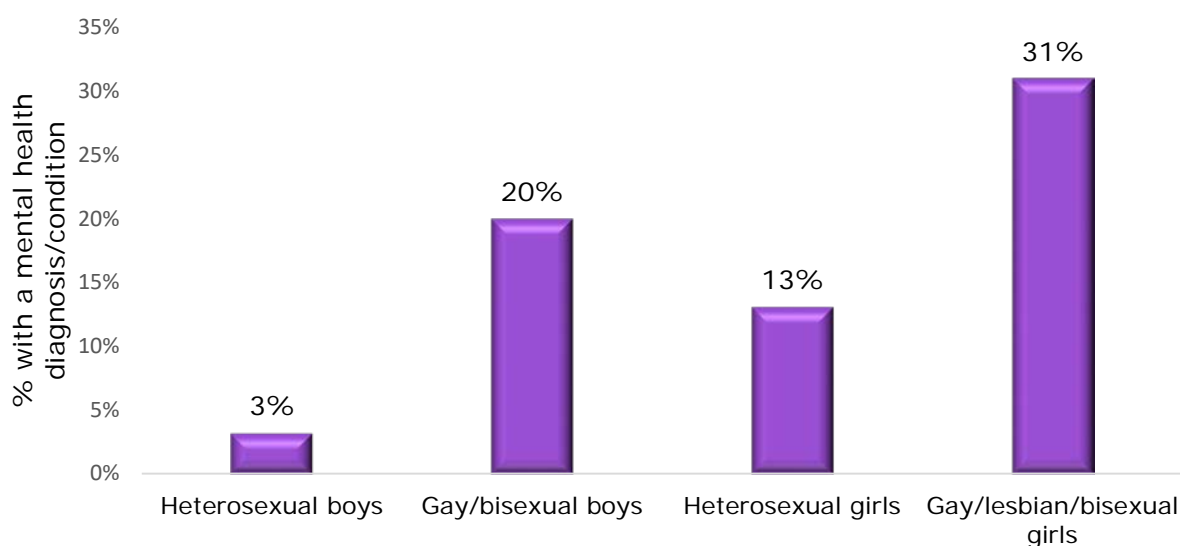
Among those who were sexually active, those in S5 were much more likely than those in S3/S4 to always use contraception (41% S5; 15% S3/S4) or say they always use either contraception or condoms (53% S5; 30% S3/S4).

7.4 Sexual Health - Exploring Further

Do young people who report being attracted to the same sex have poorer mental health or more difficulties?

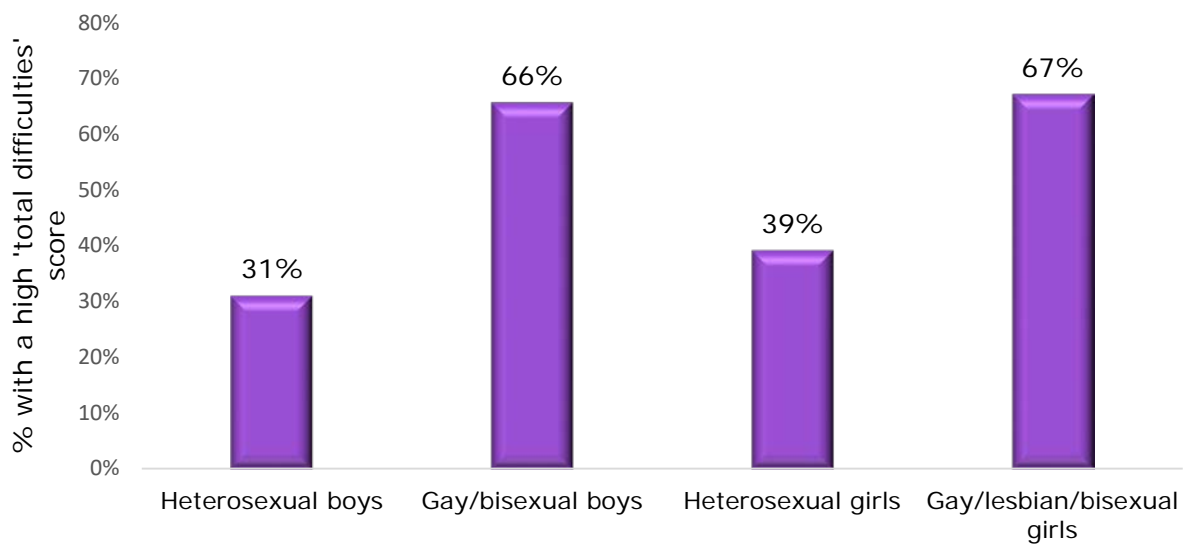
There is a very striking disparity for mental health among bisexual, lesbian or gay pupils compared to heterosexual pupils. LGB girls were nearly three times as likely as heterosexual girls to have a mental health condition. Gay and bisexual boys were nearly seven times as likely as heterosexual boys to have a mental health condition, as shown in Figure 7.2.

Figure 7.2: Proportion of Pupils with a Mental Health Diagnosis/Condition by Gender and Sexual Identity



Scores for strengths and difficulties also varied significantly by sexual identity, with those with LGB identities being much more likely to have a high score for 'total difficulties', as shown in Figure 7.3.

Figure 7.3: Proportion of Pupils with a High ‘Total Difficulties’ SDQ Score by Gender and Sexual Identity



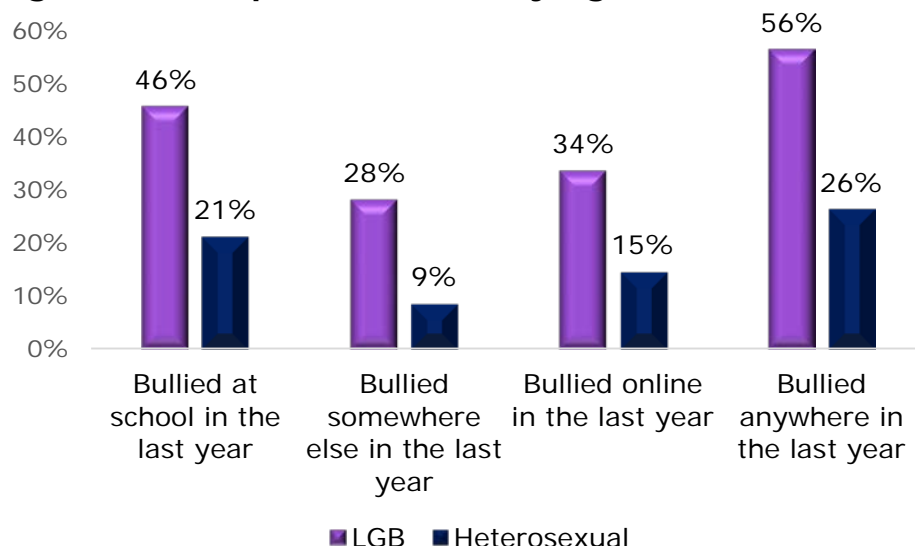
Are young people who report being attracted to the same sex more or less likely to have someone to talk to?

Although most pupils had someone that they found easy to talk to about things that bother them, bisexual/lesbian/gay pupils were more likely than heterosexual pupils to indicate that there was no-one that they found easy to talk to (14% LGB; 5% heterosexual).

Are young people who report being attracted to the same sex more or less likely to be bullied?

Pupils who indicated that they were lesbian, gay or bisexual were much more likely than those who were heterosexual to say they had been bullied in the last year – a majority (56%) of all LGB pupils had been bullied compared to 26% of heterosexual pupils.

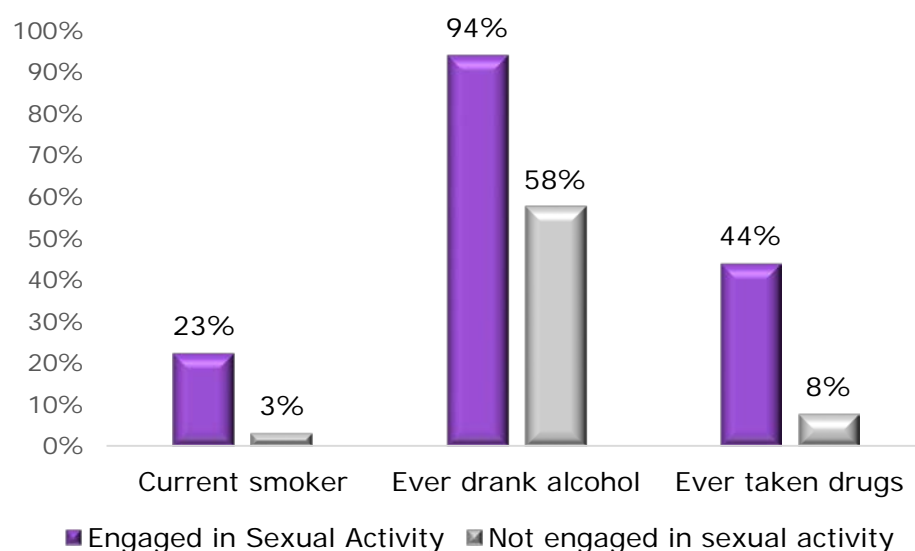
Figure 7.4: Experience of Bullying in the Last Year by Sexual Identity



What are the links between sexual activity and risk behaviours?

S3-S5 pupils who had ever engaged in sexual activity were much more likely than those who had not to engage in risk behaviours. This included smoking, drinking and drug use, as shown in Figure 7.5. Those who had ever engaged in sexual activity were seven times more likely to be current smokers and six times more likely to have taken drugs.

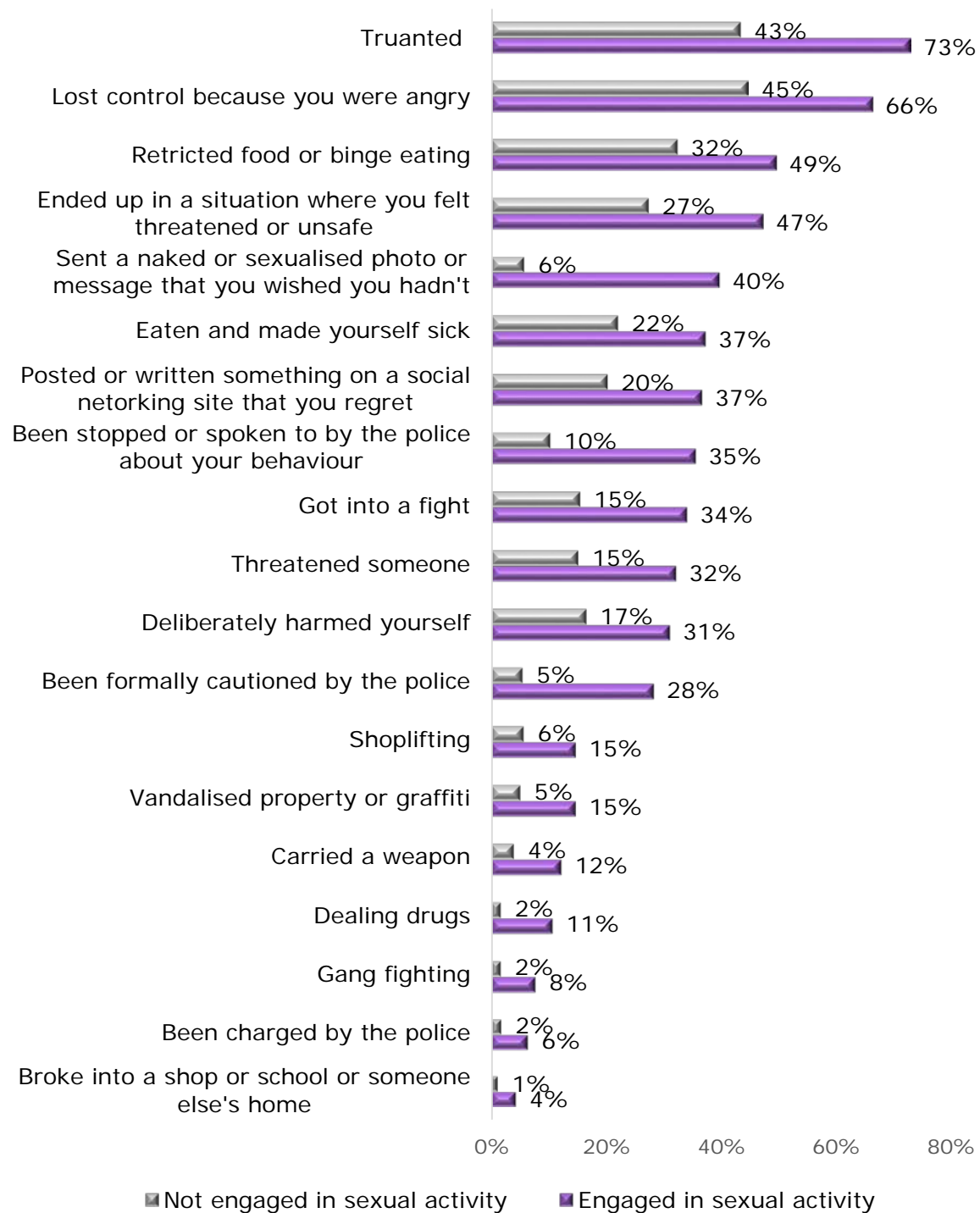
Figure 7.5: Smoking, Drinking and Drug Use by Whether Ever Engaged in Sexual Activity



As Figure 7.6 shows, being sexually active was associated with much higher levels of antisocial, criminal and risk taking behaviour compared to those who were not sexually active. Those who had ever had sexual intercourse were

much more likely than those who had not to have engaged in each of the antisocial/risk behaviours measured in the questionnaire.

Figure 7.6: Antisocial/Risk Behaviours by Whether Ever Engaged in Sexual Activity



CHAPTER SUMMARY

Key statistics

- 8% identified as lesbian, gay or bisexual
- 25% had a boyfriend or girlfriend
- 40% of S3-S5 pupils had engaged in sexual activity
- 40% always used contraception or condoms when sexually active

Key differences by gender

Girls were more likely than boys to identify as LGB.

Among those who were sexually active, girls were more likely to always use contraception/protection.

Key differences by stage

S5 pupils were more likely than S3/S4 pupils to have engaged in sexual activity.

Among those who were sexually active, S5 pupils were more likely to always use contraception/protection.

Screen Time

Internet Access



99%

Had access to the internet at home

Time on devices



32%

Spent 7+ hours on electronic devices on school days

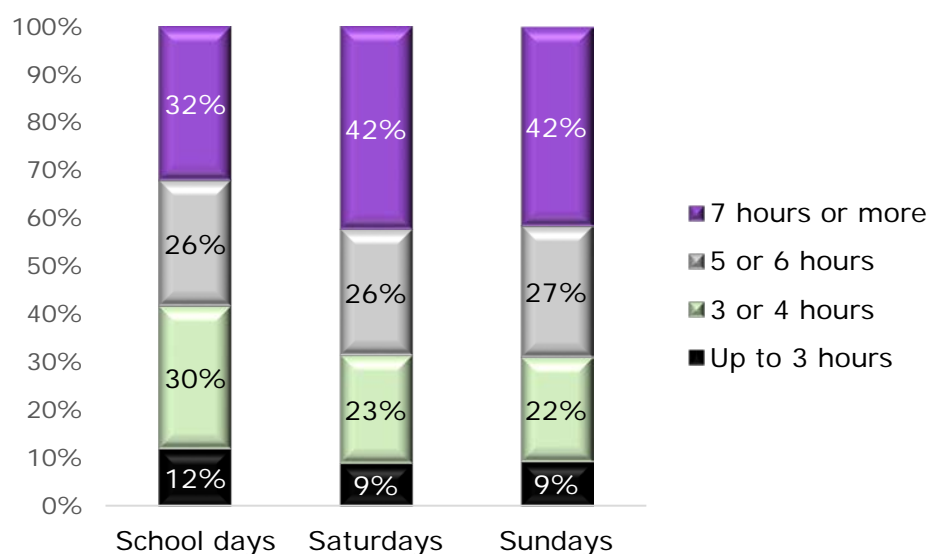
8.1 Internet Access

Nearly all (99%) pupils said they had access to the internet at home.

8.2 Use of Electronic Devices

Pupils were asked how much time they spent (on a school day, on Saturdays and on Sundays) on electronic devices such as laptops, PCs, tablets, smartphones or games consoles. Responses are shown in Figure 8.1. One in three (32%) pupils spent seven or more hours using electronic devices on school days and two in five (42%) did so at weekends.

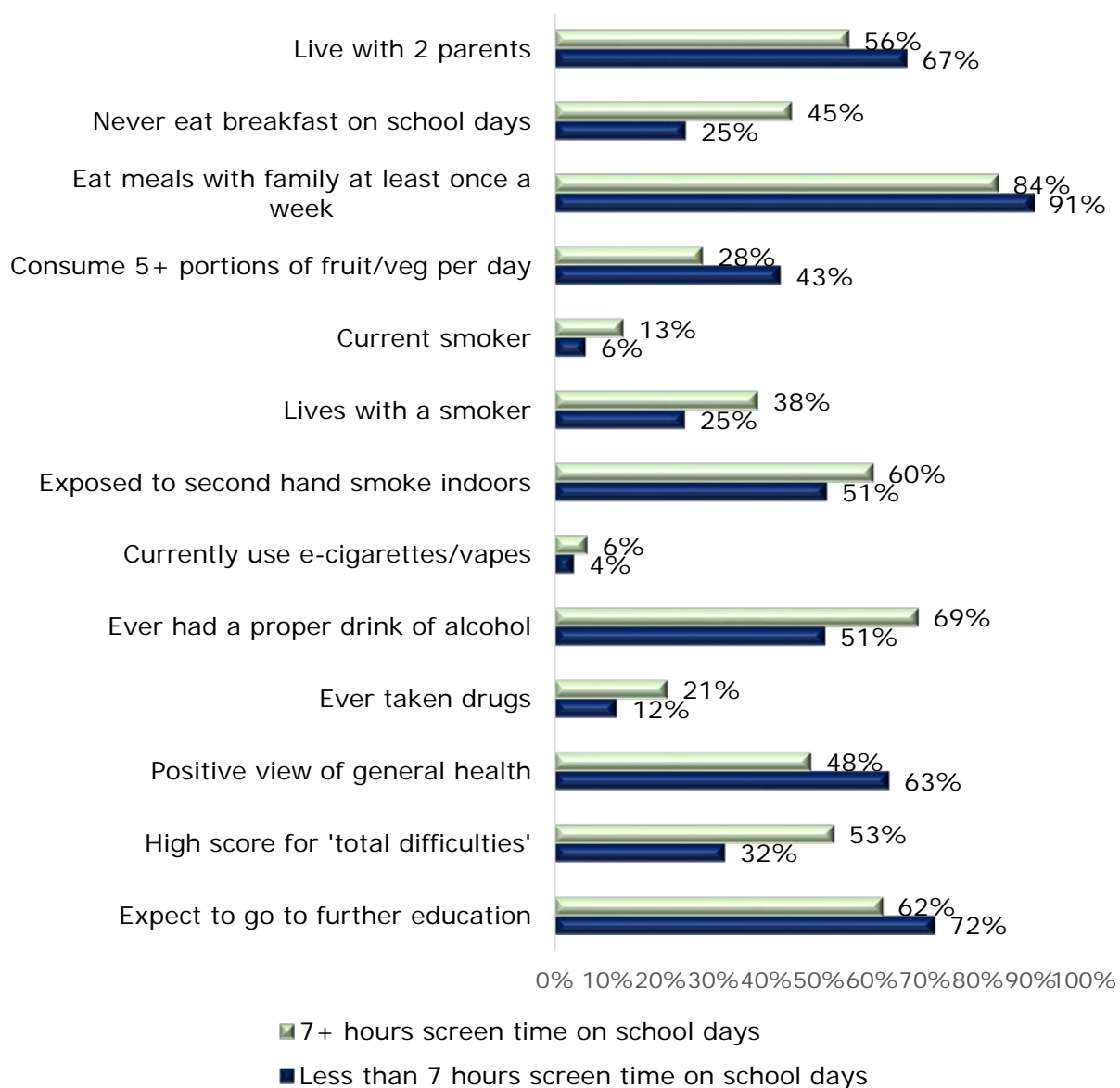
Figure 8.1: Time Spent Using Electronic Devices on School Days and Weekends



8.3 Screen Time - Exploring Further

As Figure 8.2 below shows, those who spent more than seven hours on school days using electronic devices had less positive indicators for a number of measures. Compared to those with lower levels of screen time, those with high screen time were more likely to have taken drugs, drunk alcohol, be a current smoker, use e-cigarettes or be exposed to second hand smoke. They were more likely to skip breakfast, less likely to eat meals with their family and less likely to meet the target for fruit/vegetable consumption. Also, those with high screen time were more likely to have a high total difficulties score on the SDQ. Compared to those with lower levels of screen time, those with high levels of screen time were less likely to expect to go to further education, less likely to rate their health positively and less likely to belong to a two-parent family.

Figure 8.2: Indicators Showing Significant Differences by Level of Screen Time on Weekdays



CHAPTER SUMMARY

Key statistics

- 99% had access to the internet at home
- 32% spent 7+ hours on electronic devices on school days

Risk Clustering and Positive Behaviours

Risk/antisocial behaviours



Reported having engaged in at least one of 20 risk/antisocial behaviours

Most common:



Lost control when angry
54%



Truanted
46%



Restricted food or binge eating
34%

Risk Clustering

High levels of multiple risk behaviours associated with:



Being bullied and being a bully



High level of screen time



Less sleep



Being a carer



Having ADHD or dyslexia



Not expecting to go to further education

Positive Behaviours



75%

Reported having engaged in at least one of 8 positive behaviours

Most common:



Sports clubs
42%



Voluntary work
28%

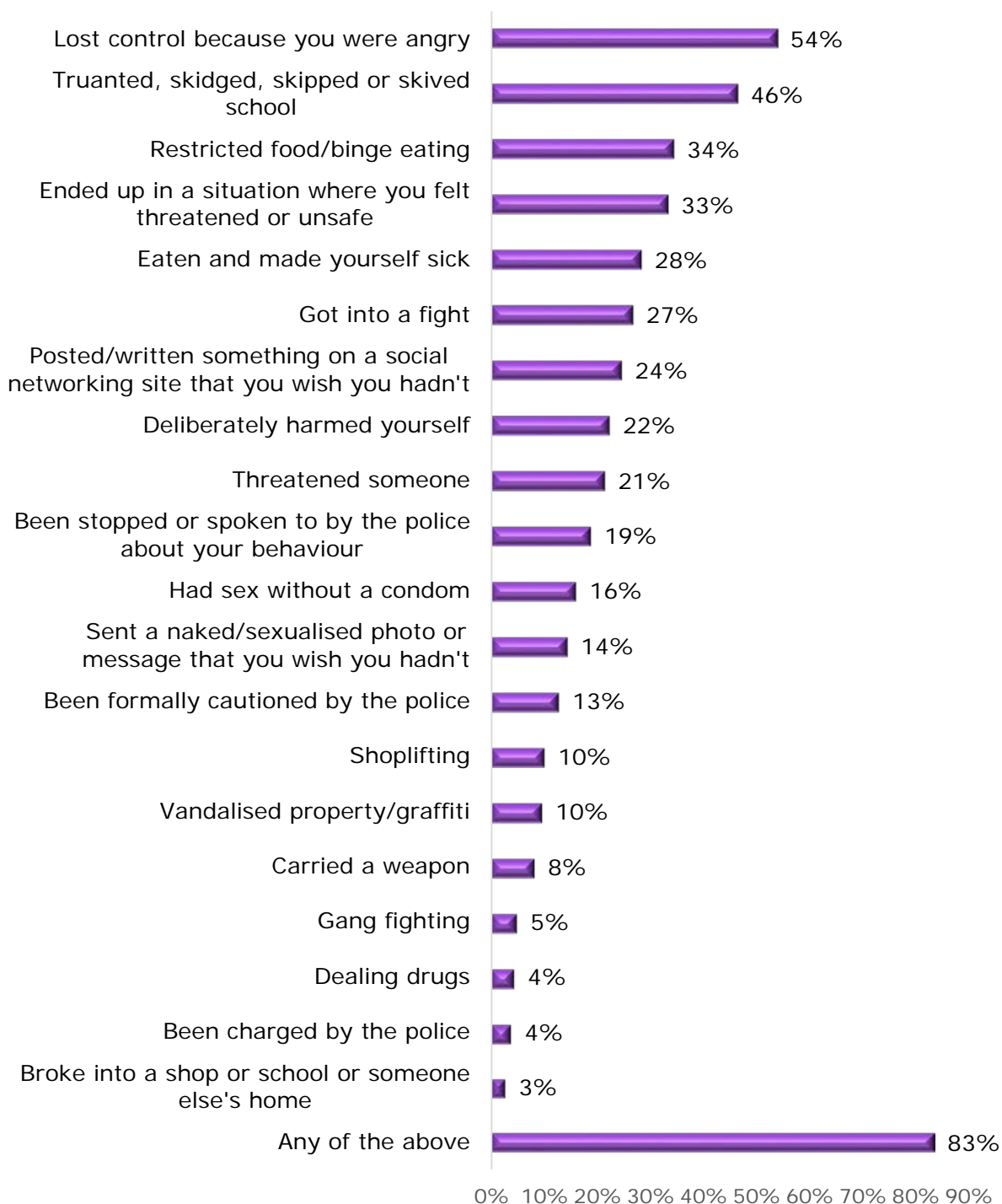


Charity event
26%

9.1 Anti Social and Risk Behaviours

Pupils were asked which, if any, antisocial or risk behaviours they had engaged in during the last year from a list of 20 behaviours. Most (83%) had engaged in at least one of the risk behaviours. The most common were losing control when angry (54%) and truanting (46%). The proportion who engaged in each behaviour is shown in Figure 9.1.

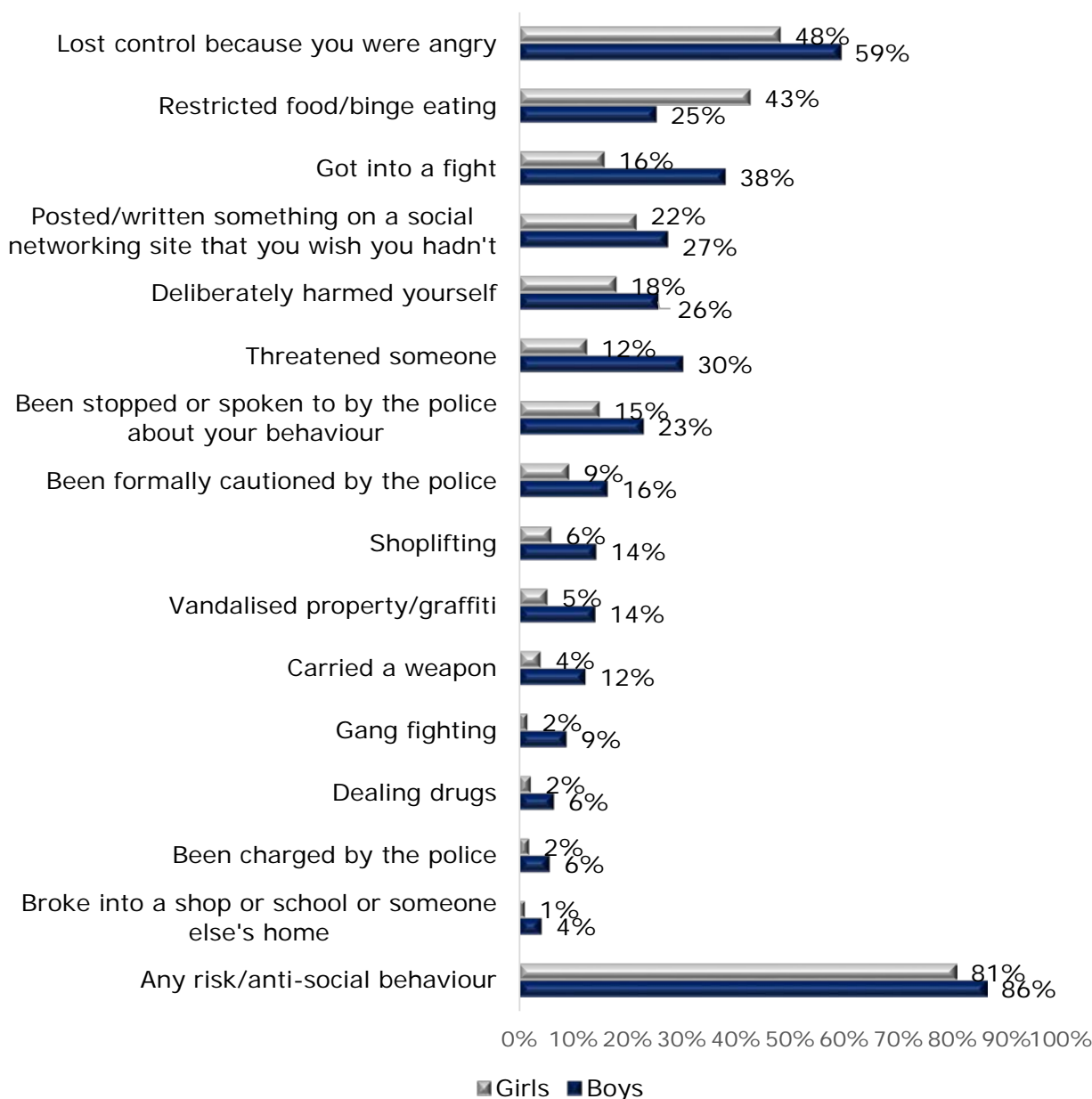
Figure 9.1: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year



Gender

Boys were more likely than girls to have participated in any of the anti-social/risk behaviours in the last year (86% boys; 81% girls). As Figure 9.2 shows, boys were more likely than girls to have engaged in 13 of the behaviours. However, girls were more likely than boys to have engaged in food restriction/binge eating or self-harm.

Figure 9.2: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year by Gender (all behaviours showing a significant difference)

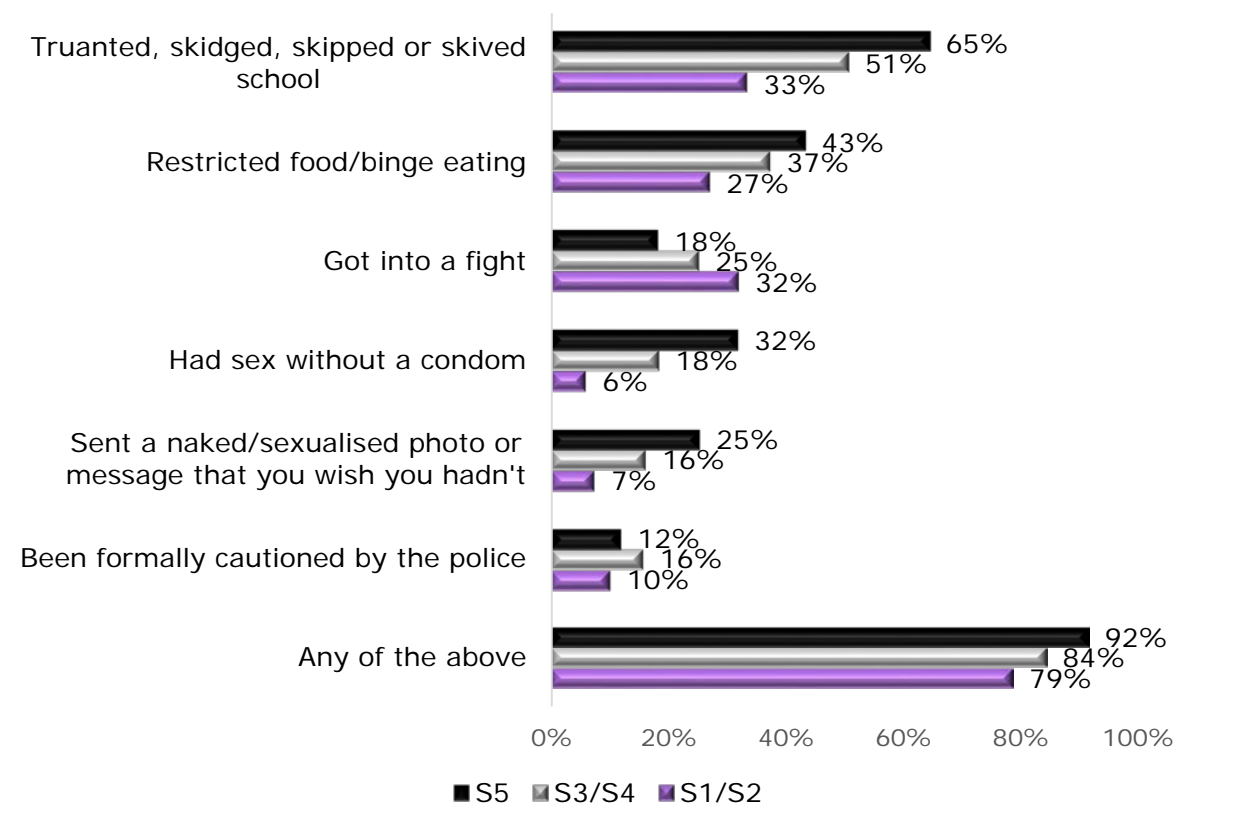


Stage

As shown in Figure 9.3, S5 pupils were the most likely to have engaged in any the antisocial/risk behaviours, and specifically more likely to have

engaged in truanting, restricting food/binge eating, having sex without a condom and sending naked/sexualised photos which they regret. However, S1/S2 pupils were the most likely to say they had got into a fight and S3/S4 pupils were the most likely to say they had been cautioned by the police.

Figure 9.3: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year by Stage (all behaviours showing a significant difference)



9.2 Multiple Risk

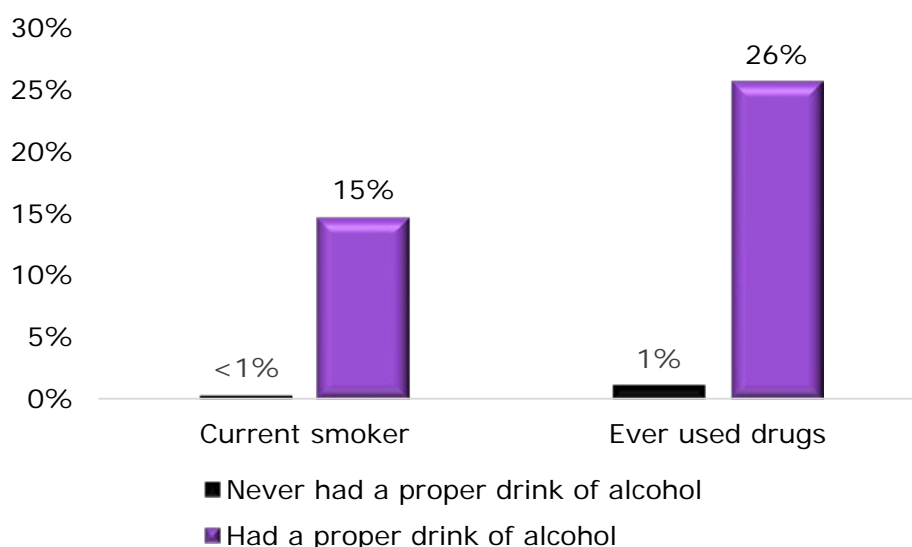
Smoking, Alcohol and Drugs

As shown in Chapter 6:

- 9% of pupils were current smokers;
- 56% of pupils had ever had a proper drink of alcohol;
- 15% of pupils had ever taken drugs.

There was a strong relationship between these behaviours. As Figure 9.4 shows, smoking and drug taking was very rare among those who had not drunk alcohol.

Figure 9.4: Whether Ever Had a Drink of Alcohol by Smoking Status and Drug Use



Smoking, drinking alcohol and taking drugs were also associated with a much higher likelihood of participating in other risk/anti-social behaviours. The findings show that 83% of pupils overall had engaged in at least one of the 20 specific risk/anti-social behaviours measured by the survey in the last year. However, this rose to 98% for those who had taken drugs, 98% for those who were current smokers and 92% for those who had ever drunk alcohol.

9.3 Development of a Risk Index

A risk index was calculated which gauged the level of risk-taking behaviour for each pupil. The index used 23 risk behaviours and scored each pupil based on the **gravity** of the behaviour (1 to 3) and the **frequency or influence of drugs/alcohol** of the behaviour (low or high). High frequency behaviours or those done under the influence of drugs or alcohol multiplied the gravity rating by 2.

Table 9.1 shows how the behaviours used in the risk index and the scores assigned based on gravity and frequency.

Table 9.1: Scores Used to Calculate Risk Index

Risk behaviour	Gravity rating (1-3)	Lower category (multiply gravity by 1)	Higher category (multiply gravity by 2)
Skipped school	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Eaten and made yourself sick	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Restricted food/binge eating	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Deliberately harmed yourself	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Had sex without a condom	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Sent a naked/sexualised photo message that you wish you hadn't	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Posted something on a social networking site that you wish you hadn't	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Lost control because you were angry	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Carried a weapon	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Threatened someone	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Got into a fight	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Gang fighting	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Shoplifting	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Vandalised property/Graffiti	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Broke into a shop /school/home	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Dealing drugs	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Been stopped or spoken to by the police about your behaviour	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs

Risk behaviour	Gravity rating (1-3)	Lower category (multiply gravity by 1)	Higher category (multiply gravity by 2)
Been formally cautioned by the police	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Been charged by the police	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Smoking tobacco	2	Tried smoking/smoke less than once per week	Smoke at least once per week
Smoking e-cigarettes	2	Tried e-cigarettes/use them less than once per week	Use e-cigarettes once a week or more
Drinking alcohol	2	Drink alcohol, but less than once a month	Drink alcohol at least monthly
Taken drugs	3	Tried drugs/used to take	Take drugs a few times a year or more

Risk scores for pupils ranged from 0 to 98, although more than three in four (77%) had scores of under 20. Pupils were categorised according to their risk scores as follows:

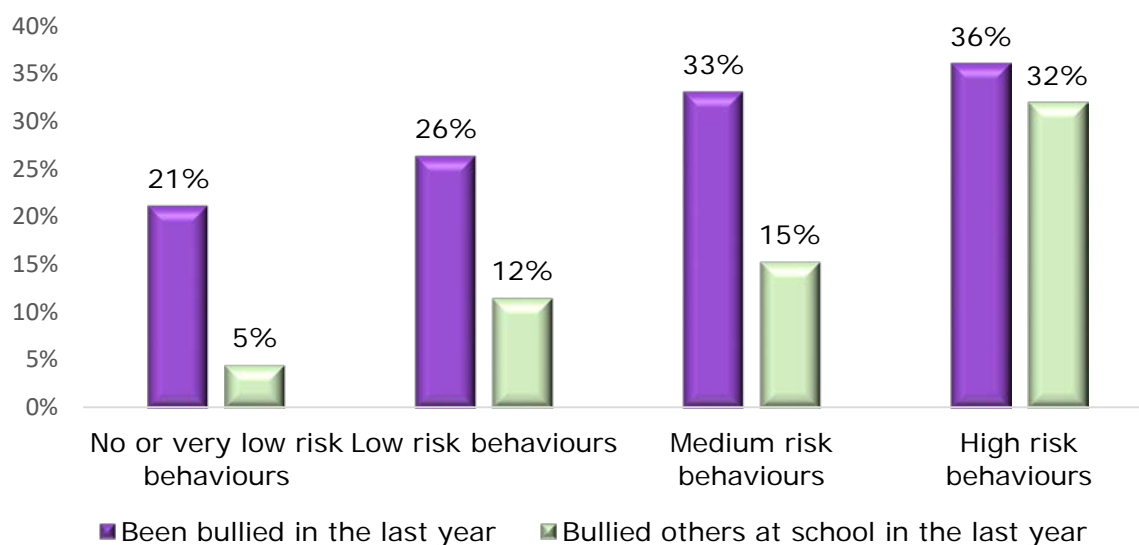
- No or very low risk behaviours (score of 0-2) - 24% of pupils
- Low risk behaviours (score of 3-7) - 24% of pupils
- Moderate risk behaviours (score of 8-19) - 29% of pupils
- High risk behaviours (score of 20+) - 23% of pupils.

9.4 Key Indicators by Risk Index

Bullying

Pupils with a high level of risk behaviours were the most likely to have been bullied in the last year and also the most likely to have bullied others, as shown in Figure 9.5.

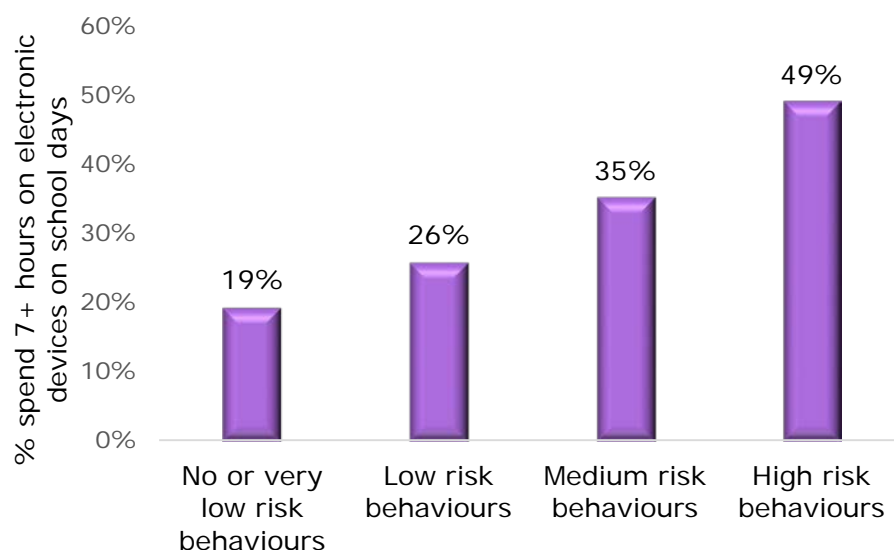
Figure 9.5: Been Bullied and Bullied Others by Risk Index



Screen Time

Engagement in risk behaviours was associated with higher use of electronic devices. Half (49%) of those with a high level of risk behaviours spent seven or more hours on electronic devices on school days, compared to 19% of those with no or very low levels of risk behaviours.

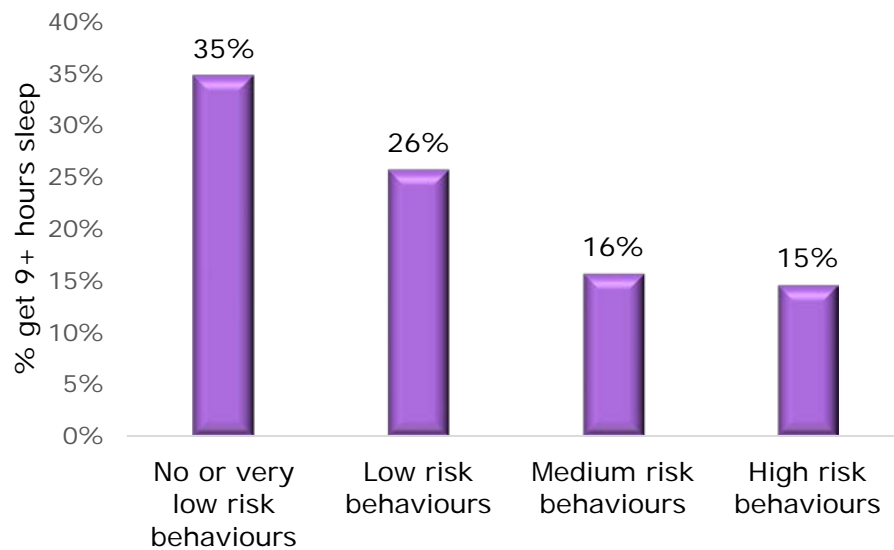
Figure 9.6: Proportion who Spend 7+ Hours on Electronic Devices on a School Day by Risk Index



Sleep

Increased risk behaviour was associated with lower amounts of sleep, as shown in Figure 9.7.

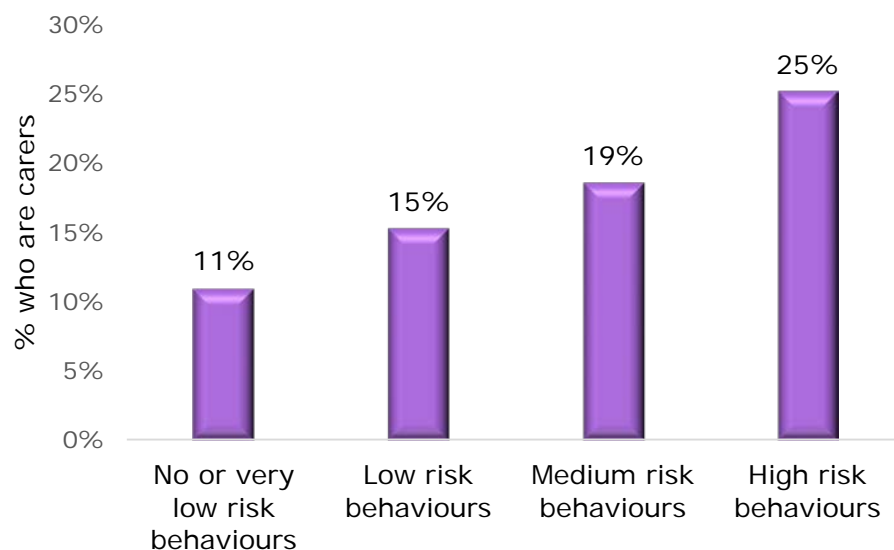
Figure 9.7: Proportion who Get 9+ Hours of Sleep Per Night by Risk Index



Carers

Those who had a high level of risk behaviours were more than twice as likely to be young carers than those exhibiting no or very low risk behaviours.

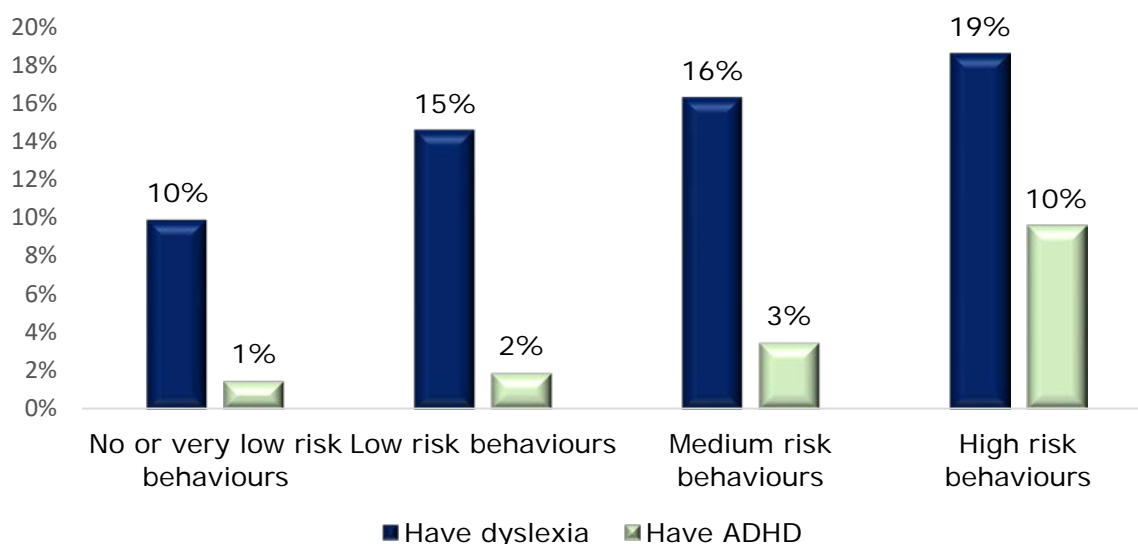
Figure 9.8: Proportion who are Carers by Risk Index



Learning/Behaviour Difficulties

Those with a high level of risk behaviours were much more likely than those with no or low levels of risk behaviours to have dyslexia or ADHD.

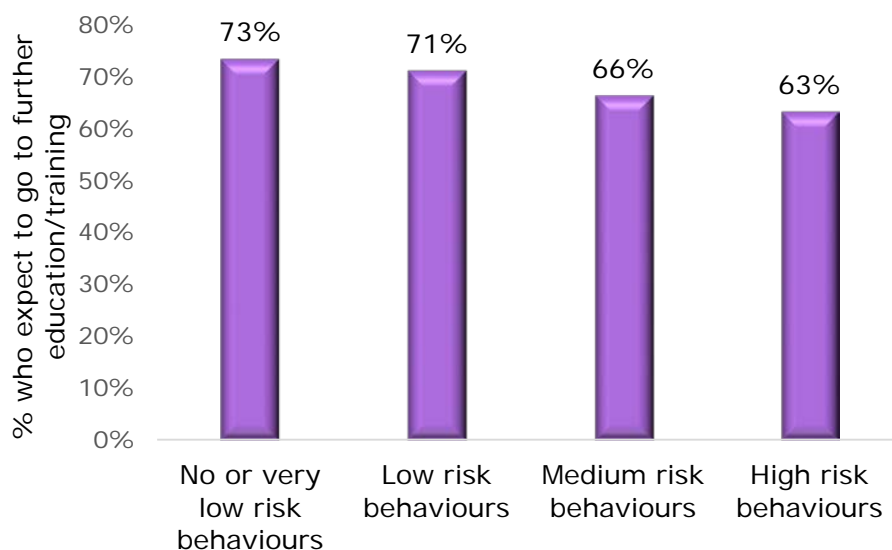
Figure 9.9: Proportion with Dyslexia and ADHD by Risk Index



Future Expectations

Those who engaged in no or very low risk behaviours were the most likely to expect to go to further education/training.

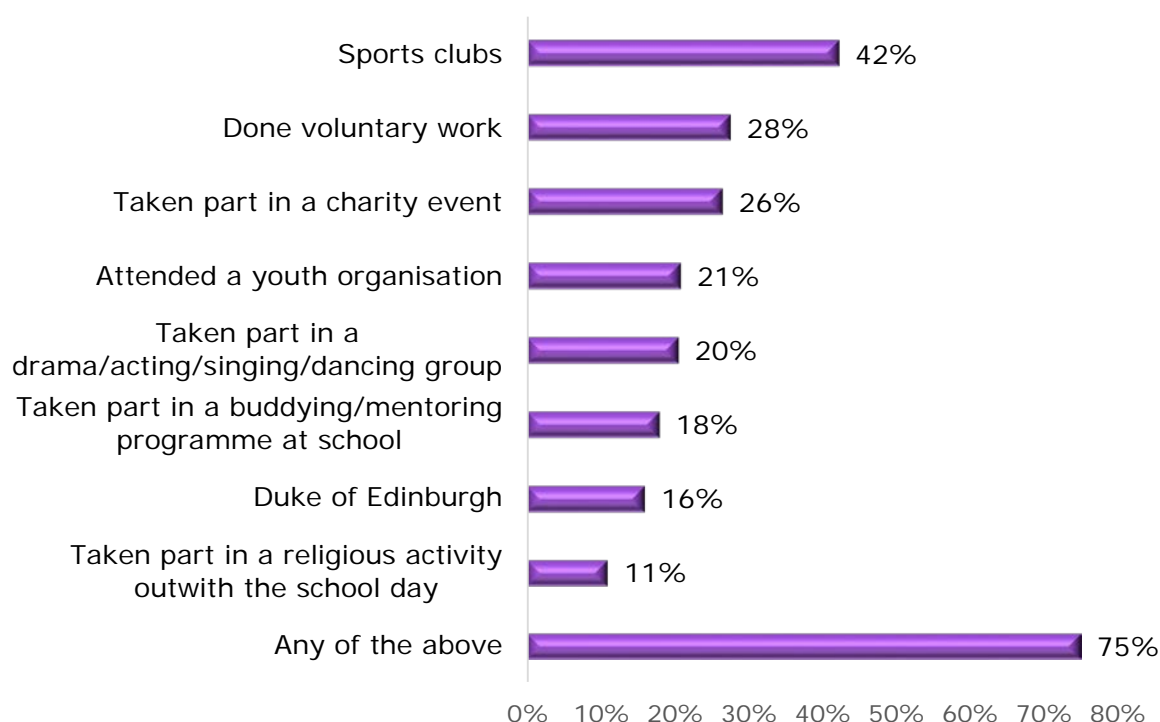
Figure 9.10: Proportion who Expect to Go to Further Education/Training by Risk Index



9.5 Positive Behaviours

Pupils were asked whether they had taken part in any of eight positive activities in the last year. Three in four (75%) had done at least one of them. The most common was sports clubs (42%). All responses are shown in Figure 9.11.

Figure 9.11: Proportion of Pupils who Engaged in Each Positive Activity in the Last Year



Gender

Boys were more likely than girls to have taken part in sports clubs (49% boys; 36% girls). However, girls were more likely than boys to have engaged in:

- A drama/acting/singing/dancing group (31% girls; 9% boys);
- A charity event (30% girls; 23% boys)
- Duke of Edinburgh (19% girls; 13% boys).

Stage

S1/S2 pupils were the most likely to have taken part in:

- Sports clubs (50% S1/S2; 38% S3/S4; 35% S5)
- A drama/acting/singing/dancing group (24% S1/S2; 19% S3/S4; 16% S5).

Those in S5 were the most likely to have done the following activities in the last year:

- Voluntary work (38% S5; 32% S3/S4; 18% S1/S2)
- Taken part in a buddying/mentoring programme at school (32% S5; 10% S3/S4; 19% S1/S2)

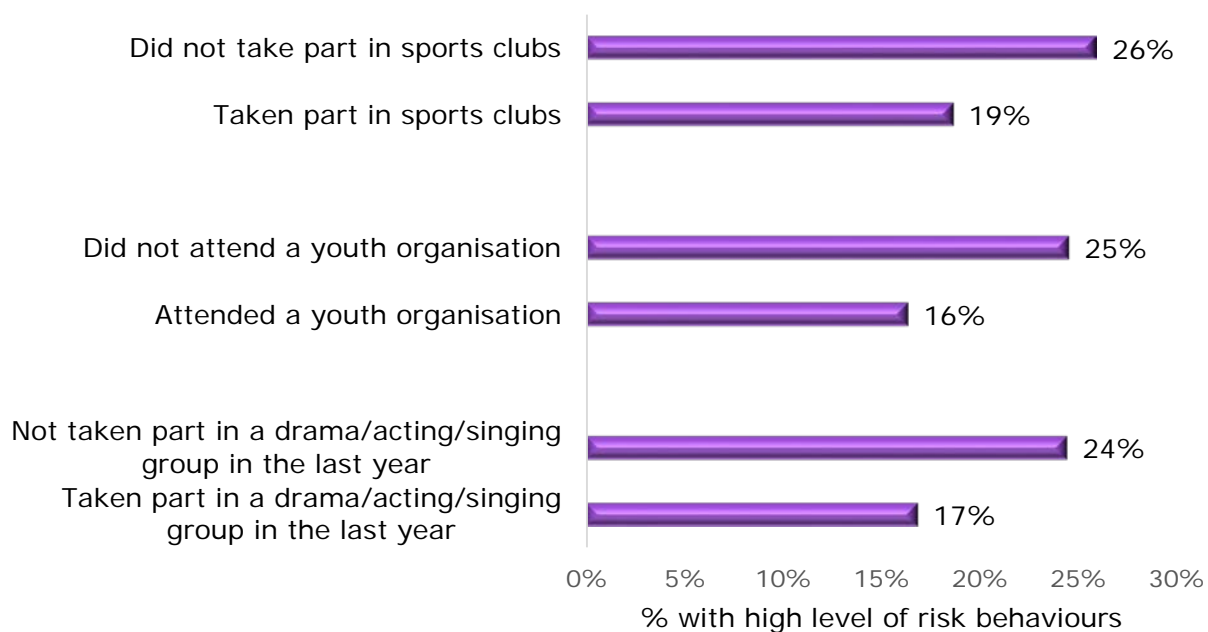
S3/S4 pupils were the most likely to have taken part in Duke of Edinburgh (27%; S3/S4; 22% S5; 2% S1/S2).

9.6 Positive Behaviours: Exploring Further

Is engagement with positive behaviours associated with fewer risk behaviours?

As Figure 9.12 shows, three positive behaviours were associated with lower levels of risk behaviours. Those who had taken part in sports clubs, youth organisations or drama/acting/singing groups in the last year were less likely to have a high score on the risk index.

Figure 9.12: Proportion with a High Level of Risk Behaviours by Participation in Positive Behaviours



CHAPTER SUMMARY

Key statistics

- 83% had engaged in at least one of 20 risk/antisocial behaviours
- 75% had engaged in at least one of 8 positive behaviours

Key differences by gender

Boys were more likely than girls to have participated in any of the risk/antisocial behaviours.

Key differences by stage

S5 pupils were the most likely to have participated in any of the risk/antisocial behaviours.

Services for Young People

Health Services



93%

Had used at least one listed health service

Most common:



Hospital
78%

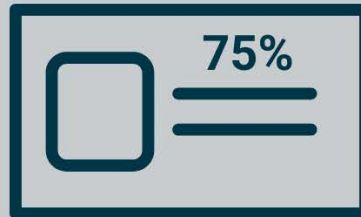


GP/Health
Centre
77%



Pharmacy
66%

Young Scot Card



Had a Young Scot Card



Increase from
19% in 2013

Community Facilities

Proportion who had used each facility in the last year:



Parks
79%



Sports centre
61%



Library
39%



Museums
38%



Community
centre
29%

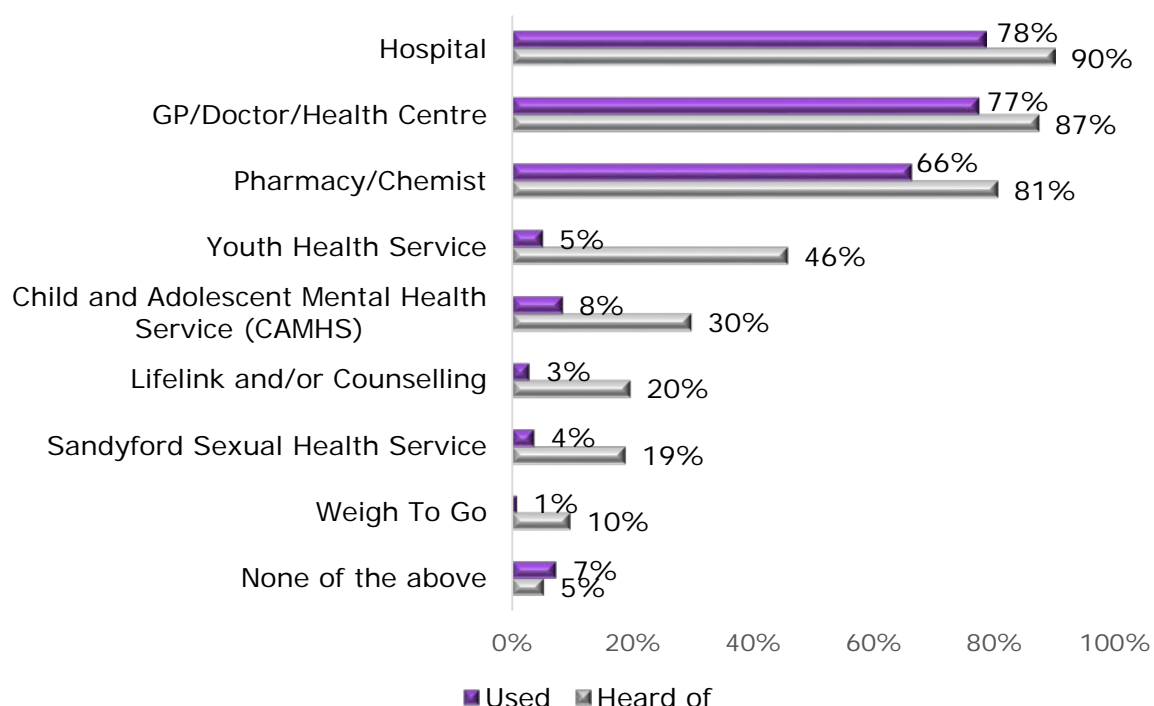


Youth club
18%

10.1 Awareness and use of Health Services

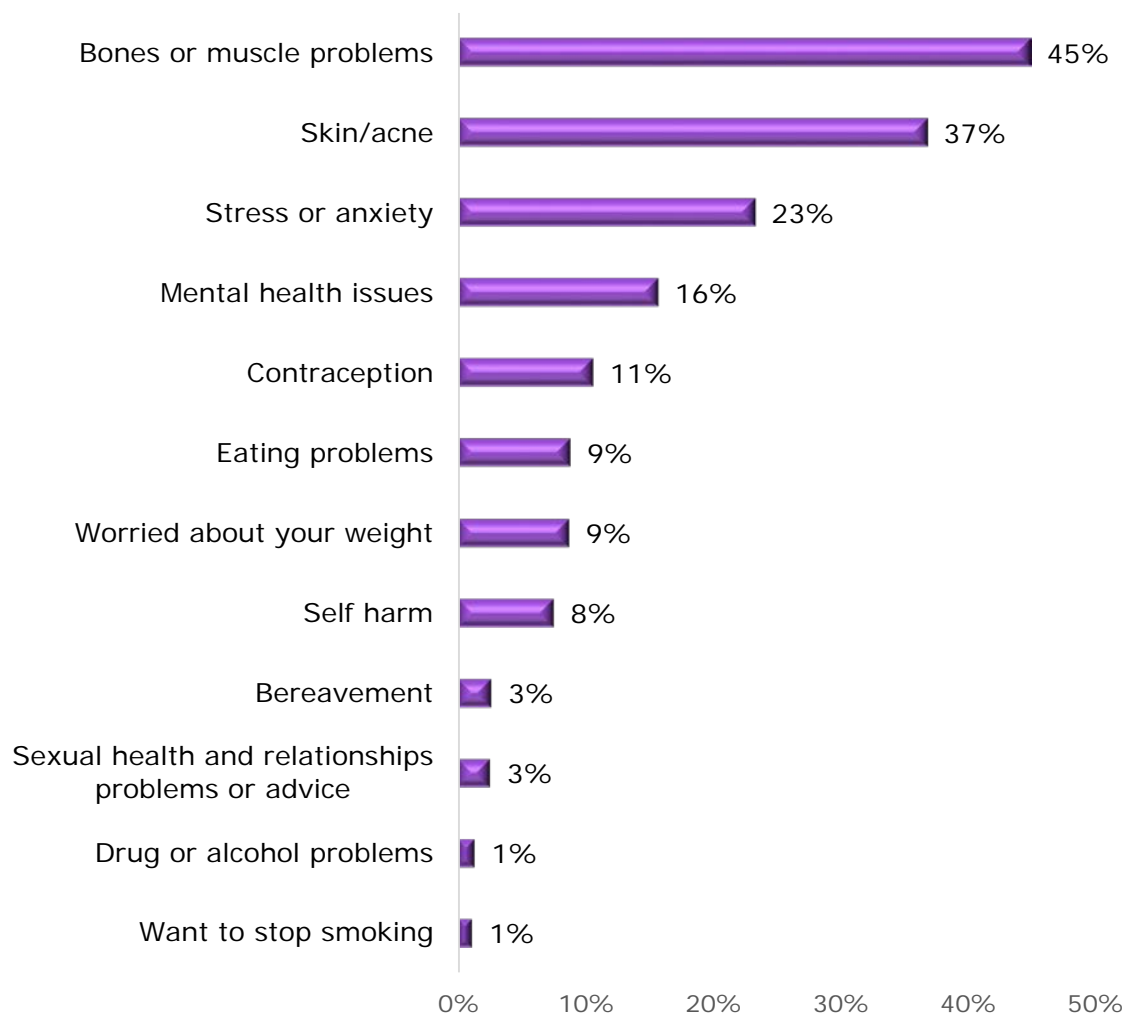
Pupils were asked which health services they were aware of and which they were used. Awareness and use were highest for hospitals, GP/health centres and pharmacies. All responses are shown in Figure 10.1.

Figure 10.1: Awareness and Use of Health Services



Pupils who had used health services were asked what kinds of issues they sought help for when using health services. The most common were bone or muscle problems (45%), skin/acne (37%) and stress/anxiety (23%). All responses are shown in Figure 10.2.

Figure 10.2: Reasons for Using Health Services



Gender

Girls were more likely than boys to be aware of:

- Hospital (92% girls; 88% boys)
- Pharmacy/Chemist (83% girls; 78% boys)
- Sandyford Sexual Health Service (23% girls; 15% boys)
- CAMHS (34% girls; 25% boys)

Girls were also more likely than boys to have used:

- GP/Health Centre (83% girls; 72% boys)
- Pharmacy/Chemist (70% girls; 63% girls)
- CAMHS (11% girls; 6% boys)
- Sandyford Sexual Health Service (6% girls; 2% boys).

Boys were more likely than girls to say they had not used any of the health services (9% boys; 5% girls).

Among those who had used health services, girls were more likely than boys to have used health services for:

- Skin/acne (44% girls; 28% boys)
- Stress or anxiety (29% girls; 15% boys)
- Mental health issues (19% girls; 12% boys)
- Contraception (16% girls; 4% boys)
- Eating problems (11% girls; 6% boys)
- Self-harm (9% girls; 5% boys).

However, boys were more likely than girls to have used health services for bones or muscle problems (53% boys; 39% girls).

Stage

Pupils in S5 were the most likely to be aware of:

- Hospital (94% S5; 91% S3/S4; 87% S1/S2)
- GP/Health Centre (94% S5; 89% S3/S4; 83% S1/S2)
- CAMHS (40% S5; 31% S3/S4; 24% S1/S2)
- Sandyford Sexual Health Service (36% S5; 22% S3/S4; 7% S1/S2).

However, S1/S2 pupils were the most likely to be aware of the Youth Health Service (50% S1/S2; 44% S3/S4; 41% S5).

S5 pupils were the most likely to have used:

- GP/Health Centre (83% S5; 79% S3/S4; 73% S1/S2)
- CAMHS (12% S5; 9% S3/S4; 6% S1/S2)
- Sandyford Sexual Health Service (9% S5; 4% S3/S4; 1% S1/S2).

However, S1/S2 pupils were the most likely to have used the Youth Health Service (7% S1/S2; 5% S3/S4; 2% S5).

Among those who had used health services, S5 pupils were the most likely to have sought help with:

- Skin/acne (45% S5; 37%; 32% S1/S2)
- Contraception (23% S5; 11% S3/S4; 4% S1/S2).

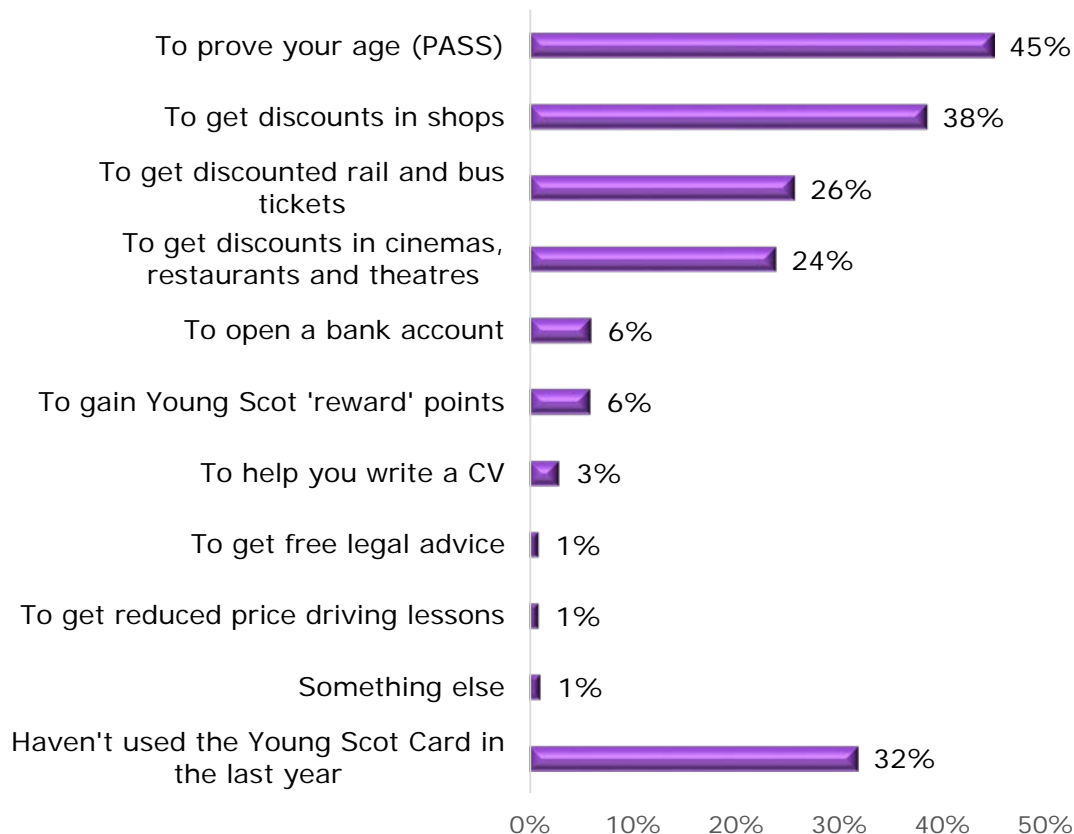
10.2 Young Scot Card

Young Scot is the national youth information and citizenship charity. Membership is free to all young people in Scotland aged 11-26 years and offers a range of information, advice and support and benefits including discounts.

Three in four (75%) pupils said they had a Young Scot Card.

Those who had a Young Scot Card were asked whether they had used their card for certain activities in the last year. Two in three (68%) card holders had used their Young Scot Card for at least one purpose. Figure 10.3 shows the proportion of card holders who had participated in each activity in the last year. The most common uses of Young Scot Cards were to prove age (45%) and to get discounts in shops (38%).

Figure 10.3: Uses of Young Scot Card in Last Year (of those who had a Young Scot Card)



Pupils were asked whether they would use the Young Scot App to purchase items in shops/receive discounts if this was available. Just over half (52%) said they would.

Trends for Young Scot Cards

There was a very high rise in the proportion who had a Young Scot Card from 19% in 2013 to 75% in 2019.

Table 10.1: Trends for Holding a Young Scot Card

	% of pupils who have a Young Scot Card
2013	19.1%
2019	74.5%
Change (2013-2019)	+55.4%

Gender

Girls were more likely than boys to have a Young Scot Card (78% girls; 71% boys). Among card holders, girls were more likely than boys to have used their card to:

- Prove their age (49% girls; 40% boys)
- Get discounts in shops (48% girls; 28% boys)
- Get discounted rail and bus tickets (29% girls; 22% boys)
- Get discounts in cinemas, restaurants, theatres (27% girls; 20% boys).

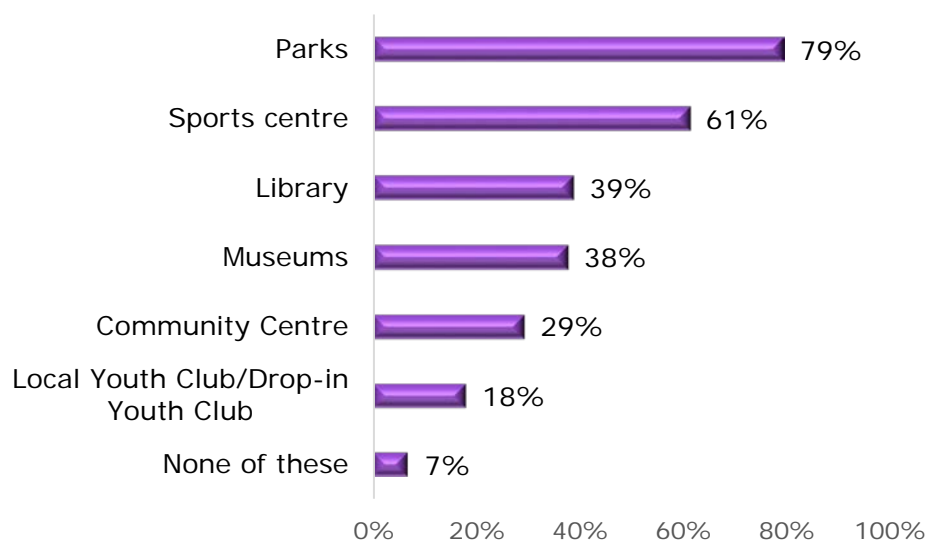
Boys were more likely than girls to say they had not used their Young Scot Card in the last year (40% boys; 25% girls).

Girls were more likely than boys to say they would use the Young Scot app to make purchases if it was available (56% girls; 48% boys).

10.3 Culture and Leisure Facilities

Pupils were asked whether they had been to a museum, sports centre, youth club, library, community centre or park in the last year. Most (93%) had used at least one of these culture/leisure facilities. Parks were the most commonly used type of facility, with four in five (79%) pupils saying they had used parks in the last year.

Figure 10.4: Facilities Used in Last Year



Trends for Use of Culture and Leisure Services

Use of museums, sports centres, libraries and community centres was measured in both 2013 and 2019. Levels of use of museums and community centres were consistent across the two surveys. However, between 2013 and 2019 there was a decrease in the proportion of pupils who used libraries or sports centres.

Table 10.2: Trends for Use of Culture and Leisure Services

	% of pupils who used library in the last year	% of pupils who used sports centre in the last year
2013	49.2%	66.2%
2019	38.7%	61.2%
Change (2013-2019)	-10.5%	-5.0%

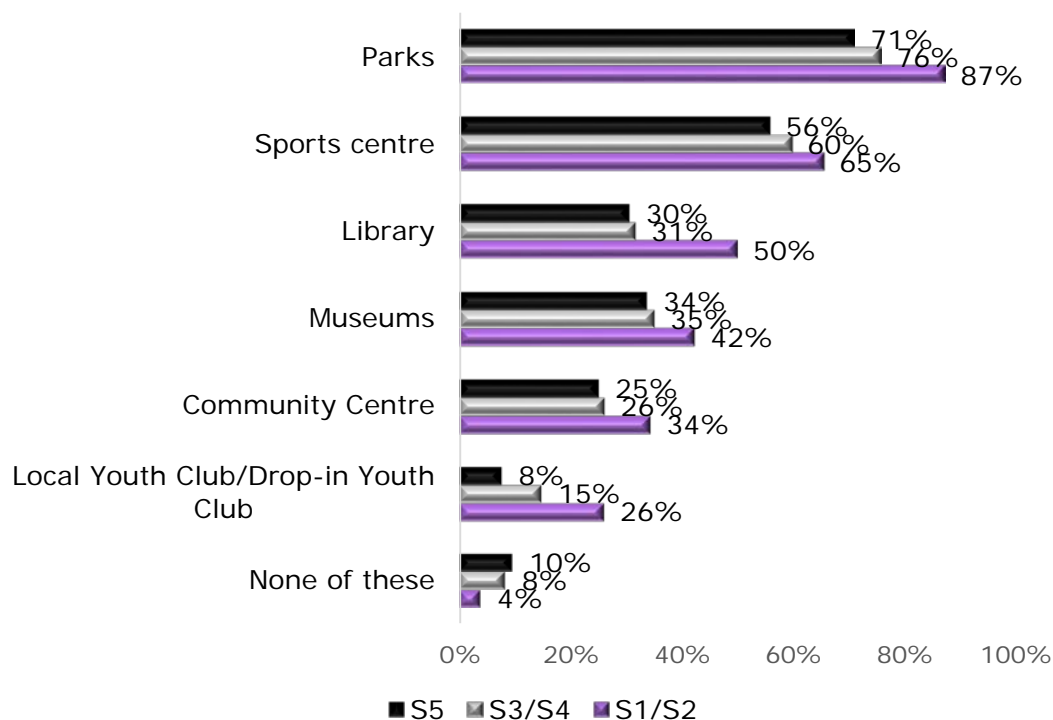
Gender

Boys were more likely than girls to have used a sports centre in the last year (68% boys; 55% girls).

Stage

S1/S2 pupils were the most likely to have used each of the types of facility, as shown in Figure 10.5.

Figure 10.5: Facilities Used in the Last Year by Stage



CHAPTER SUMMARY

Key statistics

- 93% had used at least one listed health service
- 75% had a Young Scot card
- 79% had used parks in the last year
- 61% had used a sports centre
- 39% had visited a library
- 38% had visited a museum
- 29% had visited a community centre
- 18% had visited a youth club

Trends

Between 2013 and 2019 there was an increase in the proportion who had a Young Scot Card.

There was a decrease in the proportion who had used a library in the last year.

There was a decrease in the proportion who had used a sports centre in the last year.

Key differences by gender

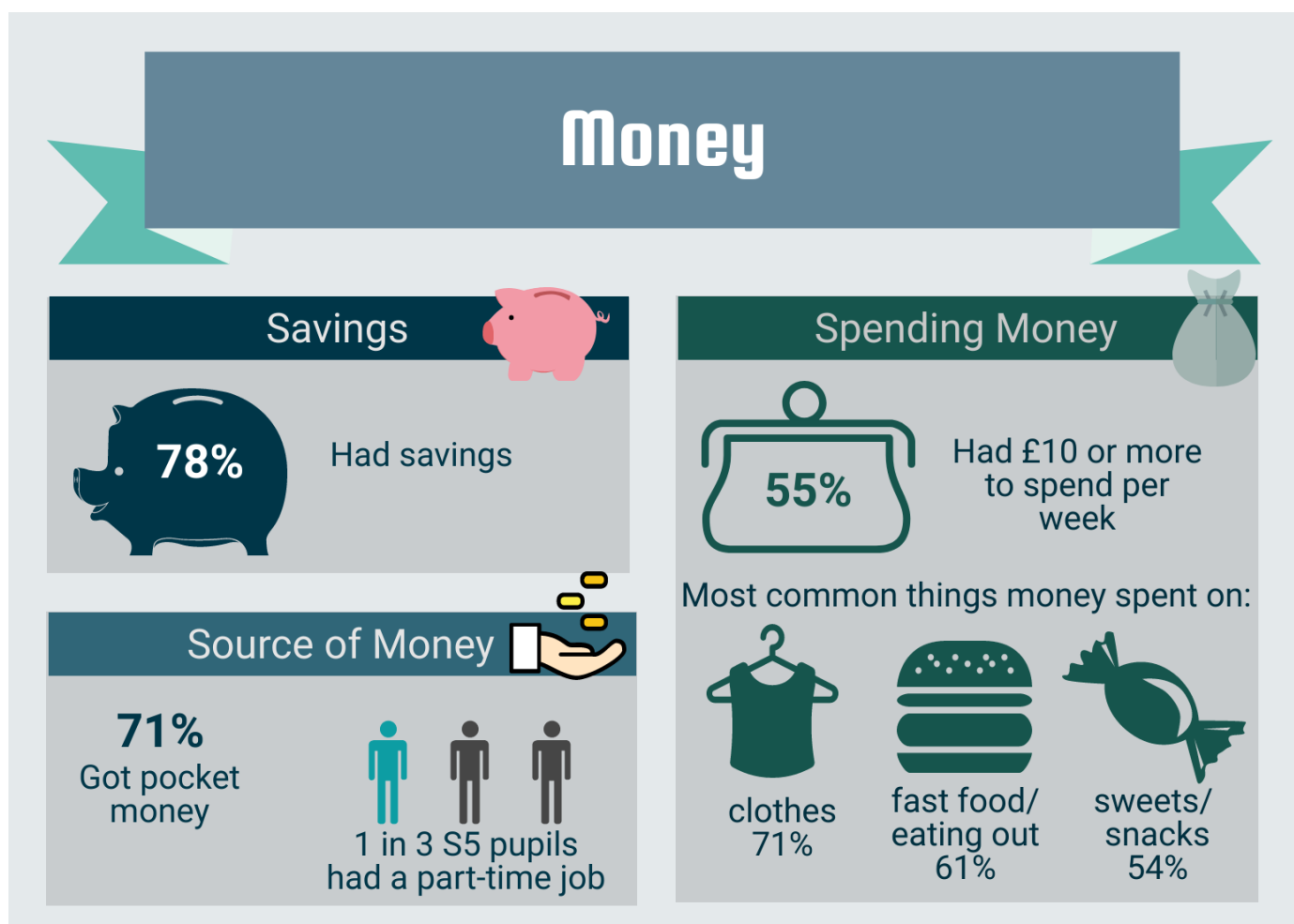
Girls were more likely than boys to have a Young Scot card.

Boys were more likely than girls to have used a sports centre in the last year.

Key differences by stage

S1/2 pupils were the most likely to have used:

- Parks
- Sports centre
- Library
- Museums
- Community centre
- Youth club



11.1 Money

Just under four in five (78%) pupils said they had savings.

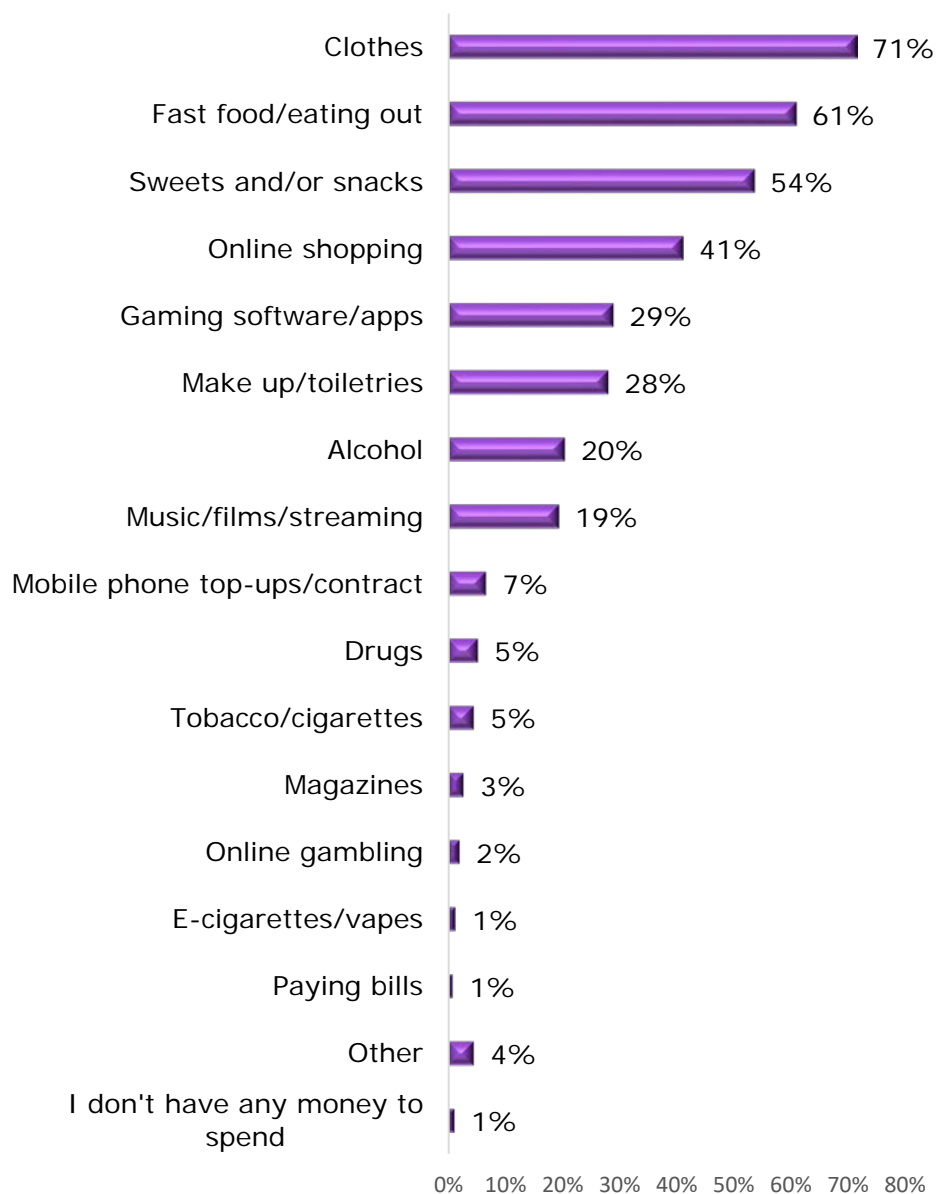
Pupils were asked where they saved their money. Three in five (61%) saved in a bank/building society, 4% used a school credit union/saving scheme and 20% said they saved somewhere else. Most of those who saved somewhere else said they kept their money at home/in their wallet/in a piggy bank.

Pupils were also asked how much money of their own they had most weeks to spend as they like. One in eleven (9%) said they had nothing, 36% had less than £10 and 55% had £10 or more.

Seven in ten (71%) said they got pocket money. One in seven (15%) pupils had a part time job. Just under one in three (31%) of those in S5 got an Educational Maintenance Allowance (EMA). Eighteen percent of pupils said they got money in another way – the most common being receiving money from family members/gifts.

Figure 11.1 shows the things pupils reported spending their money on. The most common were clothes (71%) and fast food/eating out (61%).

Figure 11.1: What Pupils Spend Money On



Gender

Boys were more likely than girls to say they had nothing to spend most weeks (12% boys; 7% girls).

Girls were more likely than boys to say they spent money on:

- Clothes (84% girls; 59% boys)
- Fast food/eating out (71% girls; 51% boys)
- Sweets and/or snacks (58% girls; 49% boys)
- Make up/toiletries (53% girls; 2% boys)

- Online shopping (50% girls; 33% boys)
- Alcohol (23% girls; 18% boys)

However, boys were more likely than girls to spend money on:

- Gaming software/apps (52% boys; 7% girls)
- Drugs (7% boys; 4% girls)
- Online gambling (4% boys; 1% girls).

Stage

Those in S5 were the most likely to save money in a bank/building society (75% S5; 62% S3/S4; 52% S1/S2). Those in S5 were also the most likely to say they had £10 or more to spend each week (75% S5; 56% S3/S4; 44% S1/S2).

Those in S5 were the least likely to get pocket money (56% S5; 75% S3/S4; 74% S1/S2) but the most likely to have a part time job (32% S5; 16% S3/S4; 7% S1/S2).

Those in S5 were the most likely to spend money on:

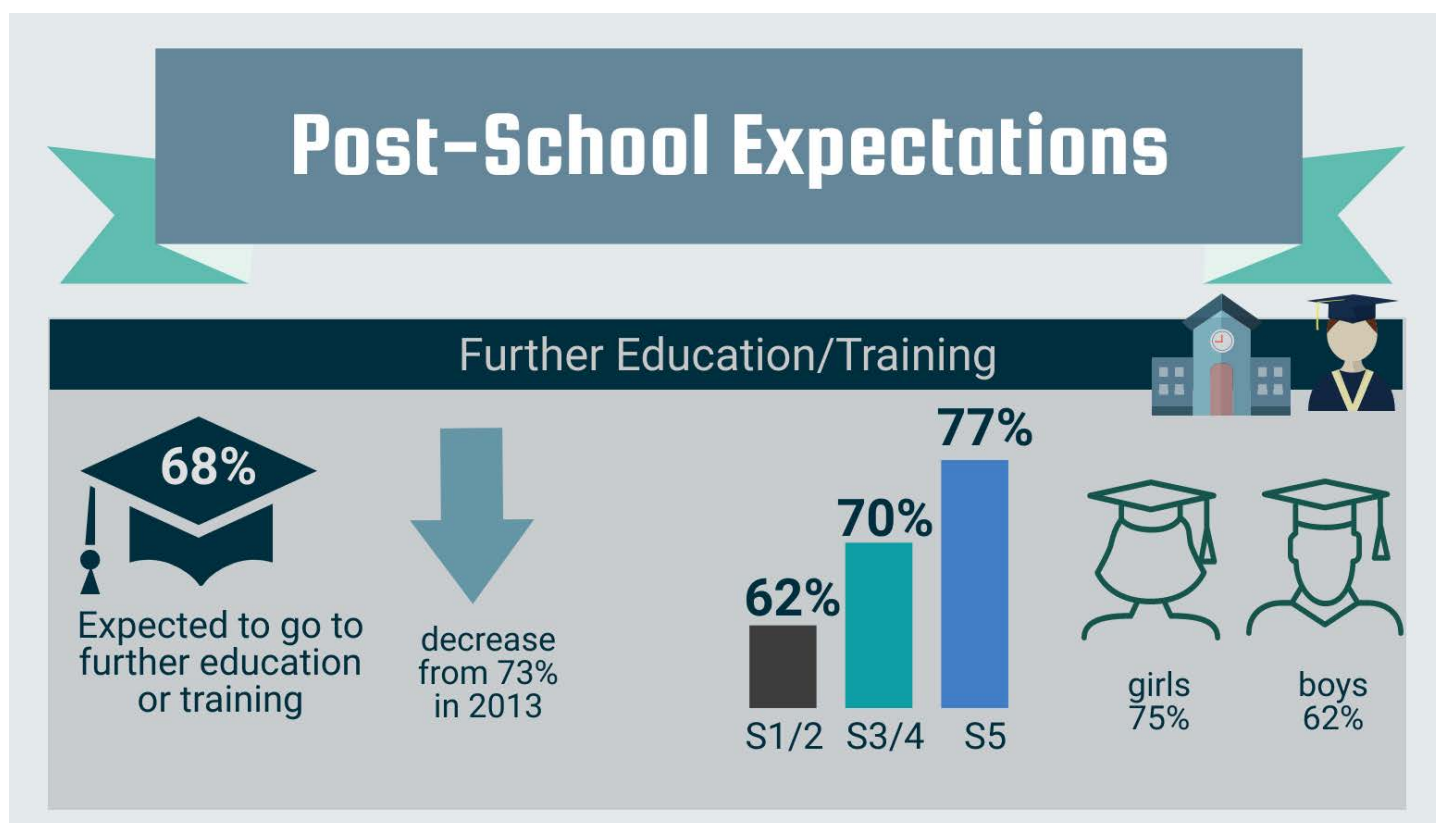
- Clothes (82% S5; 72% S3/S4; 65% S1/S2)
- Fast food/eating out (75% S5; 64% S3/S4; 51% S1/S2)
- Online shopping (54% S5; 43% S3/S4; 34% S1/S2)
- Alcohol (45% S5; 22% S3/S4; 7% S1/S2)
- Make up/toiletries (33% S5; 29% S3/S4; 24% S1/S2)
- Music/films/streaming (27% S5; 18% S3/S4; 17% S1/S2)
- Drugs (12% S5; 6% S3/S4; 1% S1/S2)
- Tobacco/cigarettes (7% S5; 6% S3/S4; 2% S1/S2)
- Online gambling (4% S5; 2% S3/S4; 1% S1/S2)

However, S1/S2 pupils were the most likely to spend money on magazines (4% S1/S2; 2% S3/S4; 2% S5).

CHAPTER SUMMARY

Key statistics

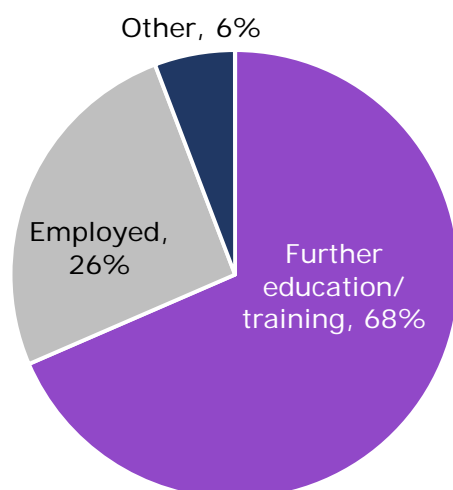
- 78% had savings
- 55% had £10 or more to spend per week



12.1 Post-School Expectations

Pupils were asked what they thought they will most likely be doing when they leave school. Of those who were able to answer, two in three (68%) said that they thought they would go to further education or training.

Figure 12.1: Expectations of What Will Be Doing After School



Notes:

Further education/training = University, Further Education College, Training Programme

Employed = Working, Trade or Modern Apprenticeship, Setting up a business

Other = Take a gap year, volunteering, other

Trends for Post-School Expectations

The list of options for post-school expectations changed between the 2013 and 2019 surveys. However, both surveys included university and further education college as options. The proportion of pupils who expected to go to further education or training fell between 2013 and 2019, as Table 12.1 shows.

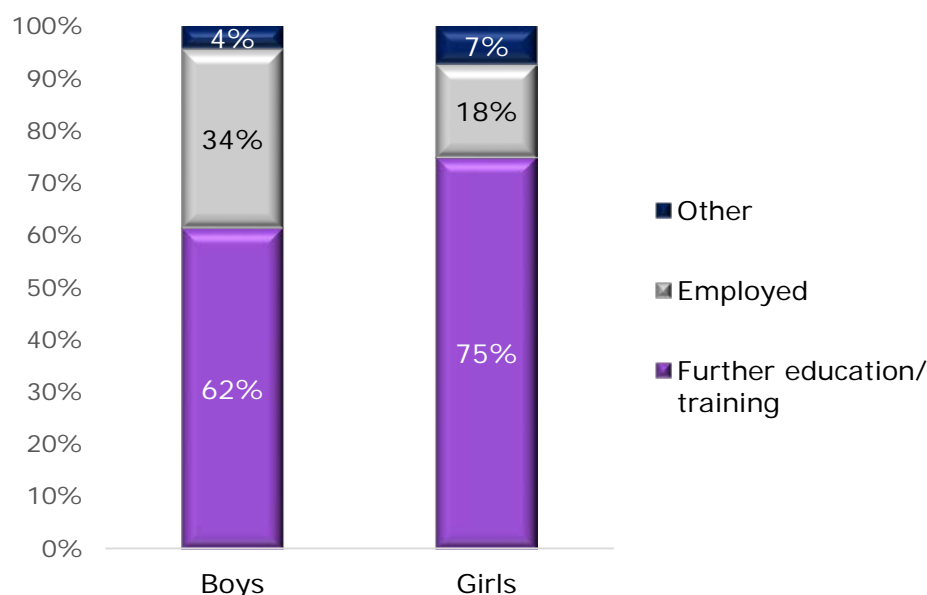
Table 12.1: Trends for Expectation of Going to Further Education/Training

	% of pupils who expect to go to further education/training
2013	72.7%
2019	68.5%
Change (2013-2019)	-4.2%

Gender

Girls were more likely than boys to say that they expected to go into further education/training after school (75% girls; 62% boys).

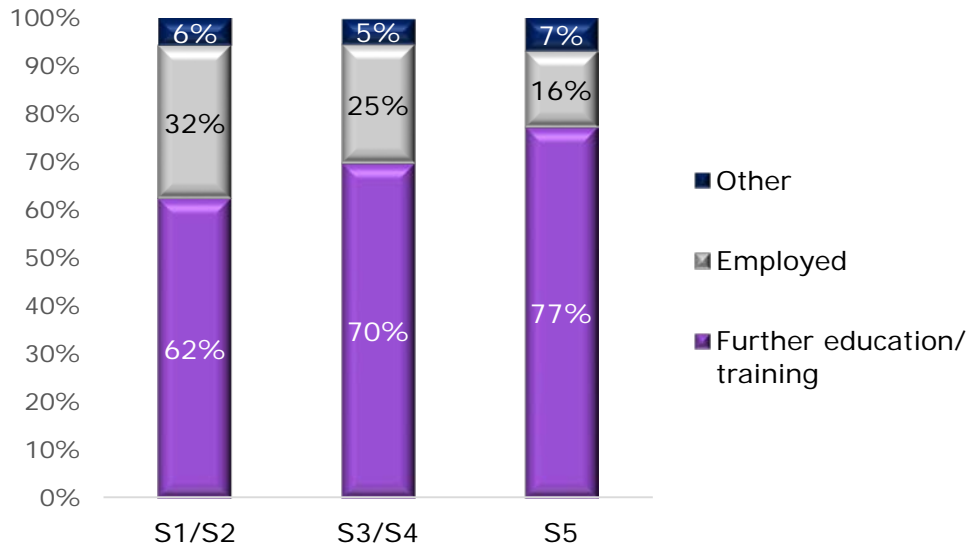
Figure 12.2: Expectations of What Will Be Doing After School by Gender



Stage

S5 pupils were the most likely to expect to go to further education or training, as Figure 12.3 shows.

Figure 12.3: Expectations of What Will Be Doing After School by Stage

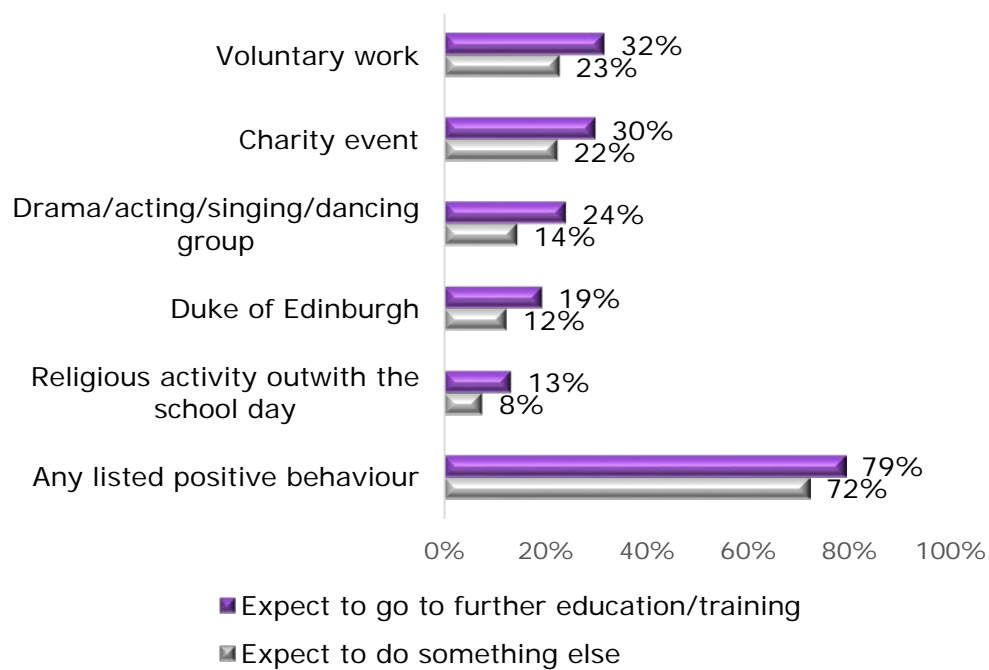


12.2 Post-School Expectations - Exploring Further

Are those who expect to go to further education/training more or less likely to engage in positive behaviours?

Overall, those who expected to go to further education or training were considerably more likely than those who expected to do something else to have participated in any of the listed positive behaviours (79% compared to 72%), and were more likely to have participated specifically in voluntary work, charity events, drama/acting/singing/dancing groups, Duke of Edinburgh or religious activities. Findings for all positive behaviours showing a significant difference are shown in Figure 12.4.

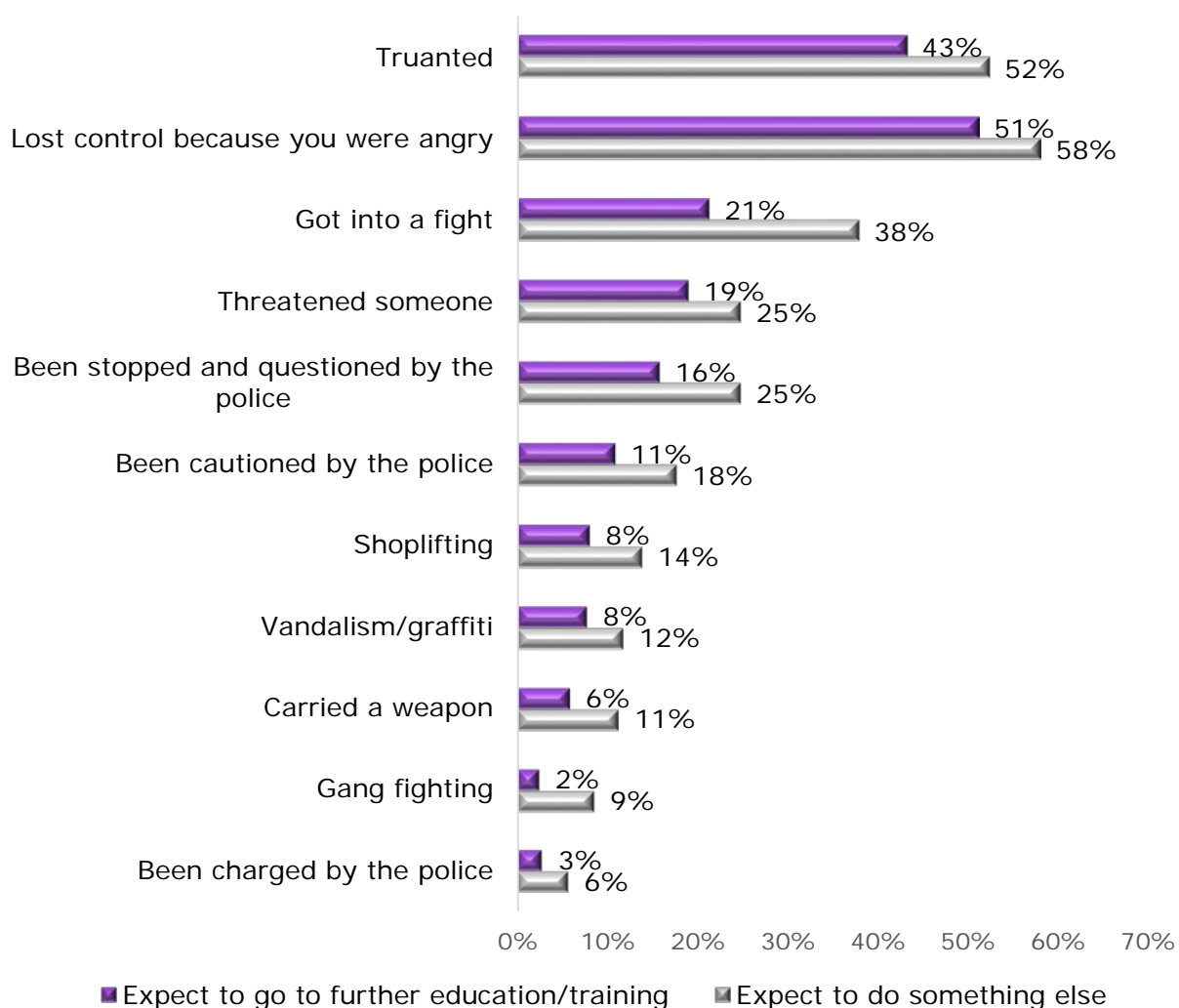
Figure 12.4: Participation in Positive Behaviours by Post-School Expectations (all behaviours showing a significant difference)



Are those who expect to go to further education/training more or less likely to be involved in risky or anti-social behaviours?

Those who expected to go to further education/training were less likely than others to have engaged in many of the anti-social/risk behaviours in the last year, as shown in Figure 12.5.

Figure 12.5: Participation in Anti-Social/Risk Behaviours by Post-School Expectations



CHAPTER SUMMARY

Key statistics

- 68% expected to go to further education/training

Trends

Between 2013 and 2019 there was a decrease in the proportion who expected to go to further education/training.

Key differences by gender

Girls were more likely than boys to expect to go to further education/training.

Key differences by stage

S5 pupils were the most likely to expect to go to further education/training.

Appendix: Data Weighting

The weighting factor used was:

$$W_{sy} = \frac{sy}{R} \times \frac{T}{t_{sy}}$$

Where:

- W_{sy}** is the individual weighting factor for a respondent in school s , year group y
- sy** is the known number of pupils on the school roll in school s , year group y
- R** is the total S1-S5 roll across the six secondary schools in Inverclyde
- T** is the total number of completed questionnaires
- t_{sy}** is the number of completed questionnaires in school s , year group y

The following two tables below shows the effect of weighting in returning the sample to be representative of the school population.

Table B1: Achieved Sample, School Population and Weighted Sample by School

	Achieved Sample	School Population	Sample after weighting
School A	21.0%	20.4%	20.4%
School B	13.5%	11.7%	11.7%
School C	16.3%	17.9%	17.9%
School D	15.8%	16.6%	16.6%
School E	21.8%	20.8%	20.8%
School F	11.7%	12.7%	12.7%

Table B2: Achieved Sample, School Population and Weighted Sample by Year Group

	Achieved Sample	School Population	Sample after weighting
S1	24.5%	20.2%	20.2%
S2	23.7%	21.0%	21.0%
S3	21.8%	20.9%	20.9%
S4	16.4%	19.6%	19.6%
S5	13.7%	18.4%	18.4%



Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018

Summary findings for Inverclyde Council



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1 Introduction

The 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is the latest in a national series of surveys of smoking, drinking and drug use among secondary school children. The first survey in this series was conducted in 1982. This local summary presents key findings from the 2018 survey for pupils attending schools in Inverclyde Council. The key findings are presented in a tabular format to aid comparative analyses and benchmarking. The 2018 results are compared to the results of the previous survey where there were local level results (change from 2013) and to the 2018 national average (difference from Scotland 2018).

All of these documents, along with the survey questionnaire and the Technical Report, are available on the SALSUS webpages.

1.1 Methods and Sample

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. In 2018 schools were encouraged to administer the survey online (but could administer it on paper if that was more feasible). Fieldwork was completed between October 2018 and April 2019.

In Inverclyde Council there were 1,513 13 and 15 year old pupils (year groups S2 and S4, see notes on page 5) eligible to take part in the survey, with 391 pupils (26% of all eligible pupils) participating via the selected sample. As in previous years, the primary sampling unit was the class and, in each selected class, all pupils were invited to take part. All secondary schools (both state and independent) in every local authority were eligible to have classes sampled. However, as in previous years, schools dedicated to children with additional support needs were excluded from the sample. The response rates achieved (based on those sampled) for this local area are shown below:

	Inverclyde Council	Scotland
School response rate	71%	61%
Class response rate	79%	57%
Pupil response rate	80%	91%
Overall response rate (product of class and pupil response rate)	63%	52%

The characteristics of the pupils who took part in the survey were compared with the school census data to ensure that the survey results were representative of the population as a whole. Non-response weightings were applied to take any differences into consideration to ensure that data was not biased in favour of the groups that did participate.

Further details on the survey sampling methodology, sample characteristics and survey response rates can be found in the 2018 SALSUS Technical Report.

1.2 Summary format and notes to aid interpretation

The 2018 results are compared to the results of the previous survey (change from 2013) and to the 2018 national average (difference from Scotland 2018). Where appropriate, differences which are statistically significant at the 5% level are highlighted. For example:

Note: Example data for illustration purposes only.

		Base	Change from 2013	Difference from Scotland 2018
10%	of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)	70	-1%	+5%
18%	of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)	40	-8%	+1%

Key

	=	< 50 pupils		=	statistically significant ('more favourable' than comparator)
n/s	=	not shown due to low base size (< 10 pupils)		=	statistically significant ('less favourable' than comparator)
n/a	=	not available (e.g. due to question changes between surveys)			

In the above example:

- Ten percent of 13 year olds in this local area were regular smokers. This represents a decrease of one percentage point since the previous survey in 2013, however this change is not statistically significant so the value is not highlighted (white background).
- The percentage of 13 year old regular smokers in this local area is five percentage points higher than the equivalent percentage for Scotland as a whole. The red box highlighting this difference indicates that the result for this local area is less favourable than for Scotland as a whole and that this difference is statistically significant.
- Eighteen percent of 15 year olds in this local area were regular smokers. This represents a decrease of eight percentage points since the previous survey in 2013. The green box highlighting this change indicates that this is an improved position compared to the previous survey and that the change is statistically significant.
- The percentage of 15 year old regular smokers in this local area is one percentage point higher than the equivalent percentage for Scotland as a whole. However, this change is not statistically significant so the value is not highlighted (white background).

Notes on tables:

- Some percentages, particularly when results are broken down by age group and gender, may be based on a small number of pupils; these results should be treated with caution.
 - Any 2018 results based on < 50 pupils are shaded in grey (see table above).
 - Any results based on < 10 pupils are not shown (indicated with the text "n/s" (not shown)).
- 0% in the tables denotes that less than 0.5% of pupils gave that answer, whereas a - symbol denotes that no pupils gave that answer.
- Where data is unavailable (e.g. due to question changes between surveys) this is indicated with the text "n/a" (not available).
- The "Base" represents the number of valid responses used as the denominator to calculate the percentages.
- For the purposes of reporting, S2 pupils are referred to as “13 year olds” and S4 pupils are referred to as “15 year olds”. While most pupils in S2 are 13 years old, and most pupils in S4 are 15 years old, some pupils are slightly older or younger.


2 Smoking



2.1 Smoking prevalence and attitudes to trying smoking

Pupils were asked a number of questions about smoking, and from these were categorised as 'regular', 'occasional' or 'non' smokers. They were also asked if they felt it was 'ok' for someone their age to 'try smoking to see what it's like'.

		Base	Change from 2013	Difference from Scotland 2018
88%	of 13 year olds reported they had never smoked	209	+4%	0%
68%	of 15 year olds reported they had never smoked	175	+1%	-1%
12%	of 13 year olds reported they had ever smoked	209	-4%	0%
32%	of 15 year olds reported they had ever smoked	175	-1%	+1%
2%	of 13 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)	209	+1%	0%
7%	of 15 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)	175	+4%	+1%
3%	of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)	209	+1%	+1%
3%	of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)	175	-7%	-4%

Key

	=	< 50 pupils
n/s	=	not shown due to low base size (< 10 pupils)
n/a	=	not available (e.g. due to question changes between surveys)

	=	statistically significant ('more favourable' than comparator)
	=	statistically significant ('less favourable' than comparator)

2.1 Smoking prevalence and attitudes to trying smoking continued

		Base	Change from 2013	Difference from Scotland 2018
12%	of 13 year olds felt it was 'ok' for someone their age to 'try smoking to see what it's like'	200	-11%	-7%
37%	of 15 year olds felt it was 'ok' for someone their age to 'try smoking to see what it's like'	155	-1%	-8%

2.2 Source of cigarettes

Pupils who were regular smokers were asked to indicate, from a list of possible sources, where they usually obtained their cigarettes/tobacco. Pupils could give more than one response. The main sources of cigarettes reported were:

		Base	Change from 2013	Difference from Scotland 2018
59%	get someone else to buy them	11	-29%	+12%
22%	get given cigarettes by friends/family/carer	11	-66%	-25%
18%	buy them from a shop	11	-65%	-13%
14%	buy from other people	11	-35%	-21%
3%	buy from a van (e.g. an ice cream van or burger van)	11	-22%	-5%
14%	take cigarettes without asking	11	-10%	+2%

2.3 Attempts to buy cigarettes

Pupils who were regular or occasional smokers were asked if they had bought or tried to buy cigarettes/tobacco from a shop, supermarket or van in the last 4 weeks.

		Base	Change from 2013	Difference from Scotland 2018
n/s	of 13 year olds said they had managed to buy cigarettes/tobacco	6	n/s	n/s
13%	of 15 year olds said they had managed to buy cigarettes/tobacco	16	-55%	-16%
n/s	of 13 year olds said they had tried to buy cigarettes/tobacco but were refused	6	n/s	n/s
-	of 15 year olds said they had tried to buy cigarettes/tobacco but were refused	16	-	-3%
n/s	of 13 year olds said they had not/never tried to buy cigarettes/tobacco	6	n/s	n/s
87%	of 15 year olds said they had not/never tried to buy cigarettes/tobacco	16	+55%	+19%

2.4 Smoking dependence

Pupils who were regular smokers were asked how long they had smoked for, whether they would like to give up, and whether they had ever tried to quit.

		Base	Change from 2013	Difference from Scotland 2018
n/s	had smoked for more than a year	7	n/s	n/s
n/s	reported that they would like to give it up	7	n/s	n/s
n/s	said they had tried to quit at some time	6	n/s	n/s
n/s	said that they would find it 'very' or 'fairly' difficult to quit	6	n/s	n/s
n/s	who had smoked for more than one year said it would be 'very difficult' to give up	4	n/s	n/s
n/s	who had smoked for one year or less said it would be 'very difficult' to give up	2	n/s	n/s

2.5 E-cigarette use

All pupils were asked about their use of e-cigarettes.

		Base	Change from 2013	Difference from Scotland 2018
16%	of 13 year olds reported either trying or using e-cigarettes	203	+10%	-2%
35%	of 15 year olds reported either trying or using e-cigarettes	176	+22%	+1%
1%	of 13 year olds reported using e-cigarettes once a week or more	203	+1%	0%
1%	of 15 year olds reported using e-cigarettes once a week or more	176	0%	-2%


3 Alcohol use



3.1 Prevalence of alcohol use and attitudes to trying alcohol

Pupils were asked questions about their alcohol consumption and whether they felt it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'.

		Base	Change from 2013	Difference from Scotland 2018
32%	of 13 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	202	0%	-4%
64%	of 15 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	171	-4%	-7%
11%	of 13 year olds said they had drunk alcohol in the week prior to the survey	207	+8%	+5%
12%	of 15 year olds said they had drunk alcohol in the week prior to the survey	172	-12%	-8%
37%	of 13 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	200	-4%	-14%
75%	of 15 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	154	-1%	-4%

Key

	=	< 50 pupils
n/s	=	not shown due to low base size (< 10 pupils)
n/a	=	not available (e.g. due to question changes between surveys)

	=	statistically significant ('more favourable' than comparator)
	=	statistically significant ('less favourable' than comparator)

3.2 Drinking to excess

Pupils who had ever had an alcoholic drink were asked whether they had ever been drunk and asked to indicate the number of times they had been drunk.

		Base	Change from 2013	Difference from Scotland 2018
29%	of 13 year olds reported that they had never been drunk	62	-19%	-18%
23%	of 15 year olds reported that they had never been drunk	108	-2%	-7%
71%	of 13 year olds said they had ever been drunk	62	+19%	+18%
77%	of 15 year olds said they had ever been drunk	108	+2%	+7%
14%	of 13 year olds said they had been drunk more than 10 times	62	+12%	+5%
39%	of 15 year olds said they had been drunk more than 10 times	108	+15%	+14%

3.3 Availability/source of alcohol

Pupils who had ever had an alcoholic drink were asked if they had bought or tried to buy alcohol from a shop, supermarket or off-licence in the last 4 weeks.

		Base	Change from 2013	Difference from Scotland 2018
16%	of 13 year olds reported that they had managed to buy alcohol	56	+13%	+11%
12%	of 15 year olds reported that they had managed to buy alcohol	105	+3%	+2%
3%	of 13 year olds said they had tried to buy alcohol but were refused	56	+3%	+1%
4%	of 15 year olds said they had tried to buy alcohol but were refused	105	+2%	+2%
81%	of 13 year olds said they had not/never tried to buy alcohol	56	-16%	-12%
84%	of 15 year olds said they had not/never tried to buy alcohol	105	-5%	-4%

4 Drug use

4.1 Prevalence of drug use and attitudes to trying drugs

Pupils were asked a series of questions about drugs, which were used to derive the figures below.

		Base	Change from 2013	Difference from Scotland 2018
94%	of 13 year olds had never tried any drugs	198	-3%	0%
79%	of 15 year olds had never tried any drugs	158	-1%	0%
6%	of 13 year olds reported having used drugs, even if only once	198	+3%	0%
21%	of 15 year olds reported having used drugs, even if only once	158	+1%	0%
1%	of 13 year olds reported using drugs in the last month	198	-1%	-3%
13%	of 15 year olds reported using drugs in the last month	158	-4%	+1%
5%	of 13 year olds reported that they had used drugs in the last year	198	+3%	0%
20%	of 15 year olds reported that they had used drugs in the last year	158	+1%	+1%

Key



= < 50 pupils

n/s = not shown due to low base size (< 10 pupils)

n/a = not available (e.g. due to question changes between surveys)



= statistically significant ('more favourable' than comparator)

= statistically significant ('less favourable' than comparator)

4.1 Prevalence of drug use and attitudes to trying drugs continued

		Base	Change from 2013	Difference from Scotland 2018
0%	of 13 year olds reported usually taking drugs at least once a week (including those taking drugs 'most days')	214	0%	0%
2%	of 15 year olds reported usually taking drugs at least once a week (including those taking drugs 'most days')	177	-7%	-1%
4%	of 13 year olds reported that they had used cannabis [the most commonly used drug] in the last year	198	+2%	0%
18%	of 15 year olds reported that they had used cannabis [the most commonly used drug] in the last year	158	+2%	+1%
7%	of 13 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like'	199	+2%	-1%
28%	of 15 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like'	155	+9%	-5%

4.2 Whether offered drugs

All pupils were asked if they had ever been offered any of the drugs on a list provided.

		Base	Change from 2013	Difference from Scotland 2018
29%	of 13 year olds reported they had been offered drugs	208	+13%	+6%
51%	of 15 year olds reported they had been offered drugs	161	+17%	+4%
21%	of 13 year olds reported they had been offered cannabis [the most commonly offered drug]	204	+13%	+6%
44%	of 15 year olds reported they had been offered cannabis [the most commonly offered drug]	157	+12%	+3%

4.3 Availability of drugs

All pupils were asked to rate how easy it would be to get illegal drugs if they wanted to.

		Base	Change from 2013	Difference from Scotland 2018
23%	of 13 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to	199	+7%	+1%
46%	of 15 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to	163	-1%	-4%

4.4 Source of drugs

Pupils who had used drugs were asked where they obtained their drugs on the last occasion they took them (and could give more than one source). They were also asked if they had used all the drugs themselves, had sold some or had given some away.

		Base	Change from 2013	Difference from Scotland 2018
32%	of 15 year olds obtained their drugs from a friend of the same age on the last occasion they took them	25	-31%	-13%
17%	of 15 year olds obtained their drugs from an older friend on the last occasion they took them	25	-2%	-6%
49%	of 15 year olds gave some drugs away on the last occasion they took them	25	-21%	-2%
-	of 15 year olds sold some of their drugs on the last occasion they took them	25	-8%	-8%

4.5 Obtaining help with drug use

Pupils who had used drugs were asked if they felt that they needed to get help because of their drug use or if they would like to stop taking drugs.

		Base	Change from 2013	Difference from Scotland 2018
13%	of 15 year olds felt they needed to get help because of their drug use	33	+10%	+6%
66%	of 15 year olds would like to stop taking drugs	27	+39%	+22%

5 Mental health and wellbeing

5.1 Strengths and Difficulties Questionnaire

All pupils were asked questions from the 'Strengths and Difficulties Questionnaire' (Robert Goodman, 1997). This measure has been included in SALSUS since 2006. The questionnaire lists 25 statements that are grouped into 5 scales - emotion, contact, hyperactivity/inattention, peer relationships and pro-social behaviour. Each scale comprises of 5 questions. Overall scores were calculated for each of the five scales by summing the scores for all items within each scale. Scores are grouped into bands 'normal', 'borderline' and 'abnormal'* for each scale.

		Base	Change from 2013	Difference from Scotland 2018
33%	of 13 year olds had an overall borderline/abnormal score	179	+4%	-3%
45%	of 15 year olds had an overall borderline/abnormal score	139	+5%	+6%
21%	of 13 year olds had a borderline/abnormal score for emotional symptoms	181	-8%	-9%
50%	of 15 year olds had a borderline/abnormal score for emotional symptoms	139	+19%	+13%
29%	of 13 year olds had a borderline/abnormal score for conduct problems	183	+5%	+2%
25%	of 15 year olds had a borderline/abnormal score for conduct problems	142	+7%	0%
37%	of 13 year olds had a borderline/abnormal score for hyperactivity/inattention	181	+6%	+2%
44%	of 15 year olds had a borderline/abnormal score for hyperactivity/inattention	139	+6%	+7%

* The terminology used to describe SDQ scores is borrowed from the original questionnaire designed by Goodman. While the terms 'normal', 'borderline' and 'abnormal' may seem out-dated in the context of the language used to describe mental wellbeing today, they have been retained in this report to draw comparisons to previous years.

5.1 Strengths and Difficulties Questionnaire - continued

		Base	Change from 2013	Difference from Scotland 2018
19%	of 13 year olds had a borderline/abnormal score for peer relationship problems	180	-5%	-6%
33%	of 15 year olds had a borderline/abnormal score for peer relationship problems	139	+12%	+6%
25%	of 13 year olds had a borderline/abnormal score for pro-social behaviour	183	+7%	+2%
22%	of 15 year olds had a borderline/abnormal score for pro-social behaviour	142	-11%	-5%

5.2 Mental Wellbeing – Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

All pupils were given a mean wellbeing score according to the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), included in SALSUS since 2010. Pupils were asked to indicate how often they had thoughts and feelings relating to 14 positively worded statements concerning their mental wellbeing. Each statement has a five item scale ranging from '1 - None of the time' to '5 – All of the time'. The lowest possible score is therefore 14 and the highest is 70.

		Base	Change from 2013	Difference from Scotland 2018
48.16	was the average wellbeing score among 13 year olds	168	-1.32	+0.1
45.1	was the average wellbeing score among 15 year olds	157	+0.48	-0.63

APPENDIX 3

Brief summary of key points from H&WB and SALSUS Surveys.

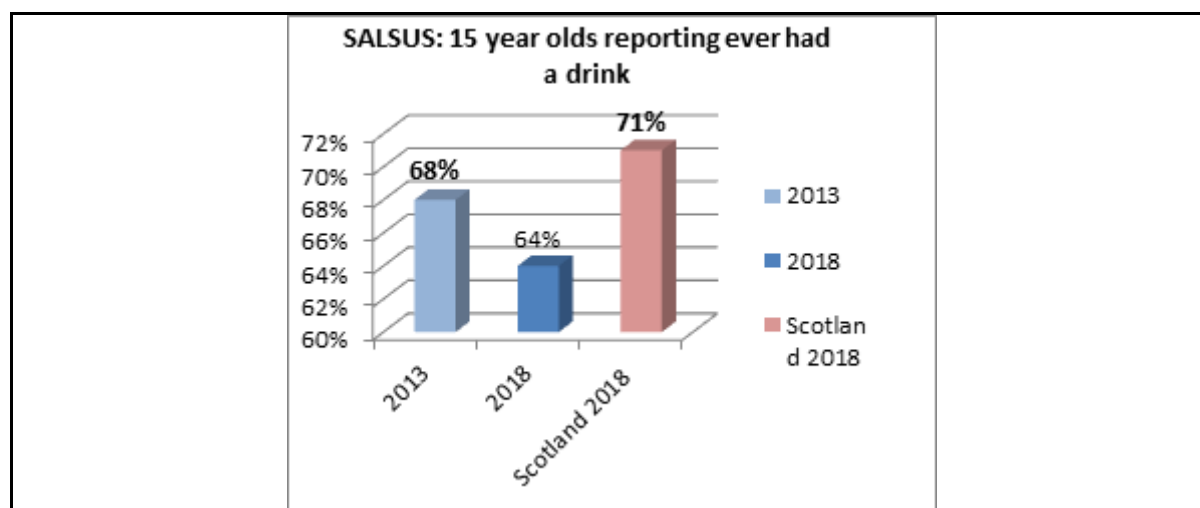
Alcohol (Key indicator)

Heath and Well Being survey (H&WB) reported:

- 56% of pupils reported that they had ever had a proper drink of alcohol
- This ranged from 33% for those in S1/S2, 65% for those in S3/S4 and 87% for those in S5

The SALSUS 2018 survey reported that:

- 32% of 13 year olds and
- 64% of 15 year olds had ever had a proper alcoholic drink. This was lower than the % recorded across Scotland for this age group which was 71%



Drinking to Excess

Both the H&WB survey and SALSUS asked question around the issue of drinking to excess.

SALSUS reported:

- 2018 data - Two third of pupils aged 13 who reported having drunk alcohol reported that they had ever been drunk, (representing a 19% increase from 2013 data) for 15 year olds the figure was 23%. (2% higher than the 2013 data)
- Inverclyde Levels of drinking to excess across both age groups reported in SALSUs in 2018 were higher than that for Scotland :
 - 18% higher for 13 year olds
 - 7% higher for 15 year olds

H&WBS

- 54% of those who said they had ever drunk alcohol said they rarely or never got drunk, with 20 percent of those who drunk reporting getting drunk weekly.
- There was an increase in those who got drunk weekly from 16% to 20% between the 2013 and 2019 surveys.

Purchasing Alcohol

SALSUS asked pupils who had had an alcoholic drink if they had bought or tried to buy alcohol from shops, supermarkets or off-licence premises.

- In 2018 - 16% of pupils aged 13 had managed to purchase alcohol an increase of 13% from 2013 and 11% higher than the response from Scotland as a whole.
- In 2018 12% of 15 year olds had managed to buy alcohol, this was slight increase from 2013 for Inverclyde and compared to Scotland as a whole.
- 3% of 13 year olds and 4 % of 14 year olds were refused alcohol when they tried to purchase this was higher 3% and 2% than in 2013 study and slightly higher than the rate reported for pupils across Scotland.

H&WB

- The H&WB study reported on how young people access alcohol 33% of pupils did not buy alcohol themselves, 31% had friends purchase alcohol for them and 29% family purchased alcohol for them. With 20% of young people who drank reporting having asked strangers to purchase alcohol for them.
- Over ½ of the pupils who drank reporting that they drank at a friend's house (54%), 46% drank at home with 40% of pupils reporting that they drank outside.

The H&WB study asks what is the main factors which influence young people to drink, the most common factor identified was :

“it is seen as normal where I live” (62%)

Data reflects

Trends

- **H&WB** survey the % of drinkers who got drunk at least once per week 16.3% in 2013 to 19.6% in 2019 reflects an upward trend .
- **SALSUS** data indicates:
 - no change in 13 year olds who had ever had a drink between the 2013 and 2018 data
 - a 4% fall in the number of 15 year olds having ever had a drink.
 - In 2018 Inverclyde there was a lower % of pupils having ever had a drink than the percentage for Scotland as a whole.
- Across both studies the data reflects a pattern of drinking and drinking to the extent of getting drunk increasing with age.

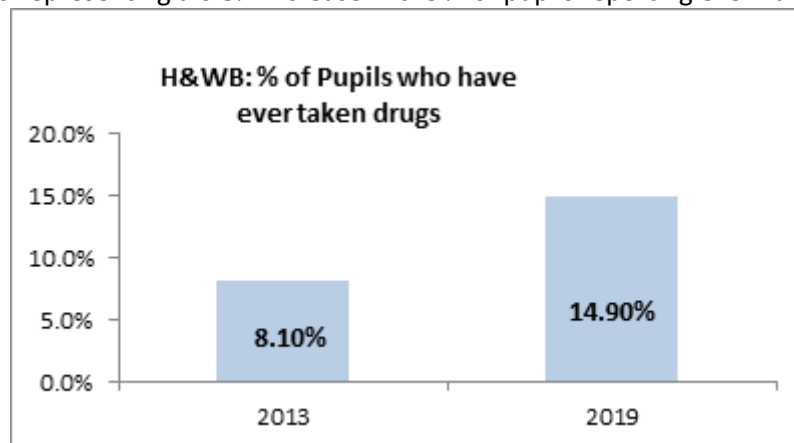
Drug Use

The majority of young people responding to both the H&WB surveys and SALSUS surveys did not and had never used drugs. As was the case with the use of alcohol those who had used drugs tended to be within the older age groups within the studies.

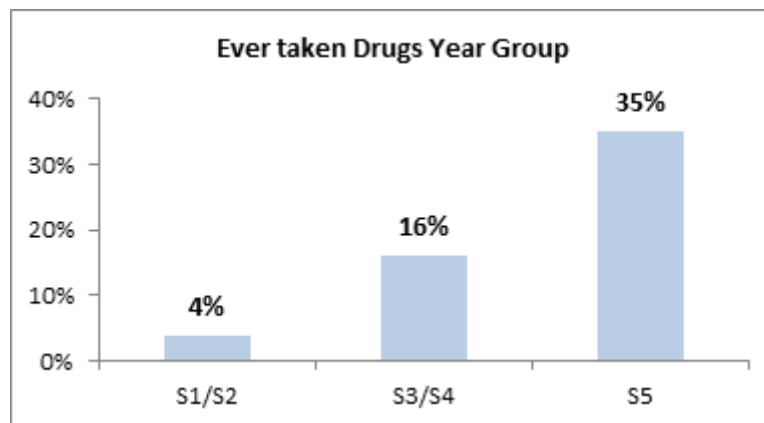
- Within the H&WB study 85% of pupils reported having never having taken drugs.
- The SALSUS study reported that 94% of 13 year olds and 80% of 15 year olds had never taken drugs. This was slightly lower (3% and 1%) than in 2013 and was the same as the data for Scotland as a whole.

Trend

H&WB study showed the following trend in % of pupils who had ever taken drugs between the 2013 and 2019 studies-representing a 6.8% increase in the % of pupils reporting ever having taken drugs.



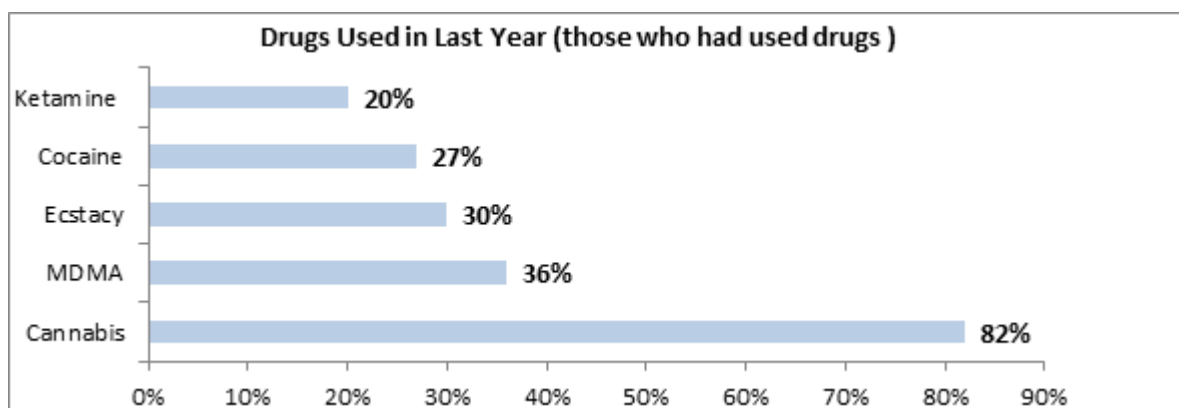
Data reflects a strong correlation with age and ever having used drugs:



Drugs Used

Both studies asked questions related to drug type used. With SALSUS study restricting to use of Cannabis.

- H&WB study reported 58% of those who had taken drugs had taken with alcohol
- Of those who had taken drugs: drugs used in the last year included:



Cannabis

Both H&WB study and SALSUS report an emphasis on the use of Cannabis among those who use drugs:

- H&WB study report 12% of **all pupils** having taken Cannabis in the past year
- SALSUS reports 4% of 13 year olds and 18% of 15 year olds having taken Cannabis over the past year. This was 2% higher for 13 year olds in 2013 and 2% higher for 15 year olds compared to 2013. Data for Cannabis use in 2018 was similar to that for Scotland as a whole.

Source of Drugs

Both surveys approached this question differently:

- H&WB reports most common sources of drugs as :
 - Friends 54%
 - Dealers 44%
- SALSUS reports (15 year olds only) ;
 - 32% obtained drugs from a friend of the same age (last time used drugs). This is considerably lower (31%) than the data for 2013 and lower than the data for Scotland in 2018.
 - 17% obtained drugs from an older friend (last time used drugs).
 - 49% (15 year olds) gave some drugs away on the last occasion they took drugs. (21% reduction from data in 2013 and similar to that in Scotland wide data.

Selling Drugs: There was a fall in the percentage of pupils who reported having sold some of their drugs the last time they used drugs - the Inverclyde percentage was lower than that for Scotland .

H&WB study asked about ease of access to drugs: All pupils were asked:

- 37% of pupils did **not** know how to get drugs.

Of those who did know how to access drugs the responses included:

- Easy to get drugs 58%
- 42% said it would be difficult or impossible

Need for Help with Drug use

SALSUS reported: (15 year olds)

- 13% of 15 year olds who used drugs needed help related to this use - reflecting 10% change from 2013 and 6% higher than that for Scotland as a whole.
- 66% of 15 year olds would like to stop taking drugs. – 39% change from 2013 and 22% higher than the rate for Scotland.

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Aubrey Fawcett Chair of Programme Board	Report No:	
Contact Officer:	Louise McVey Corporate Policy, Performance and Partnership manager	Contact No:	2146
Subject:	Poverty and Inequality Commission's Review of the Local Child Poverty Action Reports 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Alliance Board of the findings from the Poverty and Inequality Commission's Review of the Local Child Poverty Action Reports (LCPAR) 2019, attached as Appendix 1.

2.0 SUMMARY

- 2.1 The Poverty and Inequality Commission's Review of the Local Child Poverty Action Reports 2019 was published in November 2019 and provides a summary of the findings from 10 Local Child Poverty Action Reports, randomly selected and reviewed by the Poverty and Inequality Commission, ensuring a good range of size of local authorities. These local authorities were not identified within the report. This review is attached as Appendix 1 of this report.
- 2.2 A summary of the Poverty and Inequality Commission's Review was discussed at the Inverclyde Child Poverty Action Group at its meeting on 28 November 2019. This was followed up by correspondence from the Scottish Government to the Leader of the Council in December 2019.
- 2.3 The main findings from the Poverty and Inequality Commission's Review of the Local Child Poverty Action Reports include:
- Guidance for developing the Local Child Poverty Action Reports was found to be helpful, clear and excellent at setting out exactly what is expected from the reports.
 - 6 out of 10 reports did not mention involving people with direct lived experience. However, 2 local authorities reported that they had set up panels of commissions of people with direct lived experience to work with the Local Authority on a range of issues around poverty.
 - Many Local Authorities were making good use of Community Planning Partnerships.
 - Most reports used data well in describing their local area. Some reports included helpful tables of key statistics.
 - Many reports did not include consideration towards monitoring and evaluation, however, it was recognised that it may not always be straightforward to access relevant and reliable data at a local level which may be hindering attempts to monitor and evaluate progress.

An action plan outlining how Inverclyde will take forward these findings is attached as Appendix 2 of this report.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board:

- Takes cognisance of the main findings from the Poverty and Inequality Commission Review; and
- Remits any further actions from the recommendation to the Inverclyde Child Poverty Action Group to develop and implement as part of the 2020 Local Child Poverty Action Report.

Aubrey Fawcett
Chair, Programme Board
Chief Executive, Inverclyde Council

4.0 BACKGROUND

- 4.1 On 8 November 2017 the Scottish Parliament unanimously passed the Child Poverty (Scotland) Act 2017 setting in law four targets relating to ending child poverty, which the Scottish Government is expected to ensure are met by 2030. In recognition of the important role that local areas play in tackling poverty, the Act included an annual local reporting duty where local authorities and health boards are required to report on what they are doing and plan to do to reduce child poverty in their area. The first of the Local Child Poverty Action Reports were due to be published by each local authority on 30 June 2019.
- 4.2 The Poverty and Inequality Commission reviewed the first set of Local Child Poverty Action Reports. There were ten local child poverty action reports selected and anonymised, to ensure a good mix of local authorities, rates of child poverty and urban/rural coverage, and these were considered against agreed criteria. The review is designed to provide general feedback for all areas to improve, rather than picking up specific points on individual reports. This has been included in this report as Appendix 1.
- 4.3 In addition, the Improvement Service has conducted a review of the Inverclyde Local Child Poverty Action Report and provided specific recommendations of what should be considered within the next report due for submission in June 2020. This has been included in Appendix 2.

5.0 MAIN FINDINGS

- 5.1 The Poverty and Inequality Commission's Review of the Local Child Poverty Action Reports 2019 is attached as Appendix 1.

The main findings from the report are as follows:-

- Local authorities and health boards should consider how they can better involve people with direct lived experience.
- The national partners' group should consider what more it could do to support the involvement of people with lived experience. It could also investigate why the support offered in the guidance does not appear to be taken up.
- The Cabinet Secretary could single out authorities that have provided detailed engagement work involving people with direct lived experience as 'exemplars' whose practice can be drawn on as a route to continuous improvement.
- Chief Executives of local authorities and health boards should make clear their commitment to tackling poverty.
- Future reports should provide more of a rationale for including different plans, strategies and reports and also evidence of how linking these together is leading to efficiency savings.
- Local Authorities and Health Boards should consider their approach to partnership working and how they can better reflect it in next year's report.
- The national partners' group should consider what it can do to support the area of partnership working.
- Identify national surveys which provide local level data, consider how they can use their local surveys, and make better use of academic evidence. The national partners' group could consider what it could do to support this.
- Local partners should provide sufficient information across all aspects mentioned in the guidance and consider sharing actions as case studies to facilitate the sharing of good practice.
- Local Authorities and Health Boards should consider whether they are taking actions

which create the right conditions for tackling poverty.

- The action plans should remain focused on actions which directly tackle poverty.
- Where appropriate, the action plans should do more to articulate why priority groups are the targets of particular actions.
- Action plans could be clearer around which organisation is taking the lead in delivering actions and the roles played by any supporting organisations.
- Improvement in the approach to evaluation and monitoring progress.
- Actions to support pregnant women in particular are highlighted and should be included in next year's action plan.
- Local partners require to take time to understand how close they are to taking the right actions and whether they are addressing all of the aspects the Commission has looked at.

An action plan outlining how Inverclyde will take forward these findings is attached as Appendix 2 of this report.

- 5.2 The Improvement Service has appointed a national co-ordinator for Child Poverty to support all local authorities with their planning and reporting duties under the Child Poverty (Scotland) Act 2017 including the facilitating the sharing of good practice across Scotland.

6.0 IMPLICATIONS

6.1 Finance

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.2 Legal

The Child Poverty (Scotland) Act 2017 places a legal requirement on Councils and NHS Health Boards to produce a Local Child Poverty Action Report.

6.3 Human Resources

There are no Human Resource implications arising from this report.

6.4 Equalities

Equalities

- (a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

- (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

- (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO

6.5 Repopulation

A reduction in child poverty would help Inverclyde become more prosperous and therefore a more attractive place in which to live.

7.0 CONSULTATIONS

7.1 n/a

8.0 BACKGROUND PAPERS

8.1 None

POVERTY AND INEQUALITY COMMISSION'S REVIEW OF THE LOCAL CHILD POVERTY ACTION REPORTS 2019

November 2019



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1. Summary

1.1 Introduction

The Poverty and Inequality Commission was delighted to accept the Cabinet Secretary for Communities and Local Government's request to review the first set of Local Child Poverty Action Reports. We appreciate the important role that local partners have in tackling child poverty and welcome the opportunity to understand more about the innovation and enthusiasm in tackling child poverty across the country.

We randomly selected 10 reports, ensuring a good range of sizes of local authorities, rates of child poverty and urban/rural coverage, and considered them against a range of criteria. We have chosen not to name the areas we have selected. Our review is designed to provide general feedback for all areas to improve, rather than picking up specific points on individual reports.

1.2 Main Findings

Guidance for developing the Local Child Poverty Action Reports. We carefully read the guidance developed by the Child Poverty Local Action Reports Reference Group. We found this guidance to be helpful, clear and excellent at setting out exactly what is expected from the reports. It formed the basis for a lot of our review as we based some of our analysis on assessing whether the reports were following the advice set out in the guidance document.

Involvement of people with direct lived experience. The Cabinet Secretary asked the Commission to look for evidence of involvement of people with direct lived experience of poverty in the local action plans. We were not just interested in whether people with direct lived experience were asked for their views, we were also interested in what impact this was having and how their views and experience were being used by local areas in the development of their action plans.

It was disappointing for us to note that 6 of the 10 reports we looked at did not mention involving people with direct lived experience. Whilst this in itself may not be evidence that engagement with people with direct lived experience did not take place it may, unfortunately be an indicator of a continuing failure to attach importance to such work.

There were two reports which described how they involved people with direct lived experience and two which described their intention to do so in the future. The two areas which had involved people with direct lived experience described how they had set up panels or Commissions of people with direct lived experience to work with the local authority on a range of issues around poverty. Both the areas had groups which were well-established and set their own work programme, discussing areas of interest to them. One of the reports described the impact that people with direct lived experience had on the development of the action plan. We were pleased to see this as it indicates that people with direct lived experience have more than a token role to play in decision making and that their work is making a real difference.

Level of commitment to tackling child poverty. Tackling child poverty is one of the key priorities of the Scottish Government,¹ and we were keen to see how this was reflected at a local level. We did this by looking across all 32 reports and noting who had authored an introduction or provided “sign-off” for the reports. Of the 27 reports that were easily available to us at the time of writing, 4 provided an introduction signed by the chief executive of the local authority and/or the health board. Some had no signed introduction, others were provided by the head of a department within the local authority and/or health board. We believe that the buy-in to the child poverty agenda at the highest level indicated by chief executives signing off reports should be encouraged as this would help mobilise resources, facilitate partnership working and effectively deliver change.

Contextual information. All the local reports we looked at showed a good understanding of the different strengths, challenges and opportunities of their local area.

Evidence of partnership working. There was evidence of collaboration in developing the action plans and some reports included details of structures and working practices which supported partnership working. Many local authorities were making good use of already established Community Planning Partnerships. In some reports however, only a passing reference was made to partnership working. We appreciate it may be difficult to incorporate this type of information into a report so this in itself may not be evidence that partnership working is not happening.

Use of evidence. Most reports used data well in describing their local area. Some reports included helpful tables of key statistics. As well as helping identify the specific issues of that particular area, these could also provide a baseline with which to measure progress in future years which would be particularly useful in on-going monitoring and evaluation.

However, there were not many reports which had given careful consideration towards monitoring and evaluation. In terms of overall progress, we did not see any report which had set out clear targets of what it was working towards. This could greatly help focus actions and would also be useful in future years of highlighting where things were working and where a different approach may be needed.

However, we do recognise that it may not always be straightforward to access relevant and reliable data at a local level which may be hindering attempts to monitor and evaluate progress.

Action plans. We reviewed the action plans through considering the following aspects:

1. How the information is presented
2. Whether the right actions are being taken
3. Understanding of the priority groups
4. Partnership working and lead agency
5. Measuring impact and evaluation

¹ <https://news.gov.scot/news/challenging-uk-austerity-and-uncertainty>

6. Income maximisation activities

We found that some action plans did not include enough information to allow proper scrutiny. Not only does this make it difficult to assess the action plans on many of the above criteria, it also has implications for sharing best practice and learning across areas.

In terms of the actions themselves, we were impressed with the range of work which is being undertaken. We identified four different types of action:

1. Actions which are fundamental to tackling poverty and, as such, are very closely linked to the drivers. We have recommended that if local areas do not have these in their action plans, then they should have. For example, encouraging the payment of the Living Wage, maximising uptake of benefits and providing advice on how to reduce food and energy costs.
2. Actions which tackle child poverty but need a better articulation of how they do so. Many action plans include actions such as the expansion of early years childcare and work around closing the attainment gap, without fully explaining how these link to child poverty. We suggest this could be improved by better understanding and articulating the links between these actions and how they will impact on the targets.
3. Supporting actions which create the right conditions for tackling child poverty. These are things like transport which have wider aims but are also crucial in tackling poverty. We welcome the inclusion of this type of action as it demonstrates that the responsibility for tackling child poverty goes right across local authorities and health boards, i.e. it is not just the role of children's services.
4. Actions which do not directly tackle child poverty, i.e. are either around the mitigation of poverty or targeted at all families. We appreciate how valuable these actions are and do not wish to detract from the good work going on across Scotland. However, the reports would be enhanced by being more streamlined and focusing on actions which directly tackle the drivers of poverty.

Most local areas are good at listing the priority groups and most identify which target group an action is directed towards in the table. The more impressive attempts to consider this have clearly articulated why these groups are high risk and the specific interventions that may be needed.

It was sometimes difficult to assess the extent to which there was successful partnership working in delivering the actions. Some action plans did indeed include a column which mentioned different partners. However, the great majority of reports only included the name of the partner organisation. There was no information provided on the role played by each organisation in the delivery of the actions, or the challenges and successes of working in partnership.

Many of the action plans do not include detailed information on their plans for evaluation. However, we recognise this is the first year and that evaluation will likely become more prevalent in future years.

1.3 Conclusions

One of the key questions is whether or not the action plans represent a step change in how tackling child poverty is approached. Overall, we were impressed with the quantity and range of actions included in the reports and saw some examples of truly excellent work. However, we also found that many of the reports have gaps in the information they provide or do not provide a coherent narrative around how the plans were developed and how they will be evaluated. This is somewhat surprising as the guidance which was designed to support local partners is very good. We feel there is an important role for the national partners group to understand why the guidance is not reflected in the reports and further consider what additional support local partners might need to develop, implement and evaluate effective action plans.

2. Introduction

On 8 November 2017 the Scottish Parliament unanimously passed the Child Poverty (Scotland) Act 2017 setting in law four targets relating to ending child poverty, which the Scottish Government is expected to ensure are met by 2030. In recognition of the important role that local areas play in tackling poverty, the Act included an annual local reporting duty where local authorities and health boards need to report on what they are doing and plan to do to reduce child poverty. The first of the Local Child Poverty Reports were due to be published by each local authority on 30 June 2019.

A group of national partners was set up to support local authorities and health boards in developing their reports. This group consists of academics, NHS Health Scotland, Scottish Government and the third sector. There is also a dedicated National Child Poverty Co-ordinator, based at the Improvement Service, who sits on the group and supports local authority and health board leads.

A Child Poverty Local Action Reports Reference Group developed detailed guidance for the development of the local action reports. This was published by the Scottish Government and outlines what the reports could include.²

As this was the first year of the reports, the Cabinet Secretary for Communities and Local Government asked the Poverty and Inequality Commission to review the Local Child Poverty Action Reports. The Cabinet Secretary asked the Commission to provide a report which encourages local partners to improve, both in their reporting and also in the action they are taking. There was a particular interest in looking for evidence of partnership working, areas of good practice and the involvement of people with lived experience of poverty.

We appreciate the important role that local authorities and health boards have in tackling child poverty so we were pleased to accept the request. In particular, we welcomed the opportunity to understand more about the innovation and enthusiasm in tackling child poverty which is being expressed across the country.

2.1 *Our approach to reviewing the reports*

Our review consisted of an analysis of a selection of reports. We chose 10 reports, ensuring a good range of sizes of local authorities, rates of child poverty and urban/rural coverage and assessed these reports against a range of questions.

In deciding upon the questions to assess the reports against, we drew upon the guidance, and particular areas of interest to the Commission, and set out questions to identify the extent to which the reports reflected the suggestions made in the guidance and other areas of interest.

The questions are:

- To what extent is there a clear understanding and articulation of the local area's context and challenges around child poverty?

² <https://www.gov.scot/publications/local-child-poverty-action-report-guidance/>

- How are existing action plans and strategies identified and interpreted?
- What evidence is there of partnership working and how has this been articulated?
- To what extent do people with direct lived experience of poverty feature – in planning and prioritisation, co-designing service delivery and evaluation of actions?
- To what extent has evidence been used in the reports – in developing the action plans and also in evaluating and monitoring actions?
- Do the plans include the actions which are likely to have an impact on tackling child poverty?
- Is there evidence of a step change in how tackling child poverty is approached?

We have not named the local authority areas we have looked at. This review is designed to provide general feedback for all areas to improve, rather than picking up specific points on individual reports.

It is also worth noting that as well as this being the first year of the reports, it is also the first year the Commission has reviewed the reports. We are keen for feedback on our approach and would welcome discussion on how helpful our review is. We intend to scrutinise these reports in future years but may take a different approach.

3. Findings of our review

3.1 *Guidance for developing the Local Child Poverty Action Reports*

In developing our approach to review, we examined the guidance for developing the Local Child Poverty Action reports and found it to be very helpful and clear.

It sets out exactly what is required from the reports and provides support on the more challenging aspects of the reports, e.g. involving people with lived experience and identifying useful data sources. The Commission would like to commend the Child Poverty Local Action Reports Reference Group for developing this comprehensive guidance.

3.2 *Involvement of people with direct lived experience*

Over the past decade or so, there has been a real shift across Scotland in the way communities are involved in decision making. There is a recognition that empowering communities to make things happen and influence decisions can lead to more effective and responsive services. However, in relation to poverty, it has been noted that the views of people with direct lived experience are often used to illustrate a point, rather than to shape agendas, explain or increase understanding of the key issues relating to poverty.³ It also is not always clear what impact involving people with direct lived experience has on policy and practice.

Therefore, in looking through the reports for evidence of involvement of direct lived experience in the local action plans, we were not just interested in whether people with direct lived experience were being heard, we were also interested in what impact this was having and how their views were being used by local areas in the development of their action plans.

It was disappointing for us to note that six of the ten reports we looked at did not mention involving people with direct lived experience. Whilst this in itself may not be evidence that engagement with people with direct lived experience did not take place, it may, unfortunately, be an indicator of a continuing failure to attach importance to such work.

There were two reports which outlined how they involved people with direct lived experience and two which highlighted their intention to do so in the future. The two areas which had involved people with direct lived experience described how they had set up panels or Commissions of people with direct lived experience to work with the local authority on a range of issues around poverty. Both the areas had groups which were well-established and set their own work programme, discussing areas of interest to them. One of the reports described the impact that people with direct lived experience had on the development of the action plan. We were pleased to see this as it indicates that people with direct lived experience have more than a token role to play in decision making and that their work is making a real difference. There is a lot that other local areas could learn from this approach.

³ <https://povertyinequality.scot/wp-content/uploads/2019/04/SPIRU-Final-Report.pdf>

It is worth noting here that the guidance describes that there is support available to assist local areas to set up their own community bodies to bring people with direct lived experience of poverty into strategic decision making. This is being provided by the Scottish Government and there is also the 'Get Heard Scotland' initiative being developed by the Poverty Alliance. The Scottish Community Development Centre also support community anchor organisations and participatory budgeting.⁴ Given that there is this support available, it is surprising that more reports do not incorporate the views of people with direct lived experience.

Recommendations

Local authorities and health boards should consider how they can better involve people with direct lived experience. They should ensure that people's voices are heard and helping to shape agendas. There are many organisations and community groups that could help with this and local authorities and health boards should look to make use of these resources.

The national partners group should consider what more they could do to support the involvement of people with lived experience. They could also investigate why the support offered in the guidance does not appear to be taken up.

The Cabinet Secretary could single out authorities that have provided detailed engagement work involving people with direct lived experience as "exemplars" whose practice can be drawn on as a route to continuous improvement. Having the Cabinet Secretary do this would show the importance attached to this aspect of the reports.

3.3 What is the level of commitment to tackling child poverty?

Tackling child poverty is one of the key priorities of the Scottish Government,⁵ and we were keen to see how this was reflected at a local level. Leadership at all levels, and that is demonstrable across all sectors, is crucial in effectively delivering this agenda. This is difficult to assess through the reports alone and we have not attempted to do so.

What we did do however, was look across all 32 reports and noted who had authored an introduction or provided "sign-off" for the reports. Of the 27 reports that were easily available to us at the time of writing, 4 provided an introduction signed by the chief executive of the local authority and/or the health board. Some had no signed introduction, others were provided by the head of a department within the local authority and/or health board. Although leadership does not end at the top, it does start there. We believe that the buy-in to the child poverty agenda at the highest level indicated by chief executives of local authorities and health boards

⁴ <https://www.scdc.org.uk/news/article/2019/5/15/scdc-supporting-communities-programme-people-planning-and-place>

<https://www.scdc.org.uk/hub/participatory-budgeting>

⁵ <https://news.gov.scot/news/challenging-uk-austerity-and-uncertainty>

signing off reports should be encouraged as this would help mobilise resources, facilitate partnership working and effectively deliver change.

Recommendation

Chief Executives of local authorities and health boards should make clear their commitment to tackling poverty.

3.4 Contextual information

All the local reports we looked at showed an excellent understanding of the different strengths, challenges and opportunities of their local area. Most reports use statistical evidence to tell the stories of their local area, sometimes backed up by a bit of history. These sections were often a fascinating insight into local areas and provided good context for subsequent sections in the report.

The guidance suggested that it would be helpful for local partners to make clear in the annual local child poverty action reports how links are being made to existing related statutory planning and reporting duties. This would ensure a streamlined approach as well as representing joined-up delivery of public services as recommended by the 2010 Christie Commission. All of the sampled ten reports we looked at mentioned other strategies and action plans. These included overarching strategic plans for the local authority area, Local Outcome Improvement Plans (LOIP), Children's Services Plans and economic plans.

The reports which were strong here provided a rationale for why they had included the reports they had and some also included helpful diagrams which show how different plans/strategies/reports overlap and feed into each other. The reports which were slightly weaker tended to provide a list of related strategies but offered no background as to why these had been chosen or how they linked together. Such background reasoning would be a useful addition to future reports. As none of the reports we looked at provided evidence of how linking strategies or plans together was providing efficiency savings we believe that this would be a useful piece of additional evidence to be incorporated into future reports.

Recommendation

Future reports should provide more of a rationale for including different plans, strategies and reports and also evidence of how linking these together is leading to efficiency savings.

3.5 Evidence of partnership working

The Cabinet Secretary for Communities and Local Government asked the Commission to specifically look for evidence of partnership working. The Commission is of the view that working together is better, it leads to quicker action and successful outcomes. In our view, partnership working and collaboration is key

to success in the planning, prioritisation and delivery of the actions necessary to tackle child poverty in isolation.

In this section we consider the extent to which partners were involved in the development of the action plans. A subsequent section on the action plans looks more closely at who was delivering the actions.

The guidance provides a very good starting point in identifying a list of likely partners that local authorities and health boards could work with. There is further useful information from a National Foundation for Educational Research report⁶ which sets out some key ingredients for successful partnerships in tackling child poverty at a local level. This included a clear understanding of roles – including identifying the impact of the work on individual partner organisations and how each will benefit from the collaboration, good leadership and a shared commitment to a common goal.

There was evidence of collaboration in developing the action plans and some reports included details of structures and working practices which supported partnership working. Many local authorities were making good use of already established Community Planning Partnerships. In some reports however, only a passing reference was made to partnership working. We appreciate it may be difficult to incorporate this type of information into a report so this in itself may not be evidence that partnership working is not happening.

Within the theme of partnership working, there is also the issue of how effectively local authorities and health boards are working together. It is difficult to determine this accurately from looking at the reports but we noted that half of the reports we looked at separated their action plans in some way that was according to who delivered the actions. This ranged from different tables for the local authority and the health board to including the NHS Board actions in a separate annex. We do not want to impose how these are reported but we do want to emphasise that these should be developed and delivered in partnership.

Recommendations

There is scope to improve how partnership working is reflected in future reports. The Commission recommends that local authorities and health boards consider their approach to partnership working and how they can better reflect it in next year's reports.

We encourage all local authorities and health boards to think about the following:

- **Are they working with the right partners? The guidance included a list of potential partners and we would suggest that all local areas revisit this list to determine if they are working with the right partners. In particular, local authorities and health boards should ensure they are working with the third sector and also the private sector.**
- **How can the reports best set out the collaborations in place and how these are working and resourced?**

⁶ <https://www.nfer.ac.uk/media/1934/lqcp01.pdf>

- **What partnership working has enabled local areas to do which they wouldn't have been otherwise able to do? What have the outcomes and benefits been?**

The national partners group should consider what they can do to support the area of partnership working. This could involve highlighting areas which are demonstrating a strong approach to partnership working and sharing the learning from this.

3.6 Use of evidence

Across the reports, we were keen to see the use of a range of evidence including local surveys, national surveys which provide local data and 'what works' evidence.

As previously mentioned, most reports used data well in describing their local area. However, the reports would greatly benefit from a clear linkage between the local contextual evidence to the action plans. For example, if an area shows lower than average employment then we would expect the reports to show an understanding of why that is and actions in place to address this. This narrative was often missing from the reports but would greatly help us understand why some actions were prioritised over others.

Another aspect missing here was an appreciation of "what works" in tackling poverty. There are a number of comprehensive reviews which set out the importance of local action and identify the types of actions that may be successful.⁷ This type of important evidence would greatly assist local partners in developing their action plans.

There is also strong potential to use this section in thinking about how to measure impact over time. Some reports included tables of key statistics. As well as helping identify the specific issues of that particular area, they can also provide a baseline with which to measure progress in future years.

There were not many reports which had given careful consideration towards monitoring and evaluation. In terms of overall progress, we did not see any report which had set out clear targets of what it was working towards. This could greatly help focus actions and would also be useful in future years of highlighting where things were working and where a different approach may be needed.

However, we do recognise that it may not always be straightforward to access relevant and reliable data at a local level which may be hindering attempts to monitor and evaluate progress. For example, local partners do not often report on equivalent measures of child poverty to those used in the child poverty targets. The reports we looked at mainly reported the End Child Poverty estimates⁸ and supplemented this

⁷ <http://whatworksscotland.ac.uk/publications/tackling-child-poverty-actions-to-prevent-and-mitigate-child-poverty-at-the-local-level/>

https://www.povertyalliance.org/wp-content/uploads/2019/05/ISSUE-24_SAPR_SPRING-17.pdf

https://policyscotland.gla.ac.uk/wp-content/uploads/2018/02/Local-Poverty-Report-Feb_2018.pdf

⁸ <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/>

with proxy measures (e.g. number of children entitled to free school meals, number of parents in employment). We feel that more could be done to ensure local authorities and health boards have access to local data; understand the data available, its limitations and what the best measures to use are.

Recommendation

Some local areas were better than others at setting out relevant data and using this to measure progress. The Commission recommends that local authorities and health boards could review their use of data – in particular identify national surveys which provide local level data, consider how they can use their local surveys, and make better use of academic evidence (e.g. from What Works Scotland). The national partners group could also consider what they could do to support this.

3.7 Action plans

We scrutinised the action plans through considering the following aspects:

1. How the information is presented
2. Whether the actions being taken are those likely to have the biggest impact on child poverty
3. Understanding of the priority groups
4. Partnership working and lead agency
5. Measuring impact and evaluation
6. Income maximisation activities

1. How the information is presented

The guidance suggested that the action plans are presented in a table but did not make this mandatory. Most of the reports we looked at took this advice and included a table. We agree that the reports should present the information in a way that best suits the needs of their local area, rather than imposing a mandatory approach. However, we found that some action plans did not include enough information to allow proper scrutiny. Not only does this make it difficult to assess the action plans on many of the above criteria, it also has implications for sharing best practice and learning across areas.

Therefore, we would like to set out the aspects which we saw in the presentation of the action plans that worked well.

- The best approach to presenting information appeared to be reports which included their action plans within a table but also included focused case studies of a couple of actions. For example, those actions judged to be the most innovative or likely to have a large impact on tackling child poverty. This is particularly important to facilitate the sharing of good practice.
- Within the tables, it is important to include sufficient information so as to be clear on what the action is. For example, “tackle low pay” does not make clear *what* is being done. In contrast, “tackle low pay through working with local

employers to explore what support would help them offer a fair wage and contract conditions for all workers” provides much more information.

- The example table provided in the guidance provided a strong steer on what information could be included. Within the action plans, we found that some information was better considered than others. While we do not think a mandatory template should be provided, local areas should consider whether they have included all the necessary information within their action plans. In particular, we found that many areas did not include a column on “how impact will be assessed”. This is an important aspect of tracking progress and if not included in the action plans should be covered elsewhere in the reports.
- We found the reports which separated their action plans by the key drivers particularly helpful. It was also important to separate out existing and planned actions into different tables.

Recommendation

Local partners should consider the presentation of their action plans carefully and ensure that they provide sufficient information across all aspects mentioned in the guidance. They could also consider whether they have any actions that they feel are particularly important and share these as case studies in the reports to facilitate the sharing of good practice.

2. Whether the actions being taken are those likely to have the biggest impact on child poverty

We identified four types of actions included in the action plans.

The first of these are actions which are fundamental to tackling poverty and, as such, are very closely linked to the drivers. In identifying these fundamental actions we have drawn on the guidance, what works reviews and our own knowledge. These are the actions we would expect to see in every action plan. Exactly *how* they are delivered is a matter for local partners. However, the Commission believes that if these are not included in an action plan then local partners should consider implementing them in the future.

Increasing income from employment:

- Bringing better jobs to the area
- Encourage the payment of the Living Wage across the local area
- Providing in-work support
- Employment support programmes

Maximising income from benefits:

- Maximise uptake of benefits
- Automate systems that ensure access to the school clothing grant, Education Maintenance Allowance and other grants/benefits.
- Improve access to information and advice about benefits

Reducing household costs:

- Increase availability of affordable housing⁹
- Provide advice on how to minimise costs for energy and food
- Work to reduce the cost of the school day
- Childcare provision (including increasing uptake of offering to eligible 2 year olds)
- Provision of low cost credit and debt reduction services.

Recommendation

Local authorities and health boards should examine the list of actions and consider whether they are taking all of these actions. If not, they should consider including any they are not yet undertaking.

The second type of action are those which tackle child poverty but need a better articulation of how they do so. Many action plans include actions such as the expansion of early years childcare and work around closing the attainment gap, without fully explaining how these link to child poverty.

For instance, the expansion of childcare is often discussed in terms of improving outcomes for children or reducing household costs. However, the potential of this is far greater as increasing the number of childcare hours also opens up employment and education opportunities for parents.

Similarly, closing the attainment gap is often described in terms of preventative outcomes. However, the funding allocated around the attainment gap can also be used to reduce household costs through providing after school childcare and holiday clubs.

Recommendation

Local authorities and health boards should ensure that they are adequately articulating how actions contribute to tackling poverty.

The third type of action are supporting actions which create the right conditions for tackling child poverty. These are things like transport which have wider aims but are also crucial in tackling poverty.

Transport matters in relation to poverty because of its potential impact on income, household expenditure and mitigating the impact of poverty. Actions which help ensure good, affordable transport can enable people to access jobs, education and training. On the other hand, poor access to transport can lock people into poverty by limiting access to these opportunities to increase income.

⁹ As the Joseph Rowntree Foundation's recent report showed, lower housing costs in Scotland have played an important role in Scotland's comparatively lower poverty rates (when compared with the rest of the UK) <https://www.jrf.org.uk/report/poverty-scotland-2019>

We welcome the inclusion of this type of action as it demonstrates that the responsibility for tackling child poverty goes right across local authorities and health boards, i.e. it is not just the role of children's services.

Recommendation

Local authorities and health boards should consider whether they are taking actions which create the right conditions for tackling poverty.

The final type of action included in the plans are those which do not directly tackle child poverty. These tend to be either around the mitigation of poverty or targeted at all families.

We appreciate how valuable these actions are and do not wish to detract from the good work going on across Scotland. However, the reports would be enhanced by being more streamlined and focusing on actions which directly tackle the drivers of poverty.

Recommendation

The action plans should remain focused on actions which directly tackle poverty. Recognising that other actions are important, they could be included in a separate table.

3. Understanding of the priority groups

Most local areas are good at listing the priority groups and most identify which target group an action is directed towards in the table. The more impressive attempts to consider this have clearly articulated why these groups are high risk and the specific interventions that may be needed. So for example, lone parents and parents with a disabled child are less likely to be working than the overall population. Showing this understanding helps explain why there are actions targeted at increasing or improving employment opportunities of these groups.

Recommendation

Where appropriate, the action plans should do more to articulate why priority groups are the targets of particular actions.

4. Partnership working and lead agency

It was sometimes difficult to assess the extent to which there was successful partnership working in delivering the actions. Some action plans did indeed include a column which mentioned different partners. However, the great majority of reports only included the name of the partner organisation. There was no information provided on the role played by each organisation in the delivery of the actions, or the challenges and successes of working in partnership.

Recommendation

Action plans could be clearer around which organisation is taking the lead in delivering actions and the roles played by any supporting organisations.

5. Measuring impact and evaluation

We also looked at how individual actions were being evaluated within the action plans. As we found with overall monitoring and evaluation, this was an aspect of the action plans that needs some improvement.

Many of the action plans do not include detailed information on their plans for evaluation. However, we recognise this is the first year and that evaluation will likely become more prevalent in future years.

As outlined in the guidance, robust monitoring and evaluation is crucial for ensuring that we understand how local actions are contributing to the national targets and also for knowing which actions are not having the intended effects.

Having looked through the action plans, we are of the view that not all actions require the same level of monitoring and evaluation. There are some actions where it would be appropriate to fully evaluate using a range of quantitative and qualitative approaches. It may also be an opportunity to seek views of people with direct lived experience in assessing the impact of certain actions. The types of actions which would benefit from this type of more thorough approach are those which require a lot of resource and those which are innovative or using a previously untested approach.

On the other hand, there are the smaller or more straightforward actions for which baseline monitoring will be appropriate. In these cases, it would be proportionate to identify some quantitative measures to track over time. An example here would measuring the impact of actions to increase the uptake of free school meals through monitoring the number of children accessing free school meals.

Recommendation

There is scope for the approach to evaluation and monitoring progress to be improved. The guidance is comprehensive here and we are aware of efforts being made to support this work. Therefore, the Commission recommends that the national partners group explore the barriers to good evaluation and consider what more they could do to support this area.

6. Income maximisation activity

The Act further requires that, in the context of reporting on activity that has been taken or is proposed in support of meeting the child poverty targets, local authorities and NHS boards must report in particular on:

income maximisation measures taken in the area of the local authority during the reporting year to provide pregnant women and families with children with:

- a) information, advice and assistance about eligibility for financial support,
- and b) assistance to apply for financial support

Within the action plans of the ten reports we looked at, half do not appear to be adequately addressing this requirement. While all reports include actions around income maximisation addressed towards families, five did not include mention of how they would specifically provide pregnant women with more support. As this is a legislative requirement, it would be good to see more information provided on what is being done around this specific priority group and how the impact is being measured.

Recommendation

The Commission recommends that actions to support pregnant women in particular are highlighted and if these are not included in this year's action plans then there should be work to ensure they are in next year's.

The Commission believes that the actions taken are the heart of the child poverty local action reports and therefore the most important aspect to focus on getting right next year. There are a number of suggestions provided here which indicate where improvements could be made which will hopefully be of help in doing so.

Recommendations

The Commission recommends that local partners take time to understand how close they are to taking the right actions and whether they are addressing all of the aspects the Commission has looked at.

The Commission also suggests that the national partners group develops a good practice depository. We saw examples of good actions being taken around the country and this would be an ideal way of sharing that. Local partners should contribute to this and also make good use of the knowledge that is shared.

3.8 Additional aspects of interest

As a Commission, there are certain areas of interest which are important to us and which we have looked for evidence of.

These are whether the reports make reference to the UN Convention for the Rights of the Child, what actions are being taken to support particularly vulnerable groups (for example, asylum seekers, homeless people, victims of domestic abuse etc.) and how the reports are being disseminated and communicated.

We looked through 30 of the reports to identify whether they mentioned the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC is the most complete statement of children's rights and the most widely-ratified international human rights treaty in history. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to.

We found that five reports mentioned the UNCRC. Of course this is not a requirement but setting actions to tackle child poverty within this context sends an important message around the understanding of the rights of children and the

responsibilities of local authorities and health boards in ensuring all children enjoy their rights.

We also looked at the action plans for the 10 selected reports to understand more about particularly vulnerable groups. As we have previously mentioned, the level of detail mentioned in the action plans does not allow for a great deal of scrutiny. Therefore, it is not always clear how much is being done to support these groups. Some local areas do have actions to support these groups which the Commission welcomes. However, given the significant disadvantages that these groups face, there is scope to do more to support them.

A final area of interest for the Commission is how these reports are being disseminated and communicated. Our approach to reviewing the reports this year did not involve gauging awareness of the reports across local areas but we are keen to see strong promotion of child poverty action plans as we believe that this will strengthen actions and working across areas.

4. Conclusion

4.1 *Is there evidence of a step change?*

One of the key questions is whether or not the action plans represent a step change in how tackling child poverty is approached. Although this is the first year of producing these reports, it is not the first year of tackling child poverty.

Overall, we were impressed with the quantity and range of actions included in the reports and saw some examples of truly excellent work. So in one sense, the fact we now have these reports represents a step change. However, we feel that it is too early for us to draw the conclusion that these action plans represent a new approach to tackling child poverty. As we have described throughout our report, many of the reports have gaps in the information they provide or do not provide a coherent narrative around how the plans were developed and how they will be evaluated.

We would be keen to see the reports develop in such a way that this question can be answered next year. We would particularly like to highlight the fact that we felt the guidance for developing Local Child Poverty Action Reports was very clear. Therefore, it was somewhat surprising that this does not appear to have translated into fully developed Local Child Poverty Action Reports. We have anecdotal evidence that local partners also found the guidance helpful so there is a need to understand why the reports do not always reflect the guidance. We feel there is an important role for the national partners group to understand why this is the case and further consider what additional support local partners might need to develop, implement and evaluate effective action plans.

4.2 *What will the Commission look for next year?*

We intend to look at a sample of reports again next year to assess how these have improved based on the feedback provided throughout this document.

We would like highlight the three aspects which we feel are most important to get right quickly:

First of all, the involvement of people with direct lived experience. We saw how this can be done very well and would encourage local partners to make use of the support available and to learn from others in how to do this. As we would rather this is done meaningfully, and wish to avoid tokenistic efforts to engage, if there is insufficient time to get this in place for next year's report, there should at least be an outline of what plans local partners have for taking it forward.

Second, the action plans. A focus on getting the actions right will have the most impact on what matters – i.e. the number of children living in poverty. Therefore, we would like to see local partners taking the actions that we know work and explaining how these are being evaluated. We believe that if the actions being taken are the right ones, and if they are being planned and undertaken in partnership, then the reports will be far easier to produce.

Third, leadership. It is important this is present at the top of organisations but also filters down to all levels.

We may also touch upon the other aspects of the reports. For example, considering how the background context sections have evolved and whether local partners have thought how they can use these to provide baseline information against which to measure success, how partnership working is described and whether evidence is being used successfully.

Recommendations

Local partners should use the recommendations in this report to understand where they need to improve for next year. At the very least, they should focus on the three areas the Commission has highlighted as priorities.

The national partners group should work with local partners to understand the challenges and barriers in producing the reports. They could further consider whether there is additional support they could provide to local partners to help ensure the reports better reflect the guidance.

5. Full list of recommendations

1. Local authorities and health boards should consider how they can better involve people with direct lived experience. They should ensure that people's voices are heard and helping to shape agendas. There are many organisations and community groups that could help with this and local authorities and health boards should look to make use of these resources.
2. The national partners group should consider what more they could do to support the involvement of people with lived experience. They could also investigate why the support offered in the guidance is not being taken up.
3. The Cabinet Secretary could single out authorities that have provided detailed engagement work involving people with direct lived experience as "exemplars" whose practice can be drawn on as a route to continuous improvement. Having the Cabinet Secretary do this would show the importance attached to this aspect of the reports.
4. Chief Executives of local authorities and health boards should make clear their commitment to tackling poverty.
5. Future reports should provide more of a rationale for including different plans, strategies and reports and also evidence of how linking these together is leading to efficiency savings.
6. There is scope to improve how partnership working is reflected in future reports. The Commission recommends that local authorities and health boards consider their approach to partnership working and how they can better reflect it in next year's reports.
7. We encourage all local authorities and health boards to think about the following:
 - Are they working with the right partners? The guidance included a list of potential partners and we would suggest that all local areas revisit this list to determine if they are working with the right partners. In particular, local partners should ensure they are working with the third sector and also the private sector.
 - How can the reports best set out the collaborations in place and how these are working and resourced?
 - What partnership working has enabled local areas to do which they wouldn't have been otherwise able to do? What have the outcomes and benefits been?
8. The national partners group should consider what they can do to support the area of partnership working. This could involve highlighting areas which are demonstrating a strong approach to partnership working and sharing the learning from this.
9. Some local areas were better than others at setting out relevant data and using this to measure progress. The Commission recommends that local authorities and health boards could review their use of data – in particular identify national surveys which provide local level data, consider how they can use their local

surveys, and make better use of academic evidence (e.g. from What Works Scotland). The national partners group could also consider what they could do to support this.

10. Local partners should consider the presentation of their action plans carefully and ensure that they provide sufficient information across all aspects mentioned in the guidance. They could also consider whether they have any actions that they feel are particularly important and share these as case studies to facilitate the sharing of good practice.
11. Local authorities and health boards should examine the list of actions and consider whether they are taking all of these actions. If not, they should consider including any they are not yet undertaking.
12. Local authorities and health boards should ensure that they are adequately articulating how actions contribute to tackling poverty.
13. Local authorities and health boards should consider whether they are taking these actions which create the right conditions for tackling poverty.
14. The action plans should remain focused on actions which directly tackle poverty. Recognising that other actions are important, they could be included in a separate table.
15. Where appropriate, the action plans should do more to articulate why priority groups are the targets of particular actions.
16. Action plans could be clearer around who is taking the lead in delivering actions and the roles played by any supporting organisations.
17. There is scope for the approach to evaluation and monitoring progress to be improved. The guidance is comprehensive here and we are aware of efforts being made to support this work. Therefore, the Commission recommends that the national partners group explore the barriers to good evaluation and consider what more they could do to support this area.
18. The Commission recommends that actions to support pregnant women in particular are highlighted and if these are not included in this year's action plans then there should be work to ensure they are in next year's.
19. The Commission recommends that local partners take time to understand how close they are to taking the right actions and whether they are addressing all of the aspects the Commission has looked at.
20. The Commission also suggests that the national partners group develops a good practice depository. We saw examples of good actions being taken around the country and this would be an ideal way of sharing that. Local partners should contribute to this and also make good use of the knowledge that is shared.

21. Local partners should use the recommendations in this report to understand where they need to improve for next year. At the very least, they should focus on the three areas the Commission has highlighted as priorities.
22. The national partners group should work with local partners to understand the challenges and barriers in producing the reports. They could further consider whether there is additional support they could provide to local partners to help ensure the reports better reflect the guidance.

Main Findings from Poverty & Inequality Commission	Inverclyde comments	Timescale /Responsibility
Involvement of people with direct lived experience	Inverclyde's CPLAR will include case studies within the actions included to note views from people with lived experience. It has been agreed not to include people with lived experience in the decisions of the content within the Child Poverty Local Action Report (CPLAR)	Child Poverty Policy Officer will include local case studies reflecting the views and experience of people with lived experience in the 2020/21 Local Child Poverty Action Report (CPLAR)
Level of commitment to tackling child poverty	Both Inverclyde Council and NHS GG&C Chief executives provided a sign-off for Inverclyde's CPLAR.	Chief Executive for both Inverclyde Council and NHS GGC 2019/20 completed. Both Chief Executives will sign off 2020/21 CPLAR.
Contextual Information – Future reports should provide more of a rationale for including different plans, strategies and reports and also evidence of how linking these together is leading to efficiency savings.	Inverclyde showed a good understanding of the different strengths, challenges and opportunities of the area. This will be highlighted more in the 2020/21 CPLAR.	Included in the 2020/21 CPLAR by the Child Poverty Policy Officer
Evidence of partnership working – there is scope to improve how partnership working is reflected in future reports. The Commission recommends that local authorities and health boards consider their approach to partnership working and how they can better reflect it in next year's reports.	Inverclyde Child Poverty Action Group is a multi agency meeting working in partnership with Services and 3 rd Sector. This group is Chaired by Inverclyde Council Corporate Director.	Ongoing throughout 2020/21
Use of evidence – some local areas were better than others at setting out relevant data and using this to measure progress. The Commission recommends that local authorities and health boards could review their use of data – in particular identify national surveys which provide local level data, consider how they can use their local surveys, and make better use of academic evidence.	<p>Data and graphs were used in last year's CPLAR, however the data will be better explained in this year's CPLAR.</p> <p>The deep data dive has identified additional data sets will give more of an understanding of local services, what is working and areas for improvement.</p>	<p>Initiated in 2019/20 CPLAR</p> <p>Continued in 2020/21 CPLAR by the Child Poverty Policy Officer</p>

Action plans – how the information is presented – consider the presentation of action plans carefully and ensure that they provide sufficient information across all aspects mentioned in the guidance. They could also consider whether they have any actions that they feel are particularly important and share these as case studies in the reports to facilitate the sharing of good practice.	Case studies were not added to last years CPLAR, however, will be included within this years.	Child Poverty Policy Officer will include local case studies reflecting the views and experience of people with lived experience in the 2020/21 Local Child Poverty Action Report (CPLAR)
Action being taken likely to have the biggest impact on child poverty – local authorities and health boards should examine the list of actions and consider whether they are taking all of these actions. If not, they should consider including any they are not yet undertaking. Local authorities and health boards should ensure that they are adequately articulating how actions contribute to tackling poverty.	Discussions are currently taking place with NHS GG&C to work jointly looking at actions which will have the biggest impact on child poverty. The joint working outcomes will be included within 2020/2021 CPLAR as this work has not yet commenced. This will be discussed further at a workshop with NHS GG&C in April 2020.	Child Poverty Policy Officer to include in the 2021/22 CPLAR based on ongoing conversations.
Understanding of the priority groups – Where appropriate, the action plans should do more to articulate why priority groups are the targets of particular actions.	The report states which priority groups the action targets. In some actions this can be evidenced, others, this cannot due to this not being captured within systems.	Child Poverty Policy Officer to include in the 2020/21 CPLAR
Partnership working and lead agency – Action plans could be clearer around which organisation is taking the lead in delivering actions and the roles played by any supporting organisations.	Within the actions of last year's report there is clear identified lead within each action. If there are supporting organisations involved, this year's report will include this detail.	The Inverclyde Child Poverty Group will assess and allocate a lead officer for each of the delivery actions.
Measuring impact and evaluation – There is scope for the approach to evaluation and monitoring progress to be improved. The guidance is comprehensive here and we are	Progress reports from Actions within last year's report will be included in this year's report.	The Child Poverty Policy Officer will include progress and evaluation/monitoring within the 2020/21 CPLAR.

aware of efforts being made to support this work.		
<p>Income maximisation activity – The Commission recommends that actions to support pregnant women in particular are highlighted and if these are not included in this year's action plans then there should be work to ensure they are in next year's.</p> <p>The Commission recommends that local partners take time to understand how close they are to taking the right actions and whether they are addressing all of the aspects the Commission has looked at.</p>	<p>Healthier Wealthier Children was included in last year's report with an action from Family Nurse Partnership being included this year.</p> <p>This will be discussed at Inverclyde's Child Poverty Action Group looking at local information from the recent Deep Data Dive.</p>	<p>The Child Poverty Policy Officer will include progress and evaluation/monitoring within the 2020/21 CPLAR.</p> <p>Ongoing - Inverclyde's Child Poverty Action Group</p>



Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Stephanie Graham Vice Principal Educational Leadership	Report No:	
Contact Officer:	Stephanie Graham	Contact No:	
Subject:	West College Scotland – Regional Outcome Agreement 2021-22		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Inverclyde Alliance Board with an early draft of the West College Scotland Regional Outcome agreement in order to raise awareness of the College priorities and to invite the inclusion of any other relevant partnership priorities for our region.

2.0 SUMMARY

- 2.1 In line with the Scottish Funding Council (SFC) guidance timetable, a first draft document was submitted to SFC on 13 December and is provided for the Inverclyde Alliance Board's information and any comment. We still await feedback from SFC on this draft and have until the end of March to submit the final document for SFC approval.
- 2.2 The College outcome agreements are required to follow the SFC guidance to ensure consistency across the whole College sector and therefore the contents are fairly restricted.

The College priorities are set out in terms of:

- **Access and Learning** which includes retention, attainment and progression, as well as priorities around the wellbeing of our students and equalities. In line with the guidance, the College has specific priorities and targets relating to special groups of students, including Care Experienced.
 - **The System** which includes skills alignment to meet employer needs and the economic growth of our region. This section also covers our School College Partnership, ESOL, contribution to Public Health, STEM, Digital and Climate Change Emergency.
 - **Innovation** covering how the College supports business innovation and knowledge exchange
- 2.3 There is a common set of Measurement Targets which are still to be completed once SFC confirmed data is provided for 2018-19.

3.0 RECOMMENDATIONS

- 3.1 That the Alliance Board notes the content of the draft Outcome Agreement and comment on any aspects where partners may contribute further to College priorities or suggest any relevant other matters for inclusion within the document.
- 3.2 That it be noted that partners have been asked to provide any comments on or input into the draft Outcome Agreement in advance of the Alliance Board meeting.

4.0 BACKGROUND

- 4.1 Each College region produces a 3-year Regional Outcome Agreement in line with the guidance from the Scottish Funding Council. These documents are updated on an annual basis through negotiation with SFC. The West College outcome agreement for 2019-20 is published on the SFC website https://www.westcollegescotland.ac.uk/media/213513/west_scotland_outcome_agreement_2019-20.pdf.
- 4.2 The purpose of an Outcome Agreement is to demonstrate each region's distinct contribution to the Scottish Government's priority outcomes and the impact of associated investment. West College Scotland is a single college in the region and therefore the outcome agreement is for both the college and the region.
- 4.3 In October 2019, SFC published guidance for the new 3-year College Regional Outcome Agreements, identifying the topics which must be referenced. These priorities follow from an annual ministerial letter of guidance to the funding council. The new Regional Outcome Agreement guidance aims to result in shorter documents, with less detail and more links to existing documentation than in previous years. <http://www.sfc.ac.uk/publications-statistics/guidance/2019/SFCGD202019.aspx>

5.0 PROPOSALS

- 5.1 None

6.0 IMPLICATIONS

- 6.1 **Legal:** None.
Finance: None.
Human Resources: None.
Equality and Diversity: None.
Repopulation: None.
Inequalities: None.

7.0 CONSULTATIONS

- 7.1 We welcome any feedback on this early draft from our Community Planning Partners.
- This draft Regional Outcome Agreement will be presented at similar meetings with our other Community Planning Partnerships.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 None



West College Scotland Regional Outcome Agreement

2020-21 to 2022-23

For submission MARCH 2019

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Introduction

The Board of Management of West College Scotland submits the following West Region Outcome Agreement to the Scottish Funding Council. The Outcome Agreement reflects the College's commitment to respond to the educational and skills needs within our region, aligned to the Scottish Funding Council's priorities and to demonstrate the College's contribution to the Scottish Government's Economic Strategy. The Outcome Agreement sets out the processes and mechanisms that West College Scotland has established to monitor performance and progress in achieving its goals and objectives.

West of Scotland will receive core grant-in-aid of £? from the Scottish Funding Council for academic year 2020-21 to plan and deliver further and higher education in the region.

The College will continue to intensify efforts to meet government priorities of:

- Widening Access and Articulation
- Improving Attainment and Retention
- Equalities, Health and Wellbeing
- Developing the Young Workforce (DYW)
- Skills, Apprenticeships and STEM
- Innovation and Industry Partnerships
- Climate change emergency

The Regional Outcome Agreement is developed and progress is monitored through our Board Committees, including representation from our Student Association. The Regional Outcome Agreement is informed by our close working with Local Authorities, Community Planning Partnerships, employers and other stakeholders. Our progress, future objectives and aspirations are shared throughout the development of the updates to the Regional Outcome Agreement with staff, Trade Unions, students and stakeholders.

The College has a new [Corporate Strategy](#) for 2019-2025 with four main priorities:

- **Personalisation**
- **Collaboration**
- **Agile and Adaptive**
- **Digital**

Our job is to ensure students leave West College Scotland equipped with the skills and knowledge to compete in the jobs market; to make a full contribution to the wellbeing of their families, their communities and the economic growth of the country. As well as scope, we also have scale. As one of Scotland's largest regional colleges, with over 20,000 students, 1,200 staff and a turnover of £? million, ours is a huge organisation and a major employer, uniquely placed to help shape the West region's educational landscape and contribute to its social and economic development.

Outcome Agreement Commitments

By 2023 we will have: (to be completed)

-

Our Regional Context

West College Scotland delivers further and higher education across the West Region covering the main local authority areas of Renfrewshire, Inverclyde and West Dunbartonshire. In addition, the College provides education to other neighbouring local authorities including East Renfrewshire, Argyll and Bute, Ayrshire, Lanarkshire and Glasgow.

A link will be provided to the West College Scotland Context document covering Population, Employment, School Leaver Destinations, Qualifications and Participation, Deprivation and Poverty, Economic Performance and Business Profile

Section 1: The Learner

Access and learning

West College Scotland is committed to ensuring that we provide the highest quality of learning opportunities for students from all backgrounds and support them all to flourish, achieve and progress to further study or employment. The College will work towards the recommendations within the Blueprint for Fairness Report, particularly in supporting students and young people from deprived areas and those with a Care Experienced background.

The West Region contains some of the most deprived areas of Scotland, including the most deprived area in the country within Ferguslie Park Paisley. Inverclyde and West Dunbartonshire are the 2nd and 3rd most deprived Local Authorities within Scotland by share of 20% datazones, as measured in the Scottish Index of Multiple Deprivation 2016. The College plays a key role in improving the life chances of individuals within all our communities. The deprivation and poverty profile of the West Region will continue to drive our strategic priorities, aligned to access and equality and effective engagement with Community Planning Partners.

Our College is clearly defined by the support and opportunities we provide to these communities and our student feedback confirms the College's strengths in ensuring a very inclusive and supportive environment. We recognise some of the many challenges our students face in achieving full success at college and are committed to continuing to work to adapt learning to better meet their needs and provide the support they need, particularly around resilience, mental health and wellbeing.

Retention and Attainment

Improving retention and attainment is a key priority for the College, particularly in curriculum areas with low performance indicators. The College has aspirations to have overall student success levels in the upper quartile of sector rates by 2020. This is a challenging aspiration when the College serves a region with high levels of deprivation and has a strong priority in supporting wider access, offering opportunities and developing individuals at a pace and level best suited to them.

Our student retention and success rates for full time FE programmes are already around 3% above Sector averages and have been for the last three years. In addition, we have been closing the attainment gap for those from our most deprived areas, although the gap increased slightly in 2018-19. Our SIMD10 full time FE rates are better than Sector but closing this gap further remains a priority for the College, as well as improving the success rates in curriculum areas where rates are lower and for categories of students such as Care Experienced and those with a disability.

Unlike FE programmes, College overall success rates for HE full time are below sector averages and whilst we had been achieving increasingly better rates for successive years, 2018-19 rates saw a significant reduction. Improving HE success rates is a major college priority and we are addressing this through a greater level of in-year monitoring and scrutiny, to result in more significant interventions and improvements. Aiding this will be a far better use of data analytics, increased student support and more sharing successful interventions across the curriculum areas.

Whilst attainment rates may be lower, our HE student satisfaction rates are significantly above sector averages and students report that their programmes prepare them for work and take responsibility for their learning. Our HE student retention rates could be better but compare well to similar other colleges. In some cases, our retention and success rates are impacted on by students securing employment before the end of their course and we will work to provide these students with more flexible ways of completing their qualification whilst in employment.

Our student destination rates are broadly in line with the Sector and in many curriculum areas almost all students are securing immediate, relevant employment on completion of their courses. We see successful student progression to positive destinations to be even more critical than success rates and are committed to improving our data and analysis in this area to better inform curriculum developments to ensure our students have the best possible opportunities to progress.

Articulation

The Scottish Funding Council's aspiration for Access is that at least 60% of HN entrants to university should articulate with advanced standing by academic year 2019-20 and by 75% by 2025-26.

The College is committed to enabling students to progress their learning and to shortening the student journey by improving articulation. In 2017-18, 274 successful HN students from West College Scotland articulated to University with advanced standing (48% of the HN students who went to university, which was an 8% improvement on 2016-17) but the College recognises more work is to be done by both the College and by the Universities to achieve the SFC aspirations.

The College has many well-established articulation links, particularly with Glasgow Caledonian University and also with the University of the West of Scotland where 78 students per year are also supported through the additional places arrangements. We will continue to work with UWS under our partnership agreement to work collaboratively and smooth the transition of students to the university.

The College has a partnership agreement with the Open University and an Academy model with Strathclyde University has been running successfully for some time for Engineering.

Formal articulation arrangements are now being expanded upon in the areas of Business including Accountancy, Tourism and Computing areas with Glasgow Caledonian University. Similarly, formal articulation arrangements with University of Glasgow are in negotiation for Science and Social Science and being progressed with Glasgow School of Art for Interior Architecture into the Architecture and Interior Design Faculties. Arrangements are also in place for a collaboration with Glasgow University for direct articulation for HNC Applied Science and Social Science.

Curriculum reviews have highlighted more opportunities for articulation in Engineering and consideration being given to a collaboration with Bolton University and BBC Scotland for Make Up Artistry degree provision. There have been early discussions with University of Stirling, for articulation in Nursing, Social Sciences and Sports

SFC is currently funding a Curriculum Mapping exercise to inform any future estates developments for the College and UWS in Paisley. We will consider any opportunities which are identified through this work to further develop our articulation and progression to university for our students.

In addition to working on articulation pathways, the College maintains a very positive relationship with SWAP West. We deliver programmes in Social Sciences, Science and Access to Primary Education, enabling mature students from deprived areas to access University.

Deprivation - SIMD10/20

The Scottish Funding Council National Aspirations for Access includes the aim that 20% of College activity per year should be delivered to students from SIMD10 postcodes by 2020-21. 25% of West College Scotland activity is for students from SIMD10, well above Sector averages and a reflection of the deprived areas that the College serves. This student activity level has reduced slightly in last two years, although the Local Authority areas we serve have also reduced the proportion of the population in SIMD10.

SFC no longer expect Colleges to grow the SIMD10 intake but to sustain it and to work towards ensuring comparable successful completion rates as for other students.

The success rate for SIMD10 students on courses 160 hours or more in 2018-19 was 63.4%, and 66.7% for non SIMD10. The attainment gap narrowed due to a 2% improvement for SIMD10 students and 3% reduction for non SIMD10. In 2018-19 there was a 3.3% attainment gap compared to a 8.4% gap in 2017-18. Full time HE students from SIMD10 actually had better success rates than those students not from SIMD10.

The College continues to analyse performance of SIMD10 students and provide the support required to help them stay on their courses and achieve. In 2018-19 there was a 2% difference in the early retention rates with SIMD10 students more likely to withdraw early and more is being done to monitor and provide interventions where possible to address this.

The College works extensively with SWAP to provide a range of courses for mature students from deprived areas to develop their academic and personal skills to enable them to progress to University. During session 2018/19 the College enrolled 261 students on to SWAP programmes, an increase of 31% on the previous year and the highest amongst the SWAP West region, with 107 students articulating to university directly from college and others progressing internally to our HNC programmes in college. Success rates for SWAP programmes were 74% for session 2018-19, substantially higher than for other FE full time programmes. The College is planning to further increase this provision and working with SWAP to consider community-based programmes that further encourage and broaden access opportunities. <https://www.scottishwideraccess.org/west>

The College community-based adult learning involves learning activities that meet national and College learning objectives: 'Life-long' with learner-centred learning built around the interests and motivations of the students, and 'Life-wide' covering the personal, work, family and community aspects of living. (Scotland's Adult Learning Statement of Ambition, 2014).

The College provides community-based adult learning in West Dunbartonshire, Renfrewshire, East Renfrewshire and Inverclyde. West Dunbartonshire and Ferguslie Learning Centre remain the 'flagship' community programmes and are delivered in completely distinct and unique ways to suit

these communities. The Ferguslie Learning Centre, is the outreach centre for West College Scotland, operating from a base in the Ferguslie Park area of Paisley, the most deprived area in Scotland.

The College partnership with [Working4U](#) and West Dunbartonshire Council's Adult Learning Team to provide community based certificated learning has been highlighted as good practice by Education Scotland: [CLD and college collaboration in West Dunbartonshire](#)

In collaboration with Inverclyde Council, the College is working to expand community provision in Inverclyde, replicating the strengths of the West Dunbartonshire programmes, with clear progression routes to further education and employment in key areas to support local economic priorities.

Mental health and wellbeing

Supporting the good mental health and wellbeing of our students and staff is an increasingly high priority in the College. We have an Employee Health and Wellbeing Strategy in place with themes under 'PROSPER' – Promote, Respond, Observe, Support, Practice, Educate and Review and a newly developed Student Health and Wellbeing Strategy under the same themes

[Staff Health and Wellbeing Strategy](#)

Student link: <https://www.westcollegescotland.ac.uk/media/213570/student-health-wellbeing-strategy.pdf>

The second largest cohort of students with a disability are those who have declared a mental health condition. Concerningly, this increased by 2% in 2018-19 to 1,400 of our students. In addition to those with a declared condition, staff report that student mental health is a serious issue with many other students and this impacts on learning and teaching and on student success.

The College has a signed Student Mental Health Agreement with the Student Association and will continue to work in partnership with them to address mental health and wellbeing. The new Student Wellbeing Advisor post has had very positive feedback from staff and students and has implemented a range of successful initiatives, including 'Gie's A Break cafes' to support students' mental health. The College will continue to seek more funding opportunities to support initiatives to support mental health and wellbeing of our students including provision of free breakfast for Students or soup at lunchtime.

The College has in place a team of Counsellors working across the campuses and welcomes the recent funding of £122k to increase this team and better meet demand. The College has a team of Mental Health First Aiders who also complement our Counsellor team. In addition, the College has invested in 'Silver Cloud' an online mental health support platform and will be continuing to deliver more staff CPD to help with their own mental health and wellbeing and to better support our students. The College won the CDN Health Promoting College in 2017 and was highly commended for similar work in 2019, building on achieving the Health Working Lives Gold Award. Through the actions in our staff and student Health and Wellbeing Strategies, we will be working to promote good mental health and respond to needs across the college.

Student Safety

The College takes the health and safety of our staff and students very seriously. College staff and the Students' Association work together to address health and safety. The Student Association has

representation on the College main Health and Safety Committee and is free to table papers and contribute to any discussions.

We regularly practice campus evacuation procedures for all students, ensuring adequate knowledge and expectations around safe exit from buildings and assembly points.

Risk assessments are carried out as required for both internal and external student activities and are monitored by the campus Health and Safety Advisors. All students in workshops and/or placements are provided with appropriate PPE

CCTV cameras are in operation across many areas in our campuses and we maintain close working relationships and contact with local representatives from Police Scotland to ensure prompt reporting and support for any student who is vulnerable.

We undertake suicide and sexual awareness raising sessions with students on matters which may impact on their personal lives.

Gender

Our College [Gender Action Plan](#) (GAP) details the work we will do to address the most persistent gender imbalances, and how we will work proactively in partnership with schools, parents, industry and our local communities to achieve our ambition to reduce gender segregation in participation, achievement and retention

Progress towards our 2020 commitment to a 5% increase in participation within gender imbalanced curriculum areas has not been uniform. There has been positive movement in Mechanical Engineering, Building Services and IT: Computer Science/Programming/Systems, where the 5% increase has been exceeded. There have been slight improvements in courses which are traditionally dominated by female students. Imbalances in Building/Construction Operations and Construction (General) appear more stubborn, and we will concentrate on these areas moving forward.

In terms of retention, no uniform pattern can be identified in the analysis of the most imbalanced subjects. With regards to early withdrawals, the superclasses with most parity in 2018-19 were those traditionally dominated by female students. In terms of further withdrawal, there has been a significant decrease in the retention of male students in Hair/Personal Care Services, and we will carry out further investigation into this area.

Overall in the College, FE males continue to succeed better than FE females and conversely, HE females attain better than males. This has been the same pattern for the last few years and is in line with the sector. HE males had the lowest PI for courses of 160 hours or more last session and the highest early withdrawal percentages. Action is continuing at curriculum level to analyse and implement improvement actions.

Our GAP contains specific ambitions to ensure that we support and enhance the experience of students who are trans or gender diverse. In consultation with the Student Association, we will further investigate the trans and gender diverse student experience, and work in partnership with employers to support and encourage their transition.

Gender Representation at Board and Senior Level

Good progress has been achieved in the gender balance at Board level, with 45% female non-executive directors ($n=6M; 5F$), and 50% female board members, including executive staff ($n=9M; 9F$). The Board's **Development Action Plan** outlines how we plan to proactively improve and widen access to Board membership, including the implementation of recommendations from a short life working group which was formed to enhance Board diversity.

With regards to staff at senior levels, there are a total of 28 staff in the Executive, SMT and Heads of Sector, of whom 36% are female. We will work towards a more balanced senior level of staff, and plan to encourage more women to join the College's Emerging Leaders Programme. We will also ensure that flexible working practices enable the retention and progression of staff, and that we make effective use of the Continuing Professional Review Procedure to assist career progression.

Equally Safe

We will continue our work with the Student Association on adopting and working with the Equally Safe Toolkit. We will focus our approach on the key workstreams of response, prevention, intervention and curriculum exchange to enable us to contribute to a local and national coordinated approach. We have been effective in our work to date on proactive engagement and communication to increase understanding of all forms of violence against women and girls. This has included staff awareness raising talks to staff and students across all campuses.

We plan to ensure we provide a trauma-informed support and wellbeing approach to survivors. We will adopt a whole campus approach, and work with the Student Association to develop an action plan to implement the toolkit. We will improve our evidence base and gather data on the extent and nature of Gender based violence within the college community; the level of formal/informal reporting; and the effectiveness of responses to survivors.

Student voice

The College works in partnership with the Students' Association to support and develop the student voice across all areas of curriculum and Support Services. A formal partnership agreement has been signed by both parties and forms the basis of our joint work. The Students' Association has continued to strengthen, increase its visibility amongst the student population and make a positive impact on the work of the College. The success of our Students' Association was recognised when they won Student Association Team of the Year at the National Union of Students in March 2019

The College is committed to continuing to strengthen and support the sustainability of the Association. The Board of Management have committed to maintaining the level of funding to support them to have autonomy and stability. In addition, the College is providing further support through the creation of a Students' Association Liaison Officer post to facilitate cross college work and Association profile raising.

The Students' Association actively participates in the College governance structure and has an active role in the Board of Management, Learning Teaching and Quality Committee and the Equality and Diversity Committee. Through the Board of Management and Learning, Teaching and Quality Committee, the Student Association is involved in the development of the Regional Outcome Agreement and associated targets. The Students' Association also aligns with college processes in developing their own Operational Plan for each year, setting out their key priorities.

The student voice is developed through a student representative system with Class Representatives recruited and trained for their role, cross inter-departmental meetings and departmental focus groups. Student feedback from surveys is communicated to the students via Learning from Feedback activities. The College will continue to improve the recruitment of class representatives and work in partnership with the Students' Association to address their training needs and strengthen their engagement and contribution to overall quality enhancement. In the 2018-19 Student Satisfaction Survey, 91% of students reported that they are able to influence learning on their course and 85% believe their suggestions are taken seriously. These are improved response rates and the College will continue to work with staff and students to further develop their influence and engagement in curriculum delivery. In the same survey, there was a substantial improvement in the percentage trend of students (61%) who reported that the Students' Association influences change for the better. The College will continue to support the Students' Association to ensure their work is even more visible through events, activities and social media.

The Students' Association and college partnership work has included joint activities on the Healthy Body, Healthy Minds campaign and on the introduction of our 'SilverCloud' online platform and online training for staff and students to support good mental health. There is engagement with 22 external agents to support student life at the College through the Student Wellbeing Adviser and Students' Association

The Students' Association have developed a Student Behaviours Framework ([insert Link](#)) which mirrors the college expectation of staff behaviours, as set out in the Building our Collective Ambition document. This Student Behaviours Framework will be further promoted to ensure the understanding and the development of appropriate student behaviours, supported by Think Only Positively curriculum initiatives.

Equality and Diversity

Our College Mainstreaming Report and Equality Outcomes sets out our ambitions for improvements in how we advance equality. Our proposed areas of focus include decreasing the attainment gap for students with mental health issues, increasing the attainment and retention rate for students under 18, and enhancing the support of staff and students who are transitioning gender, or who are gender diverse.

The Report details how the College uses funding allocated to it to advance equality, such as the procurement of CPD to raise awareness, the development of a Behavioural Framework which emphasises the need for tolerance and respect, and the PAM Assist counselling service for staff. The College's Disability Confident status was renewed in August 2019 and we will continue to uphold the commitments of the Scheme.

We have identified priority areas for improvement in the reporting and analysis of equality data, more specifically:-

- Improving how we analyse the intersectionality of protected groups with their socio economic circumstance; and
- Further developing staff information systems to allow for analysis of career progression with equality data.

[more to be added here linking OA outcomes with Equality Outcomes]

Access and Inclusion Funds

West College Scotland receives an Access and Inclusion allocation to enhance our inclusive practices and meet the needs of our students. These funds are intended to ensure successful student completion, progression and destination, as well as contributing to a positive, engaging student experience.

The College [Access and Inclusion Strategy](#) and updated [Action Plan \(insert link\)](#) demonstrates our commitment to delivering an inclusive curriculum which recognises the needs of all individuals studying at our college. Where appropriate, we embed our inclusive practices across all aspects of college life. The anticipated outcome of our Access and Inclusion Strategy is the creation of confident and ensured 'independent learners.' West College Scotland aims to enable and empower all students to ensure they have skills for learning, skills for work and skills for life. The actions we have taken have resulted in greater numbers of students being provided access to support services, which improve their chances of successful outcomes and positive destinations to work or further study.

Our Enabling Services staff have a presence in each of our main campuses and saw over 1000 students in 2018-19, representing a 10% increase on the previous year in students accessing the support available. We will continue to work on other access initiatives such as the partnership working with Renfrewshire Council to deliver personal skills development course for their employability programmes, in line with government agenda 'No One Left Behind' and the 'Keys to Learn' programme which successfully enabled ex-offenders up skill, improving their chances of a positive future.

Care-Experienced students

The Scottish Funding Council aspiration is that there should be no difference in outcomes between Care-Experienced students and their peers by 2030.

In addition to its commitment to support all vulnerable students, the College is fulfilling its corporate parenting obligations from the Children and Young People (Scotland) Act 2014. It has nominated a senior manager (Assistant Principal Student Life and Skills) with a lead role in ensuring compliance with the legislation and best practice in the provision of support and educational opportunities for this vulnerable group, whilst at the same time recognising the corporate parenting responsibilities of all staff to support the ethos of corporate parenting.

We regard this group as having a protected characteristic and will therefore monitor, evaluate and revise our practices and procedures in order to improve the outcomes for this group of students in line with our quality assurance and equalities policies. We will evaluate our progress towards improving outcomes for this group of vulnerable students with reference to the targets detailed in our operational plans and [Corporate Parenting Action Plan](#)

The Centre for Excellence for Looked after Children in Scotland (CELCIS) was commissioned by SFC to run the first ever Scottish-wide survey of care-experienced students. The College collaborated with CELCIS in the creation of the survey, alongside Edinburgh Napier University. The Survey was published in November 2018 and the College is working towards the associated recommendations.

The College has an exceptionally high number of Care-Experienced students and has seen a further increase in 2019-20, probably due to the guaranteed bursary for Care-Experienced students.

Curriculum staff consider the needs of Care-Experienced students and adapt course delivery or attendance requirements where possible. A named person within each campus provides access to ongoing additional support and monitoring as part of the Care Experienced Student Support Team.

In 2018-19 there was a 4% improvement in attainment for Care Experience students but there is still a 10% attainment gap with other students. Early withdrawal for these students was improved and was at a comparable level to other students but overall later withdrawal was higher.

The College is a partner organisation in the initiative [Home and Belonging for Care Experienced young people in Renfrewshire](#) which was launched in 2019. Other partners include Renfrewshire Council, Quarriers, Engage, RAMH and Impact Arts. The project will run for 3 years and each year it aims to support 20-25 care experienced young people from Renfrewshire, as they move into their own accommodation.

The College is jointly funding a post in Inverclyde in 2019-20, working in partnership with Action for Children to pilot increased support for Care-Experienced students. This will provide additional individual support, including out of hours and off campus. We intend to learn from the pilot activity with Action for Children on how best to engage with our Care-Experienced students and seek how this opportunity can be best applied across our whole college

The College is also working in partnership with Action for Children and the Students' Association to create a new revised Corporate Parenting Plan. We will ensure our Corporate Parenting Plan actively incorporates and achieves the recommendations from the CELCIS study.

Veterans

The College has signed the Armed Forces Covenant and is committed to providing appropriate learning for veterans and considering their existing skills and qualifications in entry to college courses. The College had 63 veterans on college courses in 2018-19 and is now working with external partners to develop initiatives that specifically benefit this cohort. The College has also been working with the Cadet service with a view to ensuring credit transfer in college, for non-formal learning and qualifications achieved through engagement with the Cadets.

Students in Sport and Complementary Therapies work with veterans and staff from the Scottish War Blind Association in Paisley and The Erskine Reid MacEwan Activity Centre in Bishopton to improve fitness and deliver treatments such as massage, aromatherapy and mindfulness. The College was shortlisted for the Herald HE Awards in 2019 for Outstanding Contribution to the Local Community for its work with Veterans.

Work with veterans and the armed services will continue and we plan further involvement with external partners including the Military Preparation College through the Events Chair of Trustee: Motivation & Learning Trust.

Carers and Estranged students

The College has made a 'Stand Alone Pledge' to commit to provide support for students estranged from their families. The College is working towards achievement of "Going Further Student Carers Recognition Award". Both carers and estranged students are supported through our Student Advisory team as we would Care-Experienced students.

Our Access and Inclusion strategy highlights our priorities with regard to all vulnerable students, but especially those who are Care-Experienced and those who are Carers (young or adult). Our support includes early identification; provision of targeted support systems to reduce barriers to success; monitoring achievement and progression; transitions; the development of collaborative partnerships with local and national agencies; training and development of staff; operational action plan. We are working with Carers Trust Scotland developing ideas for the future but have concerns about realizing our aspirations within current resources.

In the last five years, the College has seen a significant increase in the number of students identifying themselves as Carers with 1,500 students in 2018-19.

Through on course guidance and support, curriculum staff take into account the needs of students with caring responsibilities and adapt course delivery or attendance requirements where possible.

The College supports staff with caring responsibilities through flexible working arrangements and family friendly policies. The College has been successful in being awarded status as a 'Caring Positive' employer demonstrating our commitment to supporting staff with caring responsibilities.

The College will continue to be active partners with [Stand Alone](#) organisation to ensure continued support for students facing estrangement and supporting national policy work to ensure this identified at risk group receives equitable support while in education.

British Sign Language

The College provides specific support for BSL students and those with sensory needs. The College has amended the coordination of these Sensory Support Services in line with the Government's BSL Strategy and has published its [BSL Action Plan](#). Our BSL action was developed in conjunction with our BSL students. The [BSL Version](#) of the Plan was created by our BSL students for our BSL communities.

The BSL version of the plan was showcased as best practice, and included two West College Scotland platform party speakers, at the SFC National BSL Event in Edinburgh in May 2019.

Section Two: The System

Skills Alignment

Our major priority is to provide a curriculum which meets employers' needs, supports the economic growth of our region and provides our students with appropriate qualifications and skills to build successful long term careers.

Through the business transformation plan 'Future Proofing our College,' we have been working to ensure that our curriculum is well aligned to meet regional needs and our courses provide effective and efficient pathways for students.

Processes are in place to enable teams to formally review curriculum using internal performance measures and feedback data, as well as external environmental analysis, including the use of Regional Skills Assessments and Skills Investment Plans. We have plans to further enhance these processes through better access to data and supporting information.

The curriculum is effectively enhanced by a high level of employer involvement and increasing engagement of employers and industry bodies in the design and support of the delivery of courses is a key objective of all college curriculum areas.

We are committed to continuing to work closely with SDS across the College in the development of our provision and in the support of our students. Engagement with SDS in the skills agenda has been embedded in some curriculum areas through partnership working with the SDS regional Career Advisors. This partnership working is proving to be increasingly effective, particularly in our work on embedding employment specialism related Meta Skills in the curriculum, supporting staff understanding of the skills agenda and providing data to shape our programmes.

Developing the Young Workforce (DYW)

The aims of the Scottish Government's Youth Employment Strategy are embedded within the College objectives. Specifically, to support vocational provision for school pupils in the Senior Phase, to introduce Foundation Apprenticeships, to reduce gender imbalances, to increase work-placement and work experience opportunities and prioritise STEM subject areas and STEM learning throughout the curriculum.

The College works in partnership with our five key Local Authorities, 32 schools and a variety of employers to increase the range of high quality school pupil vocational pathways to the workplace.

The College led on the development and establishment of the employer led [Developing the Young Workforce Group](#) for the West Region which provides leadership and a single point of contact and support to facilitate engagement between employers and education. The West Region DYW Group has representation from across key industry sectors and involves private sector employers with membership drawn from local employers, the third sector, education and economic development bodies from across the regional footprint. Over the period to 2020, the College will remain an active member of the Group seeking to support engagement between employers and the education sector as a whole. The College will, as a member of the Group, seek to aim to ensure that the work of the Group is sustainable after the core funding is no longer available.

School College Partnership provision has been and will be enormously beneficial in delivering the College's strategic aim to reduce poverty, promote attainment and support economic growth. Our courses at entry level provide clear routes from school into and through College; and providing opportunities for students furthest away from education and employment will continue to be a key College focus.

We will enhance the marketing and promotion of college vocational learning opportunities through the creation and maintenance of a regional curriculum focus group. Through this continued collaborative work with our Local Authorities, we will create a curriculum for the future that will provide increased access to skills-based learning through our School College Partnership. Expected outcomes from this work would be seen in the following:

- Promotion of STEM initiatives and skills learning
- Address employment sector gaps in local school provision
- Align the programme of activity to both College and Apprenticeship family pathways
- Strengthen partnership working between employers, schools and the College

The focus group will continue to review and evaluate performance, identify and implement interventions, both in schools and in college, to improve retention and attainment on vocational programmes.

Through the School College Partnership, the College will enable staff in schools and in the College to share practice in their areas of specialism, directly linking vocational learning pathways from the class to the world of work and enhancing CPD opportunities.

DYW Progress Report (to be added)

The Apprenticeship Family

The College is the region's biggest provider of Apprenticeships and Skills and we will continue to work to ensure that the region secures investment from government which is commensurate with the skills need and employer demand. West College Scotland delivers significant workbased learning to support the growth of key growth sectors, including Life Sciences, Construction, Engineering and Hospitality. In addition to this, the College continues to successfully grow the contracts with key sector bodies including CITB, SNIPEF and SECTT to ensure their MAs have the skills, capacity and qualifications required by the industry.

Programme design, development and delivery will be informed by insight provided from Regional Skills Assessments and engagement with employers supporting West College Scotland to prioritise net growth, through equipping people with the skills to secure work in regional growth sectors. In addition, we will act as an exemplar College in how we engage with employers, working with agility and flexibility to respond to their short and long term needs. Specific actions will include a commitment to meaningfully engage and support over 600 regional employers each year, enabling the College to make a greater contribution towards the Government's MA target, with a focus on young people, higher level and STEM-related delivery. Over the lifetime of our Outcome Agreement, the College will strive to track above achievement rates for the FE Sector across Foundation, Modern and Graduate Level Apprenticeships.

West College Scotland has been delivering Foundation Apprenticeships for 4 years in partnership with our 4 main Local Authorities. Recruitment to Foundation Apprenticeship programmes is a challenge and the College will continue to work in partnership with SDS and our Local Authorities to promote the value of the qualification to pupils, teachers, parents and employers. We will continue to engage with employers in particular, to secure the necessary placement opportunities and industry challenges and to work to improve success rates on the qualifications.

To further enhance the opportunities associated with apprenticeships and to provide a seamless apprenticeship/workbased learning journey, the College will look to deliver relevant Graduate Apprenticeship frameworks. Building upon our FA and MA offers, and supporting the College STEM manifesto, we will take forward the potential for introducing a Civil Engineering Graduate Apprenticeship as part of our portfolio. This links to both West Region employer and economic need, as well as the workforce required by the wider Glasgow Region City Deal.

Early learning and childcare

The College is one of the largest providers of early learning and childcare training in Scotland and has been responsive to the 1140 Early Years expansion plan outlined by the Scottish Government,

increasing recruitment and offering a range of flexible delivery options including day release, evening and twilight provision.

The expansion of provision is challenging both in terms of the recruitment of suitably qualified candidates and in terms of finding appropriate placements in order to complete the stringent learning requirements. We work very closely with our Local Authority partners who each have different challenges around ensuring that they have a quality workforce in place in the timescales identified.

The College is committed to the Scottish Government priority of increasing the number of enrolments and graduates in Early Learning and Childcare to create a highly skilled, diverse and dedicated workforce. We are committed to increasing the flexibility of study options, including delivering part time over 2 years and with twilight options to support those with specific needs or disabilities. We are planning more flexible, blended programmes to suit those who cannot commit to full time study due to family or financial responsibilities.

Our Early Learning Childcare courses are publicised widely, including through social media, promoting the diversity of students in the marketing. Staff from the College will continue to prioritise the work in schools, in partnership with the Local Authorities, to publicise the workforce opportunities with both male and female practitioners in attendance. We will continue to work with local authorities to support career changers.

Public health

The College recognises that the places we live, work and play, the connections we have with others and the extent to which we feel able to influence the decisions that affect us, all have a significant impact on our health and wellbeing. The immediate physical environment, the social community networks we belong to, the local economy, our workplace and the accessibility of services are all important.

Addressing the health and wellbeing issues of our young people and recognising, respecting and promoting their rights is essential to achieving this outcome. The College is fully committed to its work focusing on Early Years, including within its own nurseries and training the Early Years workforce and supporting Getting It Right for Every Child (GIRFEC) in partnership with our Local Authorities.

Good mental health is profoundly important for growth, development, learning and resilience. It is associated with better physical health, positive interpersonal relationships and well-functioning, more equitable and productive societies. Mental health is also linked to wider inequalities. Socio-economic status has a bearing on mental health and those who experience disadvantage are more likely to have poorer mental health. Loneliness and isolation also has a serious impact. The College provides strong support to our staff and students in their mental health and wellbeing and plans to continue to develop this area, including the work on Health Body Health Mind with our Student Association.

Substance use, including tobacco and alcohol, is an area where the College can make positive and sustainable changes now to realise significant progress and address the persistent public health problems that face our communities. In partnership with the Student Association, the College will continue to provide information and support events to raise awareness in our student population and support initiatives such as stopping smoking and the Alcohol Awareness and Healthy Eating courses we provide for school pupils.

The College will continue to work as an active member of all our Community Planning Partnerships and sub groups and work with other regional partners to support inclusive growth and the public health agenda.

STEM education and training

Developing STEM skills in all curriculum areas is a key priority for the College, in line with the College [STEM Manifesto](#). The College has made a pledge to our students, employer partners and the region to inform how STEM is relevant to future career opportunities for women learners; improve skills in maths and numeracy; ensure learning is enjoyable and provide STEM training relevant to the needs of the region's workforce.

The College has been awarded STEM Assured status and achieved best practice recognition for the categories of Strategic and Business Planning, Collaboration and Consultation and the Impact of STEM on organisational performance.

The College leads the West Region STEM Partnership involving all four local authorities, UWS, DYW, Education Scotland, SDS and key local partners. The College is working through this Partnership to promote STEM opportunities, improve STEM learning pathways and provide Career Long Professional Learning (CLPL) for teaching staff. The STEM West Partnership will continue to collaborate on the numerous promotional STEM activities across the region which engage our school pupils and focus on improving the curriculum pathways and the development of STEM learning for both teaching staff, pupils and students.

Enrolment on college STEM courses, as defined by SFC, increased in 2018-19 to 24% of the College credit activity. 43% of our STEM activity is in Engineering and 27% in Construction and both areas have steadily increased over the last few years. 20% is in IT and 11% in Science and Maths which have seen small reductions. Our plans are to grow Construction and Engineering in particular, to meet the employment opportunities in our Region and to develop the digital skills of students in all courses. A significant part of our STEM related activity is for school pupils, including activity to support Primary schools.

The College has expanded the number of students enrolling as STEM Ambassadors across curriculum areas including Science, Early Years, Access to Primary Teaching, Computing and Engineering.

Digital

In October 2019 the College published its [Digital Strategy](#) covering the next five years to 2025. This ambitious statement of intent takes direction from the Corporate Plan, setting out goals on Inspirational Learning, developing our skills base and making more intelligent use of data. The Strategic aims have been set around our six key areas of digital development - Delivery, Capability, Intelligence, Infrastructure, Resources and Partnerships.

The College already has many of the resources and attributes that underpin digital development. The Strategy aims to harness these, supplement them and focus resource and activity on enhancing the digital knowledge and experience of all who engage with the College. This includes the 'Curriculum Re-imagined' project to deliver learning in new ways and a revamped CPD process and programmes with emphasis on digital skills development

We will continue to support and engage with the Digital Skills Partnership to enhance links with industry and universities. The College has active involvement nationally in the digital agenda including supporting the CDN Digital Ambition development group.

Our focus is placing digital at the heart of everything we do and aligning to the ambitions as laid out by the Government, as indicated in the recent FE & HE 'ICT Strategy 2019-2021' and as specified in Colleges Scotland's 'Infrastructure Commission for Scotland' paper.

We recognise the need to prepare our students for the workforce of the future and the fundamental role digital skills and technology play in achieving this, together with wider economic growth and prosperity for our communities. In preparing our students, we will, in tandem, be developing a digitally-skilled and inclusive workforce to meet this National agenda which recognises that digital skills will be fundamental to improving the life chances of our students and the economic success of the country. Our recently launched Digital Strategy will play a critical role in the skilling, upskilling and reskilling our staff to deliver our promise to our students.

We acknowledge the risks around a 'digital divide' and the creation of new forms of 'social exclusion' as students and staff struggle to respond to the digital disruption to traditional methods, jobs and industries. We are committed to ensuring that we are inclusive in our approaches and supportive in enabling this digital change. We also recognise the urgency to harness, and to deliver, a new type of curriculum which embraces a flexible approach responsive to emerging technologies such as the internet of things, cloud computing, artificial intelligence, big data, machine learning, artificial reality and Skills 4.0. Given that these new technologies and drivers demand new ways of delivering learning, teaching, and assessment which rely significantly on a digitally skilled workforce, our approach will be more than simple CPD for staff and more of a significant cultural shift in thinking, practices and approach to enable an inclusive digital environment for learning, teaching and assessment. In doing so, we will also be mapping this to the aims and ambitions set within the Enterprise and Skills Strategic Plan and the CDN New Professional Standards for Lecturers in Scotland and GTCS registration requirements.

We are in the process of developing our Digital Action Plan to sit under the Digital Strategy which will support the above. Within our Action Plan, we will be, and have commenced, partnership working with The Digital Skills Partnership, Digital Ambition Short Life Working Group, Jisc and Microsoft. We are in the process of identifying Digital Ambassadors and strengthening the presence of our Microsoft Innovative Experts within the College to grow the digital skills base of our staff.

The College will continue to prioritise infrastructure investment via SMT management of IT Maintenance spending, planning and supporting the introduction of increased data analytics.

Information Technology Strategy to Support Digital delivery

The fundamental role of the College IT Strategy is to provide the support and infrastructure that is necessary in order to deliver the College's wider digital needs and ambitions. The College IT Strategy provides the framework and direction to ensure that technological change and development:

- Is driven by curricular learning and teaching need.
- Will support innovation in teaching and learning.
- Provides online access to established and emerging learner and support processes.
- Ensures existing hardware and software assets are utilised to their maximum potential.
- Embraces mobile and flexible working models.

- Recognises the benefits of collaborative working and shared service delivery.
- Ensures adherence to legislative and policy requirements.
- Supports a mobile, flexible and hybrid-cloud infrastructure.
- Provides required levels of ICT service delivery and standards.

The College [IT Strategy](#) was approved by the Board of Management in 2016 and is entering Year 5 of implementation, with an updated Strategy to be developed for implementation during 2020-21 in support of College digital ambitions. The College has made progress in delivering IT Strategy outcomes despite a challenging financial environment and the need for higher levels of investment to support key outcomes.

The need for IT investment remains significant. College ability to invest in the ICT infrastructure is becoming increasingly challenging given the annual level of resource available is decreasing, and this has been documented within Regional Outcome Agreements over the last few years. The level of IT funding is the subject of ongoing dialogue with the SFC and should this lead to any further resource becoming available then this will be used to support delivery of IT Strategy outcomes - particularly in replacing and improving wireless access.

The College will continue to engage with the SFC in seeking to secure strategic funding to support implementation and delivery of the IT Strategy and achievement of digital ambitions. The College will also engage fully with the Colleges Scotland working group which is developing a digital ambition strategy for the sector.

The College IT plans include:

- the successful conclusion of the Skype for Business cross-campus project to improve cross campus communication and reduce travel.
- the full deployment of Windows 10
- Reviewing options and costs for replacing and improving campus wireless facilities;
- Cyber Essentials re-accreditation to support the Scottish Government's strategy on Cyber Resilience;
- Continuing to engage with the Student Association to better refine and understand feedback on use, availability and functionality of IT resource;
- Ensuring teaching and learning IT needs are prioritised within available resource parameters.

Climate Change Emergency

The College is a member of Environmental Association for Universities and Colleges and an active member of the Smaller Institutions Group.

The College [Estates Strategy](#) 2016-26 recognises the importance of addressing climate change. This strategy recognises the need for the College to replace two of its campuses (Paisley and Greenock) if it is to fully address the Colleges commitment to reducing greenhouse gas emissions.

The College has a comprehensive [Carbon Management Plan](#) in place with oversight on progress achieved provided by the Board of Management Estates Committee. The Committee receive regular update reports on the sustainability work undertaken by the College. There is a dedicated

Sustainability [College Intranet Page](#) supported by a full-time Sustainability Officer who is responsible for embedding sustainability matters across the College.

Over the past 5 years, the College has delivered on its Carbon Management Plan objective of reducing carbon dioxide emissions by 10% in the period to July 2021 across the College:

<i>Year</i>	<i>Comment</i>	<i>Co2</i>	<i>Saving %</i>
<i>2014-15</i>	<i>Base year</i>	<i>5,303</i>	
<i>2015-16</i>		<i>5,133</i>	<i>3.2</i>
<i>2016-17</i>		<i>4,859</i>	<i>8.4</i>
<i>2017-18</i>		<i>4,430</i>	<i>16.4</i>
<i>2018-19</i>	<i>Draft</i>	<i>4,220</i>	<i>20.4</i>

The College has participated in the required annual Climate Change Duties Report. This report not only highlights the progress made by the College but also provides a significant level of background information on the areas such as governance, project management and climate change adaptations.

The College will continue to pursue the redevelopment of both its Paisley and Greenock campuses. The redevelopment of either of these campuses would have a material impact on the College carbon emission levels.

We will continue to investigate the viability of the Clydebank campus joining the West Dunbartonshire Council district heating system. Joining this scheme would significantly reduce the level of emissions at the Clydebank campus. However, there is likely to be an increased level of running costs associated with this project due to the increased running costs.

Through the Heads of Sector, we will engage with EAUC staff to assess what resources and additional materials are available for their respective areas. We are increasingly building sustainability in as a topic into our curriculum and plan to use the interest in Climate Change as a method of increasing engagement in STEM learning with our school pupils and students.

We will continue to implement emission reduction projects across all campuses including replacing lights with energy efficient bulbs/fittings; installation of electric charging points; improved waste management arrangements leading to greater level of waste materials being recycled; and awareness campaigns ranging from switch off lights to removal of single use plastics.

We are looking to further develop the partnership working already established with local community groups, local authorities and other sustainability groups i.e. Zero Waste Scotland, to see what works can be undertaken to advance the sustainability agendas of all organisations.

Gaelic

Whilst we have not had and do not anticipate demand from stakeholders related to immediate support for the Gaelic language, we will continue to keep this under review and consider where we may make a contribution to the Local Authority Gaelic Action Plans.

More to be added regarding cultural support for Gaelic locally

English for Speakers of Other Language (ESOL)

Insert Link: [joint delivery plans with CPPs.](#)

The College ensures that it meets the ESOL needs of our region by working in partnership with our Local Community Planning Partnerships. The College delivers significant ESOL provision in Clydebank and Paisley and the continued growth of ESOL demand within the Inverclyde CPP is being addressed.

The College has plans to increase pre-entry lower level ESOL courses to meet unmet demand from applicants and community partners and to focus on more pre-elementary level and fewer Level 5 courses, in line with market need. The College will adapt some ESOL provision to better meet the applicant profile (high percentage of mothers with children who would benefit from provision from 10am – 2pm to assist with childcare issues)

The introduction of ESOL+ College courses has been successful in combining language tuition with vocational subjects, thereby shortening the student journey and contributing to improved employability. Key employment growth sectors for the West Region are financial and business services, ICT/digital and health and social care. The College ESOL + courses in Care, ICT and Business and Finance are starting ESOL learners on the path towards these employment opportunities. The College plans to develop ESOL plus with STEM, provide a wider offering of ICT, and more progression routes to health care.

Quality Reporting

West College Scotland continues to enhance the quality of our provision through self-evaluation activities, across both teaching and support services, and by further analysing data and feedback in order to improve the quality of the student experience.

The College published its first [Evaluation Report and Enhancement Plan](#) in December 2017, followed by a three year [Evaluation Report and Enhancement Plan 2017-18 to 2019-20](#) under refreshed SFC/Education Scotland Arrangements for assuring quality. The quality framework How Good is Our College? supports an evidence-based approach to self-assessment, with supporting evidence externally validated and outcomes graded against three high level quality principles. The College continues to progress the actions in the Enhancement Plan. College evaluation activities are informing the next phase of preparation for the Evaluative Report and Enhancement Plan due to be completed in October 2020. [\(awaiting 2019/20 guidance\)](#)

Professional standards

The College was extensively involved in the development of the new Professional Standards for lecturers, providing a key input into their development through involvement in the Steering Group and through staff feedback during the development phase. The Professional Standards are now being used to inform training needs and prioritise aspects of the College CPD programme for teaching staff.

The College was awarded the GTCS Professional Update Validation Award in September 2019 and our staff are continuing to actively work with GTCS in the planning for professional registration.

The College is committed to supporting the professional development of all staff and this includes a range of CPD as well as a West College Scotland Leadership Development Programme providing the CMI Certificate in Management and Leadership (SCQF8) qualification.

The College has prepared a Workforce Plan which has analysed the current workforce and extended the analysis to identify future skills and competencies needed to deliver organisational success. West College Scotland has developed plans to 'Future Proof' the College with SFC and the Workforce Plan is a critical component of that wider plan.

Section Three: Innovation

Effective knowledge exchange and innovation

West College Scotland is a primary leader in the college sector in its approach to embedding innovation in the curriculum, in its offer to businesses and in recognising the need for our staff and students to be agile and adaptive to diversify and realise emerging opportunities. Supporting the ambitions outlined in the Enterprise and Skills Strategic Plan, particularly the Priorities linked to Innovation including 'Make best use of university and college research, knowledge and talent to drive growth and equip Scotland's people with the tools and skills needed to innovate'. The College has successfully led and developed a number of bold strategic multi-agency initiatives which have been delivered in partnership between Curriculum Sectors, Learning Technologists, Business Engagement teams and Industry.

West College Scotland supports the Scottish Government's ambition for Scotland to be in the top quartile for productivity amongst OECD member countries, recognising that Innovation is a driver for productivity and growth. The OECD estimates that, owing to the fourth industrial revolution and automation, 38 per cent to 42 per cent of the UK population will need to completely retrain in the next 10 years in order to remain employable, and suggests that for the UK "developing the right set of skills and making full use of them in the economy is a recipe for higher productivity, growth, and inclusiveness". Strategically the College works in supporting businesses to increase their level of innovation, realise their growth ambitions and create job wealth across our Region and explicitly links these activities to supporting inclusive growth through the five outcomes of Productivity, Population, Participation, People and Place. Examples of activity and future plans are below:

Supporting Business Innovation

Digital and management skills are a challenge for many SMEs and a lack of skills in these areas is likely to play an important role in the ability of some Scottish businesses to adopt, and make the most of, innovations. According to the Enterprise and Skills Review, Phase 2; competence in these areas is central to the capability of our businesses for innovation and for long-term economic performance. To ensure businesses, and in particular SMEs, have the ability to maximise their potential to innovate we will create a number of small 'chunkable' online and blended training packages which focus on developing digital skills, lean management, leadership, team working, virtual collaboration and enhancing productivity.

West College Scotland is one of the Scotland's largest providers of training through the Flexible Workforce Development Fund (FWDF). In 2018-19, the College supported the upskilling and retraining of staff from more than 50 employers across the private, public and third sectors. We have nurtured new client relationships and developed new products and services directly informed by business demand. To date we have introduced almost 150 'new to market' products ranging from Strategic

Leadership and Digital Skills to Health and Safety and Resilience Building, as well as supporting specific opportunities for role specific in-work training. The College continues to successfully deliver the FWDF in 2019-20 strengthening and embedding new business relationships and providing further insight into employer skill and product demands that inform not only our offer to businesses but also college curriculum development to ensure our students have the skills and attributes required by their future or current employers. The College is in a good position to continue to deliver and build on FWDF in the future to meet the needs of our regional employers and workforce.

Innovation Centres Partnership

The introduction of innovation vouchers and the wider cross sectoral collaborations supported by the SFC FUTUREquipped project and College Innovation Accelerator Fund activities, has allowed strategic developments that go beyond transactional business/college engagement and facilitate colleges and their students to be part of the value chain in developing solutions dealing with industry, economic, environmental or demographic issues.

Building upon this, we continue to engage with Innovation Centres on planning and integrating their research, resources and services within a number of areas including; CSIC in relation to VR training on the use of advanced construction equipment. CENSIS where we are exploring the potential around sensors and environmental control in community housing, working with vulnerable and socially isolated groups.

The College is currently working closely with Renfrewshire Council and other regional stakeholders in supporting the Advancing Manufacturing Innovation District (AMIDS) to be an internationally recognised location for innovation, research and advanced manufacturing. At the heart of AMIDS is the National Manufacturing Institute for Scotland (NMIS) which will support the transformation of Scotland's manufacturing industry in terms of innovation and digital opportunities, creating sustainable, high-value and highly skilled jobs. The College is also delivering Engineer Apprenticeships for the Advanced Forming Research Centre (AFRC) in partnership with the University of Strathclyde. All of these strategic partnership activities provided a platform for us to submit a College led proposal with Renfrewshire Council to the Advancing Manufacturing Challenge Fund for further investment to support SMEs. (insert outcome when known)

Supporting Social Innovation – Eco Skills Academy

Case Study

West College Scotland and AC Whyte have established a unique partnership through the creation of a Skills Academy as a direct response to a company identified skills shortage. The College developed a previously underperforming course into a recognised industry qualification with a guarantee of employment on successful completion. The partnership has committed to deliver the programme for the next 5 years which will provide a bright and promising future for College students. West College Scotland is the only College in Scotland delivering this qualification and providing learners with a unique learning opportunity. The College identified that upskilling students to apply thermal insulation would not only embed sustainability issues into curriculum delivery but also support the Scottish Government ambition in tackling fuel poverty which affects an estimated 25% homes in Scotland and around 1.3 million people. The initiative has involved industry experts in shaping and directing the curriculum to ensure it meets the needs of both industry and the economy. For AC Whyte, they secure

a reliable flow of high-quality staff, address some aspects of fuel poverty within the West of Scotland, and assist students to gain a qualification and future employment. This project was recognised earlier this year with West College Scotland winning the **‘Outstanding Business Engagement in Colleges Award’ at The Herald Higher Education Awards 2019.**

Innovating Solution Space – Shaping Workplace Innovation

Workplaces and employees are at the heart of the innovation process. Harnessing the innovation potential of employees depends on both Fair Work and the employers’ ability to be innovative in how the workplace and work practices are designed.

We have recently submitted a Strategic bid to the SFC **College Innovation Fund**. We plan to conduct primary Research and Development (R&D) through the delivery and results from three, major hackathons in West, East and North Scotland. The result of our work will be to help 100 businesses identify the right conditions within their workplaces for employees to develop the skills necessary for businesses to prosper in a Manufacturing 4.0 environment.

Case Study

The College received funding from University for Industry (Ufi) for the discovery phase of our ‘Critical Engineer’ project. We outlined the initial phase of the project to be a process that reflected the pace, technology and uncertainty of Manufacturing 4.0. Working in partnership with Dundee and Angus College Service Design Academy and with a cohort of Engineers from Scottish Leather Group (SLG), the approach used was to enable the Engineers to fully understand, respond positively and actively engage with service design methodologies and tools to explore and gather insight into the existing technical and meta skills, culture and Engineering working environment. They were introduced to key methods within user research such as service observations, open interview techniques, capturing stakeholder views and disseminating these in a coherent fashion. It was essential that the SLG Engineers were at the heart of ‘the problem’ which was to support our definition of a Critical Engineer, ‘to shape and agree a set of skills, personal qualities and values, and the working environment conducive for a Critical Engineer to prosper in Manufacturing 4.0.’ By bringing employees closer to the ‘problem’ and providing a collaborative space and appropriate service design methodologies this supported innovative approaches and outputs which will shape the concept for their individual benefit, that of the Scottish Leather Group and of the broader Manufacturing industry in the West of Scotland.

Innovating Technology Space – Enabling Action

To support the College Digital Strategy ambitions as well as our Workforce Development and Learning and Teaching strategies, our Learning Technology team launched COLT – the Centre of Learning Technologies. COLT is an innovative online hub which aggregates all interactive online learning, teaching and assessment tools in one place and supports teaching staff, through tutorials and examples to easily create engaging and enriching interactive content to provide high quality teaching and learning assessment/feedback experiences for students and staff.

Users of COLT are discovering innovative ways to create, collaborate and re-purpose interactive content easily to enhance the teaching and learning experience. It also provides all staff with access to resources which help develop their own digital skills.

Case Study

HiP (Homecare in your Pocket)

The HiP app is designed to equip homecare workers with the knowledge and skills required of them in a changing social care landscape. The app landing screen has easily identifiable and accessible icons directing users to their personal profile, the App's function, and the main learning areas. Each learning area has subcategories with bitesize, focused learning that users will be able to easily filter to suit their needs, supporting access for a mobile and remote peripatetic workforce both providing learning solutions but also a reference guide to current practice and depository of relevant information and support.

Building on this, the College has secured seed investment from Ufi to develop a prototype and 'proof of concept' App. To maximise the impact of the design development of the App, a student competition for College HND Graphic Design students was set as a live client brief to design logo icons and promotional materials. The winning design has been applied to the prototype which will be trialled on the Apple Appstore/Android Play store to begin the testing process of training packages in:

- Infection Control
- Health, Well-Being and Resilience
- Cultural Awareness within Care Settings

The App is currently entering its initial feedback stage being tested and reviewed by students at West College Scotland and at the University of the West of Scotland, a Care Provider and SSSC. Once the testing is complete, our findings will be reviewed and further enhancements made to the App, reflecting the feedback and finalising the development of the prototype which will subsequently be rolled out to social care organisations and employees.

Innovating Talent Space – Empowering People

The College is developing an Innovation Hub which will support the entrepreneurial ecosystem including providing a dedicated space for individuals to enhance their digital skills, provide opportunities for multi-sectoral collaboration as well as providing access to leadership and entrepreneurial skills training for emerging entrepreneurs, innovators and businesses. This complements the College's partnership with Young Enterprise Scotland who deliver our Bridge 2 Business programme through a dedicated Entrepreneurial Executive and supports our students through dedicated enterprise and business growth workshops as well as grant funding.

Innovating Intelligence Space – Understanding Data

Data will drive Scotland's next economic revolution therefore Data Driven Innovation is a theme the College is strategically embedding within its activities. Recognising the importance of policy analysis and horizon scanning, the College is sector leading in having a Policy Officer who provides Futures Analysis, bespoke thematic reports, policy reviews, sectoral LMI, and longitudinal research to provide information, insight and intelligence to recognise trends and emerging priorities to support effective strategic planning and decision making.

The College is planning to further invest in the development of our digital and data tools to improve innovation, including enhancement of our business analytics capabilities to deliver interactive visualisations and business intelligence as well as establishing a Data Analysis team and resource hub.