Contents

Section 1. **How we have done:** Partnership examples of good practice .......................................................... 2

Section 2. **What we are doing:** Partnership approaches .................................................................................. 5

Section 3. SALSUS Summary for Stirling Schools .......................................................................................... 13

Section 4. SALSUS Summary for Clackmannanshire Schools ................................................................. 17

Glossary .......................................................................................................................................................... 21
Section 1. How we have done: Partnership examples of good practice

Services across the Community Planning Partnerships have developed Performance, Self Evaluation and Audit Frameworks and may be subject to external evaluation or scrutiny. The following provides examples of a range of good practices from agencies and services.

The Early Years’ Service has an Early Years Multi-Agency Screening Group meeting six-weekly to consider all requests for early years support and services supporting vulnerable families. This early intervention service focuses on targeting and sustaining improvements in the life changes of vulnerable families and their children across Clackmannanshire. The model is of co-ordinated and outcome focused service delivery involving a wide range of partners, including Education and Children’s Services, Police Scotland, NHS Forth Valley, Housing and the Third sector. An acknowledged good practice model, this will be rolled out in Stirling.

Through the Scottish Government’s Psychology of Parenting Programme (PoPP), “Incredible Years” and “Triple P” groups have supported parents of under-fives to intervene early when behavioural struggles have been identified. The project has been managed and delivered on a multi-agency basis, with frontline workers from across both

CPPs delivering groups in partnership within community settings. This has resulted in the project recruiting the highest number of families nationally

An unannounced inspection at Alloa Family Centre earlier this year was very positive with grades of ‘very good’ and ‘good’ awarded with the service found to be very good at encouraging parents/carers and children to be involved in assessing and improving the quality of care and support provided and the management team demonstrating strong leadership skills.

PLUS developed new services specifically around service users’ involvement and included them in the development and continuation of these through focus groups. Home-Start Stirling and Clackmannanshire have extensive and ongoing monitoring and evaluation (both qualitative and quantitative) in regards to their delivery of support to families. In both organisations service users are involved in forums to provide input into service design and delivery.

Research was carried out for PLUS into the value of support for children with disabilities and their families in the early years. Highlighted within the report were the positive effects on parents across a number of key themes: supporting positive parental wellbeing, having an impact on the wider family, and supporting the child with disability to develop their social skills through free play and social interaction. Parents attribute their resilience to cope given the many challenges of having a child with a disability in part to PLUS’ services and the opportunity to have a short break.

Stirling Carers Centre’s annual service evaluation involving parents/carers and professional partners identified over 80% of young carers reporting the support made them feel less alone and more supported in their caring role and allowed them to make more friends. The five age-specific Young Carers Groups operate with 3 in urban and 2 in rural areas and allow young people to participate in different activities, develop life skills and social experiences whilst providing a regular break from caring responsibilities. The groups ensure the social and emotional development of disadvantaged, vulnerable children and young people are addressed and they have a regular break from their caring role in a supportive environment.
The Third sector are also involved in delivering the “Roots of Empathy” to 7 year olds in schools identified as having elevated levels of need/anti-social behaviour. This is an evidence based programme that has shown significant effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy.

Health Spot is a pupil led multi agency health service based in secondary schools. The initiative originated in 2010 in Clackmannanshire and is gradually being introduced across to schools across Stirling. The aims of the project include:

♦ To provide all young people with improved, timely and professional access to health advice, signposting and support within their school environment

♦ To provide effective partnership working, targeting where there is greatest need and the potential for positive impact

♦ To continually engage with young people to support their identified needs and provide a service which puts young people at the centre.

An annual survey of young people across all Health Spots and weekly data capture from each session indicates that the project remains relevant to young people and is valued as a source of information and support regarding health issues.

The Alcohol and Drug Partnership’s Social Influencing Project in Balfron High and Wallace High encourages young people to consider misperceptions in relation to a number of risk taking behaviours including drugs, alcohol, sexual health and bullying. From the interim evaluation of work carried out this year in schools, results indicate several promising indicators:

♦ Substance use behaviour is known to increase with age. Interim findings indicate that across all behavioural measures (alcohol, cannabis, and tobacco) there was no change, suggesting a delay in the onset of risk behaviours.

♦ Before behaviour becomes overt, it is possible to identify underlying negative attitudes which may indicate, if left unchallenged, later development of risk behaviours. Overall a positive attitudinal shift was noted although the evaluation evidenced need for more focused work.

Youth Services in Clackmannanshire reported March 2014 on a youth participant survey. Feedback included positive responses to interesting activities being provided at centres; opportunities for learning new things; being helped to think about health and being able to say no to things that are not healthy; feeling safe at the youth group or session and being listened to.

Grades of ‘excellent’ and ‘very good’ were awarded by the Care Inspectorate in August following an unannounced inspection of Woodside young people’s residential unit. Recognition was given to the ‘strong partnership working between care and education and between Woodside staff and other professionals.

Venture Trust’s Inspiring Young Future’s programme encourages participants to think about what they would like to achieve, and helps them work towards their goals. It is specifically designed for young people with caring responsibilities, and those leaving local authority care. Based on proven evidence of impact and results from the previous delivery programme with some of the area’s most disadvantaged young people, a funding proposal has been made for a further early intervention and preventative work initiative, again with a strong partnership based approach.
CELSIS (The Centre for Excellence for Looked after Children in Scotland) carried out an evaluation survey of the single shared Throughcare and Aftercare Service (TCAC) Teams, one year on, to consider impact and progress in relation to aspects of service delivery and to inform future service development. The survey confirmed high levels of confidence of participants in terms of their understanding of the issues affecting looked after young people and care leavers as well as the care and transitional and support needs of looked after young people and care leavers. Areas identified to improve outcomes for looked after young people and care leavers are being taken forward through the TCAC Team Action Plan.

The **Early and Effective Intervention Model** utilises a whole systems approach to respond to children and young people who are starting to become involved in offending and is showing improving trends in diverting young people from the criminal justice system. This is a multi-agency group currently co-ordinated by the Third Sector, who seek and provide short term interventions for these young people that match need and risk and was noted as a good practice example at the Joint Inspection of services for children and young people.

**Internal Quality Assurance: Multi agency audit activity**

In addition to single service approaches to service scrutiny and improvement, we have established a multi-agency Child Protection Performance and Quality Assurance Framework and carried out a multi-agency audit of Domestic Abuse VPDs in Stirling and Clackmannanshire in March/April 2014. This was undertaken to ensure local practice was effective in protecting children living in circumstances of domestic abuse. The audit highlighted a number of good areas of practice including timeous information sharing between partner agencies and effective action taken by police, children’s services, health and education services separately and together to support children and young people alongside the adults affected by domestic abuse. Areas for improvement were identified in relation to information sharing as well as greater involvement in the MARAC/MATAC1 processes and more effective communication and awareness raising around the subject of domestic abuse both in the community and particularly within schools.
Section 2: What we are doing: Partnership approaches

Across the CPPs there are initiatives and developments which demonstrate our shared approach and commitment to early intervention and prevention and targeting support to the areas of greatest need. Included in these are:

Early Intervention and Prevention

The NHS Forth Valley’s Family Nurse Partnership is a licensed evidence based preventative programme offered to teenage mothers having their first baby. The programme is an intensive home visiting support service that is nurse led and strength based.

There are three main aims:

♦ To improve antenatal health and birth outcomes
♦ To improve child health and development
♦ To improve the economic self-sufficiency of the family unit

The Community Health Partnerships are committed to the implementation and development of the programme across Stirling and Clackmannanshire as one of a range of parenting support options that offer early and effective intervention. In Stirling and Clackmannanshire the programme is in its first year and the nursing team has the capacity to support approximately 50 young mothers throughout the period of their pregnancy and until their child has reached the age of two years.

Foetal Alcohol Spectrum Disorder is caused by maternal use of alcohol during pregnancy and is preventable. Alcohol Brief Intervention screening is offered within the maternity setting to support pregnant women to reduce alcohol consumption during their pregnancy and is part of the ADP’s early intervention and prevention strategy.

A Public Social Partnership led by Action for Children and working with the Local Authority and Homestart received funding from the Scottish Government through the Early Years Change Fund to deliver an early intervention family support service across Clackmannanshire and in the Raploch area of Stirling. Health representation also sits on the governance group which oversees the partnership.

The Parents Achieving Children and Communities Thriving (PACCT) service provides an early intervention and prevention service for hard to reach ‘just coping’ families not accessing local services despite unmet needs. The service reaches and supports families, building capacity/resilience using assertive outreach and home-based delivery. We provide support, swifter interventions and brokered access to local services to prevent problems becoming entrenched or escalating to crisis point – negating the need for more costly, invasive and intensive interventions later. The service targets families in greatest need where children are at risk of neglect, prioritising those affected by parental substance misuse, domestic abuse or mental ill-health. It has a focus on families with young children aged 0-5 years due to evidence that intervening early in a child’s life is key to tackling neglect. PACCT undertake work with families who are below the threshold for social work involvement who would not otherwise receive a targeted family support intervention service.
As part of this PSP’s pathway for families, Homestart offer a bespoke family support service through the provision of an allocated family volunteer who can provide lower levels of family support where there is less risk and or ongoing family support where the family have completed intervention and achieved positive outcomes. This approach sustains positive outcomes enabling families to continue to manage without targeted intervention. Homestart also play an important role in early engagement and signposting with families. Homestart have set up Play and Swap groups in specific areas within the Local Authority to reach out to a wider range of families who may be in the ‘just coping’ grouping. Through engagement in local groups Homestart are able to build the early relationships which can allow further referral and/or some of the less complex supports which families require to be resolved at the earliest stage.

This PSP sits within the Clackmannanshire Early Years Vulnerable Families Screening Group from where many of the referrals come, ensuring a joined up approach to early and effective interventions. Screening Group partners, include Health, Alloa Family Centre, Social Work, Integrated Mental Health, Speech and Language Therapy, Housing Support, Psychological Services, Homestart, Money Advice, Clinical Psychology and Early Years Inclusion Support, reflecting the multi-agency approach. The PSP also receives self-referrals from families through public information available throughout the area. This also helps families to self-define the timing of their need for intervention without always being dependent on professionals acting in their interests. Reporting back into the Screening Group continues to ensure that the packages of support offered are providing the best opportunities for improving outcomes for children by making the most efficient use of local services in a joined up way.

In response to the introduction of CEL 13 (2013) which refocuses the role of Health Visitors and School Nurses across Scotland, NHS Forth Valley is working to implement an improved and strengthened universal pathway for all children as part of the new national child health surveillance programme. This included the introduction of a new 27-30 months review for all children from April 2013. In line with national guidance a refreshed and improved health visiting and school nursing programme will be gradually introduced over the period of 2014- 2018 that will support the implementation of GIRFEC and the new “named person” responsibilities.

To support the identified mental wellbeing needs of children and young people in our academies, Integrated Mental Health Services within Clackmannanshire provide a key worker at a number of Health Spots. There are plans to extend this support to all Health Spots/Health Hubs to provide a consistent approach, signposting and access to interventions.
NHS Forth Valley works with partners both to offer specialist health services and health promotion interventions and support for children and young people and their families to achieve positive health and wellbeing outcomes. Recognising that the determinants of good physical, mental and emotional health are complex and involve social factors such as access to appropriate housing, employment and leisure opportunities within strong and vibrant communities the partnership brings agencies from across the sectors together to address health and other inequalities. NHS Forth Valley is currently involved in a clinical services review that will be completed during 2015. As part of the review all health services provided for children and young people are subject to scrutiny and possible re-design to ensure effective person centred service delivery and equality of access. The review will continue the current re-design of the model of care Child and Adolescent Mental Health services in line with the framework provided within the policy document Scotland’s Mental Health: Children and Young People (SG 2013.)

The Family Life Centre in Stirling hosts a number of free services for children and families including play therapy for children experiencing bereavement, family break-down and other emotional issues.

Relationship Scotland give priority individual counselling and couple counselling to parents with young children to help stabilise the family home giving children a nurturing environment in which to thrive and grow. Many of the parents have experienced trauma in childhood or the absence of secure attachments and have experienced domestic or sexual abuse. Early intervention and prevention work is targeted towards recognising early signs of escalating abusive behaviour. Risk assessment processes are in place to ensure the safety of vulnerable adults and children and the organisation works closely with other organisations and statutory services.

Early Intervention

The Early Years Collaborative is a coalition of Community Planning Partners committed to ensuring that every baby, child, mother, father and family in Scotland has access to the best supports available. It is the world’s first national multi-agency quality improvement programme with the aim of making Scotland the best place in the world to grow up.

The objective of the Early Years Collaborative (EYC) is to accelerate the conversion of the high level principles set out in GIRFEC and the Early Years Framework into practical action. This must:

♦ Deliver tangible improvement in outcomes and reduce inequalities for Scotland’s vulnerable children
♦ Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016.
♦ Sustain this change to 2018 and beyond.
Stirling and Clackmannanshire have a joint Early Years Collaborative team and work is being done using Improvement Methodology to work towards achieving the national stretch aims which will improve outcomes for children and families in Stirling and Clackmannanshire. A refocus by the EYC leadership will ensure that we are well placed on our journey towards continuous improvement.

The Forth Valley Interagency Young Runaways Protocol is effective in providing proactive and structured responses to episodes of running away through a staged intervention process. The purpose is to ensure the safeguarding of children and young people who are at risk of going missing from home or care or who are already doing so.

The NHS Paediatric Complex Care service works with partners to provide support for children and young people with complex disabilities and their families. A multi-agency group arranges funding and management of packages of care and support that encompasses home based care, nursery and school support. A paediatric nurse works within the nurseries and schools that offer a more specialised environment for children with multiple health needs and supports school based staff to provide individualised care required by each child. In the child’s home, nursing care is provided to offer parents and siblings respite from caring duties. This is made possible by arrangements between NHS, Local Authority staff, and third and independent sector providers working together to offer skilled support for families.

A very recent development has been an agreement involving the Alcohol and Drug Partnership (ADP) and NHS Forth Valley. A system will now be established where by all VPDs for children under the age of 5 will continue to be screened for signs of parental substance misuse. Where substance misuse is detected, the information will now also be shared with the NHS adult addiction service for checks to be made as to whether the family are known to them. If they are, the key worker will be asked to increase support to the family as required. If the family is not known, the Time 4 Us service will assertively outreach to the family. The protocol for this approach is currently being developed by NHS Forth Valley. The intended outcome is that vulnerable families will be offered support at an earlier stage which should reduce the impact of substance misuse not only to the adult but also to the children. Action such as this will also contribute to the prevention agenda. This approach will be piloted with children under the age of 5 with the future plans being to look at how this could be expanded to include older children.
The Stirling ADP worked with partners to implement a referral system for young people presenting at the Emergency Department in Larbert. As a result, any young person under the age of 16 who presents at the Emergency Department due to the misuse of alcohol and/or drugs, is referred to the relevant Young Persons substance misuse service in Forth Valley. These services then operate an opt out system which means if the young person or his/her guardian does not contact the service within 3 days, then the service will make contact with them to offer support.

The young person will be offered a full assessment and then up to 6 weeks of intervention. If the needs of the young person are agreed as requiring additional support then they will be offered a place within the main service and supported on an ongoing basis.

**Early Identification and Support**

The risks to children and young people of sexual exploitation are being taken forward through the Forth Valley ‘E’ Safety Partnership and a Scottish Government Child Sexual Exploitation Pilot. The purpose of the latter is to co-ordinate a multi-agency strategy and response. It emphasises shared responsibility, proactive and integrated approaches to supporting parents and carers from a child-centred perspective in matters of child sexual exploitation.

Within Stirling, the **Children and Families Services Forum (CFSF)** is a member-led forum for third sector service providers which exists to: Raise awareness and develop networking amongst third sector family related services; Identify common issues to address; Identify and discuss family related working and planning groups within statutory organisations and community planning (CPP); Consider effective forms of influence and representation for third sector organisations in these groups and processes. In addition the Forum operates as the local voice of Third Sector children and family service providers and will work to be represented on organisational and strategic planning groups with Community Planning Partners. It seeks to bring a Third Sector influence to policy, planning and services affecting children and families and also provides co-ordinated information to and from its members and representatives.

The **Third Sector** plays a significant role in early year’s provision in Clackmannanshire. There are several groups and organisations that provide early years support ranging from local parent and toddler groups to national organisations such as Action for Children and Homestart. Each group/organisations offers varying levels of support depending on the needs of the community it serves.

**Clackmannanshire Third Sector Interface (CTSI)** is aware of twelve parent and toddler groups; one playgroup and one Croileagen (Gaelic playgroup) operating in the county. Homestart Clackmannanshire offers support and training to all under-fives groups, they also operate a toy swap scheme which allows the groups access to a variety of different toys and resource boxes which has proved to be very popular and cost effective. **Play Alloa** are also currently developing a parent and toddler group for children with additional support needs and their siblings. **Action for Children** operates a family centre in Tullibody where they give parenting advice, a safe space for families to play and the chance to learn new skills, subjects and information.
As a result of the Early Years Collaborative Learning Sessions held in the SECC during 2013/14. It was decided to develop a Children and Families Forum where staff and volunteers from the third sector could meet, exchange skills and views. A direct result of these meetings is two third sector organisations have been working together over the last six months to identify and secure premises that would accommodate both services and offer parents and carers a one stop shop for early years care and support. The project is still in the early stages of development and the groups are currently working on a joint business plan to identify joint micro projects and secure funding.

Stirling Carers Centre work in partnership with all 47 Stirling Council schools through their Education and Rural Young Carers Projects and engage through raising awareness activities with the purpose of identifying young carers at the earliest possible opportunity and before they reach crisis point. Young Carers staff are able to build and maintain strong and meaningful relationships with schools, which is mutually beneficial and ensure young carers have the opportunity to receive the support they require to meet their full potential. This partnership relationship and direct access to school reduces the potential for hidden young carers.

NHS Forth Valley have had success in the provision of a permanent jointly funded Through Care After Care (TCAC) nurse post situated within LAC Health Team. TCAC nurse will engage with those young people in transition to independent living from care and young care leavers (TCAC) to support them to address unmet health needs. In order to facilitate and support care leavers to access adult health services, a mapping exercise will be undertaken to find out how these needs are currently addressed nationally to see if this could be replicated in Forth Valley. This exercise will be completed by March 2015 and inform the future action plan. Robust pathways will then be developed to adult services to ensure care leavers health needs are met. Services will be offered through formal clinic settings and informal drop-in arrangements. The service will include scope for some young people to access motivational supports to help address low mood, anxiety and depression, using Living Life to the Full materials based on cognitive behavioural principles and is suitable for those who want to maximise their ability to deal with life’s challenges.
Corntonvale Family Support Hub is delivered in partnership by Stirling Interfaith Community Justice Group and Scottish Prison Service and run by volunteers. They provide a safe, accepting (non-judgmental) environment where families visiting prisoners can enjoy tea/coffee and children’s play and also access support or signposting to other services such as debt management, addiction support, and relationship counselling amongst other things.

Together with partner agencies, Fire and Rescue Services have developed a referral pathway for any issues crews encounter to enable concerns about children and young people to be shared and responded to. Fire and Rescue Service have also trained staff to deal with any aspect of fire involving children and young people.

Fallin Healthy Communities project is an innovative project which uses an asset based approach to actively involve local people in decision-making in their community. This is a holistic consideration to wellbeing including healthy eating and outdoor exercise.

In response to the number of looked after children with sexual health issues, NHS Forth Valley Sexual Health Team will launch a pilot project. Care leavers will be issued with a “TCAC Priority Attendance Card” that can be presented at any clinic and they will be given priority.

The ‘Hi 5 Stirling’ initiative by the ADP uses a mobile phone app to provide young people with quick and easy ways to find out what they need to about Legal Highs or Psycho-active substances.

Many services delivered by the third sector use staff and volunteers who have real experience of the issue the client is seeking support for. Street Sense delivers educational workshops in schools and communities which relate to substance misuse, crime and unemployment. Volunteers talk about their own experience which helps them to connect with young people. They are able to link with ‘hard to reach’ children who may not engage with mainstream wellbeing initiatives

**Workforce development**

Stirling ADP is also committed to supporting workforce development in relation to substance misuse issues. A key part of this going forward is the development of local guidance in relation to adhering to the recommendations with the refreshed “Getting Our Priorities Right” document. This national document highlights good practice in terms of working with families affected by drug and/or alcohol misuse. Closely aligned to the development of this guidance, will be local training for practitioners working with vulnerable children and families. Future plans include training in drug and alcohol concern to Health Visitors and to Housing staff.

To equip, strengthen and build the capacity of staff to sensitively and effectively support children and adolescents experiencing mental health problems, Health Promotion and the Children and Adolescent Mental Health Team provide regular 1 day training. Participation rates are high and evaluations very positive.

The Supporting Children and Young People in school who Self Harm Guidance has been developed with health and education professionals. The document is intended to be used as a reference guide for staff who respond to incidents of self-harm which come to light within the school environment. Awareness raising and training with partners from NHS Health Promotion and Youth Services provide clear, practical guidance, enhance consistency of response and facilitate young people to access help in a timely, appropriate and proportionate way.

The Sexual Health Implementation Group Forth Valley (SHIG) identify areas where partnership working can improve services and bring together a wider range of partners with the aim to reduce inequalities in sexual health/blood borne viruses and to improve the sexual health of all young people.
Effective Partnerships
Special schools and provisions work in very close collaboration with partner agencies to support children and young people who have complex needs. In partnership with Health colleagues, schools are able to ensure continued attendance and engagement with education for children who require high levels of medical support. At a 2014 inspection of Castleview School in Stirling one strength noted was: ‘Joint working between school staff and health professionals in assessing and meeting the learning needs of children.’

In Lochies School in Clackmannanshire parents, teachers and health partners plan detailed support to ensure successful transitions to school for children who require on-going medical support to attend.

Education and Speech and Language Therapy across Stirling and Clackmannanshire used funds from a successful bid to develop training sessions and an education pack for all schools. As a result, all schools are supported in assessing and meeting the needs of children, who require support to communicate, and to enable them to have the right to speak.

Focussing on child poverty:
A successful application was made by Clackmannanshire Council’s Money Advice and Welfare Benefits Team to the Scottish Legal Aid Board under the new “Tackling Money Worries” grant fund stream. Funding has been awarded to create a partnership project with the Early Years Multi agency Screening and Review group for 0 – 5 years. A Money Support Worker post is expected to be filled by February 2015 and will be dedicated to work with low income families who are experiencing debt and money problems referred by the multi-agency screening group. As part of the Scottish Government review of Child Poverty strategy, the partnership project will work to connect low income families to appropriate help which results in the resolution of debt problems and to enable families to better avoid problems recurring.

Community involvement
Create is a multi-agency project providing summer events in 6 communities for young people aged from 10 years on. Activities include input from emergency services, sports, arts, music and adventure. Staffed from a number of organisations, Create is also supported by PALs (Peer Assisted Learners) via Youth Services and volunteers.

Community led regeneration
Stirling CPP and Stirling Council have approved a community-led approach to regeneration, tackling poverty and inequalities which is based on the achievement of SOA outcomes and reducing inequalities within Stirling. The CPP Tackling Poverty & Inequalities Group is working alongside priority communities to provide support and co-ordination to consolidate and deliver community action or development plans.

Commission events will be held in priority communities. These are intended to be the start of an improved dialogue with communities and the first step in a process that will contribute to increased community resilience and empowerment and to achieving more with our combined resources. The subsequent process aims to have an influence on the mainstream delivery of CPP partners and contribute to the total SOA activity of delivering improved outcomes and particularly in our most disadvantaged communities.
Section 3: SALSUS 2013 Summary Report for Stirling Schools

Introduction
The SALSUS report is the only national trend data that provides local authority specific information about pupils aged 13 and 15. The majority (78%) of Stirling secondary schools participated in the 2013 survey. This information is used in several ways:

By the ADP as an indicator of how well strategic prevention measures are working.

By teaching staff to understand the nature and extent of ‘use’ and ‘misuse’ amongst young people attending school.

By police and education to consider issues of ‘supply’ and what young people tell us is happening in relation to being offered substances.

By everyone to help shape the strategic direction of work to reduce substance misuse and its acceptability in our communities. Put simply, to balance the supply (enforcement) and demand elements of the substance misuse equation.

Tobacco Use: Stirlingshire Secondary Schools

- The majority of our young people have never smoked: 91% of 13 year olds and 70% of 15 year olds have never smoked cigarettes. Compared with 2010 data, fewer Stirling pupils are starting to smoke. The greatest improvement is in 13 year olds (12%) and this is significantly better than the national average. Among 15 year olds there was a 9% improvement, similar to the national average.

- Of those who do smoke, the vast majority are NOT regular smokers – 99% of 13 year olds and 94% of 15 year olds do not smoke weekly. This represents an improvement from the 2010 position.

- A greater understanding of e-cigarette use is needed.

Occasional Smokers, 6% of 15 year olds reported that they “sometimes smoke cigarettes but less than 1 per week.”

Attitudes to Smoking: There has been a significant shift in attitudes to smoking. More negative attitudes to young people even trying a cigarette were noted. 90% of 13 year olds did not approve of someone of “their age trying smoking to see what it’s like”. This represents a 16% improvement for 2010 position and significantly better than the Scottish average. The figure for 15 year olds was 56% disapproval on this measure. Again this represents a significant (19%) improvement since 2010 and is better than the national average.

On almost all measures there is a significant improvement since the 2010 position and, with the exception of buying from ‘a van’ the position is more favourable than the national average.
Availability (supply)
The number of regular smokers is small: 3.5% of the sample or n=27 young people. The question asks where they “usually source their cigarettes”.
- 48% get someone else to purchase on their behalf – a decrease of 26% since 2010.
- 43% (n=11) are given them by friends or family – a decrease of 7% since 2010.
- 23% (n=6) buy from other people.
- 16% (n=4) buy from an ice cream or burger van (12% higher than the national position).

Dependency: Of the 27 regular smokers:
- 34% (n=9) said that they would like to give up.
- 55% (n=15) said it would be ‘fairly’ or ‘very difficult’ to give up.

E-cigarettes: 6% of 13 year olds (n=18) reported having ‘tried or used’ e-cigarettes. It is unclear from the data whether the group trying e-cigarettes come from the same group that have ‘ever tried’ smoking tobacco. The level of current e-cigarette uses is not known. For 15 year olds the figure is higher with 13% (n=51) having tried or used e-cigarettes.

Implications for Practice

Prevention: supply and demand.
The social influence programme enables monitoring substance use at class level and provides tools for early intervention such as social marketing techniques which promote positive attitudes and behaviours of the majority. The programme also provides factual information on tobacco and e-cigarettes. The roll-out of the work to all schools should, with engagement from staff, provide the following outcomes:
- Real time monitoring data at class level i.e. using data that is fed back to the class which they can ‘own’ as ‘theirs’.
- Earliest possible interventions i.e. we do not have to wait 18 months before the survey results are published. Early intervention is most effective because behaviours are more easily influence before they become well established.
- Measures of effectiveness - attitudinal and behavioural follow-up measures provide evidence of impact.

Supply: SALSUS highlights issues around proxy purchase of cigarettes and e-cigarettes. Potential for work with trading standards may be considered.

Cessation: Work to identify the most suitable location and approach for young people who want to stop smoking should be considered.

Alcohol
Use in the week prior to the 2013 Survey
- 6% of 13 year olds had not consumed alcohol in the week prior to the 2013 survey and 95% state that they do not usually drink weekly.
- 78% of 15 year olds had not consumed alcohol in the week prior to the 2013 survey and state that they do not usually drink weekly.

An average of 21 units of alcohol was consumed by those reporting use in the week prior to the survey (n=11) 13 year olds and (n=84) 15 year olds. This is equivalent to the maximum weekly guideline for adult males.
Getting it Right for Children and Young People in Stirling and Clackmannanshire

Drug Use (New Psychoactive Substances were not included in the list of drugs available to pupils responding to this survey)

Among the young people who have used drugs, the drug of choice continues to be cannabis. Of the 16% who reported use in the year prior to the survey, 14% reported cannabis use (n=56). Similarly, of the 2% of 13 year olds who reported using in the past year all reported cannabis use (n=5). These figures show an improvement when compared with the 2010 position for 13 year olds, and mirror the national position for both age groups.

Frequency of use:
A small percentage (1% of 13 year olds and 3% of 15 year olds) of pupils report regular use, defined as weekly or more.

Availability/supply
The numbers reporting that they had managed to buy alcohol for themselves (from a shop or supermarket) was significantly better than in 2010: 2% (n=2) 13 year olds and 3% (n=8). This is significantly better than the national average.

Implications for planning/practice: Alcohol results are encouraging although there is no room for complacency. Interventions appear to be working and should be maintained.

Prevention: The need for measures to consider recent drunkenness and perceptions of peer social approval and use would be helpful. As with tobacco, the social influence work may be an ideal vehicle to progress the issues.

Illegal drug use is not the norm among Stirlingshire young people.

- 90% of 15 year olds did not use drugs in the month prior to the survey, with 84% not using in the year prior to the survey. 83% have never tried any drug at any time.
- 98% of 13 year olds did not use drugs in the year prior to the survey. 96% have never tried any drug at any time.

A note of caution: While the data for 15 year olds may appear alarming, and it is not good news, the questions relate to being drunk at anytime in your life. Therefore, this may not be a good indicator of recent drunkenness. No dependency questions were asked.

In the 4 weeks prior to the survey, 96% of both 13 and 92% of 15 year olds have never tried to buy alcohol for themselves. This is a significant improvement (10% and 6% respectively) on the 2010 position.

Drinking to excess:
57% of 13 year olds have never been drunk a 2% improvement on 2010 data.
31% of 15 year olds have never been drunk a 3% improvement on 2010 data.

These data indicates that the experience of drinking alcohol to excess is similar to the national average.

Being drunk more than 10 times improved slightly from the 2010 position: 2% of 13 year olds and 22% of 15 year olds reporting that they had ‘been drunk’ more than 10 times, and improvement of 4% and 1% respectively. These data are not significantly different from the national average.

In the 4 weeks prior to the survey, 96% of both 13 and 92% of 15 year olds have never tried to buy alcohol for themselves. This is a significant improvement (10% and 6% respectively) on the 2010 position.
Availability – being offered drugs

Offering drugs to 13 and 15 year olds in Stirlingshire is not the norm: 61% of 15 year olds and 73% of 13 year olds reported that they have never been offered drugs at any time in their lives. It is worth noting, however, that the data for 13 year olds being offered drugs is higher than it was in 2010 and significantly higher than the national average (by 13%). Cannabis was the most common drug offered to pupils.

The survey question on availability relates to ‘ever been offered’ therefore does not necessarily provide an up to date picture of supply. This should also be borne in mind when considering that the percentage of pupils being offered drugs is higher than the national average by for 13 year olds.

Pupil perception about the ease with which they could obtain illegal drugs was no different from the national average for 15 year olds (35% reported that it would be easy). The figure for 13 year olds is higher than the national average by 5%.

The above findings do not detract from the fact that:

◆ 96% of 13 year olds have never tried drugs and,
◆ 83% of 15 year olds have never tried drugs.

Implications for Practice/Planning

Prevention: The majority of Stirlingshire pupils do not use drugs. Young people, parents and communities would benefit from understanding this fact. The role of New Psychoactive Substance has not been explored and monitoring of the situation would be important given local intelligence on these issues.

Availability/Supply: The majority of pupils perceive that it would be difficult to obtain illegal drugs: 65% of 15 year olds and 78% of 13 year olds. Although for a significant minority the reverse is the case. Opportunities to explore the current situation around being offered drugs (particularly among 13 year olds) would be helpful.

Dependency/Problem Use

◆ 4% of 15 year olds (n=3) felt that they needed to get help because of their drug use.
◆ 50% of 15 year olds (n=33) said they would like to stop using drugs.
Section 4: SALSUS 2013 Summary Report for Clackmannanshire Schools

Introduction

The SALSUS report is the only national trend data that provides local authority specific information about pupils aged 13 and 15. All Clackmannanshire secondary schools participated in the 2013 survey. This information is used in several ways:

By the ADP as an indicator of how well strategic prevention measures are working.

By teaching staff to understand the nature and extent of ‘use’ and ‘misuse’ amongst young people attending school.

By police and education to consider issues of ‘supply’ and what young people tell us is happening in relation to being ‘offered substances’.

By everyone to help shape the strategic direction of work to reduce substance misuse and its acceptability in our communities. Put simply, to balance the supply (enforcement) and demand elements of the substance misuse equation.

There is no 2010 survey data available for Clackmannanshire therefore it is not possible to show any within-area change from a previous baseline.

Tobacco Use:

♦ The majority of pupils have never smoked: 82% of 13 year olds and 58% of 15 year olds have never smoked cigarettes. However, this is lower than the national average by 5 and 8% respectively.

♦ Of those who do smoke, the vast majority are NOT regular smokers – 96% of 13 year olds and 92% of 15 year olds do not smoke weekly.

Occasional Smokers, 1% of 13 year olds and 6% of 15 year olds were occasional smokers i.e. sometimes smoke cigarettes but less than 1 per week.

Availability (supply) of the 6% of regular smokers (n=63 young people)

♦ 49% get someone else to purchase on their behalf.

♦ 37% are given them by friends or family.

♦ 25% buy from other people.

♦ 16% (n=10) buy from an ice cream or burger van.
Dependency

40% (n= 16) said it would be ‘very difficult’ to give up.

Implications for practice/action.

5% of 13 year olds defined themselves as either occasional or regular smokers. This does not explain the data presented on use of e-cigarettes – 14% (more than 3 times the number of regular smokers) said that they had either ‘tried’ or were ‘using’ e-cigarettes. While the question itself may be too wide, it would be helpful to gain an understanding of the issues and demand for e-cigarettes among young people who have never smoked. A similar situation emerges for 15 year olds with 22% trying or using e-cigarettes compared with 14% who identify with being either an occasional or regular smoker.

Prevention: supply and demand.

The social influence programme enables monitoring substance use at class level and provides tools for early intervention such as social marketing techniques which promote positive attitudes and behaviours of the majority. The programme also provides factual information on tobacco and e-cigarettes. The roll-out of the work to all schools should, with engagement from staff, provide the following outcomes:

- Real time monitoring data at class level i.e. using data that is feedback to the class which they can ‘own’ as ‘theirs’.
- Earliest possible interventions i.e. we do not have to wait 18 months before the survey results are published. Early intervention is most effective because behaviours are more easily influence before they become well established.
- Measures of effectiveness – attitudinal and behavioural follow-up measures provide evidence of impact.

Supply

SALSUS highlights issues around proxy purchase of cigarettes and e-cigarettes. Potential for work with trading standards may be considered.

Cessation

Work to identify the most suitable location and approach for young people who want to stop smoking should be considered.

Alcohol

In general, experience of alcohol use among 13 and 15 year old Clackmannanshire pupils is higher than the national average by 15% and 11% respectively. Similarly, attitudes around ‘trying’ alcohol are more positive in Clackmannanshire than across Scotland as a whole.

Use in the week prior to the 2013 Survey

- 94% of 13 year olds had not consumed alcohol in the week prior to the 2013 survey and 90% state that they do not usually drink weekly.
- 80% of 15 year olds had not consumed alcohol in the week prior to the 2013 survey and 82% state that they do not usually drink weekly.

However, of the 13 year olds who consumed alcohol in the past week, n=32, the average number of units that they consumed was equivalent to the maximum weekly guideline for adult males. This is higher than the weekly average reported by 15 year olds (18 units), although drinking at this level is higher than the guidelines for adult females (14 units).
Drinking to excess

48% of 13 year olds have never been drunk
28% of 15 year olds have never been drunk.

The data indicates that the experience of drinking alcohol to excess is higher than the national average, and significantly so for 13 year olds reporting that they had ‘been drunk’ more than 10 times.

Work to identify the most suitable location and approach for young people who want to stop smoking should be considered.

Prevention: The need for measures to consider recent drunkenness and perceptions of peer social approval and use would be helpful. As with tobacco, the social influence work may be an ideal vehicle to progress the issues.

Supply: 4% recently (in the week prior to the survey) buy alcohol for themselves (n=9) 13 year olds, and (n= 16) 15 year olds. This may benefit from work with retailers. Work with parents may also be beneficial.

Early intervention/harm reduction: As with all risk behaviours, intervention before behaviours become established is most effective. In this context, effective can be defined in both resource and human costs. The ADP may wish to consider how more intensive work may be delivered.

Drug Use

Pupils were not asked about New Psychoactive Substances.

Drug use is not the norm among young people in Clackmannanshire.

◆ 91% of 15 year olds did not use drugs in the month prior to the survey, with 82% not using in the year prior to the survey. 78% have never tried any drug at any time.
◆ 95% of 13 year olds did not use drugs in the month prior to the survey with 93% not using in the year prior to the survey. 92% have never tried any drug at any time.

Among the young people who have used drugs, the drug of choice continues to be cannabis. Of the 18% who reported use in the year prior to the survey, 16% reported cannabis use (n=80). Similarly, of the 7% of 13 year olds who reported using in the past year, 6% reported cannabis use (n=30). These figures are higher than the national average by 2% for 15 year olds and by 3% by 13 year olds. No benchmark for 2010 exists making it difficult to determine whether the local trend has actually improved.

Frequency of use

A small percentage (1% of 13 year olds and 3% of 15 year olds) of pupils report regular use, defined as weekly or more.
Availability/Supply
Cannabis was the most common drug offered to pupils. The survey question on availability relates to ‘ever been offered’ therefore does not necessarily provide an up to date picture of supply. This should also be borne in mind when considering that the percentage of pupils being offered drugs is higher than the national average by 9% for 15 year olds and 6% for 13 year olds.

Pupil perception about the ease with which they could obtain illegal drugs was no different from the national average for 15 year olds (40% reported that it would be easy). This compares with 20% of 13 year olds. The figure for 13 year olds is higher than the national average by 5%.

Implications for Practice/Planning
Prevention: Use of any drug is not the norm among Clackmannanshire pupils. Young people, parents and communities would benefit from understanding this fact. The role of New Psychoactive Substance has not been explored and monitoring of the situation would be important given local intelligence on these issues.

Availability/Supply: The majority of pupils perceive that it would be difficult to obtain illegal drugs: 60% of 15 year olds and 80% of 13 year olds. Although for a significant minority the reverse is the case. Opportunities to reduce the perception that it would be easy to get hold of drugs would be a useful to explore.

Dependency/Problem Use
- 7% of 15 year olds (n=11) felt that they needed to get help because of their drug use.
- 58% of 15 year olds (n=55) said they would like to stop using drugs
Glossary:

CPP  Community Planning Partnership
SOA  Single Outcome Agreement
C&YPSPG  Children and Young People’s Strategic Partnership Group
ICSP  Integrated Children’s Services Plan
SCRA  Scottish Children’s Reporter’s Administration
GIRFEC  “Getting it Right for Every Child”
CEL 13  “Refocusing role of Health Visiting and School Nursing Services”
TRIPLE P  Positive Parenting Programme
LAC  Looked after child/children
TCAC  Throughcare and Aftercare
EEI  Early and Effective Intervention
ASD  Autism Spectrum Disorder
PPU  Public Protection Unit (Police Scotland)

Positive Destinations:  Young people entering further or higher education, training or employment

MAASH  Multi Agency Assessment Screening Hub
VPD  Vulnerable Person Database
MARAC/MATAC  Multi Agency Risk Assessment Conference / Multi Agency Tasking and Co-ordinating process
CELSIS  Centre for Excellence for looked after children in Scotland
RPL  Recognition of Prior Learning
SALSUS  Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013
POPP  Psychology of Parenting Programme
SIMD  Scottish Index of Multiple Deprivation