



COMMUNITY PLANNING
WEST DUNBARTONSHIRE

getting
it right
for every child

West Dunbartonshire Integrated Children's Services Strategic Needs Assessment 2018

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1 Background

1.1 Acknowledgements

Written by: Health Improvement Team, WDHSCP

Thanks due to all the partners who provided data and information for inclusion

Thanks also due to the many other community planning partners who provided valuable comments at key stages of the project.

For further information on the data and statistics used within this document, please contact West Dunbartonshire Health and Social Care Partnership

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All information is correct as at August 2018.

1.2 Introduction

The [Children and Young People \(Scotland\) Act 2014](#) established a new legal framework within which services are required to work together in support of children, young people and families, a key part of the Scottish Government's strategy for making Scotland: 'The best place to grow up'. A key aim is to facilitate a shift in focus for public services towards the early years of a child's life.

The revised National Performance Framework continues this focus with the high level outcome: 'We grow up loved, safe and respected so that we realise our full potential' ([Scottish Government 2018](#)).

This is further echoed in the recently published National Public Health Priorities ([Scottish Government 2018](#)) with Priority 2: 'A Scotland where we flourish in our early years' recognising the impact early childhood poverty, disability and adverse childhood experiences can have on health outcomes throughout a person's life. ([Scottish Government 2018](#)).

The new public health policy encourages preventative measures, rather than crisis responses directing services towards the early years of a child's life, and towards early intervention, stating that, "*Investing in getting it right in the early years is a highly cost-effective approach and can produce huge benefits across society*" ([Scottish Government 2018 p.15](#)).

A key theme running throughout is the need for partners to understand the needs of their populations, to work together across whole systems whether working in housing, education, employment, police, fire or health and social care services, to plan and develop services and approaches proven to have the most significant positive impact ([Scottish Government 2018](#)).

Statutory Guidance on Children's Services Planning emphasises the need for a detailed, joint strategic assessment of population needs in order to support improved strategic planning ([Scottish Government 2017](#)).

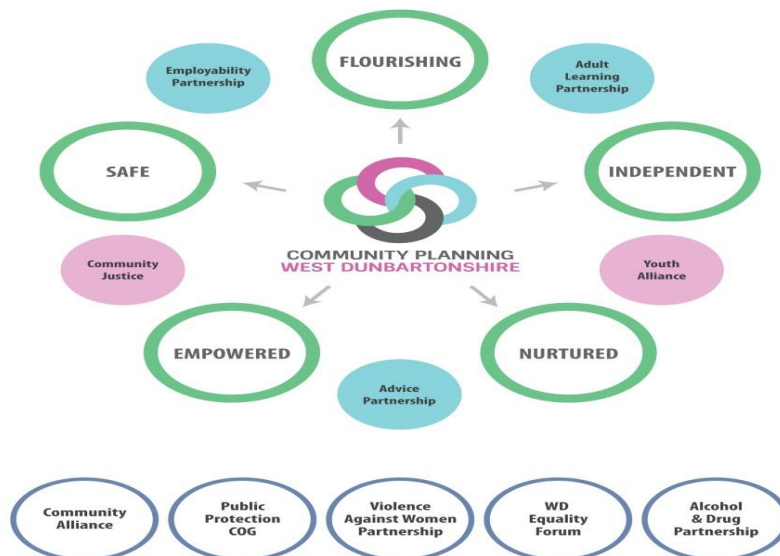
Local Children's Service Planning

West Dunbartonshire has well-established multi-agency partnerships which underpin the integrated approach to children's service Planning. The Integrated Children's Services Plan (ICSP) through the Nurtured DIG (Delivery and Improvement Group) is responsible for delivering one of the five priorities of "nurturing our children and young people" in the Plan for Place, West Dunbartonshire's local outcome improvement plan 2017-2027 ([Community Planning West Dunbartonshire 2017](#)).

The five priority Delivery and Improvement Groups are:

1. A **Flourishing** West Dunbartonshire
2. An **Independent** West Dunbartonshire
3. A **Nurtured** West Dunbartonshire
4. An **Empowered** West Dunbartonshire
5. A **Safe** West Dunbartonshire

Figure 1 Community Planning West Dunbartonshire Structure



The outcomes of the Nurtured DIG are that:

- All West Dunbartonshire children have the best start in life and are ready to succeed
- Families are supported in accessing education, learning and attainment opportunities
- Improved life chances for all children, young people and families.

Workstreams are allocated to the Nurtured DIG members to deliver and report progress on behalf of the Nurtured DIG; the integrated children services plan also links to the other DIGs.

The [Joint Children's Inspection Report published in February 2017](#) identified a number of particular strengths which were making a positive difference to the lives of children and young people in West Dunbartonshire one being the strength of

strategic approaches to targeting key universal health services that 'had *achieved some real gains within a very challenging context of high deprivation*' ([Care Inspectorate 2017](#))

Improvement actions were identified for the community planning partnership the key one being the need to '*Demonstrate the difference investments in early intervention and prevention are making for all children and young people through measurement of robust data and progress across strategic plans.*' ([Care Inspectorate February 2017](#))

Integrated Children's Services Strategic Needs Assessment

This Integrated Children's Services Strategic Needs Assessment will contribute to above and additionally inform the children services planning cycle.

The needs assessment will aligned to the [Getting It Right for Every Child framework](#) (GIRFEC) and as such will be framed around the eight wellbeing indicators sometimes known collectively by the acronym SHANARRI:

- **Safe** – protected from abuse, neglect or harm at home, at school and in the community.
- **Healthy** – having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.
- **Achieving** – being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.
- **Nurtured** – having a nurturing place to live in a family setting, with additional help if needed, or, where this is not possible, in a suitable care setting.
- **Active** – having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.
- **Respected** – having the opportunity, along with carers, to be heard and involved in decisions that affect them.
- **Responsible** – having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, being involved in decisions that affect them.
- **Included** – helping to overcome social, education, physical and economic inequalities, and being accepted as part of the community in which they live and learn.

Trends and projections will be analysed and considerations put forward to provide a broad rationale for planning integrated children's services and to anticipate needs for future services

1.2.1 Challenges

The national and local focus on and investment in children and young people is welcome however it should be noted that the reforms around education, health visiting and early learning and childcare have significant financial implications, increased duties and expectations of public service ([Audit Scotland 2018](#)). All of this

means additional work for children's services to understand these changes and manage and implement them accordingly.

In addition whilst education spending has been relatively protected and child protection and social care spending have grown substantially in cash and real terms. to reflect national priorities in education and care, the funding package for the wider unprotected council services which contribute to the life and wellbeing of children have been limited. [Improvement Service \(2018\) National Benchmarking Overview Report 2016/17](#)

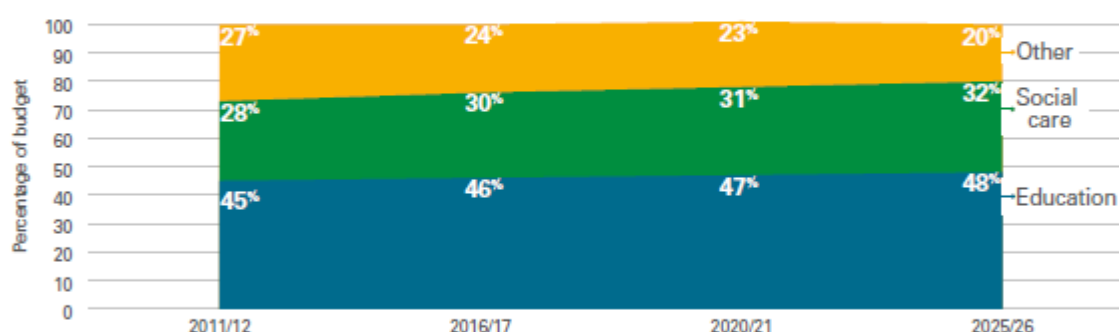
Scotland's population is getting older, leading to increased demand for social care services and fewer working age people to fund public services. Working age people generate more money for public spending through taxation, while older people and children generally use more public services such as social care and education.

Figure 2 Forecast of Council Spending Patterns to 2025/26

Exhibit 2

Forecast of council spending patterns

Without service redesign or policy changes our modelling suggests that councils could spend 80 per cent of their budgets on education and social care by 2025/26.



Note: Calculations are based on cash terms.

Source: [Scottish Local Government Finance Statistics 2016/17](#) Audit Scotland, November 2016



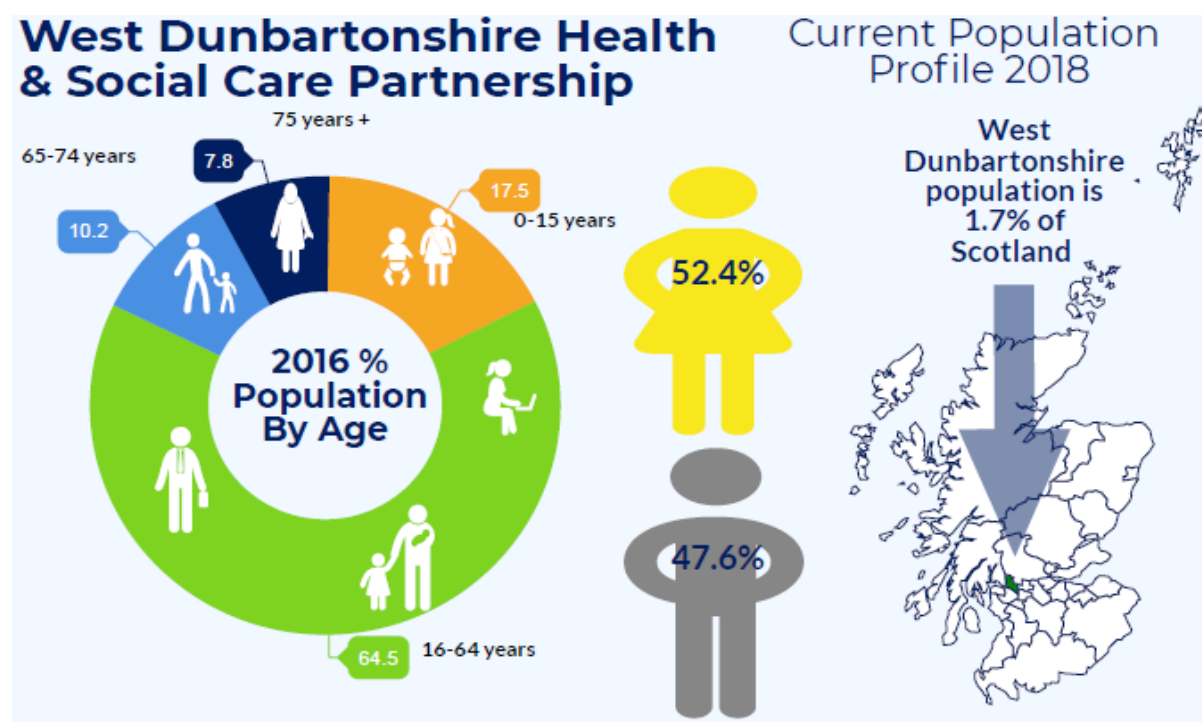
Source: [Audit Scotland \(2018\)](#)

2 West Dunbartonshire Population Overview

2.1 Current Population

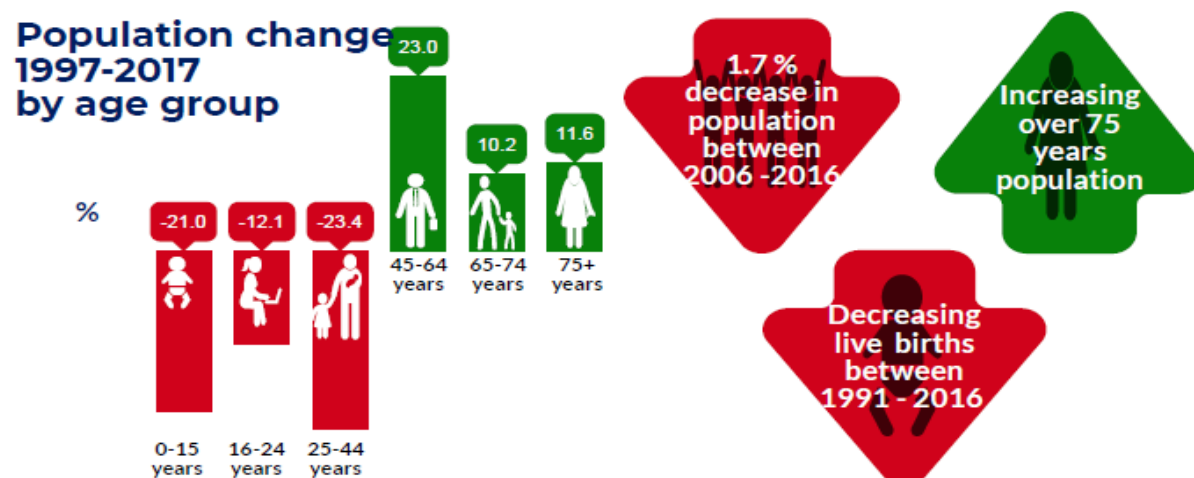
The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland. The population mid-year estimates for 2017 was 89 610, a decrease of 0.3% from the 2016 estimate of 89,860, the trend over the last 20 years has seen a decrease from 95 200 a change of – 5.9.% and a change of -1.9% from 2007-2017.

Figure 3 Current Population Profile 2018



Source: [National Records of Scotland \(2018\)](#)

Figure 4 Population Change from 1997 -2017

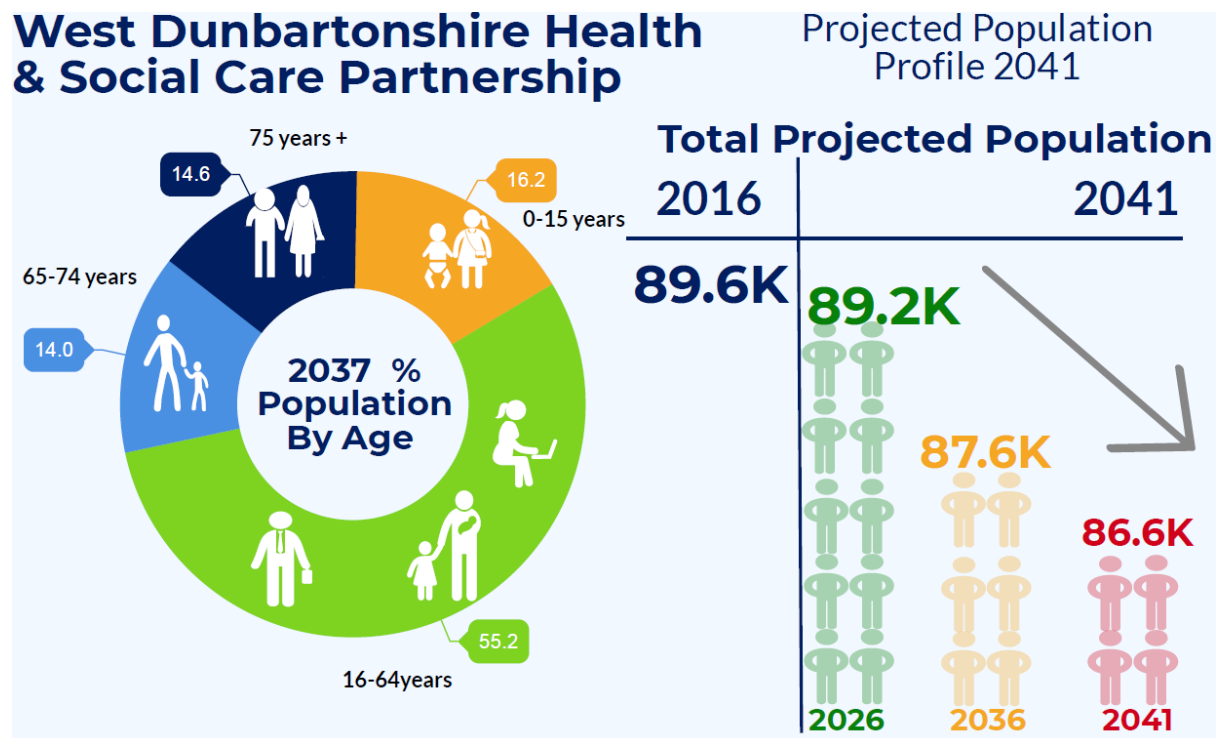


Source: [National Records of Scotland \(2018\)](#)

2.2 Projected Population

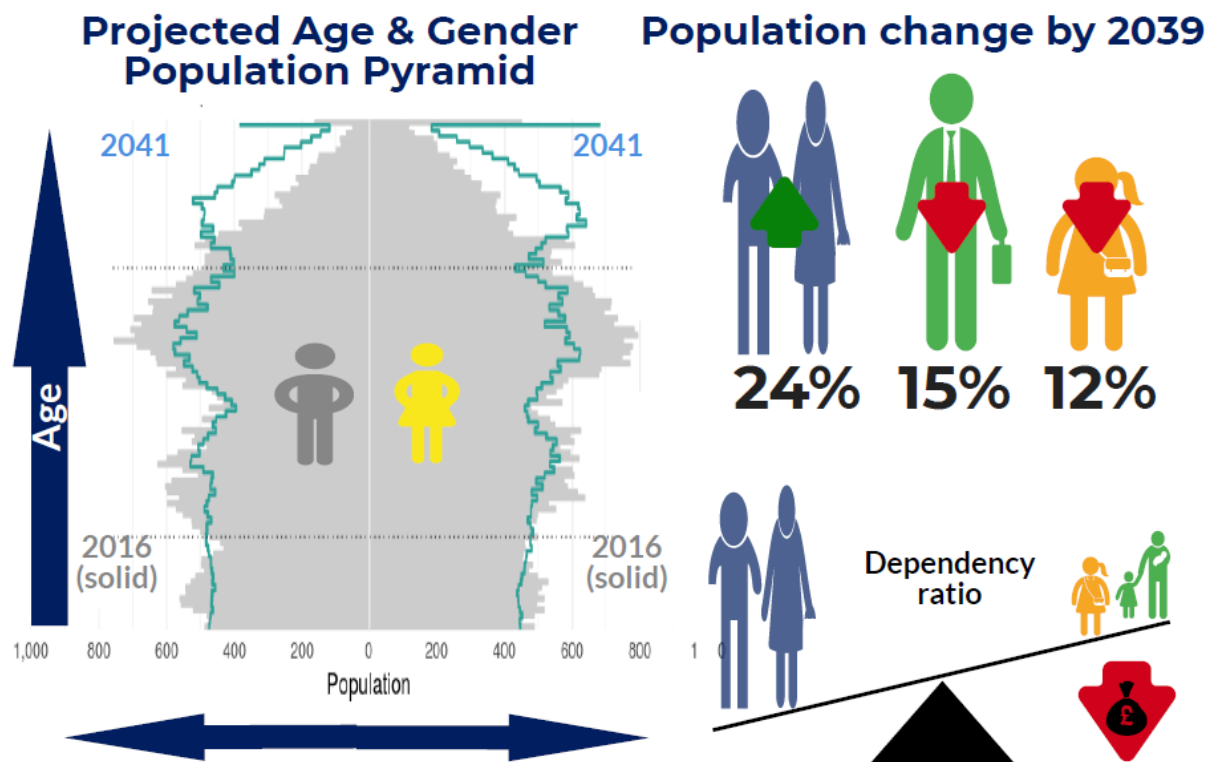
The West Dunbartonshire population projections indicate that the overall population is projected to decrease with the age groups 65+ and 75+ projected to increase up to 2041 with other age bands decreasing. This will have an overall impact on the dependency ratio. The dependency ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population. The definition generally used in Scotland is: 'those aged under 16 or of state pensionable age, per 100 working age population.

Figure 5 Projected Population Profile



Source [National Records for Scotland \(2018\) Population Projections](#)

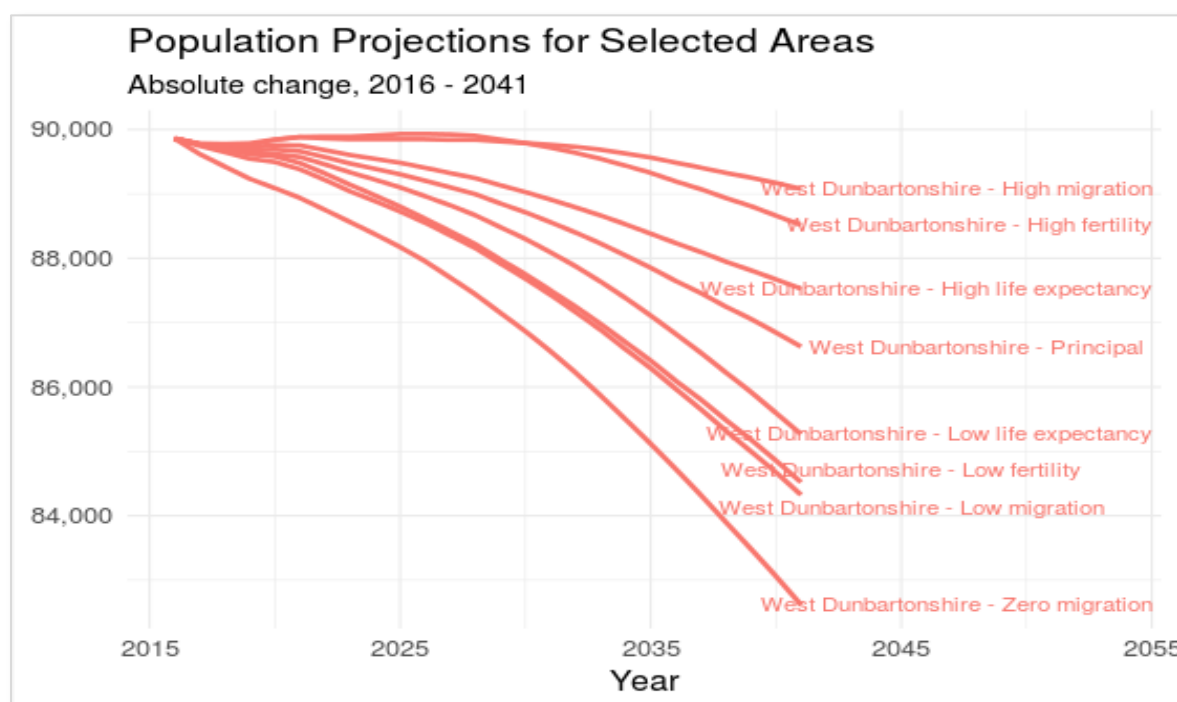
Figure 6 Projected Population, Population Change and Dependency Ratio



Source [National Records of Scotland Population Projections \(2018\)](#)

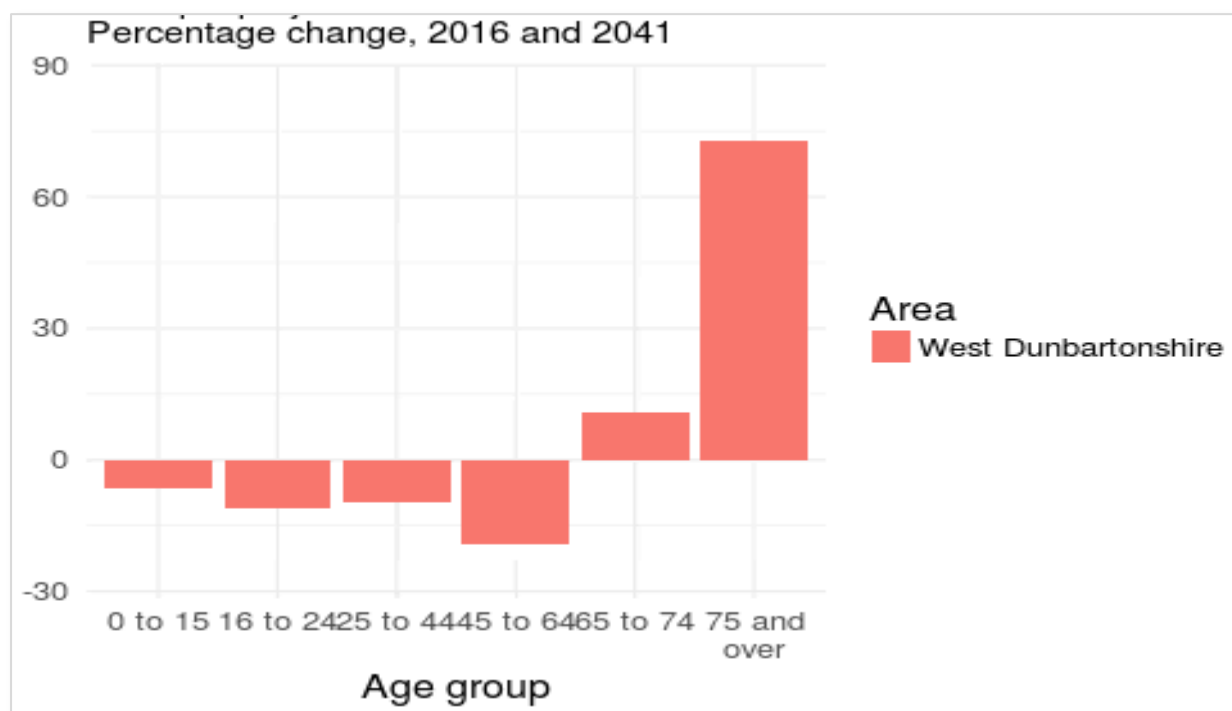
Population projections can also use calculations to show what may happen to the population under certain assumptions such as future fertility, mortality and migration. The 'Principal' projection in the figure below is the main figure, but in addition seven variant projections show what might happen in West Dunbartonshire under higher or lower fertility rates, higher or lower life expectancy, higher or lower migration rates, or if no migration occurs with areas out with Scotland.

Figure 7 2014-based projected populations West Dunbartonshire from 2016 to 2041



Source [National Records of Scotland Population Projections \(2018\)](#)

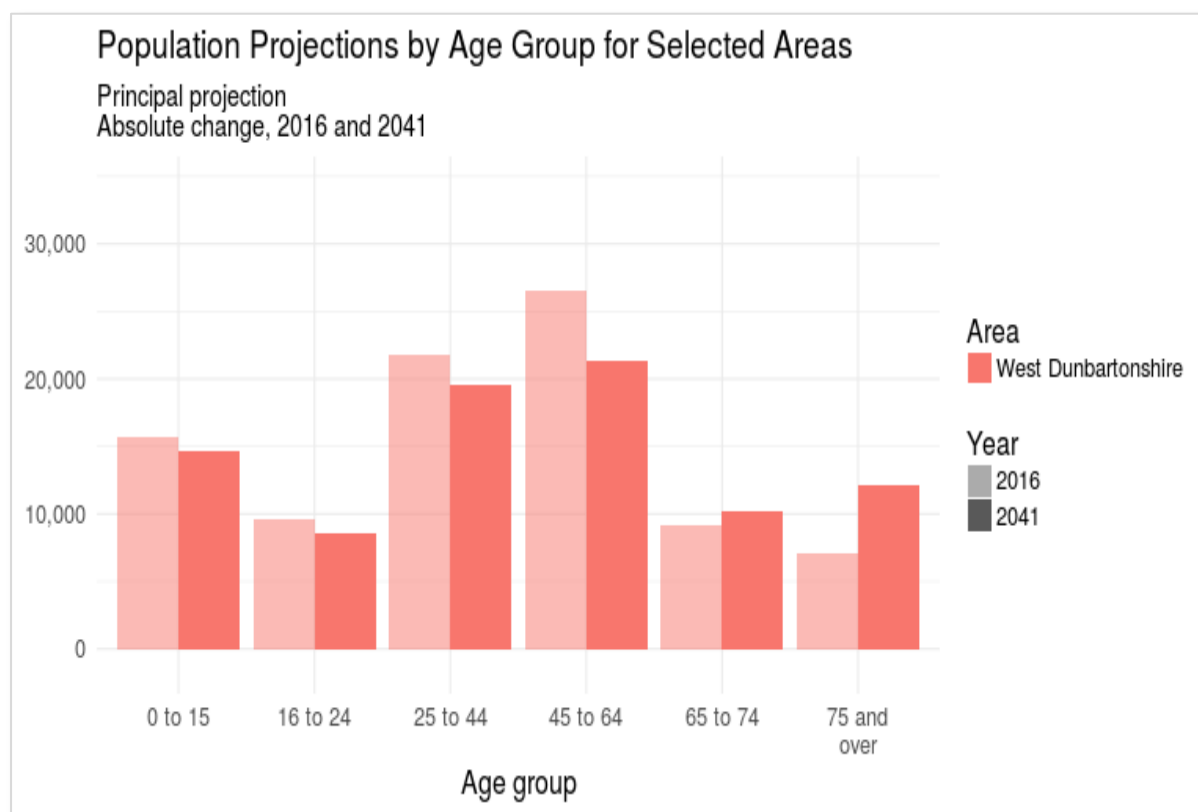
Figure 8 Projected Percentage Change from 2016 to 2041 for West Dunbartonshire



Source [National Records for Scotland \(2018\) Population Visualisation Tool](#)

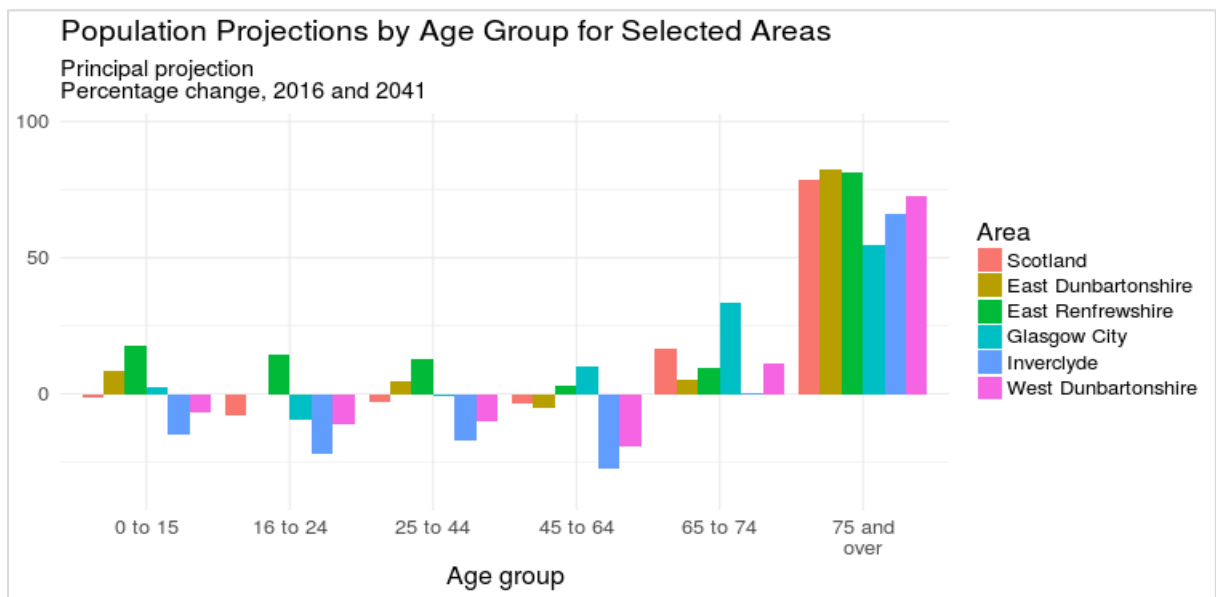
The figure below highlights the projected decrease in the size of all the populations of age groups age 65 and under from 2016 to 2041.

Figure 9 Projected Change in numbers of the population of different age groups from 2016 to 2041 for West Dunbartonshire



Source [National Records for Scotland \(2018\) Population Visualisation Tool](#)

Figure 10 Projected Percentage Population Changes by Age Group for Six local authority areas in NHSGGC from 2016-2041

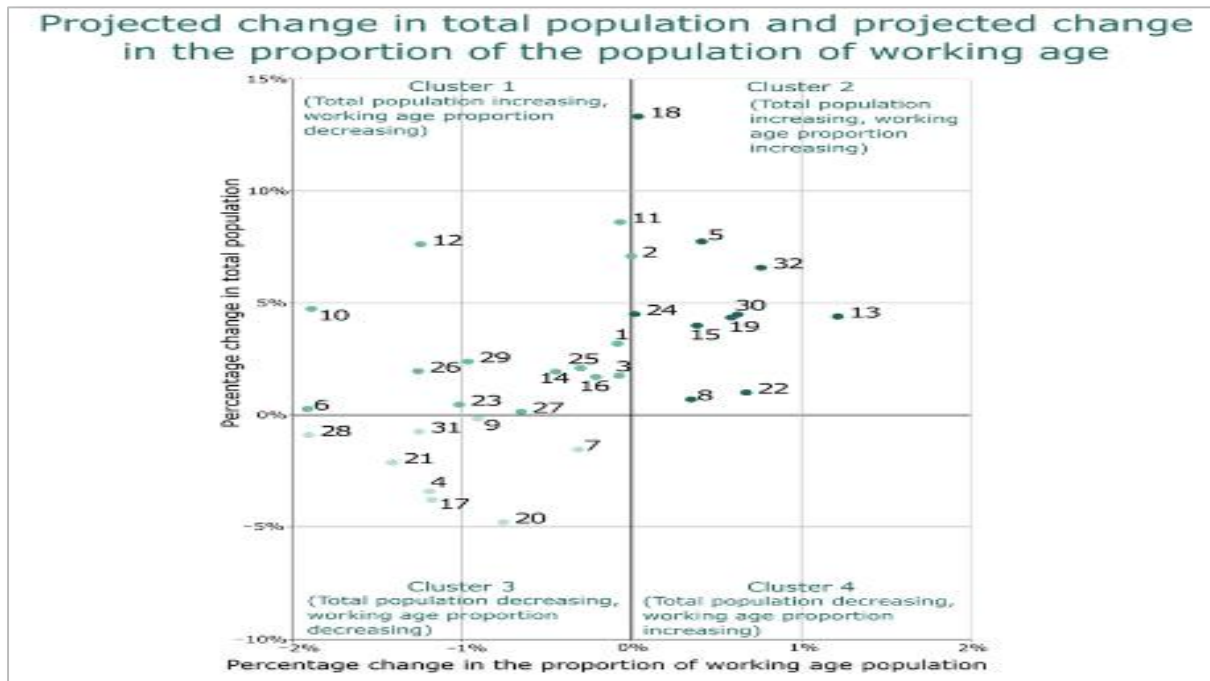


Source [National Records for Scotland \(2018\) Population Visualisation Tool](#)

West Dunbartonshire is one of the eight councils in Scotland which is projected to decrease in population and also to have a smaller proportion of working age people in ten years' time as illustrated in the figure below. There will be a larger proportion of people of pensionable age. Inverclyde is the only other local authority in this position in NHSGGC.

The figure below shows the West Dunbartonshire position in comparison to all other Scottish local authorities.

Figure 11 Projected change in total population and projected change in the proportion of the population of working age



- **Cluster 3**
- 4 Argyll & Bute
- 7 Dumfries & Galloway
- 9 East Ayrshire
- 17 Inverclyde
- 20 Na h-Eileanan Siar
- 21 North Ayrshire
- 28 South Ayrshire
- 31 West Dunbartonshire

Source [National Records of Scotland \(2018\)](#)

3 Children and Young People Population

3.1 Demographic and population health statistics

A complete analysis of recent and anticipated changes to West Dunbartonshire's demographic is provided with the Community Planning West Dunbartonshire Local Outcome Improvement Plan, Plan for Place needs assessment and [local data on outcomes](#).

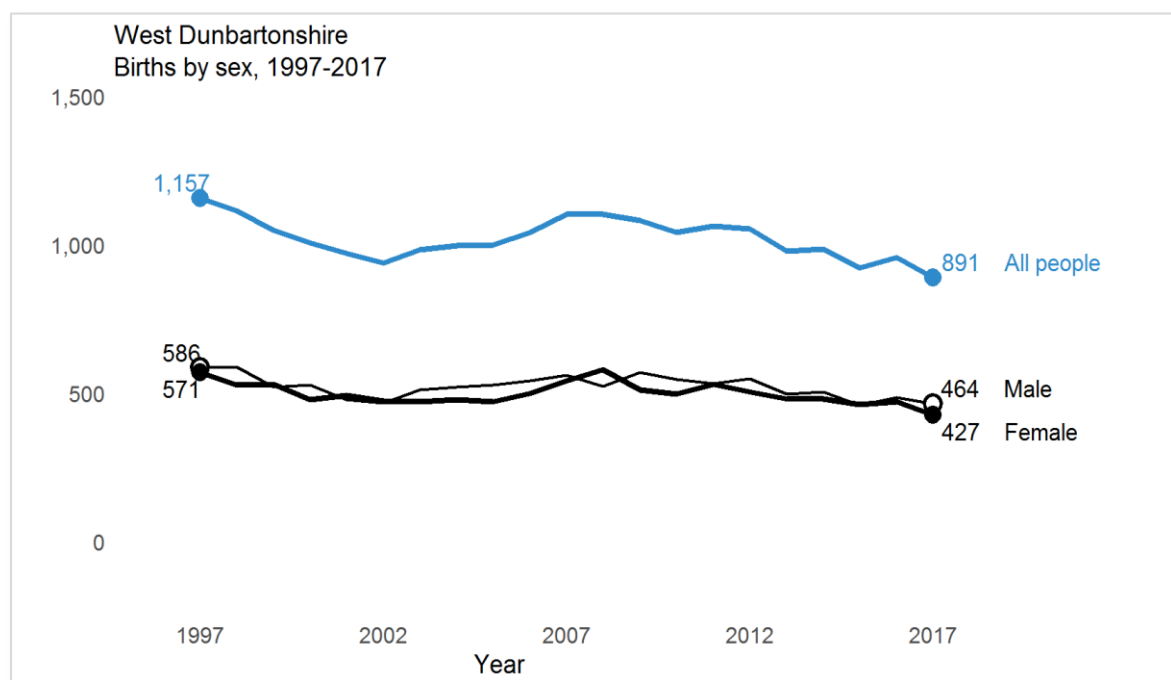
This section focuses on the demographics of children and young people in West Dunbartonshire

- There are 25,033 people aged 25 and under living in West Dunbartonshire, which is nearly 28% of the total population of 89,610.
- Children aged 0 to 15 comprise 18% of West Dunbartonshire's total population (15,790).
- There are 4,829 under 5's which equates to 5% of the population.
- Over the last decade there has been a decrease in the total children and young people population from 27,476 in 2007 to 25,033 in 2017. This represents a decrease of approximately 2,500 children and young people.

3.2 Births (calendar year)

In 2017 the total live births for West Dunbartonshire was 891. This was a decrease from the previous year of 7%. The figures below demonstrate the long term trend of decreasing births and also that the number of births has dropped to fewer than 900 in 2017.

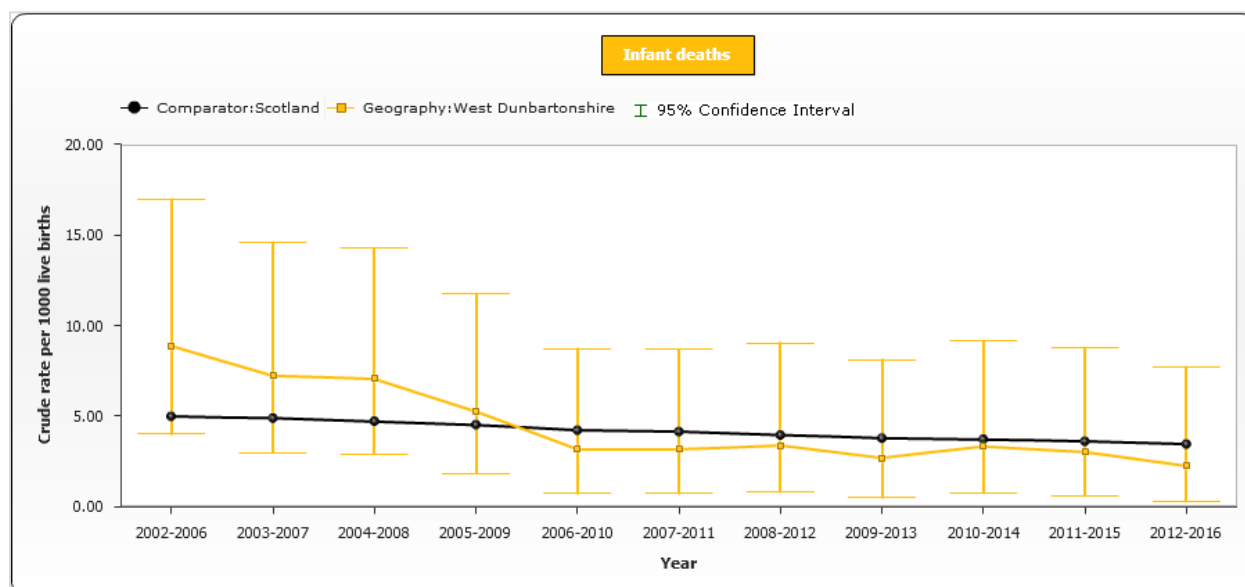
Figure 12 Births by Sex in West Dunbartonshire 1997-2017



Source [National Records of Scotland \(2018\)](#)

3.3 Infant Mortality and child Deaths

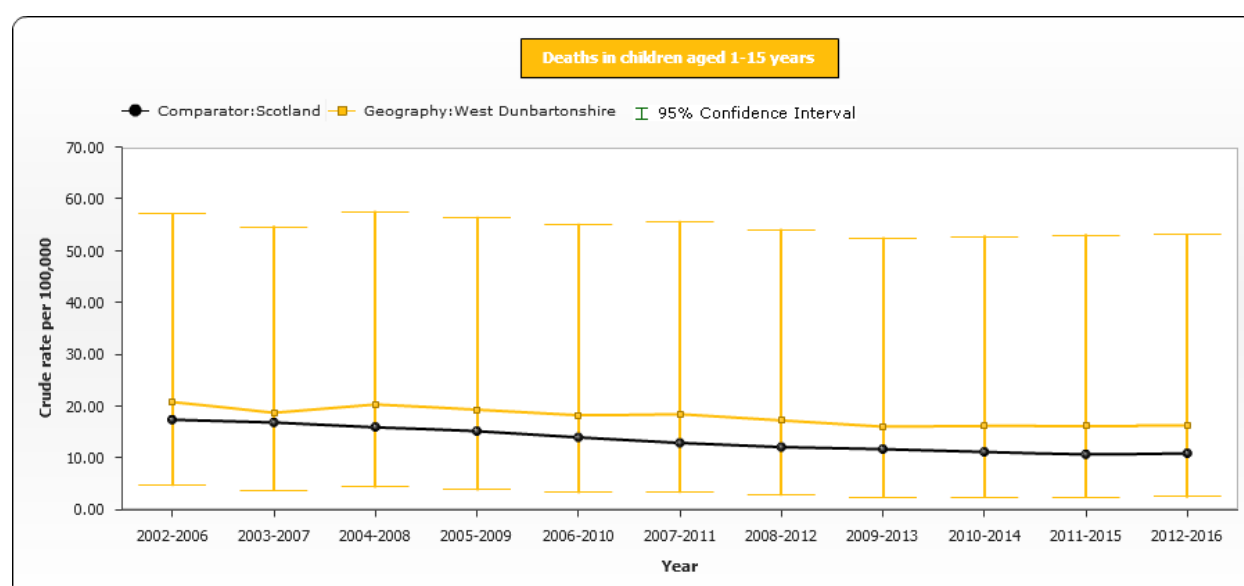
Figure 13 Infant Deaths 2002-2015 calendar years



Source ScotPHO [Online Profiles Tool](#)

The rate of infant deaths in West Dunbartonshire has fallen from 8.86 per 1,000 live births in 2002-2006, to 2.24 in 2012-2016. The rate is now lower than Scotland as a whole (3.45/1,000 in 2012-2016).

Figure 14 Deaths in Children aged 1-15 2002-2016

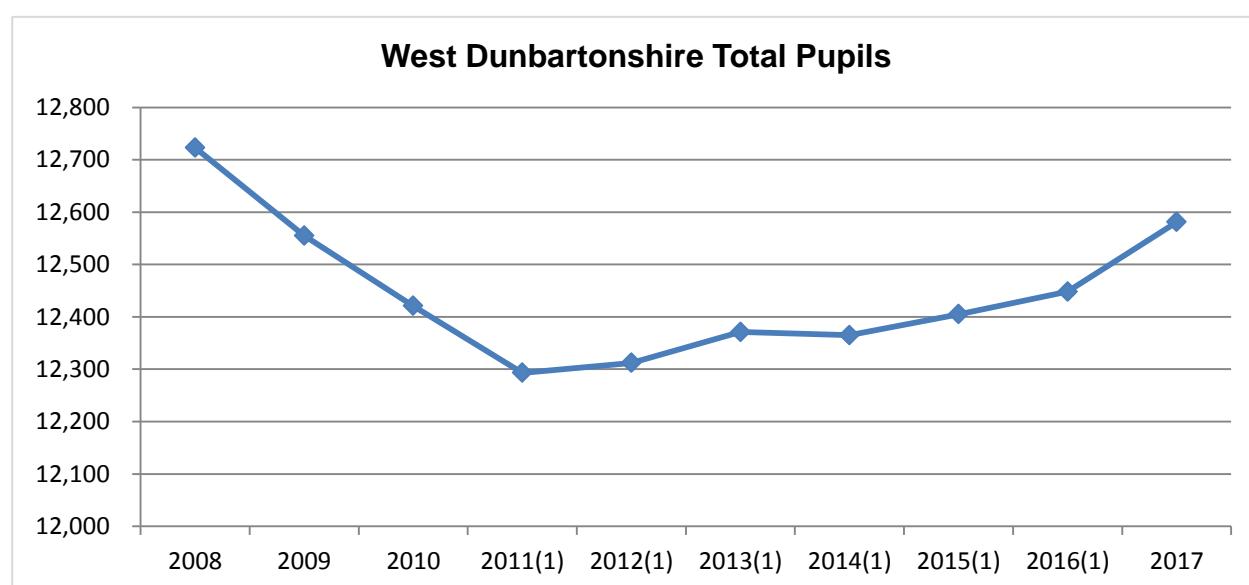


Source ScotPHO [Online Profiles Tool](#)

The rate of deaths in children aged 1-15 years has fallen since 2002, similar to the trend in Scotland.

3.4 School Population

Figure 15 West Dunbartonshire Total Numbers of Pupils in All Schools Primary Secondary & Specialist



Source: [Summary Statistics for Schools in Scotland, No. 8: 2017 Edition \(2017\)](#)

The number of pupils attending West Dunbartonshire schools has been increasing since 2011.

Table 1 Breakdown of School Pupils by Sex, Type of Establishment and Number of Pupils in that Establishment 2017/18

Stage	Number of establishments	No of Pupils	Female	Male
Primary	33	7227	3567	3660
Secondary	5	4968	2494	2474
Specialist	4	185	52	133
Total	42	12 380	6113	6267

Source [West Dunbartonshire Education, Learning and Attainment](#)

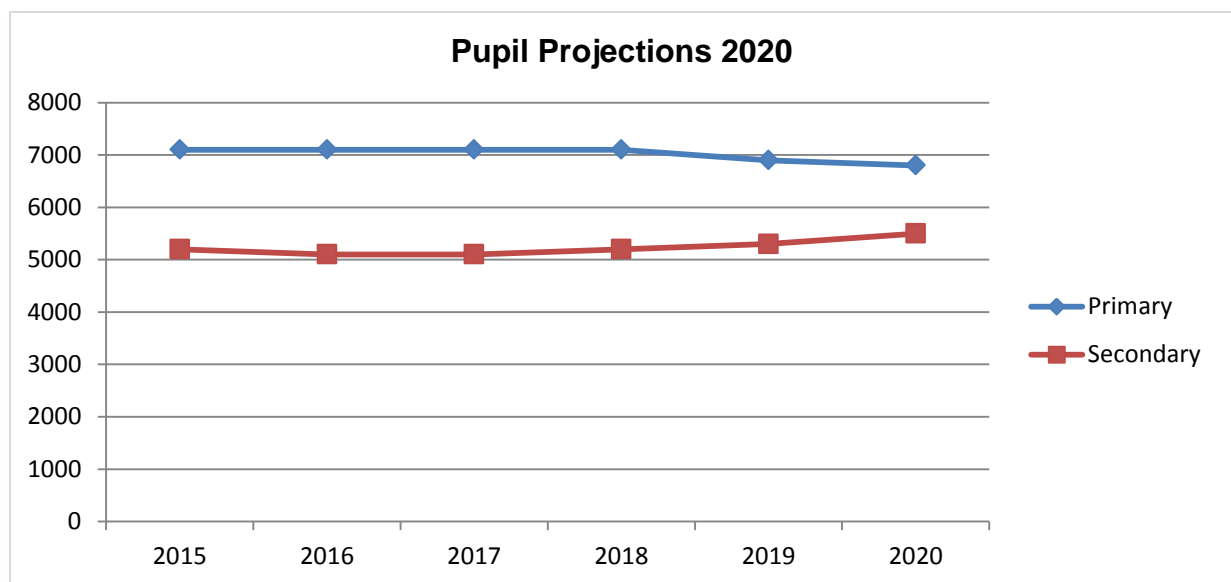
This is 7,227 primary schools pupils and 78 in specialist primary schools (59% of all school pupils are in primary school)

This is 4,968 in secondary school and 107 in specialist secondary school (41% of all school pupils are in secondary school)

Primary school age children (5-10 years) accounted for 34% of the child population.

Secondary school age (11-17 years) accounted for 37% of the child population.

Figure 16 West Dunbartonshire Pupil Projections from 2015 -2020



1. Figures rounded to nearest 100

Source [Scottish Government Pupil Projections \(2017\)](#)

3.5 Equalities

3.5.1 Ethnicity

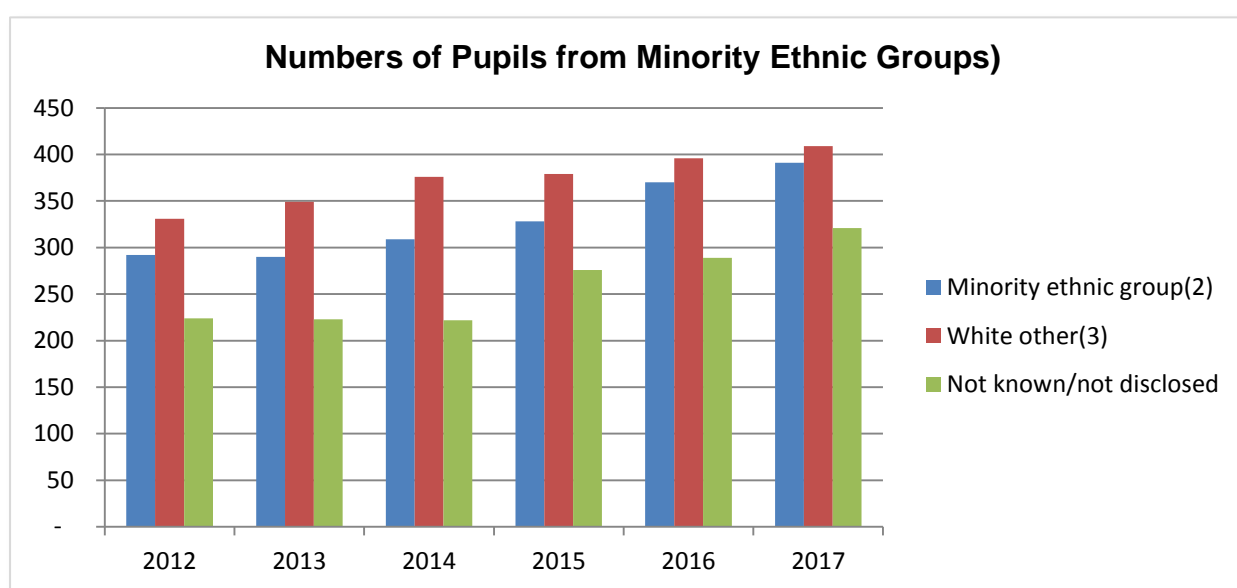
The majority of residents of West Dunbartonshire identified as being white Scottish. With 93% of the population identifying as being white nearly 10% greater than the Scottish figure of 84%.

Those identifying as being White other British, White Irish, White Polish, White other comprise 5.5% of the population (compared to 12% in Scotland as whole) with just 1.5% identifying as Asian, Asian Scottish or Asian British, or 'other ethnicity' this is lower than Scotland at 4%.

The ethnicity profile of young people in West Dunbartonshire closely reflects the adult population profile.

The figure below shows the numbers of pupils from minority ethnicity groups from 2012 to 2017.

Figure 17 West Dunbartonshire Numbers of Pupils from Minority Ethnic Groups 2012 -2017



(2) Minority ethnic group includes all categories other than White-Scottish, White Other British and White-Other.

(3) White-Other includes White-Gypsy/Traveller, White-Other, White-Irish and White-Polish

Source [Scottish Government Pupil Census Statistics 2017 \(2018\)](#)

3.5.2 Disability

Table 2 Pupils who are assessed or declared as having a disability, 2017(1)

Assessed as having a disability ⁽²⁾	Declared as having a disability but not assessed	Type of adaptation assessed as required		
		Physical	Curriculum	Communication
269	29	60	242	142

(2) Irrespective of whether a pupil is declared as disabled

West Dunbartonshire has a rate of 23.7 per 1000 pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1000 pupils.

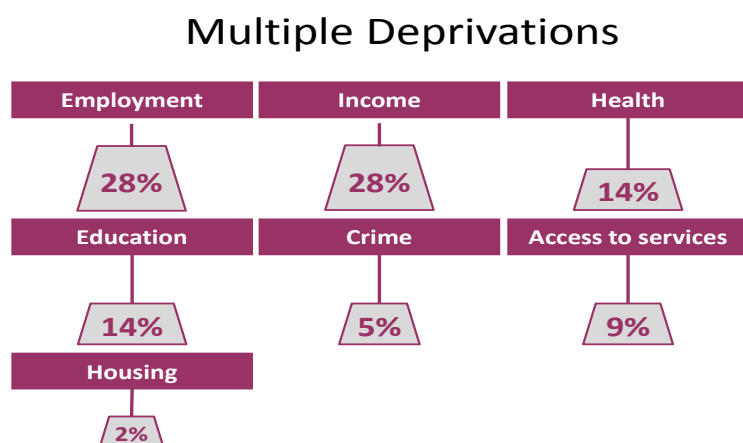
Source [Scottish Government Pupil Census Statistics 2017 \(2018\)](#)

3.5.3 Scottish Index of Multiple Deprivation (SIMD)

The SIMD identifies small area concentrations of multiple deprivations across Scotland in a consistent way. This divides Scotland into small areas called datazones, each roughly the same population size (500-1000) and characteristics.

SIMD uses the domains of Income, Employment, Health, Education, Access, Crime and Housing to rank and weight deprivation. The weighting is determined by its contribution to deprivation in Scotland. Being a primary determinant of health, employment and income are given a much higher weighting on overall deprivation as illustrated below:

Figure 18 – SIMD Weighting of Domains



Source - [Scottish Government SIMD 2016](#)

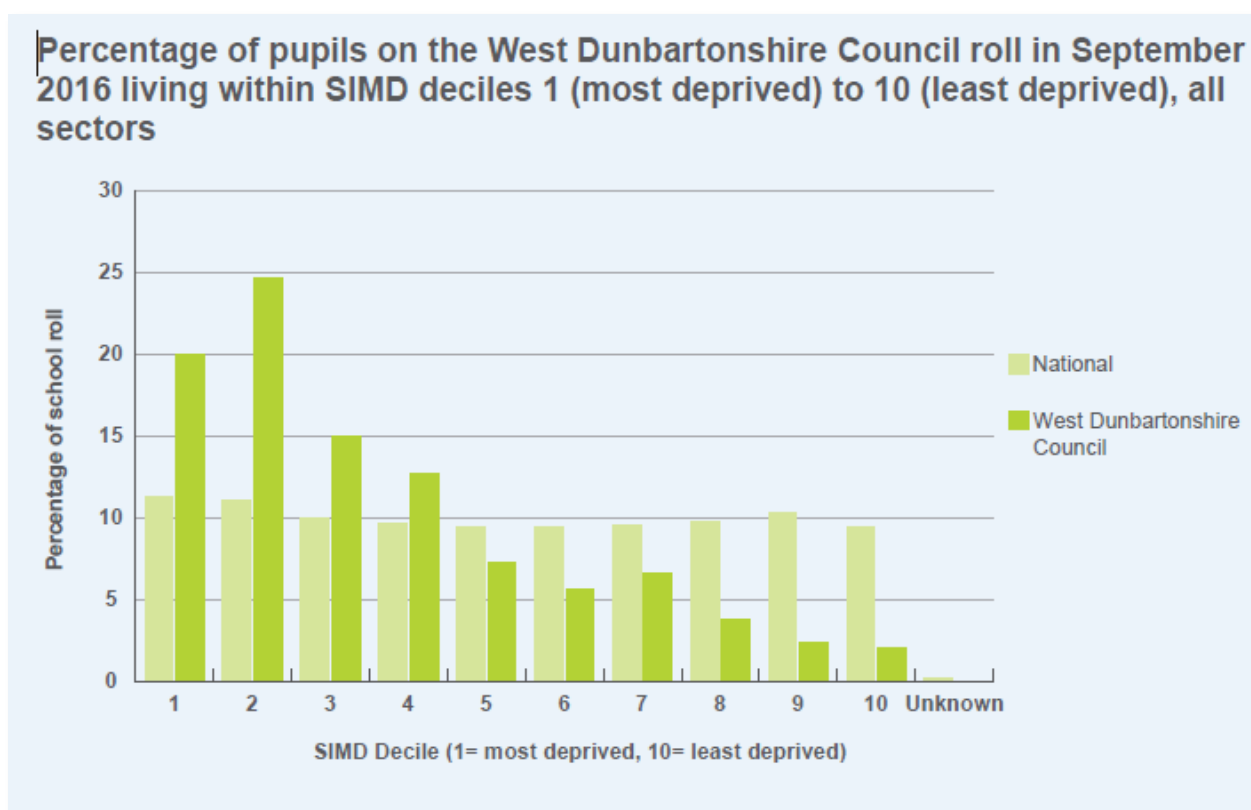
There are 121 datazones in West Dunbartonshire.

West Dunbartonshire contains the third highest local share of the most deprived datazones overall of all Scottish Local authority areas.

West Dunbartonshire is the second area after Glasgow city for the highest level of income deprivation in Scotland, with 17.7% of the population income deprived.

The data in the figure below refer to the number of pupils in local authority schools, by the SIMD of where they live, irrespective of which local authority they live in. Nearly half (45%) of all pupils in West Dunbartonshire live in the 20% most deprived areas and nearly three quarters (73%) of pupils live in the 40% most deprived areas. This is much higher than the national average with a much smaller proportion of the school population living in the least deprived areas compared to Scotland.

Figure 19 Percentage of Pupils on the West Dunbartonshire Council Role in September 2016 living with SIMD deciles and Scotland comparison.



Source: [Education Scotland \(2018\); How well is West Dunbartonshire Council improving learning, raising attainment and closing the poverty-related attainment gap?](#)

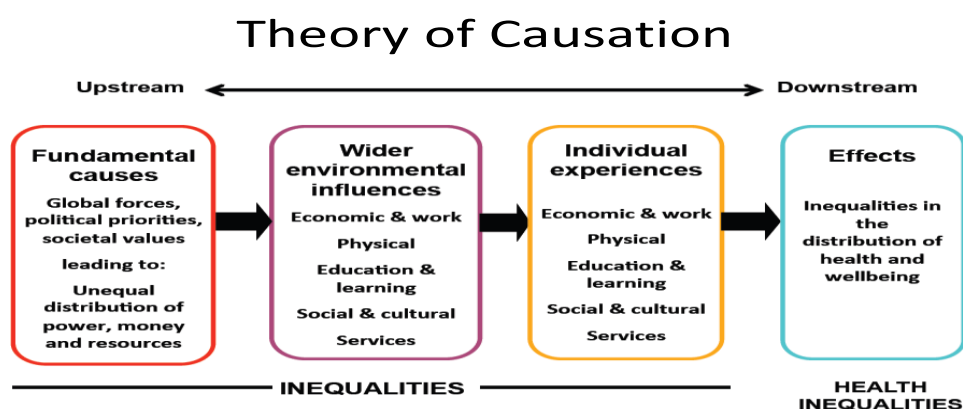
3.5.4 Health Inequalities

Health inequalities are differences in health experienced by people, depending on the circumstances in which they live and the opportunities they have for health and social wellbeing. They are viewed as unjust given they are not inevitable but fundamentally socially determined as a result of inequities in power, money and resources (Marmot, 2010; NHS Health Scotland, 2014; Scottish Government, 2014). From a public policy perspective, health inequalities are what are known as a “wicked problem”, i.e. they are complex, persistent and resistant to straightforward solutions.

Health inequalities start early in life and persist not only into old age but impact on subsequent generations (GCPH 2014).ⁱ The causes of inequality are well-evidenced in terms of economic and work-related opportunities; levels of education; access to services and societal or cultural norms.

NHS Health Scotland’s theory of causation model (below) illustrates the importance at a local level of a focus on the more upstream wider environmental influences, alongside necessary national action to address the more fundamental causes (NHS Health Scotland, 2014).

Figure 20 – NHS Health Scotland Theory of Causation (2014)



NHS Health Scotland, cited in Health Inequalities Policy Review 2014

Source [NHS Health Scotland 2014](#)

3.5.5 Population – Key Findings

- The trend over the last ten years has seen a decreasing population in West Dunbartonshire.
- There is a declining live birth rate with only 891 births in 2017 which is the lowest recorded since 1996. .
- Overall the population projections indicate changes to the three key life stages of children, adults and older people. For example there is a decrease in the projected proportion of children and working age group and an increase in the proportion of people for pensionable age.
- There are only eight local authorities in the position above with one other in NHTSGGC, which is Inverclyde
- There is a very small minority ethnic population overall however there are an increasing number of pupils from a minority ethnic population
- A projected slight increase in the number of secondary school pupils offset by a projected slight decrease in the number of primary school pupils up to 2020.
- The third highest in Scotland with a local share of the datazones in the 20% most deprived datazones in Scotland.
- The second highest in Scotland with a local share of the datazones in the 20% most income deprived datazones in Scotland.
- The second highest in Scotland with a local share of the datazones in the 20% most employment deprived datazones in Scotland.
- A high proportion of pupils living in the most deprived 20% SIMD areas (45%) and the most deprived 40% SIMD areas (73%)

Considerations

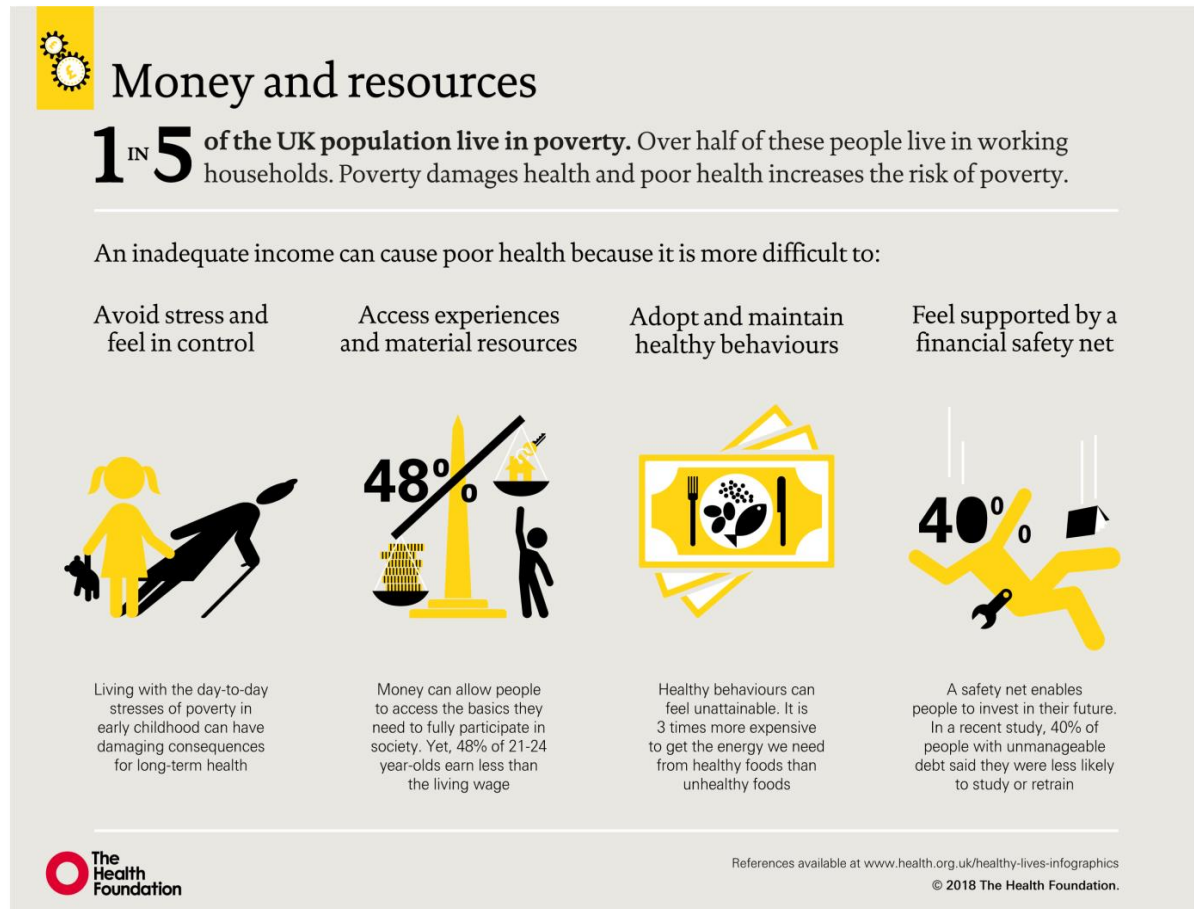
- The Nurtured DIG needs to consider the current and projected demographic changes in order to develop current services and anticipate future service demands. The number of children aged 0-15 is projected to decrease by 12% by 2039. This has implications for the costs and delivery of services including education and revenue generated.
- The Nurtured DIG needs to consider how the public spending funding formula will reflect future policy and demographic changes.
- The Nurtured DIG needs to continue the shift from silo planning to whole system approach to planning in order to reflect the totality of the financial envelope and to target resources effectively.
- Service planning should reflect the distribution of the most deprived SIMD areas within West Dunbartonshire.

4 Poverty, Welfare Reform and Adverse Childhood Experiences

4.1 Poverty in Scotland (A National Picture)

The figure below from The Health Foundation highlights the extent of the impact of poverty on health.

Figure 21 The impact of poverty on health



Source The Health Foundation

The following national data on poverty has been taken from the Scottish Government annual update on Poverty and Inequality for Scotland 2014-17. The data presents three year averaged estimates of the percentage of people, children, working age adults and pensioners living in low income households in Scotland.

Whilst this data is national, it offers a more detailed picture of the complexities around poverty.

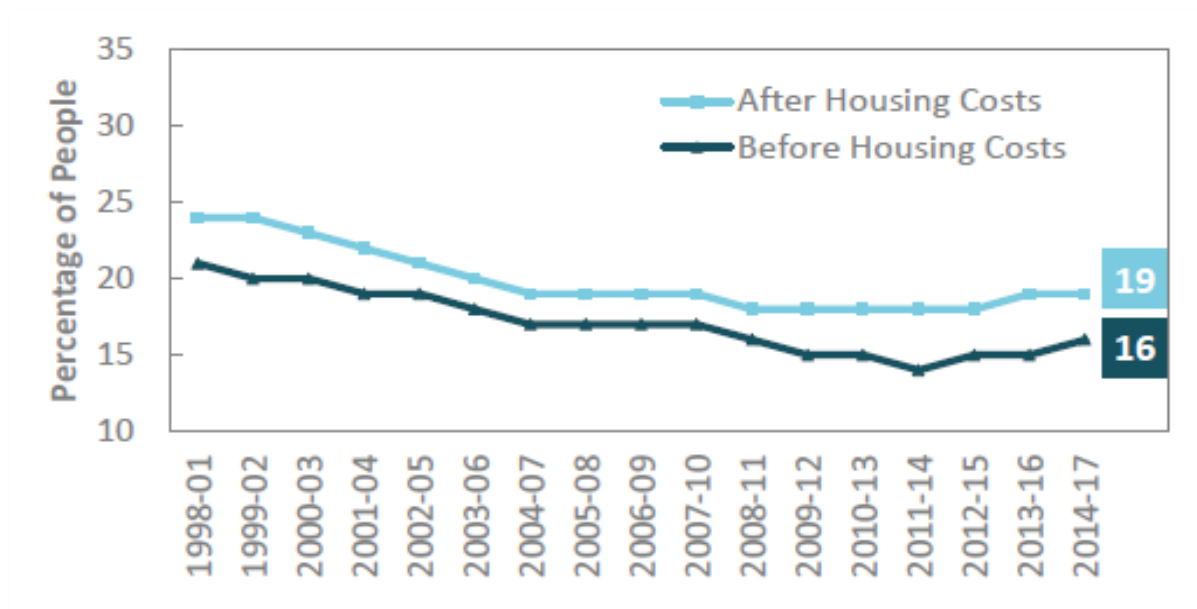
The statistics are based on net income, which is income after taxes and including social security payments. All incomes are in 2016/17 prices (real prices). All figures in this publication are rounded to the nearest pound or whole percentage point.

Poverty is measured at the household level. If the household income is below the poverty threshold, all people within the household are in poverty.

Absolute poverty - individuals living in households whose equivalised income is below 60 percent of inflation adjusted median income in 2010/11. This is a measure of whether those in the lowest income households are seeing their incomes rise in real terms.

Relative poverty - individuals living in households whose equivalised income is below 60 percent of median income in the same year. This is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole.

Figure 22 Relative poverty rate all individuals

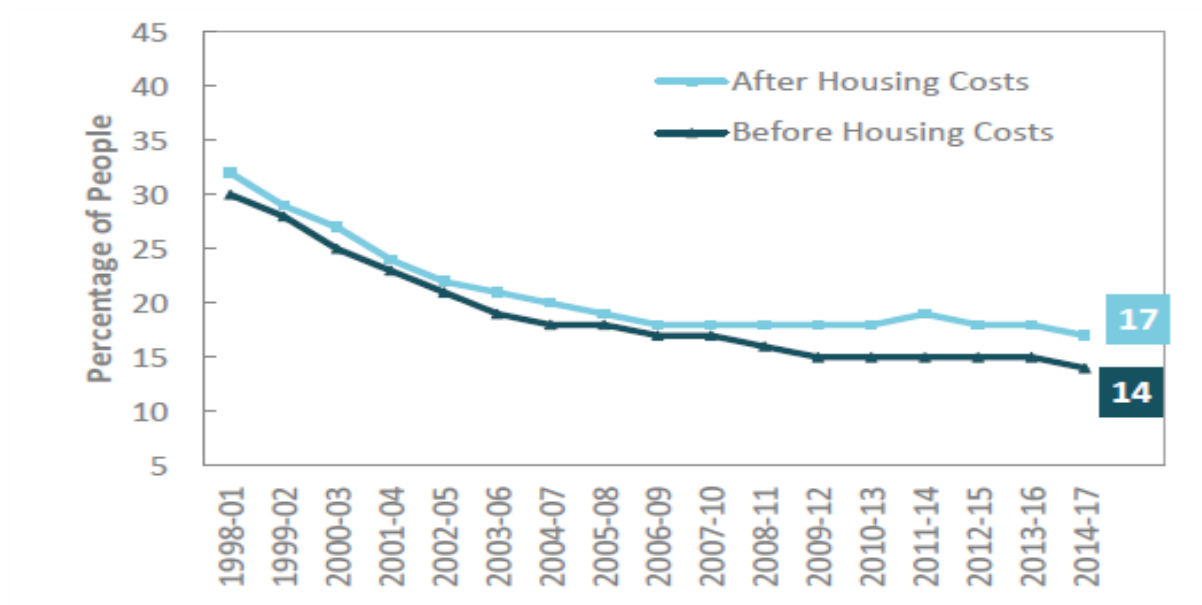


Source: [Department for Work and Pensions ' \(DWP\) \(2018\) Households Below Average Income dataset produced from the Family Resources Survey.](#)

It is estimated that 16% of Scotland's population, or 860,000 people each year, were living in relative poverty before housing costs in 2014-17. This compares to 15% in the previous period. After housing costs, 19% of Scotland's population, or 1 million people each year, were living in poverty in 2014-17, the same as in 2013-16.

Poverty rates before housing costs in Scotland have been falling since the late nineties, but recent years' data suggest a slow increase since the recession. After housing costs, relative poverty rates have been rising since the all-time low in 2011-14.

Figure 23 Absolute poverty rate for all individuals



Source: [Department for Work and Pensions ' \(DWP\) \(2018\) Households Below Average Income dataset produced from the Family Resources Survey.](#)

It is estimated that 14% of Scotland's population, or 750,000 people each year, were living in absolute poverty before housing costs in 2014-17. This is roughly the same as in the previous period. Absolute poverty rates have stagnated over the last nine years following a decline until 2009-12.

After housing costs, 17% of Scotland's population, or 910,000 people each year, were in absolute poverty. The trend is similar to the before housing costs measure, although the stagnation happened sooner.

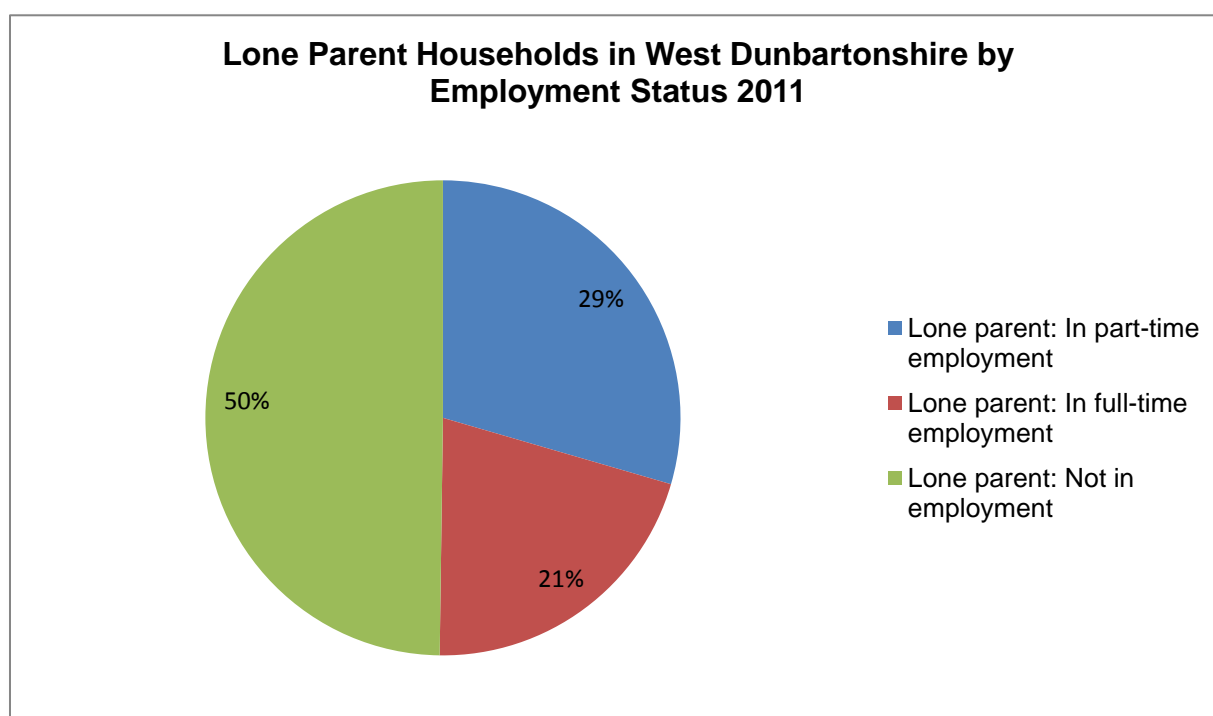
The gap between before and after housing costs measure had widened in recent years, and remained steady in 2014-17.

Child health and wellbeing is also affected by household income and the employment status of parents.

4.2 Lone parent families

West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not in employment. Data that was published in the ScotPHO 'Lone parents in Scotland: work, income and child health; in-work progression; and the geography of lone parenthood', using 2011 census data, highlighted that 50% of lone parents in West Dunbartonshire were not in employment. (ScotPHO 2016) This was the third highest of all local authorities in Scotland. This research also identified that children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories.

Figure 24 Lone Parent Household by Employment Status



Source: Scotland Census 2011 www.scotlandscensus.gov.uk/variables

In 2011 there were a total of 4128 lone parent households in West Dunbartonshire. 21% (855) were in full time employment. 29% (1218) were in part time employment, and 50% (2055) were not in employment.

A summary of the ScotPHO statistics are provide below

Table 3 Summary Statistics from Lone Parents in Scotland: Work, Income and Child Health 2016

Summary statistics: lone parents, child poverty and area deprivation in local authorities with a high % of lone parents Local authority area	Lone parent families (% of all households with dependent children): 2011	Lone parents not in employment (% of all lone parents): 2011	Children living in poverty (after housing costs):% of all children: 2013	SIMD % of data zones in top 5% most deprived (local share): 2012	SIMD % of data zones in top 15% most deprived (local share): 2012
Clackmannanshire	29	45.8	26.3	3.1	21.9
Dundee City	38	41.4	27.9	10.6	30.7
East Ayrshire	28	45.2	25.7	7.8	20.8
Edinburgh, City of	27	48.5	21.1	3.5	9.8
Glasgow	40	50.4	33.1	21.3	41.6
Inverclyde	34	51.2	25.6	12.7	40
North Ayrshire	33	45.8	27.2	6.7	25.7
North Lanarkshire	30	42.6	24.5	5.5	23.9
Renfrewshire	31	43.6	21	6.5	22.4
West Dunbartonshire	37	49.8	24.6	10.2	26.3
Scotland	27	41.9	20.7	5	15

Source [Lone parents in Scotland: work, income and child health; in-work progression; and the geography of lone parenthood .November 2016](#)

4.3 Impact of Welfare Reform

A number of reductions to the UK social security budget were announced in 2010.

The Scottish Government estimated the cumulative impact of these reforms would result in a reduction in Scottish benefits expenditure of approximately £6 billion, in the period between 2010 and 2016. Families with children are one of the groups most affected, with couples with children losing an average of more than £1,400 a year, and lone parents around £1,800 a year. (CPAG 2018)

Some specific points to note are that the Scottish Government Welfare Reform (Further Provision) (Scotland) Act 2012 - [Annual Report - 2017](#) (Scottish Government 2017) highlights that West Dunbartonshire is projected to have the highest reduction in welfare spending per individual adult by 2020/21 of all Scottish Local authorities with a figure of £323 compared to the Scottish average figure of £250.

The full service of Universal Credit is scheduled to be rolled out in West Dunbartonshire in November 2018. The Office of National Statistics (NOMIS) reported that there were 8400 people in West Dunbartonshire in receipt of the benefits that will roll into Universal Credit and approximately 4800 families in West Dunbartonshire who are in-work and in receipt of working tax credits. [UK Government Tax Credit Statistics by Local Authority \(2017\)](#)

As at August 2017 a total of 235 families from West Dunbartonshire had opted out of child benefit. This is likely to be due to the high income child benefit tax charge. <https://www.gov.uk/child-benefit-tax-charge>

Source [HMRC Child benefit statistics geographical analysis as at August 2017 \(2018\)](#)

4.3.1 Welfare Reform Impact on Families

As Welfare reform progresses a number of sources have highlighted the impact on families and the needs for services working with children and families to be prepared to respond to the changes.

The Child Poverty Action Group (CPAG) highlighted in 2014 four themes from their early warning system of welfare reform which integrated children's services planning should consider when considering the delivery of services. ([CPAG 2014](#))

- There will be more families with dramatically reduced incomes
- Families' physical health will decline
- Increased levels of mental health problems and strained family relationships.
- Children's wellbeing and ability to concentrate and participate will be affected

In 2015, the Scottish Government published the results of a tracking study, 'The Impact of Welfare Reform'. which highlighted 'the cognitive strain of the demanding process of interacting with the benefits system', and the role of advice services in relieving some of that pressure on clients. The study also indicated the key role played by Health and Social Care professionals in accessing benefits for clients:

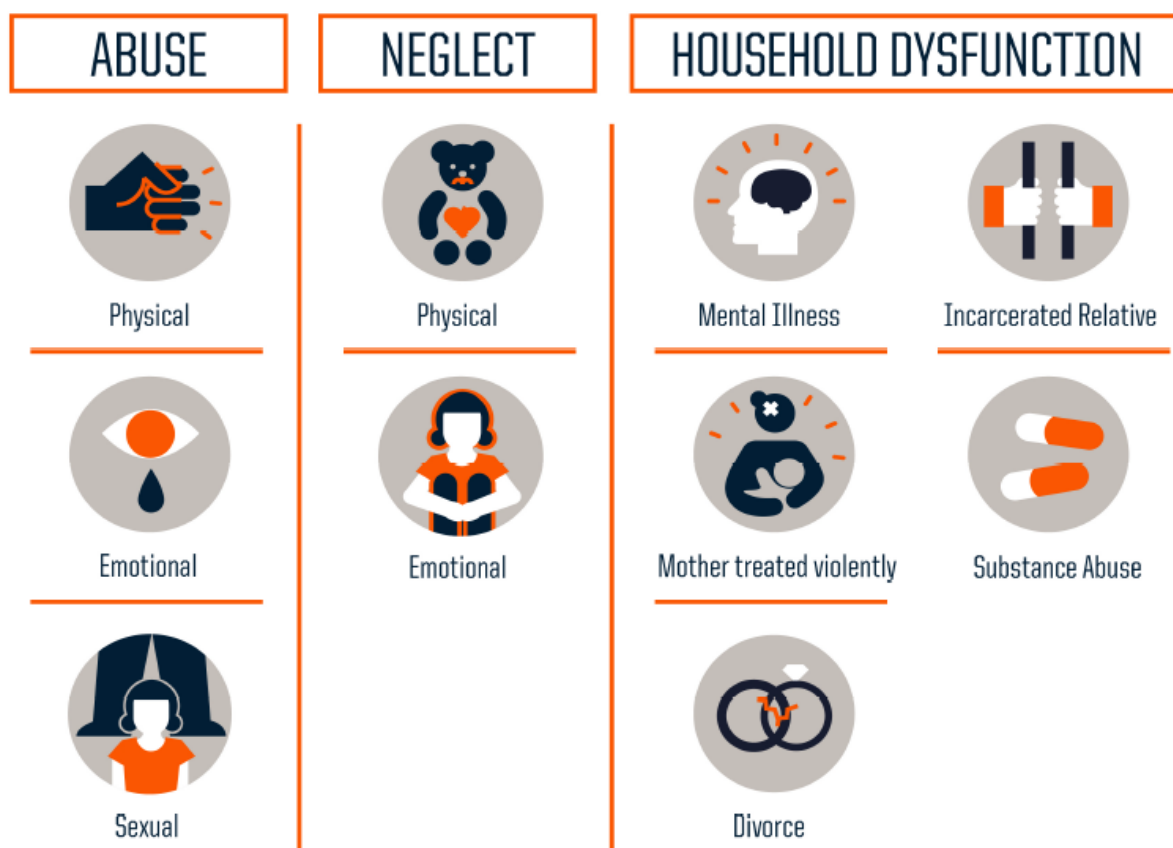
Iriss: (Improving lives through knowledge, evidence and innovation) published a briefing on the impact of welfare reform on the social services workforce in 2016 and highlighted increased demand on the social services workforce, especially those in third sector care and support. (IRISS 2016)

4.3.2 Adverse Childhood Experiences (ACEs)

Research into the impact of stressful childhood experience has been conducted in both the US and Wales. The Welsh study defines an ACE as stressful events occurring in childhood. Exposure to ACEs can alter how children's brains develop as well as changing the development of their immunological and hormonal systems. Subsequently, those with greater exposure to ACEs are more likely to go on to develop health-harming and anti-social behaviours, often during adolescence, such as binge drinking, smoking and drug use. Ultimately, such poor health and social behaviour means individuals progress more rapidly to develop diseases such as diabetes, cancer, cardiovascular disease and mental illness.

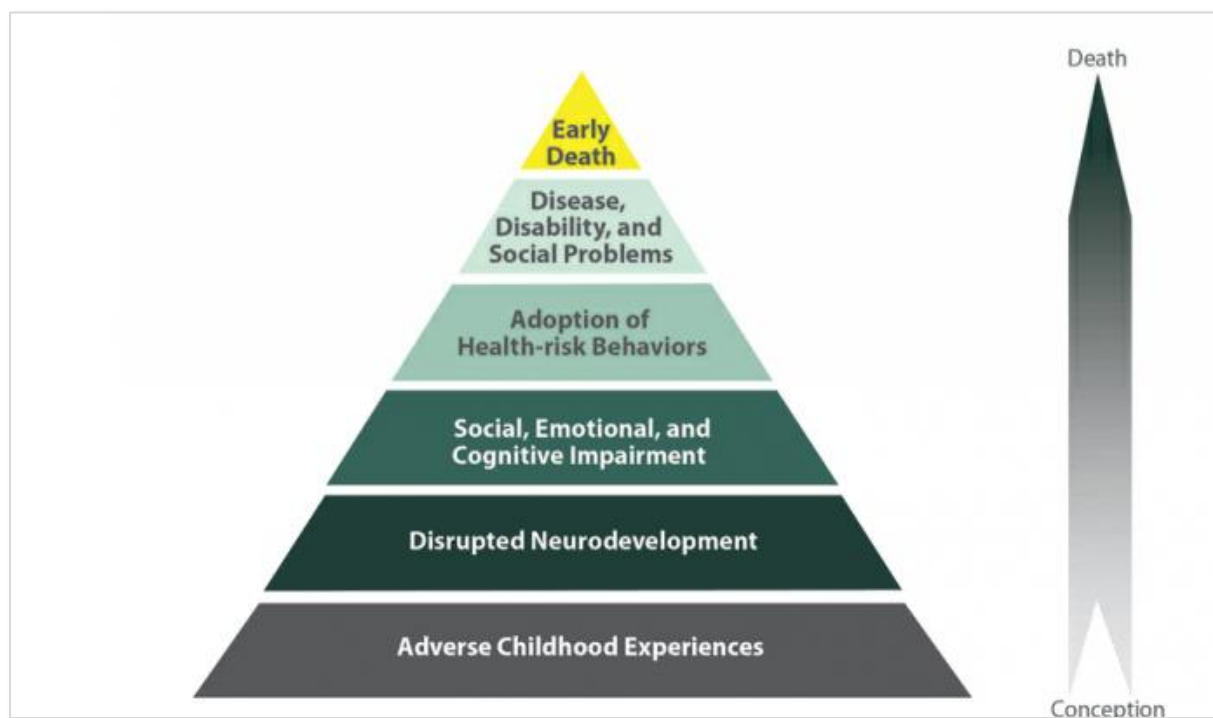
The Scottish Public Health Report 2016 indicates no specific research on the prevalence of ACEs in Scotland has been published to date. However, Scottish research is ongoing by Dr. Louise Marryat and Professor John Frank on the prevalence of Adverse Childhood Experiences (ACEs) in the general population of Scottish children. This is the first study to use longitudinal cohort data to estimate ACE prevalence in Scotland.

Figure 25 Representation of Adverse Childhood Experiences



Source [Robert Wood Johnson Foundation \(2013\)](#)

Figure 26 the ACE Pyramid

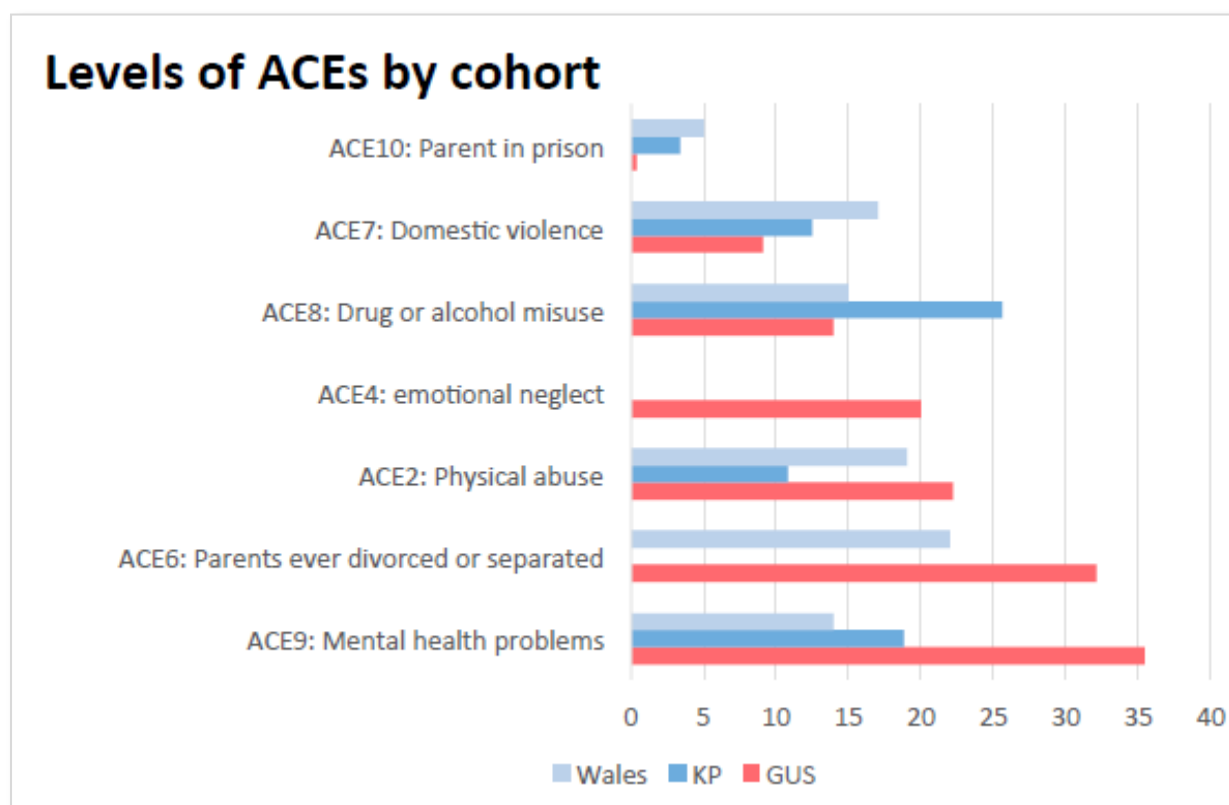


Source: [US Centre for Disease Control and Prevention 'ACE Pyramid'](#):

The above figure shows the mechanisms by which Adverse Childhood Experiences influence health and wellbeing through the lifespan.

Results from the [Growing Up in Scotland](#) (GUS) Study in comparison to the US (Kaiser Permanente {KP}) and Welsh studies.

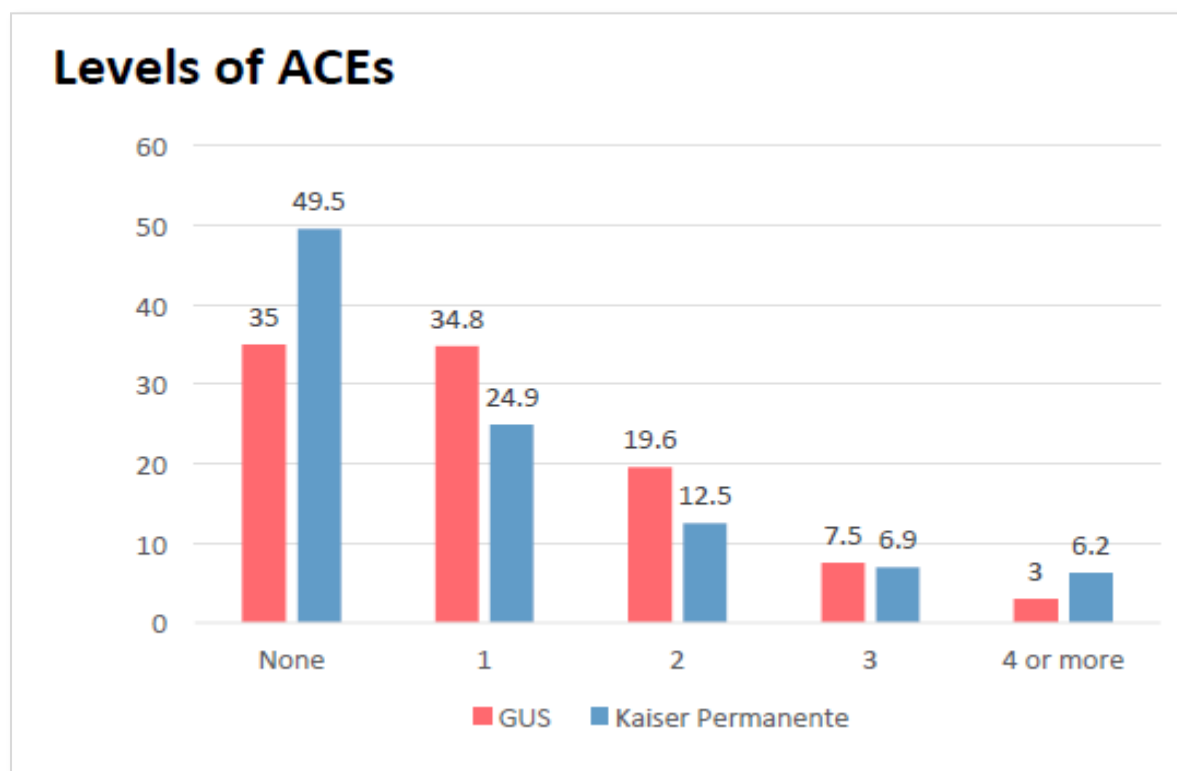
Figure 27 Levels of ACEs by Study cohort



Source [Scottish Collaboration for Public Health Research & Policy \(2018\)](#)

The figure above shows the level of ACEs by cohort and indicates that mental health problems, parents who ever separated or divorced, and physical abuse are the highest within the GUS cohort. These indicators are all greater than the more comparable Welsh study results. Emotional neglect also scored highly in the GUS study but was very low or unrecorded in the other studies.

Figure 28 Levels of ACEs – Growing Up in Scotland compared with US Kaiser Permanente {KP} study



Source [Scottish Collaboration for Public Health Research & Policy \(2018\)](#)

The GUS study showed that 10.5% had 3+ ACEs. The odds of having 3+ ACEs by age 8 years is associated with being male (Odds Ratio O.R. 1.5), having a mother age <20 at the birth of 1st child (O.R 2.1), living in a household in lowest income band (O.R 6.5), and living in an urban area (O.R 1.8).

Conclusions from the GUS study indicate that 65% of Scottish children will have 1+ ACE by age 8. This compares unfavourably with other studies, which indicated a prevalence of ~50%. The GUS data indicates that experience of ACEs is strongly associated with living in poverty.

The Welsh study went on to look at the impact of ACEs on adult health and wellbeing. When comparing with those with 0 ACEs, those who had 4+ ACEs were:

- 4x more likely to be a high risk drinker
- 6x more likely to smoke tobacco or e-cigs
- 11x more likely to have smoked cannabis
- 15x more likely to have committed violence in the last 12 months
- 16x more likely to have used crack cocaine or heroin
- 20x more likely to have been incarcerated in their lifetime.

4.4 Poverty, Welfare Reform and Adverse Childhood Experiences Key Findings

West Dunbartonshire has

- A high rate of lone parents and lone parents who are not in employment.
- The highest projected reduction in welfare spending per individual adult by 2020/21 of all Scottish Local authorities with a figure of £323 compared to the Scottish figure of £250.
- 4800 families in West Dunbartonshire who are in-work and in receipt of working tax credits who will be affected by implementation of Universal Credit full implementation.







West Dunbartonshire is likely to have

- A high percentage of children, young people and parents who have a number of ACES

Considerations

- The Nurtured DIG needs to continue the focus on education, poverty and employment including early intervention and prevention initiatives to address the fundamental causes of health inequalities and work with other DIGs such as the flourishing DIG to ensure that the income and employment needs of children, young people and families are met.
- In areas with relatively high levels of socio-economic deprivation action to 'close the long term gap' should involve a combination of initiatives that address the fundamental causes of health inequalities including education, poverty and employment with preventative action in the early years.
- Community Planning Partners have committed to targeting the root causes of health inequalities and have a number of work programmes in place to address this in the Plan for Place, the [Local Outcome Improvement Plan \(LOIP\)](#).
- The Nurtured DIG needs to continue to ensure that the issues affecting children and families on the impact on Welfare reform are considered by the wider West Dunbartonshire Strategic Welfare Reform Group
- West Dunbartonshire Nurtured DIG needs to continue to develop a collaborative strength based approach to address adverse childhood experiences and continue to co-ordinate the ACEs Hub Community of Interest and raise awareness and understanding about ACEs and their impact on health and behaviour.
- West Dunbartonshire Nurtured DIG needs to strengthen work with services that work with adults such as homelessness services, addictions and mental health to raise awareness of ACEs and to ensure that the impacts of parental ACEs on children are considered.
- Community Planning West Dunbartonshire needs to continue to build resilience in children, families and wider communities as part of early intervention and prevention activity in the [Mental Health Strategy 2017-2027](#), [Suicide Prevention Action Plan \(2018\)](#) and the [Children and Young Peoples Mental Health Taskforce](#).

5 Wellbeing Indicators Section

	Child Protection Looked After Children Unintentional Injuries in Under Fives Children Referred to the Scottish Children's' Reporter Administrator Young People Admitted to Hospital due to Assault Young People Living in the Most Crime Deprived Quintile Domestic Abuse Safe Key Findings	SAFE
	Smoking in Pregnancy Maternal Obesity Premature Births Low Birth Weight Babies Breastfeeding Immunisation Uptake Second Hand Smoke Child Obesity Oral Health HPV Uptake Teenage Pregnancy Healthy Key Findings	HEALTHY
	Attendance and Absence Statistics Achievement School Attainment Positive Destinations Achieving Key Findings	ACHIEVING
	Parenting Poverty and Family Housing 27-30 Month Assessment Nurtured Key Findings	NURTURED
	Mode of Transport to School Early Years and School Participation Active Key Findings	ACTIVE
	Alcohol, Drugs and Smoking Drug Related Hospital Stays Alcohol Related Hospital Stays aged 11-25yrs Young people in Prison Responsible Key Findings	RESPONSIBLE



[Child Poverty](#)
[Free School Meals](#)
[Included Key Findings](#)

INCLUDED

[Wellbeing Considerations](#)

5.1 Safe



Safe

Defined as 'Protected from abuse, neglect or harm at home, at school and in the community'.

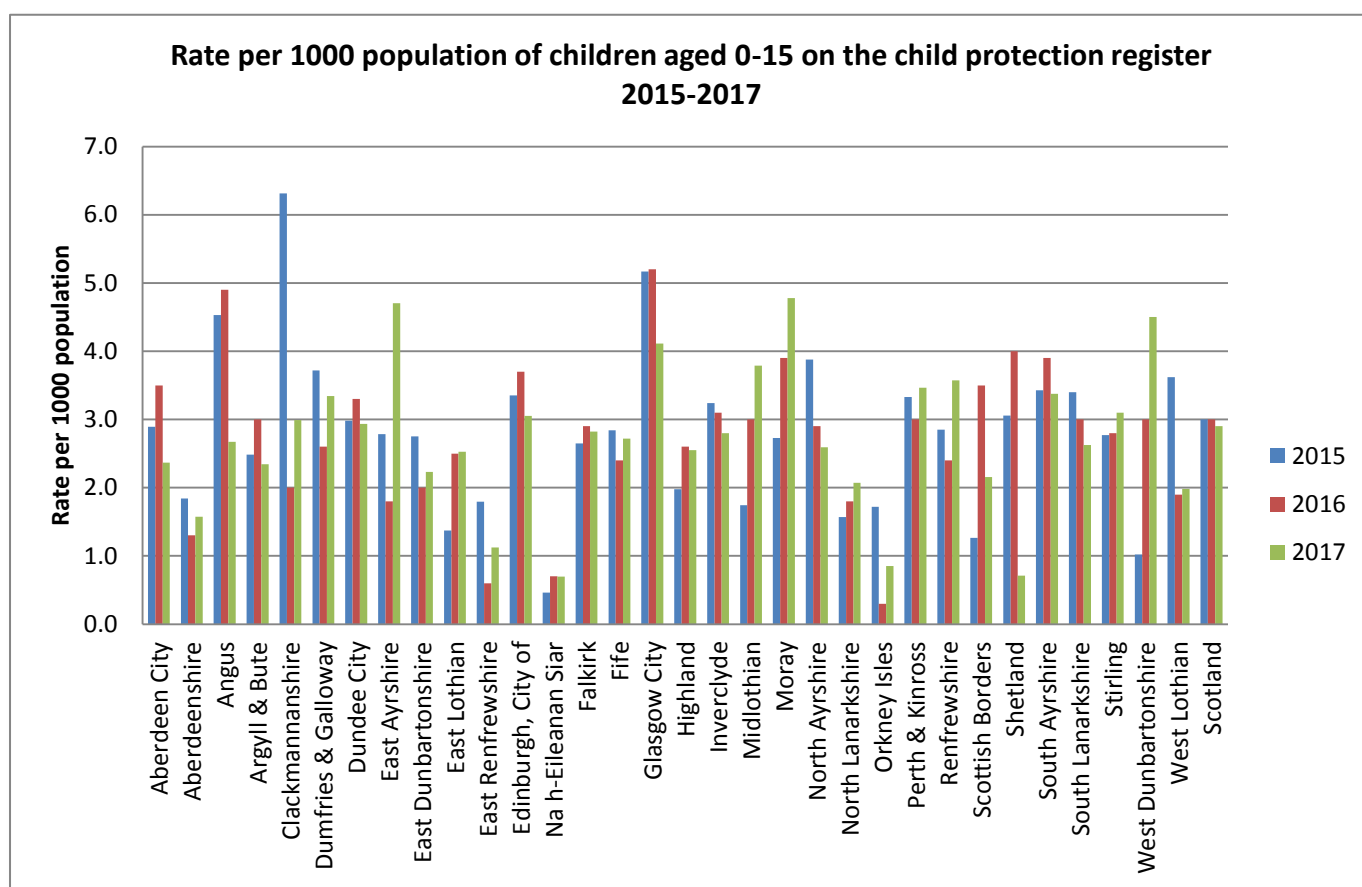
[GIRFEC Scottish Government 2014](#)

5.1.1 Child Protection

Scotland has seen a slight decrease in the proportion of children on the child protection register over the last three years.

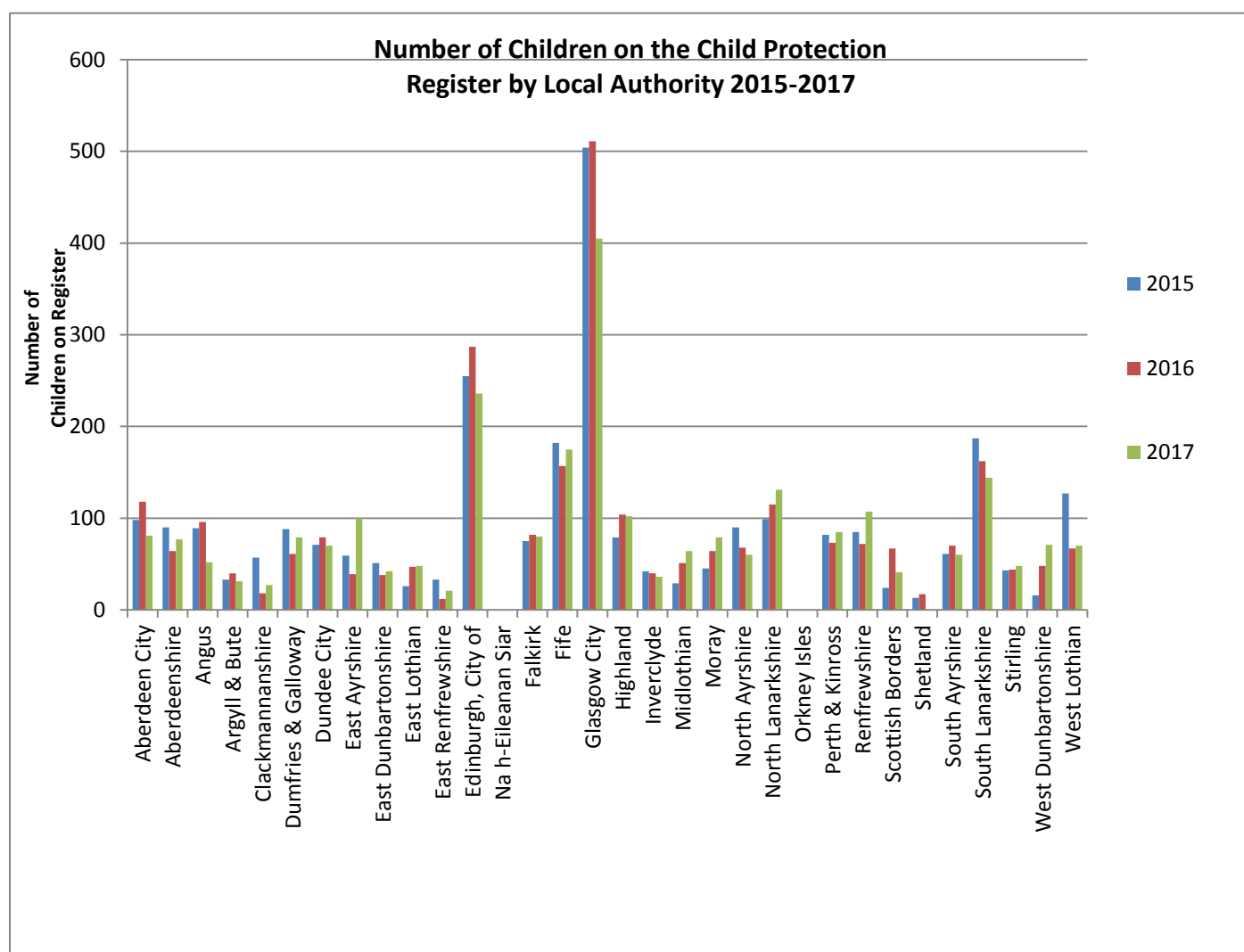
In 2017 West Dunbartonshire had 4.5 children per 1,000 population on the child protection register, up from 1 per 1000 population in 2015. The figures below show the number and the rate of children per 1,000 of the population aged 0-15 on the Child Protection Register across all local authorities. As the figures below illustrate there is a lot of variability from year to year in the numbers of children on the child protection register at a local authority level due to the small numbers of children involved in each local authority.

Figure 29 Rate per 1000 population of Children on the Child Protection Register 2015-2017



Source [Scottish Government Children's Social Work Statistics 2018](#)

Figure 30 Number of Children on the Child Protection by Local Authority 2015-2017



Source [Scottish Government Children's Social Work Statistics 2018](#)

Figure 31 Child Protection Pathway – West Dunbartonshire

	Child protection Referrals	Child protection Investigations	Child protection Case Conferences	Child protection Registrations	% of Referrals resulting in Investigations	% of investigations resulting in case conference	% of case conference resulting in Registration
2016/17	330	281	170	123	85.1%	60.5%	72.4%
2017/18	423	310	231	111	73.2%	74.5%	48.0%

The figure above illustrates data for the child protection pathway.

Table 4 Concerns identified at the case conferences of children who were on the child protection register as at 31st July 2017 in West Dunbartonshire

Parental drug misuse ⁽²⁾	Parental alcohol misuse ⁽²⁾	Parental substance misuse ^{(2),(3)}	Neglect	Parental mental health problems	Non-engaging family	Domestic abuse	Physical abuse	Emotional abuse	Total
31	19	40	31	40	20	25	10	5	71
44%	27%	56%	44%	56%	28%	35%	14%	7%	

(2) Parental substance misuse is NOT the total of parental drug misuse plus parental alcohol misuse. This table provides the breakdown for all three categories.

(3) Where both parental alcohol misuse and parental drug misuse have been identified as a concern.

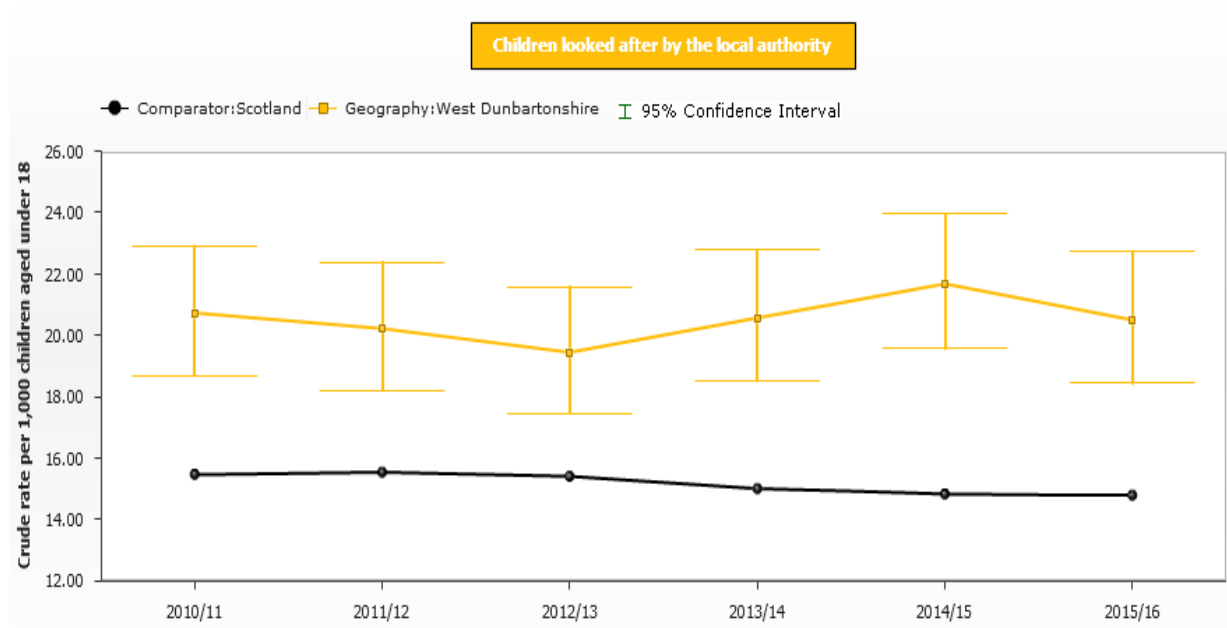
Source [Scottish Government 2018](#)

5.1.2 Looked After Children

The figure below shows the rate of children in West Dunbartonshire looked after by the local authority compared to Scotland. Since 2010, West Dunbartonshire has had, on average, 20.4 children looked after per 1,000 children under 18 years of age. In comparison, Scotland has 14.7 looked after children per 1,000. West Dunbartonshire has a higher rate of looked after children than all but 4 local authority areas in Scotland (Dundee City (22), Clackmannanshire (22.6), North Ayrshire (22.7), Glasgow City (29.6).

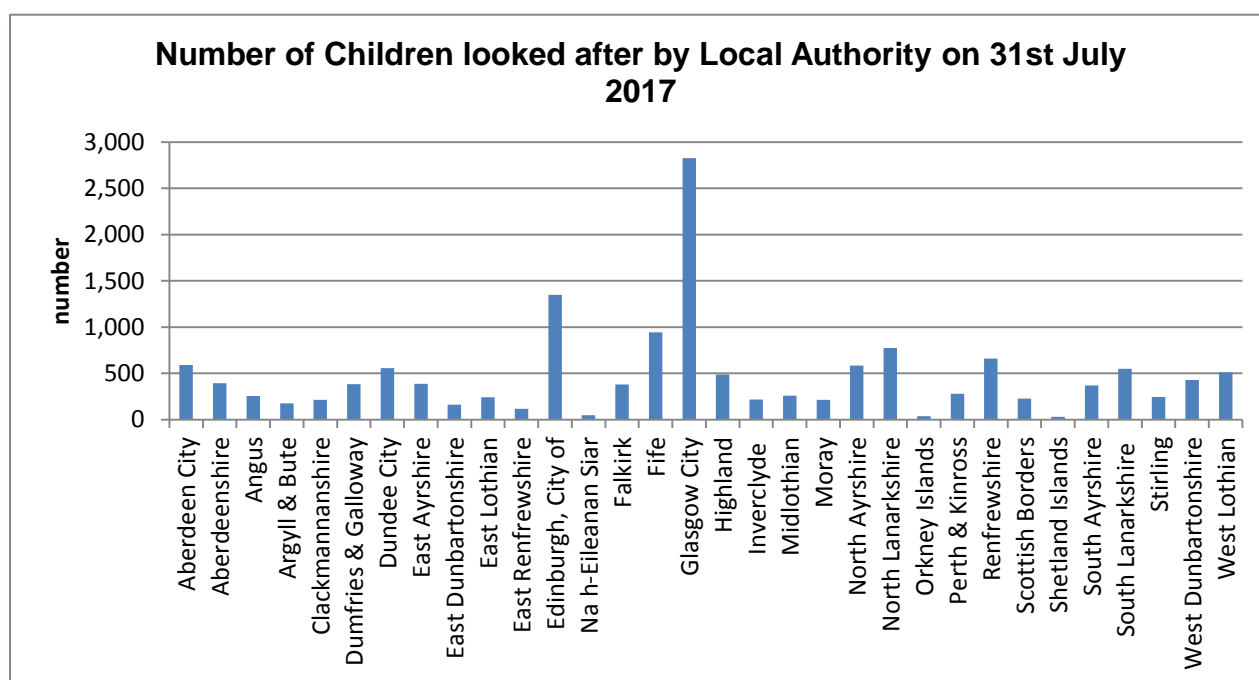
In West Dunbartonshire between 1st August 2016 and 31st July 2017 there were 429 children looked after by the local authority.

Figure 32 Rate per 1000 Children Looked After by the Local Authority 2010 to 2016



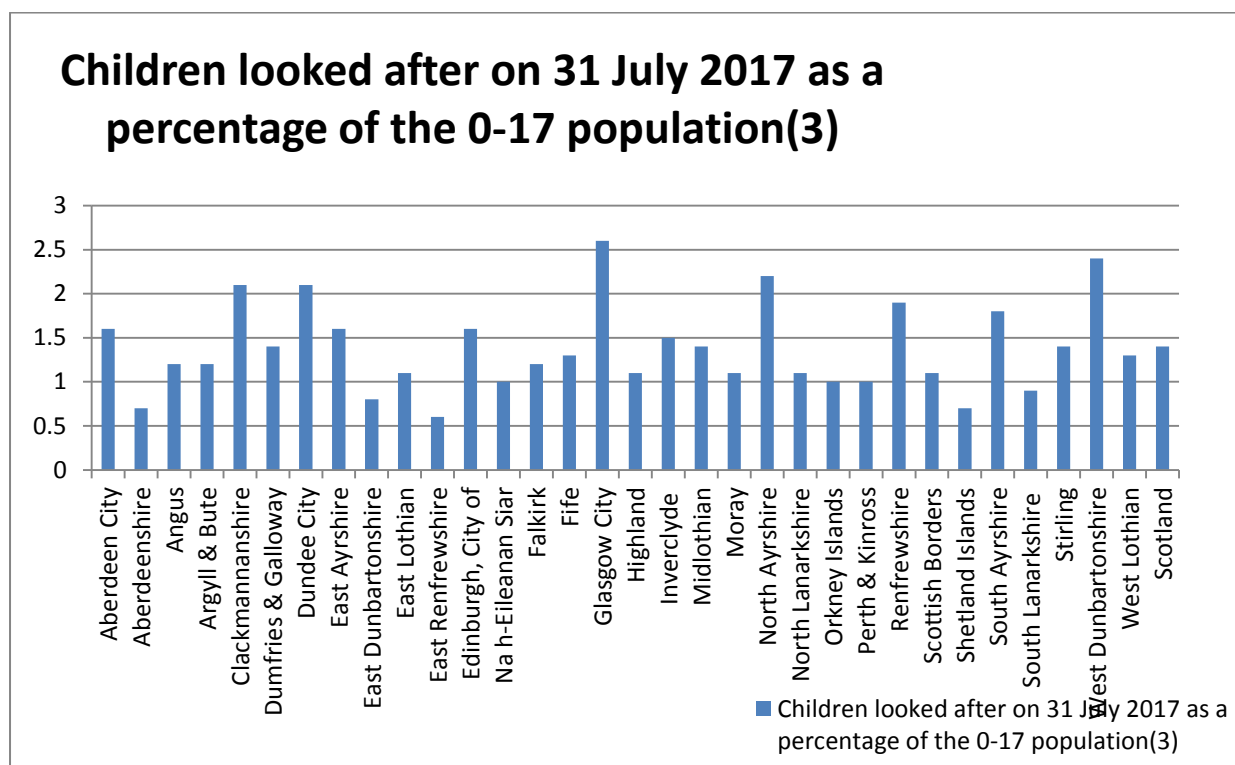
Source ScotPHO [Online Profiles Tool](#)

Figure 33 Number of Children Looked After by Local Authority on 31st July 2017



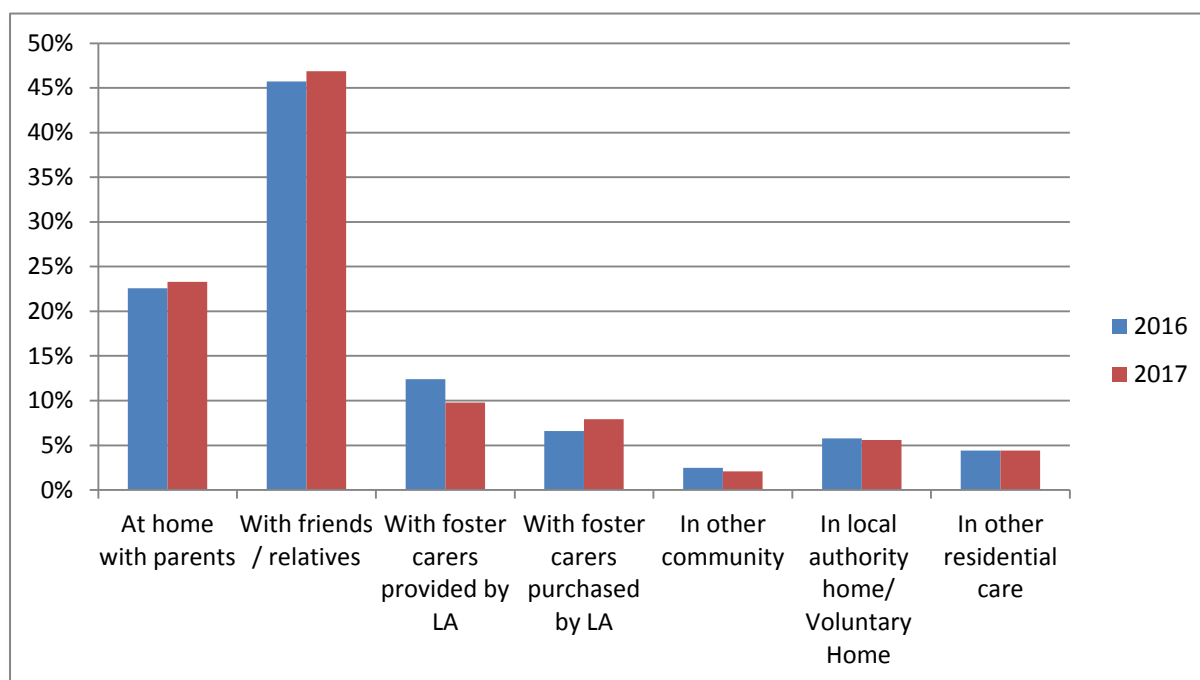
Source [Scottish Government Children's Social Work Statistics 2018](#)

Figure 34 Rate of Children Looked After by Local Authority on 31st July 2017 as a percentage of all children aged 0-17



Source [Scottish Government Children's Social Work Statistics 2018](#)

Figure 35 Proportion of Children Looked After in West Dunbartonshire by Type of Accommodation in 2016 and 2017



Source [Scottish Government Social Work Statistics 2017](#)

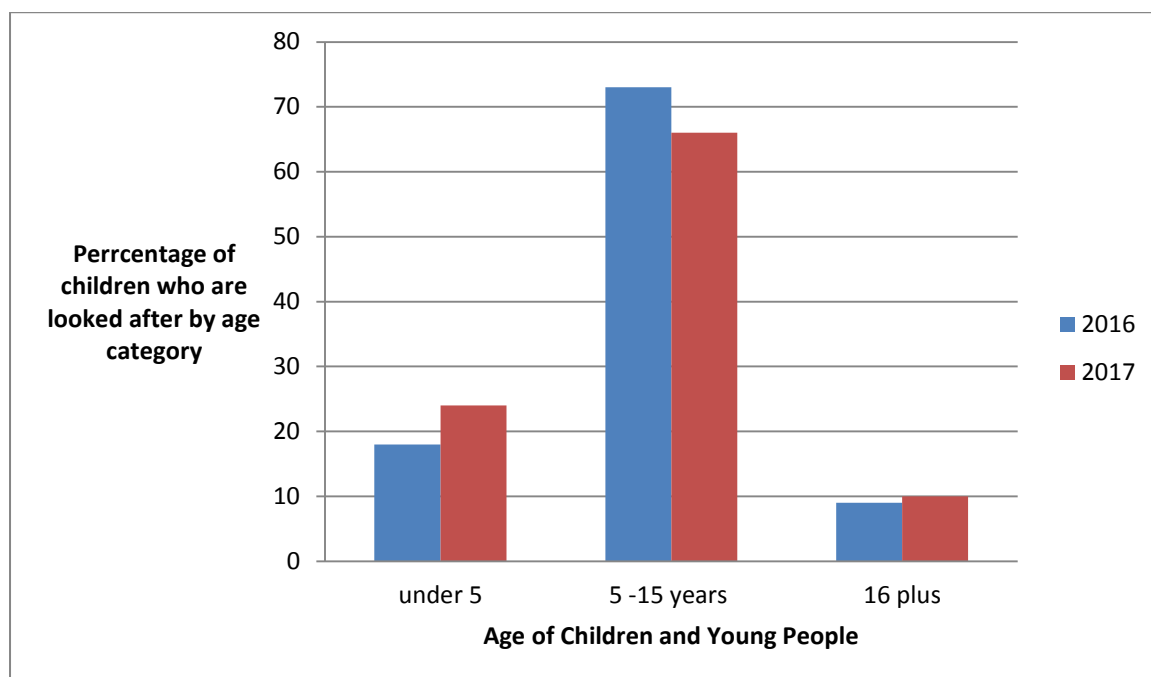
In 2016 the total number of children looked after in West Dunbartonshire was 363. In 2017 the total number of children looked after was 429.

The proportion of children who are looked after in each setting were very similar across both years with 70% of all children who were looked after, being looked after with friends or relatives or at home with parents.

The gender of looked after children is broadly similar in 2016 and 2017 with 53% of those looked after being male (54% in 2016) and 47% being female (46% in 2016).

Source: [Scottish Government Social Work Statistics 2017](#)

Figure 36 Age of Children Looked After in West Dunbartonshire in 2016 and 2017

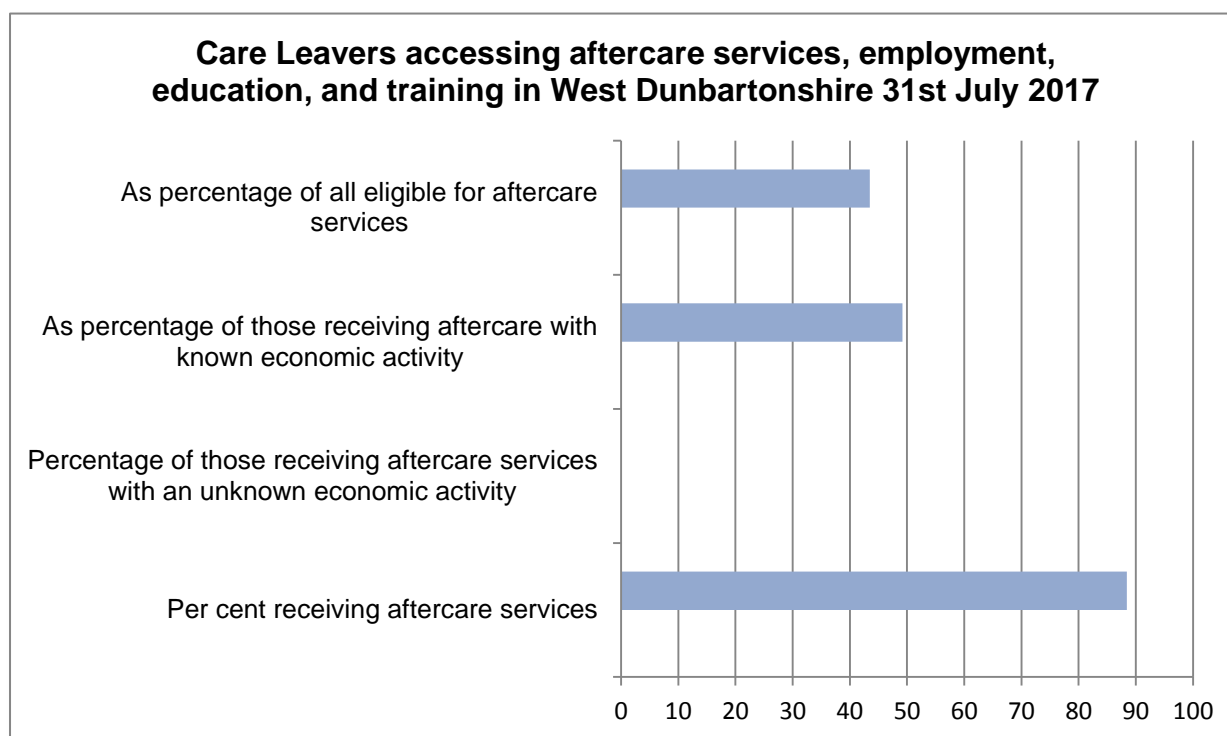


Source [Scottish Government Social Work Statistics 2017](#)

The proportion of children who are looked after aged under 5 has increased from 18% in 2016 to 24% in 2017.

There were 24 care leavers in West Dunbartonshire beyond minimum school leaving age in 2016-17. 100% had a pathway plan, and 93% had a pathway coordinator. A pathway plan sets out the support that will be provided to the care leaver once they have left care, and is based on an individual Needs Assessment.

Figure 37 Care Leavers in West Dunbartonshire accessing aftercare services, in employment, education or training.



Source [Scottish Government Children's Social Work Statistics 2018](#)

There were 69 young people eligible for aftercare services in West Dunbartonshire in July 2017. 88% of these young people were receiving aftercare services. 49% received aftercare with a known economic activity. There were no care leavers with an unknown economic activity.

5.1.3 Domestic Abuse

5.1.3.1 Police Scotland Domestic Abuse Statistics for West Dunbartonshire 2016 – 17

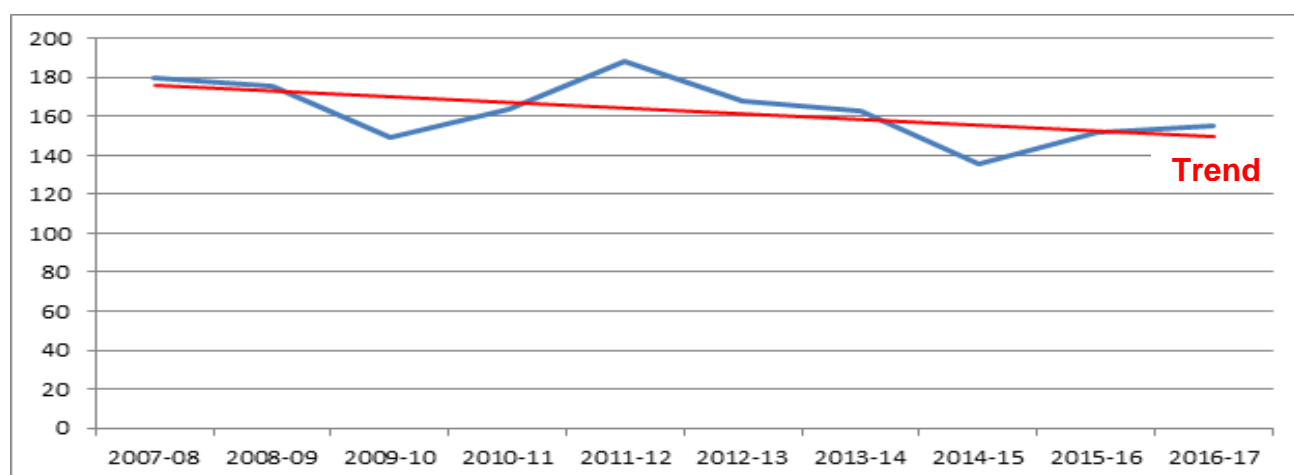
The following tables and figures put into context the most recent statistics on West Dunbartonshire Domestic Abuse Incidents per Police Scotland 2016-17.

Table 5 Number of domestic abuse incidents per 10,000 population 2007-8 till 2016-17

Domestic Abuse Incidents West Dunbartonshire Rate per 10,000 population									
2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
180	176	150	164	189	168	163	136	152	155

Source [Scottish Government Crime and Justice Statistics](#)

Figure 38 Number of Domestic Abuse Incidents per 10,000 population 2007-8 till 2016-17



Source [Scottish Government Crime and Justice Statistics](#)

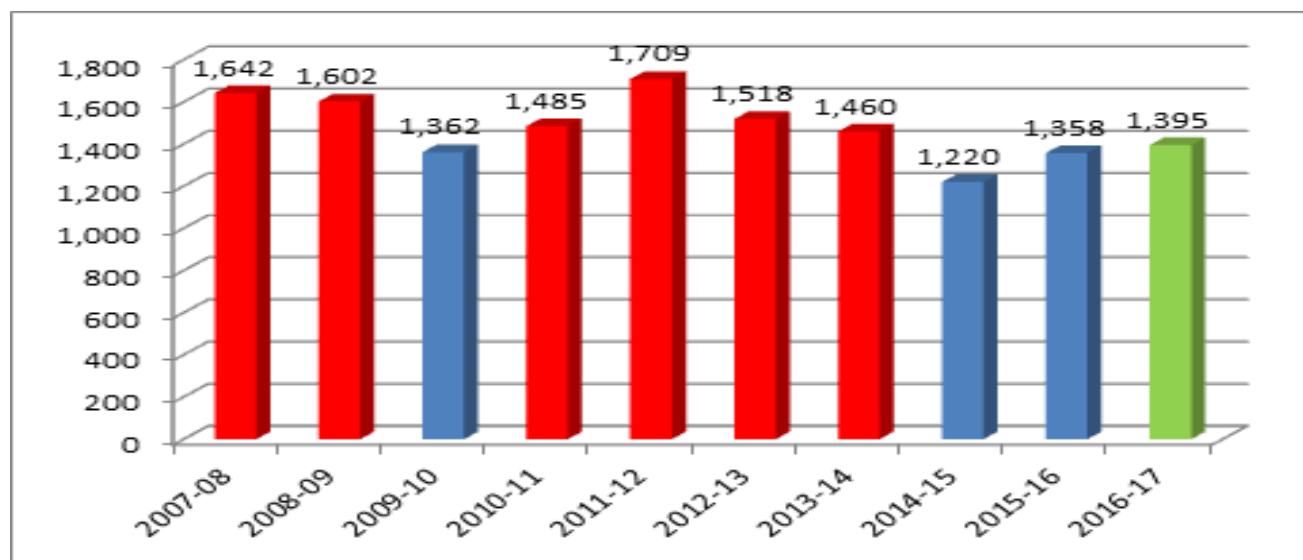
Table 6 Actual Number of Domestic Abuse Incidents West Dunbartonshire 2007-8 till 2017-18

Total Domestic Abuse Incidents West Dunbartonshire

2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
1,642	1,602	1,362	1,485	1,709	1,518	1,460	1,220	1,358	1,395

Source [Scottish Government Crime and Justice Statistics](#)

Figure 39 Actual Number of Domestic Abuse Incidents West Dunbartonshire 2007-8 to 2017-18



Source [Scottish Government Crime and Justice Statistics](#)

Key to figure. Red columns represent years where the actual number is higher than the current year (2016-17). Blue columns represent the years that the actual number is lower than the current year. Green column is the current year statistics.

Whilst the number of incidents per 10,000 population reflects a rise of 14% in the last 3 years, the trend over the 10 year period reported remains generally downward.

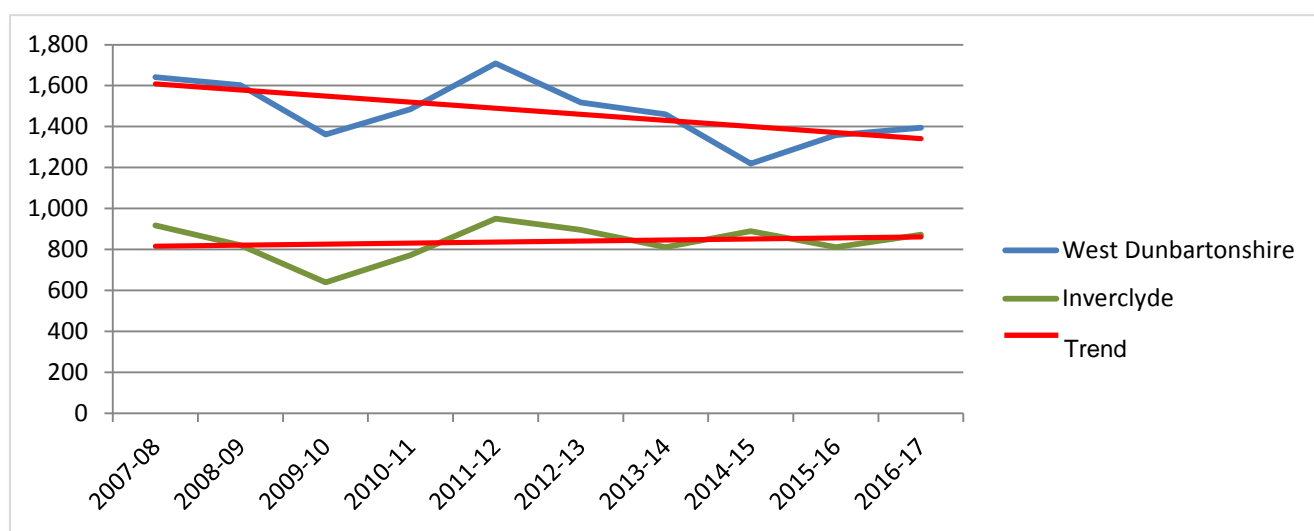
There have been 6 years out of the last 9 where the total number of incidents has been higher than the current year (2016-17) and 3 years where the figure has been lower.

Between 2014/15 and 2016/17 there has been a 14% increase in actual numbers of domestic abuse incidents in West Dunbartonshire.

The 10 years average is 1475 per year. The current year is below the 10 year average at 1395 (-5%).

The following figure reflects a comparison with Inverclyde incidents over the same period.

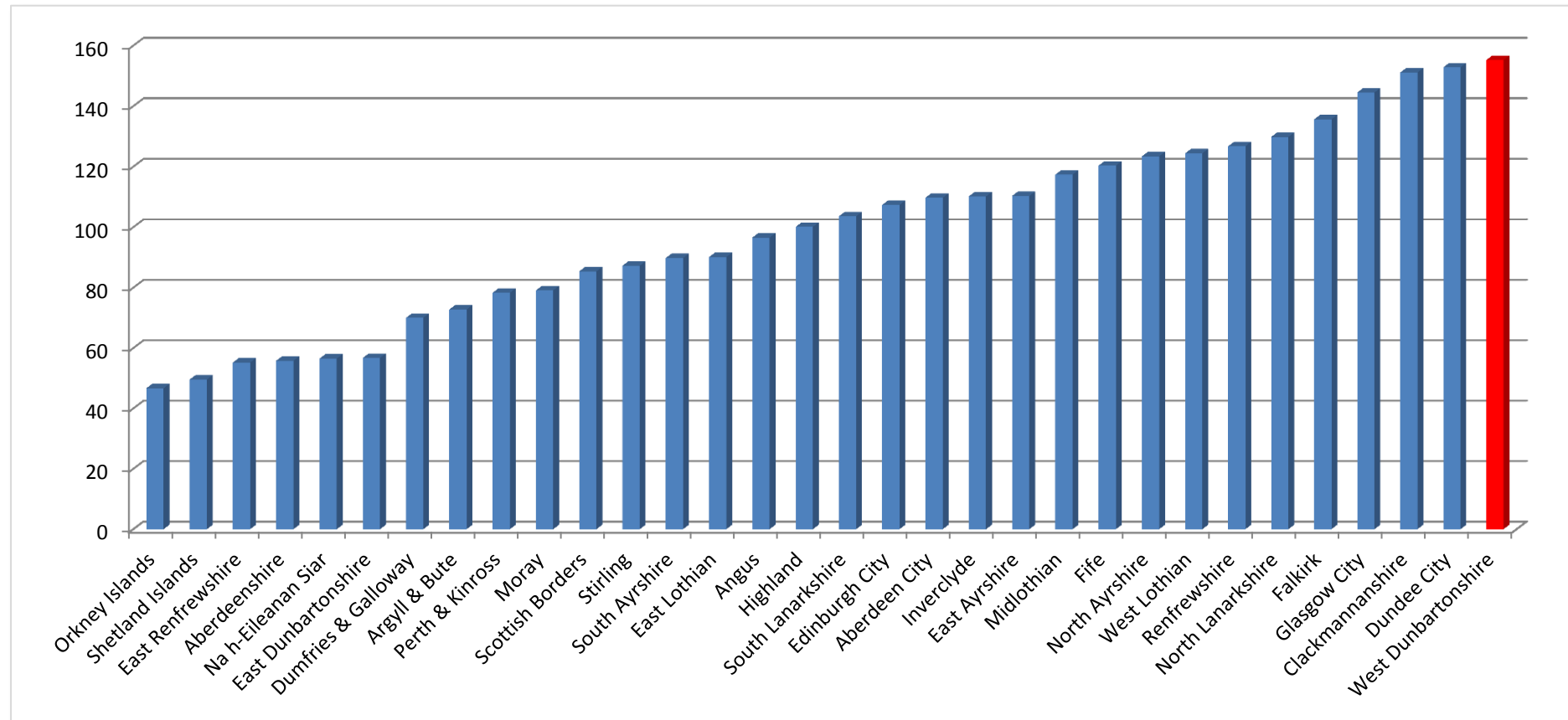
Figure 40 Comparison Chart – Inverclyde and West Dunbartonshire 2007-8 till 2016-17



Source [Scottish Government Crime and Justice Statistics](#)

Whilst Inverclyde has a lower number of incidents received per year the trend in the total number of incidents for West Dunbartonshire is generally downward whilst Inverclyde is slightly rising. The West Dunbartonshire rate of decrease is greater than Inverclyde's rate of increase.

Figure 41 Rate of incidents of domestic abuse recorded by the police per 10,000 population, by local authority 2016-17



Source [Scottish Government Crime and Justice Statistics](#)

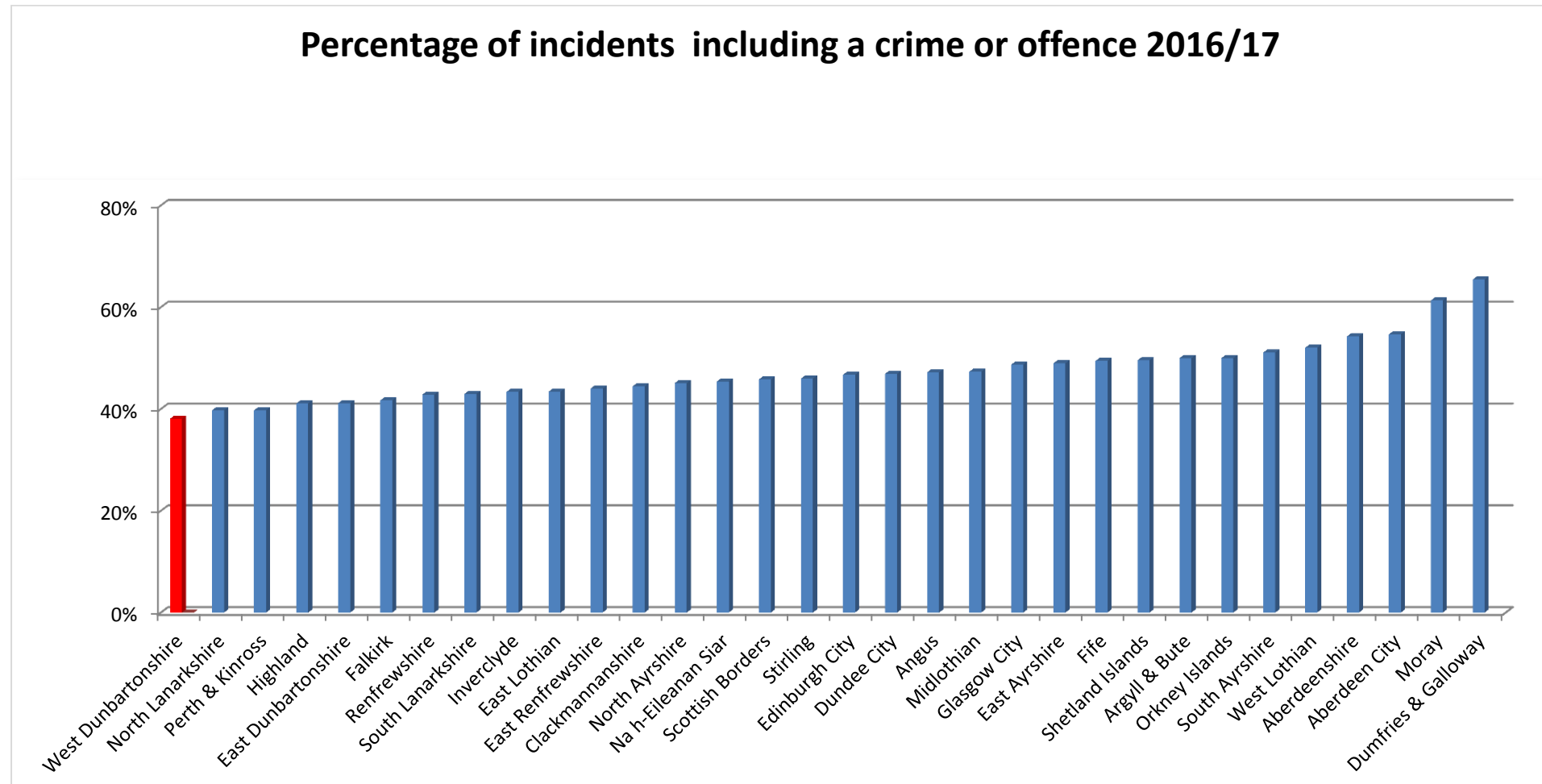
Table 7 West Dunbartonshire incidents per 10,000 population 2007-8 -2016-17

Number of incidents per 10000 population

2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
180	176	150	164	189	168	163	136	152	155

Source [Scottish Government Crime and Justice Statistics](#)

Figure 42 Percentage of incidents of domestic abuse including a crime or offence, by local authority 2016-17



Source [Scottish Government Crime and Justice Statistics 2017](#)

5.1.3.2 Children affected by Domestic abuse Early and Effective Intervention (EEI DA Process)

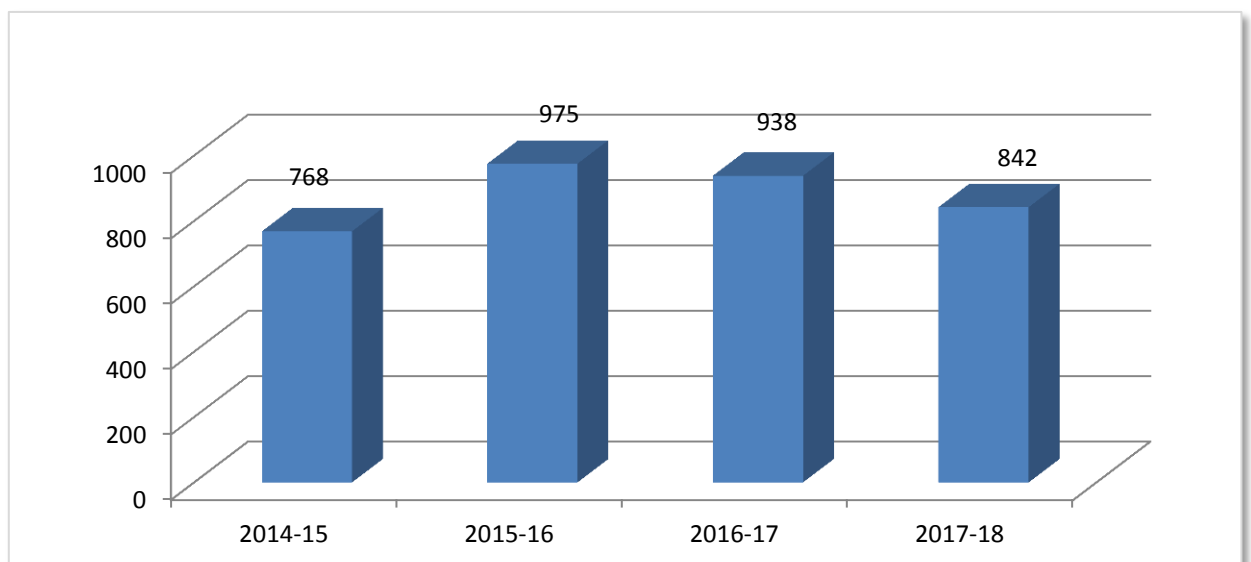
The EEI Domestic abuse process uses information from Police Scotland systems on domestic abuse incidents reported to them where children are present in the household.

The process allows multi agency reviews to be carried out and recorded on Care First

All Domestic Abuse incidents may involve a number of individuals including a victim, a perpetrator and children of either party involved. All 'individuals' are recorded however. Each incident is recorded on the child's record with cross reference to the involved adult file. This results in the perpetrator or victim being noted on each record of the incident.

Between 1st April 2017 and 31st March 2018, a total of 842 incidents of Domestic Abuse were considered via the EEI DA process. In 2014-15 a total of 768 incidents were considered and in 2015-16 the figure was 975 and 2016-17 there were 938 incidents reported. The 2017-18 figure equates to a 10% decrease on last years figure and the trend over the last 3 years continues downward.

Figure 43 Annual Domestic Abuse figures 2014 – 18 West Dunbartonshire where children are affected



Source Carefirst

The table below shows the number of people affected by Domestic Abuse incidents 2014-2018 and assumes, for reporting purposes, there is at least 1 victim and 1 perpetrator per incident. These figures contain the total number of children affected.

Table 8 Number of People Involved in Domestic abuse incidents affecting children 2014 – 2018. (Note People = victim, perpetrator and children affected)

	Total People	Annual difference from previous year	% difference from previous year
2014 - 15	3213	Not available	
2015 - 16	3927	+714	+22%
2016 – 17*	3648	-279	-7%
2017 - 18	3354	-294	-8%

Source Carefirst

The figures show that there was a fall in the number of people affected a difference of 8% on 2016-17 figures. These figures would be consistent with the fall in the number of incidents 2017-2018.

Figure 44 Number of People Involved in Domestic abuse incidents affecting children 2014 – 2018

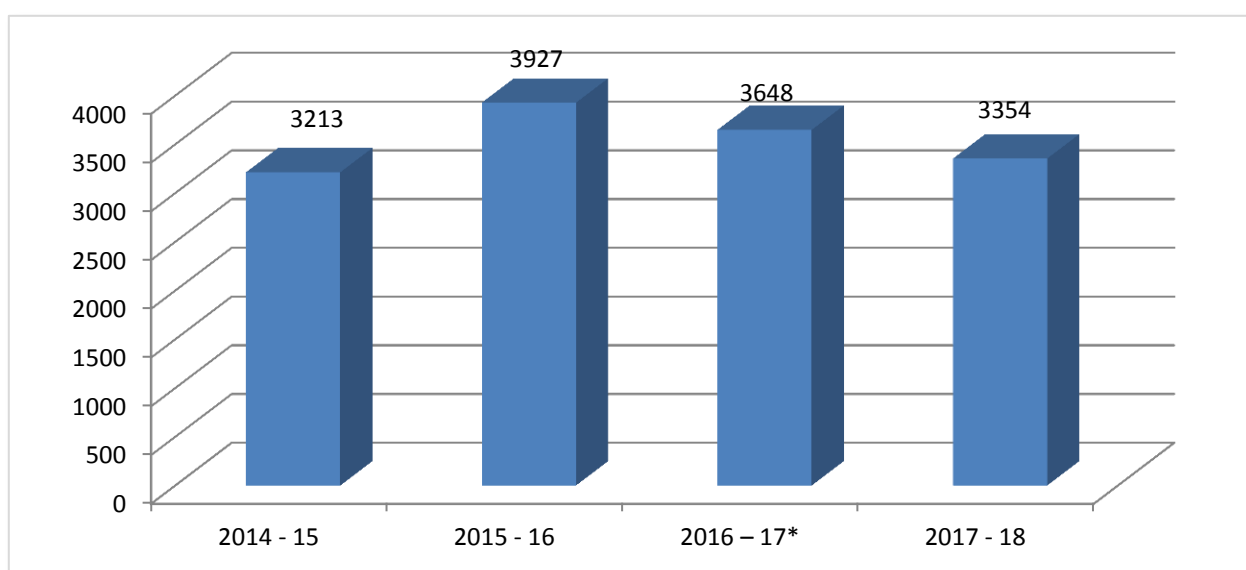
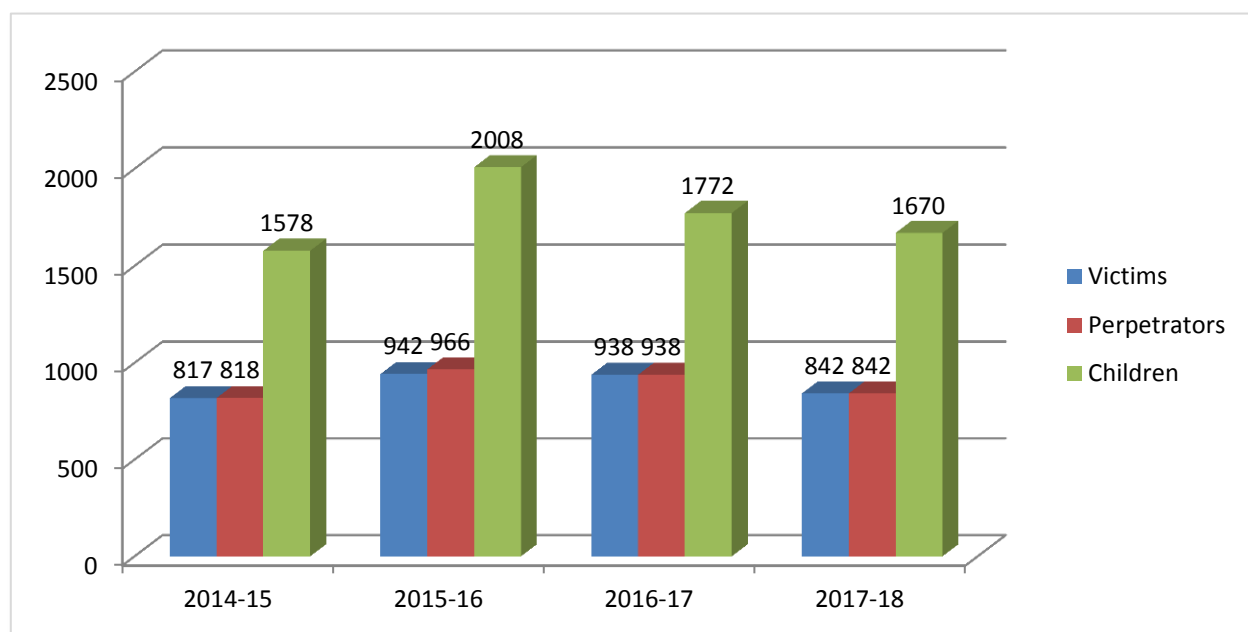


Figure 45 Breakdown of those involved in Domestic Abuse incidents per role 2014-2018



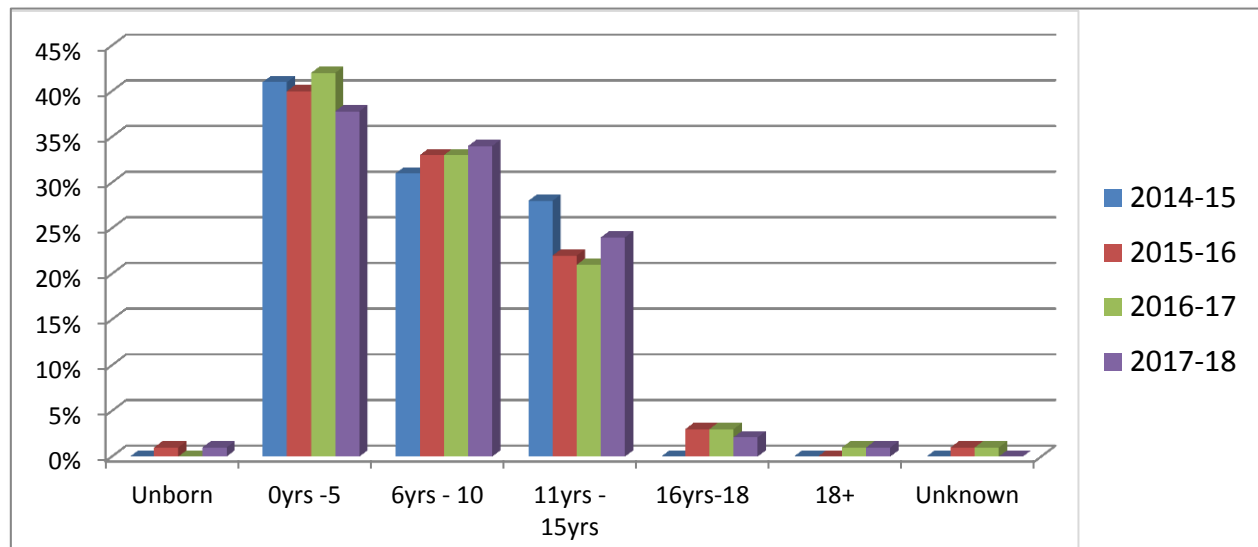
The total number of children affected by a domestic abuse incident in 2017-18 was 1670 reflecting a fall of approximately 6% on last year's figure of 1772. This compares with 2008 children affected in 2016-17 and 1578 in 2014-15. This figure includes children that were affected by repeat incidents throughout the year.

The total number of children affected being 1670 in 2017-18 and the unique number of children affected in the same year being 988 (unique Carefirst ID) reflects the level of repeat incidents.

The average number of people involved per incident remains at 4 (victim, perpetrator and 2 children).

The breakdown of the age of the children involved is illustrated below.

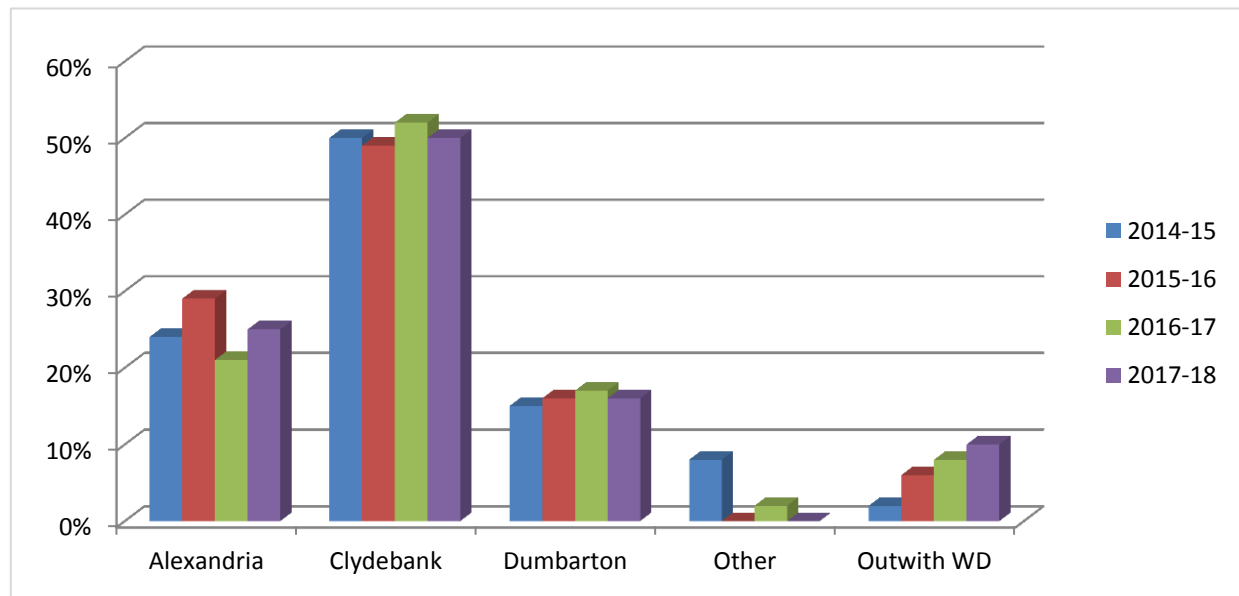
Figure 46 Percentage of children affected by Domestic Abuse Incidents by age 2014-2018



Source Carefirst

The highest percentage of children affected by domestic abuse incidents is in the age range 0-5 years. This has consistently been the case over the period 2014-18. Whilst the 0-5 years figure reflects a decrease, 6-10 years and 11-15 years shows almost a comparative increase.

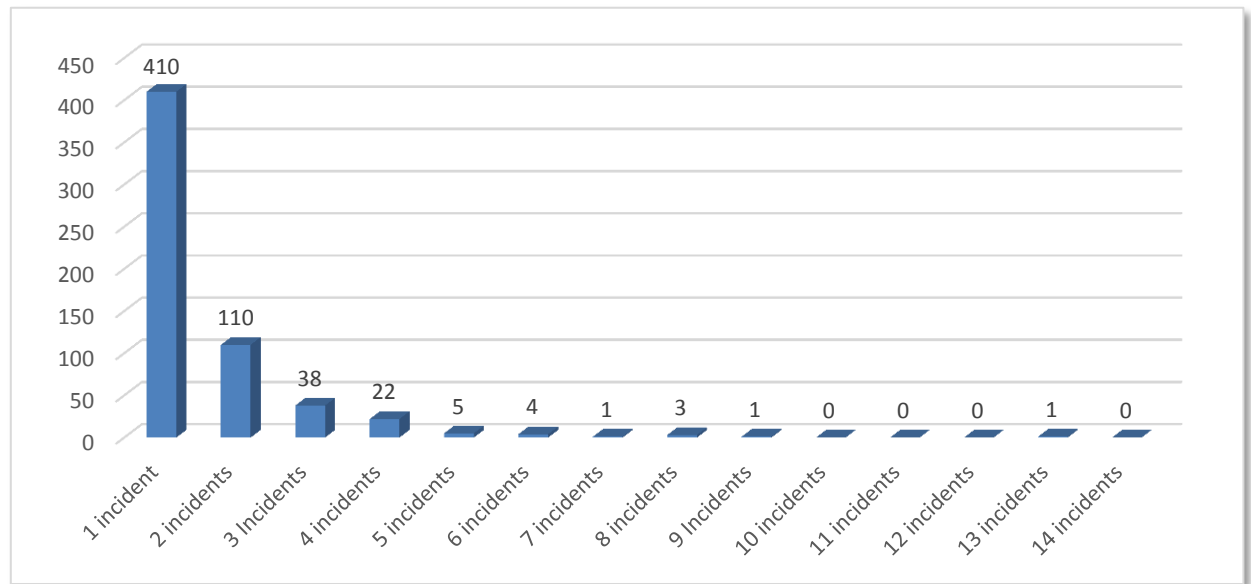
Figure 47 Percentage of Incidents 2014 – 2018 per geographical location



Source Carefirst

The proportion of domestic abuse incidents has a geographical difference whereby Clydebank has around 50% of the domestic abuse incidents in the early and effective intervention (EEI) process compared to Alexandria and Dumbarton which have a total of around 41%. The population is broadly similar across both localities.

Figure 48 Number of Victims and Number of Incidents 2017-2018



Whilst there are estimated to be 842 victims based on 842 incidents detailed investigation shows 595 unique identified victims with the following breakdown of the number of incidents during the 2017-18 period.

Figure 49 Outcomes and Stages 2016-2018

The following charts reflect the number of children being processed via each stage of the EEI DA process and the decisions taken at each stage. The total number of unique children entering the EEI DA process is noted in the table below

Stage 1 figures. This is the initial stage where all incidents reported are considered.

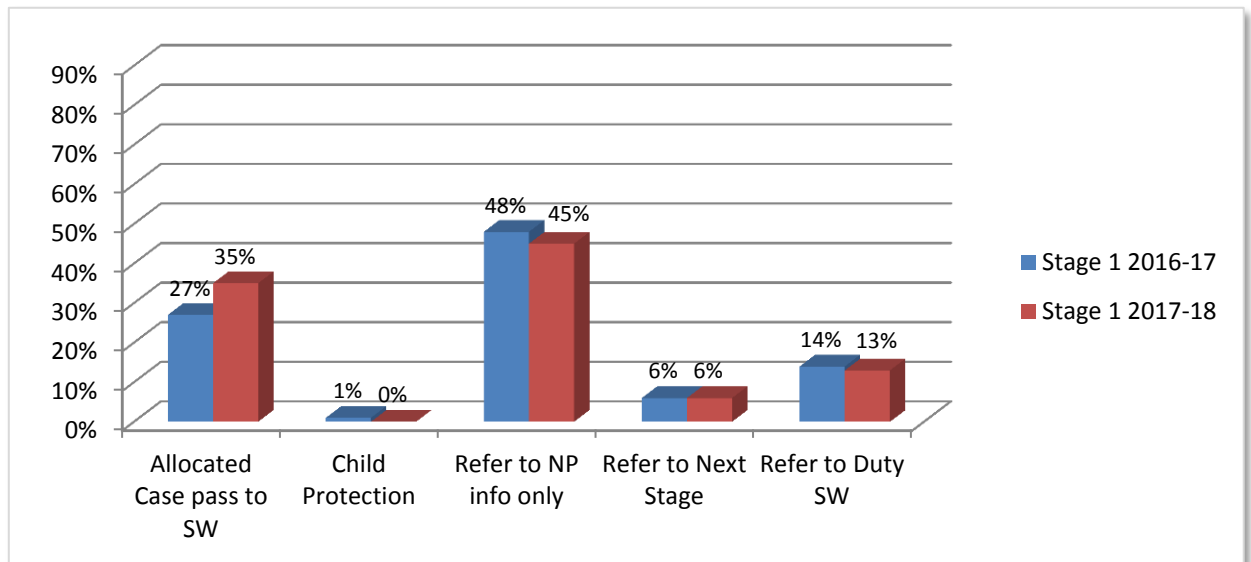


Figure 50 Stage 2 figures. This is cases that were carried forward from stage 1.

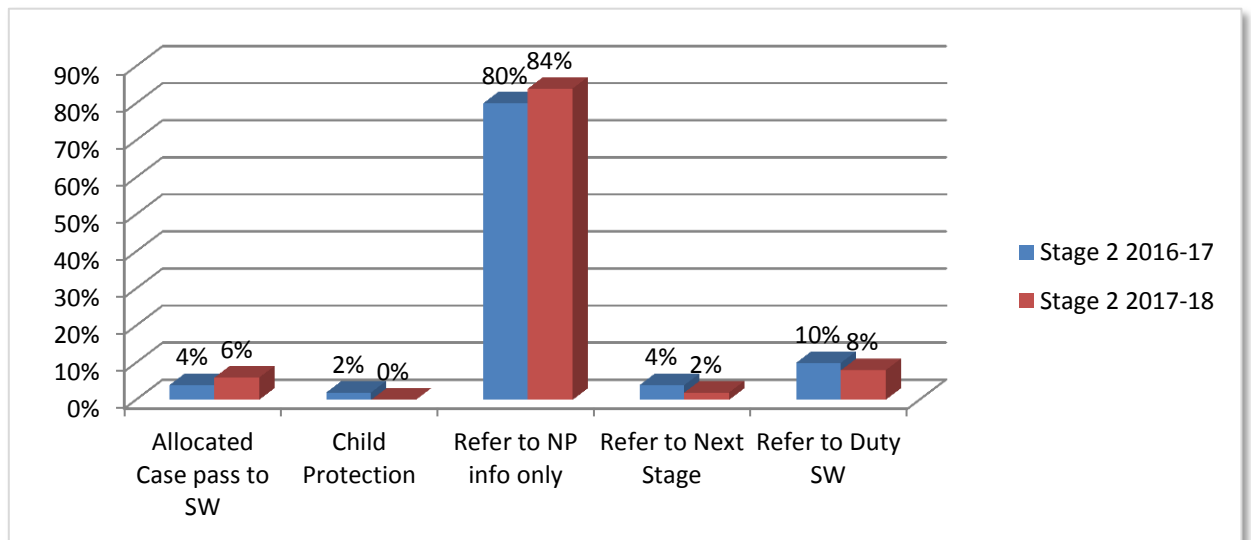


Table 9 Overall stage and Outcome figures 2016-2018

Outcome	Stage 1 2016-17	Stage 2 2016-17	Stage 1 2017-18	Stage 2 2017-18
Allocated Case pass to Social work	27%	4%	35%	6%
Child Protection	1%	2%	0%	0%
Refer to Named Person info only	48%	80%	45%	84%
Refer to Next Stage	6%	4%	6%	2%
Refer to Duty Social Worker	14%	10%	13%	8%

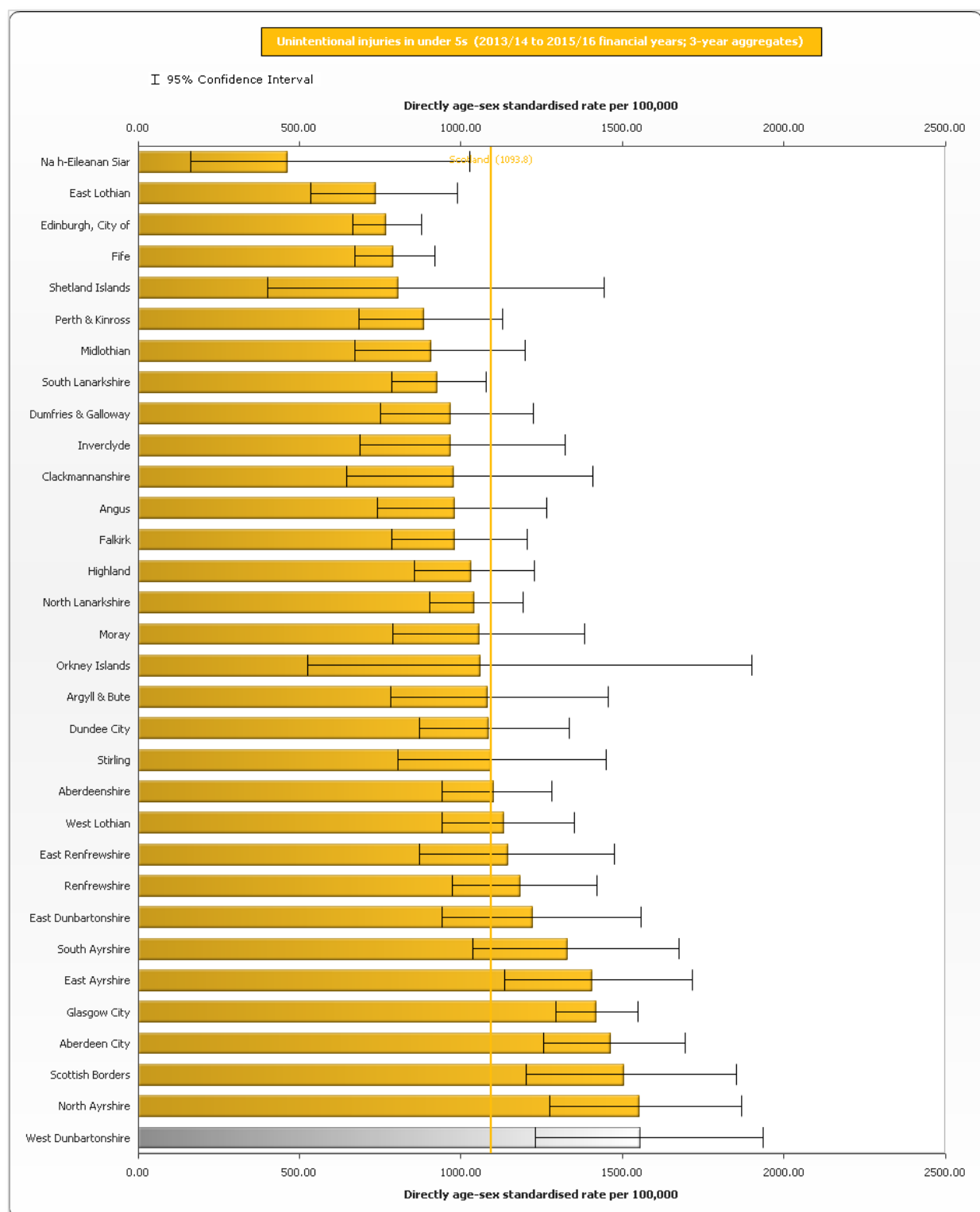
Table 10 Number and % of Children progressing to next stage as percentage of previous stage 2016-2018

	2016-17	Percentage of previous stage	2017-18	Percentage of previous stage
Stage 1	1653	100%	1668	100%
Stage 2	134	8%	86	5%
Stage 3	7	5%	2	2%

Between 92% (2016-17) and 95% (2017-18) of children undertaking the EEI DA process do not reach stage 2. In stage 2 somewhere between 5% (2016-17) and 2% (2017-18) reach Stage 3 where a detailed multi-agency discussion is needed. Other cases exiting the process earlier may be subject to multi-agency consideration via case conferences or Team around the Child meetings.

5.1.4 Unintentional Injuries in Under Fives

Figure 51 Unintentional Injuries in under 5s (2013/14 to 2015/16)

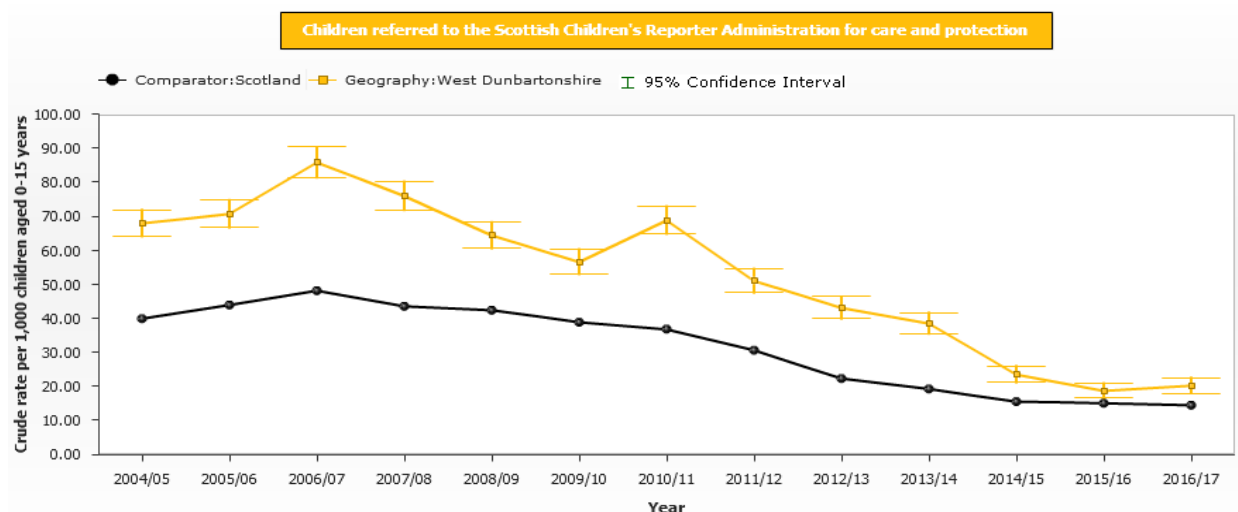


Source ScotPHO [Online Profiles Tool](#)

West Dunbartonshire has more unintentional injuries in under 5s than any other Local Authority in Scotland. There were 1093.8 unintentional injuries per 100,000 under 5s across Scotland, compared to 1553.5 per 100,000 in West Dunbartonshire.

5.1.5 Children Referred to the Scottish Children's Reporter Administration

Figure 52 Children Referred to the Scottish Children's Reporter Administration for Care and Protection in West Dunbartonshire and Scotland

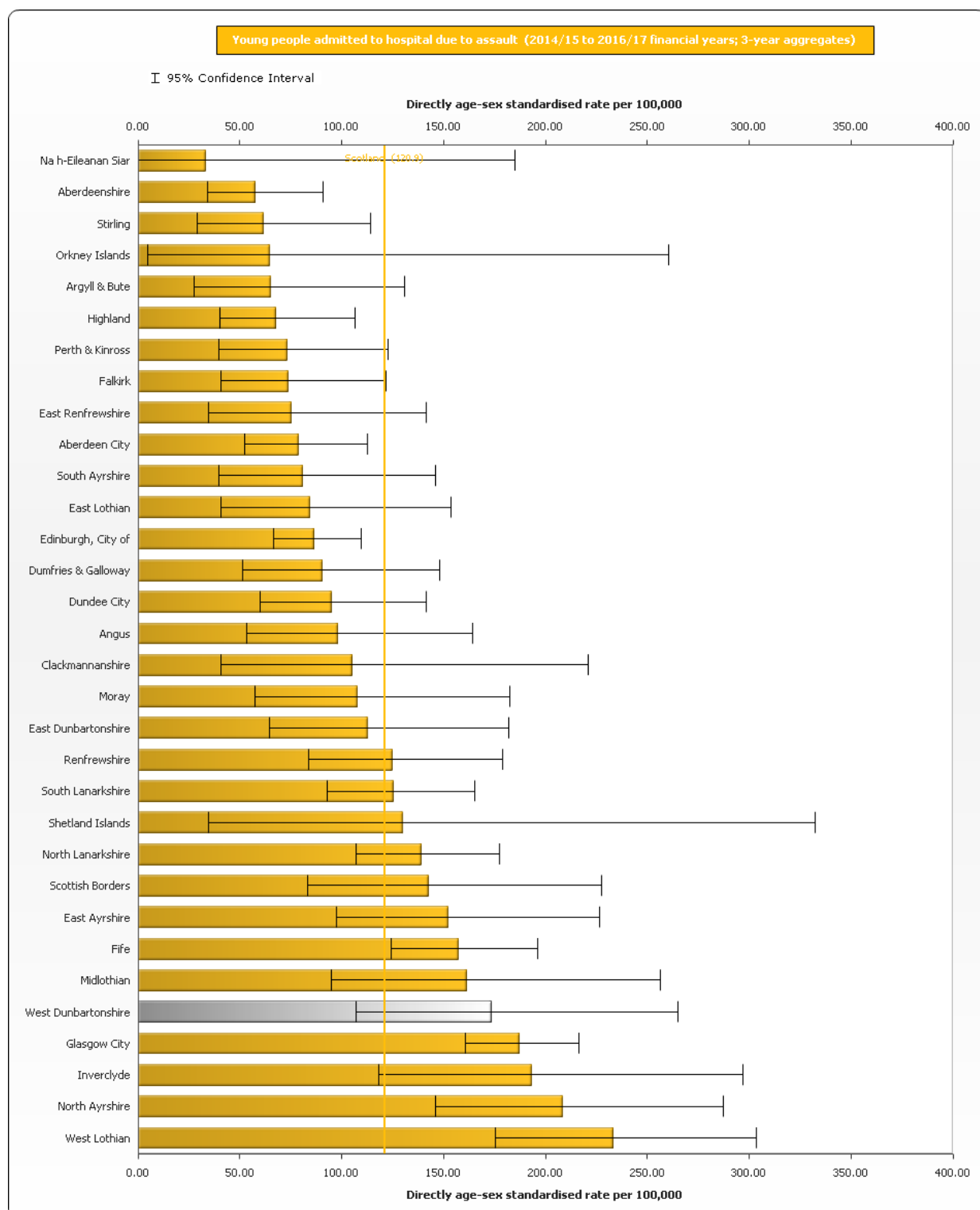


Source ScotPHO [Online Profiles Tool](#)

The figure shows the rate of children aged 0-15 years in West Dunbartonshire referred for Care and Protection between 2004 and 2017 compared to Scotland. West Dunbartonshire has a higher number of referrals than Scotland. The rates dropped from 85.78 per 1,000 children in 2006/07 to 18.65/1,000 in 2015/16. 2017/18 saw a small increase.

5.1.6 Young People Admitted to Hospital Due to Assault

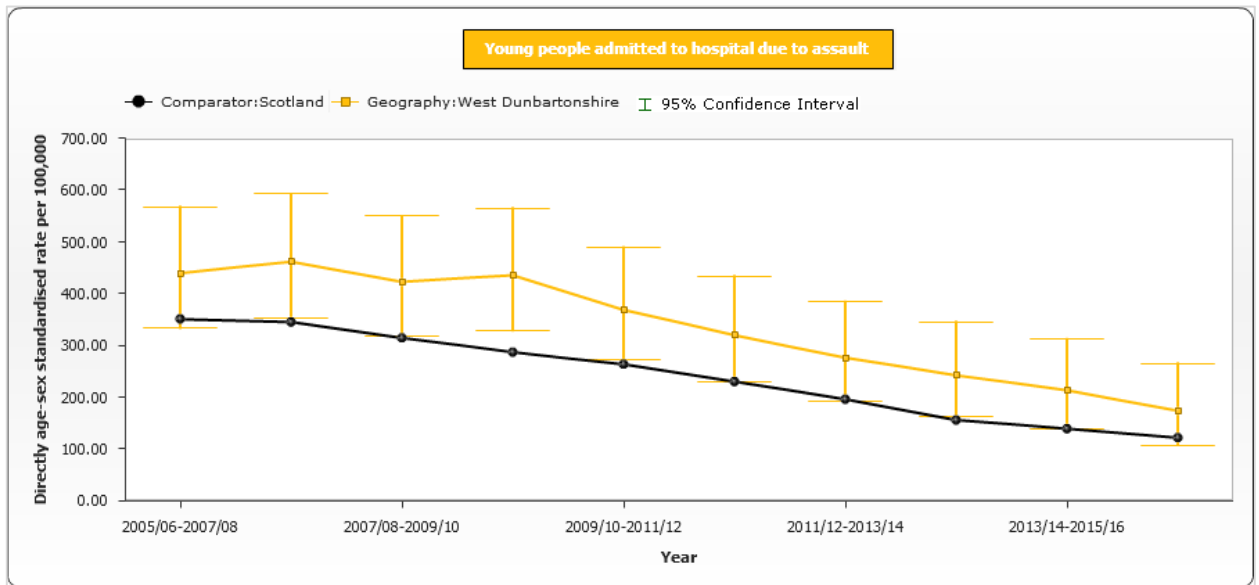
Figure 53 Young People Admitted to Hospital Due to Assault by Local Authority



Source ScotPHO [Online Profiles Tool](#)

During the time period 2014/15 to 2016/17, West Dunbartonshire had a higher rate of hospital admissions due to assault than most other local Authorities. The rate was higher only in Glasgow City, Inverclyde, North Ayrshire, and West Lothian.

Figure 54 Young People Admitted to Hospital Due To Assault in West Dunbartonshire and Scotland

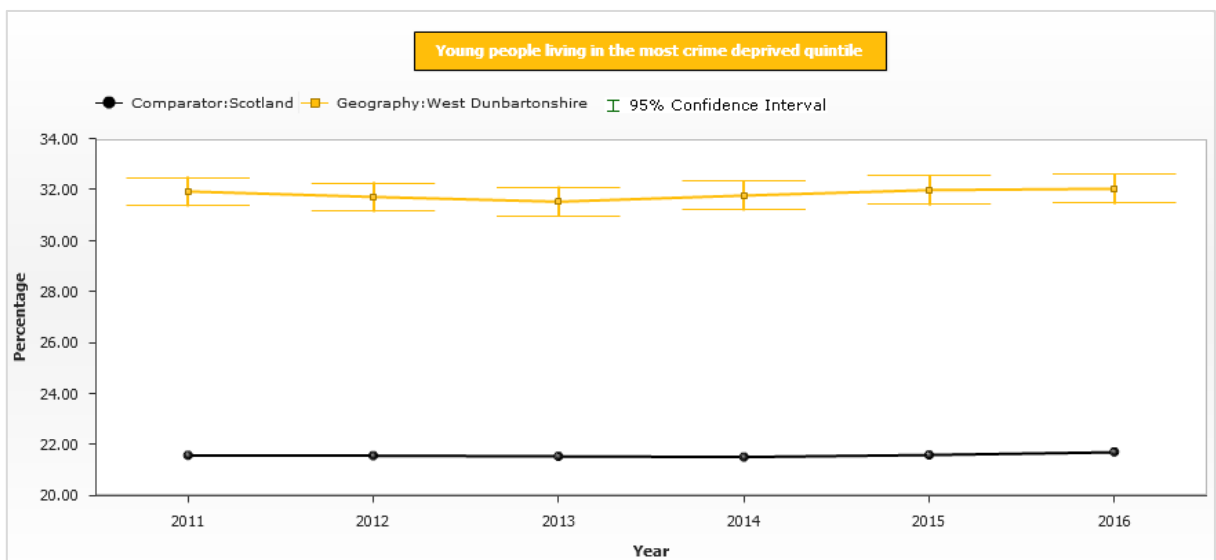


Source ScotPHO [Online Profiles Tool](#)

The rate of young people per 100,000 admitted to hospital due to assault in West Dunbartonshire has fallen over time since 2005. There is a similar pattern across Scotland, but West Dunbartonshire figures are higher than Scotland as a whole.

5.1.7 Young People Living in the Most Crime Deprived Quintile

Figure 55 Young People Living in the Most Crime Deprived Quintile



Source ScotPHO [Online Profiles Tool](#)

32% of young people live in the most crime deprived quintile in West Dunbartonshire. This is statistically significantly higher than the figure for Scotland as a whole (21.6%).

5.1.8 Safe Key Findings

Key findings

West Dunbartonshire has

- An increasing rate of children on the child protection register (4.5 children per 1,000 up from 1 per 1000 population in 2015) which is the third highest rate per population of Child protection registrations in 2017.
- A downward trend for the proportion of Children Referred to the Scottish Children's Reporter Administration for Care and Protection
- Seen an increase in the number of children looked after between 2016 and 2017. In 2017 the majority (70%) of all children who were looked after are being looked after with friends or relatives or at home with parents.
- The highest rate of incidents of domestic abuse recorded by the police per 10,000 population, by local authority 2016-17 with the lowest percentage of incidents of domestic abuse including a crime or offence, by local authority 2016-17.
- A slightly smaller number of children involved in the Domestic Abuse Early and Effective intervention process than in previous years. With around 40% of the children affected by domestic abuse incidents being aged under 5.
- The highest rate of unintentional injuries of under 5s in Scotland.
- 32% of young people live in the most crime deprived quintile in West Dunbartonshire compared to 21.6% for Scotland.

5.2 Healthy

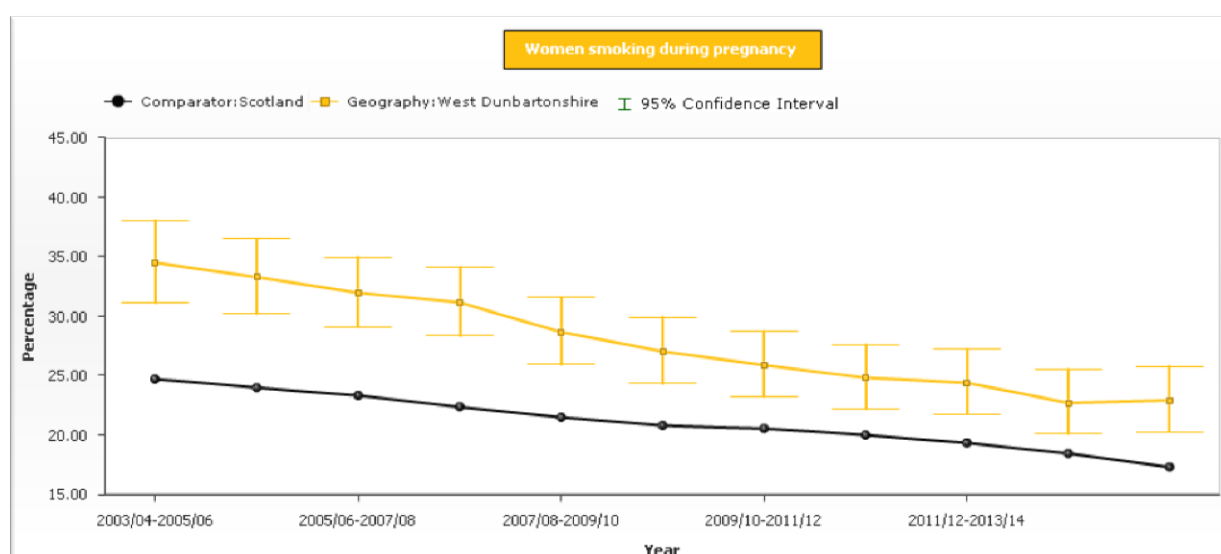


Healthy

Defined as 'Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices'
[GIRFEC Scottish Government 2014](#)

5.2.1 Smoking in pregnancy

Figure 56 Women Smoking During Pregnancy



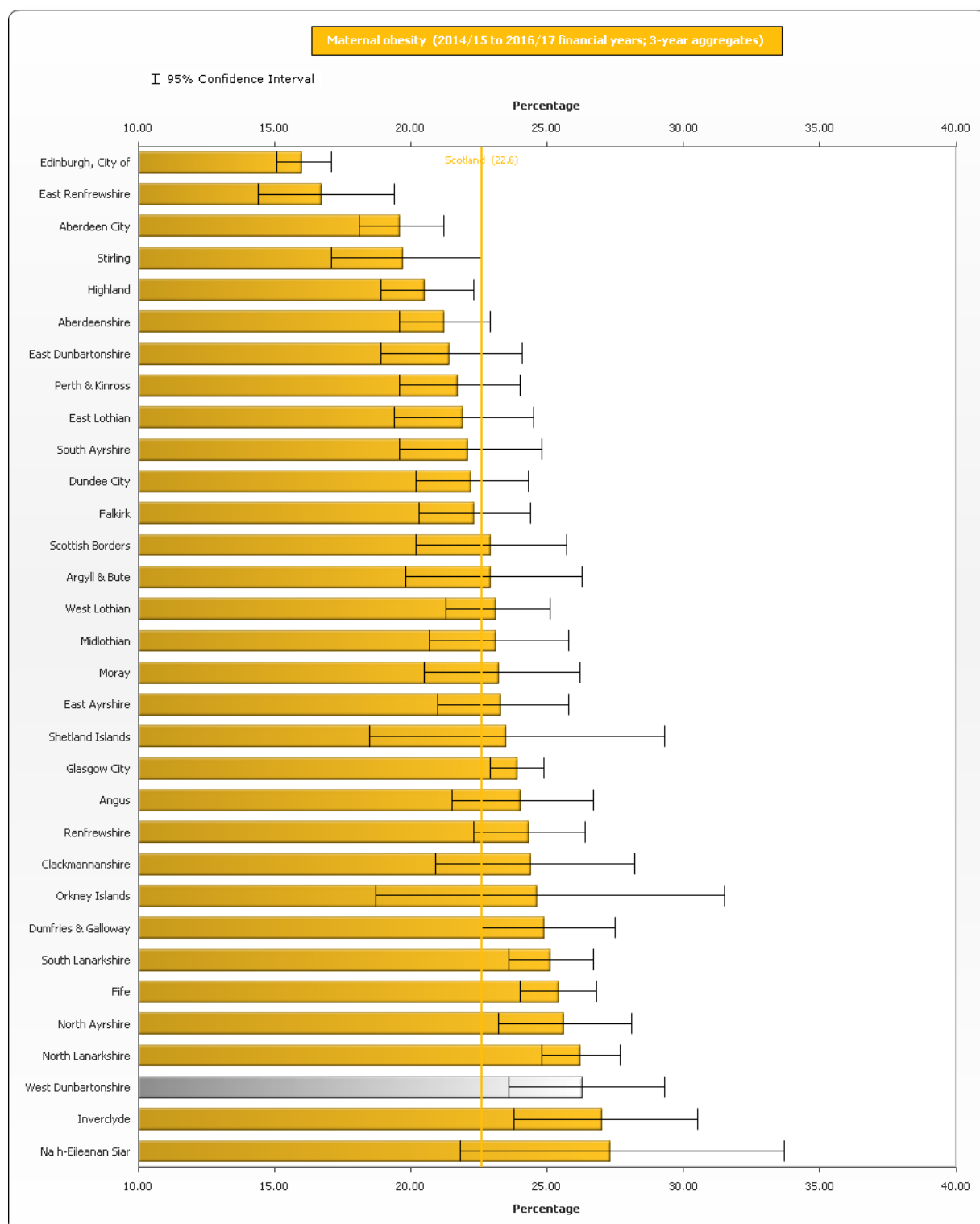
Source ScotPHO [Online Profiles Tool](#)

The percentage of women smoking during pregnancy has fallen over time from 34% in 2003/2004 to 23% in 2015/16. In comparison, Scotland has fallen from 24% to 17% over the same time period.

In 2018 NHGGC will roll out financial incentives for smoking cessation in pregnancy based on the positive results in the randomised controlled trial study carried out in 2013 in NHSGGC. ([British Medical Journal \(BMJ\) 2015](#))

5.2.2 Maternal Obesity

Figure 57 Maternal Obesity 2014/15 – 2016/17

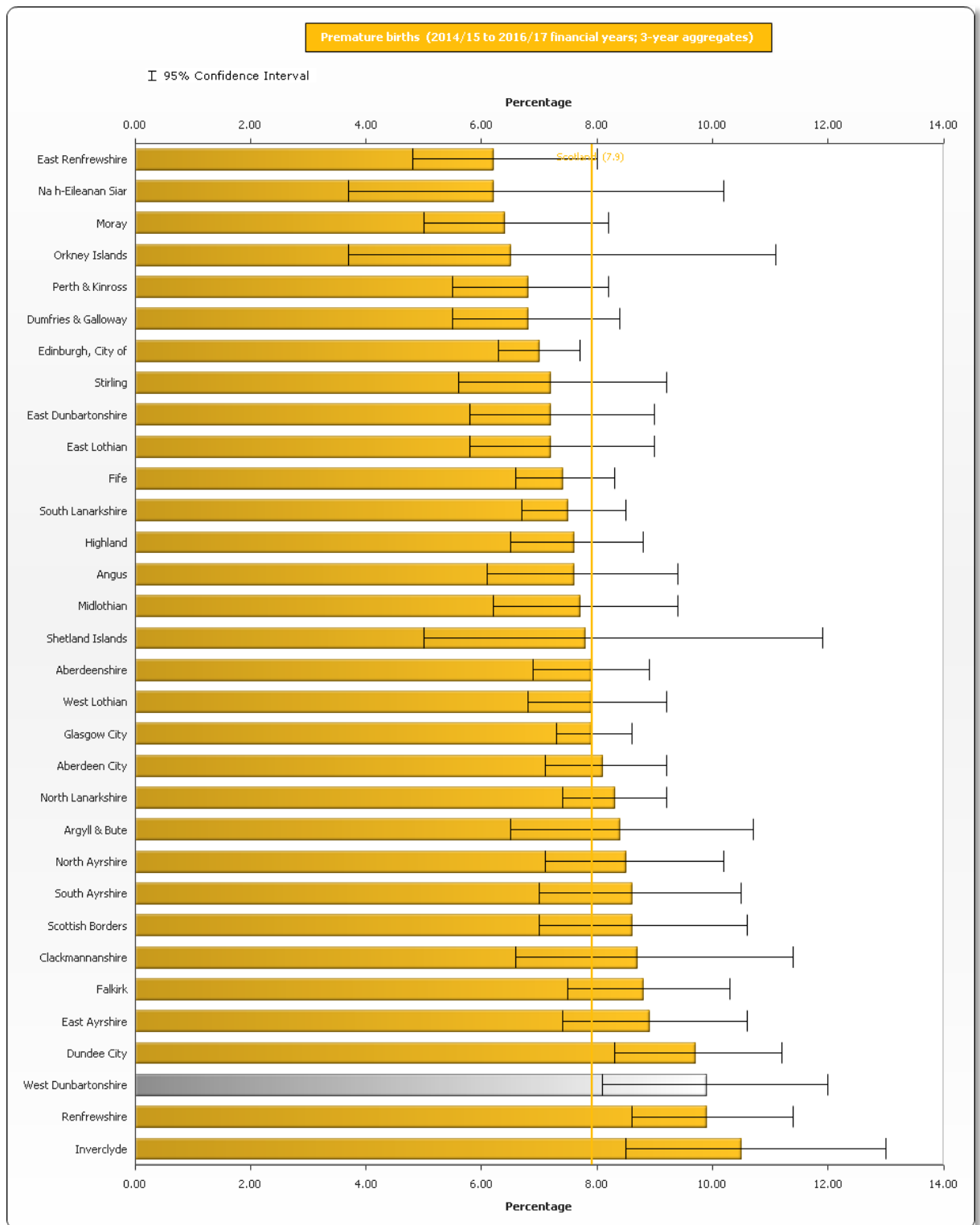


Source ScotPHO [Online Profiles Tool](#)

Between 2014/15 and 2016/17, West Dunbartonshire had one of the highest rates of maternal obesity in Scotland at 26.3%. This is higher than Scotland average of 22.6%.

5.2.3 Premature Births

Figure 58 Premature Births

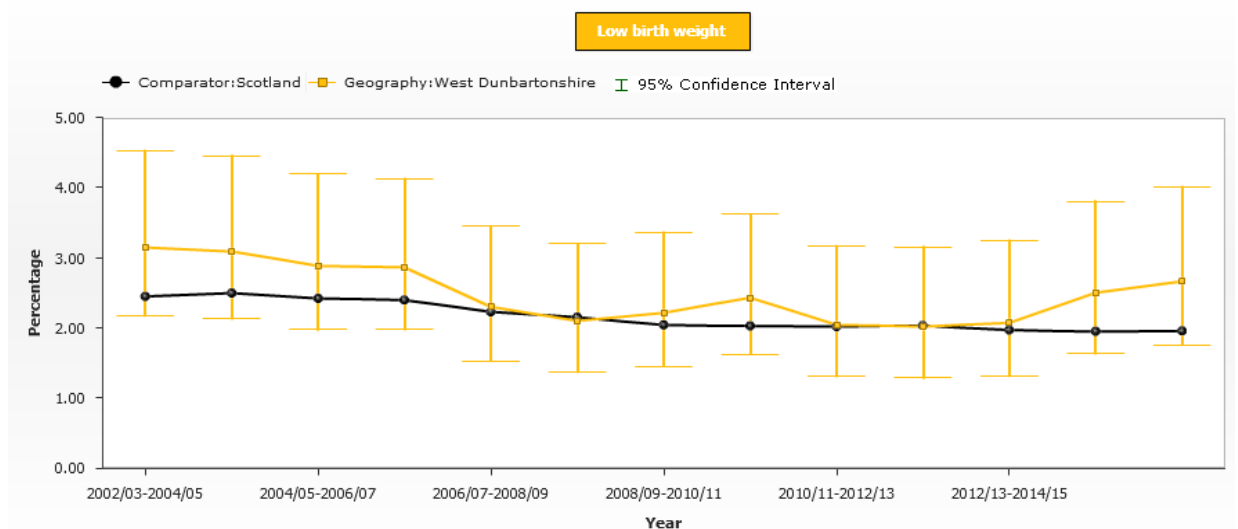


Source ScotPHO [Online Profiles Tool](#)

The figure shows the percentage of births which are premature across local authority areas. The Scottish average was 7.9%, which is lower than the West Dunbartonshire average of 9.9%.

5.2.4 Low Birth Weight Babies

Figure 59 Low Birth Weight Babies

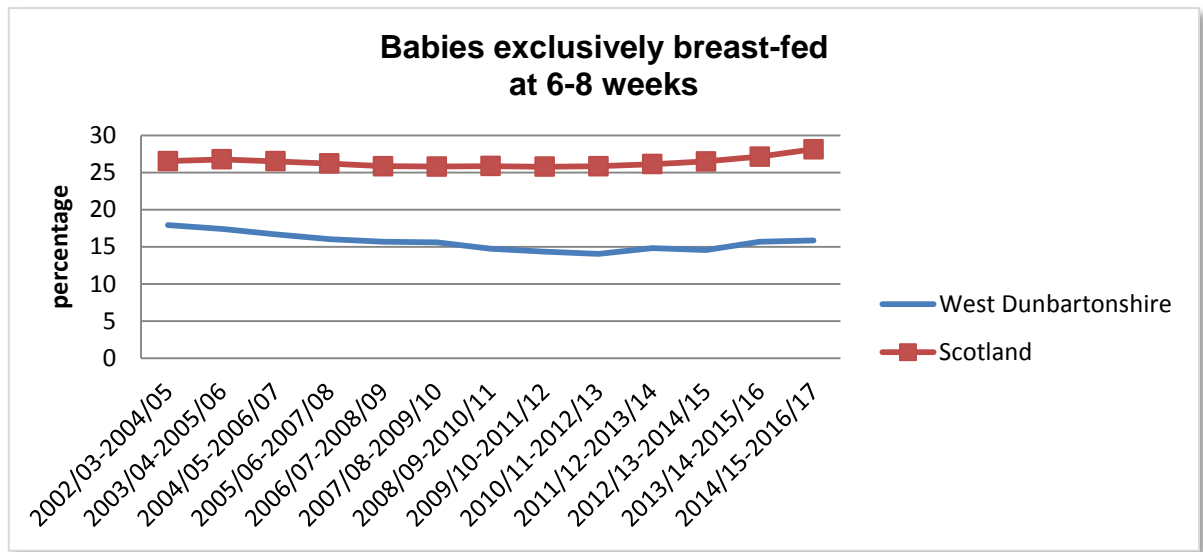


Source ScotPHO [Online Profiles Tool](#)

The percentage of children with a low birth rate has dropped very slightly since 2002/03. This is a similar trend to Scotland as a whole.

5.2.5 Breastfeeding

Figure 60 Babies exclusively breast-fed at 6-8 weeks

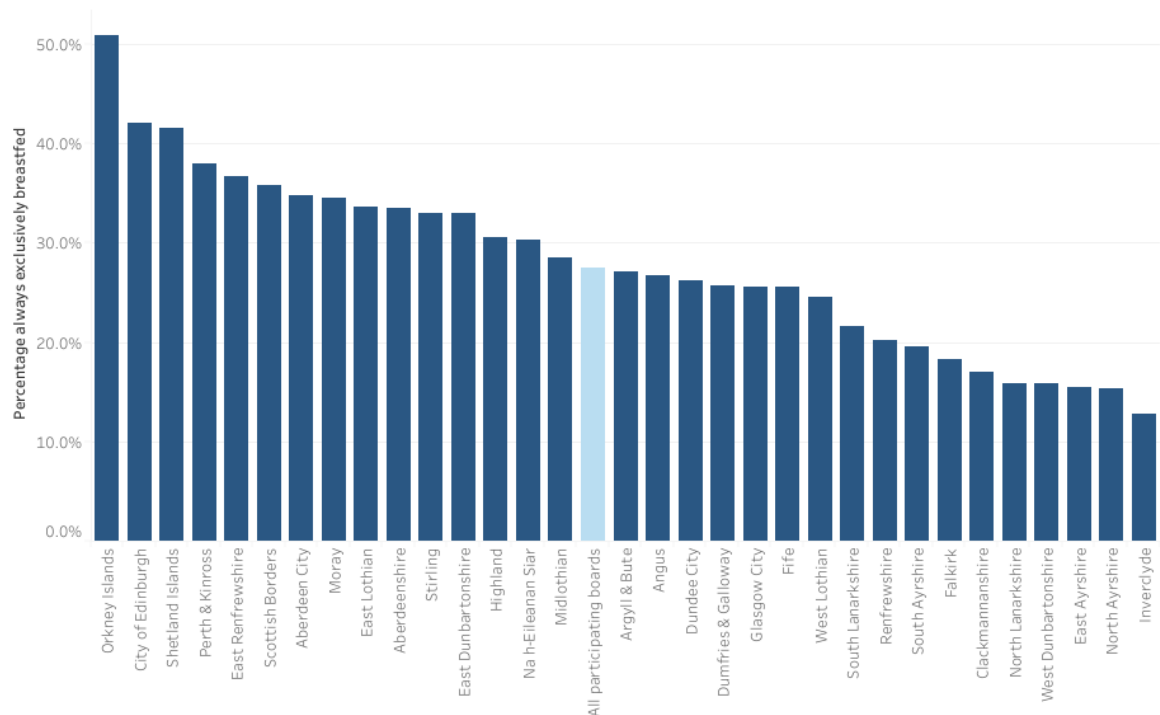


Source ScotPHO [Online Profiles Tool](#)

West Dunbartonshire has a lower percentage of babies exclusively breast-fed at 6-8 weeks 15.84% in West Dunbartonshire compared to 28.13% in Scotland as a whole.

Figure 61 Babies exclusively breast-fed at 6-8 weeks by Local Authority 2016/17

Percentage of babies who have always been exclusively breastfed (reported at **6-8 Weeks**) 2016/17



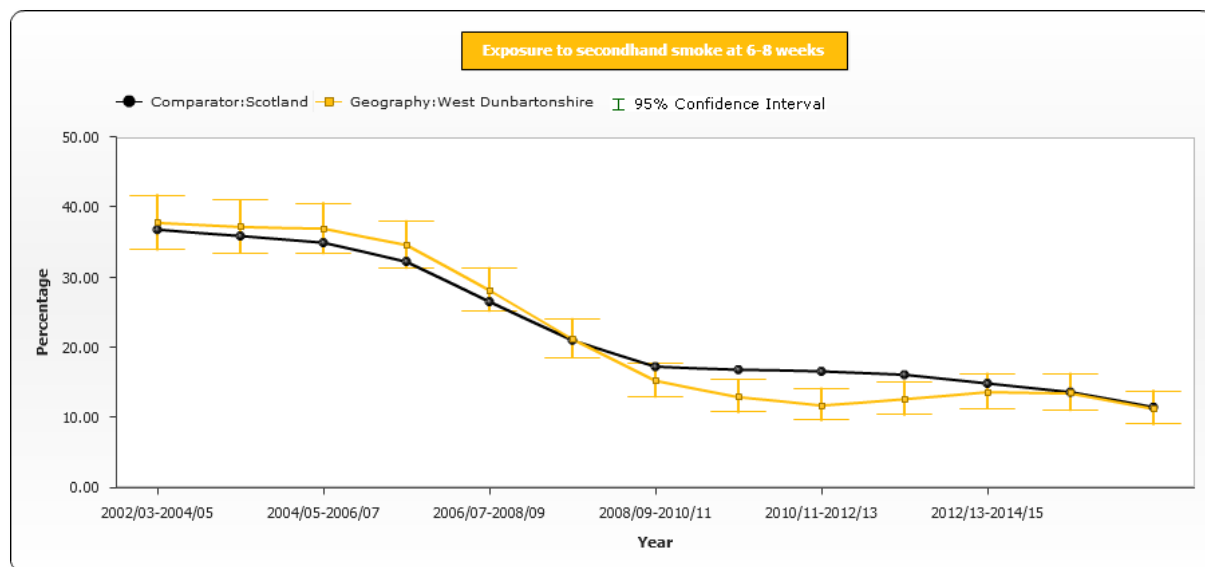
Source: CHSP Pre-School August 2017, ISD Scotland

Source [ISD Scotland \(2017\)](#)

The figure above shows the West Dunbartonshire position for exclusive breastfeeding compared to all local authorities. West Dunbartonshire has the fourth lowest percentage of babies in Scotland that are exclusively breastfed at 6-8 weeks with a figure of 15.8%.

5.2.6 Second Hand Smoke

Figure 62 Exposure to second-hand smoke at 6-8 weeks

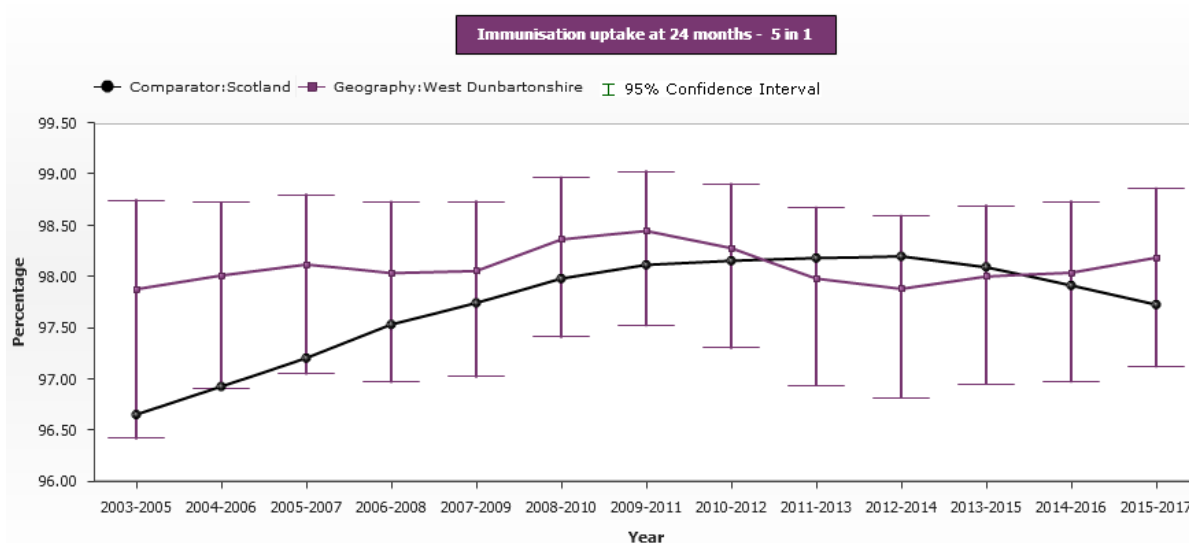


Source ScotPHO [Online Profiles Tool](#)

This figure shows the percentage of babies reported by a parent as being exposed to second-hand smoke at 6-8 week review by Health Visitors. The trend in West Dunbartonshire is similar to that of Scotland, falling from a high of 37.73% in 2002/03 to 11.18% in 2016/17.

5.2.7 Immunisation Uptake

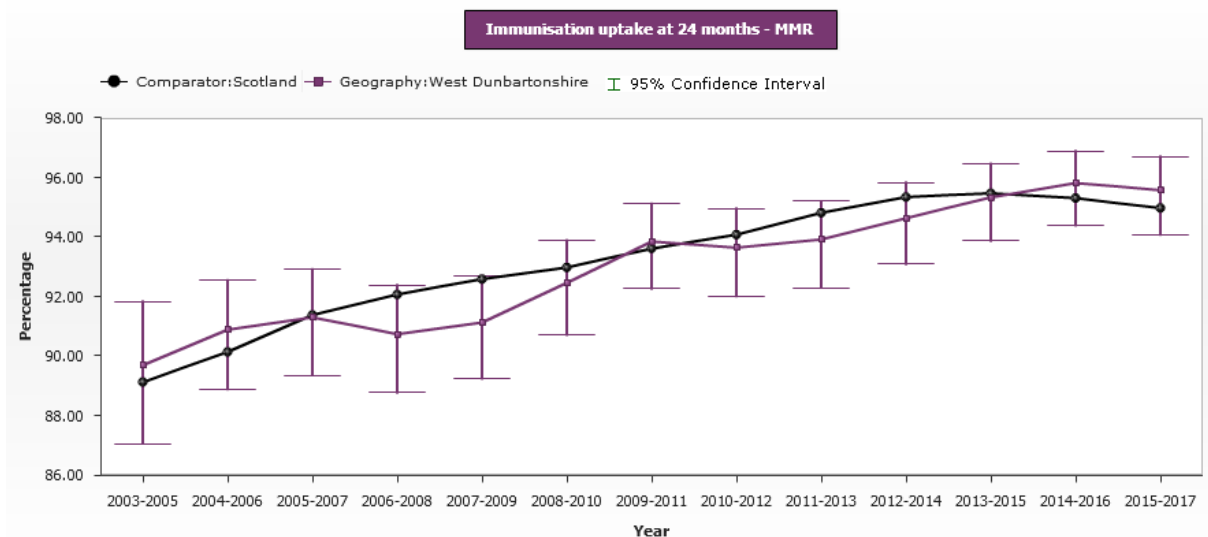
Figure 63 Immunisation Uptake at 24 months – 5 in 1 in West Dunbartonshire and Scotland



Source ScotPHO [Online Profiles Tool](#)

In West Dunbartonshire, immunisation uptake at 24 months has steadily increased since 2012-14 and in 2015-17 was 98.18%, which is higher than the Scottish uptake at 97.72%.

Figure 64 Immunisation uptake at 24 Months – Mumps, Measles and Rubella (MMR) – West Dunbartonshire and Scotland

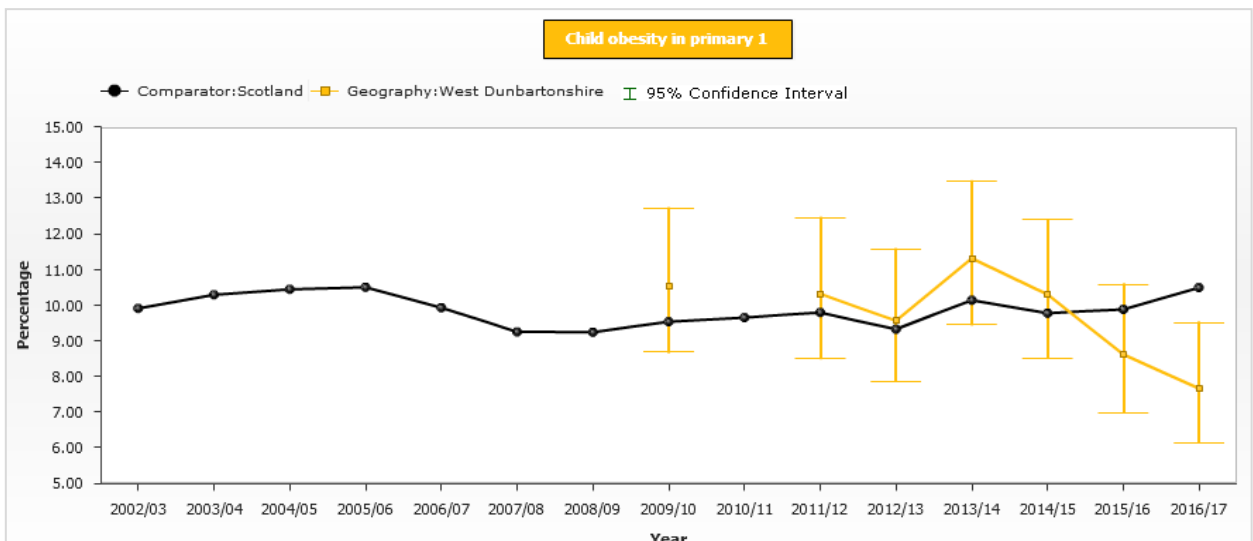


Source ScotPHO [Online Profiles Tool](#)

Immunisation uptake at 24 months for MMR has increased over time in West Dunbartonshire. There was a slight fall from 95.80% in 2014-16 to 95.56% in 2015-17, however this is higher than the Scottish rate at 95.29% in 2014-16, and 94.26% in 2015-17.

5.2.8 Child Obesity

Figure 65 Child Obesity in Primary 1



Source ScotPHO [Online Profiles Tool](#)

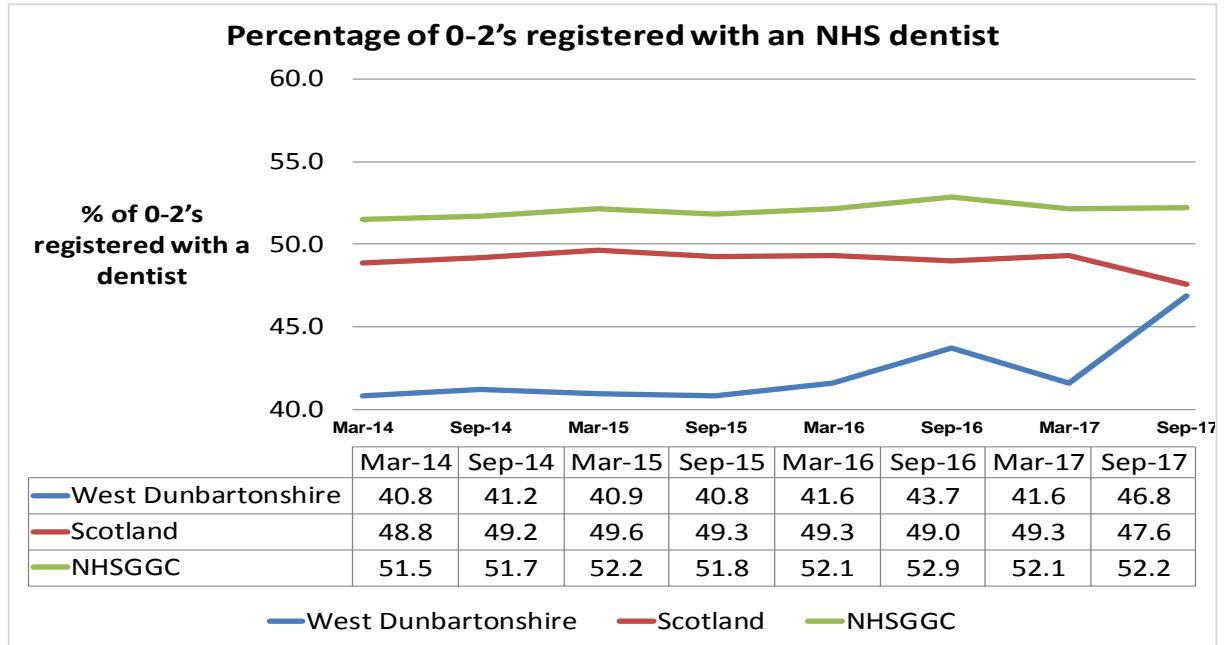
In West Dunbartonshire, childhood obesity in primary 1 has steadily fallen since 2013/14, and in 2016/17 was 7.6%, statistically significantly 'better' than the national average of 10.4%.

5.2.9 Oral Health

5.2.9.1 Dental Registration for Under Fives

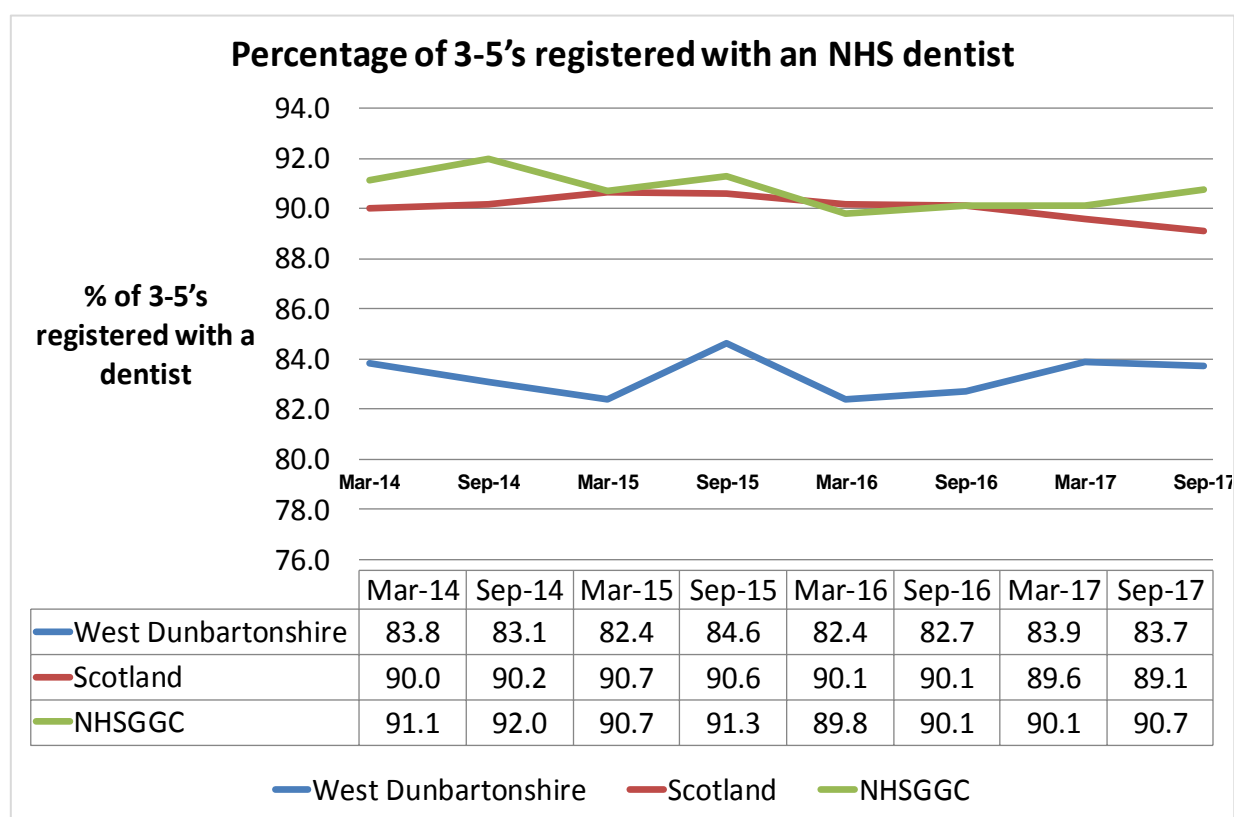
Dental registration rates in West Dunbartonshire for under 5's are increasing however remain below the national average which is below the NHSGGC percentage.

Figure 66 Percentage of 0-2's registered with a dentist in West Dunbartonshire, NHSGGC and Scotland



Source [NHS ISD Dental Registration and Participation Data \(2018\)](#)

Figure 67 Percentage of 3-5's's registered with a dentist in West Dunbartonshire, NHSGGC and Scotland



Source [NHS ISD Dental Registration and Participation Data \(2018\)](#)

5.2.9.2 Oral Health Trends

The information below comes from the [National Dental Inspection Programme \(NDIP\)](#) .programmes which inspects children's teeth in primary one (P1) and in primary seven (P7). The inspection programme has two levels: a Basic Inspection (intended for all children) and a Detailed Inspection (for a representative sample of P1 or P7 in alternate years). Parents/Carers receive a letter after the inspection on the outcome as below

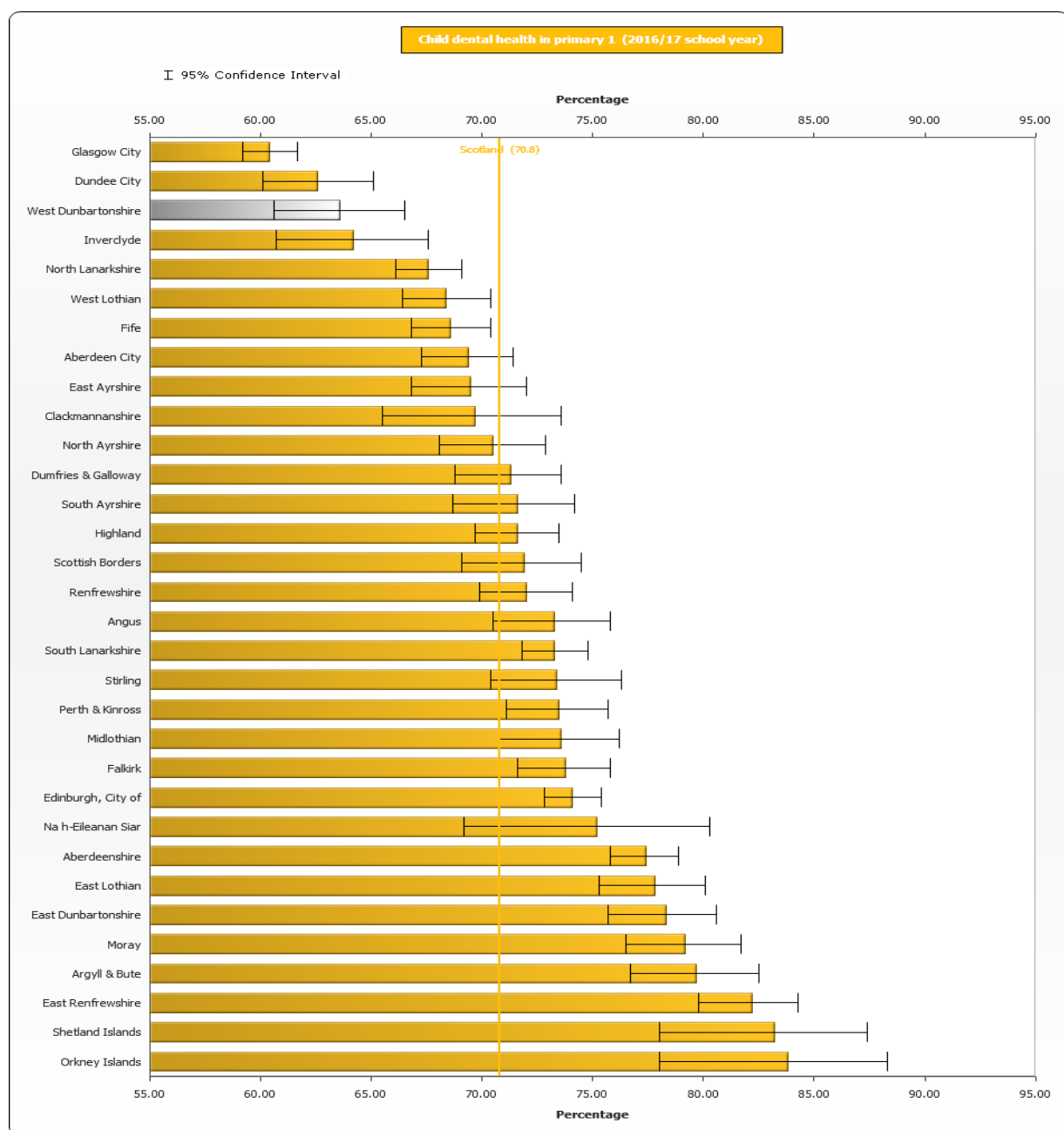
Categories of NDIP letters and action required

Letter A: should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess

Letter B: should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay

Letter C: no obvious decay experience but should continue to see the family dentist on a regular basis

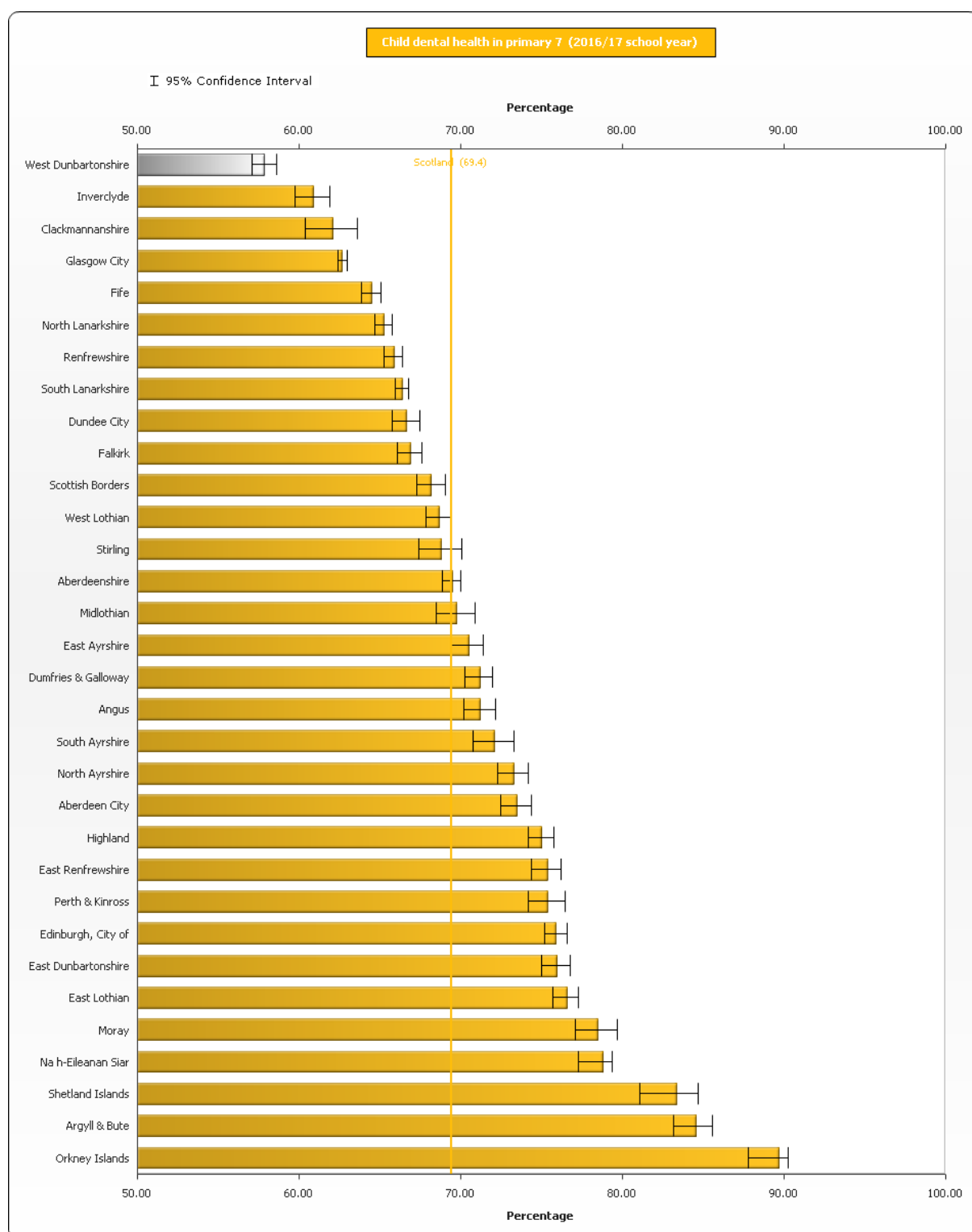
Figure 68 Child Dental Health in Primary 1 (2016-17 school year)



Source ScotPHO [Online Profiles Tool](#)

63.6% of primary 1 children in West Dunbartonshire received a letter C (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection. This compares to Scotland as a whole at 70.8%. Only Glasgow City and Dundee City have a lower figure than West Dunbartonshire.

Figure 69 Child Dental Health in Primary 7 2016-17 school year

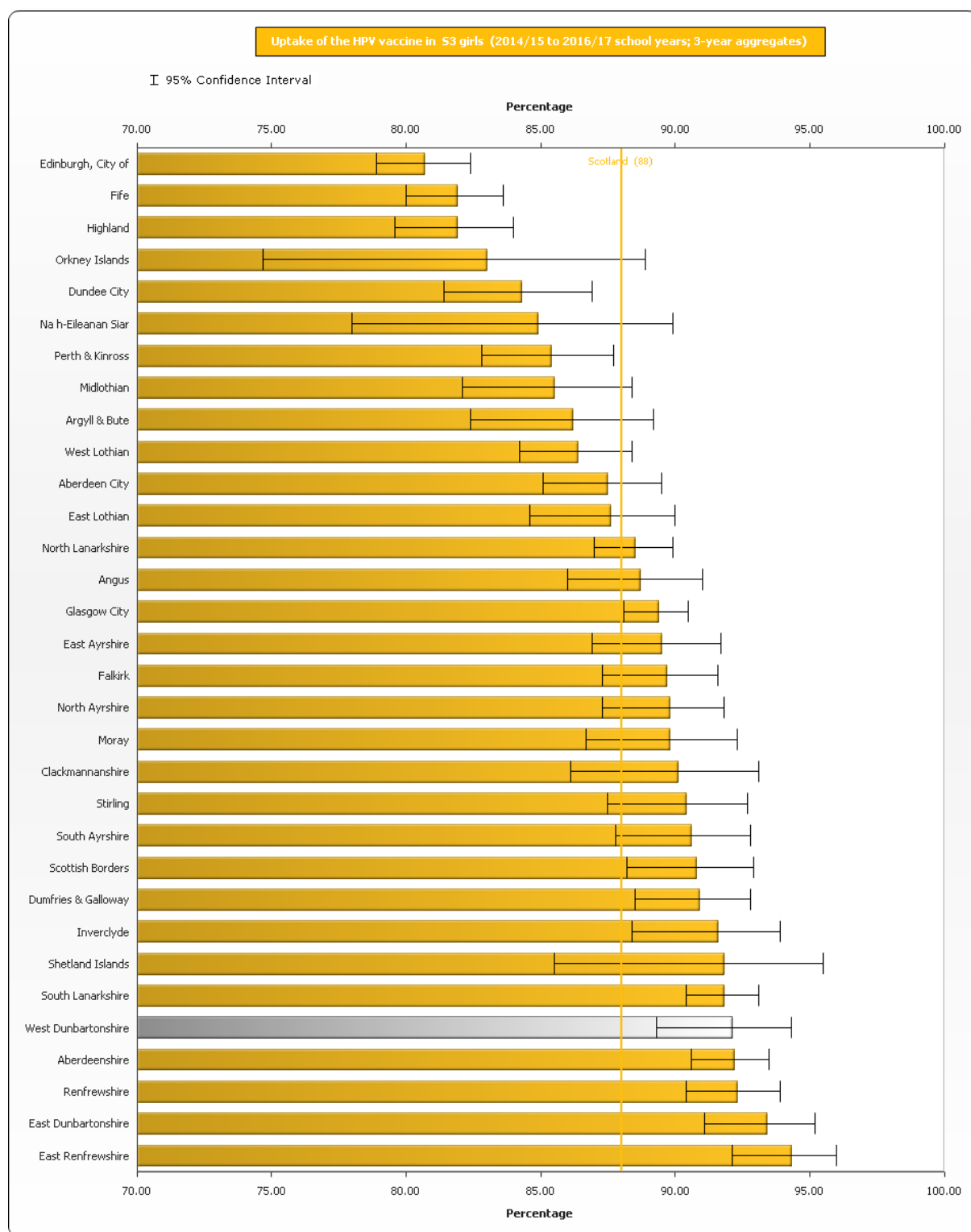


Source ScotPHO [Online Profiles Tool](#)

57.9% of primary 7 pupils in West Dunbartonshire received a letter C (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection. This is the lowest ranking across Scotland.

5.2.10 Human papilloma virus (HPV) Uptake

Figure 70 Uptake of the HPV Vaccine in S3 girls 2014/15 to 2016/17



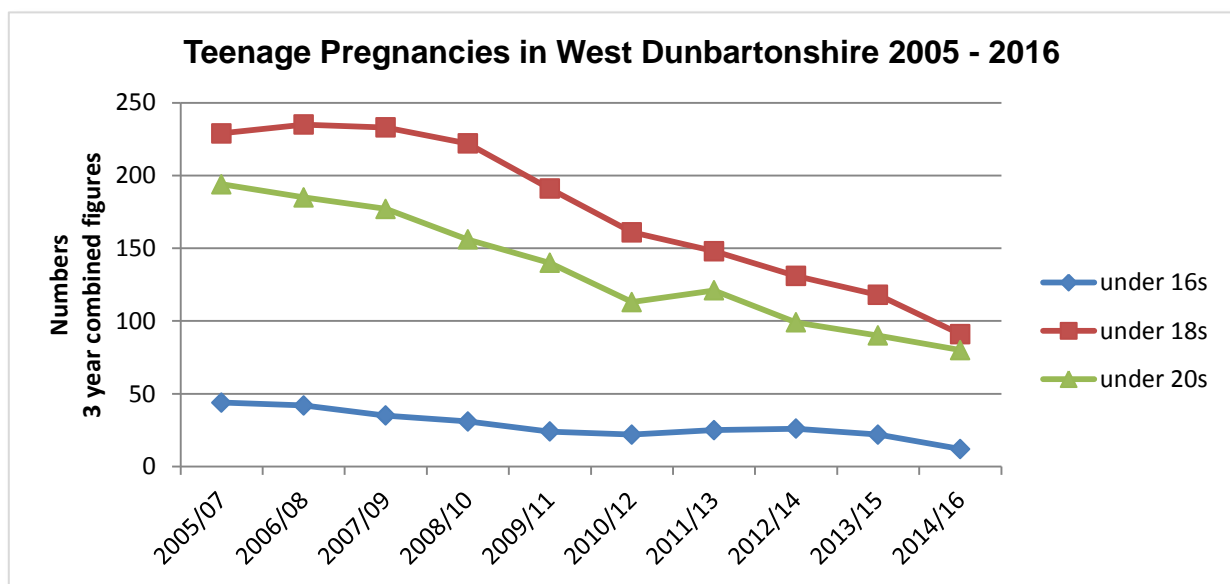
Source ScotPHO [Online Profiles Tool](#)

West Dunbartonshire has a high percentage of S3 girls completing the Human Papilloma Virus (HPV) vaccination course by end of S3 (92.1% compared to Scotland at 88%).

5.2.11 Teenage Pregnancy

A breakdown of the trends for teenage pregnancy over time in West Dunbartonshire, comparative local authorities within NHSGGC and Scotland are included below.

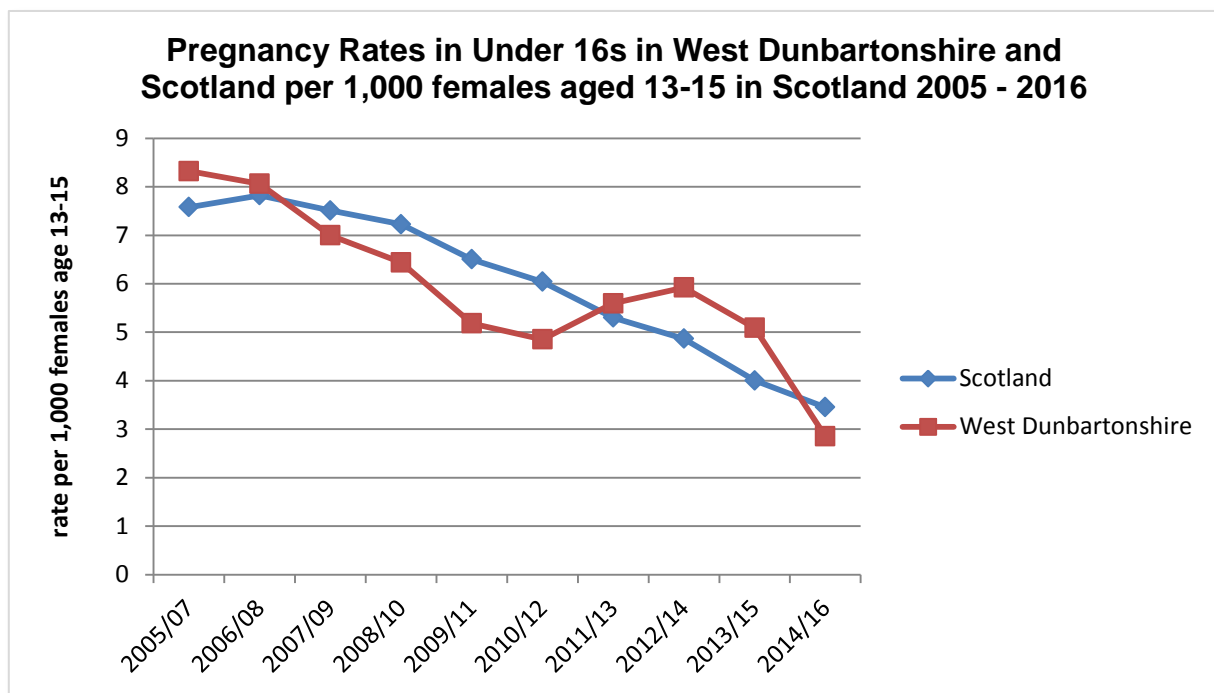
Figure 71 Teenage Pregnancies in West Dunbartonshire 2005-2016



Source [ISD Scotland 2018](#)

The number of teenage pregnancies in West Dunbartonshire has reduced across all age categories from 2005 – 2016.

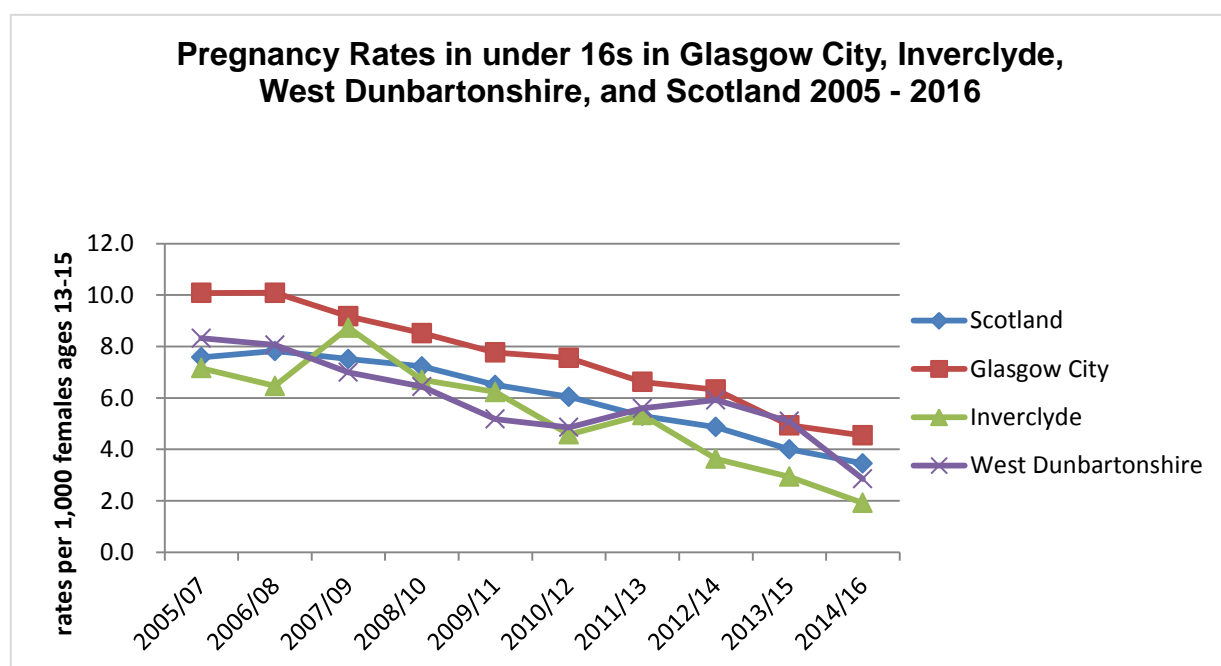
Figure 72 Pregnancies in Under 16s in West Dunbartonshire and Scotland per 1,000 females aged 13-15 (2005-2016)



Source [ISD Scotland 2018](#)

Pregnancies in Under 16s in West Dunbartonshire have reduced over time and are now lower than the Scottish rate.

Figure 73 Teenage Pregnancy Rates in Under 16s in Glasgow City, Inverclyde, West Dunbartonshire, and Scotland 2005-2016



Source [ISD Scotland 2018](#)

Pregnancy rates have fallen in all areas of Scotland since 2005 with the rate per 1000 women aged 13-15 in West Dunbartonshire now below the Scottish average.

5.2.11.1 Free Condom Provision

There are currently 35 active Free Condoms sites across West Dunbartonshire. More information on the sites is available at <http://www.freecondomsglasgowandclyde.org/>

33,456 condoms were ordered for distribution by services in West Dunbartonshire during 2017.

5.2.12 Healthy Key Findings

Key Findings

West Dunbartonshire has

- Has had a decrease of 11% in smoking during pregnancy rates since 2003 compared to 7% nationally. However a percentage of women who smoke during pregnancy and who are obese which is higher than the Scottish average
- The forth lowest percentage of babies in Scotland that are exclusively breast-fed at 6-8 weeks
- Immunisation uptake for MMR and 5 in 1 has increased over time and is higher than the Scottish uptake
- An improving picture in terms of childhood obesity for Primary 1s whereby 7.6% are obese compared to the national average of 10.4%.
- Particularly low dental registration rate for 0-2's however the rates are showing improvements.
- Continued poor oral health for primary school aged pupils especially in Clydebank. More than 30% of Primary 1 children and 40% of Primary 7 received a letter A or B (indicating action required) at NDIP inspection in 2016/17 school year and the lowest percentage in Scotland of Primary 7's who have no obvious dental decay.
- Decreasing numbers of teenage pregnancies across all age groups under 16, under 18 and under 20's). A lower rate of teenage pregnancy for under 16's than the national rate.

5.3 Achieving

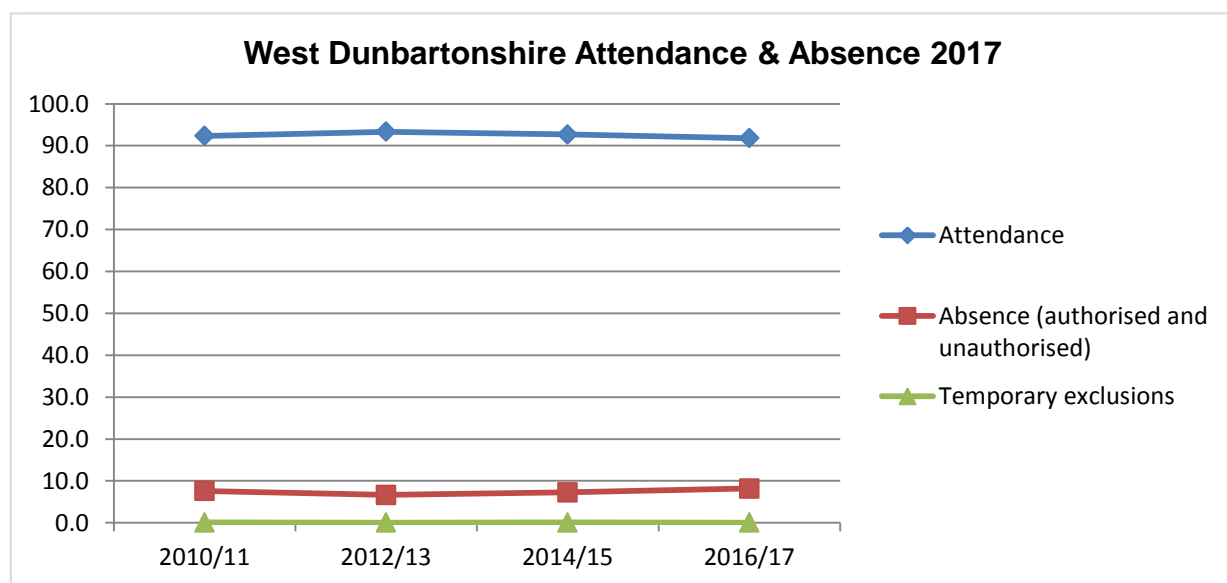


Achieving

Defined as 'Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.' [GIRFEC Scottish Government 2014](#)

5.3.1 Attendance and Absence

Figure 74 Attendance and Absence in West Dunbartonshire schools 2017



Source [Scottish Government 2018 School Attendance and Absence in Scotland 2016/17](#)

The level of attendance in West Dunbartonshire schools has remained above 90% since 2010/11.

The table below breaks attendance rate down by locality and setting.

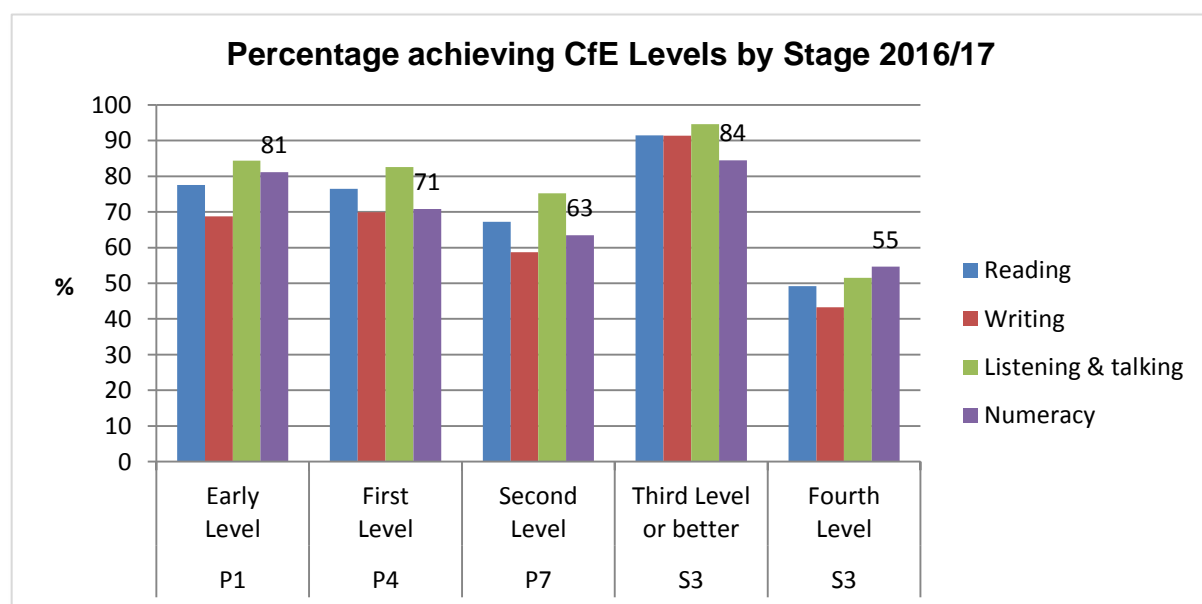
Table 11 Attendance Rate by Setting and Locality 2016/17 and 2017/18(partial year)

	West Dunbartonshire	Clydebank	Dumbarton and Vale of Leven
Secondary School Attendance Rate (S1-S5) (2016-17)	88.2%	87.7%	88.8%
Secondary School Attendance Rate (S1-S5) 2017- 18 as at 14/02/2018	88.8%	88.5%	89.1%
Primary school Attendance rate (2016-17)	94.3%	94.4%	94.2%
Primary School Attendance rate (2017-18) as at 14/02/2018)	94.5%	94.5%	94.6%

Source West Dunbartonshire Council 2018

5.3.2 Achievement

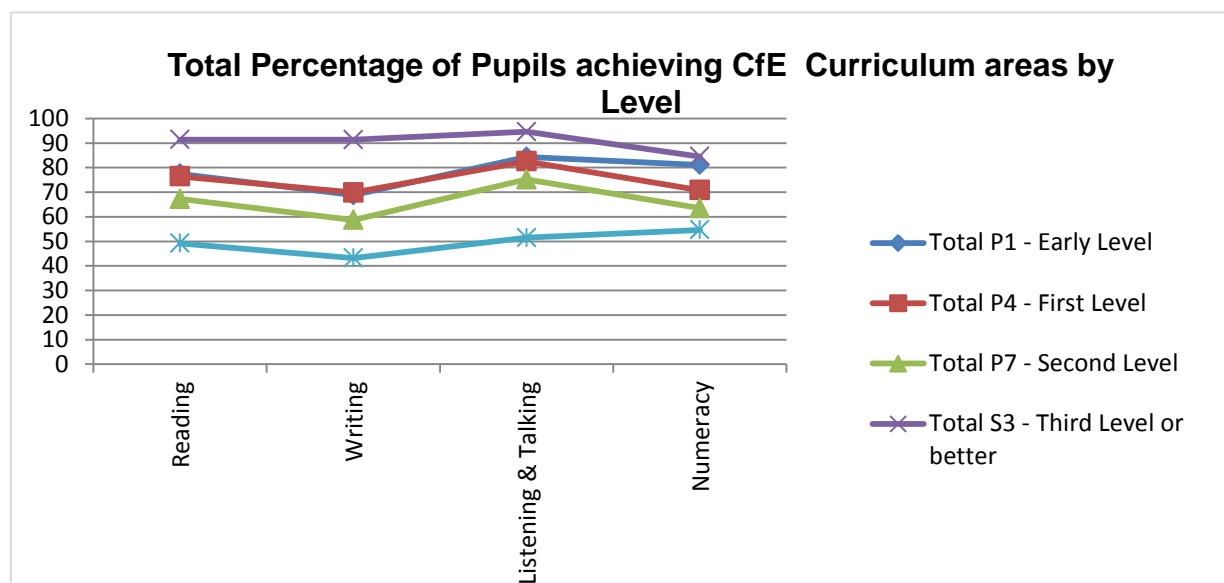
Figure 75 West Dunbartonshire Curriculum for Excellence (Cfe) Levels By Stage 2016/17



Source [Achievement of Curriculum for Excellence Datasets Scottish Government 2017](#)

The percentage of pupil achieving the CfE levels decrease from early level to second level. By S3 80% or more of pupils are achieving the CfE third level for reading, writing, listening & talking and numeracy.

Figure 76 Total percentage of pupils achieving CfE Curriculum areas by level 2016/17



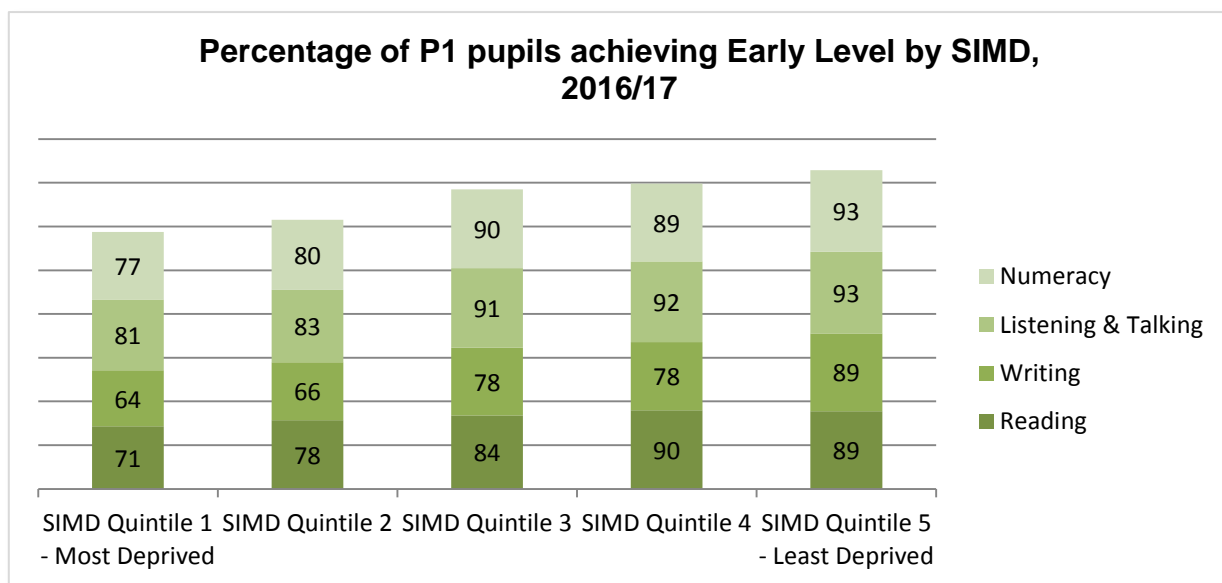
Source [Achievement of Curriculum for Excellence \(CfE\) Levels 2016/17 \(2017\)](#)

The figure above shows the total percentage of pupils achieving each of the CfE curriculum areas by level. The greatest increase in achievement is made between P7 and S3.

5.3.3 School Attainment

5.3.3.1 Attainment by SIMD

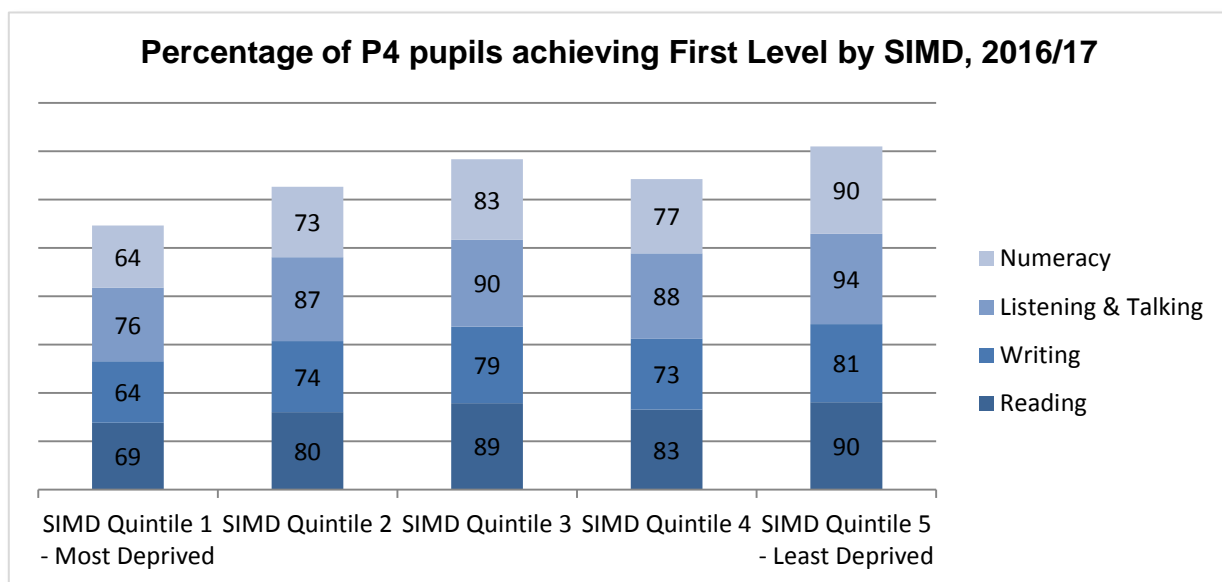
Figure 77 West Dunbartonshire P1 attainment by SIMD 2016/17



Source [Achievement of Curriculum for Excellence \(CfE\) Levels 2016/17 \(2017\)](#)

At P1, attainment in writing shows the biggest gap between children living in SIMD 1 and 5 with a percentage difference of 25%. Attainment in listening & talking shows the smallest difference of 12% between the most and least deprived areas.

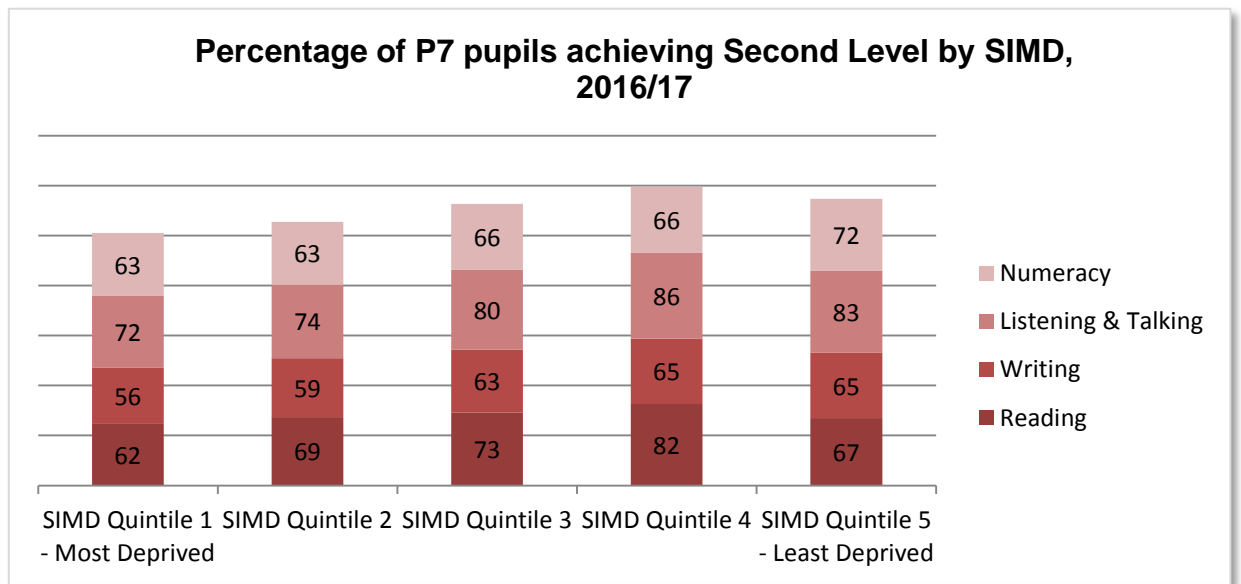
Figure 78 West Dunbartonshire P4 attainment by SIMD 2016/17



Source [Achievement of Curriculum for Excellence \(CfE\) Levels 2016/17 \(2017\)](#)

By P4, the gap between SIMD 1 and SIMD 5 has increased for CfE curriculum areas except for writing which saw a decrease of 7%. Attainment in numeracy shows the biggest gap between children living in SIMD 1 and 5 with a percentage difference of 26%. Attainment in writing shows, the smallest difference between the most and least deprived areas (17%).

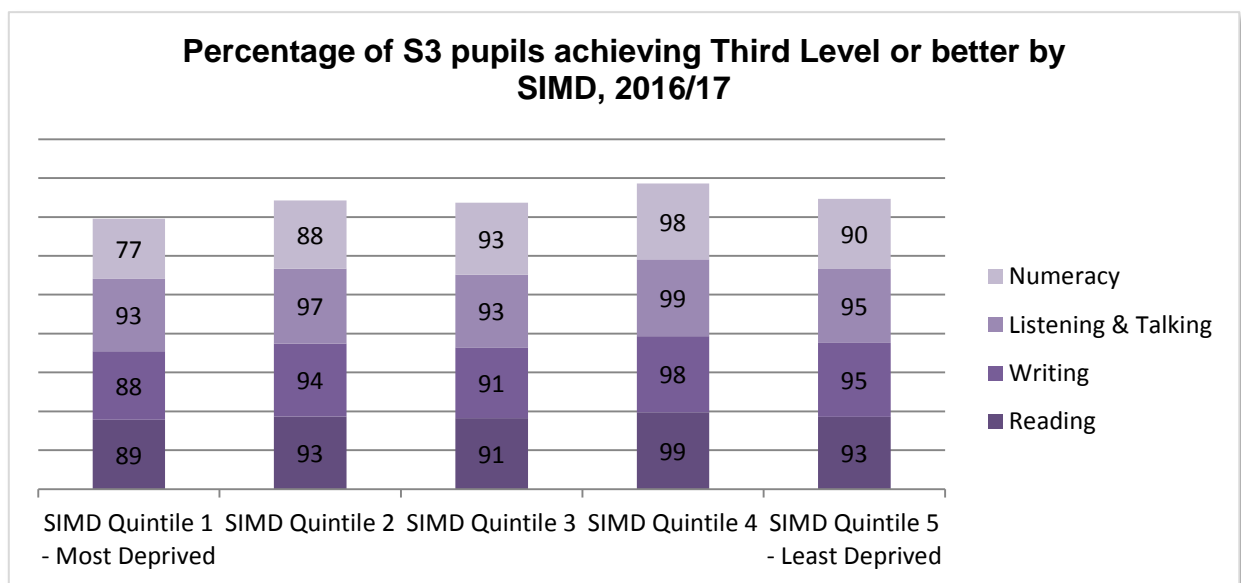
Figure 79 West Dunbartonshire P7 attainment by SIMD 2016/17



Source [Achievement of Curriculum for Excellence \(CfE\) Levels 2016/17 \(2017\)](#)

By P7 the difference in attainment for all curriculum areas has reduced between SIMD1 and 5. Numeracy and writing have a difference of 9% with reading having a difference of 5%.

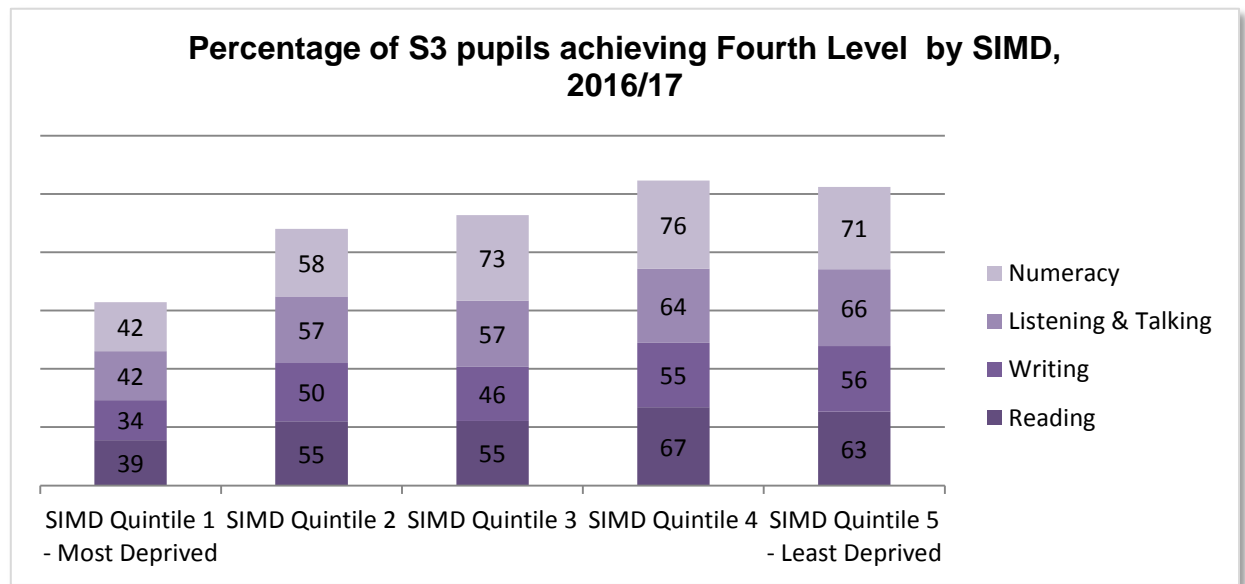
Figure 80 West Dunbartonshire S3 attainment by SIMD 2016/17



Source [Achievement of Curriculum for Excellence \(CfE\) Levels 2016/17 \(2017\)](#)

By S3, the gap between SIMD 1 and SIMD 5 has reduced for listening and talking, writing and reading. The gap has increase by 13% for numeracy.

Figure 81 West Dunbartonshire S3 attainment by SIMD 2016/17

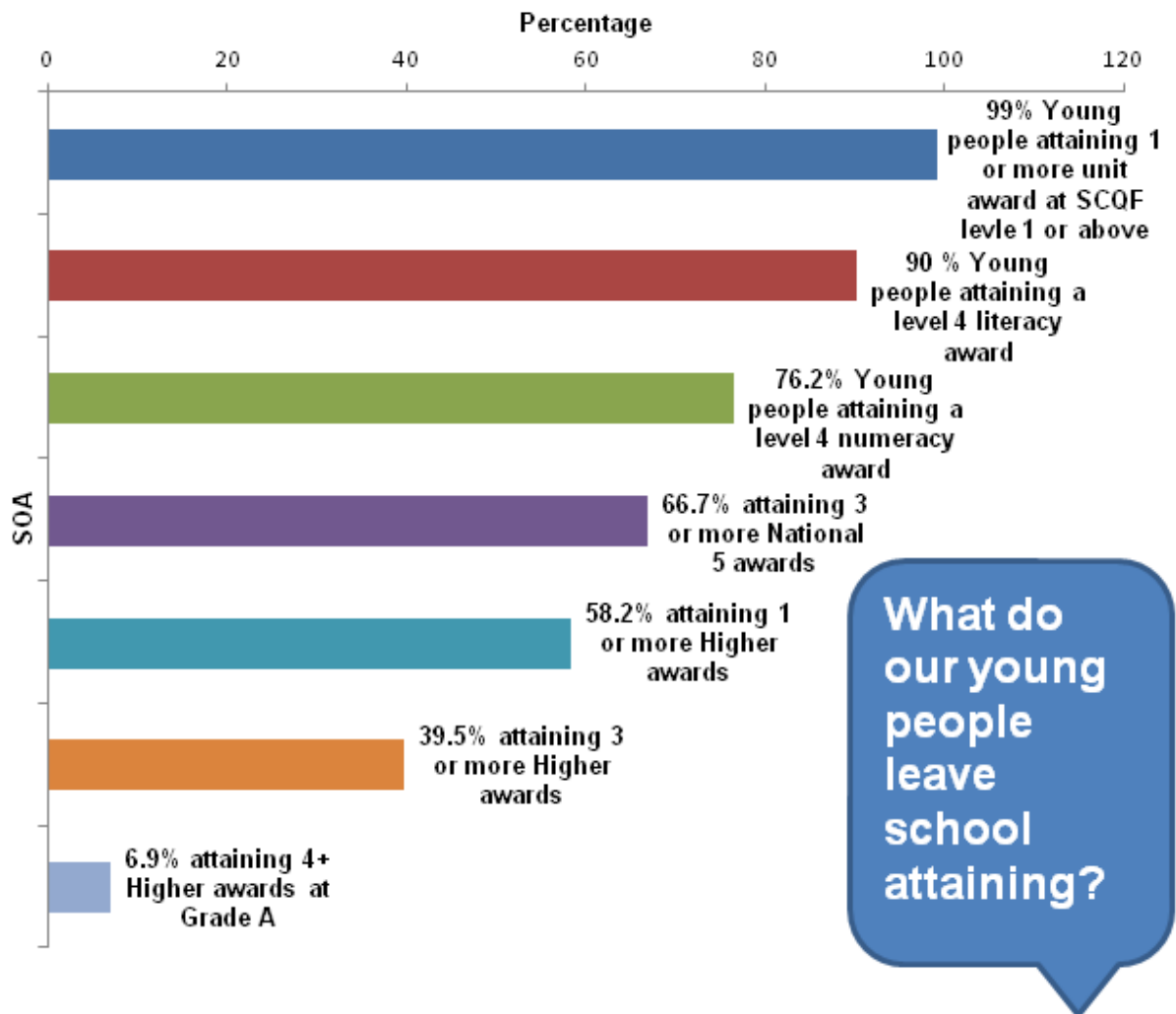


Source [Achievement of Curriculum for Excellence \(CfE\) Levels 2016/17 \(2017\)](#)

By S3 the gap in attainment between SIMD1 and SIMD5 has increased across all CfE curriculum areas. The largest gap is for numeracy 29% and the smallest for writing 22%.

5.3.3.2 Attainment Senior Phase

Figure 82 Attainment Senior Phase

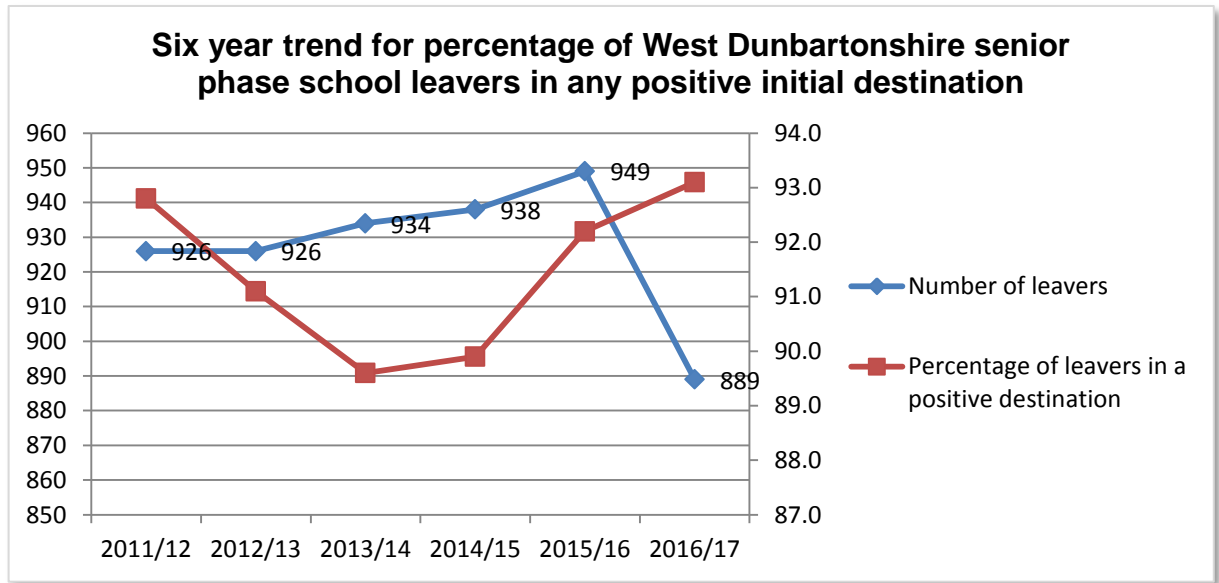


Source [2016-2017 Standards and Quality Report for Education, Learning and Attainment](#)

99% of pupils in 2015/16 achieved one or more unit award at SCQF level 1 or above.

5.3.4 Positive Destinations

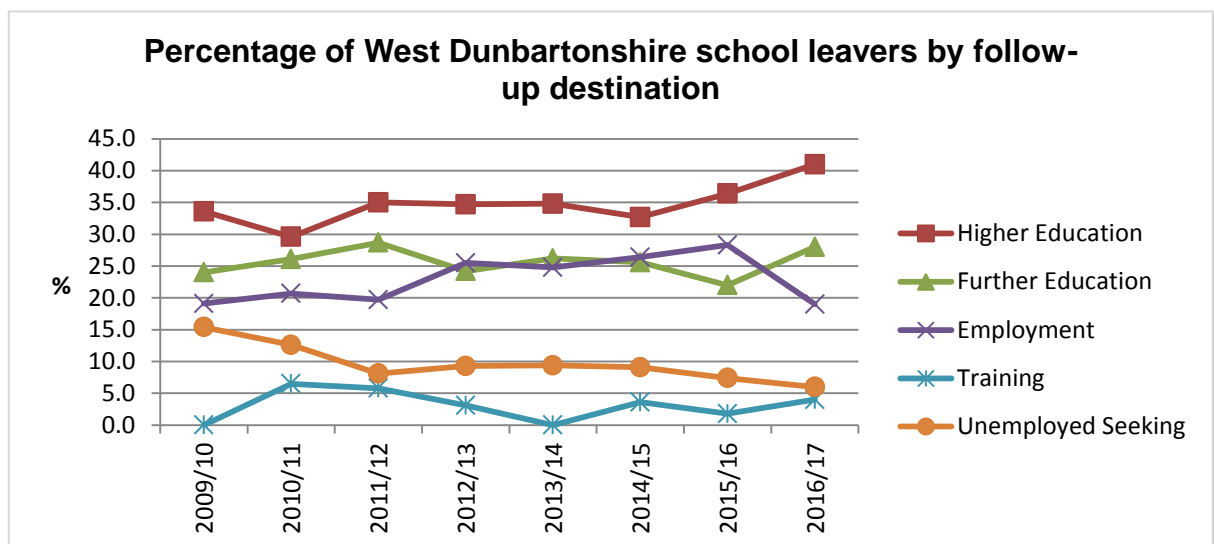
Figure 83 West Dunbartonshire senior phase school leavers in any positive destination



Source [Initial Destinations of Senior Phase School Leavers, No. 2: 2018 Edition \(Scottish Government 2018\)](#)

The number of leavers decreased by 6.3% from 2015/16 to 2016/17. The percentage of senior leavers in a positive destination continues to increase since 2013/14. A positive destination is defined as higher education, further education, training, voluntary work, employment and activity agreements.

Figure 84 West Dunbartonshire School leavers by follow-up destination



Source [Attainment and Leaver Destinations Supplementary Data 15/16 Scottish Government 2017](#) & [Initial Destinations of Senior Phase School Leavers, No. 2: 2018 Edition \(Scottish Government 2018\)](#)

The number of leavers in higher education, further education and training are increasing.

Table 12 Percentage of 16 & 17 year olds in Positive destinations at point of leaving care

Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	100%	N/A	100%	78%

Source WDHSCP Information Team

5.3.5 Achieving Key Findings

Key Findings

West Dunbartonshire has

- 80% or more of pupils achieving the CfE third level or better for all curriculum areas by S3.
- An improving picture in terms of the attainment gap in writing in primary 1 and 4 across all SIMD quintiles.
- A gap remaining in numeracy for both third and fourth levels when comparing secondary stage achievement by SMID.
- 99% of young people attaining 1 or more unit award at SCQF level 1 or above.
- Seen the percentage of school leavers entering employment decrease although the percentage taking up further education or training increase since 2015/16.
- The level of attendance in West Dunbartonshire schools has remained above 90% since 2010/11 however for secondary age pupils attendance rates are around 84% while attendance for primary age pupils is around 94%.

5.4 Nurtured

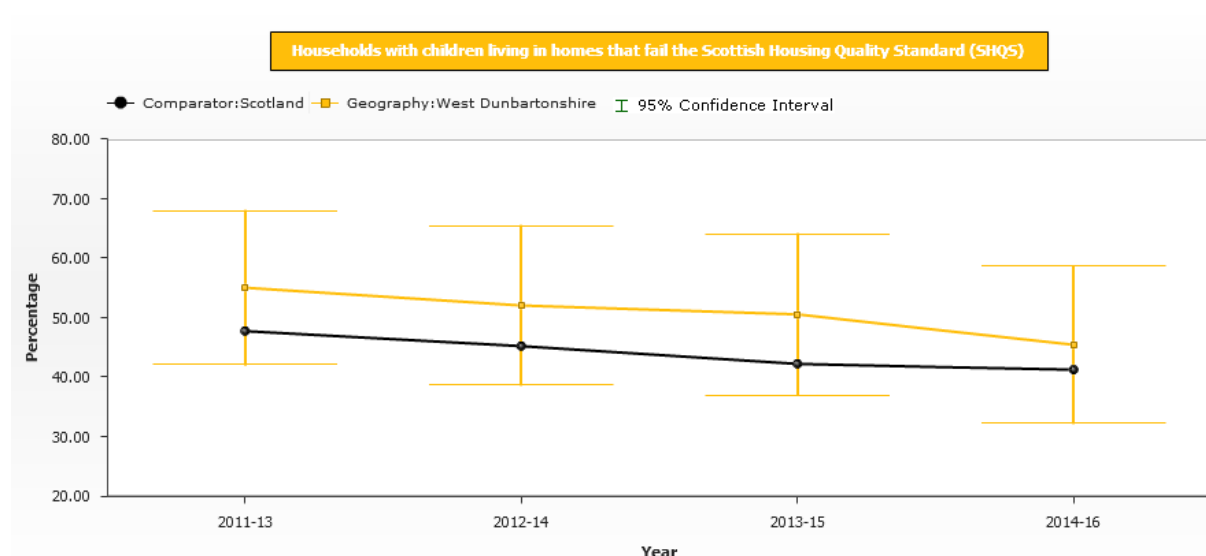


Nurtured

Defined as 'Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting.' [GIRFEC Scottish Government 2014](#)

5.4.1 Poverty and Family Housing

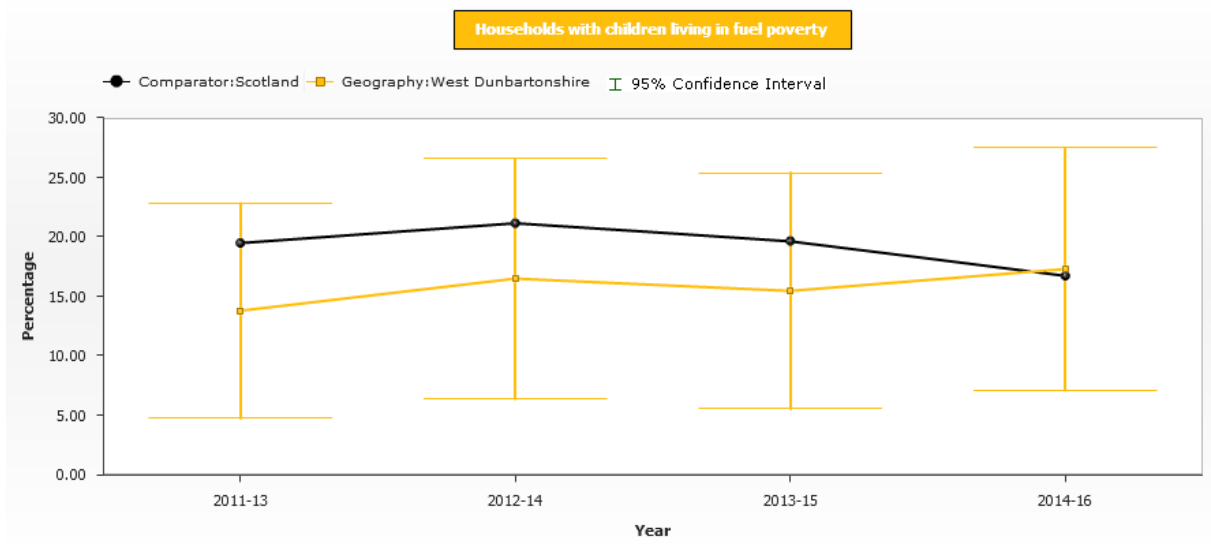
Figure 85 Households with Children Living in Homes that fail the Scottish Housing Quality Standard



Source ScotPHO [Online Profiles Tool](#)

In 2014-16, 45.4% of children in West Dunbartonshire lived in homes that failed the Scottish Housing Quality Standard (SHQS). This is higher than Scotland at 41.2%.

Figure 86 Households with Children Living in Fuel Poverty



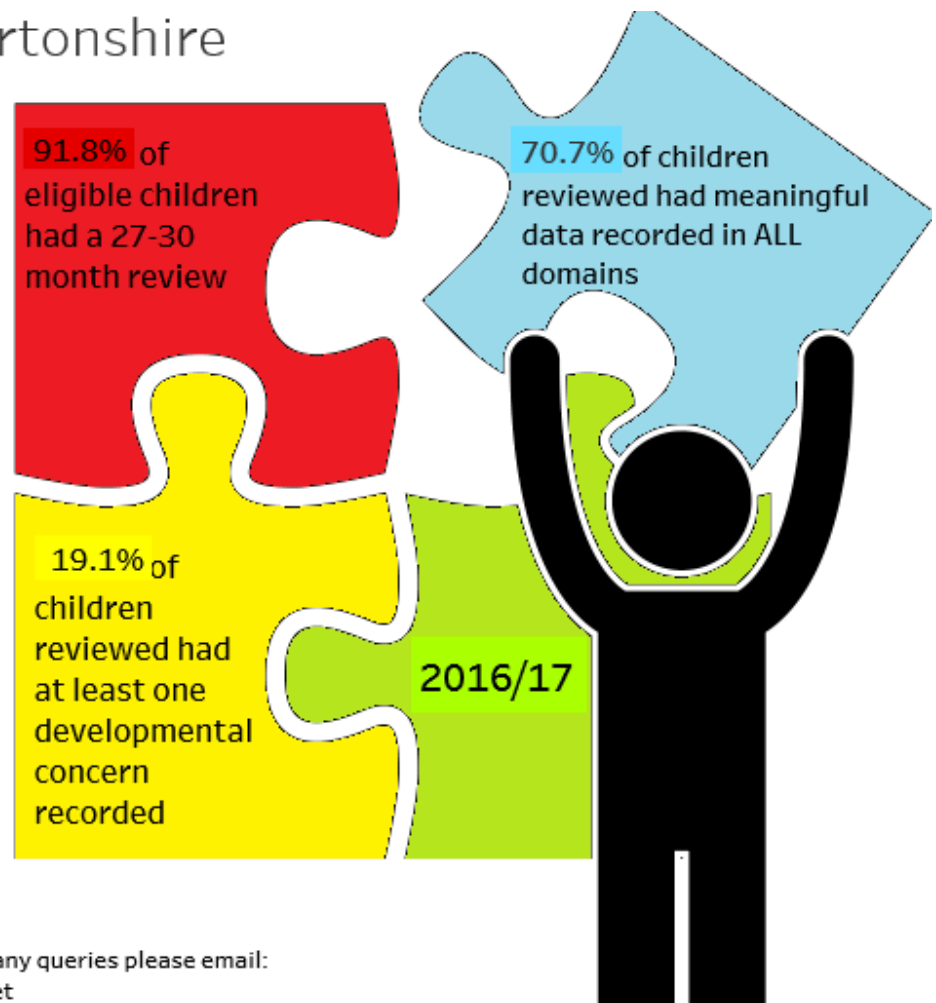
Source ScotPHO [Online Profiles Tool](#)

In 2014-16, 17.26% of children living in West Dunbartonshire lived in households in fuel poverty (household fuels costs exceed 10% of household income). This is more than Scotland at 16.6%.

5.4.2 27-30 month assessment

Figure 87 Uptake of 27-30 month assessment in West Dunbartonshire

West Dunbartonshire

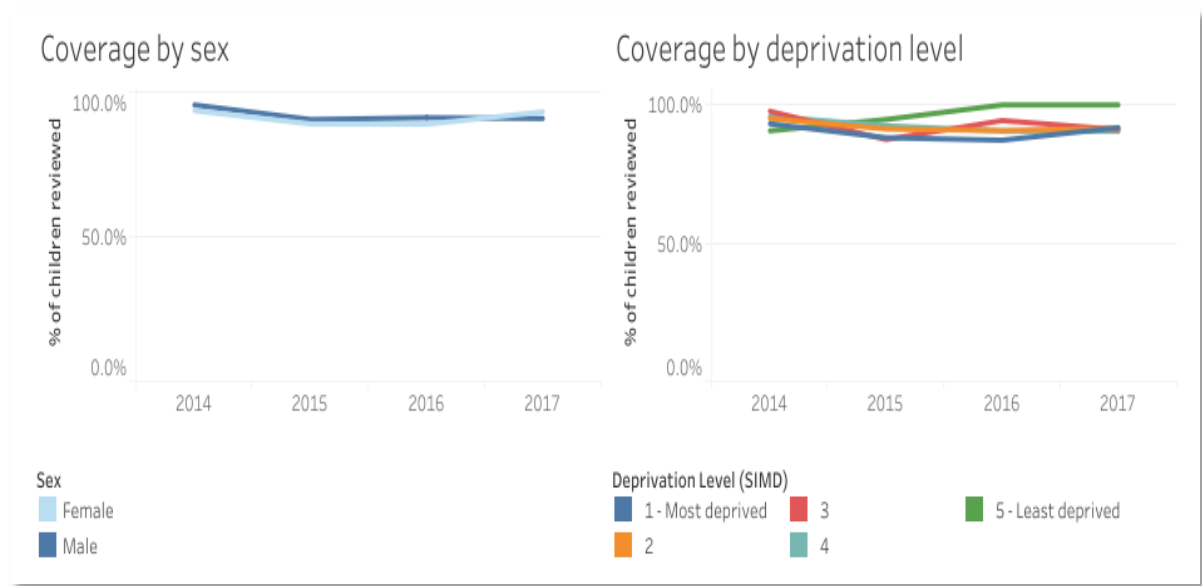


To provide feedback or for any queries please email:
NSS.isdchildhealth@nhs.net

Source [ISD Scotland Data Visualisation \(2018\)](#)

91.8% of eligible children had a 27-30 month review compared to 89.3% in Scotland. With 19.1% having at least one developmental concern recorded compared to 17.6% in Scotland.

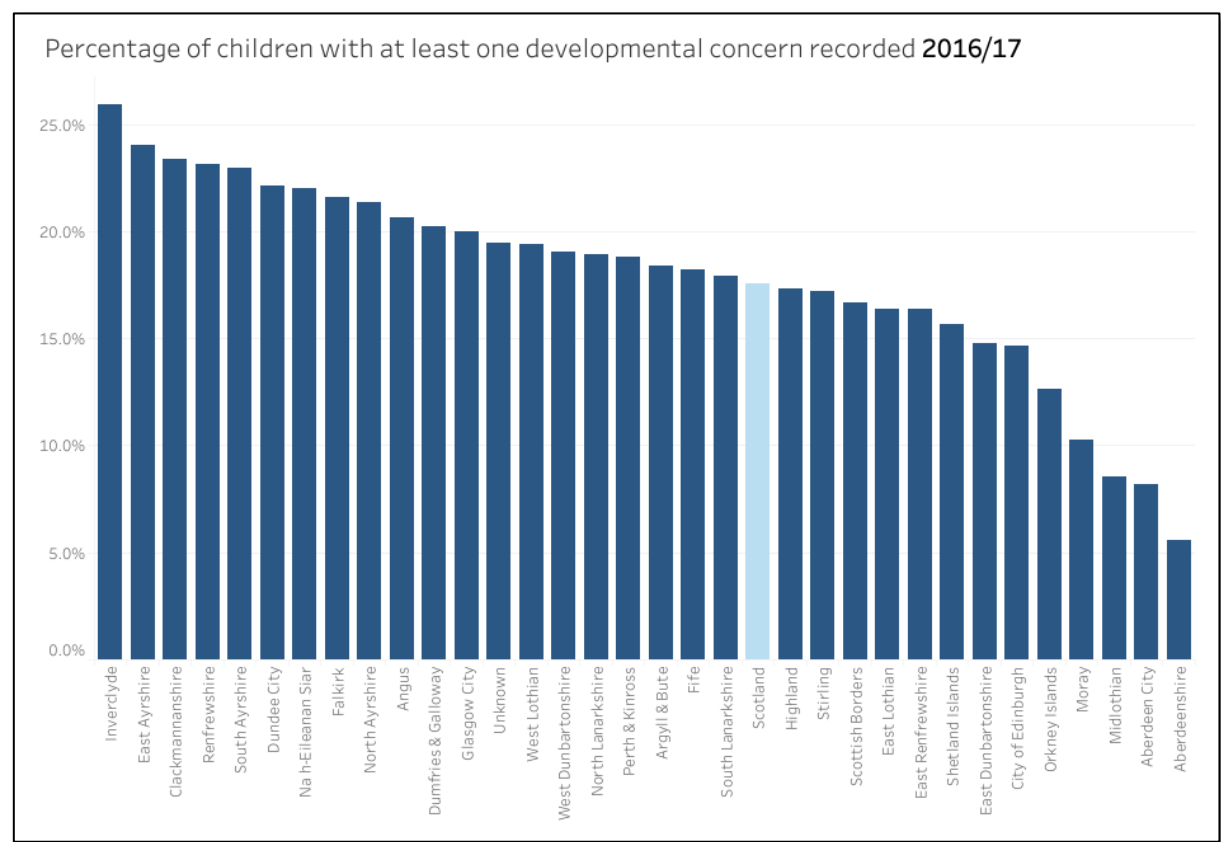
Figure 88 Uptake of 27-30 month assessment in West Dunbartonshire over time by SIMD, by Sex



Source [ISD Scotland Data Visualisation \(2018\)](#)

The uptake of the 27-30 month assessments for those living in the most deprived quintile is increasing since 2016.

Figure 89 Percentage of Children with at least one developmental concern 2016/17 by Local Authority



Source [ISD Scotland Data Visualisation \(2018\)](#)

The percentage of West Dunbartonshire children with at least one developmental concern is above the Scottish average.

Table 13 West Dunbartonshire 27-30 month Assessment Figures From 2013/14-2017/18

West Dunbartonshire	2013-2014	2014-2015	2016-2017	2017-2018
Number of children eligible for review	1,058	1,071	958	966
Number of reviews provided	999	960	861	887
Number with a concern in any domain	222	192	178	169
% Coverage	94.4	89.6	89.9	91.8
% with a concern in any domain	22.2	20.0	20.7	19.1

Source [ISD Scotland \(2018\)](#)

5.4.3 Parenting

West Dunbartonshire has a Parenting RIG which co-ordinates parenting activity across community planning partners including the HSCP, Education and the voluntary sector. It provides evidence based programmes to support parents from pregnancy up to teenage years. More information on the range of programmes is available at <http://www.wdhscp.org.uk/children/parenting-mentoring-and-befriending/parenting/>

In 2017/18 the [NHS Education for Scotland \(NES\) Psychology of Parenting Project \(PoPP\)](#), became operational in West Dunbartonshire. It aims to improve the availability of high-quality, evidence-based parenting programmes for families with young children who have elevated levels of behaviour problems.

The results from the year long programme which focused on the delivery of the Incredible Years Programme <http://www.incredibleyears.com/> are available on request

5.4.4 Nurtured Key findings

Key Findings

West Dunbartonshire has

- Over 90% of eligible children receiving a 27-30 month assessment with uptake in the most deprived quintile increasing since 2016.
- 45.4% of children living in homes that failed the Scottish Housing quality Standard ([SHQS](#)).
- 17.3% of children live in households in fuel poverty
- A well co-ordinated parenting infrastructure with the PoPP programme having enabled access to families living in the most deprived areas and evidence of a change in behaviour in the [Strengths and Difficulties Questionnaire\(SDQ\)](#)

5.5 Active

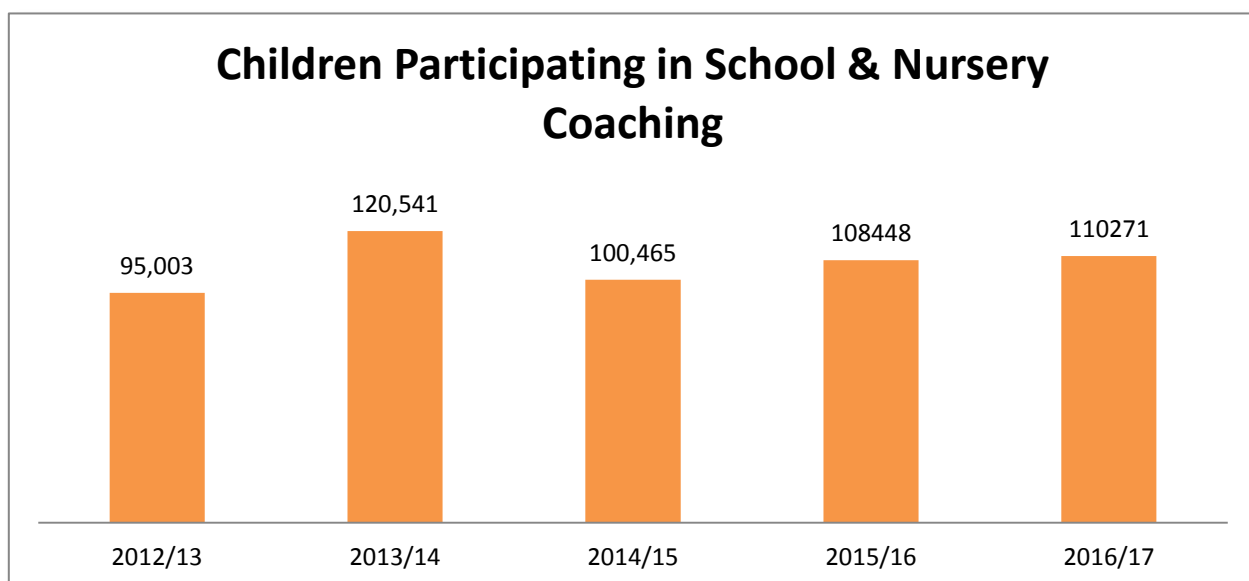


Active

Defined as 'Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.' [GIRFEC Scottish Government 2014](#)

5.5.1 Early Years & School Participation in Sport and Physical Activity

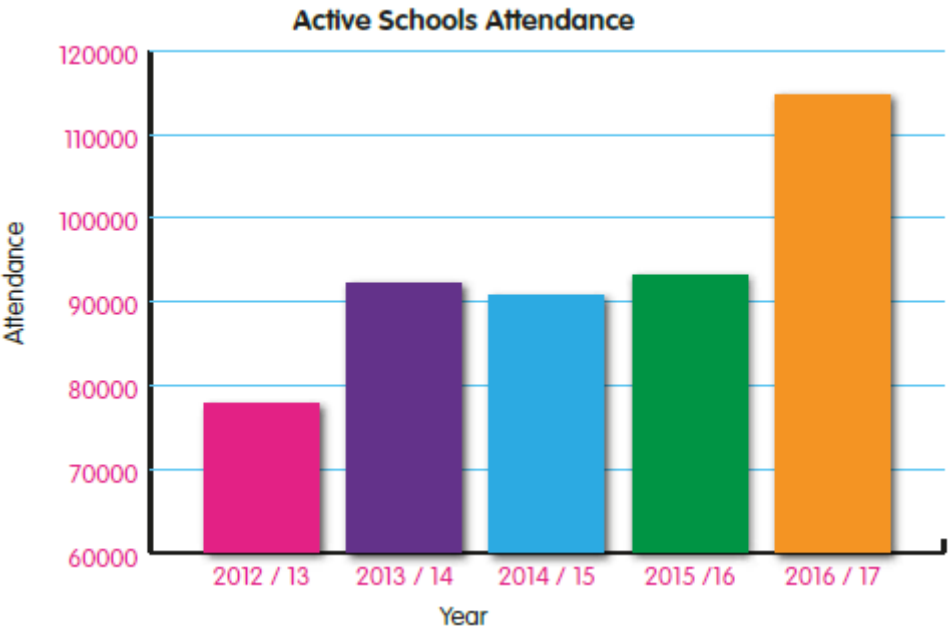
Figure 90 Children Participating in School and Nursery Coaching



Source [West Dunbartonshire Leisure Trust Annual Report 2016/17](#)

The figure above shows the number of nursery, primary, and secondary school pupils engaged in sports specific coaching sessions and events during curriculum time. 100% of schools in West Dunbartonshire engage with WDL Sports Development programmes and events.

Figure 91 Attendances at Active School Programmes

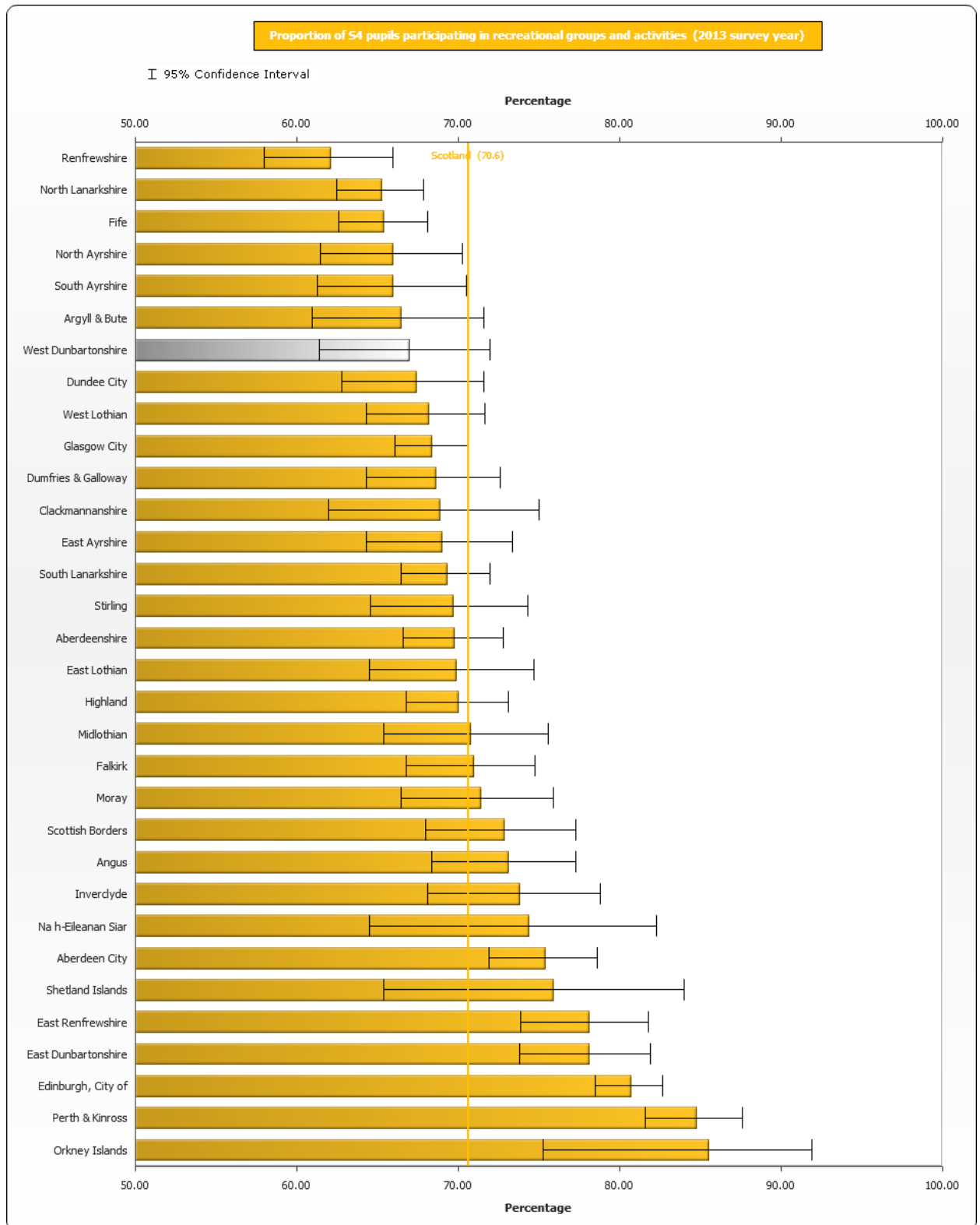


Source [West Dunbartonshire Leisure Trust Annual Report 2016/17](#)

2016-17 saw a 23% increase in Active Schools usage (participation) which includes:

- curriculum time sessions
- extra-curricular clubs (schools & community)
- sports festivals / competitions.

Figure 92 S4 Pupils Participating in Recreational groups

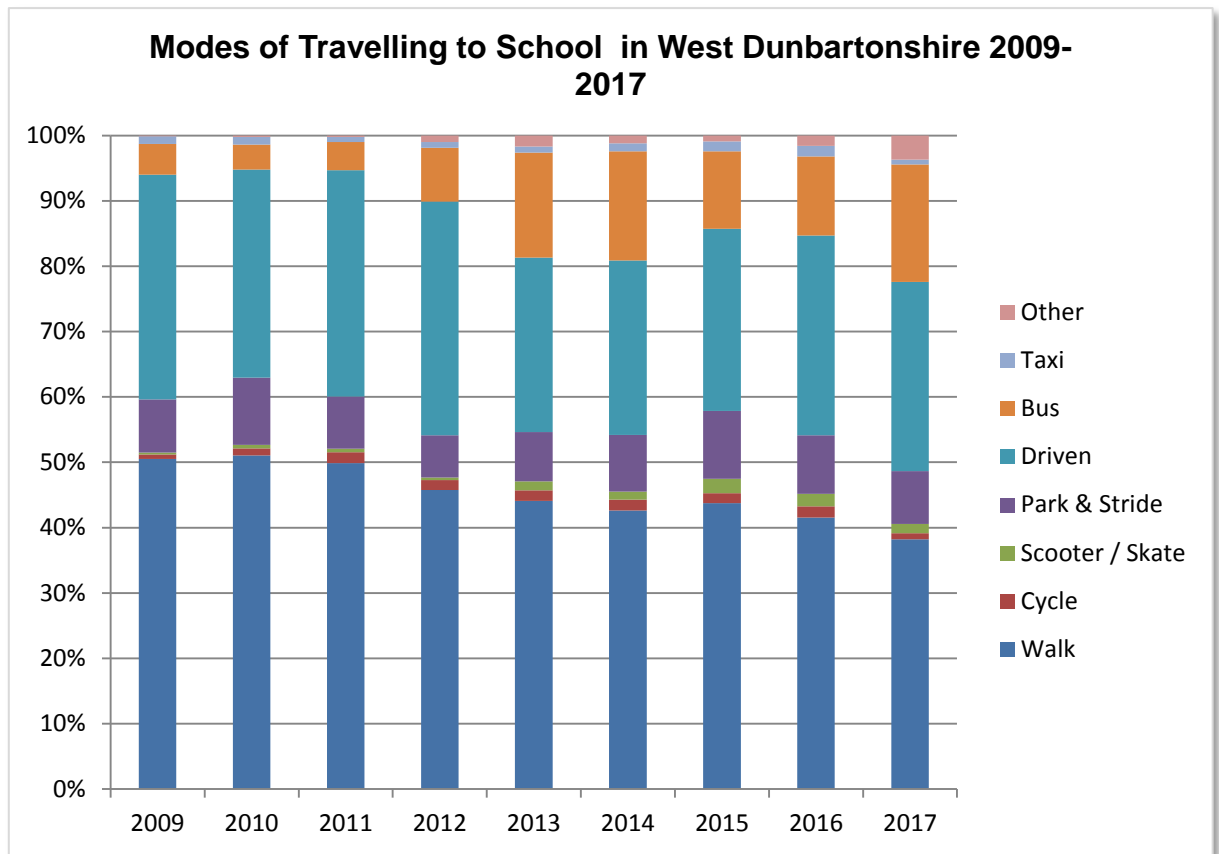


Source ScotPHO [Online Profiles Tool](#)

S4 pupils in West Dunbartonshire less likely to participate in recreational groups and activities than most other local authorities.

5.5.2 Mode of Travel to school

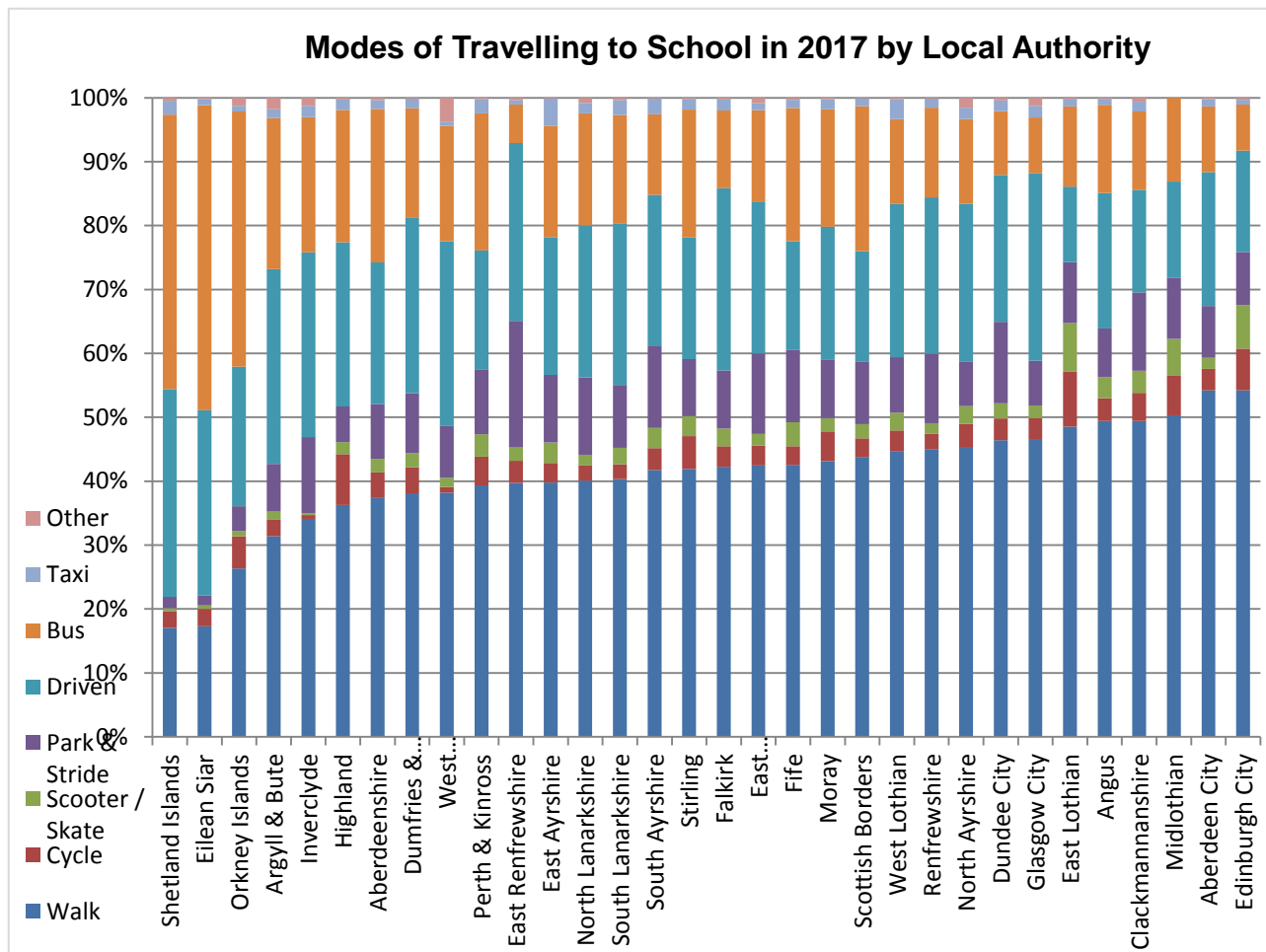
Figure 93 Modes of Travelling to School in West Dunbartonshire 2009-2017



Source [Sustrans](#)

Since 2009, the percentage of children walking to school has fallen from 50% to 38%. The number of Children driven to school has fallen slightly from 34.4% to 28.9%. Children travelling to school by bus has had the biggest increase, from 4.7% to 18%. Other forms of travel have remained fairly constant over this time.

Figure 94 Modes of Travelling to School in 2017 by Local Authority



Source [Sustrans](https://www.sustrans.org.uk/)

The most common form of travel to school in Scotland is walking. Shetland Islands have the lowest number of children walking to school (17%), while Aberdeen City and Edinburgh City have the highest percentage of children walking to school at 54.2%. In comparison, 38.2% of pupils in West Dunbartonshire walk to school.

5.5.3 Active Key Findings

Key Findings

West Dunbartonshire has

- 100% of schools in West Dunbartonshire engage with WDL Sports Development programmes and events.
- 2016-17 saw a 23% increase in Active Schools usage (participation)
- A decrease in the number of children walking to school and being driven to school

5.6 Responsible



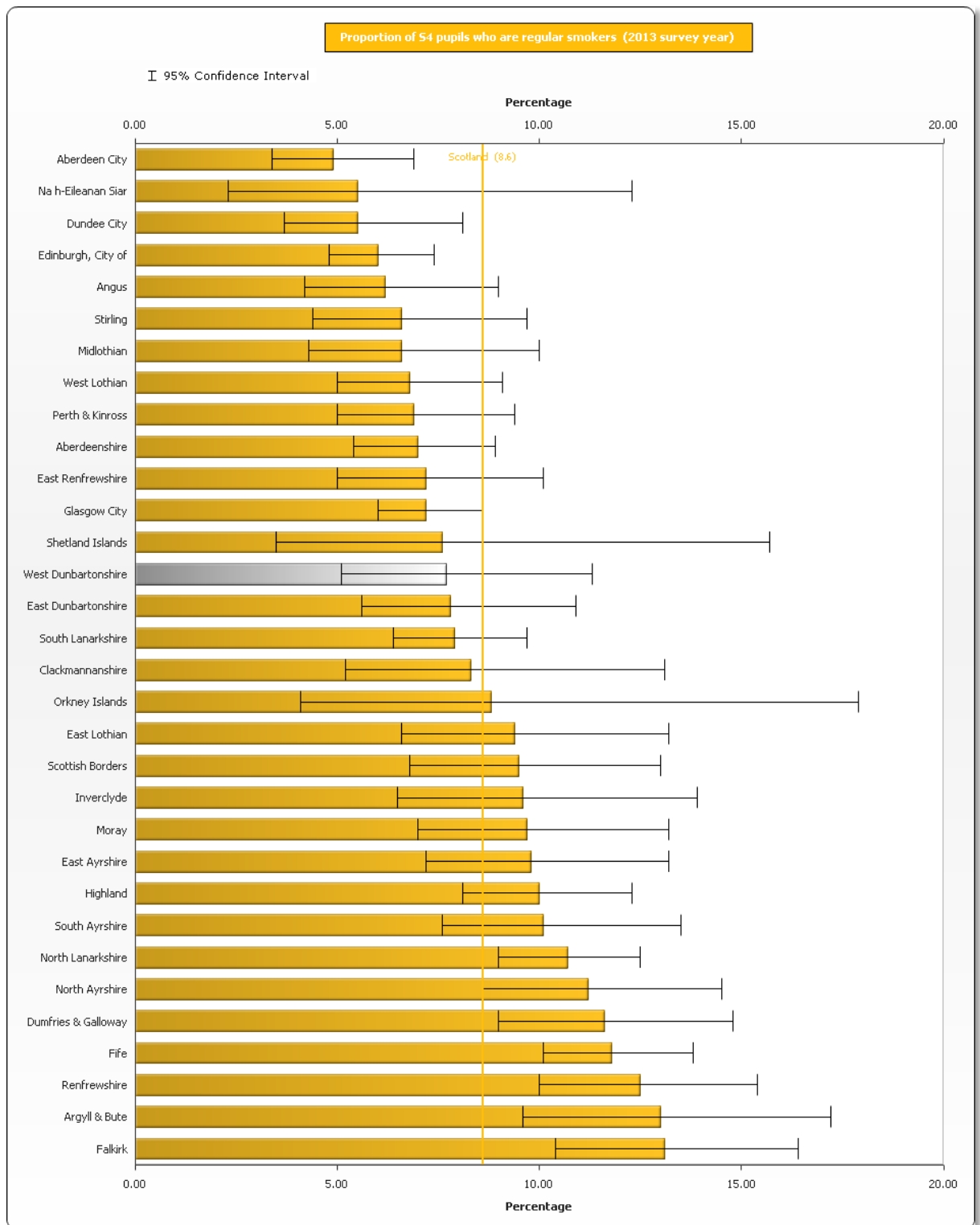
Responsible

Defined as 'Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.'

[GIRFEC Scottish Government 2014](#)

5.6.1 Alcohol, Drugs and Smoking

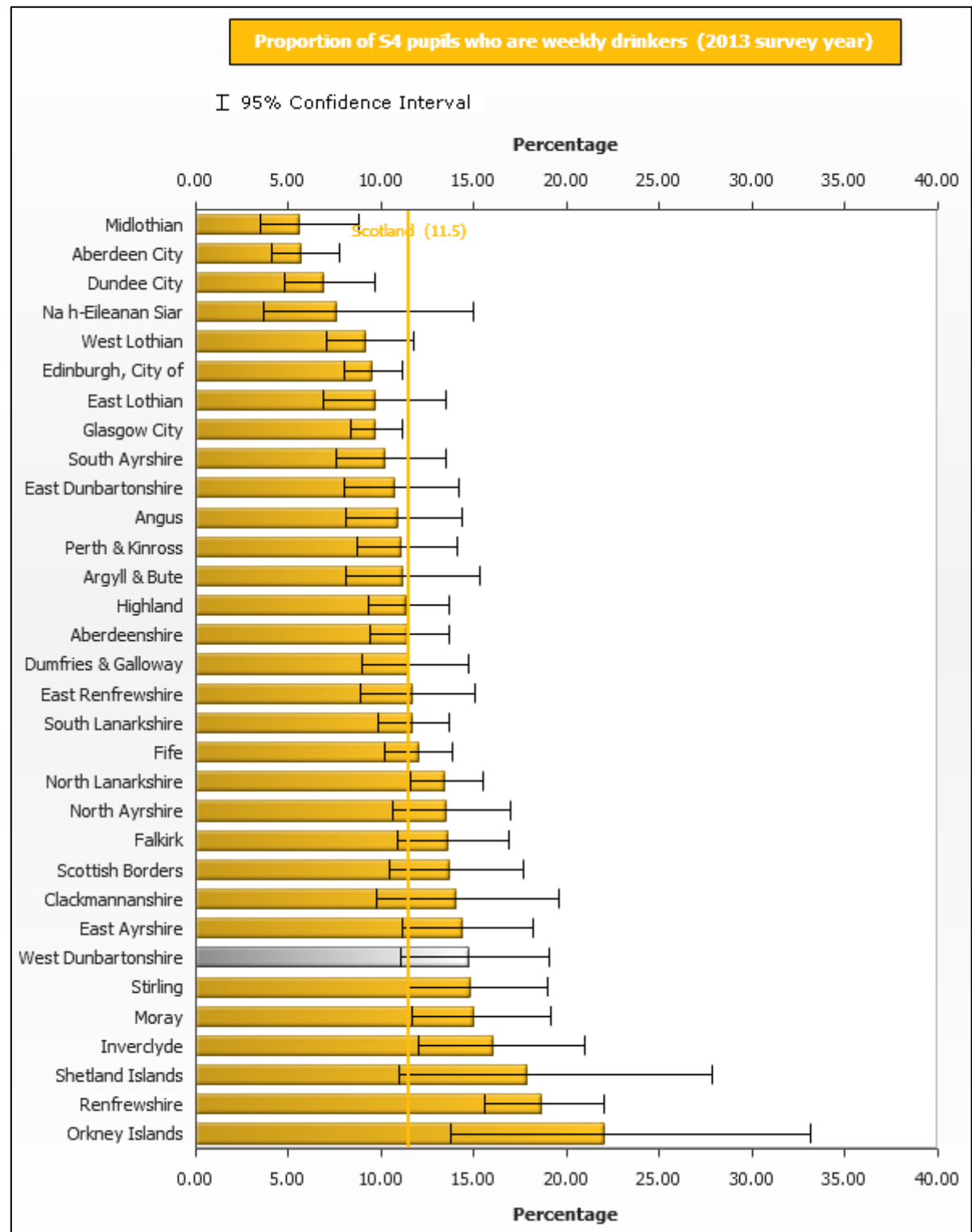
Figure 95 Proportion of S4 pupils who are regular smokers 2013



Source ScotPHO [Online Profiles Tool](#)

7.7% of S4 pupils in West Dunbartonshire in 2013 reported they were regular smokers (smoking one or more cigarettes per week). This is lower than Scotland as a whole at 8.6%.

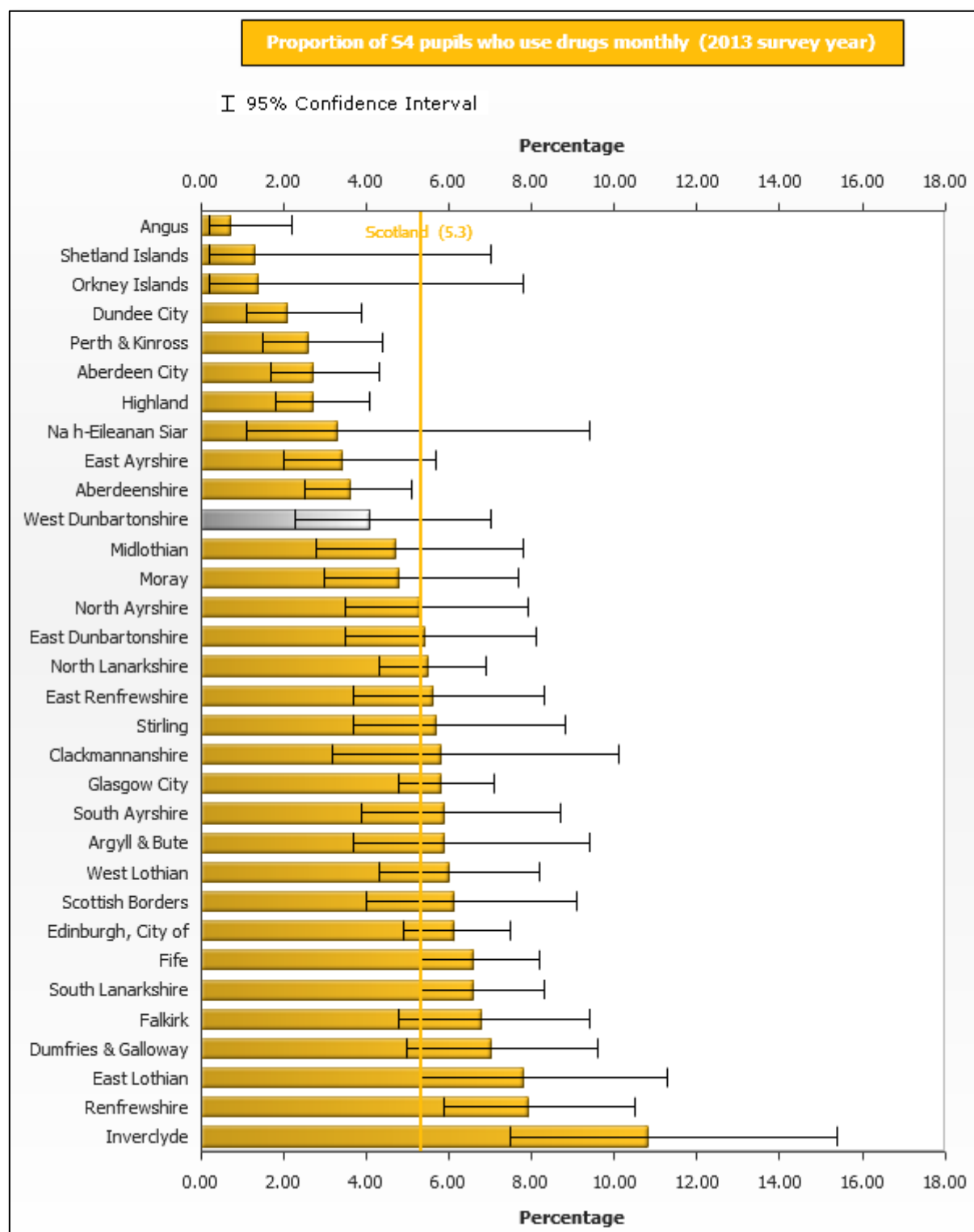
Figure 96 Proportion of S4 pupils who are weekly drinkers 2013



Source ScotPHO [Online Profiles Tool](#)

In West Dunbartonshire, 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5%.

Figure 97 Proportion of S4 Pupils who report using drugs monthly in 2013

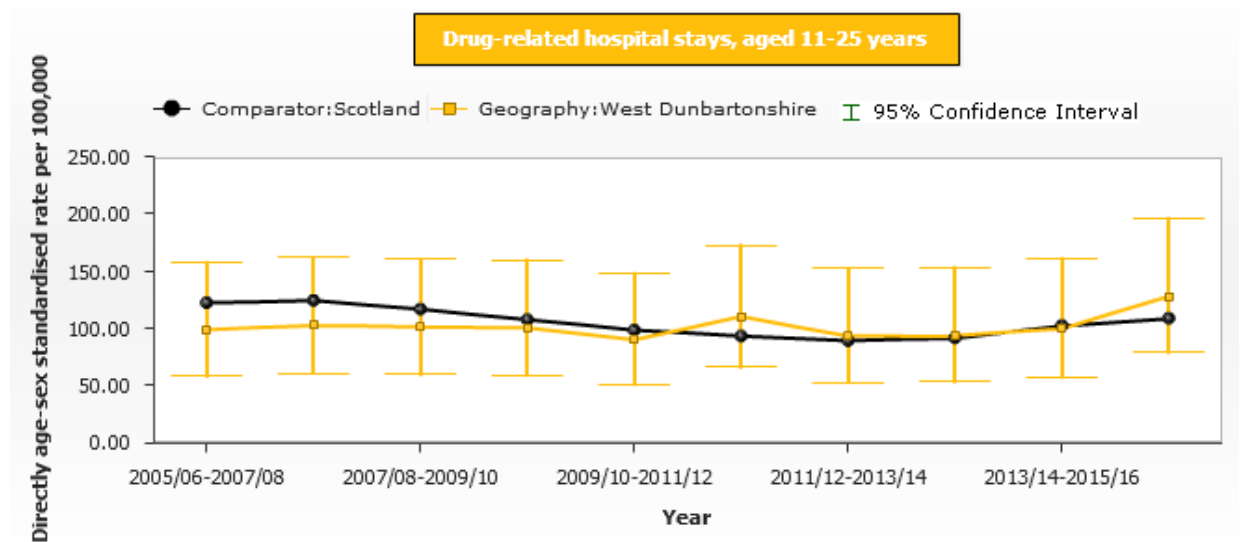


Source ScotPHO [Online Profiles Tool](#)

In 2013, West Dunbartonshire had a lower number of S4 pupils reporting using drugs monthly than Scotland (4.1% in West Dunbartonshire compared to 5.3% in Scotland)

5.6.1.1 Drug Related Hospital Stays

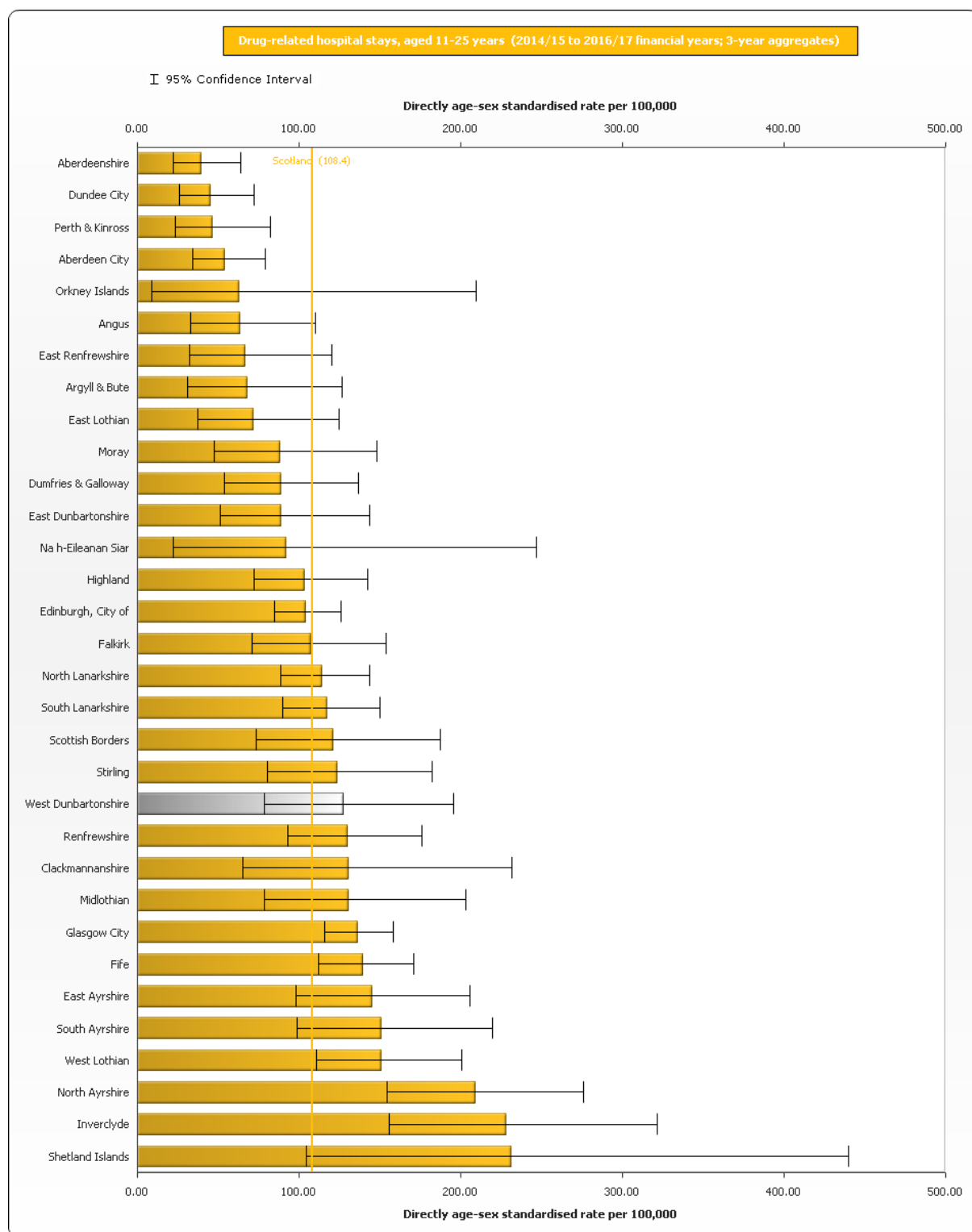
Figure 98 Drug Related Hospital Stays aged 11-25 in West Dunbartonshire and Scotland



Source [ScotPHO Online Profiles Tool](#)

Between 2011/12 and 2013/14, West Dunbartonshire has had a similar rate as Scotland for drug related hospital stays in the population aged 11-25 years. In 2013/14 – 2015/16, West Dunbartonshire rates were higher than Scotland at an average 127.70 per 100,000 compared to Scotland at 108.41 per 100,000.

Figure 99 Drug Related hospital stays aged 11-25 years by Local Authority

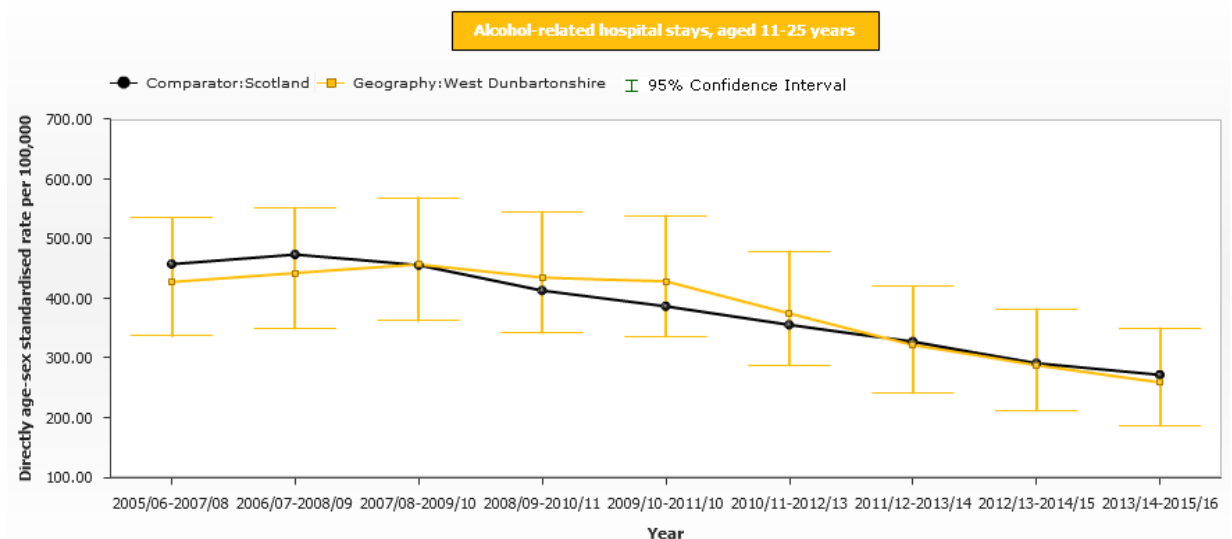


Source [ScotPHO Online Profiles Tool](#)

Between 2014/15 and 2016/17 West Dunbartonshire had a rate of 127.70 drug related hospital stays per 100,000 of the population aged 11-25. This compares to the Local Authority with the lowest rate, Aberdeenshire, at 39.70, and the Local Authority with the highest rate, Shetland Islands, with a rate of 231.00.

5.6.1.2 Alcohol Related hospital stays aged 11-25 years

Figure 100 Alcohol related hospital stays aged 11-25 years 2005/06 to 2015/16

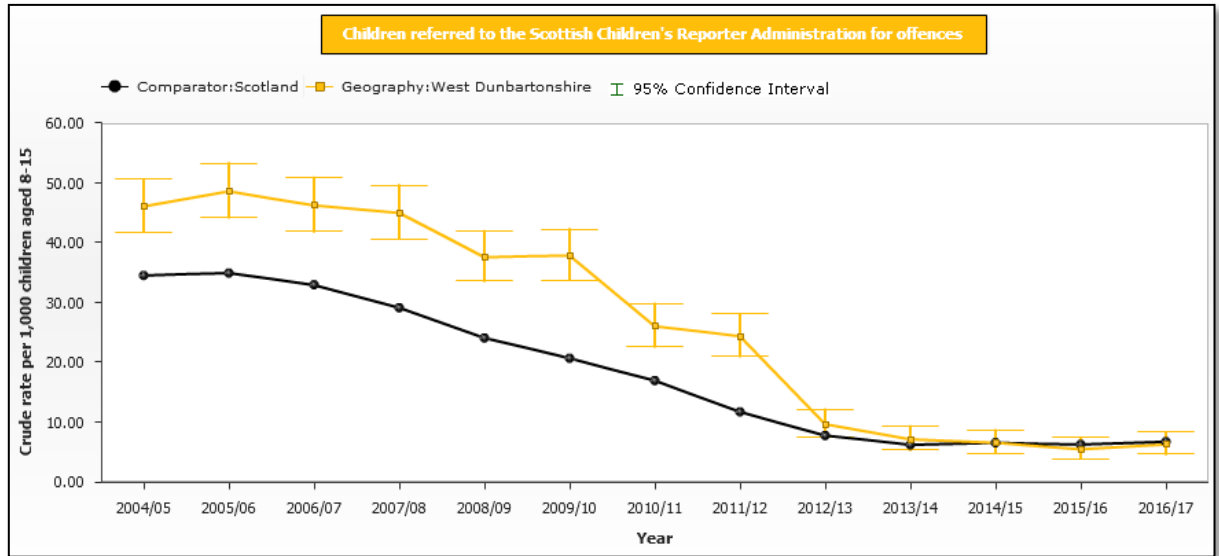


Source ScotPHO [Online Profiles Tool](#)

The figure above shows general acute inpatient and day case stays in young people aged 11-25 years with a diagnosis of alcohol misuse in any position. West Dunbartonshire has similar figures and a similar trend to Scotland as a whole, reducing from a high of 456.49 admissions per 100,000 in 2007/08 to a low of 258.78 per 100,000 in 2015/16.

5.6.2 Youth and Criminal Justice

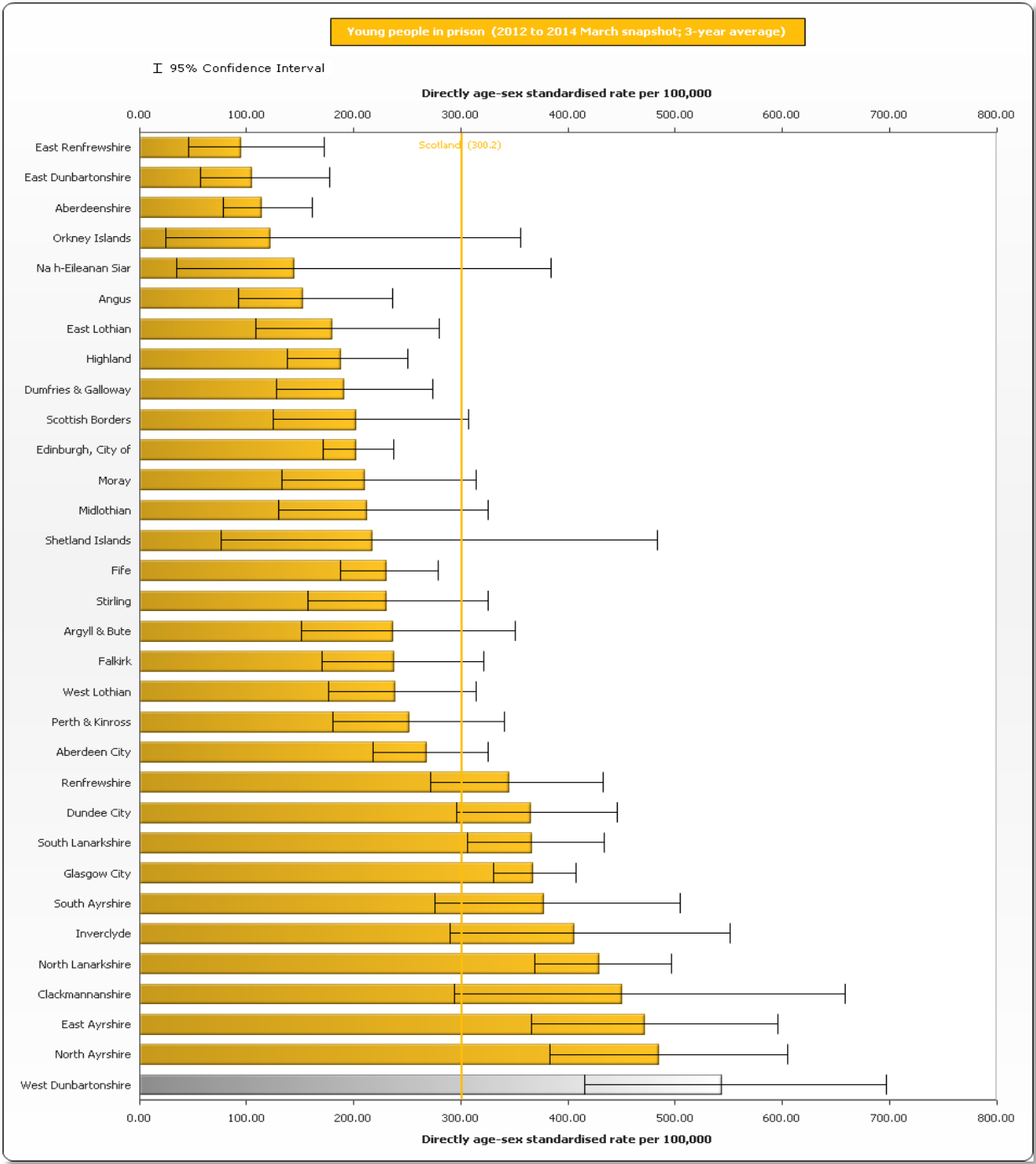
Figure 101 Children Referred to the Scottish Children's Reporter Administrator for offences 2016/17



Source ScotPHO [Online Profiles Tool](#)

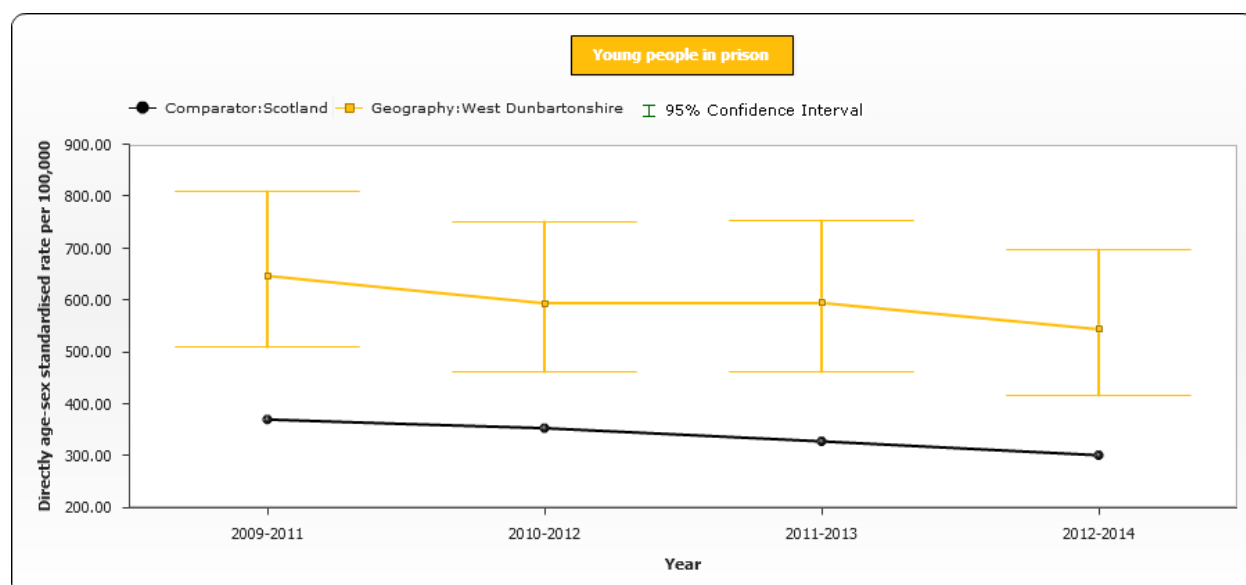
Since 2004/05, the number of children in West Dunbartonshire referred each year to the Scottish Children's Reporter Administration for offences has fallen. In 2016/17, 6.2 children aged 8-15 per 1,000 children were referred. This is similar to Scotland at 6.6 per 1,000.

Figure 102 Young People in Prison 2012-2014 March snapshot



Source ScotPHO [Online Profiles Tool](#)

Figure 103 Young People in prison 2009/11 – 2012/14



Source ScotPHO [Online Profiles Tool](#)

In 2012-2014, there were 543 young people in prison per 100,000. This is the highest figure in any local authority in Scotland.

5.6.3 Responsible Key Findings

Key Findings

West Dunbartonshire has

- 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5%.
- 4.1% of S4 pupil reporting using drugs monthly.
- The rate of drug related hospital stays in 11-25 year olds is increasing and is higher than the Scottish average.
- 543 young people in prison per 100,000. This is the highest figure in any local authority in Scotland.

5.7 Respected



Respected

Defined as having the opportunity, along with carers, to be heard and involved in decisions that affect them. [GIRFEC Scottish Government 2014](#)

Respect and being respected is vital to children's and young people's wellbeing, to their sense of self-worth and belonging; feeling loved and cared for and trusted by their friends and parents or carers, and not feeling stigmatised, discriminated against or demeaned.

A child who is treated with respect is also more likely to be safer, emotionally and physically healthier, happier, more nurtured, more likely to feel and be included, more likely to achieve and more likely to respect themselves and others and behave in a considerate and responsible way.

In West Dunbartonshire a range of structures and processes are in place through which young people are consulted in strategies affecting them.

This includes [Rights Respecting Schools](#), a range of parental involvement groups, Community Planning West Dunbartonshire Youth Alliance, [West Dunbartonshire Champions' Board](#), and [Y Sort It](#),

5.8 Included



Included

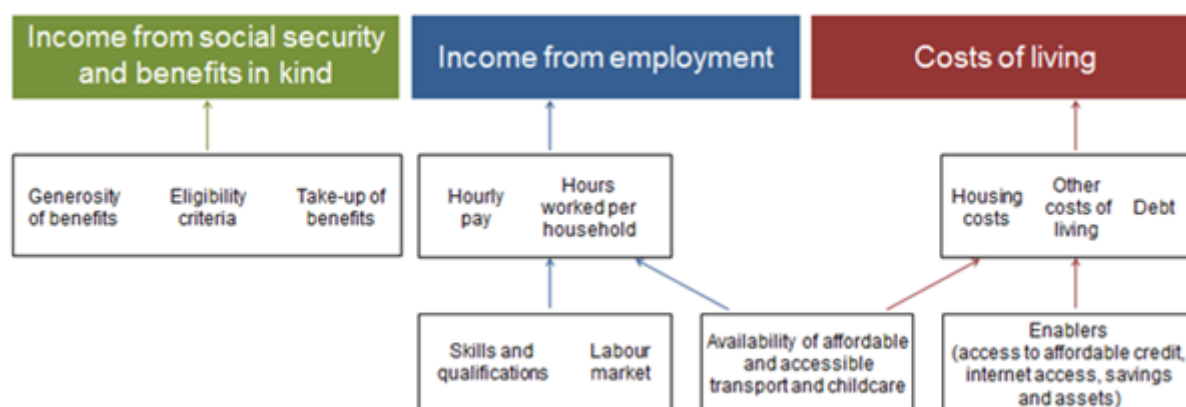
Defined as 'Having help to overcome social, physical, economic and educational inequalities, and being accepted as part of the community in which they live and learn.'

[GIRFEC Scottish Government 2014](#)

5.8.1 Child Poverty (Scotland) Act 2017 and Local Child Poverty Action Reports

The Child Poverty (Scotland) Act 2017 requires local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report annually by the 30th of June 2019 on the actions taken in the previous year and proposed for the subsequent year in relation to addressing the drivers of child poverty as in the figure below.

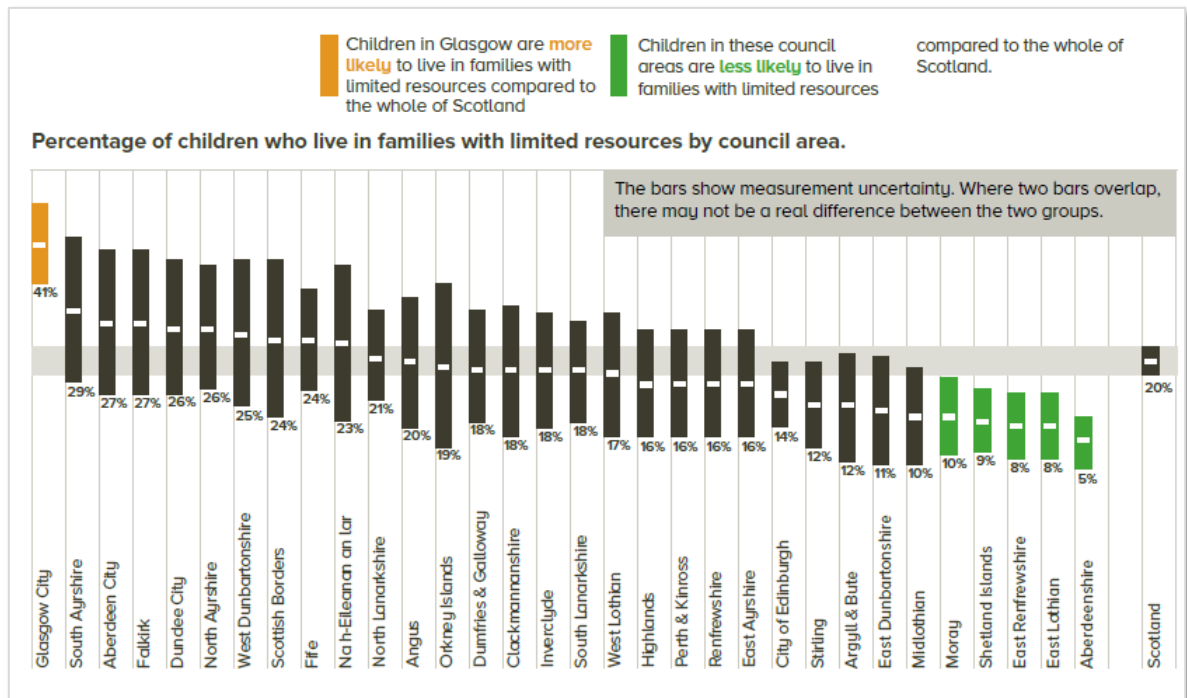
Figure 104 Drivers of Child Poverty



Source [Child Poverty \(Scotland\) Act 2017 Guidance on Local Action Reports Scottish Government 2018](#)

5.8.1.1 Children in Poverty in West Dunbartonshire

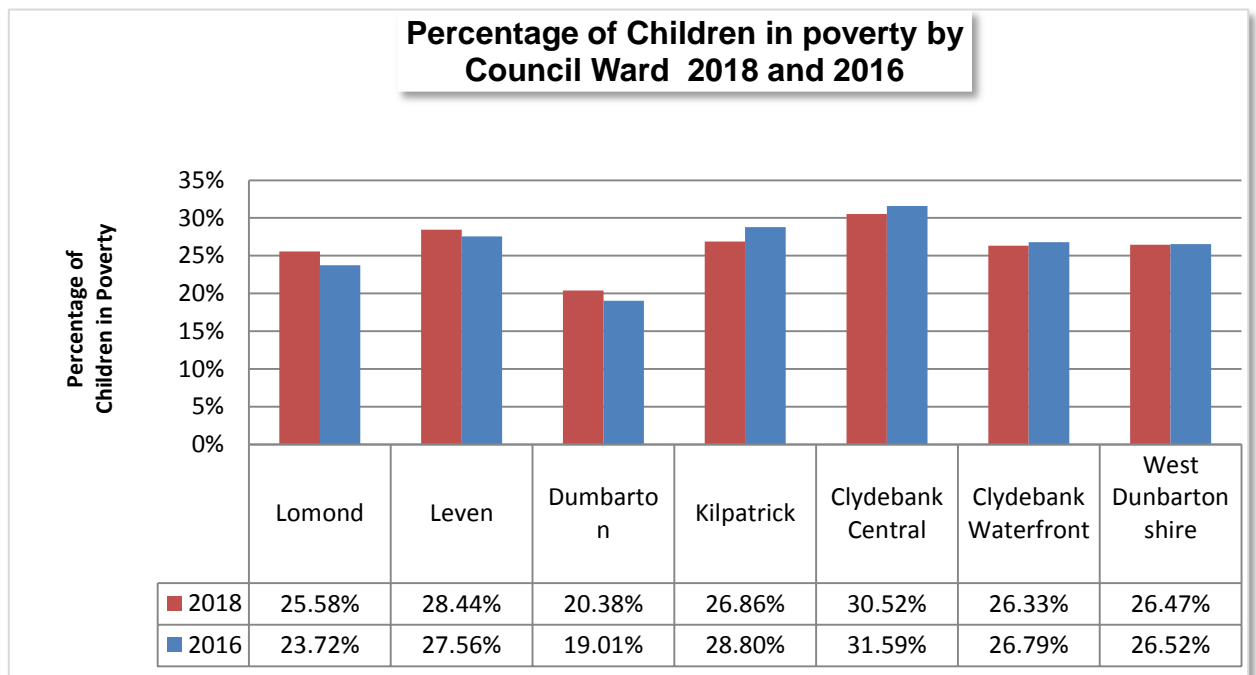
Figure 105 Percentage of children who live in families with limited resources by council area



Source [Scottish Government 2018](#)

This figure shows that one in four children in West Dunbartonshire live in families with limited resources.

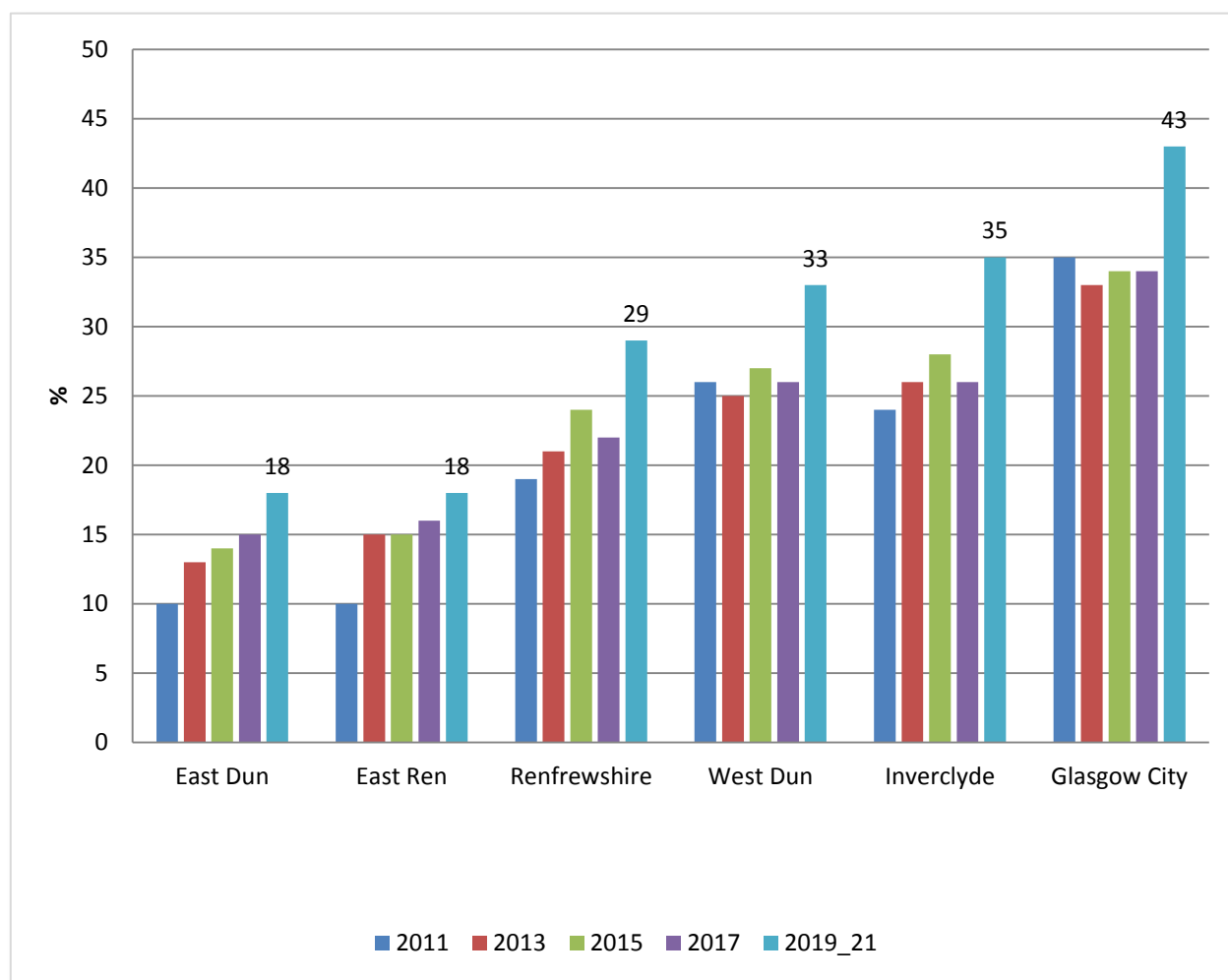
Figure 106 Percentage of Children in Poverty in West Dunbartonshire and By Council Ward 2018 and 2016



Source [End Child Poverty \(2018\)](#)

Data suggests that the percentage of children living in poverty has increased in Dumbarton, Leven and Lomond between 2016 and 2018. The overall number for West Dunbartonshire has remained similar over the same period.

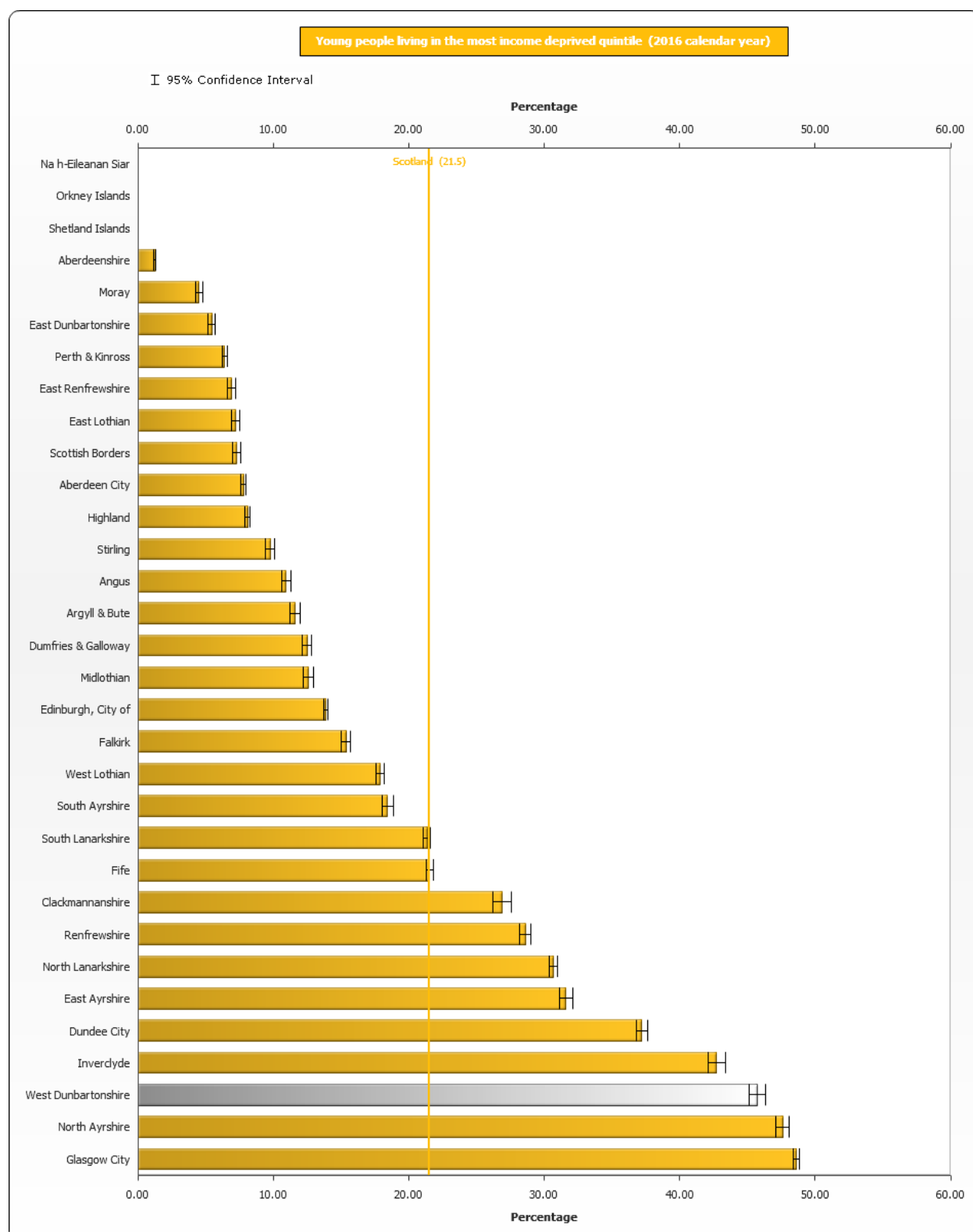
Figure 107 Trends and Projections in Relative Child Poverty after Housing Costs in Local Authorities in GGC



Source [End Child Poverty](#) with Projections from 2019/21 Calculated by NHSGGC Public Health [Using Projections from Institute of Fiscal Studies](#)

The most recent projections produced in a report for the Scottish Government by Howard Reed, Landman Economics and Graham Stark, Virtual Worlds Research on [Forecasting Child Poverty in Scotland 2018](#) highlighted that after the implementation of the planned cuts, child poverty in Scotland is forecast to increase further, to 38% by 2030/31.

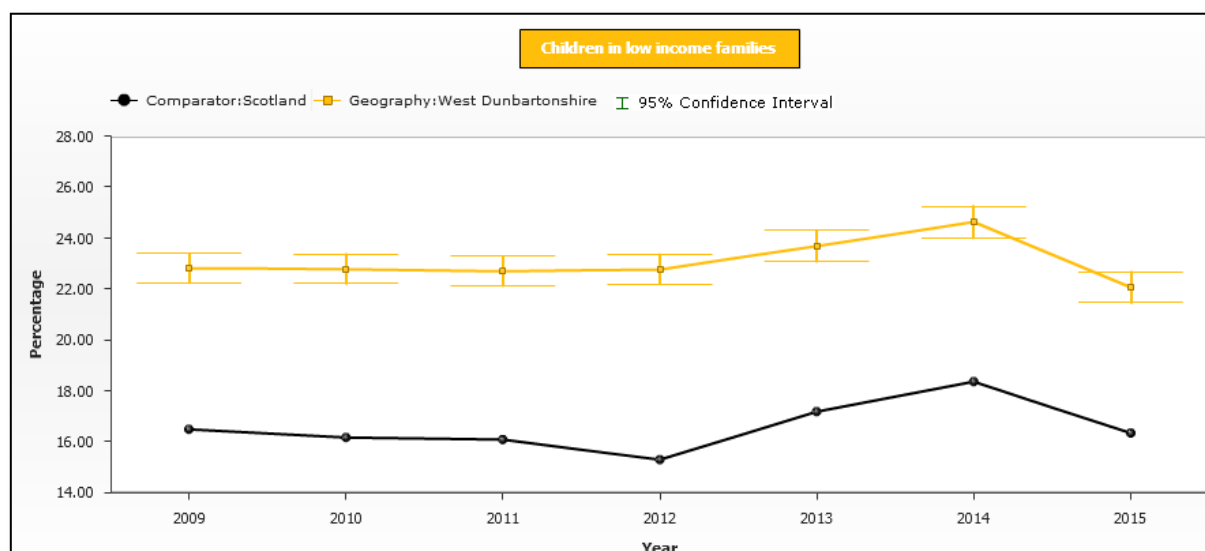
Figure 108 Young People Living in the Most Income Deprived Quintile 2016



Source ScotPHO [Online Profiles Tool](#)

West Dunbartonshire has one of the highest percentages of the population aged 0-25 years living in the 20% most income deprived areas (2011 data zones) in Scotland.

Figure 109 Children in Low Income Families 2009-2015



Source ScotPHO [Online Profiles Tool](#)

This figure shows the percentage of children (dependents under 20) in families in receipt of out-of-work benefits or in receipt of child tax credits (reported income is less than 60% of the UK median) in West Dunbartonshire (22.6%) compared to Scotland (16.32%).

5.8.2 Free School Meals (FSM)

The prevalence of children eligible for and claiming FSMs in West Dunbartonshire schools also, provides an indication of how many children in West Dunbartonshire schools come from low income households.

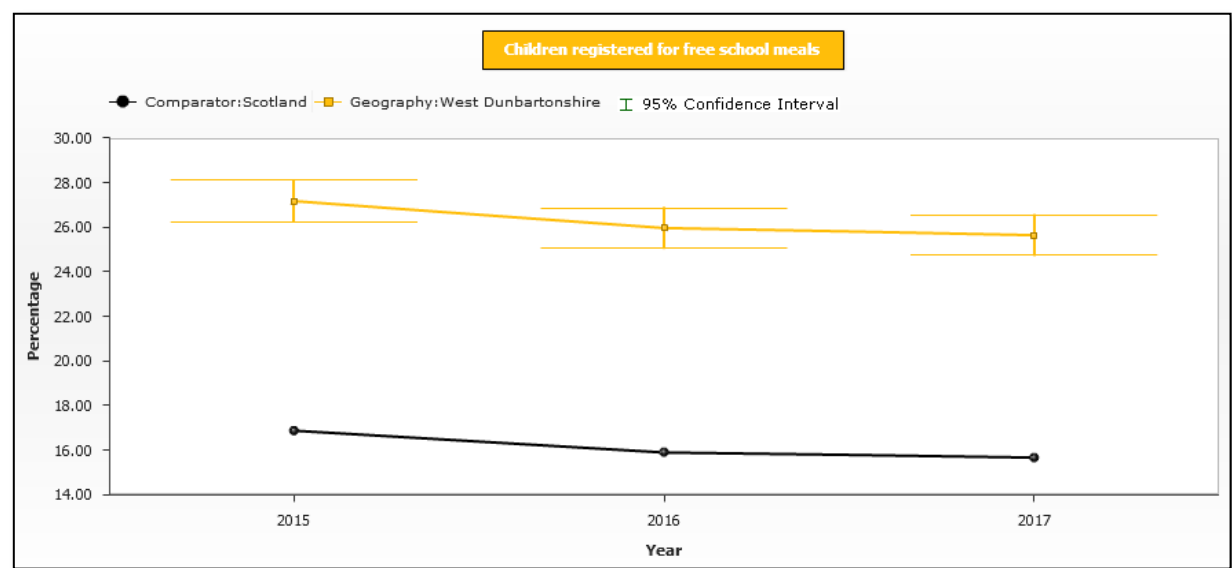
There is universal eligibility for FSMs for Pupils in Primaries 1-3. Information on the eligibility criteria for pupils in primary 4 upwards is available [here](#)

The [Education \(Scotland\) Act 2016](#) also permits education authorities to provide food or drink to pupils free of charge including free school meals, and it may be provided free of charge “*in relation to pupils who satisfy such conditions as the authority thinks fit.*” ([Scottish Parliament Social Security Committee 2018](#))

Free School meal eligibility data is also used as a proxy for the current allocation of the pupil equity fund to eligible schools directly <https://beta.gov.scot/policies/schools/pupil-attainment/>.

Eligibility and uptake of free school meals is recorded on a census day annually in February.

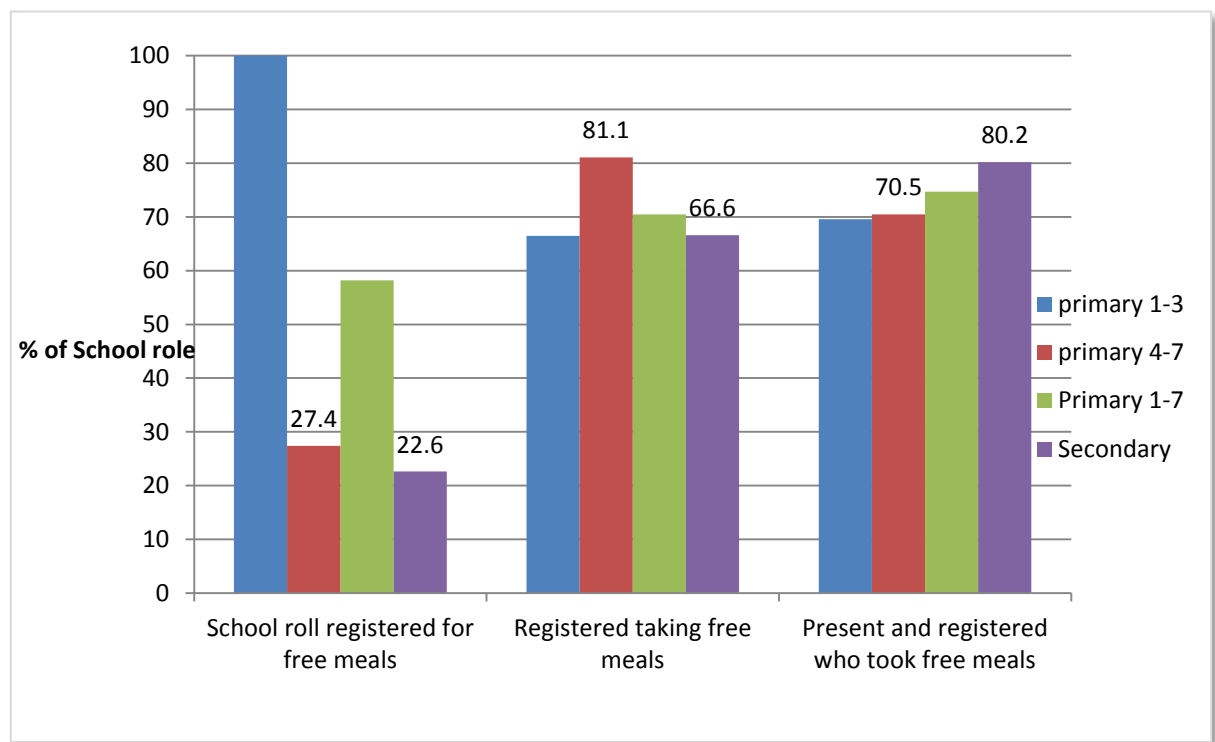
Figure 110 Children Registered for Free School Meals



Source ScotPHO [Online Profiles Tool](#)

In West Dunbartonshire in 2018, 27.4% of children in primary 4 and above were registered for free school meals with only Glasgow City and Dundee City having a higher percentage of children registered. This is significantly more than Scotland which had 17% of children in primary 4 or above registered.

Figure 111 West Dunbartonshire free school meal registration and uptake on census day 2018



Percentage of school roll registered for free meals = Number of pupils registered for free meals/Number of pupils on the school roll *100
 Percentage registered taking free meals = Number of pupils present and taking free meals/ Number of pupils registered for free meals * 100
 Percentage of pupils present on census day and registered who took free meals = Number of pupils present and taking free meals/Number of registered pupils present on census day * 100

Source [Scottish Government \(2018\) Summary Statistics for Attainment, Leaver Destinations and Healthy Living](#)

Figure 112 West Dunbartonshire school meal registration and uptake 2017



Percentage of school roll registered for free meals = Number of pupils registered for free meals/Number of pupils on the school roll *100

Percentage registered taking free meals = Number of pupils present and taking free meals/ Number of pupils registered for free meals * 100

Percentage of pupils present on census day and registered who took free meals = Number of pupils present and taking free meals/Number of registered pupils present on census day * 100

Source [Scottish Government \(2017\) Summary Statistics for Attainment, Leaver Destinations and Healthy Living](#)

For primary schools nearly 60% of pupils are registered for free school meals.

Registration for secondary pupils was slightly lower in 2018 compared to 2017 however the uptake of school meals for secondary school pupils on the day of the survey was over 80% in 2018 however was lower in 2018 than 2017 for primary school pupils.

5.8.2.1 School Free Schools Meals Data by Area

Of the 32 Primary Schools in West Dunbartonshire 14 are in the Clydebank Area and 18 in the Dumbarton/Vale area 7 in Dumbarton and 11 in the Vale of Leven.

More information on the profile of the individual primary schools is available in the service [section below](#) 7

The table below details the spread of free school meals registration data by area.

Table 14 Breakdown of Primary 4-7 Registration for Free School Meals by Area in West Dunbartonshire

	Clydebank	Dumbarton/ Vale of Leven area		West Dunbartonshire Council
Number of Primary Schools	14	11 (Vale of Leven)	7 (Dumbarton)	32
		18		
Percentage of all Primary Schools in West Dunbartonshire in this locality	44%	34%	22%	100%
		56%		
Percentage and number of Primary Schools with over 30% of pupils in Primary 4-7 registered for free school meals as a proportion of all pupils registered for free schools meals as at February 2018 Snapshot from Scottish Government	53% of all WD schools in this category are in Clydebank 57% of all schools in Clydebank N=8	43% of all WD schools in this category are in Dumbarton/Alexandria 18% in Dumbarton and 35% in Alexandria 43% of all Primary Schools in Dumbarton (n=3) And 55% of Schools in Alexandria (n=6)		47% (n=17)

Source [Scottish Government 2017](#)

The proportion of primary 4-7 pupils who registered for free school meals 2017/18 (where the data is published), in West Dunbartonshire ranged from 6.5% to 51.4%.

Almost half of the primary schools in West Dunbartonshire have over 30% of their Primary 4-7 aged pupils registered for free school meals with half of these schools being located in Clydebank and having the highest percentages of registration in West Dunbartonshire.

5.8.3 Included Key Findings

Key Findings

West Dunbartonshire has

- Continued high rate of child poverty across the whole area (26%) with projections that this will rise to 33% in 2019/2021.
- One of the highest percentages of the population aged 0-25 years living in the 20% most income deprived areas (2011 data zones) in Scotland.
- 22.6% of children live in low income families
- A high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend.
- Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals

5.9 Wellbeing Considerations

Safe

- The Nurtured DIG should continue to work with the Safe DIG and the West Dunbartonshire Domestic Abuse Task force to tackle the high rates of domestic abuse in the area and in particular highlight the high proportion of under 5's who are affected by domestic abuse.
- The Nurtured DIG should continue to monitor the rate of unintentional injuries and identify which action in the Public Health England [Reducing Unintentional Injuries Guidance](#) can be adopted
- The Nurtured DIG should continue to contribute to early intervention and prevention work with the Child Protection Committee given the increasing rates of children on the register.
- The Nurtured DIG should continue to work with the Child Protection Committee to raise awareness of emerging societal issues related to gender, relationships and sexual health
- The Nurtured DIG alongside the Champions Board should continue to focus on the wellbeing needs of children who are looked after at home or with friends or relatives given the fact that the majority of children as in this position
- The Nurtured DIG should continue to collaborate with the Safe DIG to implement locally the national Youth Justice Strategy -[Preventing Offending: Getting it right for children and young people](#) including the whole systems approach.

Healthy

- The Nurtured DIG should continue to focus on increased uptake of universal programmes
- The HSCP should support the NHSGGC roll out of financial incentives for smoking cessation in pregnancy in 2018 given the high rates of smoking.
- The Nurtured DIG should continue to promote breastfeeding through the Health and Wellbeing Curriculum in educational establishments and support the HSCP Health Visiting team to sustain the [Gold](#) Baby Friendly Unicef sustainability award
- The Nurtured DIG should support the HSCP, WDC Education and NHSGGC to continue to co-ordinate all four aspects of the [Childsmile](#) oral health programmes to prevent dental decay and increase dental registration in the pre five population.
- The Nurtured DIG needs to continue to monitor obesity rates in primary school and prepare for the implementation of the forthcoming Nutritional requirements for food and drink in schools which are currently out for consultation in line with the [Diet & Healthy Weight Delivery Plan](#) (2018)

Achieving

- The Nurtured DIG needs to continue to improve the employability skills and sustained, positive school-leaver destinations for all young people
- The Nurtured DIG and community planning partners should continue to focus on the reducing the poverty related attainment gap in particular in numeracy and continue the benchmarking in relation to health and wellbeing.
- The Nurtured DIG and wider community planning partners should ensure that the needs of all children are met and barriers to learning met. & in particular consider the [recommendations](#) of the 2018 [Scottish Parliament Education and Skills Committee Inquiry into Attainment and achievement of school children experiencing poverty](#) and specifically consider the barriers to participation and the [cost of the school day](#) given the proportion of pupils living in the most deprived SIMD areas.
- The Nurtured DIG should continue to plan for a changing school population which is smaller, more diverse and where needs can be met through a variety of

interventions.

- The Nurtured DIG should continue to monitor and improve school attendance rates.

Nurtured

- The Nurtured DIG should develop a collaborative strength based approach to address adverse childhood experiences.
- The Nurtured DIG should continue to work with the local community to promote parenting, build on the outcomes of the [NHS NES Psychology of Parenting Project \(PoPP\)](#) programme and maximising uptake and completion.
- The Nurtured DIG should work with WDC Housing and Employability regarding the targeting in the [Fuel Poverty \(Target, Definition and Strategy \(Scotland\) Bill 2018\)](#) to ensure that the needs of children and families are met.
- The Nurtured DIG should continue to report on co-ordinated approaches to data sharing, assessment and planning in respect of the health, wellbeing and welfare of children and young people.

Active

- The Nurtured DIG should continue to work with WD Leisure to ensure that opportunities are in place to enable children and young people to be physically active across a range of settings.
- Specifically the Nurtured DIG should implement the relevant actions in [A More Active Scotland: Scotland's Physical Activity Delivery Plan 2018](#) in relation to Outdoor learning in Early Years expansion, the Daily Mile and the maximise the achievement/attainment benefits of Physical Activity and Sport.

Responsible

- The Nurtured DIG needs to contribute to the forthcoming Safe DIG Substance misuse strategy to ensure that parents and carers can be protected from substance misuse.

Respected

- The Nurtured DIG needs to ensure children and young people are respected by ensuring implementation of and compliance with the Children and Young People (Scotland) Act 2014, the Equality Act 2010 and the United Nations Convention on the Rights of the Child (UNCRC)

Included

- The Nurtured DIG needs to address [Child Poverty](#) in line with the requirements of the Child Poverty act by maximising income and reducing living costs using the new responsibilities of both the Council and NHSGGC particularly as the date for implementation of full service of Universal Credit is imminent.
- The Nurtured DIG needs to continue to work across community planning partners to routinely identify families who may benefit from access to Working 4 U advice services and to maximise uptake of [Scottish specific benefits and allowances for families such as the forthcoming \(Summer 2019\) Best Start Grant](#)
- Efforts to continue to ensure high uptake of free school meals should be continued especially as some direct funding to schools uses this as a proxy indicator of need.
- WDC Education Attainment and Learning, Working 4 U and Housing need to continue to use innovative approaches to support families in an integrated way such as through the Family Opportunities Hub to provide advice, housing support, training, education and employability for families delivered from Schools.

6 Service Information

6.1 Maternity, Births, Early years

The importance of early years' and childhood experiences for healthy development and for health and wellbeing throughout the life course continues to be evidenced.

Glasgow Centre for Population Health provides a useful infographic on what is required to support a healthy start in life. It outlines four spheres of influence on children and young people.

Figure 113 Glasgow Centre for Population Health Early Years, Children and Young People. What is needed to support a healthy start in life?



1. **Family and parent environment** – Fundamental to healthy child development and attachment is the family/household environment, the health and wellbeing of the child's parents (or main carers) and crucially, consistent love and care.
2. **Learning environment** – Early years settings and schools exert critical influences on children's development and future outcomes.
3. **Neighbourhood environment** – The neighbourhoods in which children and young people live and socialise have significant impacts on their day-to-day lives and their health and wellbeing.
4. **Socioeconomic context** – The health and wellbeing of children is directly influenced by material circumstances. Socioeconomic factors interact with and impact across children's family, learning and neighbourhood environments

Source [Glasgow Centre for Population Health \(2016\)](#)

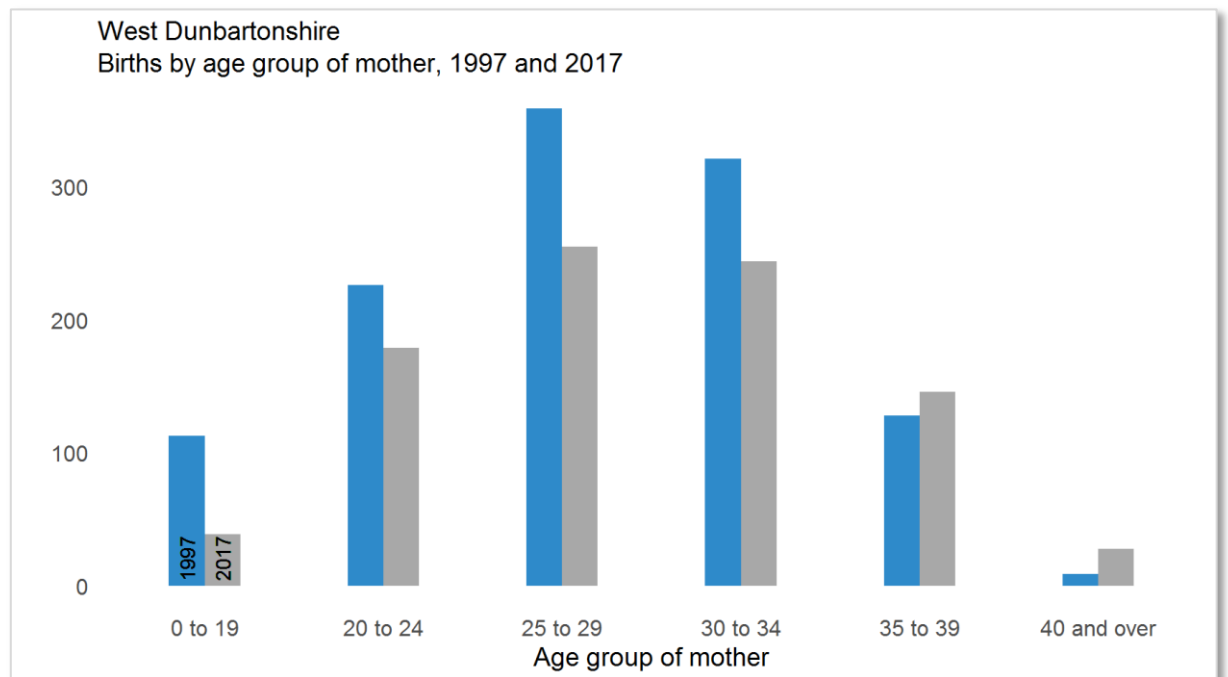
This section covers maternity and pre school information.

6.1.1 Births and Age of Mother at Birth

As indicated in section 3.1, the numbers of births in West Dunbartonshire has decreased over the last twenty years.

The breakdown of births by age group of mother is shown below.

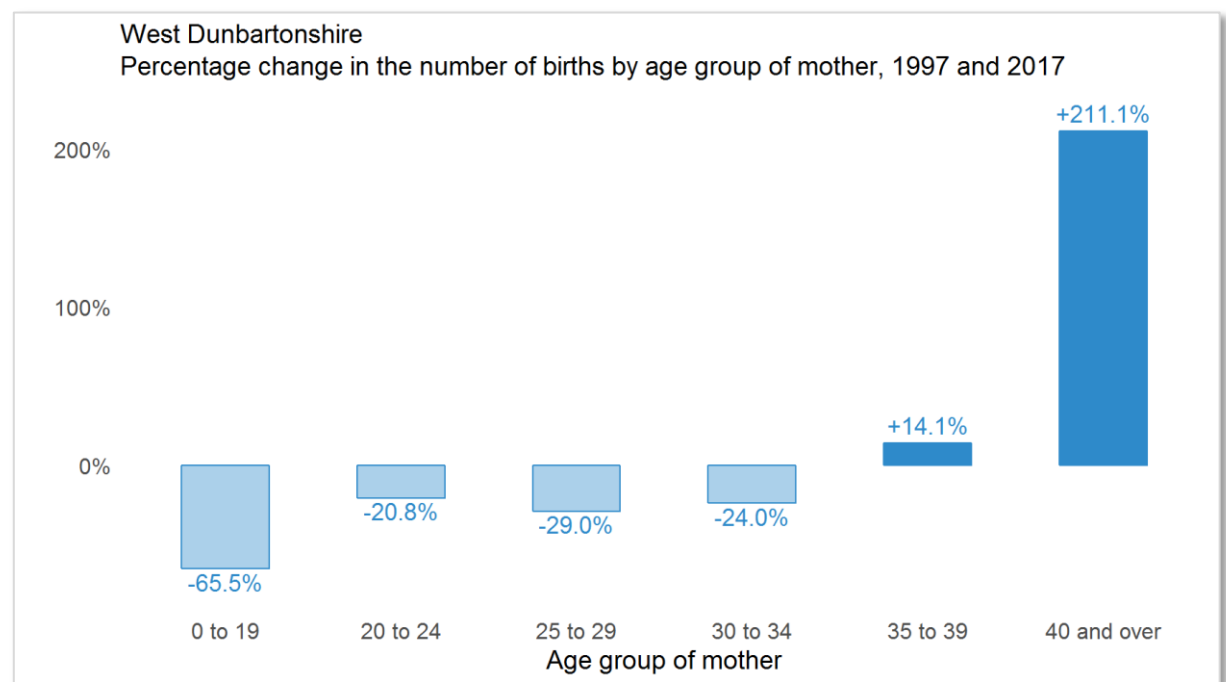
Figure 114 Number of Births by Age Group of Mother 1997 and 2017



Source [National Records of Scotland \(2018\)](#)

In 2017, the most common age group of mothers in West Dunbartonshire was 25 to 29 (255 births), the same as in 1997. The least common age group of mothers in West Dunbartonshire was 40 and over (28 births), which is the same as in 1997.

Figure 115 Percentage Change in the Number of Births by Age Group of Mother 1997 and 2017



Source [National Records of Scotland \(2018\)](#)

Between 1997 and 2017, the 0 to 19 age group has seen the largest percentage decrease in births (-65.5%) and the 40 and over age group has seen the largest percentage increase in births (+211.1%). The numbers in the 40 and over age group remain comparatively small with 28 births in 2017.

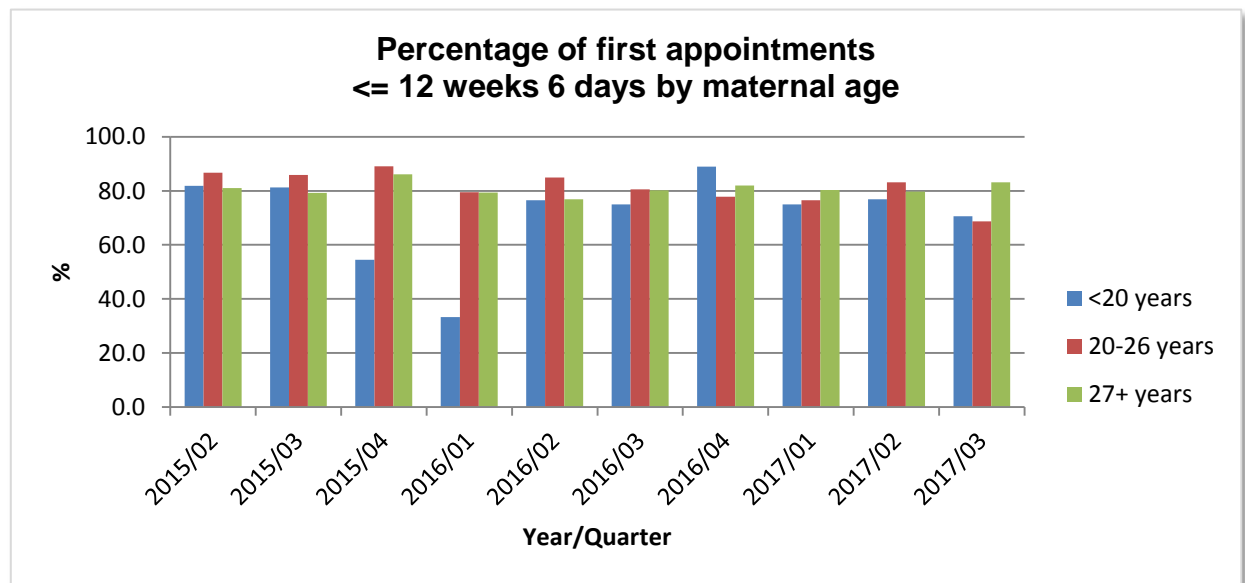
6.2 NHSGGC Maternity Service

Since 2013, there has been an NHS Scotland target to ensure antenatal care is accessed as early as possible to enable good outcomes for women and babies.

The measure for this is that at least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.

All NHSGGC residents are able to use the single booking phone line to access maternity services directly without the need to contact the GP practice first.

Figure 116 West Dunbartonshire residents attending first antenatal appointment before 12 weeks by age bracket



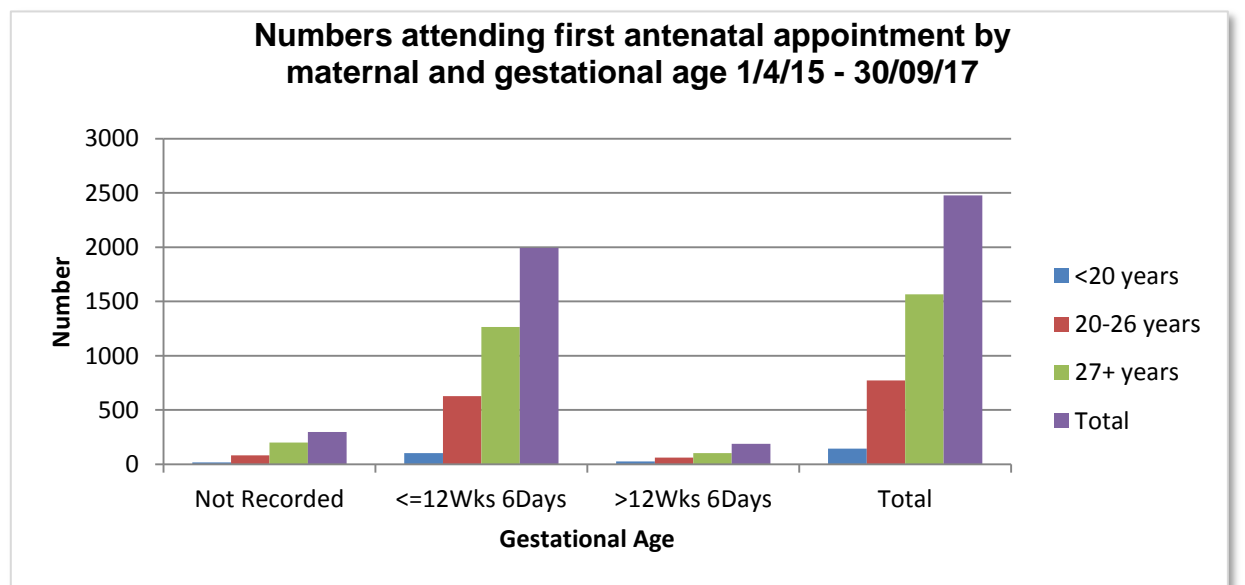
Source: NHSGGC Pregnancy & New born Screening System, March 2018

A total of 2477 women attended their first antenatal appointment between 1/4/2015 and 30/09/2017. The majority of women attend their first antenatal appointment before a gestational age of 12weeks 6 days.

Generally the percentages of women aged under 20 years are lower with around 70-75% attending their first antenatal appointment on or before 12 weeks 6 days.

At least 76% of women aged 20-26 years attended their first appointment on or before 12 weeks 6 days. However, this dropped to 68.8 % in Quarter 3 2017.

Figure 117 Total numbers attending first antenatal appointment by gestational age



Source NHSGGC Pregnancy & New-born Screening System, March 2018

From the figure above the data suggests increasing maternal age increases the likelihood of attending the first antenatal appointment after 12weeks gestation.

6.2.1 Baby Box Uptake in NHSGGC

The [baby box](#) was introduced in August 2017 with midwives offering registration for the baby box at the 20-24 week antenatal appointment.

Initial data shows that there is variation in the uptake of baby box registration.

Site	Number baby boxes requested	Number booked women	% Baby Boxes Requested
Glasgow Princess Royal Maternity	1487	2908	51.1
Royal Alexandra Maternity Hospital	581	1379	42.1
Queen Elizabeth University Hospital	1916	4200	45.6
Vale of Leven Maternity	170	483	35.2
Inverclyde Royal Hospital Maternity	200	467	42.8
Total	4354	9437	46.1

Source NHSGGC Badgernet Maternity booking System. June 2018

6.3 NHSGGC Children's Services

6.3.1 Family Nurse Partnership

The licensed family nurse partnership programme provides support to first-time teenage mother to develop their parenting capacity and support them to make positive choices for themselves and their children.

It specifically aims to improve:

- pregnancy and birth outcomes
- child health and development
- parents' economic self-sufficiency

Currently 28 eligible families receive support from the NHSGGC Family Nurse Partnership. 31 families having graduated in the first cohort which recruited 37 families from West Dunbartonshire mainly through midwife referrals. The allocated nurse provides support from the antenatal period up until the child is two. The programme has been well received in West Dunbartonshire.

There are now four Family Nurse Partnership teams in NHSGGC which means that more eligible families can participate in the programme.

Work is being carried out nationally to open up the programme to eligible 20 to 24-year-olds as well as teenagers. This work will continue to test out a programme which connects well with existing universal services e.g. Health Visiting and maternal health and wellbeing.

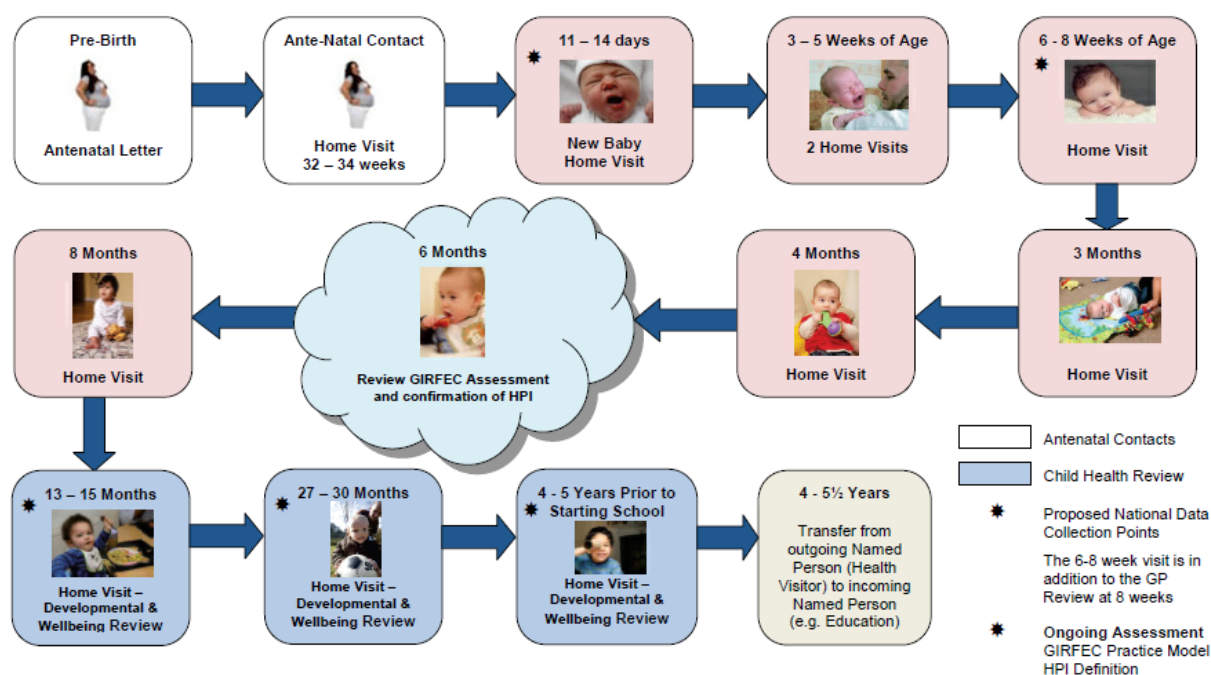
6.4 Early Years Universal Services

6.4.1 HSCP Health Visiting Service

The Health Visiting team provide a core home visiting programme to all families with pre 5years children. A new universal pathway for health visiting [Scottish Government \(2015\)](#) will be fully implemented by 2020 and will mean that all families will receive 11 visits as a minimum standard; 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years.

To support this additional health visitors have been recruited in West Dunbartonshire [Scottish Government \(2018\)](#)

Figure 118 Universal Pathway for Health Visiting for all Children



Health Plan Indicator Definition

An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Any services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

8

Images supplied by NHS Health Scotland

Source [Universal Pathway Scottish Government \(2015\)](#)

Health visitors initially assign a health plan indicator (HPI) of 'additional high', 'additional low' or 'core' to the family when the baby is 6-8 weeks old.

An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Any services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

A snapshot of the HPI breakdown at March 2018 is as follows

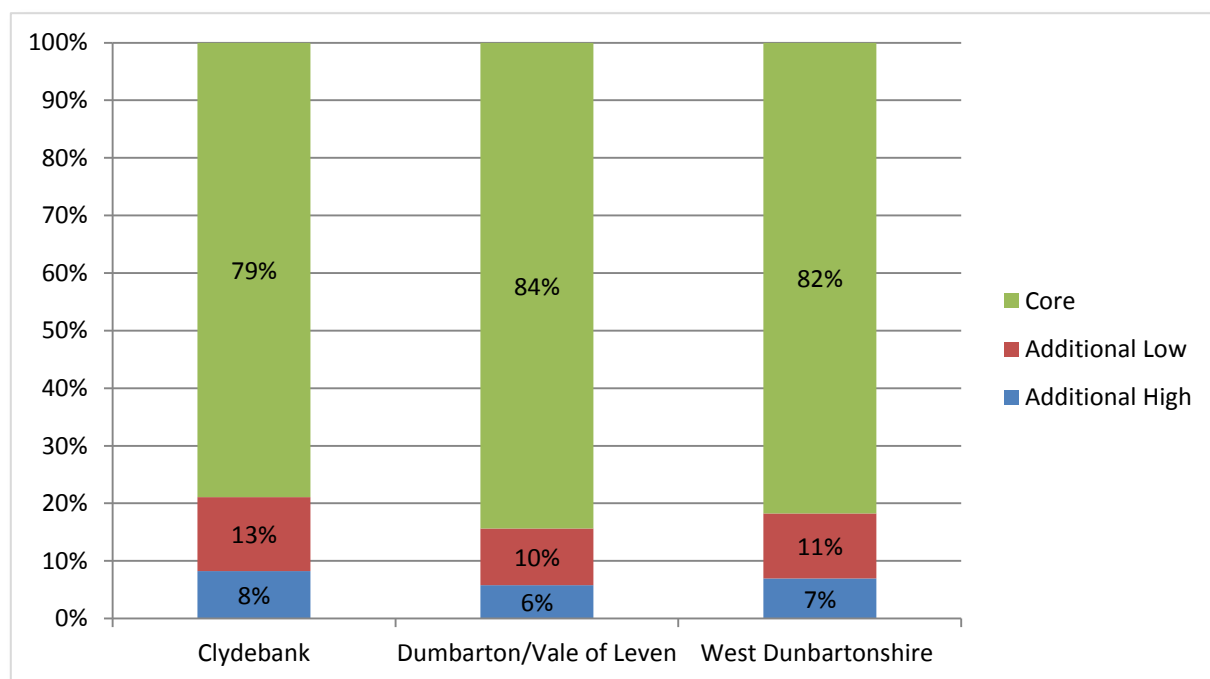
Table 15 Health Visitor Caseload Breakdown by HPI and Locality

Locality	Additional High Numbers	Additional Low Numbers	Core Numbers	Total Caseload Numbers	Total Caseload numbers as at July 2016
Clydebank	178	278	1708	2164	2263
Dumbarton/ Vale of Leven (Lomond)	137	231	1988	2356	2580
Total	315	509	3696	4520	

Source NHSGGC

The percentage breakdown of HPI allocation of the caseload for the two localities and West Dunbartonshire is shown below.

Figure 119 Percentage breakdown of Health Plan Indicator allocation March 2018



Source NHSGGC

The breakdown of HPIs in the snapshot is broadly similar across both localities with the Clydebank locality having a slightly higher proportion of families who have an additional 'low' indicator compared to the Dumbarton/Vale of Leven area.

In August 2018 Health Visitors in West Dunbartonshire will start to carry out an antenatal visit at 32 – 34 weeks gestation meaning that the relationships between parents, maternity, and health visiting can be strengthened.

6.4.2 West Dunbartonshire Council Early Learning and Childcare (ELC)

6.4.2.1 Current Provision and uptake

The Children and Young People (Scotland) Act 2014 introduced up to 600 hours ELC per year for 3-5 year olds and certain eligible 2 year olds from August 2014.

A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland 2017-18 Action Plan ([Scottish Government 2017](#)) increases the hours of free ELC to 1,140 hours per year, to further reduce barriers preventing parents from working.

The table below shows the number of early years establishments in West Dunbartonshire.

Table 16 Early Years Establishment numbers by sector 2017

Stage	Number of establishments		No of children	
	Local Authority	Partnership	Local authority	Partnership
Early Years	21	10	1439	381

Source [Scottish Government Early Learning and Childcare - Additional Tables - 2017 \(2017\)](#)

Table 17 Estimated population (1) of West Dunbartonshire children 2017

Under 2	2 years	3years	4year	Deferred
1,763	975	484	975	500

(1) Figures used are adjusted to estimate the number of children eligible for early learning and childcare at the time of the census.

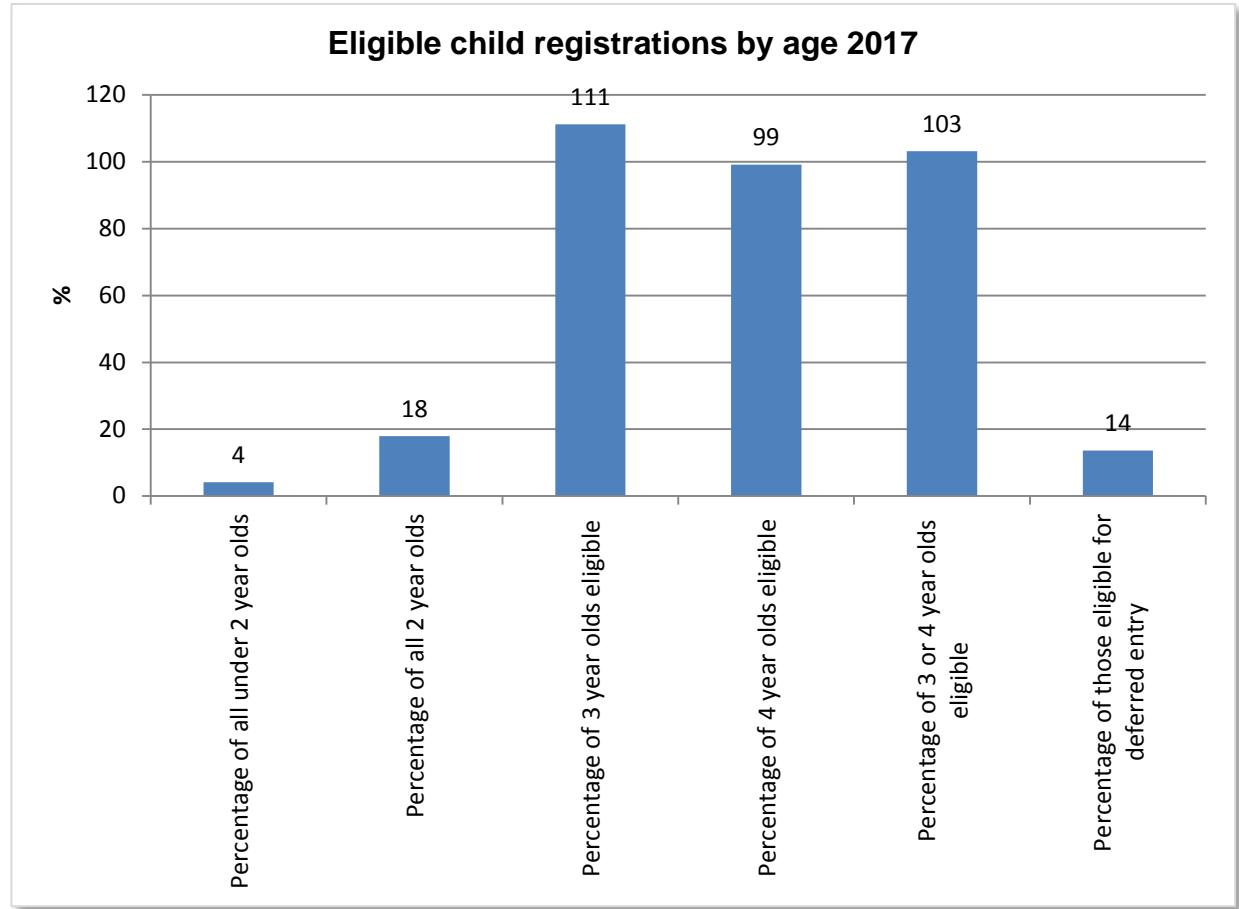
Source: National Records of Scotland [2014-based population projections for Council areas for 2017](#) and [Scottish Government Early Learning and Childcare - Additional Tables - 2017 \(2017\)](#)

Table 18 Breakdown of early learning and childcare places by locality and age bracket of place, 2016

Breakdown of places by age bracket and locality				
Number of places	0-2 years	2-3 years	3-5 years	Total
Clydebank local authority	21	61	474	556
Clydebank partnership	102	89	224	415
Clydebank total	123	150	898	971
Dumbarton/Vale of Leven local authority	21	90	466	577
Dumbarton/Vale of Leven partnership	61	68	126	253
Dumbarton Vale of Leven total	82	158	592	832
West Dunbartonshire Local authority Totals	42	151	940	1133
West Dunbartonshire Partnership Totals	163	155	350	668
Total	204	291	1323	1801

Source [West Dunbartonshire Council Early Learning and Childcare Strategy 2016-2020](#) (2016)

Figure 120 Local authority and partnership early learning and childcare registrations by, 2017

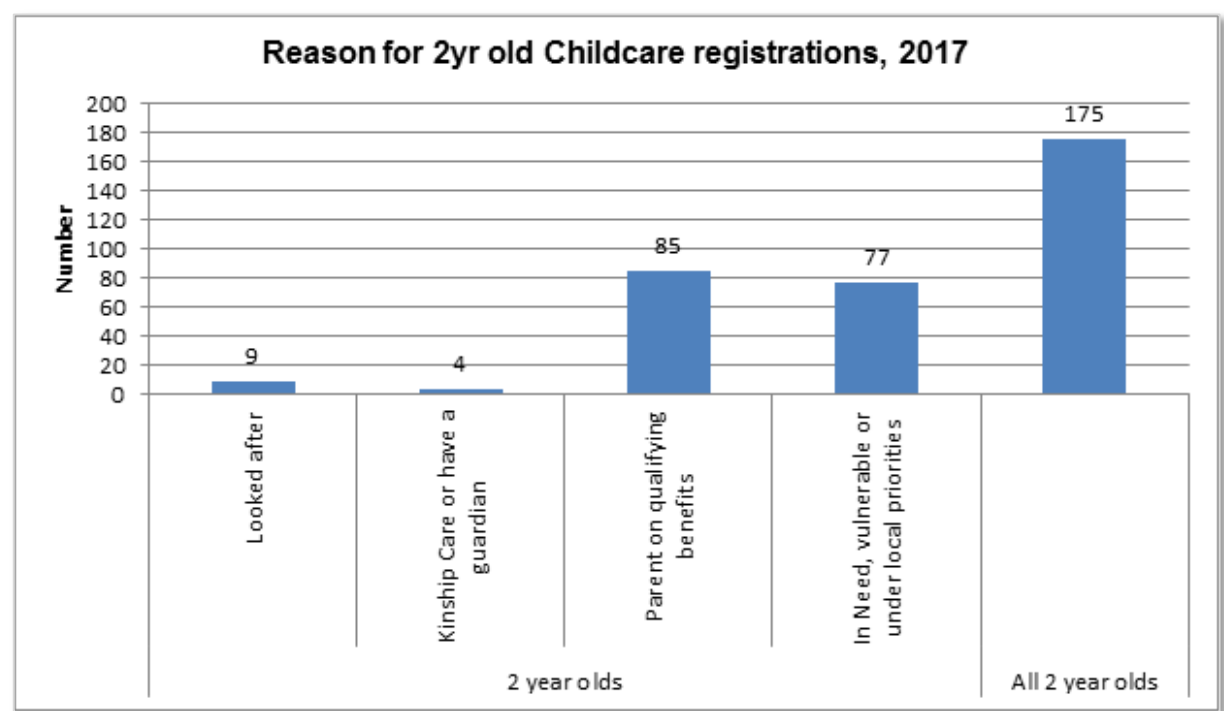


1. Based on children accessing early learning and childcare in a local authority or partnership. children are counted once for each centre they are registered with, so the same child may be counted multiple times if they attend more than one centre. Children may also attend centres outside of the local authority they live in, which would also affect these figures
2. Refers to children who are eligible to attend primary school but have deferred entry and remain in early learning and childcare.

Source [Summary Statistics for Schools in Scotland, No. 8: 2017 Edition \(2017\)](#)
[Scottish Government 2017](#)

West Dunbartonshire, alongside Renfrewshire, has the highest percentage of all two year olds, who are registered with a council or partnership nursery.

Figure 121 West Dunbartonshire 2 year old number of childcare registrations and reason for access, 2017



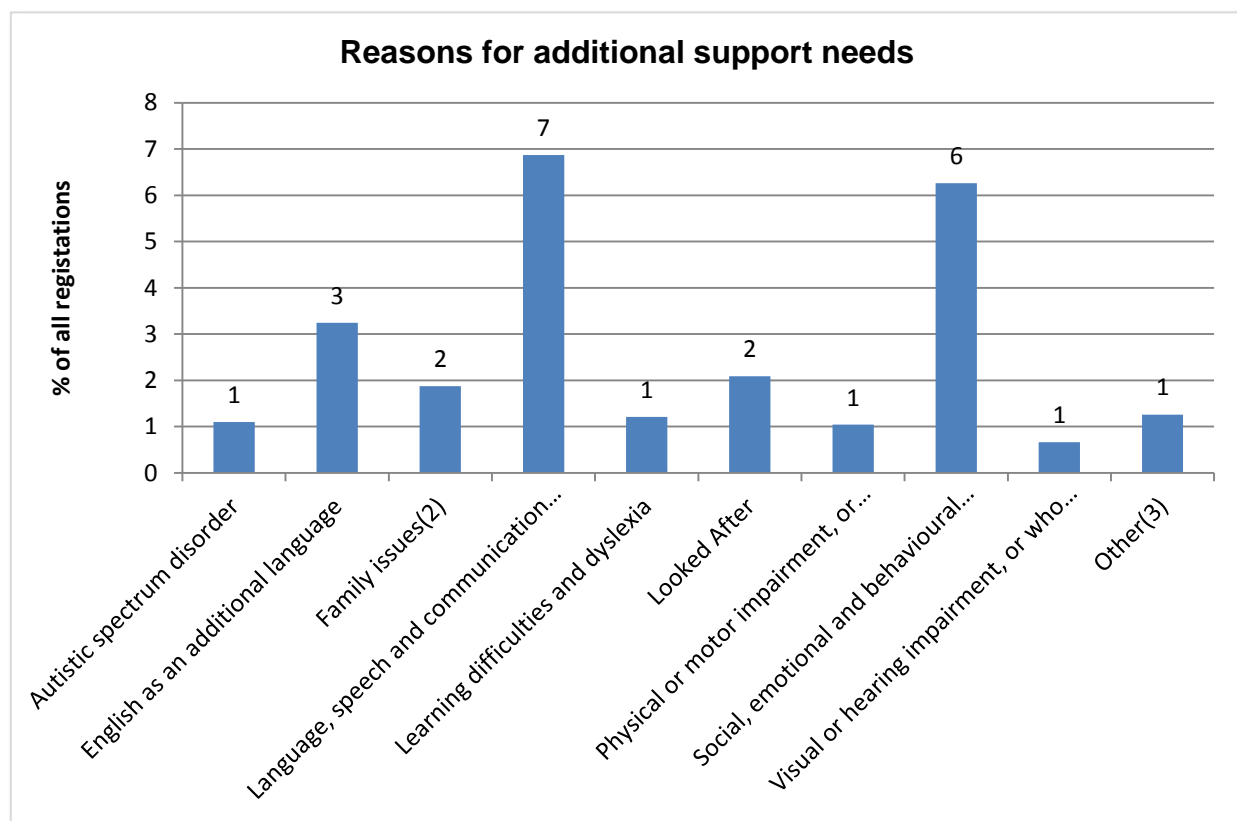
Source [Summary Statistics for Schools in Scotland, No. 8: 2017 Edition \(2017\)](#)
[Scottish Government 2017](#)

West Dunbartonshire data ([West Dunbartonshire Council 2016](#)) estimates that 279 2 year olds are eligible for funded early education places.

6.4.2.2 Additional Support Needs in Early Learning

In West Dunbartonshire in 2017, 30 children were assessed/ declared as disabled which is 2% of all registrations. 350 children are registered as having additional support needs, which is 19% of all registrations. If a registered child has more than one type of additional support need they are only counted once, so this percentage is not necessarily the sum of the percentages of registrations of each type of additional support need.

Figure 122 Reason for Children with Additional Support Needs in West Dunbartonshire Local Authority or Partnership Early Learning and Childcare centres, 2017



1. Figures are rounded to the nearest 10 Children are counted once for each centre they are registered with.
2. Family issues, includes additional support for bereavement, and young carers.
3. Other includes support for risk of exclusion, substance misuse, more able pupil, and interrupted learning.
4. Children can be counted in more than one category if they have more than one type of additional support need, but they are only counted once within a category.

Source [Summary Statistics for Schools in Scotland, No. 8: 2017 Edition \(2017\)](#)
[Scottish Government 2017](#)

Additional support needs in early learning is mainly provided for language, speech and communication issues which accounts for 7% of all registrations. Social, emotional or behavioural issues account for 6% of registrations.

6.4.2.2.1 Child Support Plans in Early Learning and Childcare

In West Dunbartonshire in 2017, 260 children had a support plan which equates to 14% of children registered for early learning and childcare. Of the 260, 7% had a child plan, 1% were children with a coordinated support plan, 3% were children with an Individualised Educational Programme (IEP) and 5% were children with other forms of support.

Source: [Summary Statistics for Schools in Scotland, No. 8: 2017 Edition \(2017\)](#)
Scottish Government

6.4.2.3 Research into Early Years Uptake and Expansion

National research published in 2017 by the Scottish Government on the Drivers and Barriers to Uptake of Early Learning and Childcare Among Two Year Olds, highlighted that the greatest challenge for professionals in the promotion and implementation of free ELC lay in identifying all of those eligible for the provision ([Scottish Government 2017](#)). This because this data belonged to the Department of Work and Pensions

It is noted that the Social Security Committee at the Scottish Parliament ([Scottish Parliament 2018](#)) is currently exploring automation of benefits. They highlight that with the full implementation of universal credit there are opportunities for revised data-sharing protocols between Scottish Local authorities and the DWP to enable automation to continue or expand.

The research with parents suggests that the major barriers to uptake are lack of awareness rather than opposition to the concept, problems with the application process, or dissatisfaction with the nature of the provision.

Local consultation carried out by West Dunbartonshire Education Learning and Attainment in 2018 ([West Dunbartonshire Council 2018](#)) in relation to the expansion of Early Years provision identified that:

- Opening hours were a barrier that parents/carers face when accessing free ELC
- Respondents requested longer sessions times before 9 am and after 3 pm
- Around 40% of survey respondents stated that they would go back to work or take up further education opportunities if they had 1140 hours a year of free childcare.

6.4.2.4 Future Provision of early years

The predicted future provision of early years settings is detailed in the West Dunbartonshire Council Early Years Delivery Plan (West Dunbartonshire 2017) and is outlined in the table below.

Table 19 Proposed Expansion of West Dunbartonshire early years by setting and locality from 2018—2020/21

Source West Dunbartonshire Council Early Years Delivery plan (West Dunbartonshire

	Locality	Number of Local authority centres	Number of Partnerships centres	Total number of settings	Total number of local authority places	Total number of partnership places	Total number of places
2018/2019	Clydebank	11	7	18	556	415	971
2020/2021	Clydebank	17	7	23	836	415	1251
2018/2019	Dumbarton Vale of Leven	12	3	15	577	253	830
2020/2021	Dumbarton Vale of Leven	18	3	21	935	253	1188

2017)

In Clydebank four existing nurseries are proposed to be expanded and seven new centres are expected to be opened in the following primary schools.

1. Whitecrook Primary School Classroom
2. St Mary's (Duntocher) Primary School Classroom
3. Carleith Primary School Classroom
4. Goldenhill Primary School Classroom
5. St Joseph's Primary School Classroom
6. Edinbarnet Primary School Classroom
7. Our Lady of Loretto Primary School Classroom

In Dumbarton and the Vale of Leven two existing nurseries are proposed to be expanded and six new centres are expected to be opened in the following locations.

1. Braehead Primary School Classroom
2. Dalmonach ELCC
3. Andrew B Cameron ELCC
4. Levenvale Primary School Classroom
5. Christie Park Primary School Classroom
6. Dalreoch Primary School Classroom

6.5 School Aged Children

6.5.1 Additional Support Needs School Age

Table 20 West Dunbartonshire Pupils with Additional Support Needs (ASN) 2017

	With Additional Support Needs	With Coordinated Support Plan (CSP)	With Individualised educational programmes (IEP)	With Other Support Needs	Child Plans	Assessed or Declared Disabled	Percent age of pupils with ASN
Primary	2,369	10	97	2,162	269	65	32.7
Secondary	2,068	*	125	1,928	96	77	40.2
ASN	184	5	142	12	27	156	100.0

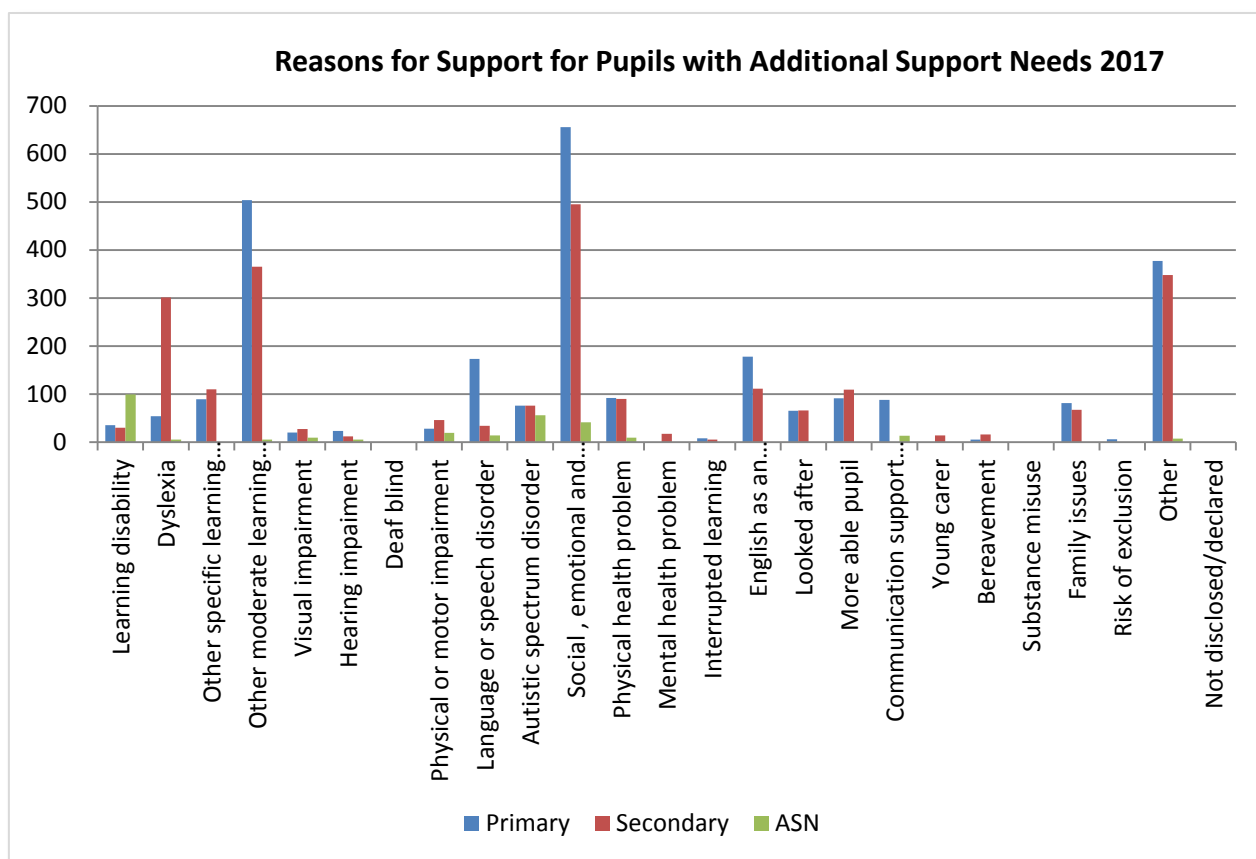
*suppressed data where the number of pupils is between 1 and 4 inclusive or where, if shown, it would be possible to calculate other values less than 5

Source [Scottish Government Pupil Census Statistics 2017 \(2018\)](#)

[Source Education Scotland Information on the types of support plan available](#)

There are over 4500 children with additional support needs in West Dunbartonshire Schools.

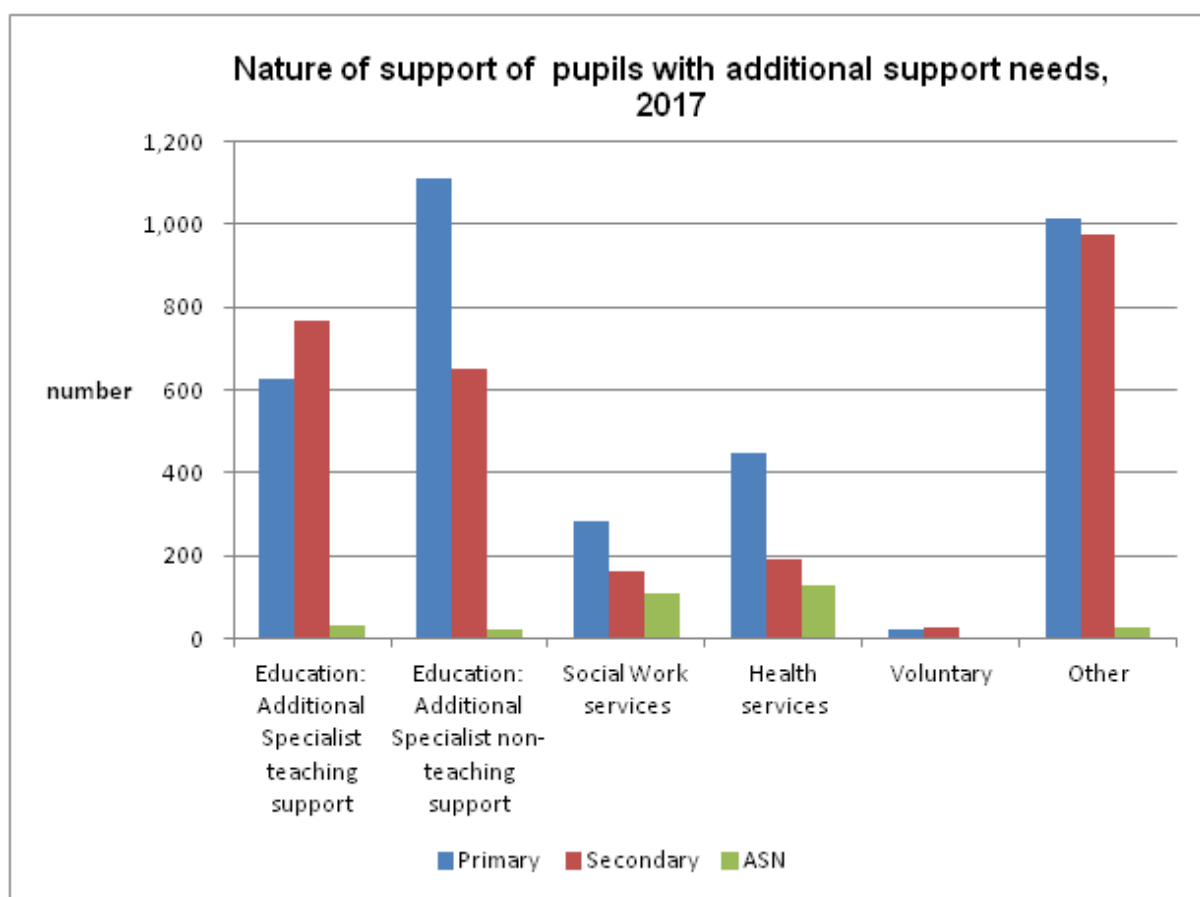
Figure 123 Reason for Pupil Additional Support Needs



Source [Scottish Government Pupil Census Statistics 2017 \(2018\)](#)

Of the 2369 primary pupils and 2068 secondary pupil receiving support, the main reasons are social, emotional and behavioural difficulties and other moderate learning difficulties. For pupils in ASN schools, a learning disability is cited as the main reason for support.

Figure 124 Nature of Pupils support



Source: [Scottish Government Pupil Census Statistics 2017 \(2018\)](#)

Of the 2369 primary pupils, receiving support the highest number $n = 1111$ receives support from specialist non-teaching support. For secondary pupils 'other' support is the highest. For ASN pupils Social Work services provide the highest level of additional support.

The GIRFEC approach to support children and young people, uses staged interventions to ensure that the right support is available for each learner. (Scottish Government 2012)

The three possible stages are:

Stage 1: support needs met within school, e.g. personal support staff, parents, additional support staff, and specialists.

Stage 2: support needs met beyond the school within local school clusters and wider local authority provision.

Stage 3: extended provision beyond the local authority sit within wider whole school approaches and curricular programmes to promote and manage positive behaviour.

6.5.2 Staged Interventions

Table 21 Number of Young People who have a Staged Intervention by Locality and as a proportion of all pupils in that setting

Number of children and young people				
	West Dunbartonshire	Clydebank	Dumbarton and the Vale	% of all young people in this setting who have a staged intervention
Early years	154	67	87	
Primary	2200	1202 (55% of the primary school pupils in West Dunbartonshire who have a staged intervention are at schools in Clydebank)	998 (45% of the primary school pupils in West Dunbartonshire who have a staged intervention are at schools in Dumbarton and the Vale)	30%
Secondary	1825	919	906	37%
Specialist	177	177	0	95%

Source West Dunbartonshire Council 2018

The table above shows a breakdown of the staged interventions.

By February 2018, a total of 4356 children and young people in West Dunbartonshire had a staged intervention plan. This comprised 2385 in Clydebank establishments and 1971 in Dumbarton and Alexandria establishments.

6.5.3 NHSGGC Oral Health Directorate

6.5.3.1 Oral Health Participation

As part of the [Childsmile programme](#), primary schools all offer tooth brushing to primary 1 and 2 pupils. Based on their SIMD status, selected primary schools offer fluoride varnishing. In parallel, all schools participate in the [National Dental Inspection Programme \(NDIP\)](#) which has two levels: a Basic Inspection (intended for all P1 and P7 children) and a Detailed Inspection (where a representative sample of either the P1 or the P7 age group is inspected in alternate years).

Table 22 Primary School fluoride Varnishing (FV), Tooth Brushing Activity and Basic National Dental Inspection Programme (NDIP) P1 & P7 2017 ranked by number of P1 NDIP letter A

N DIP Data P1 2017 (basic)						N DIP Data P7 2017 (Basic)				
School	Tooth Brushing 2017/18	FV 17/18	Letter A (n)	Letter B (n)	Letter C (n)	Not Inspected	Letter A (n)	Letter B (n)	Letter C (n)	Not Inspected
Edinbarnet	X	X	10	4	19	0	5	7	12	3
Kilbowie	X	X	10	7	24	2	0	17	25	5
St Marys(Duntocher)	X		10	6	26	1	2	13	16	5
Clydemuir	X		8	6	19	1	4	11	28	5
Renton	X	X	8	3	15	3	2	18	25	6
Gavinburn	X		7	5	32	2	1	13	25	1
St Josephs (Faifley)	X	X	7	8	14	4	0	7	11	3
Linnvale			6	7	12	1	0	21	22	1
Aitkenbar	X	X	5	0	16	0	1	10	10	1
Levenvale	X		5	9	14	0	1	17	10	2
St Eunans		X	5	13	24	7	2	8	7	2
St Michaels (Dumbarton)	X	X	5	11	24	5	2	7	29	1
Braehead	X		4	2	28	0	0	6	19	2
Lennox	X	X	4	10	24	1	1	6	10	5
St Marys (Alexandria	X		4	7	13	3	2	12	22	5
St Patricks (Dumbarton)	X		4	16	37	2	1	5	8	2
St Peters (Dumbarton)	X		4	6	8	3	1	9	2	0
Whitcrock	X	X	4	4	19	2	0	1	7	1
Knoxland	X		3	8	44	1	0	16	20	3
OH Redeemer's	X	X	3	18	15	3	0	19	19	5
St Martins	X	X	3	1	3	1	0	10	7	12
St Stephens(Dalmuir)	X		3	4	27	2	0	5	8	0
Goldenhill	X		2	6	26	0	1	19	19	6
Jamestown (1)	X	X (2)	2	8	12	3	0	4	15	4

Kilpatrick	X		2	1	4	1	1	15	20	1
St Ronans	X		2	6	7	2	0	8	21	0
Bonhill	X		1	16	27	5	2	16	21	3
Carleith	X		1	4	6	0	1	3	10	0
Dalreoch	X	X	1	2	9	1	1	3	5	1
Haldane (1)		X (2)	1	7	11	2	1	7	4	0
Our Lady of Loretto	X		1	10	20	4	2	11	8	4
St Kessogs (Balloch)		X	1	8	15	2	0	2	4	1
Christie Park	X		0	7	28	1	1	15	21	3
Cunard School			0	1	1	0	0	0	0	0
Gartocharn	X		0	0	14	0	0	2	8	0
Balloch (1)	X	X (2)								
Total	30	14	136	231	637	65	35	343	498	93
Total Establishments	34	34								
% Tooth Brushing	88.2	41.2								

Source University of Dundee Childsmile Health Informatics Centre (HIC) Administration System accessed 22/5/18

For info Categories of NDIP letters and action required

Letter A: should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess

Letter B: should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay

Letter C: no obvious decay experience but should continue to see the family dentist on a regular basis

Comparing NDIP P1 2017 data, the three schools with the most Primary 1 A Letters issued are Edinbarnet, Kilbowie, St Mary's (Duntocher). Edinbarnet and Kilbowie participate in both the toothbrushing programme and fluoride varnishing. St Mary's (Duntocher) only participate in the toothbrushing programme

If ranking by P7 NDIP data, Edinbarnet remains top with 5 Letter As issued, Clydemuir issued 4 letters and St Marys (Duntocher) issued 2 in 2017.

6.5.4 West Dunbartonshire Council and West Dunbartonshire HSCP Services

6.5.4.1 School Counselling Service

Mental health and wellbeing continues to be a concern for young people with two actions in Naomi Eisenstadt's The Independent Advisor on Poverty and Inequality, [The Life Chances of Young People in Scotland](#), A report to the First Minister 2017 focused on mental health and wellbeing.

One of the provisions made available is the school counselling service which is jointly commissioned by the HSCP and WDC.

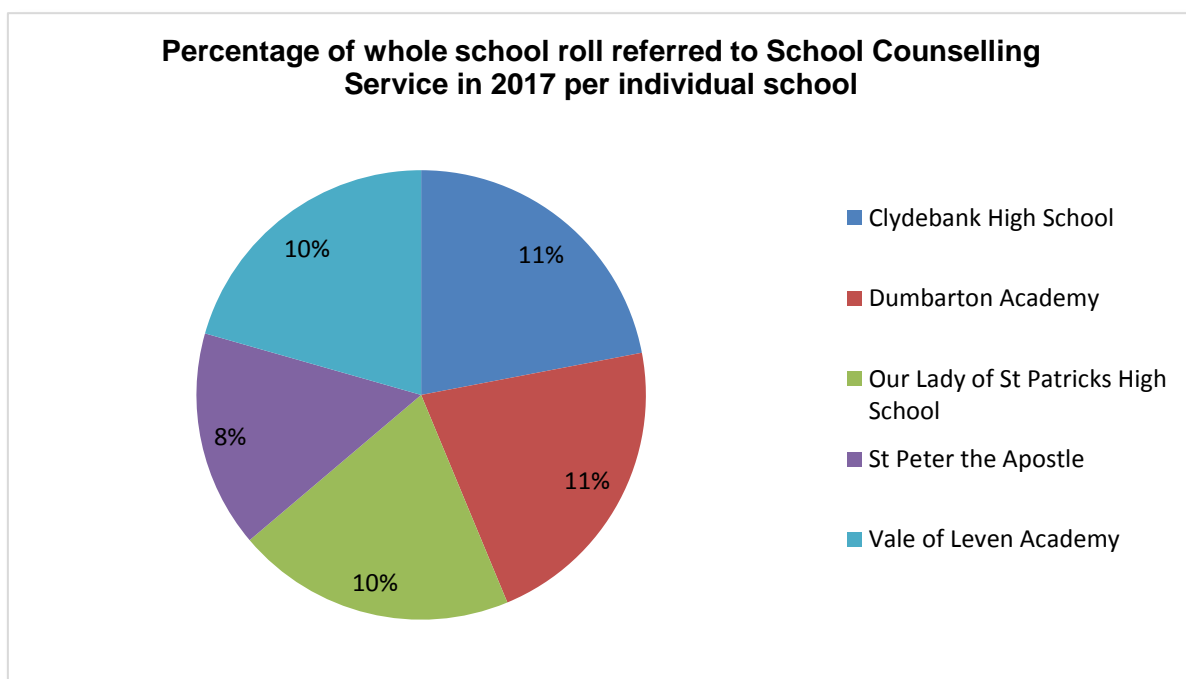
From January to December 2017 484 referrals were made to the school counselling service.

Table 23 Number of Referrals to the School Counselling Service 2017 by School

School	Number of Referrals 2017
Clydebank High School	126
Dumbarton Academy	60
Our Lady of St Patricks High School	92
St Peter the Apostle	111
Vale of Leven Academy	95
Total	484

Source Lifelink West Dunbartonshire Secondary Schools Progress Report 2017

Figure 125 Percentage of whole school roll referred to School Counselling Service in 2017 per individual secondary school



Source Lifelink West Dunbartonshire Secondary Schools Progress Report 2017

6.6 West Dunbartonshire HSCP Specialist Children Services

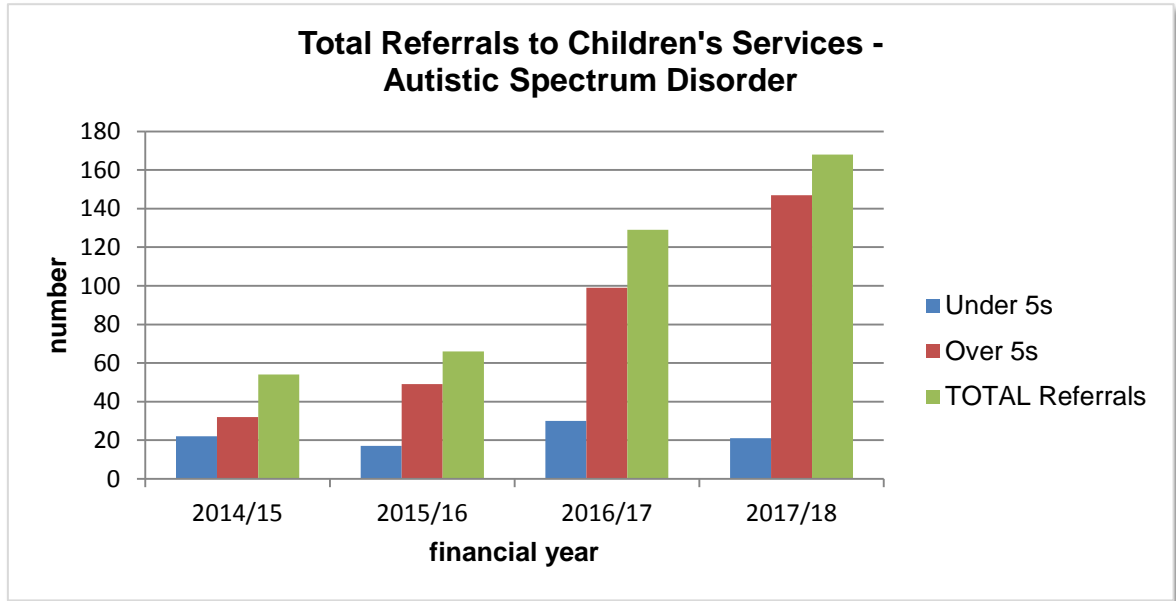
6.6.1 Speech & Language, Specialist Community Paediatrics, child and Adolescent Mental Health Referrals

Table 24 Referrals to Speech and Language Therapy, Specialist Community Paediatrics and Child and Adolescent Mental Health Service

Date Simplified	West Dun Speech and Language Therapy	West Dun Specialist Community Paediatrics	West Dun Child and Adolescent Mental Health Service	Grand Total
2014	412		562	974
2015	377		558	935
2016	379	776	582	1737
2017	355	1254	581	2190
2018 (YTD 21.05.18)	141	423	252	816
Grand Total	1664	2899	2535	7098

Source West Dunbartonshire HSCP Specialist Children's Services

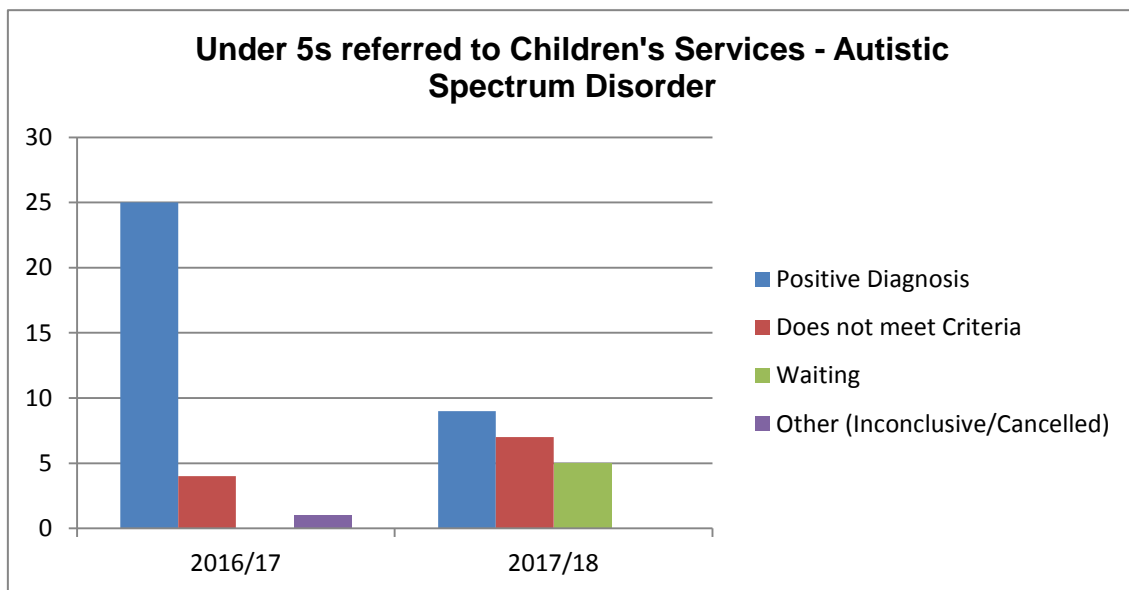
6.6.2 Autism Spectrum Disorder



Source WDHSCP Specialist Children's Services

The number of referrals for both under 5s and over 5s are increasing with the biggest increase occurring between 2015/16 and 2016/17.

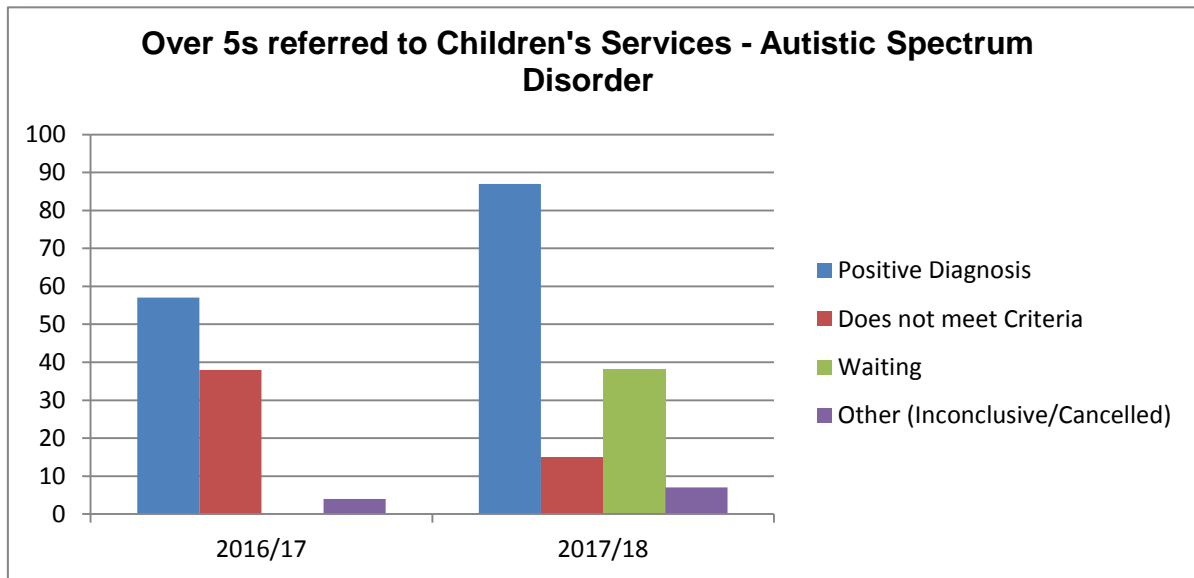
Figure 126 Under 5yr referrals Autism Spectrum Disorder



Source WDHSCP Specialist Children's Services

The number of children with a positive diagnosis decreased from 25 in 2016/17 to 9 in 2017/18. The number who does not meet the criteria increased from 4 to 7. The number waiting to be seen in 2017/18 grew to 5.

Figure 127 Over 5 year referrals for Autism Spectrum Disorder



Source WD HSCP Specialist Children's Services

The number of children over 5 with a positive diagnosis increased from 57 in 2016/17 to 87 in 2017/18. The number who didn't meet the criteria reduced from 38 in 2016/17 to 15. The number waiting to be seen increased from 0 in 2016/17 to 38 in 2017/18.

6.7 Service Considerations

West Dunbartonshire has

- A similar breakdown of Health Plan Indicator (HPI) allocation across both localities with the Clydebank locality having a slightly higher proportion of families who have an additional 'low' indicator compared to the Dumbarton/Vale of Leven area.
- An increasing amount of Health Visitors to support the implementation of the new enhanced universal Health Visiting service.
- The highest percentage (18%), alongside Renfrewshire % of all two year olds registered for a partnership or council nursery place and universal access to partnership or council nursery place for the pre school year.
- Almost one in three primary school aged pupils and 40% of secondary school aged pupils have an additional support need.
- Pupils in Clydebank primary schools have a higher proportion of staged interventions in West Dunbartonshire compared to Dumbarton/Alexandria schools. (55% compared to 45%)
- 350 children registered as having additional support needs for nursery, which is 19% of all registrations.
- Over 4500 children school aged children have an additional support need.

Considerations

- The Nurtured DIG needs to continue to ensure that all pregnant women book into antenatal care by 12 weeks to ensure that they get the best support for their pregnancy.
- The DIG should ensure that women aged under 20 receive targeted information including information available on the Young Scot site <https://young.scot/ping>
- The Nurtured DIG should continue to co-ordinate the implementation of the Pregnancy and Parenthood in Young People strategy and in particular support the forthcoming Getting Maternity Services Right for Young Parents guidance provided by Health Scotland.
- The HSCP Health Visiting service should maximise the opportunities to improve maternal health through the implementation of the new Health Visiting pathway.
- The HSCP Health Visiting service should continue to align new staff on the basis of need given the key role of the health visiting service in tackling inequalities in the early years [Scottish Government \(2015\)](#).
- The HSCP should continue to implement the universal pathway for Health Visiting and evaluate the impact locally on the health of children and families.
- WDC Early Education should continue to ensure that the universal access of 1140 hours of early learning and childcare continues to deliver high quality early learning and childcare given the evidence that good quality ELC can have a positive effect on the educational, cognitive, behavioural and social outcomes for children in both the short and long term, including those who are most deprived in terms of household income. [NHS Health Scotland \(2017\)](#).
- The HSCP and WDC Early Education should continue to work together to support families to access nursery places and in particular explore if there are mechanisms to improve access to and uptake of the funded places for eligible two year olds.
- The Nurtured DIG needs to continue to improve oral health by maximising the joint work between the schools, the NHSGGC oral health directorate and the HSCP.
- The HSCP Health Visiting and Specialist Children's Health Care teams and WDC Early Education should continue to work together and share information appropriately to ensure that all children can be supported in early education settings in line with their individual needs.

7 Location of Services

The following section provides a visual overview of the number of educational establishments, HSCP buildings and dentists within West Dunbartonshire by council ward areas. The school profiles for each area provide an overview of the percentage of pupils who live in the 20% most deprived datazones, the proportion of P4-P7 who are registered for free school meals, the schools who participate in the Childsmile toothbrushing programme and those who receive the fluoride varnish. The [National Dental Inspection Programme \(NDIP\)](#) results are given for both P1 and P7.

Categories of NDIP letters and action required

Letter A: should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess

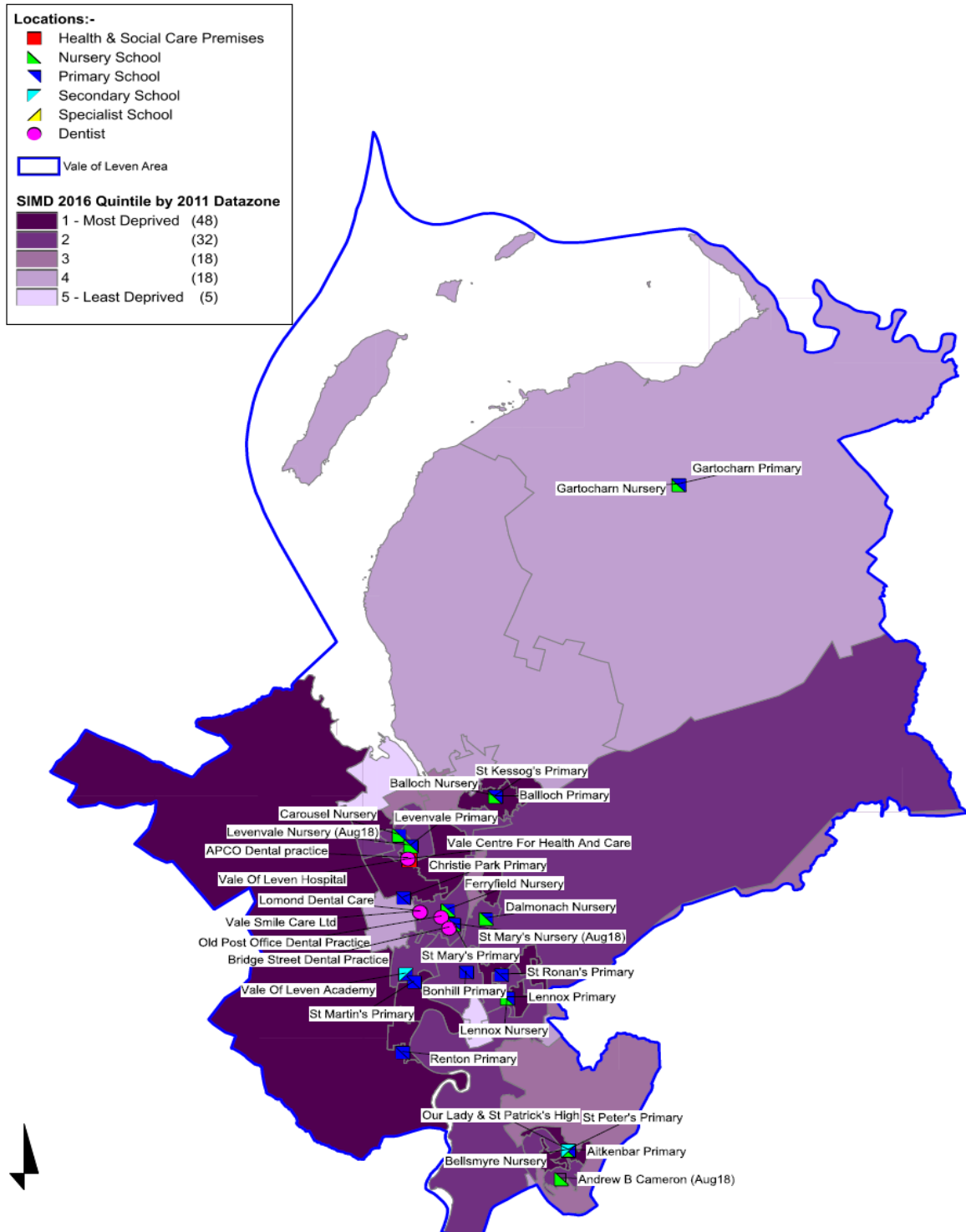
Letter B: should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay

Letter C: no obvious decay experience but should continue to see the family dentist on a regular basis

7.1 By SIMD quintile by Area using Council Multi Member Wards

7.1.1 Vale of Leven - [Leven and Lomond Ward](#)

NHS GREATER GLASGOW & CLYDE
Small Area Population Estimates (SAPE) 2016 by Datazone 2011
West Dunbartonshire HSCP - Vale of Leven Area



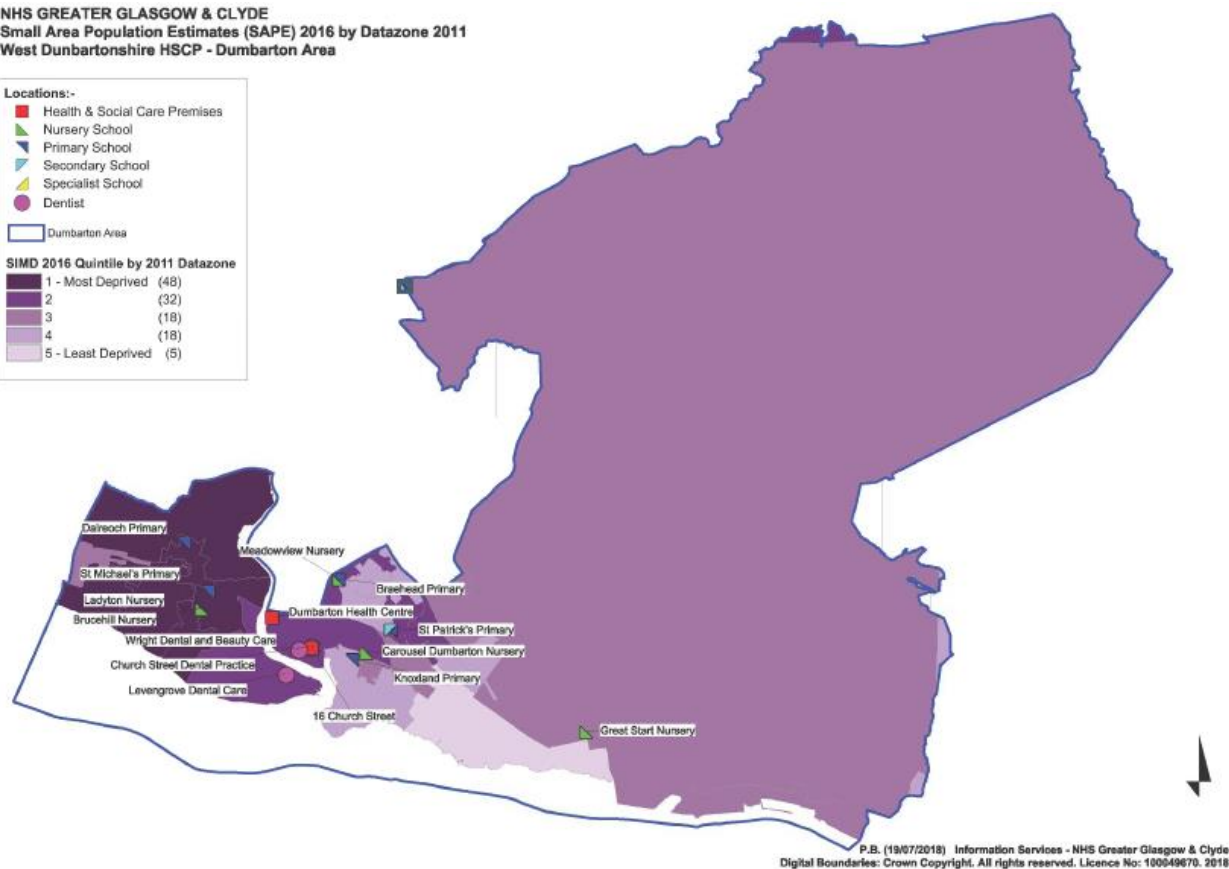
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7.1.1.1 Profile of Schools in Vale of Leven

	Proportion of pupils who live in 20% most deprived datazones in Scotland (4)	Proportion of primary 4-7 pupils who registered for free school meals 2017/18	Tooth brushing 2017/18	Offering Fluoride varnishing	P1 NDIP Letter A	P1 NDIP Letter B	P1 NDIP Letter C	P7 NPIP Letter A	P7 NDIP Letter B	P7 NDIP Letter C
1. Renton Primary School	80 - <85%	41.2	√	√	8	3	15	2	18	25
2. Haldane Primary School	70 - <75%	Balloch Primary 33.0	√	√	1	7	11	1	7	4
3. St Martin's Primary School	70 - <75%	35.5	√	√	3	1	3	0	10	7
4. St Ronan's Primary School	65 - <70%	30.4	√		2	6	7	0	8	21
5. Lennox Primary School	50 - <55%	37.6	√	√	4	10	24	1	6	10
6. Christie Park Primary School	40 - <45%	23.0	√	From 2018/19	0	7	28	1	15	21
7. Bonhill Primary School	35 - <40%	28.8	√	From 2018/19	1	16	27	2	16	21
8. Levenvale Primary School	35 - <40%	33.3	√		5	9	14	1	17	10
9. Jamestown Primary School	35 - <40%	Balloch Primary 33.0	√	√	2	8	12	0	4	15
10. St Kessog's Primary School	35 - <40%	13.5	√	√	1	8	15	0	2	4
11. St Mary's Primary School (Alexandria)	35 - <40%	23.6	√		4	7	13	2	12	22
12. Gartocharn Primary School	N/A	N/A	√		0	0	14	0	2	8

7.1.2 Dumbarton- [Dumbarton Ward](#)

NHS GREATER GLASGOW & CLYDE
Small Area Population Estimates (SAPE) 2016 by Datazone 2011
West Dunbartonshire HSCP - Dumbarton Area



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7.1.2.1 Profile of Schools in Dumbarton

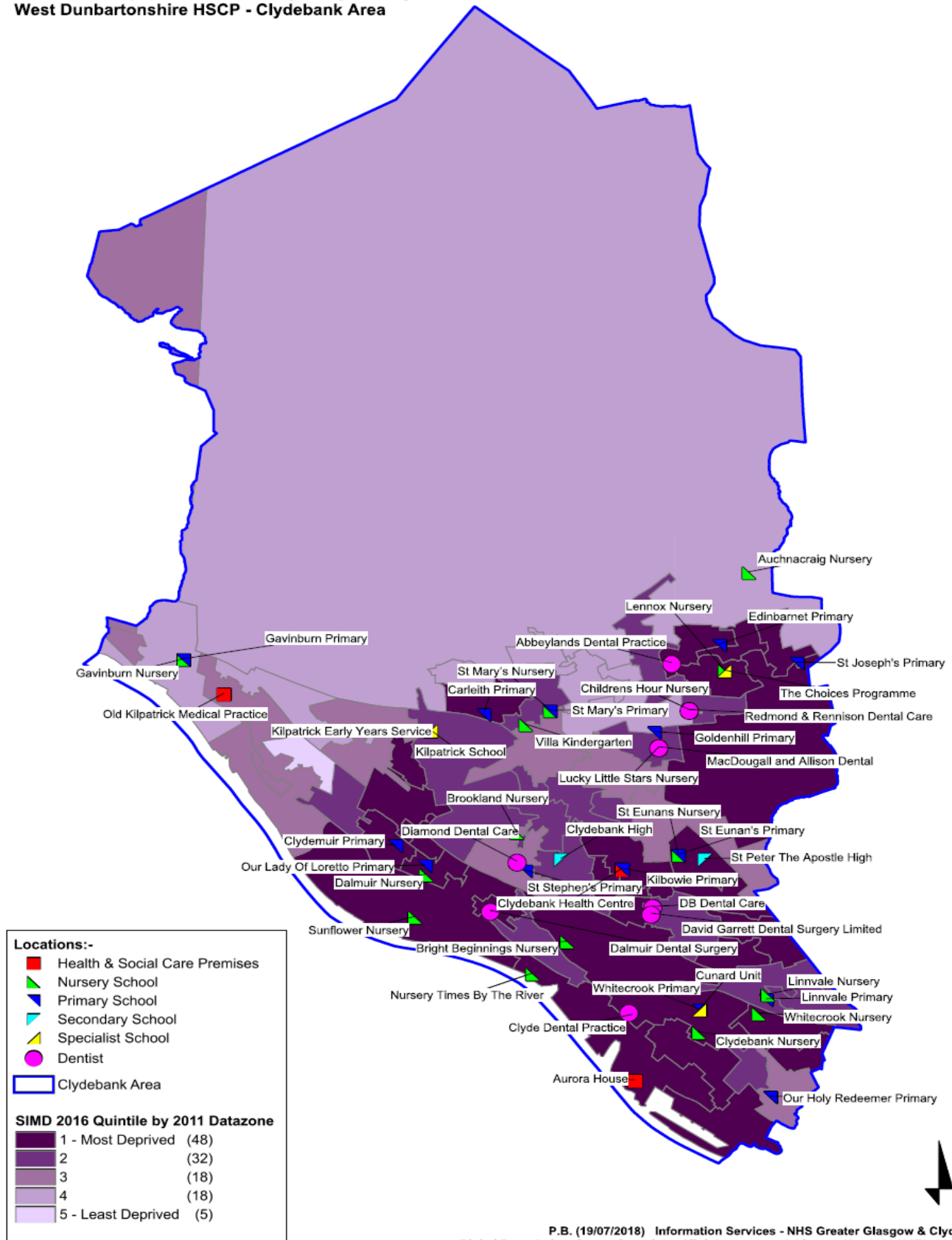
	Proportion of pupils who live in 20% most deprived datazones in Scotland(4)	Proportion of primary 4-7 pupils who registered for free school meals 2017/18	Tooth brushing 2017/18	Offering Fluoride varnishing	P1 NDIP Letter A	P1 NDIP Letter B	P1 NDIP Letter C	P7 NPIP Letter A	P7 NDIP Letter B	P7 NDIP Letter C
1. Dalreoch Primary School	65 - <70%	39.0	√	From 2018/19	1	2	9	1	3	5
2. St Michael's Primary School	50 - <55%	36.9	√	√	5	11	24	2	7	29
3. St Patrick's Primary School	45 - <50%	10.1	√		4	16	37	1	5	8
4. St Peter's Primary School	40 - <45%	29.8	√		4	6	8	1	9	2
5. Aitkenbar Primary School	25 - <30%	34.9	√	√	5	0	16	1	10	10
6. Braehead Primary School	20 - <25%	14.7	√	From 2018/19	4	2	28	0	6	19
7. Knoxland Primary School	15 - <20%	6.5	√		3	8	44	0	16	20

7.1.3 Clydebank Clydebank Central, Kilpatrick and Clydebank Waterfront

NHS GREATER GLASGOW & CLYDE

Small Area Population Estimates (SAPE) 2016 by Datazone 2011

West Dunbartonshire HSCP - Clydebank Area



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7.1.3.1 Profile of Schools in Clydebank

	Percentage of pupils who live in 20% most deprived datazones in Scotland(4)	Percentage of primary 4-7 pupils who registered for free school meals 2017/18	Tooth brushing 2017/18	Offering Fluoride varnishing 2017/18	P1 NDIP Letter A	P1 NDIP Letter B	P1 NDIP Letter C	P7 NDIP Letter A	P7 NDIP Letter B	P7 N DIP Letter C
1. Edinbarnet Primary School	90 - <95%	51.4	√	√	10	4	19	5	7	12
2. St Joseph's Primary School	85 - <90%	41.2	√	√	7	8	14	0	7	11
3. Whitecrook Primary School	75 - <80%	47.6	√	√	4	4	19	0	1	7
4. Our Holy Redeemer's Primary School	65 - <70%	31.7	√	√	3	18	15	0	19	19
5. Our Lady of Loretto Primary School	65 - <70%	36.7	√		1	10	20	2	11	8
6. Cunard School	60 - <65%	N/A	√		0	1	1	0	0	0
7. St Eunan's Primary School	60 - <65%	38.3	X	√	5	13	24	2	8	7
8. Linnvale Primary School	60 - <65%	43.0	X		6	7	12	0	21	22
9. Clydemuir Primary School	60 - <65%	27.7	√	From 2018/19	8	6	19	4	11	28
10. Kilbowie Primary School	55 - <60%	45.4	√	√	10	7	24	0	17	25
11. Kilpatrick School	50 - <55%	N/A	√		2	1	4	1	15	20
12. Goldenhill Primary School	35 - <40%	13.9	√		2	6	26	1	19	19
13. Carleith Primary School	30 - <35%	N/A	√	From 2018/19	1	4	6	1	3	10
14. St Stephen's Primary School	25 - <30%	22.3	√		3	4	27	0	5	8
15. St Mary's Primary School (Duntocher)	15 - <20%	8.1	√		10	6	26	2	13	16
16. Gavinburn Primary School	10 - <15%	10.3	√		7	5	32	1	13	25

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