

Fife Council

Education & Children's Services

**Strategic Needs Assessment to support Commissioning Priorities for
the 2024-2027 Commissioning Cycle**

Contents Page

Page 3 –	Introduction
Page 4 –	Development of the Strategic Plan
Page 5 –	Policy Mapping & Analysis
Page 6 -	Population Needs Assessment
Page 14 -	Service Planning
Page 16 -	Conclusion
Page 17 -	Appendices
Page 19 -	References

Introduction:

This Strategic Needs Analysis (SNA) is to guide and support the delivery of Children's Services within Fife throughout 2024-2027: it specifically relates to services delivered by the Third Sector on behalf of Fife Council, Education & Children Services Dept.

Every year we spend around £9M to support third sector organisations to deliver essential services to children, young people and families throughout Fife. It is essential that investment decisions reflect the needs, aspirations and priorities of local communities, all of which can only be achieved through proper strategic and financial analysis and planning.

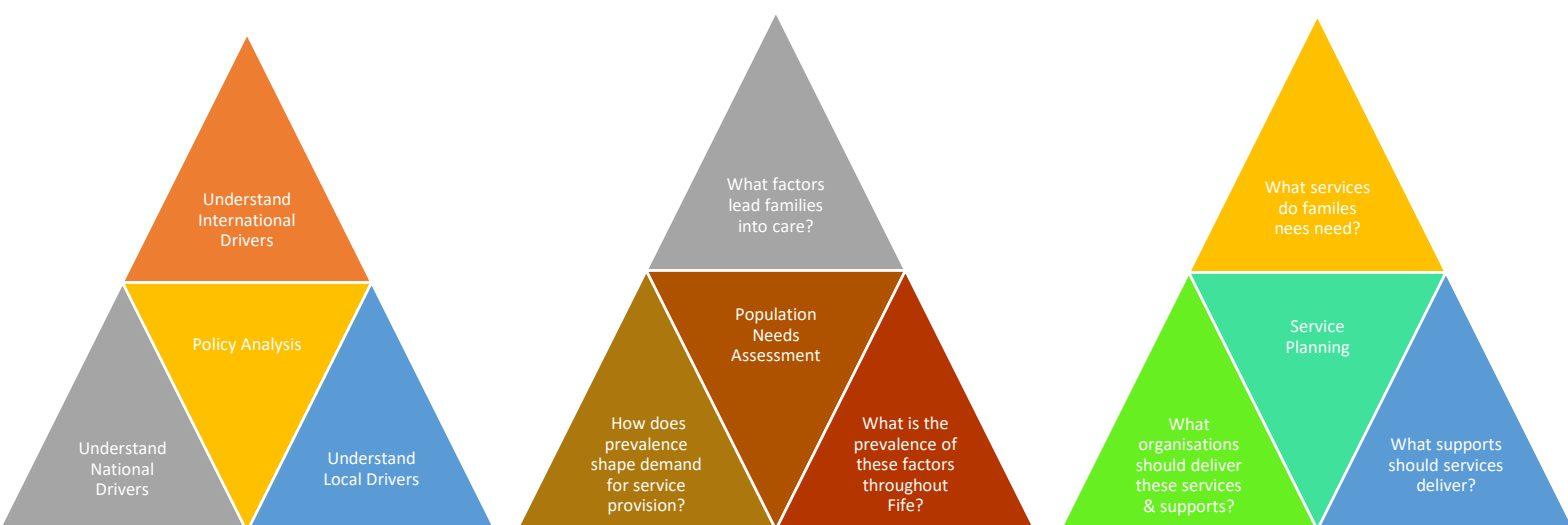
Our high-level strategic priorities are to support families to remain together through the provision of community embedded, family facing models of support and this context has shaped the work described in this paper. Drawing upon relevant data and the Belonging to Fife Strategy, our current SNA (2020-2023) aligned investment decisions to 8 service briefs designed to provide early intervention supports at the additional level of the Child's Well-Being Pathway and targeted supports at the Intensive level. The main drivers of family breakdown identified at that point were disability, domestic violence, mental health, unsupported caring responsibilities and substance use and which led to increases in adverse childhood experiences, trauma, and loss within the family unit.

This document aims to refresh these established Commissioning priorities based upon an understanding of evolving policy frameworks, emerging need, and a review of what works in terms of evidence-based practice frameworks in general and emerging models of Whole Family Supports in particular. It is intended to inform and should be read alongside our refreshed Service Briefs.

Development of the Strategic Plan:

This plan sits within a broader Commissioning approach which is aligned to national guidance developed over the past 15 years by a range of bodies including both CoSLA & the Scottish Government (see Appendix 1, for a full list of relevant guidance & legislation). The National Model is a four-stage process and is represented visually in appendix 2.

This SNA is clearly located within the Analyse quadrant of the model and is an attempt to produce a coherent narrative about the care and wellbeing needs of local communities and the services required to offer support. In doing so, it is itself also underpinned by a distinctive methodology which is represented below...



This model was initially developed by the Institute of Public Care (IPC) who are housed within Oxford Brookes University. The IPC specialise in the field of applied research and evaluation and work with national and local government, the NHS and the independent and voluntary sectors, supporting them to deliver better health and social care outcomes.

Partnership and engagement have been central to all stages of this model and engagement sessions have been held with children, young people, parents and service providers. These sessions were designed to discuss the data as it emerged, and it's fit with peoples lived experiences. Sessions were also held with colleagues in the Senior Management Team in Education & Children's Services, Fife Health & Social Care Partnership, Fife Alcohol & Drugs Partnership and Fife Violence against Women Partnership to ensure emerging knowledge properly aligned to strategic priorities.

Policy Mapping & Analysis:

As noted on page 4, the first stage of our process involved policy mapping and analysis. The graphic below highlights the main policy frameworks studied ...



The main learning from this analysis is noted below ...

1. Family environments remain the best place for children & young people to live and grow up.
2. Poverty is the main structural determinant impacting upon family life.
3. When poverty interacts with caring responsibilities, disability, domestic violence, mental health and substance use, then parents' ability to cope can be severely eroded leading to intense and persistent vulnerability and in extreme circumstances family breakdown.
4. Family breakdown compounds existing suffering and distress and makes recovery even harder.
5. Family life should be scaffolded through early intervention and intensive supports thus enabling safe and nurturing environments.
6. When family breakdown does occur, supports should be provided to re-establish safe living environments.
7. Service models should be underpinned by the National Framework Principles of Whole Family Supports.
8. The experience and voice of families should be at the forefront of all service delivery.

Population Needs Assessment:

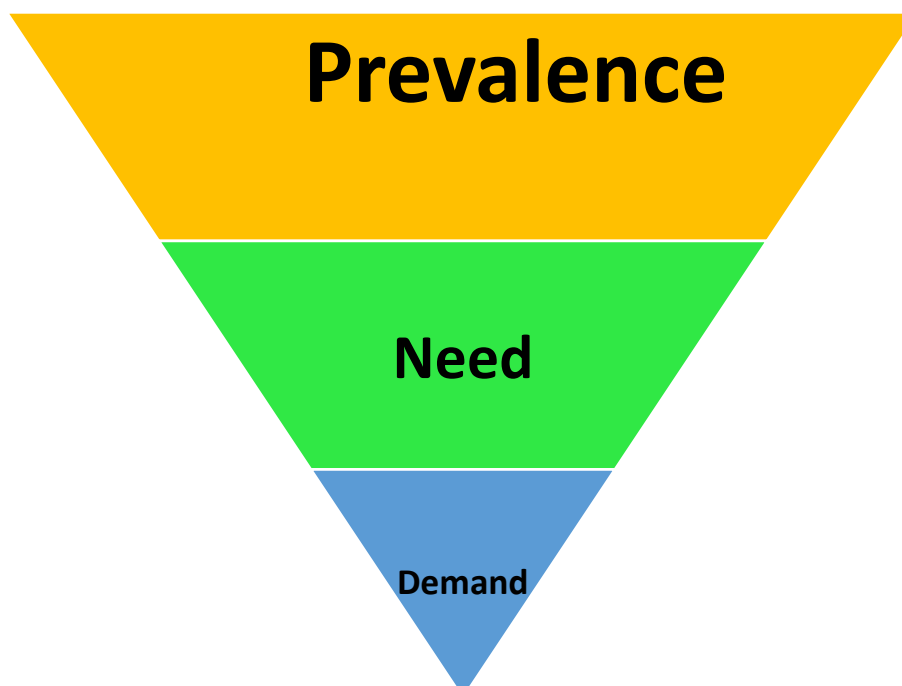
Informed by the policy analysis described on page 5, our approach to needs assessment has sought to understand how the experience of family life might be impacted upon by poverty, disability, domestic violence, mental health, substance use and unsupported caring responsibilities.

We have utilised an epidemiological approach which seeks to understand the concepts of 'prevalence', 'need' and 'demand' in relation to these health & wellbeing concerns.

Prevalence = prevalence data is used to explore the total proportion of people affected by health & wellbeing concerns. In this study, prevalence data has been drawn primarily from Fife Well Being Indicators, which is a minimum data set drawn from a broad range of national and local data sets.

Need = need data is used to estimate how many of the people who are experiencing vulnerabilities will require supports to meet their health & care needs. Fife Council is in the early stages of modelling and testing the data set which will be used to capture evidence of need going forward: as such, demand data is used as the next best indicator of need within this study.

Demand = demand data refers to the number of people who require the state to provide supports for them and are currently actively engaging with service providers. In this study, demand data is drawn from the Monitoring Data returned by the Services whom we currently commission.



Poverty

Poverty & Prevalence:

Experimental statistics released by the DWP (Department for Work and Pensions) & HMRC (Her Majesty's Revenue and Customs) show that in 2020/21, there were 13,742 (17.3%) children in Fife living in relative poverty before housing costs and that 9,047 children (14.1%) were living in absolute poverty before housing costs. This is above national averages which were 15.9% and 12.9% respectively.

The Scottish Indices of Multiple Deprivation record how deprivation is spatially distributed across the Country. The SIMD framework breaks every neighbourhood in Scotland down into 6,976 data zones and then profiles each one against seven indices of Deprivation, which are (1) Access (2) Crime (3) Education (4) Employment (5) Health (6) Housing (7) Income. All neighbourhoods are then given a ranking for each individual measure, and an overall score based upon an aggregate applied for all seven indices. Rankings range from 1 (most deprived neighbourhood) to 6,976 (least deprived neighbourhood). People using SIMD will often focus on the data zones below a certain rank, for example, the 5%, 10%, 15% or 20% most deprived data zones in Scotland.

The latest SIMD figures show that 11.9% of people resident in Fife (44,452) live in neighbourhoods which, statistically, are within the 20% most deprived within Scotland for the measure of Income. If an aggregate of all seven indices is taken, then this figure increases to 19% of people resident within Fife (71,085) living within neighbourhoods which are within the 20% most deprived in Scotland.

Whilst all areas of Fife experience deprivation, the largest accumulations (see figure 1 & figure 2) are within Cowdenbeath, Kirkcaldy & Levenmouth. This is important in terms of where investments, services & supports are 'positioned' throughout Fife, as research demonstrates that the most deprived neighbourhoods would need around four times more investment than the least deprived neighbourhoods to produce equal outcomes across health and social measures.

Fife Locality	Total Population	No: who live in neighbourhoods which are amongst 20% most deprived in Scotland	As a % of locality Population	As % of the total number of people who live in 20% most deprived within Fife
SW Fife	50,510	3,881	7.6%	5.4%
Cowdenbeath	41,767	14,222	34%	19.8%
Dunfermline	59,584	8,173	13.7%	11%
Kirkcaldy	60,472	15,783	26%	22%
Glenrothes	49,824	10,964	22%	15.3%
Levenmouth	37,888	17,222	45%	24%
NE Fife	74,685	792	1%	1%

Figure 1 – Spatial distribution/accumulation of deprivation from SIMD data – Statistical breakdown

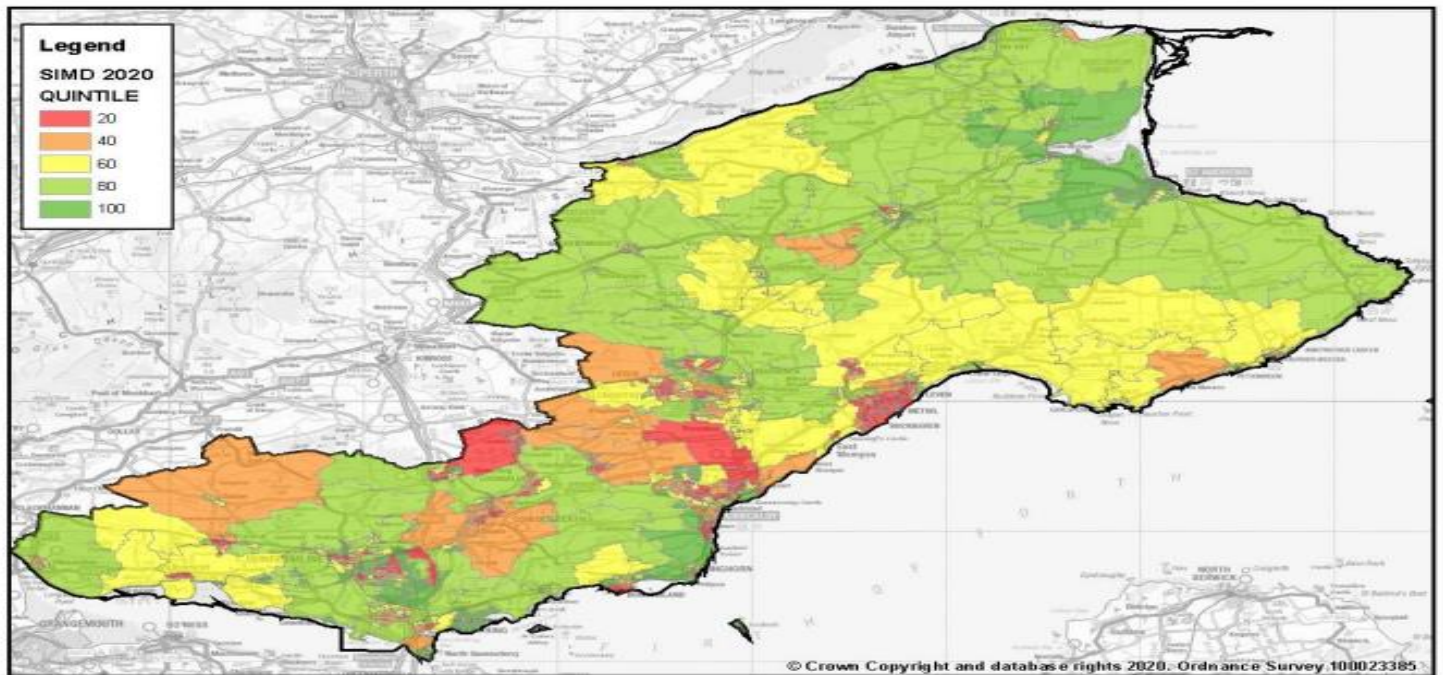


Figure 2 – Spatial distribution/accumulation of deprivation from SIMD data – Heat Map

Within these spatial concentrations of poverty, the groups most likely to experience poverty & deprivation, include ...

- lone parent families,
- families where the youngest child is aged under 1
- families where the mother is younger than 25,
- families with more than three children,
- families affected by disability,
- minority ethnic families
- families with more than 1 of the experiences described above

Poverty, Need & Demand:

In 2021, Education & Children’s Services commissioned the Early Years Collective to provide services to young families who were experiencing disadvantage and vulnerability. Between October 2021 and October 2022, the EYC (Early Years Collective) engaged with 867 families including 1963 children. 752 families engaged with one-to-one supports, 438 of whom also engaged in group work supports and 115 engaged in group work only supports only.

Disability

Disability & Prevalence:

Disability is defined in the Equality Act 2010 as ‘a long-term limiting mental or physical health condition, that has a substantial negative effect on your ability to do normal daily activities that has lasted, or is expected to last, more than 12 months. The key elements of this definition are that there is a long-lasting health condition and that this condition limits daily activity’.

In Scotland, disability is often measured in large-scale surveys using the two-part definition described above. The first part asks participants if they have a long-term illness or health condition that is expected to last more than 12 months. The second part asks participants whether this condition limits their day-to-day activity, either by ‘a lot’ or ‘a little’.

Using this criterion, the Scottish Health Survey shows that 39% of the Fife population (145,910) considered themselves to have a limiting long-term illness in 2021: this is higher than the national average which is 34%. The Scottish Government estimates that 10% (14,591) of this figure would be comprised of children & young people aged between 0-15.

In 2021, the Scottish Government replaced the Disability Living Allowance with the Child Disability Payment which is designed to provide money to help with extra care and mobility costs that a child living with disability might have. There have been 960 authorised applications between June 2021 and December 2022 in Fife.

In 2021, the Scottish Government estimated that around 10% of children & young people who were Looked After and Accommodated in Scotland had a disability. The number of children in Fife who were looked after in Fife at March 2021 was 819, which means around approximately 82 of Children and Young People who were Looked After & Accommodated would have had a disability.

Disability Need & Demand:

In 2022-23, Fife Council commissioned Aberlour to provide 1085 bed nights for respite care to children and young people who have a disability. Similarly, 3090 hours of Outreach supports were provided to young people in their local communities. Finally, 3375 hours of Whole Family Supports were provided within the family home.

Domestic Abuse

Domestic Violence & Prevalence:

In total there were 5,377 incidents of Domestic Abuse reported to Police Scotland in Fife in 2021-22. Based on national modelling, it is estimated that 81% (4,355) of these incidents involved female victims and male perpetrators, 15% (807) involved male victims and female

perpetrators, 2% (106) involved female victims and female perpetrators and 2% (106) involved male victims and male perpetrators.

Domestic abuse affects all age groups, but statistically speaking, people aged between 26 to 50 are at most risk. Home settings are the most likely setting where Domestic Violence takes place, with 37% taking place in the victim's home, 13% in homes jointly owned and 5% in the perpetrators home. Common assault accounts for 32% of Domestic Abuse related incidents, threatening and abusive behaviour accounts for 21%, crimes against public justice 18% and vandalism 6%.

In terms of the impact of domestic abuse on children & young people, in 2021, 97 Child Protection Case Conferences involved concerns raised in regard to Domestic Abuse in Fife: similarly, in 2022, concerns over domestic violence featured 67 times on the grounds for referral made to SCRA.

Domestic Abuse Need & Demand:

In 2022-23, Fife Council commissioned Fife Women's Aid to provide a range of supports to children & young people who were experiencing Domestic Abuse within the family home. In total, FWA engaged with 362 young people over this period. Young people were referred into the service through different referral routes with 126 referred in through the MARAC referral route, 228 were referred in through stage 2 of the Child's Well Being Pathway and assessed as requiring a service at the additional level and 8 were referred in at stage 2 of the Child's Well Being Pathway and assessed as requiring a service at the Intensive level.

Mental Health

Mental Health & Prevalence:

In total 33% of people living in Fife experience common mental health problems, as compared to a Scottish average of 34%. Women (20%) are more likely to report/experience these issues than men (13%). Similarly, 20.35% of people living in Fife are prescribed drugs for anxiety/depression/psychosis in Fife, which is slightly higher than the national average of 19.29%.

In terms of acute mental health problems, the number of psychiatric inpatient hospitalisations was 218 per 100,000 population in Fife, compared to a Scottish average of 229. The number of deaths from suicide in the adult population in Fife is 13.91 per 100,000 population compared to a national average of 14.13%. The number of suicides amongst young people aged 11 to 25 is 10.46 per 100,000 population, compared to a national average of 11.06 per 100,000 population. Men are particularly at risk from suicide, accounting for 21.35 per 100,000 population, compared to females at 6.47 per 100,000 population.

The number of referrals made to CAHMS in 2021 was 46.9 per 1000 of population within Fife, which is an increase from 35.9 in 2017. Approximately 450 of these referrals were assessed as having severe, persistent, complex mental health problems: 430 were assessed as having mild to moderate mental health issues.

In 2021 concerns over parents' mental health featured in 113 Child Protection Case Conferences.

Mental Health Need & Demand:

Commissioning activity in regard to Mental Health & Well Being is aligned to the Community Mental Health & Well Being Framework and also the Our Minds Matter Framework.

In 2022-23, Barnardos, Includem & Scottish Autism were commissioned through the Community Mental Health & Well Being Framework to provide a range of one to one and group work supports to children, young people and families to provide early intervention supports around the generic theme of Mental Health. Analysis of referrals demonstrates that the main reasons for referrals include, anxiety, low self-esteem, emotional/behavioural difficulties and parental support. A total of 502 sessions were delivered to young people and 152 sessions were delivered to parents: 49% of referrals identified as female and 41% identified as male.

Similarly, DAPL were Commissioned through the Our Minds Matters Framework, to provide Fife's School Counselling Service. In 2022-23 they received 1240 referrals. The primary reasons for referral were, stress at school, stress at home, low mood, general anxiety and bereavement/loss. Female pupils (832 referrals) were much more likely to access the service than male pupils (361 referrals). Young people aged 14 (254 referrals) were most likely to access the service, followed by young people aged 15 (203 referrals) and young people aged 13 (194 referrals).

Substance Use

Substance Use & Prevalence:

The proportion of females aged 16+ experiencing potential problem drinking was 10.49% in Fife in 2017: the Scottish average was 11.72%. The proportion of males aged 16+ experiencing potential problem drinking was 19.68% in Fife in 2017: the Scottish average was 24.11%.

The number of alcohol related hospital admissions for the adult population was 639 per 100,000 population in Fife in 2021/22. The national average was 610. The number of alcohol related hospital admissions for childhood population aged 11-25 was 388 per 100,000 in Fife in 2021. The national average was 255. The number of alcohol specific deaths was 18.95 per 100,000 population in Fife in 2021. The national average was 21.11

The number of children involved in Child Protection proceedings due to concerns about parents' alcohol use was 9.62 per 100,000 population in Fife in 2021: the national average was 4.89.

The number of drug related hospital admissions for the adult population was 275.18 per 100,000 in Fife in 2021: the national average was 228.25. The number of drug related hospital admissions for young people aged between 11-25 219.44 per 100,000 population in Fife in 2021: the national average was 167.65. The number of drug related deaths in Fife was 20.48 per 100,000 population in Fife in 2021: the national average was 25.24.

In 2021, 69 Child Protection Case Conferences involved concerns about parental alcohol misuse and 105 featured concerns about parental substance use.

Substance Use Need & Demand:

In 2022-23, Fife Council and Fife Alcohol & Drugs Partnership jointly funded Barnardos & Clued Up to provide whole family supports to families affected by substance use and where there is a risk of family breakdown. This work funds engagement with 350 young people who are referred in at stage 2 of the Child's Well Being Pathway and are assessed as requiring supports at the additional level. It also funds work with 120 families who are assessed as requiring supports at the additional level and 30 families who are requiring who are assessed as requiring supports at the intensive level.

In addition to this partnership approach, Fife Council also provide separate funding to Barnardos & Includem to provide Intensive supports to families where there was significant risk of breakdown. Barnardos were Commissioned to provide supports to between 45 to 60 families with a child between the ages of 0 to 13: Includem were Commissioned to provide supports to 55 to 65 families with a young person between the ages of 13 to 26.

Young Carers

Young Carers & Prevalence:

The Carers Scotland Act (2016) defines a young carers as anyone under the age of 18 years, or who is 18 years and still attending school who is or is intending to provide care. Young carers circumstances will vary and may involve children and young people looking after or supporting someone in their family affected by illness, a disability, mental ill-health or substance use. Young carers can be involved in practical and/or emotional caring responsibilities which would normally be expected of an adult. Caring responsibilities will vary depending on unique circumstances and the family unit for example young carers may be involved in looking after their younger siblings due to their parent/s health needs.

Estimates vary according to methodology, which can present challenges when forecasting prevalence etc. Fife Health & Social Care Partnership estimated that there was somewhere between 2,403 and 6,785 young carers living in Fife in 2018. This analysis also

demonstrated that care responsibilities is affected by poverty and deprivation and that caring responsibilities tend to increase as children age, moving from an average of 19 hours per week to 35 hours per week.

We know young carer's health and wellbeing is more likely to be affected because of their caring role, with young carers and young adult carers twice as likely as other young people to report a mental health condition.⁴ There is also a link with young carers own health issues and their caring role. The data shows that young carers have worse self-reported health than non-carers and their health tends to become progressively worse depending on how much care is being provided.

Young Carers & Demand:

In 2022-23, Fife Council Education & Children Services Department Commissioned Fife Young Carers to engage with up to 350 young carers. This work supported up to 220 group work sessions and up to 580 one to one support sessions.

Service Planning:

What services do families need?

Drawing upon both the policy analysis and the population needs assessment described in the preceding two sections, families need access to services which offer them supports around the following adversities ...

- (1) Poverty in the early years
- (2) Disability
- (3) Domestic Abuse
- (4) Mental Health
- (5) Substance Use
- (6) Young Carers

Drawing upon the work of the Promise, additional areas of support will need to focus upon

- (7) Ensuring the voice and experience of children, young people and families is at the forefront of service design & delivery.

Services should be positioned at both the additional and intensive levels: this will optimise supports to prevent families from reaching crisis point in the first instance, and to scaffold them and enable them to stay together in instances where they are already in crisis.

What supports should services deliver?

Supports should focus upon the distress, trauma and loss which accompany exposure to adverse childhood experiences and should build a scaffold around the family unit, allowing space and time to regulate, relate and repair.

The Promise is clear that services to children, young people and families must be informed by a model of wholistic whole family supports. Further work has established 10 principles which evolving models should align, which are ...

Non-stigmatising: Support should be promoted and provided free from stigma and judgement. Services should be as normalised as accessing universal services.

Whole Family: Support should be rooted in GIRFEC and wrapped around about the whole family. This requires relevant join up with adult services & whole system, place based, preventative addressing inequalities.

Needs based: Support should be tailored to fit around each individual family, not be driven by rigid services or structures. It should cover the spectrum of support from universal services, more tailored support for wellbeing and intensive support (to prevent or in response to statutory interventions). Creative approaches to support should be encouraged.

Assets and community based: Support should be empowering, building on existing strengths within the family and wider community. Families should be able to 'reach in' not

be 'referred to'. Support must be explicitly connected to locations that work for local families and the community, such as schools, health centres, village halls and sports centres.

Timely and Sustainable: Flexible, responsive and proportionate support should be available to families as soon as they need it, and for as long as it is required, adapting to changing needs.

Promoted: Families should have easy, well understood routes of access to support. They should feel empowered to do so, and have choice about the support they access to ensure it meets their needs.

Take account of families' voice: At a strategic and individual level, children and families should be meaningfully involved in the design, delivery, evaluation and continuous improvement of services. Support should be based on trusted relationships between families and professionals working together with mutual respect to ensure targeted and developmental support.

Collaborative and Seamless: Support should be multi-agency and joined-up across services, so families don't experience multiple 'referrals' or inconsistent support.

Skilled and supported workforce: Support should be informed by an understanding of attachment, trauma, inequality and poverty. Staff should be supported to take on additional responsibilities, and trusted to be innovative in responding to the needs of families.

Underpinned by Children's Rights: Children's rights should be the funnel through which every decision and support service is viewed.

Fife Council is in the process of developing a model of whole family supports which are aligned to the principles noted above. The model is being co-produced in partnership with children, young people and families and also third sector providers.

Anticipated Scale & Cost of Service Provision:

The population needs assessment detailed in pages 6 to 13 draw upon demand data drawn from existing service providers who were commissioned from 2021 to 2023. This demand has been met within existing budget allocations and is the most appropriate means of determining decisions regarding the scale and cost of service provision for 2024 through to 2027. In effect, this means that the Outputs and Budget associated with the existing Commissioning Briefs, should be extended into the next Commissioning cycle.

Conclusion:

This SNA establishes commissioning priorities for Education & Children Services Directorate for the 2024 to 2027 period. In doing so it draws upon established best practice to determine high level policy & strategic priorities and assessment of need within local communities. The detail emerging within the paper connects firmly with the commissioning priorities established in 2021 and in that sense provides continuity for communities and service providers.

Drawing upon The Promise, the SNA reaffirms the existing commitment to Whole Family Wellbeing models of care. It recognises Fife Council's own emerging model of Whole Family Supports which are in the process of being co-produced with local children, young people and families. The learning gained from this work will be invaluable in ongoing service design and delivery throughout the next commissioning cycle and beyond.

Appendix 1: Guidance & Legislation informing the National Commissioning Model

Audit Scotland (2012) 'Commissioning Social Care'. Available at [Commissioning social care | Audit Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/commissioning-social-care)

Coalition of Care & Support Providers in Scotland (2021) 'Collaborative Commissioning'. Available at [CCPS Collaborative Commissioning-Background to Principles.pdf \(ccpscotland.org\)](https://ccpscotland.org/CCPS_Collaborative_Commissioning-Background_to_Principles.pdf)

COSLA (2010) 'The Procurement of Care & Support Services' Published by the Scottish Government. Available at [Procurement of care and support services: best practice guidance - updated June 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/procurement-of-care-and-support-services-best-practice-guidance).

Social Work Inspection Agency (2009) 'Guide to Strategic Commissioning: taking a closer look at strategic commissioning in social work services'. Available at [Guide to strategic commissioning: taking a closer look at strategic commissioning in social work services | The Learning Exchange \(iriss.org.uk\)](https://www.iriss.org.uk/guide-to-strategic-commissioning)

The Scottish Government (2014) 'The Public Bodies Joint Working Act (Scotland) (2014)'. Available at [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/12)

The Scottish Government (2015) 'Strategic Commissioning Plans Guidance'. Available at [Strategic commissioning plans: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/strategic-commissioning-plans-guidance)

The Scottish Government (2021) 'Independent Review of Adult Social Care in Scotland' Available at [Adult social care: independent review - gov.scot \(www.gov.scot\)](https://www.gov.scot/independent-review-adult-social-care)

Appendix 2: The National Commissioning Model



Sources:

For the sake of presentation, this document has not listed the sources/references within the text above. However, all information sources are listed below and are categorised according to the section of the report in which they appeared.

Development of the Strategic Plan:

1. Institute of Public Care (2014) 'Commissioning for Health & Social Care' London: Sage Publications
2. COSLA (2010) 'The Procurement of Care & Support Services' Published by the Scottish Government. Available at [Procurement of care and support services: best practice guidance - updated June 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/06/Procurement_of_care_and_support_services_best_practice_guidance_updated_June_2021.pdf).
3. The Scottish Government (2015) 'Strategic Commissioning Plans Guidance'. Available at [Strategic commissioning plans: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2015/05/Strategic_commissioning_plans_guidance.pdf)

Policy Mapping & Analysis

1. United Nations Convention on the Rights of the Child. Available at [Convention on the Rights of the Child | UNICEF](https://www.unicef.org/convention-on-the-rights-of-the-child)
2. UN Alternative Care Guidelines. Available at [United Nations Guidelines for the Alternative Care of Children | Save the Children's Resource Centre](https://www.unicef.org/alternative-care)
3. The Promise Evidence Framework. Available at <https://thepromise.scot/resources/2020/evidence-framework.pdf>
4. Getting it Right for Every Child Framework. Available at [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2014/05/Getting_it_right_for_every_child_GIRFEC.pdf)
5. Fife Council Belonging to Fife Strategy. Available at [Agenda-and-Papers-for-Meeting-of-Cabinet-Committee-of-15-December-2022.pdf \(fife.gov.uk\)](https://www.fife.gov.uk/media/10000/Agenda-and-Papers-for-Meeting-of-Cabinet-Committee-of-15-December-2022.pdf)
6. Fife Children Services Strategic Plan. Available at [Fife Children's Services Plan | Fife Council](https://www.fife.gov.uk/media/10000/Fife-Childrens-Services-Strategic-Plan.pdf)

Population Needs Assessment

Poverty Prevalence Data:

1. DWP Experimental Statistics Data. Available at [Fife-Findings-Children-in-low-income-families-2022.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/Fife-Findings-Children-in-low-income-families-2022.pdf)
2. Scottish Indices of Multiple Deprivation Ranks available at [Scottish Index of Multiple Deprivation 2020v2 - ranks - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/05/Scottish_Index_of_Multiple_Deprivation_2020v2_-_ranks_-_gov.scot_(www.gov.scot))
3. Fife Child Poverty Action Report 2021/22. Available at [LCPAR-4-report.pdf \(fife.scot\)](https://www.fife.gov.uk/media/10000/LCPAR-4-report.pdf)

Disability Prevalence Data:

1. Scottish Health Survey Data on number of people in Fife with Long Term Limiting Conditions available at [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/)
2. Data in regard to number of children in Scotland who would be registered Disabled available at www.equalityevidence.scot
3. Data regarding the number of awards for Child Disability Payment. Available at [Social Security Scotland - Child Disability Payment high level statistics to 31 December 2021](https://www.gov.scot/resources/documents/2021/12/Social_Security_Scotland_-_Child_Disability_Payment_high_level_statistics_to_31_December_2021.pdf)

Domestic Abuse Prevalence Data:

1. National Domestic Abuse in Scotland Statistics as recorded by Police Scotland, available at [Domestic abuse in Scotland statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-in-scotland-statistics-2021-to-2022/pages/introduction.aspx)
2. Fife Child Protection Case Conference Statistics available at [Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-to-2022/pages/introduction.aspx)
3. SCRA data available at [Online Statistical Dashboard - SCRA](https://www.scra.gov.scot/)

Mental Health Prevalence Data:

1. Data drawn from Public Health Scotland, accessible at [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/)
2. Fife Child Protection Case Conference Statistics available at [Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-to-2022/pages/introduction.aspx)

Substance Use Prevalence Data:

1. Data drawn from Public Health Scotland, accessible at [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/)
2. Fife Child Protection Case Conference Statistics available at [Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-to-2022/pages/introduction.aspx)

Young Carers Prevalence Data:

1. Getting it Right for Young Carers in Fife, available at [Young-Carers-Guide-2018_V4.pdf \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org/young-carers-guide-2018-v4.pdf)

Service Planning:

1. National Principles of Whole Family Supports available at [Holistic whole family support: routemap and national principles - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/holistic-whole-family-support-routemap-and-national-principles/pages/introduction.aspx)