Children in Fife
Every child & young person matters

Fife Children's Services Joint Strategic Needs Assessment 2026-29

Contents

Executive Summary 3
Key Findings 3
Section 1: Introduction 4
Section 2: Our approach to understanding need 5
2.1 Working with partners 5
2.2 Gathering information and agreeing key themes 5
2.3 Developing a shared approach 5
2.4 Drafting and finalising the assessment 5
2.5 Findings and ongoing review 5
Section 3: Policy Context 6
3.1 National policies guiding how we work together for families 6
3.2 National policies for supporting vulnerable or disadvantaged children and families 7
3.3 Local policies that guide how services support families in Fife 9
Section 4: Our Local Context 13
Our Geography and Population 13
Understanding Poverty in Fife 16
Section 5: Our Evidence 20
5.1 Safe 20
5.2 Healthy & Active 25
5.3 Nurtured 34
5.4 Achieving 40
5.5 Respected, Responsible and Included 49
Voices of Children, Young People and Families 55
Section 6: Conclusion 57
Mental health and emotional wellbeing 57
Family resilience and skills 57
Speech, language and early communication 57
Next Steps 58
References 59

Executive Summary

Fife's evidence base informs our Children's Services Joint Strategic Needs Assessment (JSNA) and is structured across Scotland's key child wellbeing indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI). It draws on data, wider literature, lived experience and strategic reflections to identify current outcomes, inequalities and systemic challenges.

Three themes emerge strongly throughout the evidence:

- Mental health and emotional wellbeing
- Family resilience and skills
- Early speech, language and communication

These themes intersect with socioeconomic factors, such as poverty, gender and additional support needs and form our improvement priorities for Fife's 2026/29 Children's Services Plan.

Key Findings

- Persistent inequalities exist across all SHANARRI outcomes, which are compounded by multiple disadvantages.
- Children and young people facing poverty, girls, those with Additional Support Needs (ASN) and Care Experienced individuals are more likely to experience poor mental health, bullying and exclusion. This includes higher rates of emotional distress, identity-related bullying and lower self-esteem. These challenges are often not addressed due to long waits and limited access to support.
- Poverty is a significant driver of poorer outcomes for families – it is associated with poorer physical and mental health, lower educational attainment, housing instability and food insecurity. These impacts extend beyond childhood, influencing long-term wellbeing, life chances and intergenerational disadvantage.
- Families report long waiting times, fragmented services and high thresholds for support – often reaching crisis before support is accessed.

Our JSNA aligns with national frameworks including Getting in Right for Every Child (GIRFEC), the United Nations Convention on the Rights of the Child (UNCRC), The Promise, the National Performance Framework and Child Poverty (Scotland) Act 2017, and informs our priorities for early intervention, whole family wellbeing and integrated working. Our improvement priorities for the next period are:

1. Strengthening mental health and emotional wellbeing support for children, young people and families.
2. Building family resilience through early help and holistic, whole-family centred services.
3. Improving early speech, language and communication to close gaps and support lifelong learning.

We believe that by focusing on these priorities, we will reduce inequalities and improve outcomes for children and young people across Fife.

Section 1: Introduction

Fife's Children's Services Joint Strategic Needs Assessment (JSNA) brings together information to help us understand how children, young people and families in Fife are doing, what is working well, and where there are challenges. It looks at local and national statistics, people's experiences and what services have learned from working with families, to build a clear picture of need across Fife.

Our JSNA is organised around the SHANARRI wellbeing indicators – Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. These indicators help us describe different parts of children's lives. In practice, these areas often overlap, and a child's experiences in one area can affect others. Using SHANARRI helps us present the information clearly while recognising this interconnectedness.

The voices and experiences of children and families are central to this assessment. Families have shared their experiences and challenges of accessing support, such as long waiting times, moving between services, and the pressures caused by poverty and mental health difficulties. Their voices are represented alongside the numbers and help us understand what life is really like for families across Fife.

The findings from our JSNA will shape our Children's Services Plan for 2026-2029, guiding our priorities and actions to deliver better outcomes for children, young people and families across Fife.

Through our analysis, three key themes have emerged:

- Mental health and emotional wellbeing – addressing widespread challenges affecting each of the SHANARRI outcomes.
- Family resilience and skills – strengthening family capacity to cope and reducing vulnerability to crisis.
- Speech, language and early communication – closing early gaps affecting attainment, relationships and life changes.

By focusing on these priorities and embedding the national rights-based, preventative approach, we aim to create a system that is inclusive, resilient and sustainable – giving every child in Fife the best possible start in life.

Section 2: Our approach to understanding need

The Joint Strategic Needs Assessment was developed with partners across Fife's Children's Services, using a shared approach to understand what children, young people and families need and where support could be improved.

2.1 Working with partners

Fife's Children's Services Partnership includes:

- Fife Council
- NHS Fife
- Fife Health and Social Care Partnership
- Police Scotland
- Fife Voluntary Action and Third Sector Partners
- Fife Centre for Equalities
- Scottish Children's Reporter Administration

2.2 Gathering information and agreeing key themes

Partners took part in a workshop session to identify what information was already available across services, including evidence on disadvantaged and vulnerable children and young people. This included statistics, service information and feedback from children, young people and families. We reviewed available evidence for each key group by SHANARRI to identify where we might improve data use and availability in the future – our gap analysis is available in Appendix 1.

A follow-up workshop was held to bring the information together, review what it was telling us and agree the key themes and messages.

2.3 Developing a shared approach

Further partnership sessions focused on making sure the assessment reflects a joined-up approach across services. This included considering how the voices and experiences of children, young people, families and staff are reflected, alongside the information held by services.

2.4 Drafting and finalising the assessment

The JSNA was drafted to bring together the key messages, an executive summary and supporting evidence. Draft versions were shared with governance and partnership groups, and feedback was used to strengthen and refine the final document.

2.5 Findings and ongoing review

The findings of the JSNA have informed our improvement priorities and group structures for Fife's Children's Services Plan 2026-29. This work will continue, with partners regularly reviewing information and learning from practice to keep the evidence up to date and support ongoing improvement.

Section 3: Policy Context

3.1 National policies guiding how we work together for families

There are several key national frameworks which shape the way we plan and deliver services. These policies require us to look beyond single services and adopt a partnership response.

Table 1 – National policies and frameworks which guide how we work together for families

National Policy/Framework	Description
United Nations Convention on the Rights of the Child (UNCRC)	International treaty setting out children's rights, incorporated into Scots Law through the UNCRC (Incorporation) (Scotland) Act 2024. This requires us to embed a rights-based approach in all decision making – ensuring equity, participation and accountability in service design and delivery.
Getting it Right for Every Child (GIRFEC)	Scotland's national approach to implementing UNCRC. Provides a shared language and framework for assessing and responding to need using SHANARRI wellbeing indicators. Requires coordinated planning across services, early identification and proportionate response to needs throughout universal, additional and intensive interventions.
National Performance Framework	Sets national outcomes focused on reducing inequality and improving wellbeing. It requires Children's Services partners to align their priorities with the outcomes and demonstrate progress through measurable indicators.
Public Health Priorities & Population Health Framework	Promote early intervention and prevention towards equitable health outcomes. Focuses on identifying and tackling the social determinants of health to reduce health inequalities across communities.
Whole Family Wellbeing	Promotes wraparound, family-centred approaches towards better long-term outcomes for children, young people and families. Requires services to work together to provide holistic support, with consideration to how family circumstances influence child wellbeing.
Best Start, Bright Futures	National Tackling Child Poverty Delivery Plan requiring public bodies to collaborate across universal services to deliver holistic, person-centred support to families – particularly those in the six priority groups most at risk of poverty (lone parents, mothers aged under 25, families with a child aged under 1, families affected by disability, minority ethnic backgrounds, and families with more than 3 children). This includes actions to maximise income, support sustainable employment and improve child wellbeing throughout education and transition periods.

3.2 National policies for supporting vulnerable or disadvantaged children and families

National policy sets out expectations for how services support children, young people and families who are vulnerable or disadvantaged - including those experiencing poverty, care experience, additional support needs, discrimination or other barriers to wellbeing.

Table 2 – National policies specific to supporting vulnerable or disadvantaged children, young people and families

Theme	Policy/ Guidance	Description
Upholding Children's Rights	**UNCRC (Incorporation) (Scotland) Act 2024**	• Underpins a rights-based approach, ensuring all children's rights are upheld, especially those at risk. GIRFEC promotes coordinated, wellbeing-focused support across services.
	Children & Young People (Scotland) Act 2014	• Requires us to promote children's rights, support wellbeing, and coordinate service planning. Includes duties like Corporate Parenting, Named Persons, and Child's Plans.
Equity and Inclusion	**Equality Act 2010**	• Protection against discrimination based on protected characteristics • Requires services to promote equity, remove barriers, and ensure inclusive policies and practices • Under the Equality Act's Public Sector Equality Duty, we are required to consider how we can promote equality in every aspect of our day-to-day business
	Child Poverty (Scotland) Act 2017	• Requires local authorities and health boards to publish Local Child Poverty Action Reports, targeting efforts to reduce poverty, especially among six priority groups.
	Armed Forces Covenant	• Encourages public bodies to address the unique needs of Armed Forces children, such as disrupted education and mental wellbeing
	Time for Inclusive Education	• LGBTI topics to be embedded across subjects and age groups, including in denominational schools • Requires schools to record and monitor incidents of LGBT-related bullying and training staff in inclusive education practices • Includes LGBT inclusion in school inspections and improvement planning

	National Improvement Framework	• Supports efforts to close poverty-related attainment gaps • Promotes collaboration between schools, early years settings and wider children's services in alignment with GIRFEC to support children and families affected by poverty
	Scottish Attainment Challenge	• Aims to reduce the poverty-related attainment gap • Schools must embed Pupil Equity Funding (PEF) in school improvement plans, involving families and partners • Local authorities must agree annual "stretch aims" with the Scottish Government and Education Scotland, submitting an annual Strategic Equity Funding plan • Schools and local authorities must report progress via Standards and Quality Reports
	Community Empowerment (Scotland) Act 2015 **&** **National Standards for Community Engagement**	• Aims to strengthen the voices of communities in shaping the services they use. It supports individuals and groups to take action locally and to have a greater influence over decisions affecting their lives and wellbeing • The National Standards for Community Engagement set out best practice principles for involving communities in decision making. They provide a framework to ensure engagement is meaningful, inclusive and contributes to positive change.
Protection of Vulnerable Children	**National Child Protection Guidance**	• Outlines roles and procedures for protecting children at risk of harm. Emphasises collaboration, timely risk assessments and appropriate action
	Child Wellbeing Pathway	• Guides practitioners in recognising and escalating wellbeing concerns. Defines roles at universal, targeted, and intensive levels for consistent responses
Corporate Parenting and Care Experience	**The Promise**	• Scotland's commitment to Care Experienced children. Requires trauma-informed, relationship-based approaches to ensure they are loved, safe and supported
Integrated Working	**Public Bodies (Joint Working) (Scotland) Act 2014**	• Mandates integration of health and social care services to ensure holistic, coordinated support for children
	Children & Young People (Scotland) Act 2014	• Requires multiagency planning and delivery to improve outcomes through collaborative working
Data Protection	**Data Protection Act 2018 / GDPR**	• Requires lawful, fair and transparent data use. Data must be relevant and proportionate to service activity, complying with Data Protection Principles

3.3 Local policies that guide how services support families in Fife

We use national and local policies to help shape how different services support vulnerable or disadvantaged children, young people and families. These policies make sure our services are fair, inclusive and focused on the needs of the people we support. They help us work together across different services, target help where it's needed most and track how well we're doing in improving outcomes for children and families in Fife.

Table 3 – Fife policies specific to supporting vulnerable and disadvantaged children, young people and families

Who it's for	Policy	Who is responsible
Children with protected characteristics	**Fife Health & Social Care Partnership Strategic Plan** • Working to support the Promise in improving outcomes for Care Experienced children and young people • Supporting early family wellbeing through promoting physical, mental and emotional wellbeing – including initiatives such as reducing smoking rates in pregnant women and increasing breastfeeding rates • Focus on closing the equity gap – access to healthcare and opportunities for children affected by poverty • Promoting children's rights – emphasis on children, young people and family voice in service design • Trauma informed and nurture-based approaches through targeted response, trauma-informed care, participation and mitigating the effects of poverty	Health & Social Care Partnership
	Fife BSL Plan • Promotes inclusive learning environments and improved access to BSL trained staff in schools • Aims to enhance early years services by ensuring families with Deaf and/or hearing-impaired children have access to BSL resources and communication support early • Encouraging parents to participate in decision making with improved access to BSL interpreters and information to support family wellbeing • Supports smoother transitions for Deaf and hearing-impaired children and young people who use BSL into adulthood and employment	Fife Centre for Equalities, Education

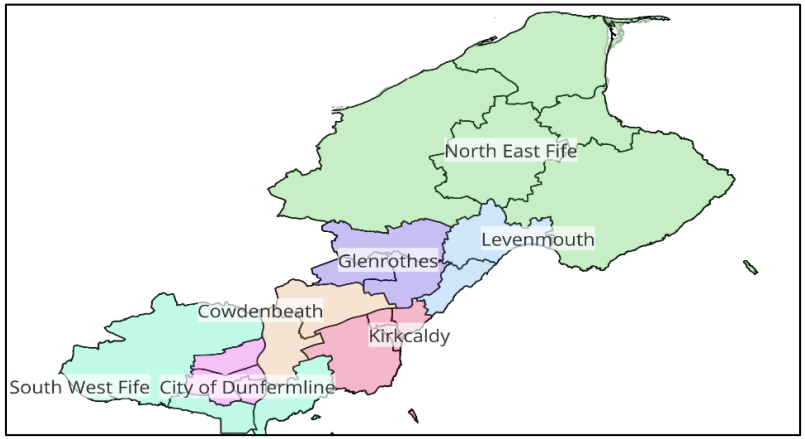
Who it's for	Policy	Who is responsible
	Fife Council Equality and Diversity Priorities 2025-2029 • Presents the Council's next four years equality priorities covering the period 2025-2029 building on the previous outcomes set in 2021 and highlights some achievements over the past four years. • These priorities are not meant to encompass all the work the Council does to reduce inequality but set out what are considered to be the priorities. • Priority 4 focuses on tackling inequality to improve educational achievement and attainment Promoting equality within the Education Directorate is an essential task that emphasises the values of inclusivity, fairness and respect for all individuals. This commitment involves creating an environment where every child, regardless of their background, has access to the same opportunities and resources, ensuring no one is left behind.	
Priority groups for Child Poverty Action (e.g. lone parent families, families affected by disability)	**Fife Strategic Housing Investment Plan 2025/26 – 2029/30** • Increasing access to affordable and suitable housing by delivering 2,300 affordable homes, with a focus on social rents to support low-income households and those facing housing insecurity – including displaced Ukrainian refugees • Sets targets for 30% of new builds for specific needs, including disability, with a rising target for wheelchair-accessible homes • Supports larger families out of overcrowded conditions with a target of 5% of new homes to have 5+ bedrooms. • Supports Gypsy/Traveller settlements with a commitment to site improvements • Sets out a priority for inclusive consultations and equality assessments to ensure housing meets the needs of all disadvantaged and vulnerable groups **Fife Rapid Rehousing Plan** • Targets homelessness, with a focus on families in crisis and care leavers	Housing
	National Improvement Framework • Support efforts to close poverty-related attainment gaps • Promotes collaboration between schools, early years settings and wider children's services in alignment with GIRFEC to support children and families affected by poverty **Scottish Attainment Challenge** • Aims to reduce the poverty-related attainment gap • Schools must embed Pupil Equity Funding (PEF) in school improvement plans, involving families and partners	Education

Who it's for	Policy	Who is responsible
	• Local authorities must agree annual "stretch aims" with the Scottish Government and Education Scotland, submitting an annual Strategic Equity Funding plan • Schools and local authorities must report progress via Standards and Quality Reports	
Children in SIMD Quintile 1 / most deprived areas	**Fife Education Directorate Improvement Plan, Children's Services Plan** • Our commitments to reducing inequalities through targeted actions across all priorities using free school meal registrations and SIMD to identify and support low-income families	Education
	Public Health Priority 2 – Early Years and Childhood • Focuses on reducing health inequalities preconception-early years, recognising the impacts of early childhood poverty, disability and adverse childhood experiences on outcomes throughout the life course **Fife Prevention and Early Intervention Strategy 2024-27** • Focuses on prevention and early intervention to reduce health inequalities by addressing root causes and providing timely support to those at particular risk. Recognises links between socioeconomic status and access to quality healthcare, nutritious food, safe housing, education and health behaviours contributing to health disparities. • Aims to strengthen collaboration across health, social care, Fife Council and Third Sector partners, while placing people and communities at the heart of decision making. Promotes a proactive, life-course approach to prevention and early intervention, encouraging self-care and effective use of resources to achieve outcomes that matter to individuals.	Health
Children with ASN	**Fife Additional Support for Learning Strategy** • Significantly influenced by the Morgan Report commissioned by the Scottish Government, aimed at evaluating the implementation of the Education (Additional Support for Learning) (Scotland) Act 2004 • Aims to improve Education experiences for children with ASN across all settings. Focuses on inclusive practice, professional development for staff and meaningful collaboration with children, families and partners	Education
Children on the Child Protection Register	**National Guidance for Child Protection in Scotland 2021** • Outlines thresholds for intervention, multiagency Interagency Referral Discussion (IRD) procedures, and the role of social work as lead professionals	Social Work

Who it's for	Policy	Who is responsible
Looked After Children & Care Experienced	**Children & Young People (Scotland) Act 2014 (**The Promise, Corporate Parenting) • Sets out the leading role of a Named Person for identifying & addressing wellbeing concerns early • Contribution to Child's Plan coordinated by Lead Professional • Promotes wellbeing, access to equitable education & healthcare for Care Experienced children – focusing on mental health, trauma informed care & relationship-based working	Education, Health & Social Care Partnership, Children & Families Social Work
Other disadvantaged/vulnerable groups	Organisations in Fife's voluntary sector embed different policies depending on the target groups in their remit – these are guided by local and national policy context	Fife Voluntary Action

Section 4: Our Local Context

4.1 Our Geography and Population



Map 1 – Fife's committee & ward level boundaries (OpenStreetMap, 2025, Fife Council, 2025, ONS Geography 2024)

Fife has a mix of urban areas, small towns and rural areas. The overall balance of each broadly resembles the geography of Scotland (Scottish Government, 2022a).

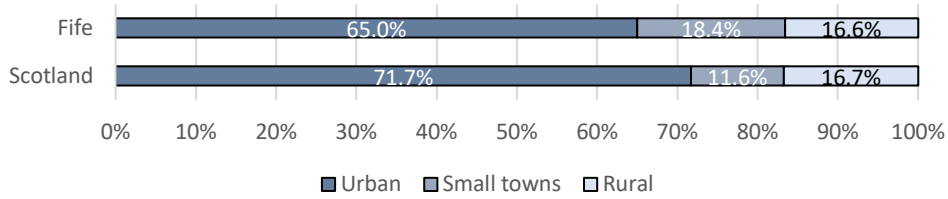


Figure 21 – 3-fold Urban Rural Classifications for Fife and Scotland (Scottish Government, 2024)

Fife's population

The total population in Fife as of Census Day 2022 was 371,781 (51.6% female, 48.4% male), projected to increase by around 2.3% over the next 25 years. However, this trend does not apply to all age groups. Scotland's population is projected to continue to age, with increases in older age groups, and declines in children and working age groups.

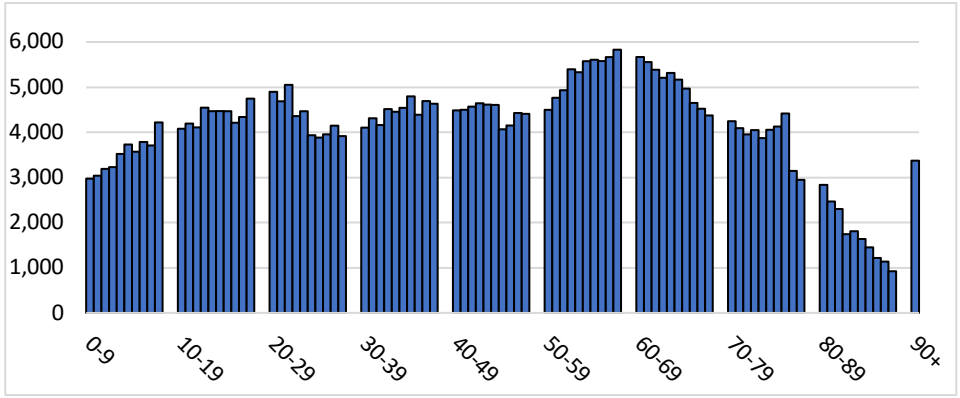


Figure 2 – Age distribution of Fife's population (NHS, 2025a)

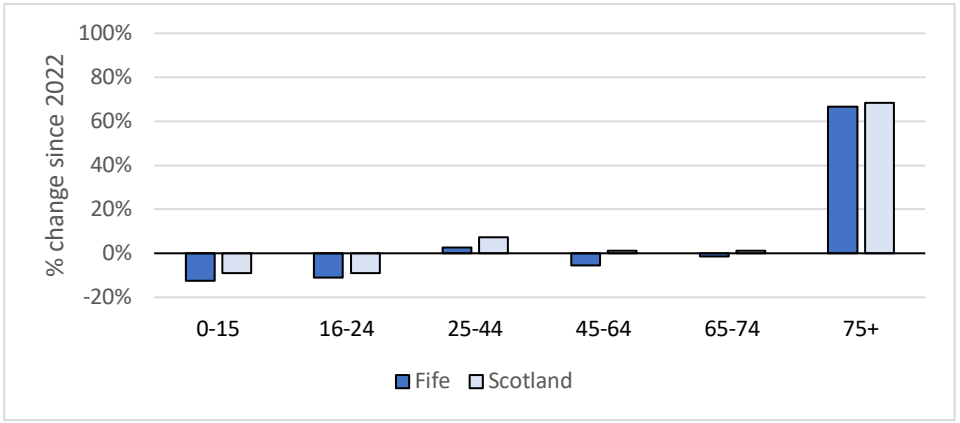


Figure 3 – Estimated population change in Fife between 2022-2047, by age group (NRS, 2025b)

4.2 Children and young people we support

- 69,513 children and young people, aged 0-17 years (2024)
- 727 Looked After Children (2023/24)
- 130 children on the Child Protection Register (2023/24)
- Approximately 3,000 children and young people supported by social work at any time (2023/24)
- 6,157 registrations for early years provision (2024/25)
- 48, 674 pupils in Fife schools (26,286 in primary, 22,226 in secondary and 162 in special schools). Table 4 gives further information about some key groups of interest.

Table 4 – Key disadvantaged and vulnerable groups in all Fife schools in 2024/25 cohort (Source: Education Service Data)

Group	Number	%
With an additional support need	18,259	37.8
Living in SIMD Quintile 1 (most deprived)	10,892	22.4
Speaking English as an Additional Language	3,376	6.9
Minority Ethnic	3,694	7.6
Assessed as having a disability	1,004	2.1
All school pupils	**48,674**	**100.0**

4.2.1 How we support our children and young people

- 13 children and families social work area teams, plus additional teams providing specialist support.
- 180 FTE senior and main grade social workers, and 133 FTE social work assistants and other qualified staff.
- 148 FTE Health Visitors and 36 FTE School Nursing Staff across 7 localities
- 38.7 FTE Speech and Language Therapists
- 155 schools in Fife (132 primary schools, 18 secondary schools and 5 special schools)
- 3,656 FTE teaching staff (1,698 primary schools, 1,685 secondary schools, 99 special schools and 97 centrally employed).

Note on data sources

- Data on schools, school staff, pupil numbers and early years provision are from the annual census returns for the start of the 2024/25 session (Scottish Government)
- Data on population numbers are taken from the June 2024 Mid-Year Population Estimate (NRS, 2025)
- Data on children & families social work provision are taken social work returns of 31 July 2024 (Scottish Government, 2024b & 2024c), annual local authority staffing returns (SSSC) and management information (for involvements)

4.3 Area deprivation in Fife (SIMD)

The table below shows the geographical distribution of school pupils in Fife and Scotland, based on the SIMD Quintile where they live. SIMD Q1 areas are the most deprived in Scotland, SIMD Q5 areas are the least deprived. The profiles of Fife and Scotland are very similar.

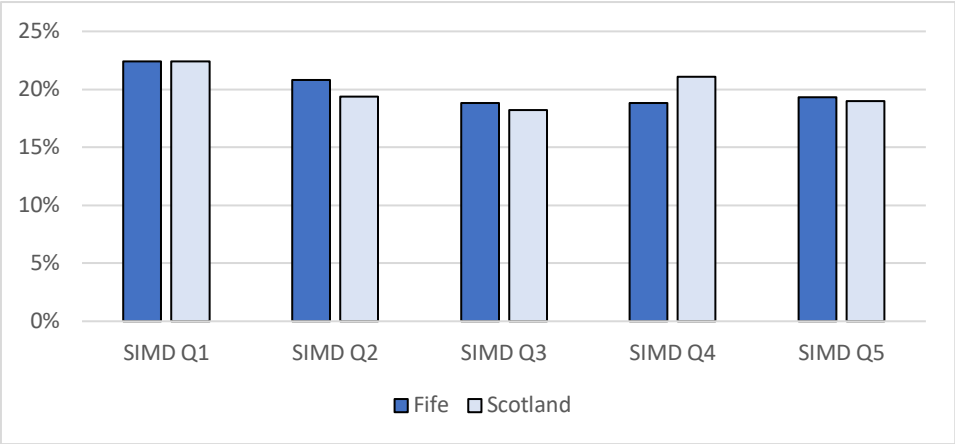


Figure 4 – SIMD profiles of Fife and Scotland. Source: SIMD 2020

4.3.1 Measures of child and household poverty

Table 5 – Children in low income families (relative poverty) and free school meal registrations in secondary schools

	Children in Low Income Families (%)	Free school meal registration (secondary) (%)
Fife	18.0	19.0
Scotland	16.3	18.2

Why do Fife and Scotland have similar SIMD profiles, when Fife has higher levels of child poverty?

The way poverty is measured does not always show the full picture in Fife. The Scottish Index of Multiple Deprivation (SIMD) measure works best in large cities, where poverty is often found in the same local communities. In Fife, poverty is more spread out. It is often found in small towns or rural areas, affecting smaller numbers of families in many different areas. This means that many families experiencing poverty in Fife do not live in areas classed as the most deprived. This can make Fife look similar to Scotland overall, even though a higher percentage of children in Fife are affected by poverty.

Why does poverty matter?

Poverty makes life harder for children and families. Children growing up in poverty are more likely to experience poorer health, struggle in school, live in unstable housing and have fewer chances later in life. These challenges do not stop at the family level, they also affect schools, neighbourhoods and local services. Reducing poverty leads to better health, improved education and greater stability for families. Understanding where poverty exists helps us make sure support reaches the people and communities who need it most.

4.4 Understanding Poverty in Fife

This section outlines poverty at committee and ward-level in Fife using three sources of data:

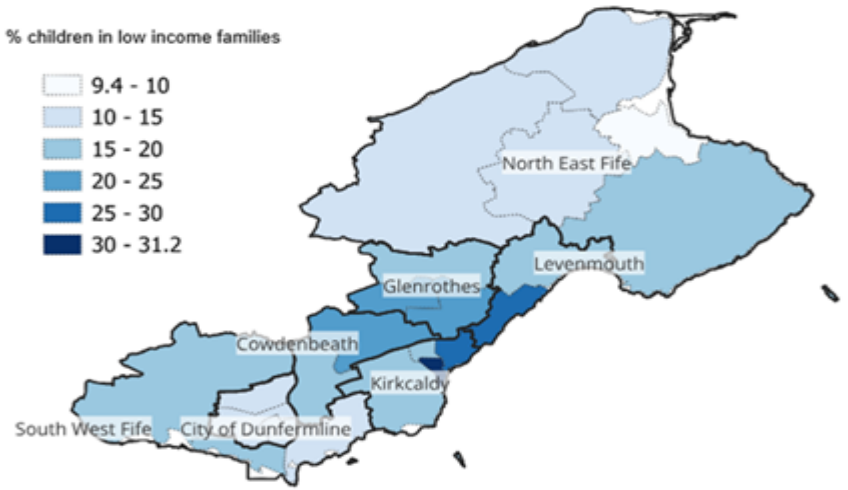
Scottish Index of Multiple Deprivation (Scottish Government, 2020a)
SIMD shows whether an area is more or less deprived compared with the rest of Scotland. It is based on income, employment, health, education, access to services, crime and housing. When we say an area is among the “most deprived”, it means that the people living there may face more of these difficulties than in other parts of Scotland. When we say “least deprived” it means the opposite. In this section, SIMD data is shown as the proportion of datazones in each ward that fall into the most deprived 20% in Scotland (SIMD Quintile 1).

Children in Low Income Families (DWP, 2025)
This data comes from the UK Government (Department for Work and Pensions). It shows the percentage of children (aged 0-15) living in families in relative poverty – those whose income is below 60% of the UK median (before housing costs). It uses a consistent national method and large datasets such as tax and benefits records, allowing direct comparison between Fife, other areas across Scotland, and change over time.

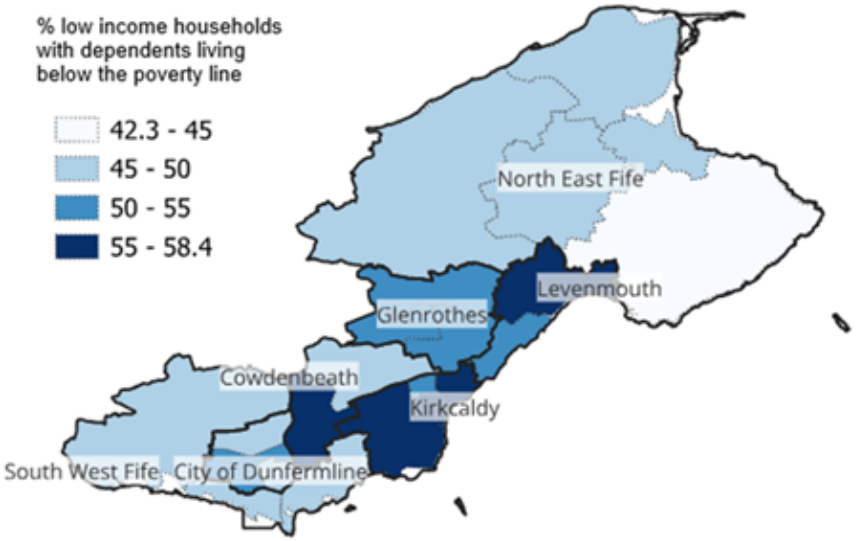
Low-Income Family Tracker (Fife Council, 2025)

LIFT is a bespoke system used by Fife Council. It pulls data from internal sources such as benefits, council tax and universal credit. It looks at households known to be on low incomes and with dependents (aged 0-19). While CILIF data allows us to understand the spread of child poverty, we can use LIFT data to understand the extent to which poverty affects families in Fife – for example, of those in low-income families, how many are below the poverty line, and how many would fall into poverty if they paid average heating costs (fuel poverty)

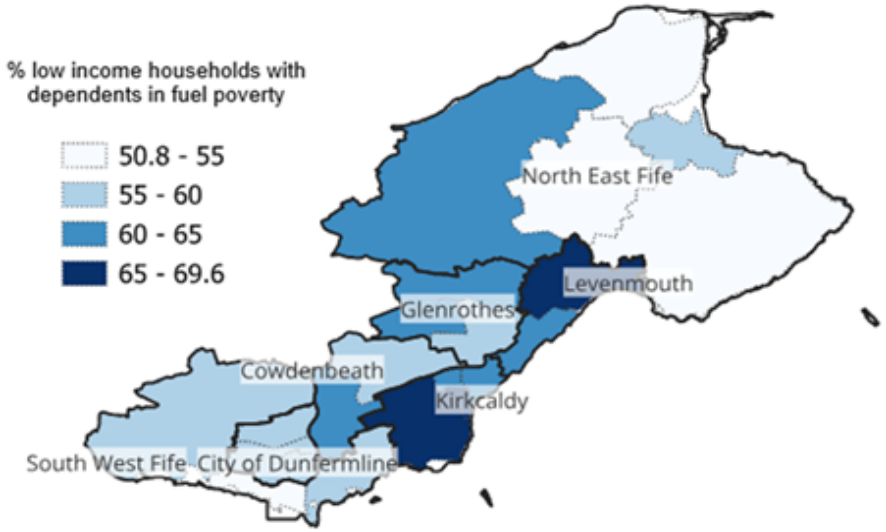
Map 22 - % datazones in each ward falling into the most deprived 20% of areas in Scotland (SIMD Quintile 1). Source: SIMD 2020.



Map 3 - % children (aged 0-15) living in low income families by ward. Source: DWP, 2025.



Map 4 - % low-income households with dependents (aged 0-19) living below the poverty line by ward. Source: Fife Council, 2025.



Map 5 - % low income households with dependents (aged 0-19) living in fuel poverty, by ward. Source: Fife Council, 2025.

4.5 Local Strategy and Partnership Priorities

The Fife Child Poverty Action Report 2025 was developed with input from across our Children's Services Partnership. It outlines our key priorities for 2025/26 that support the wider aim of helping the next generation to thrive. These include:

- Improving initial assessment and early help and support, through the development of the No Wrong Door model and redesign of Children & Families Social Work into Early Help and Enhanced Teams.
- Better understanding of individual circumstances (including additional support needs) that affect life outcomes, supported by risk-based data analysis and informing strategic planning.
- More effective tracking and monitoring of the improvements seen for children and young people receiving support by a range of partners, through a Whole System Framework being developed with the support of the Whole Family Wellbeing Fund.

These priorities emphasise the need for joined up working across services, highlighting the importance of shared responsibility and coordinated action to improve outcomes for children and families across Fife.

4.5.1 Priority Groups for Child Poverty Action

Evidence shows that 6 family types account for around 90% of children in poverty. The Scottish Government identifies these groups as being at highest risk, due to 3 key drivers: inadequate income from employment, social security and benefits, and the cost of living and access to services. This section explores the known data and specific challenges faced by each group:

Lone Parents

In 2023/24, 56.7% of children in Fife in low-income families lived with a lone parent. Lone parents face additional financial strain, for example childcare costs and limited earnings on a single income. 36.4% of these families were non-working while 27.2% have a lone parent and were non-working. This is similar to the national picture (55.5% lone parents, 34.2% non-working, 25.5% with both a lone parent and a non-working status). (DWP, 2025) Nationally, children with lone parents account for 34% of children in relative poverty.

Lone parents face challenges such as reliance on a single income, high childcare costs, and the gender pay gap. Secure employment opportunities, affordable childcare and child maintenance support help to address these challenges (Scottish Government, 2025a).

Families with disabled household members

In 2022, 95,552 (25.7%) people in Fife said that they had a limiting health problem or disability - an increase from 20.3% people facing a health problem or disability in 2011 (Scotland's Census, 2022). Among children, 5,518 (aged 0-15) have a health problem, and 2.6% were assessed and/or declared as having a disability in Fife (Pupil Census 2024). 7% of children in Fife receive Child Disability Payment (Social Security Scotland, 2025).

Fife has a slightly higher prevalence of disability than the national average of 24.1% (Scotland's Census, 2022), increasing financial pressures on families through extra costs, barriers to employment and reliance on benefits. These challenges can be addressed through accessible transport, employment support specific to individual need, and offsetting additional costs through social security. Nationally, 27% of families with a disabled household member are in relative poverty and 23% in absolute poverty – of all children in relative poverty, over half live in families with a disabled household member (Scottish Government, 2025a).

Minority ethnic families

3.9% of people in Fife are from a minority ethnic background (Scotland's Census 2022). In Scotland, 37% children in minority ethnic families live in relative poverty, and 31% live in absolute poverty (Scottish Government, 2025a). These families may experience discrimination in employment, underemployment, and high housing costs. To mitigate these challenges, the Scottish Government recommends anti-discrimination policies, targeted housing support and income maximisation (Scottish Government, 2025a).

Families with a child aged under one, or a mother aged under 25

In Scotland, families with a child under 1 face high risks of child poverty, with 35% facing relative poverty and an absolute poverty rate of 25%. Mothers under 25 face the highest risk of relative poverty out of the six priority groups at 55%. These groups may struggle with reduced income during parental leave, additional baby-related costs and limited childcare options, alongside low qualifications and social isolation for young mothers. Early parenting support, flexible childcare, education and training opportunities and mental health support are needed to help mitigate these challenges (Scottish Government, 2025a).

Families with more than 3 children

Large families are at particular risk of poverty due to higher living costs and the impact of the UK two-child limit on benefit entitlement. In Scotland, children in households with 3 or more children have a relative poverty rate of 41%, and an absolute poverty rate of 36%. Effective measures include exemptions from benefit caps (for example, the 2-child limit for Child Benefit), increased support through the Scottish Child Payment, and help into work or training (Scottish Government, 2025a).

Section 5: Our Evidence

This section brings together the evidence we have gathered across the Children's Services Partnership to understand the outcomes of children, young people and families in Fife, including those in vulnerable and disadvantaged groups. The evidence is grouped under each SHANARRI wellbeing indicator (Safe, Healthy & Active, Nurtured, Respected, Responsible & Included) to help organise and describe different aspects of children's experiences, while recognising that these experiences often overlap and connect with one another. Alongside data and statistics, this section reflects what children, young people and families have told us about their experiences and considers how the evidence aligns with national and local policy priorities.

5.1 Safe

The Safe wellbeing indicator within the SHANARRI framework relates to the extent children and young people are protected from harm – including abuse and neglect. While most children grow up safe, some children face significant risks of harm. This section draws on statistical evidence, lived experience and strategic reflection.

5.1.1 Current Outcomes and Evidence

5.1.1a Child Protection Registrations

In 2023/24, 260 children in Fife were on the Child Protection Register, with 900 total concerns identified at Child Protection Planning Meetings (Scottish Government, 2025b). Children on the Register rarely experience one adversity – on average, each child had 3-4 concerns recorded. The most common **adversities** are listed in Table 6.

Parental mental ill health, substance use and domestic abuse often co-occur, significantly increasing the likelihood of neglect and emotional harm (Cleaver, Unell and Aldgate, 2011; Scottish Government, 2023a). Neglect remains our most common category of **significant harm**, followed by emotional and physical abuse.

Table 6 – Prevalence of concerns identified at Child Protection initial case conferences in Fife in 2023/24 (Scottish Government, 2025b).

Concern	Prevalence
Parental mental ill health	60%
Domestic abuse	51%
Parental substance use	48%
Hard to engage	30%
Neglect	42%
Emotional abuse	30%
Physical abuse	19%

Wider research suggests parental isolation and poor wellbeing increase these risks. The Scottish Household Survey found that 65% of lone parents reported loneliness, with significantly higher rates than the general population (35%) (Scottish Government, 2022b). Reviews of parental wellbeing confirm that around one-third of parents experience loneliness, strongly associated with increased stress, depression and reduced capacity to cope (Nowland et al., 2021).

5.1.1b Drug related harm

Drug-related harm is of particular concern for our children and young people – Fife currently has the highest rate of drug deaths among 15-24 years olds in Scotland (NRS, 2025c), as well as consistently high rates of drug-related hospital admissions in 11-25 year olds (Figure 5).

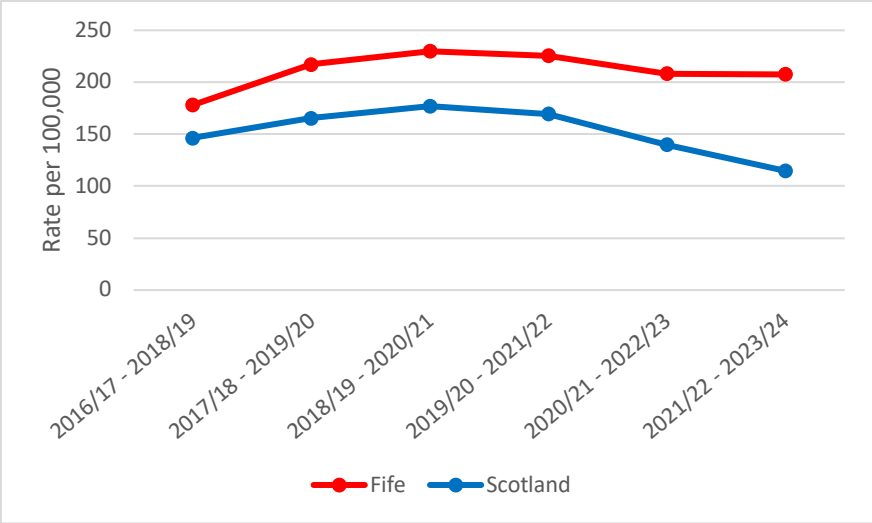
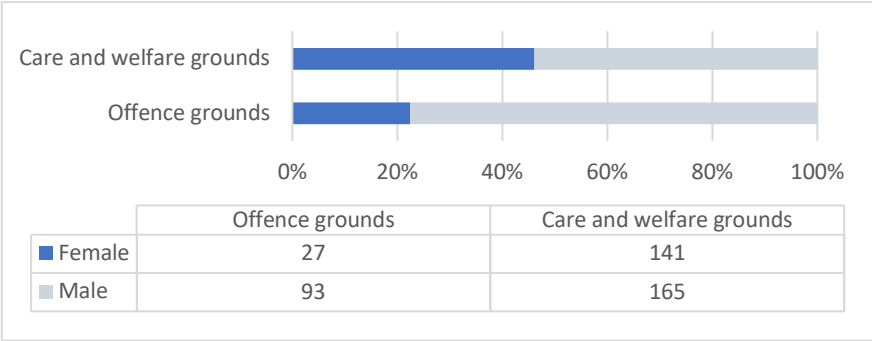


Figure 5 – Drug-related hospital admissions, aged 11-25 years..Age-sex standardised rate per 100,000. Source: ScotPHO Profiles Tool, 2025.

5.1.1c Gendered patterns in harm

Girls and young women are at a higher risk of violence than the rest of the population (World Health Organisation, 2024). In Fife, gendered patterns in harm are evident, with service level data indicating that girls are more likely to be the subject of an Interagency Referral Discussion than boys. For both girls and boys there are significantly more referrals to SCRA for care and welfare than for offence, and for both there are more male referrals than female referrals. (Figure 6).



	Offence grounds	Care and welfare grounds
Female	27	141
Male	93	165

Figure 6 – SCRA referral rates & raw numbers, by grounds for referral and sex. Source: SCRA, 2025.

5.1.1d Link between poverty and statutory measures

National benchmarking shows a significant relationship between poverty, Looked After Children (LAC) rates, and Child Protection Registrations (CPR). Fife consistently remains beneath the benchmark, with lower LAC placement and CPR rates relative to its poverty levels. Figures 7 and 8 relate to 2023/24 data, however outcomes are consistent with previous years.

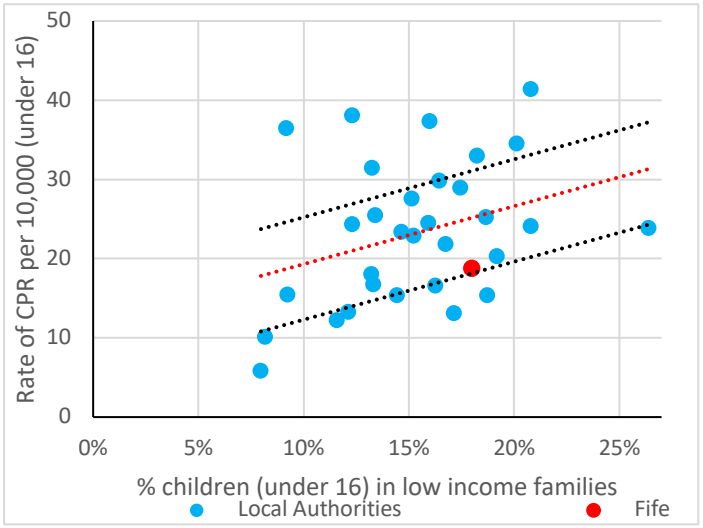


Figure 7 – Rate of Child Protection Registrations per 10,000 children aged 0-16. Source: Scottish Government, 2025b

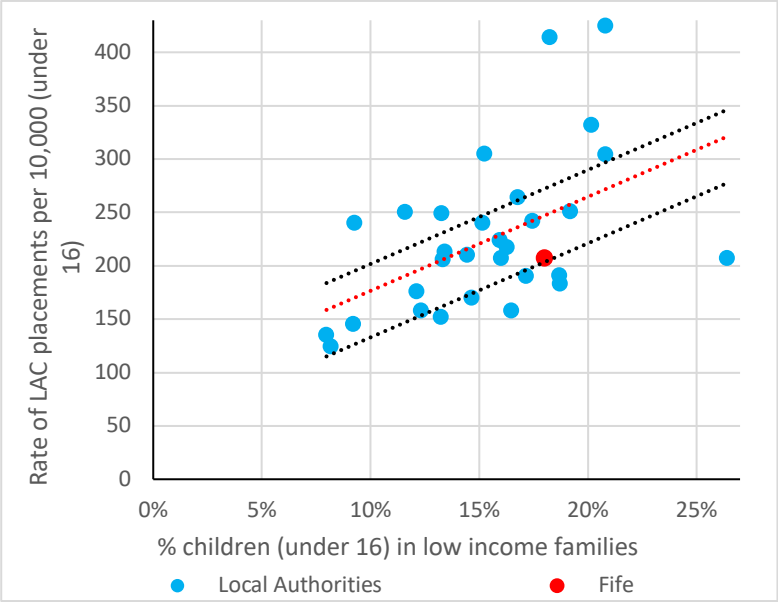


Figure 8 – Rate of Looked After Children per 10,000 children aged 0-16. Source: Scottish Government, 2025c

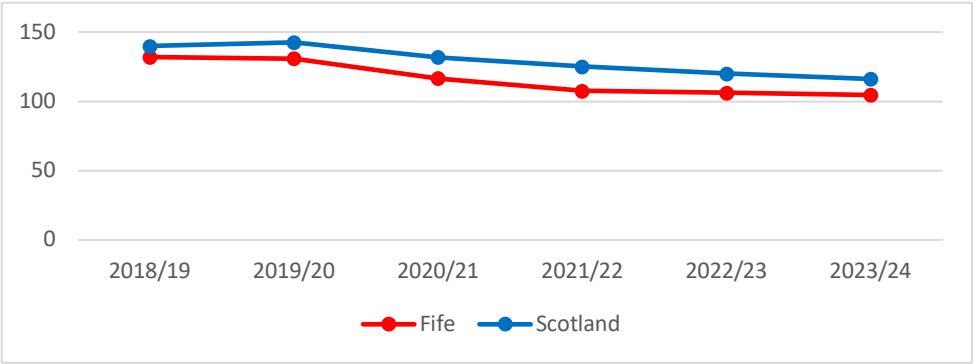


Figure 9 – Rate of Looked After Children per 10,000 population aged 0-17. Source: Children's Social Work Statistics – Looked After Children, Scottish Government.

5.1.1e Looked After Children

In 2024, 727 children were looked after in Fife, compared with 935 in 2018/19 (Scottish Government, 2020b; Scottish Government 2025c). This is a reduction of 208 children and a decrease of 22.2% over the six-year period, reflecting the reducing trend in the population of Looked After Children in Scotland. Fife's rate of looked after children (per 10,000 population aged 0-17) in 2024 was 105, lower than the national average (116).

Since 2019/20 Fife has shifted the balance of care to community-based provision above national levels (Figure 10). Most children who were looked after by the local authority in 2024 in Scotland were placed within the community (88.8%), the figure is similar in Fife at 89.8%. The balance of placement types in Fife broadly reflects patterns seen across Scotland, however Fife has a higher proportion of children looked after at home with parents or foster carers, and a lower proportion living with friends or relatives (Figure 11).

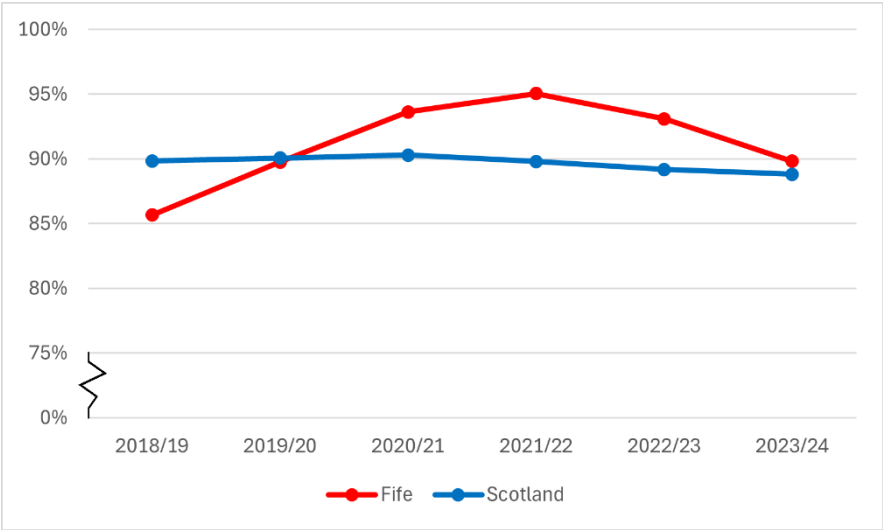


Figure 10 – Share of LAC placements based in community settings. Fife and Scotland. Source: Children's Social Work Statistics – Looked After Children, Scottish Government.

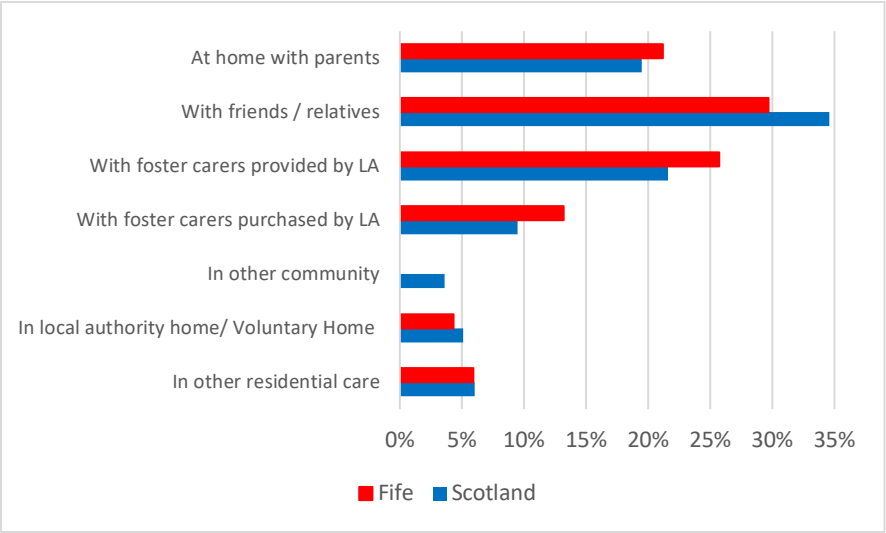


Figure 11 – Share of placement types for Looked After Children, Fife and Scotland. 2023/24 data. Source: Children's Social Work Statistics – Looked After Children, Scottish Government.

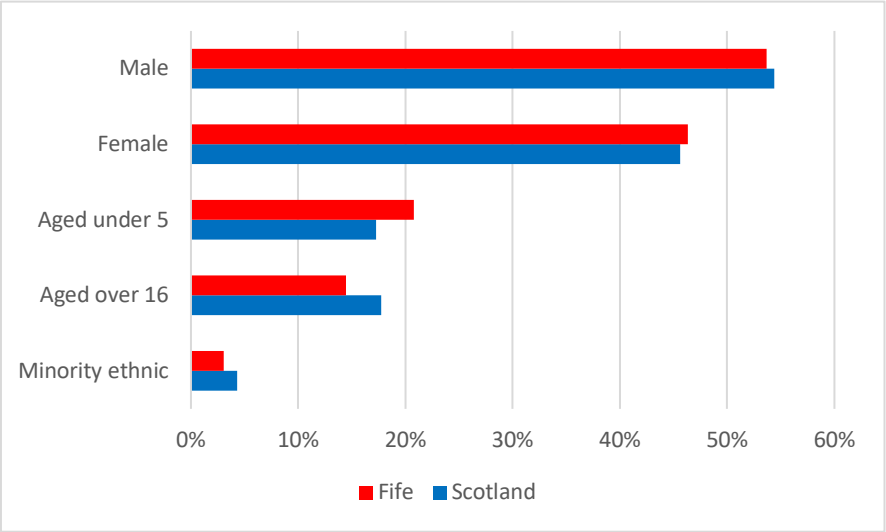


Figure 12 – Profile of Looked After Children in Fife and Scotland, 2023/24 data. Source: Children's Social Work Statistics – Looked After Children, Scottish Government.

In 2024, the profile of children looked after in Fife was broadly similar to the national picture – proportions by sex match Scotland exactly, and most other characteristics differ only slightly. Compared to Scotland, Fife placed a lower proportion of children from minority ethnic backgrounds and young people aged over 16, and a slightly higher proportion of children under 5 (Figure 12).

5.1.2 Voices of Children, Young People and Families

Feedback from families and young people highlight systemic challenges:

> *"It is very difficult to find the right services – you can get moved from group to group as nobody can really help as they all have strict guidelines"*
>
> *"It feels so much better to have the same person, they build a relationship up with you, they start to recognise you and things in you"*
>
> *"It's hard to tell your story over and over again. It's so hard to do this when workers change, or you have to see a different person each time"*

Box 1 – Children and family perceptions of the current system (Fife Voluntary Action, 2024)

Families often reach crisis point before help arrives. Current thresholds for statutory intervention are high, and early help is not always accessible. Families report feeling isolated and unsupported, and services are described as fragmented. Fife Voluntary Action recorded 64 comments on waiting times and criteria in the 2024 Together for Change report, with calls from children and families for earlier intervention.

5.1.3 Policy Links

The evidence relating to Safe highlights child protection concerns, adversities and risks such as substance misuse and fragmented services. These issues align directly with National Child Protection Guidance and Fife's Child Wellbeing Pathway, which set out our duties and processes for early identification and multiagency response. Themes of parental mental ill health and domestic abuse reflect priorities in the Population Health Framework to reduce harm and improve wellbeing. Data on care experienced children connect to The Promise and our statutory duties under the Children & Young People (Scotland) Act 2014 for Corporate Parenting and safeguarding. Service fragmentation challenges and the need to improve data sharing relate to the Public Bodies (Joint Working) (Scotland) Act and the Data Protection Act 2018. The evidence reflects the vision of the Children and Young People outcome in the National Performance Framework, which recognises the harms of abuse, alcohol, drugs, poverty, worry and isolation on children. It also considers the Loneliness indicator, which plays a significant role in family isolation, impacting family stress and capacity to cope.

5.2 Healthy & Active

The Healthy and Active wellbeing indicators within the SHANARRI framework relate to how well children and young people are supported to achieve the best possible physical and mental health, and to engage in regular physical activity. While many children in Fife experience positive outcomes, inequalities persist – particularly across deprivation, gender and ASN status. This section explores key themes including nutrition, healthy weight, physical activity, substance use and mental wellbeing.

5.2.1 Current Outcomes and Evidence

5.2.1a Smoking at antenatal booking

Public Health Scotland data shows that in 2022-24 11.6% of women reported smoking during pregnancy – worse than the national average of 9.6%. The three-year average proportion of expectant mothers reporting smoking at antenatal appointment booking was ten times higher in the most deprived areas (22.6%) than the least deprived areas (2.1%) in Fife. If the levels observed in the least deprived areas were experienced across the whole population in Fife, smoking during pregnancy would reduce by 82%.

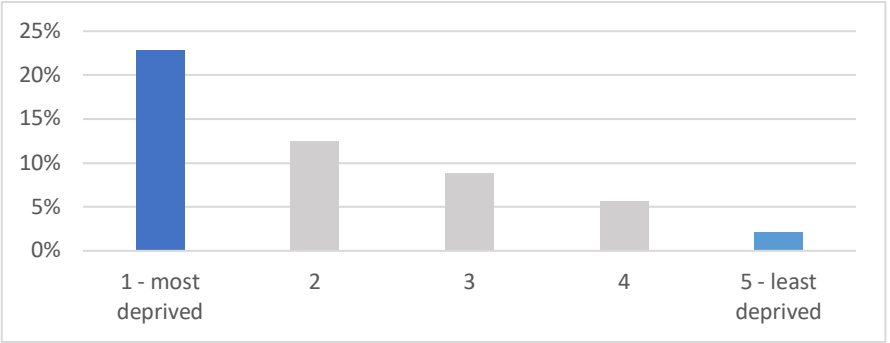


Figure 13 – Women smoking during pregnancy by SIMD Quintile in Fife – 2022-24 snapshot. Source: ScotPHO Profiles tool

5.2.1b Eating well

Eating well is fundamental to achieving and maintaining a healthy weight, supporting development and reducing the risk of serious illness. Poor diet is a major contributor to health inequalities, with children in deprived areas more likely to experience food insecurity and meet nutritional guidelines.

Fife's Children and Young People Health and Wellbeing Survey 2023 found that 60% of children never go to school or bed hungry – the result was lower in SIMD Q1 at 54.4%. Fife's Low Income Family Tracker (LIFT) data estimates an average of 1.3% of low-income households with dependents living in food poverty[1]. Data from the Trussell Trust showed that 5442 food parcels were distributed to children living in Fife during period 2024/25 (Trussell Trust, 2025 – sum of constituencies North East Fife, Cowdenbeath and Kirkcaldy, Glenrothes and Mid Fife, Dunfermline and Dollar).

[1] Households are considered in food poverty if their income after priority costs is below the Minimum Income Standard (MIS) for food, based on household size.

5.2.1c Healthy weight

Primary 1 healthy weight is monitored by the Fife Health & Wellbeing Strategy Group as a Child Health Indicator. In recent years, the percentage of Fife's P1 pupils with a healthy weight has declined, while the national average has improved. Fife has historically performed better than the national average but now sits within the lower-middle quartile, when compared to Scotland's 32 local authorities (Figure 14). NHS Fife's Director of Public Health Report (2024) made recommendations to maintain the improvements made in uptake of school meals through both primary and secondary school, and for partners to consider further collaboration to address the challenges families may have of feeding their children nutritious meals throughout the school holidays (NHS Fife, 2025). These measures align with Priority 2 of Scotland's Population Health Framework 2025 (Scottish Government, 2025g), requiring local authorities and the Education sector to ensure healthy food provision in early years and education settings.

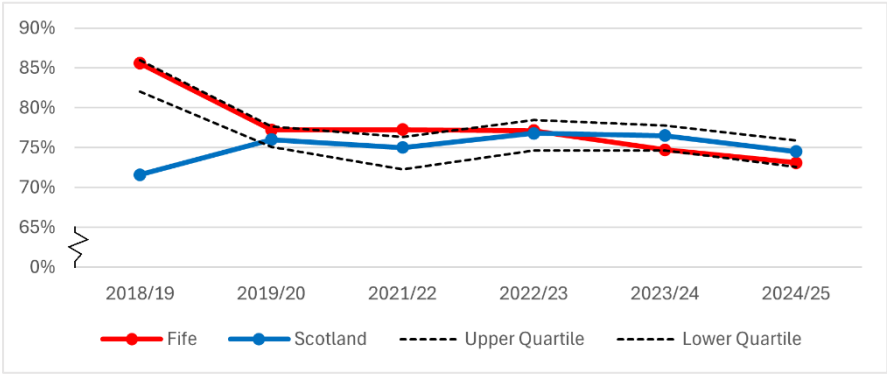


Figure 14 – Trend data for P1 pupils with a healthy weight. 2020/21 data missing due to Covid. Fife and Scotland. Source: ScotPHO Profiles tool

2024/25 data show that in the most deprived areas, 66.1% of P1 children were at a healthy weight, compared with 76.4% of those in the least deprived areas. The gap between these groups has widened compared to 2018/19, though has fluctuated year on year (Figure 15). This shows that inequality in healthy weight outcomes persists, which is a concern for long-term health and equity.

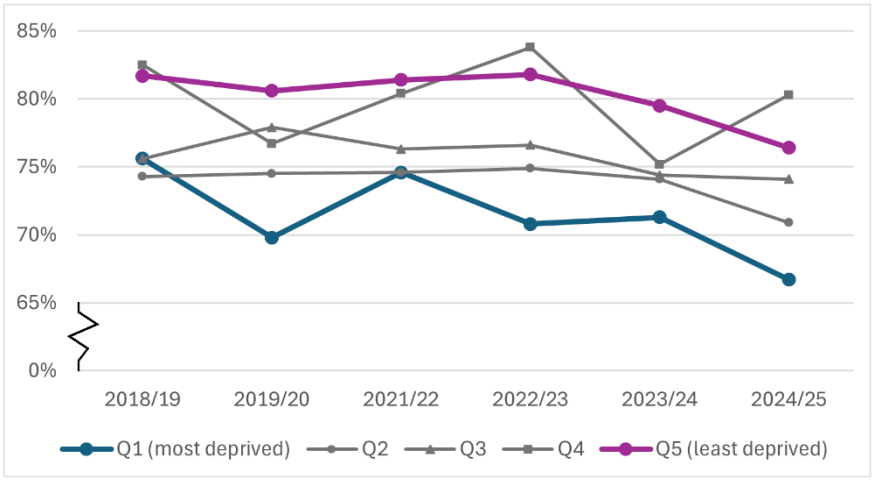


Figure 15 – % P1 pupils in Fife with a healthy weight trend by SIMD Quintile. 2020/21 data missing due to Covid. Source: ScotPHO Profiles tool

5.2.1d Physical activity

Regular physical activity supports a healthy weight, mental wellbeing and cognitive development. Low activity levels increase risks of obesity, poor mental health, and long-term conditions.

Fife Children & Young People's Health and Wellbeing Survey found that 38% of P5-S6 pupils reported doing less than an hour of physical activity the previous day. However, activity levels varied by stage, gender, deprivation and ASN status.

- The proportion of pupils reporting low or no physical activity the previous day, and less than weekly or no exercise increased with stage.
- 51% of females reported being active for more than an hour the previous day, compared with 61.4% males – similar to national figures (53.8% females, 63.5% males)
- Of those living in SIMD Quintile 1, 81.4% reported engaging in physical activity at least once a week, and 50.4% reported to have exceeded an hour on physical activity the previous day – compared with 85.6% and 58% in less deprived areas
- Pupils with ASN were less active overall, 79.5% reported engaging in physical activity at least once a week, compared with 87.2% without an ASN. Differences were also observed in duration of activity the previous day with 50.6% of pupils with an ASN reporting to have spent more than an hour, compared with 59.4% without ASN.
-

These observations mirror what is seen nationally in Scotland's Health and Wellbeing Census 2021/22.

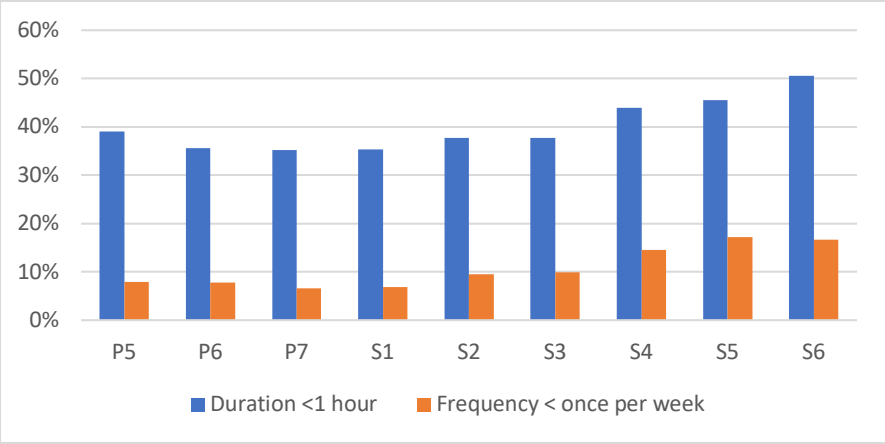


Figure 16 - % of pupils who reported less than an hour of physical activity the previous day, and frequency of less than once per week, by stage. Source: Fife Children and Young People Health and Wellbeing Survey 2022/23

5.2.1e Sexual Health

Teenage pregnancy is associated with poorer maternal and child outcomes, including an increased risk of adverse childhood events where the mother is aged under 20 at birth. Families with a mother under the age of 25 years are at the greatest risk of poverty (Scottish Government, 2022c). The Population Health Framework highlights the need to support young parents, to promote better outcomes for parent and child.

Fife has made progress in reducing teenage pregnancy rates, particularly in the most deprived areas (SIMD Q1), where the gap with less deprived areas (SIMD Q3 and Q5) has narrowed. However, the gap between the most and least deprived areas remains significant, highlighting inequality as a persistent challenge. Fife's teenage pregnancy rates remain higher than the national average in most SIMD quintiles, though rates in the least deprived areas have generally been lower than the national average since 2019.

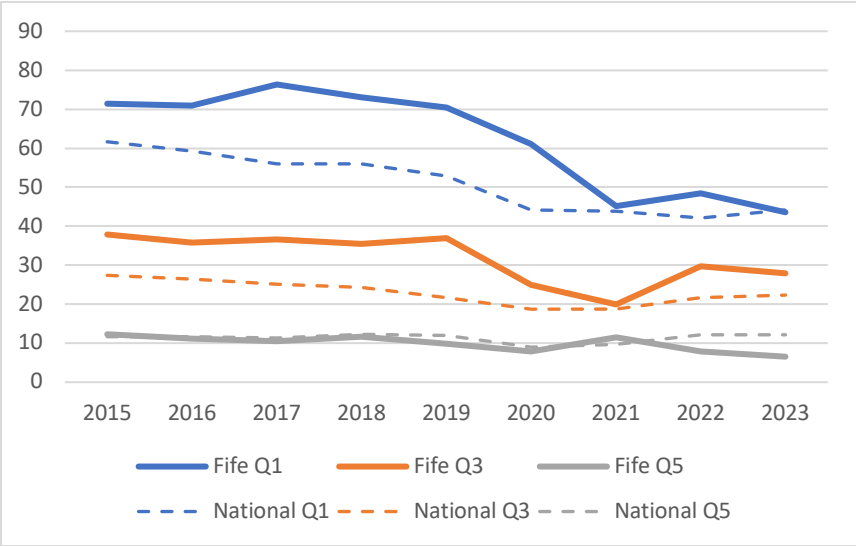


Figure 17 - NHS Fife teenage pregnancy rates per 1000 women (under 18, ending in a delivery of termination) by SIMD Quintile. Source: Public Health Scotland, 2025b

5.2.1f Substance Use

Early smoking, vaping, alcohol and drug use are linked to poorer health outcomes, including addiction, respiratory illness and mental health issues (Inchley et al., 2023). Vaping has been flagged as a growing concern by the Health Promotion team, with the 2022/23 Fife Children and Young People Health & Wellbeing Survey showing particularly high usage among girls and pupils living in the most deprived areas. Figures cited in this section relate to results from Fife's Children and Young People Health and Wellbeing Survey 2022/23, where pupils in S2 and S4 were asked about their substance use.

Smoking and Vaping[2]

- Males were more likely to report being regular smokers compared to females. At S2, pupils in the most deprived areas were less likely to smoke regularly than those in less deprived areas, however this difference was not observed at S4.
- At S2 and S4, females were more likely to vape every day (9% at S2), or once a week or more (17.8% at S4). Young people living in SIMD Q1 were more likely to report regularly vaping than those in less deprived areas.
- Females were more likely to vape regularly at S2 (13.2%) and in S4 (17.8%). Pupils in SIMD Q1 reported higher rates of regular vaping than those in less deprived areas.
- Among S4 pupils in Fife, the most common source of cigarettes or vapes was friends or family. However, 57% reported buying vapes from shops or vans.
- More females were non-smokers who vape weekly or have tried vaping. More SIMD Q1 pupils report vaping despite not smoking tobacco.

Table 7 – Regular smoking and vaping status of S2 and S4 pupils in Fife by sex and deprivation. Source: Fife Children and Young People Health and Wellbeing Survey 2022/23

Group	Regular smoking % (S2)	Regular smoking % (S4)	Regular vaping % (S2)	Regular vaping % (S4)
Male	4.3%	4.2%	6.7%	13.1%
Female	3.5%	3.9%	13.2%	17.8%
SIMD Q1	2.8%	3.6%	11.9%	16.5%
SIMD Q2-5	4.0%	3.6%	9.6%	15.0%

[2] In this section, "regular" smoking and vaping are defined differently for S2 and S4 cohorts due to variations in question wording.
S2 - includes those who reported smoking or vaping *"at least once a week, but not every day"* or *"every day"*
S4 - includes those who reported smoking *"between 1 and 6 cigarettes a week"* or *"more than 6 cigarettes a week"*, and for vaping, "once a week or more"

Alcohol

- 2.7% of S2 pupils reported drinking more than once a week, and 4.4% about once a week.
- No significant difference in reported frequency of drinking between those in most and less deprived areas
- In S2, slightly more males report not drinking alcohol compared to females (57% male, 53% female). This trend continues into S4, with 62% of females reporting drinking alcohol, compared to 60% males.
- Among S4 pupils, those living in in the most deprived areas in Fife were found to be less likely to report drinking alcohol (56%) compared to those living in less deprived areas (62%). Those in the most deprived areas were also more likely to say their parents never allowed them to drink at home (19%) compared to those in less deprived areas (11%).
- The most common way of accessing alcohol was at home – either with or without permission, across both sexes and deprivation.

Drugs

- 11% of S4 pupils reported having ever taken illegal drugs, matching the national average (11%).
- More males than females reported ever taking drugs (12% male, 10% female). Of those who reported taking drugs, 19% reported taking them at least once a week or more.
- S4 pupils living in less deprived areas are more likely to have taken drugs compared to those in the most deprived areas.
- Of S4 pupils who reported having ever taken drugs, and who had taken them in the last year, cannabis was the most common substance in both Fife and Scotland, followed by cocaine and ketamine. In Fife, 90% of S4 pupils said they had used cannabis, compared with 95% nationally. Cocaine use was lower, with 35.7% of pupils in Fife reporting use compared to 44.8% across Scotland. Ketamine use was also slightly lower in Fife, at 30.8% compared with 35.1% nationally. (Scottish Government, 2023b)

5.2.1g Mental Health

Mental health underpins attainment, relationships and life opportunities. The high proportion of young people in Fife with raised SDQ scores and reports of self-harm suggests significant mental health needs – particularly among females, those in SIMD Q1, and pupils with ASN. Early intervention is needed to prevent these issues from escalating into long-term mental health in adulthood.

57.7% of young people in S2-S6 had a raised Strength and Difficulties score, compared with 47.2% nationally. The Strengths & Difficulties Questionnaire is an emotional and behavioural screening questionnaire for children and young people capturing emotional, conduct, hyperactivity and relationship behaviours. Higher scores suggest that a young person is experiencing more emotional or behavioural difficulties. Fife performed worse than the national average for all groups – particularly females, those in SIMD Q1, and those with Additional Support Needs.

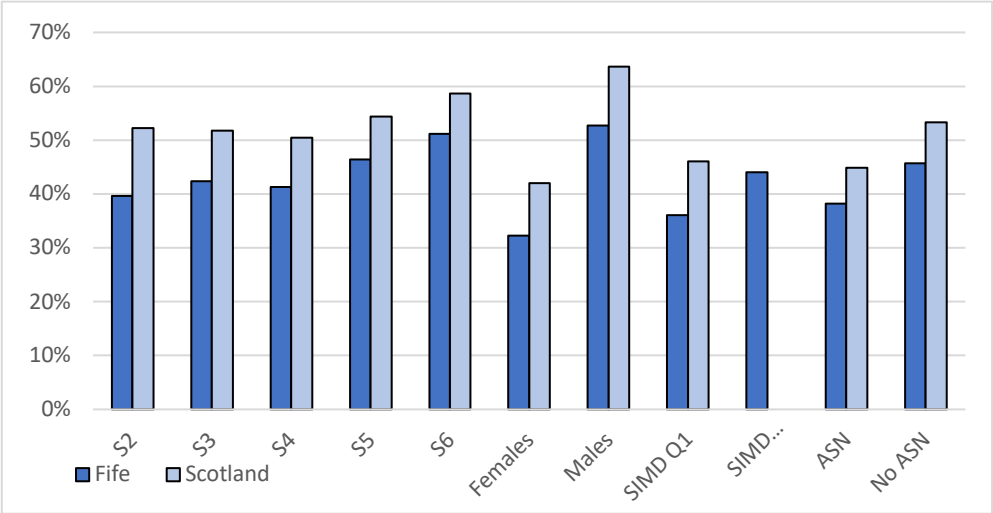


Figure 18 – Strengths and Difficulties scores – positive response rates by group. Source: Fife Children and Young People Health & Wellbeing Survey 2022/23 and the National Health & Wellbeing Census 2021/22 (Scottish Government, 2023c)

In the Fife Children and Young People Health & Wellbeing Survey 2022/23, 24.2% of children and young people from P7-S6 responded that they had ever hurt themselves on purpose – the rate was highest in P7 children (26.9%), children with ASN (26.6% with ASN, 22.8% with no ASN), followed by females (26.3% females, 22.1% males). There is a slight difference between those in SIMD Q1 and those in less deprived areas (24.8% in the most deprived areas, 24% in less deprived areas).

There are concerns around problematic social media use, particularly among the S1 and S2 cohorts, girls, and those living in the most deprived areas of Fife. The Fife Children and Young People's Health & Wellbeing Survey asked young people a series of questions relating to their social media use, which were used to derive an overall score corresponding to non-problematic or problematic social media use. Non-problematic use is unlikely to negatively affect wellbeing, whereas problematic social media use indicates use linked to negative impacts on health, wellbeing or daily functioning – i.e., where use of social media had resulted in arguments, other activities being neglected and pupils feeling dissatisfied or bad if they could not use it.

Table 8 - % of children and young people assessed as "problematic" in their social media use, by stage, sex and deprivation. Source: Fife Children and Young People Health & Wellbeing Survey 2022/23

	Group	Scores assessed as "problematic"
Stage	S1	9.8%
	S2	9.6%
	S3	8.7%
	S5	5.3%
	S6	4.4%
Sex	Females	10.0%
	Males	4.9%
Deprivation	SIMD Q1 (most deprived)	7.9%
	SIMD Q2-5 (less deprived)	7.2%
Total	All respondents	7.4%

The UK Millenium Cohort Study (2019) identified a stronger link between heavy social media use and depressive symptoms in girls than in boys, with heavy use associated with a 50% increase in symptoms for girls compared to 35% in boys. The study found that depressive symptoms are exacerbated by the interplay of online harassment, poor sleep, low self-esteem and poor body image (Kelly et al., 2019).

The UK Millenium Cohort Study (2019) identified a stronger link between heavy social media use and depressive symptoms in girls than in boys, with heavy use associated with a 50% increase in symptoms for girls compared to 35% in boys. The study found that depressive symptoms are exacerbated by the interplay of online harassment, poor sleep, low self-esteem and poor body image (Kelly et al., 2019).

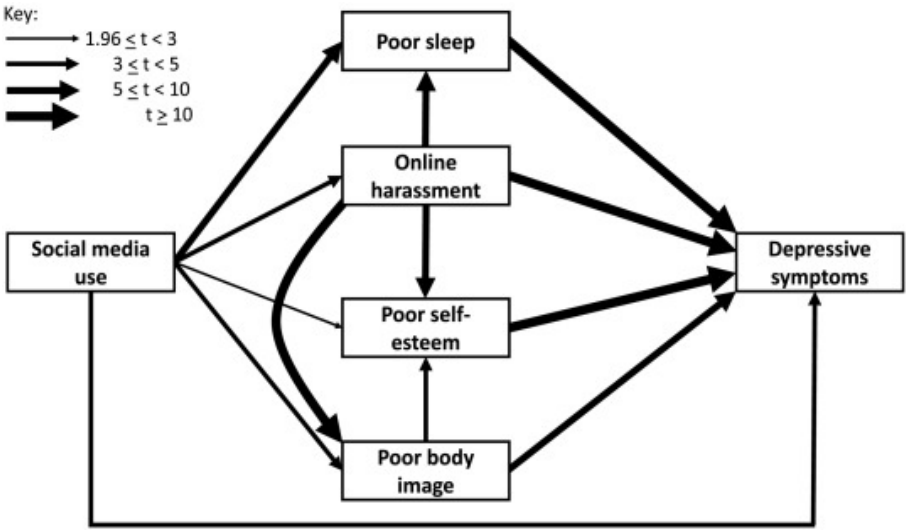


Figure 19 – Pathways towards depressive symptoms associated with social media use. t refers to the time spent on social media per week, in hours. (Kelly et al., 2019)

Table 9 illustrates how the risk factors identified in the UK Millenium Cohort Study are present across key groups in Fife. These interconnected issues show a complex picture of mental health for young people in Fife, and highlight the need for targeted interventions, particularly for girls, our most deprived communities and pupils with ASN.

Table 9 - % young people reporting experience of risk factors linked to depressive symptoms – by sex, deprivation and ASN status. Figures in brackets show the percentage point difference between the group value and the Fife average (group minus Fife). Colour coding indicates whether the group is better or worse than the Fife average (red = worse, green = better, black = difference less than ± 1 p.p). Source: Fife Children and Young People Health & Wellbeing Survey 2022/23

Category	Measure	Fife (%)	Girls (%)	Boys (%)	Most deprived (%)	Less deprived (%)	ASN (%)	No ASN (%)
Online harassment	% pupils reporting being picked on via emails, messaging or posting something online at least every few months	**44.3**	45.5 (+1.2)	42.7 (-1.6)	44.2 (-0.1)	44.4 (+0.1)	43.4 (-0.9)	44.3 (0.0)
	% pupils reporting to have taken part in online bullying more frequently than twice a month	**5.7**	4.1 (-1.6)	7.3 (+1.6)	6.1 (+0.4)	5.6 (-0.1)	6.2 (+0.5)	5.3 (-0.4)
Self esteem	% pupils reporting that they rarely or never feel good about themselves	**20.8**	25.9 (+5.1)	15.8 (-5.0)	25.9 (+5.1)	19.5 (-1.3)	24.0 (+3.2)	19.2 (-1.6)
	% pupils who reported rarely or never feeling confident over the past 2 weeks	**28.6**	39.2 (+10.6)	18.0 (-10.6)	32.9 (+4.3)	27.3 (-1.3)	30.2 (+1.6)	27.0 (-1.6)
Body image	% P7-S6 agreeing with "I am happy with my body and the way I look"	**30.7**	41.3 (+10.6)	20.0 (-10.7)	33.7 (+3.0)	29.9 (-0.8)	30.4 (-0.3)	30.3 (-0.4)
	% P7-S6 agreeing with "my body and the way I look affects how I feel about myself"	**51.2**	60.1 (+8.9)	42.2 (-9.0)	49.2 (-2.0)	51.7 (+0.5)	48.9 (-2.3)	52.5 (+1.3)
Sleep	% pupils who reported going to bed at midnight or later on school nights	**18.4**	19.2 (+0.8)	17.4 (-1.0)	21.5 (+3.1)	17.5 (-0.9)	21.8 (+3.4)	16.4 (-2.0)
	% pupils who reported having less than 5 hours of sleep the previous night	**17.4**	19.5 (+2.1)	15.1 (-2.3)	21.0 (+3.6)	16.3 (-1.1)	19.8 (+2.4)	15.5 (-1.9)

5.2.2 Voices of Children, Young People and Families

The Fife Children & Young People's Health & Wellbeing Survey was completed in schools in March and April 2023. It was designed to allow children and young people to tell us about their experiences. The survey covers topics such as, but not limited to opinions on school, physical activity, substance use and bullying. Where used, survey data is cited as a source.

5.2.3 Policy Links

The evidence links to several key Public Health policies, including Scotland's Population Health Framework, which emphasises the need for a preventative, whole-systems approach towards improving health and wellbeing and sets out national aims to:

- Improve nutrition and physical activity levels
- Reduce harms associated with tobacco, vapes and alcohol
- Better understand and address harms from social media
- Promote good mental health

The evidence also supports several of the National Performance Framework indicators – specifically food insecurity, health risk behaviours, healthy weight in children, and child wellbeing and happiness. It aligns directly to Public Health Priorities 2 (early years including pregnancy), 3 (mental wellbeing), 4 (reducing harm from alcohol, tobacco and other drugs), and 6 (eating well, having a healthy weight and being physically active). Evidence of wellbeing being generally poorer among girls, pupils with ASN and those in more deprived areas highlights the relationship between mental and physical wellbeing, as well as the GIRFEC principle that wellbeing is holistic.

5.3 Nurtured

The Nurtured wellbeing indicator within the SHANARRI framework relates to how well children and young people are cared for, supported in their early development, and provided with nurturing environments promoting emotional security and healthy relationships. Many children in Fife benefit from strong foundations in early years, however there are areas where outcomes vary significantly by level of deprivation. This section examines these inequalities, with a focus on early developmental concerns, infant feeding and immunisation.

5.3.1Current Outcomes and Evidence

5.3.1a Quality of Early Learning and Childcare Settings

In 2023, 94.9% of Fife's Early Learning and Childcare settings achieved Care Inspectorate grades of "good" or better, performing slightly better than the national average of 89.8% for the same year (Care Inspectorate, 2024).

5.3.1b Developmental Concerns: Any

Developmental concerns have become increasingly common since 2021. In 2023/24, 16.5% of children in Fife had at least one developmental concern recorded at their 27-30 month review, similar to the Scottish average of 16.7%. Rates are significantly higher in SIMD Q1 (24.7% in Fife, 25.5% in Scotland), and significantly lower in SIMD Q5 (6.8% in Fife, 9.9% in Scotland).

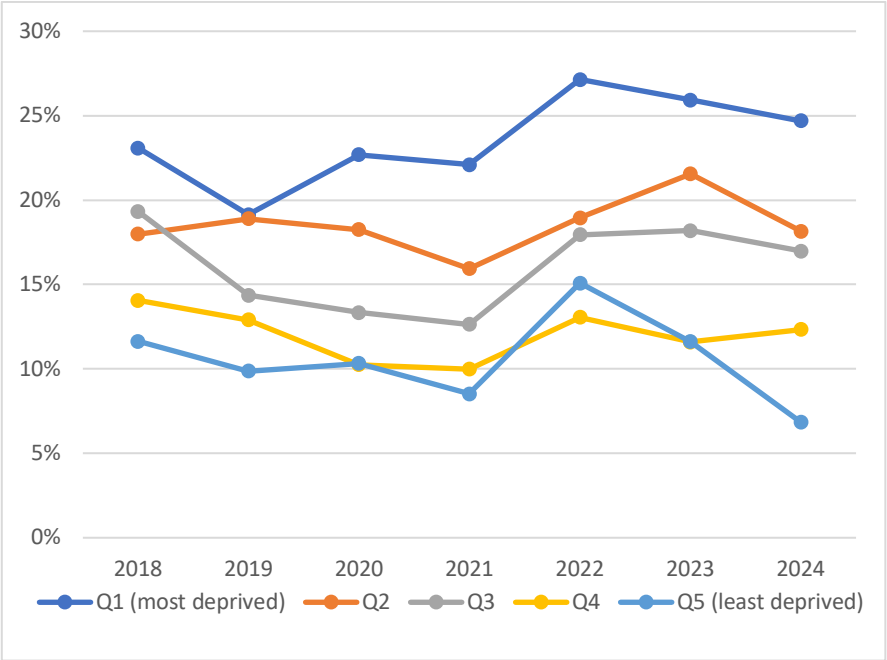


Figure 20 - % of 27-30 month developmental reviews in Fife recording one or more developmental concern, by year and SIMD. Source: Public Health Scotland, 2025c

5.3.1c Developmental Concerns: Speech & Early Language

The most commonly recorded concern at developmental reviews carried out by health visitors both nationally and in Fife relates to speech, language and communication (Public Health Scotland, 2025c). Speech, language and early communication is a crucial element of child wellbeing. It influences future educational attainment, mental health, and social outcomes (Scottish Government, 2025h). Service reflections highlight increased incidents of distressed behaviour linked to speech, language and early communication.

Recent data from 27-30 month developmental reviews carried out by health visitors indicate a notable increase in the proportion of reviews where concerns relating to speech were identified – particularly in the years following the COVID-19 pandemic. Although Fife generally tracks national trends, the gap between Fife and the national average has widened since the pandemic (Figure 21). Rates fell in 2023/24, however remain higher than pre-pandemic levels (Public Health Scotland, 2025c).

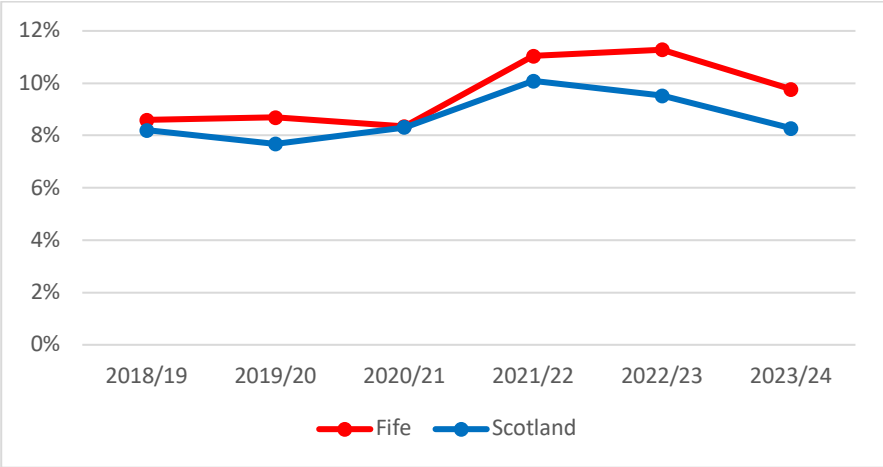


Figure 21 - % 27-30 month developmental reviews where new speech concerns were recorded – 6 year trend (Fife and Scotland). Source: Early child development statistical report 2023/24 (PHS)

Speech, language and communication concerns are more prevalent in more deprived areas. In Fife, the proportion of children with new speech related concerns at 27-30 months is currently 14.2% in SIMD Q1 (most deprived), and 4.2% in SIMD Q5 (least deprived). While all SIMD quintiles have children with speech-related concerns, there is a clear, persistent deprivation gradient (Public Health Scotland, 2025c).

At 13-15 months, the difference between the most and least deprived areas is less pronounced – the difference between SIMD Q1 and Q5 is 4 percentage points. The distribution of speech concerns being recorded is more evenly spread across quintiles (Figure 22) (Public Health Scotland, 2025c).

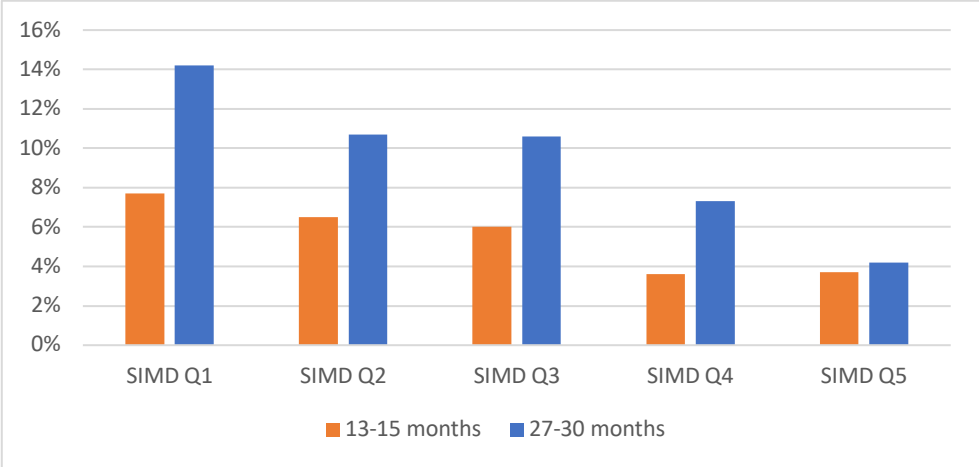


Figure 22 - % 13-15 month and 27-30 month developmental reviews where new speech concerns were recorded in Fife, by SIMD quintile. Source: Early child development statistical report 2023/24 (PHS)

5.3.1d Developmental Concerns: Emotional/Behavioural

Emotional/behavioural concerns are the second most common type of concern in Fife and Scotland. In 2023/24 emotional/behavioural concerns were recorded in 6.1% of developmental reviews at 27-30 months in Fife, compared to 4.92% for Scotland. At 13-15 months, Fife sits at 1.7% and Scotland sits at 1.4%.

Post-COVID, emotional/behavioural concerns in Fife rose from 4.25% (2020/21) to 6.8% in 2022/23. Despite recent easing, rates in Fife and Scotland remain above pre-pandemic levels.

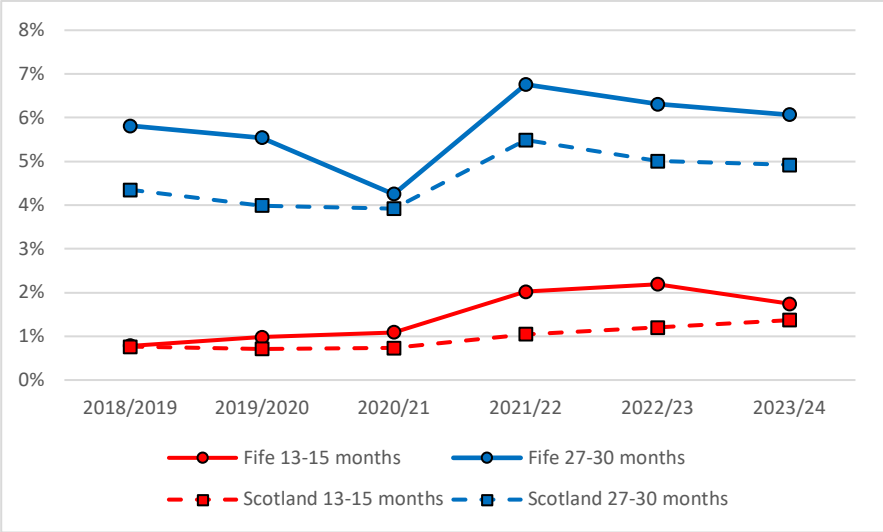


Figure 23 - Developmental reviews with emotional/behavioural concerns by year and stage. Source:

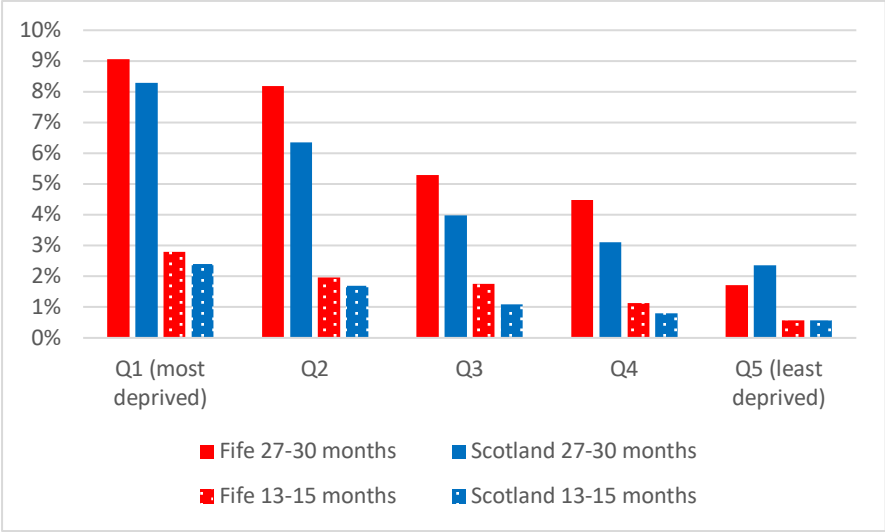


Figure 24 - Developmental reviews with emotional/behavioural concerns by stage and SIMD (2023/24)

Between 13-15 month and 27-30 month reviews, emotional/behavioural concern rates in Fife increase around threefold in SIMD quintiles 1 (most deprived), 3 and 5 (least deprived), and fourfold in quintiles 2 and 4. Fife rates are higher than Scotland in Q1-Q4 at both stages and are lower in the least deprived areas, showing a larger gap between the most and less deprived areas than the national picture. The largest absolute gap is seen in Fife's most deprived areas, where emotional/behavioural concerns rise from 2.8% to 9.1%.

5.3.1e Breastfeeding

Breastfeeding is associated with reduced risks of infection and childhood obesity in children, and reduced risks of breast and ovarian cancer in mothers who have breastfed. In 2024/25, 68.1% of babies were breastfed in Fife (as reported at First Visit), slightly below the national average of 69.0% (Public Health Scotland, 2025d). However, initiation does not always mean sustained breastfeeding. The 6-8 week review is an important indicator because it measures continuation beyond the early postnatal period, when many mothers stop breastfeeding.

At this stage, breastfeeding rates in Fife have remained relatively stable and consistently below the national average by between 1-3 percentage points. In 2024/25, Fife's breastfeeding rate at 6-8 weeks was 32.9%, narrowing the gap with the national average from 2 percentage points in 2023/24, to 1.4 percentage points in 2024/25. The national stretch aim in Scotland's Breastfeeding and Infant Feeding Strategic Framework (2025-2030) set a target to reduce drop off rates at 6-8 weeks by 10% by 2025. In 2023/24, the drop off

rate in Fife was 33.2%, with a target to reduce drop off to 30% by 2025. The drop off rate in 2024/25 was 30.7%, indicating clear progress towards our target.

Figure 25 shows that the percentage of babies being exclusively breastfed at 6-8 weeks increases steadily from the most deprived to least deprived, both locally and nationally. In Fife, babies living in the least deprived areas were 67% more likely to be breastfed than those living in the most deprived areas (60.8% in least deprived areas, 36.2% in the most deprived areas) in period 2024/25. Although inequalities persist, there has been clear progress towards minimising the gap between the most and least deprived areas in Fife - 2024/25 saw the smallest gap between the most and least deprived areas in Fife in recent years. The pattern is similar nationally, however the gap between most and least deprived areas is consistently slightly larger for Scotland overall (66.3% in the least deprived areas, 40.2% in the most deprived areas in 2024/25).

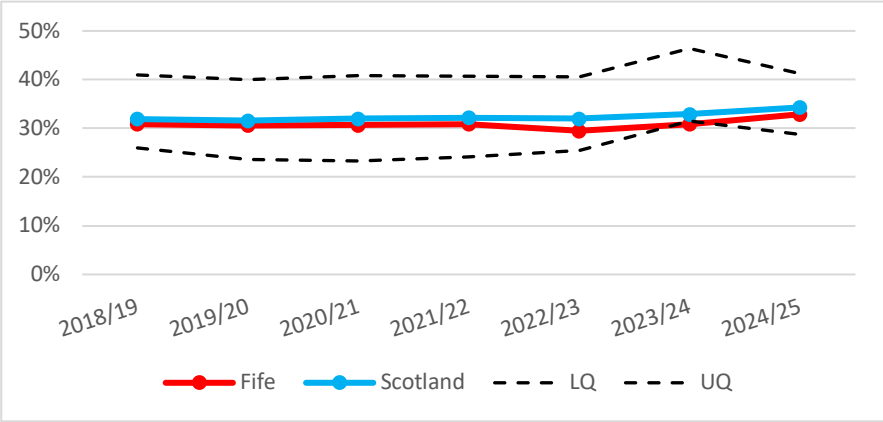


Figure 25 –% babies being exclusively breastfed at 6-8 weeks. Fife and Scotland 7-year trend (Public Health Scotland, 2025d)

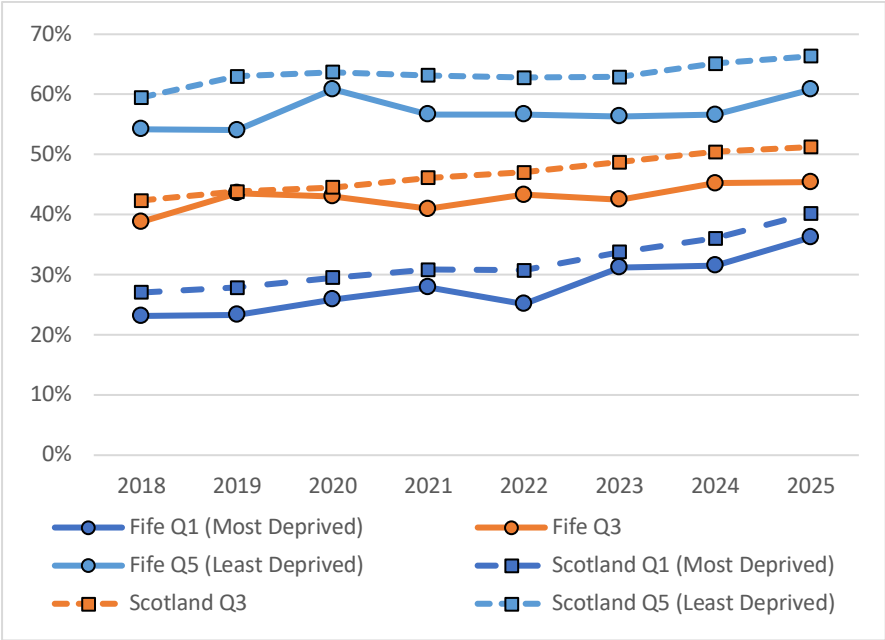


Figure 26 – % babies being exclusively breastfed in 2023/24. Fife and Scotland, by SIMD Quintile. Source: (Public Health Scotland, 2025d)

Figure 27 shows the proportion of babies who stopped breastfeeding by 6-8 weeks, based on those who were ever breastfed. Drop-off rates decrease as maternal age increases in both Fife and Scotland, meaning older mothers are more likely to continue breastfeeding. However, Fife has higher drop-off rates than the national average across most age groups. Mothers under 20 have very low retention rates (around 4 in 10, both in Fife and Scotland), while those aged 20-24 have significantly higher drop-off rates in Fife (46.8%) compared to Scotland (40.0%).

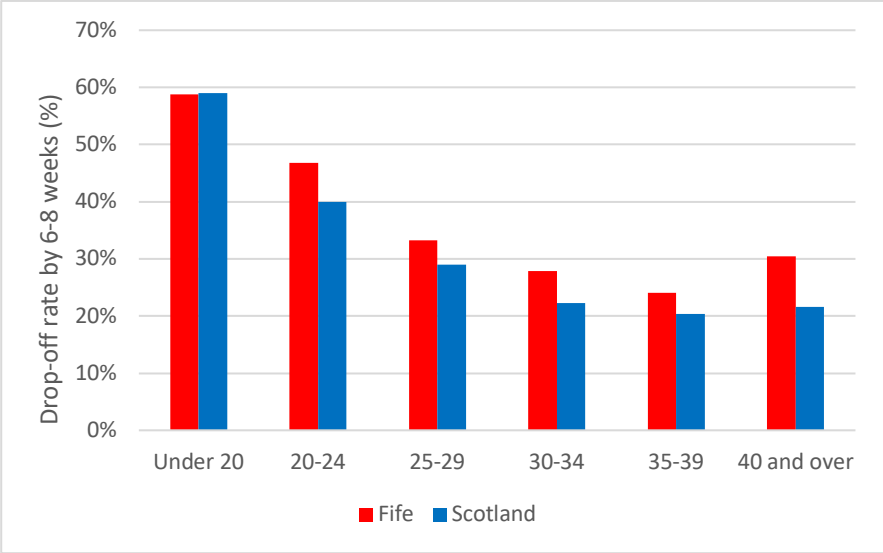


Figure 27 – Breastfeeding drop off rate by 6-8 week review, by age group. Fife and Scotland. Source: (Public Health Scotland, 2025d)

5.3.1f Child immunisation

Child immunisation uptake in Scotland is generally strong, in 2024 94.4% of children had received their 6-in-1 vaccination by 12 months and 90% of 5-year-olds had received their MMR2. Fife performed very similarly, with 94.1% children receiving their 6 in 1 vaccination by 12 months and 88.9% of 5-year-olds receiving their MMR2 – falling slightly short of our local Integrated Performance Quality Report (IPQR) target of 95% uptake for 6-in-1 vaccination by 12 months, and 92% uptake for MMR2 immunisation by the age of 5 (Public Health Scotland, 2025e).

Immunisation rates are consistently lower among the most deprived areas in Fife. In 2024, uptake for the 6-in-1 vaccine at 12 months was 91.1% in SIMD Q1 and 96.1% in SIMD Q5, uptake for the MMR2 vaccine at 5 years old was 84.6% in SIMD Q1 and 94.8% in SIMD Q5. The gap has remained stable for both vaccines in recent years, with SIMD Q3 showing uptake closer to the least deprived. There is some evidence that uptake may be lower among certain minority ethnic groups, however numbers are generally small and should be interpreted with caution (Public Health Scotland, 2025f).

5.3.2 Voices of Children, Young People and Families

Families are encouraged to share their stories and give feedback about the services they receive through the Care Opinion website.

Recent feedback on Fife's Speech and Language Therapy service indicates positive experiences from parents and carers, particularly in relation to the tailored nature of support and time taken by staff to understand their child's individual needs. Respondents noted that this approach helped to improve children's communication, engagement and confidence. No negative feedback has been identified through Care Opinion, and service responses indicate ongoing engagement with family experiences.

Feedback on Fife's Health Visiting service highlights the value families place on relationship-based practice, with families frequently describing staff as approachable, consistent and attentive to their individual circumstances. Parents and carers describe feeling listened to and supported, with Health Visitors offering both emotional reassurance and practical help. This includes help navigating referrals to other services such as CAMHS and Speech and Language Therapy, as well as providing guidance on practical matters including housing and early years support.

5.3.3 Policy Links

Our evidence for Nurtured highlights inequality around child social and physical development, particularly in the most deprived areas – reflecting the National Performance Framework's Children and Young People outcome which links nurturing environments to long-term wellbeing. The evidence also supports the Quality of Children's Services (% Early Learning and Childcare Settings with a Care

Inspectorate Grade of “good” or better) indicator, and child social and physical development outcomes. The rise in speech, language and communication needs post-Covid highlights the need for the GIRFEC principle of delivering the right help, at the right time, from the right people, and reflects the Whole Family Wellbeing principle of child development being shaped by family circumstances and resilience. The need to reduce persistent inequality in immunisation supports Scotland’s 5-year Vaccination and Immunisation Framework and Delivery Plan, supporting the Population Health Framework priority to reduce health inequalities through early intervention and prevention.

5.4 Achieving

Within Education, current outcomes in Fife are relatively close to those seen across Scotland as a whole. However, outcomes for disadvantaged and vulnerable groups differ significantly from the Fife average for most educational outcomes, reflecting a pattern seen across Scotland as a whole.

5.4.1 Current Outcomes and Evidence

5.4.1a Attendance

National and Fife attendance rates remain below pre-Covid levels, though are improving. Fife Special schools outperform national averages, reaching 90.6% in 2023/24. Attendance rates vary by stage, with S3 generally having the lowest attendance, however provisional results show that Fife attendance in S4 and S5 pupils remains slightly above the national average.

Table 10 shows the attendance rates for 2024/25 for key disadvantaged groups. The attendance rates for pupils with ASN are similar to those of pupils living with poverty-indicating characteristics (e.g., FSMR or living in SIMD Q1).

Table 10 – Fife attendance rates for 2024/25 for key disadvantaged groups.

Source: Service data

Group	Primary	Secondary	All
All learners	92.0%	87.8%	89.9%
Free School Meal Registered	86.5%	79.5%	83.0%
SIMD Q1 (most deprived)	88.7%	83.7%	86.2%
Looked after Children	90.0%	87.1%	88.6%
Additional Support Needs	89.7%	84.7%	87.2%
English as an Additional Language	90.8%	88.8%	89.8%
Young Carers	88.3%	81.6%	85.0%

Additional Support Needs cover a wide range of circumstances and conditions; some are associated with a greater impact on attendance than others. Outside of those with attendance related issues (for example, interrupted learning or risk of exclusion), the lowest attendance is typically seen in those with poverty-related issues that affect the family and mental health at home (Figure 28).

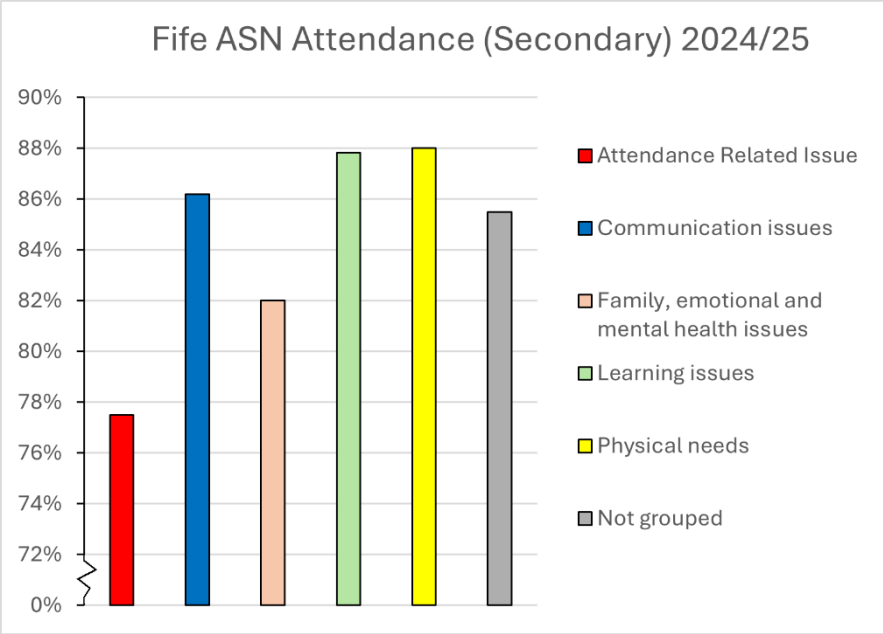


Figure 28 – Fife attendance rates by ASN type 2024/25 (secondary pupils). Source: Service data

5.4.1b Primary Attainment

There are five key groups achieving poorer Education outcomes compared to the Fife average: those with English as an additional language, those who live in the most deprived areas, those who are registered for free school meals, those who have an Additional Support for Learning need, and Care Experienced children. Table 11 shows how primary school attainment varies by disadvantaged groups – with care experienced children having the poorest outcomes.

Table 11 – Fife primary attainment 2023/24 by key groups. Source: Service data

Group	Numeracy (%)	Literacy (%)	Number of pupils
ALL P1, P4, P7 pupils	**77.3**	**71.1**	**11278**
Speakers of other languages	67.8	63.9	789
Living in SIMD Quintile 1	60.2	53.4	2379
Registered for free meals	48.6	41.6	2316
Children with ASL need	28.2	24.2	1569
Care experienced children	37.7	32.8	141

Table 12 shows the compounding effect of multiple risk factors for non-care experienced learners – with those in 3 or more groups attaining similarly to Care Experienced children. The data tells us that pupils who face multiple forms of disadvantage and barriers to development are likely to achieve poorer attainment outcomes.

Table 12 – Fife primary attainment (P1, P4, P7) 2023/24 by number of key groups. Source: Service data

Group	Numeracy (%)	Literacy (%)	Number of pupils
Non-care experienced	**77.7**	**72.30**	**11137**
Not in any other group	86.6	82.5	6414
In 1 other group only	70.3	64.2	2977
In 2 other groups only	58.9	50.7	1493
In 3 or more other groups	50.3	40.9	394

5.4.1c Secondary Attainment and Positive Destinations

Generally, outcomes for numeracy and literacy by the end of stage S4 compare favourably with outcomes in the rest of Scotland. Numeracy attainment at SCQF level 4 has generally exceeded the national average in recent years. Numeracy attainment at SCQF level 5 shows a generally improving trend broadly matching national outcomes. Literacy attainment at SCQF level 4 has generally tracked

the national average over recent years. Literacy attainment at SCQF level 5 shows a generally improving trend, tracking – though below – national outcomes.

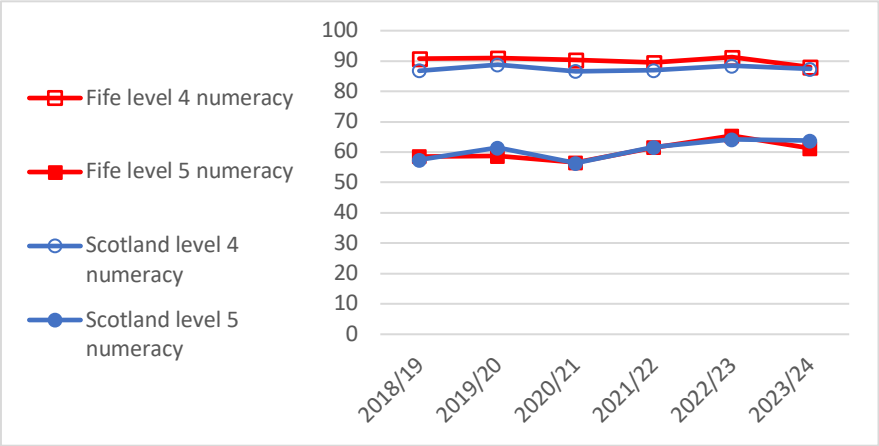


Figure 29 – Percentage of learners attaining SCQF levels 4 and 5 numeracy by the end of stage S4. Fife and Scotland. Source: service data

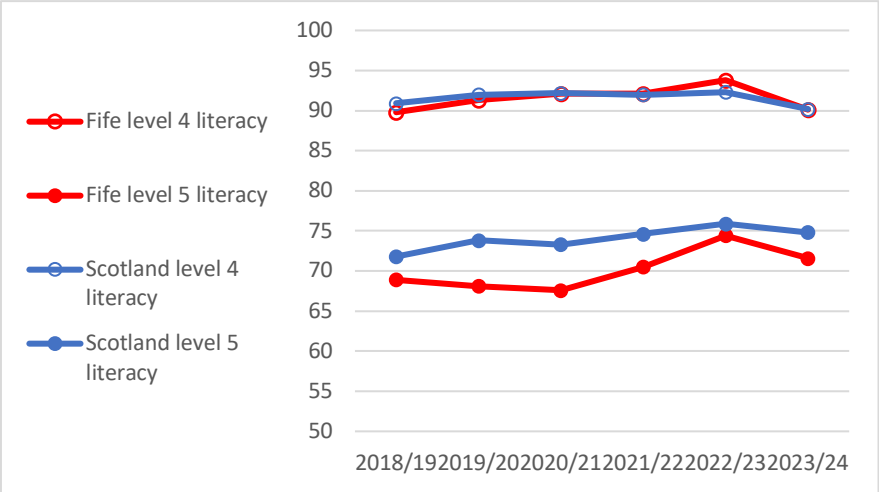


Figure 30 – Percentage of learners attaining SCQF levels 4 and 5 literacy by the end of stage S4. Fife and Scotland. Source: service data

The rate of attaining 3 or more National 5 passes has tracked the national average, with outcomes in Fife generally being 7-8 percentage points lower than the national average. Outcomes in 2023/24 were broadly similar to outcomes in 2018/19, the year before the Covid pandemic in both Fife and Scotland.

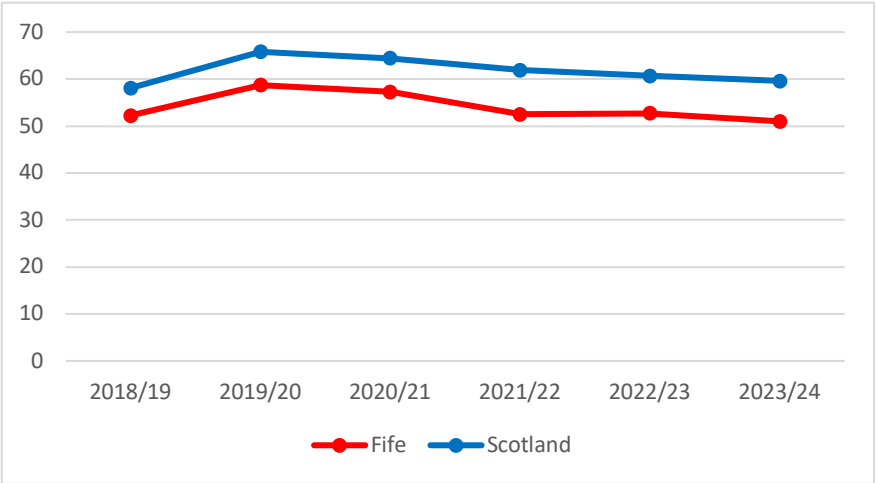


Figure 31 – Percentage of S4 pupils attaining 3 or more National 5 passes. Fife and Scotland. Source: Service data

Although Fife's overall performance is similar to Scotland's, outcomes for disadvantaged and vulnerable groups are significantly poorer. Gaps in literacy and numeracy emerge at primary stage (Table 11) for pupils in SIMD Q1, those with ASL needs, and Looked After Children. The gap widens through to secondary education, especially at senior phase where Higher attainment and positive destination rates drop sharply. This highlights the cumulative impact of disadvantage and the need for sustained targeted support.

Care Experienced children face significant disadvantage across all educational attainment measures compared to their peers. This reflects a known and persistent equity gap in Scotland (Tormey, 2019). Research highlights multiple systemic barriers contributing to

this gap including placement instability, stigma, low expectations, poor relationships, adverse childhood experiences, and emotional isolation (Tormey, 2019; Whitelaw, 2024).

In Fife, children looked after by the local authority in 2023/24 performed similarly to pupils in three or more disadvantaged groups at primary stage (Table 11). At secondary stage, Care Experienced children attained at similar rates to the Fife average at SCQF levels 3 and 4 (Figure 32), outperforming the Scottish average for Care Experienced children at these levels (Figure 33). However, attainment drops considerably at SCQF Level 5 and above, widening the gap with the Fife average and aligning more closely with the national average for Care Experienced pupils (Figure 32; Figure 33).

Fife's Education Directorate will continue to monitor outcomes and improve data availability for children in Armed Forces families. Of outcomes monitored, children and young people in Armed Forces families tend to outperform the Fife average. We continue to work with schools around data quality to improve our understanding and breadth of educational outcomes recorded for children of Armed Forces families.

Table 13 - Outcomes for overall learners in Fife, and those in disadvantaged/vulnerable groups 2023/24. Some Looked After Children data is withheld to protect confidentiality. Initial positive destination data for children from Armed Forces families withheld following quality assurance checks. Source: Service data.

Stage	Overall Achievement of Fife Pupils for key groups in 2023/24 (Stage S5 is based on S4 roll)	Relevance of qualifications set to post school opportunities	Overall Achievement (all learners) 2023/24	Pupils living in SIMD Quintile 1 (most deprived)	Pupils with Additional Support Needs	Pupils who are Looked After	Pupils from Armed Forces Families
S4	Pupils achieved awards at SCQF level 1 or above	Have accredited achievement to evidence personal skills	97.6%	96.5%	96.5%	91.8%	98.2%
S4	Pupils achieved Literacy & Numeracy SCQF Level 4	Are able to evidence accredited achievement of both key literacy and key numeracy skills	85.2%	77.9%	76.3%	63.0%	89.9%
S4	Pupils achieved 3 or more National 4 awards	Are qualified for a range of selective Modern Apprenticeships & employment opportunities	83.3%	71.5%	72.5%	52.1%	96.3%
S4	Pupils achieved Literacy at SCQF level 5	Are able to evidence accredited achievement of more advanced literacy skills	71.6%	58.0%	56.5%	31.5%	77.1%
S4	Pupils achieved Numeracy at SCQF level 5	Are able to evidence accredited achievement of more advanced numeracy skills	61.2%	46.2%	45.2%	32.9%	61.5%
S4	Pupils achieved 3 or more National 5 passes	Are qualified for a range of more selective Modern Apprenticeships & employment opportunities	51.0%	32.4%	33.6%	19.2%	62.4%
S5	Pupils achieved 1 or more Higher passes	Are qualified for an HNC, providing a route to Higher Education	46.9%	26.9%	32.4%	8.3%	77.6%
S5	Pupils achieved 3 or more Higher passes	Are qualified for direct entry to Higher Education for a wider range of courses	27.1%	11.8%	16.7%	*	61.2%
S5	Pupils achieved 4 or more Highers at grade A or B	Are qualified for more selective degree courses (e.g. science etc)	12.6%	3.4%	6.2%	*	47.4%
S5	Pupils achieved 4 or more Highers at grade A	Are qualified for the most selective degree courses (e.g. veterinary science, medicine)	5.5%	1.4%	2.9%	*	28.3%
Pupils with an initial positive destination			95.6%	92.4%	93.3%	81.7%	*

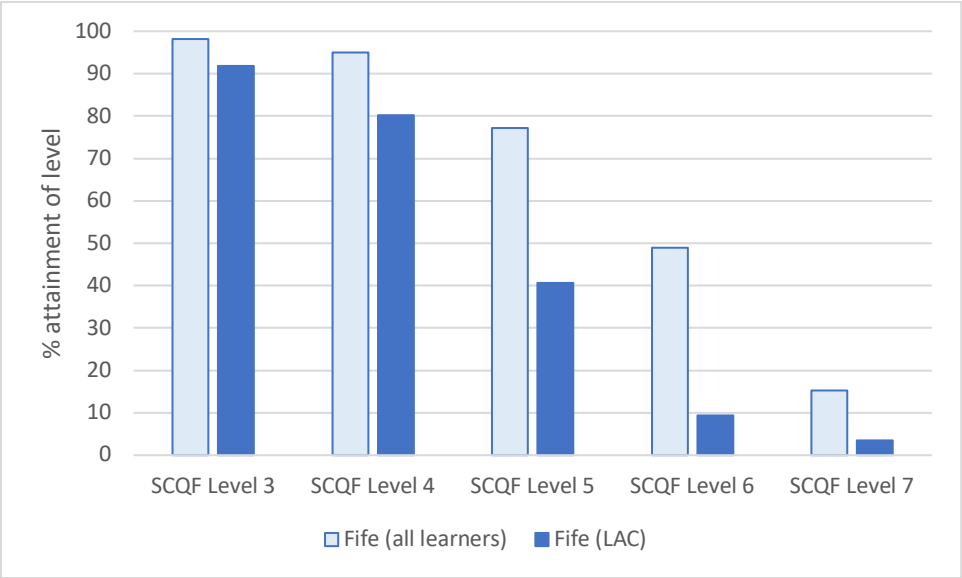


Figure 32 – Attainment rates for each SCQF level in Fife 2023/24, by all learners and those looked after by the local authority within the year. Source: Education Outcomes for Looked After Children 2023/24, Scottish Government.

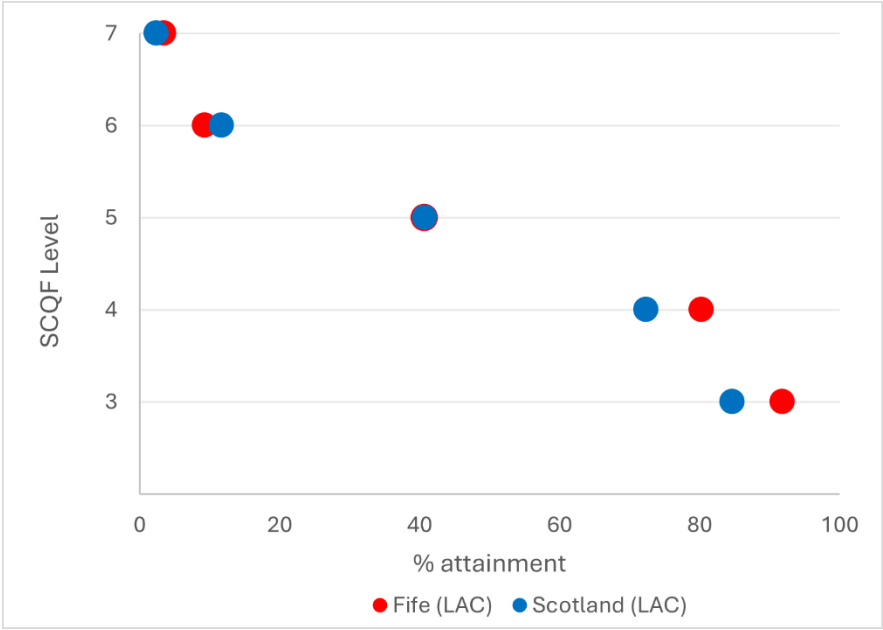


Figure 33 – Attainment rates of each SCQF level in Fife and Scotland 2023/24, by those looked after by the local authority within the year. Source: Education Outcomes for Looked After Children 2023/24, Scottish Government.

Key	
Level	Equivalent
SCQF Level 3	National 3
SCQF Level 4	National 4
SCQF Level 5	National 5
SCQF Level 6	Higher
SCQF Level 7	Advanced Higher

5.4.2 Voices of Children, Young People and Families

Pupilwise & Parentwise Surveys

Fife's Pupilwise and Parentwise surveys were first introduced in session 2011/12, and normally take place every third school session. The surveys were designed as a way of encouraging pupil and parental participation to inform service evaluation and improvement planning. This approach allows schools to compare their individual profiles with the broader profile for their sector (i.e. nursery, primary, secondary) and cluster schools in Fife. The survey results provide data that supports the continual cycle of improvement, which in turn helps to raise standards and expectations of service provision across Fife.

The most recent Pupilwise and Parentwise surveys were completed between January and March 2024:

- **Pupilwise:** 27,418 responses from children and young people across nursery, primary and secondary schools. The survey is based on the SHANARRI Wellbeing Indicators and explores pupil experience of safety, support, health, learning, relationships and aspirations.
- **Parentwise:** 12,463 responses from parents/carers to understand their perspectives on their child's wellbeing, school engagement and the support provided by educational settings.

Pupilwise – Key Messages

A large majority of pupils (over 70%) responded positively about the following themes:

Feeling Safe and Supported

- 73% of pupils feel safe at school or nursery
- 74% of pupils know who they can talk to if they are upset or worried
- 78% of pupils say they learn how to stay safe when using technology in school

Promoting Healthy Life Choices

- 82% feel encouraged to be healthy and active
- 67% feel they learn about healthy life choices e.g. healthy eating
- 77% feel school helps them to make healthy life choices around drugs, alcohol and smoking

Learning and Engagement

- 87% of pupils feel happy
- 86% of pupils enjoy learning
- 78% of pupils feel they get the chance to share their ideas and choose to do things they like in school

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Fewer pupils responded positively about the following themes, these are therefore identified as aspects for focused attention:

Behaviour and Relationships

- 51% feel their school listens to their concerns about bullying
- 53% say their school takes action following reports of bullying
- 45% feel that they are treated with respect by other pupils in school
- 49% say there is a positive behaviour ethos in their school which allows them to learn

There is a need to continue to promote positive relationships and learning environments, including raising awareness around approaches used by schools (e.g. around bullying and managing children's behaviour).

Achievements

- 53% believe that their school knows about the things they are good at
- 29% believe their school knows what they like doing when they are not in school

Work will be undertaken to improve recognition and celebration of both in-school and out of school achievements. This will give feedback to pupils on skills development, supporting their self-awareness and contributing to building resilience, self-esteem and confidence.

Positive Destinations

- 47% feel school has helped prepare them for the world of work
- 61% say that school has helped them know what skills they might need for a range of different careers
- 64% feel that they have been given support to think about what they want to do when they leave school
- 61% feel they have been given help in identifying next steps in preparation for leaving school

We will work to support pupils' development and awareness of transferable skills to support their decision making and preparations for life, learning and the world of work.

Parentwise – Key Messages

A large majority of parents responded positively about the following themes:

Safe and Healthy Environment

- 78% of parents report their child feels safe at school/nursery
- 87% know who to contact if worried about something affecting their child
- 82% feel the school encourages their child to be healthy and take part in physical activity

Parents/Carers feel that their child is safe in school and know who to contact if they are upset or worried about something that is affecting their child and that the school encourages their child to be healthy and take part in physical activity.

Parental Engagement

- 78% say the school keeps them informed about their child's progress
- 75% feel their child is making progress
- 79% say the school provides regular information about the life of the school/nursery
- 67% say they are given opportunities to participate in the school/nursery community

Parents report that they are kept informed about their child's progress through report cards, parents' nights and that their child is making progress. Parents feel suitably informed about the life of the school through information letters, newsletters, email and websites.

Fewer parents/carers responded positively about the following themes, these are therefore identified as aspects for focused attention:

Healthy Life Choices

- 45% feel the school encourages healthy choices around relationships, sexual health and parenthood
- 46% feel the school encourages healthy choices around substance misuse

Further consideration needs to be given as to how the school/nursery promotes learning about healthy life choices appropriate to age and stage, for relationships, sexual health and parenthood, and substance misuse.

Communication, Relationships and Behaviour

- 50% feel the school listens to concerns about bullying
- 44% feel the school takes action following reports of bullying
- 48% report that they know about the school/nursery priorities for improvement

Continued reflection is needed on how to improve communication, parental awareness and confidence in nurseries/schools' approaches to managing behaviour and building positive relationships (to include reflection on communication and handling of bullying concerns).

Parental Involvement & Family Learning

- 49% say the school gives opportunities for family learning
- 48% know about the school/nursery priorities for improvement

Further consideration is needed around approaches to engaging with parents, how to promote opportunities for family learning that focus on children and parents learning together and how to improve parental engagement in schools'/nurseries' priorities for improvement.

5.4.3 Policy Links

Educational outcomes in Fife show inequalities linked to deprivation, Additional Support Needs, and family circumstances. Our Achieving evidence supports GIRFEC's focus on identifying and addressing barriers to learning early, and supports the National Improvement Framework and Scottish Attainment Challenge aims to reduce the poverty-related attainment gap through partnership working and inclusive practice. It supports educational attainment outcomes in the National Performance Framework, as well as young people's participation – feeding into the skill profile of the population.

5.5 Respected, Responsible and Included

The Respected, Responsible and Included outcomes within the SHANARRI framework focus on whether children and young people feel valued, have opportunities to participate, and their sense of belonging. They relate to a child's ability to influence decisions affecting them, take responsibility for their actions, and be treated fairly within families, schools and communities. They also relate to inclusion in education, leisure activities, and protection from discrimination or exclusion. Many children have positive relationships and actively participate within their communities, however some experience barriers such as bullying, homelessness, limited access to leisure opportunities, or a lack of voice in decision making.

5.5.1 Current Outcomes and Evidence

5.5.1a Housing and Homelessness

In 2024/25 1,075 children in Fife were involved in homeless applications – the lowest reported number in recent years. The total number of children experiencing homelessness and residing in temporary accommodation on 31st March 2025 was 342, an 11.6% reduction from the previous year and closer to pre-Covid figures.

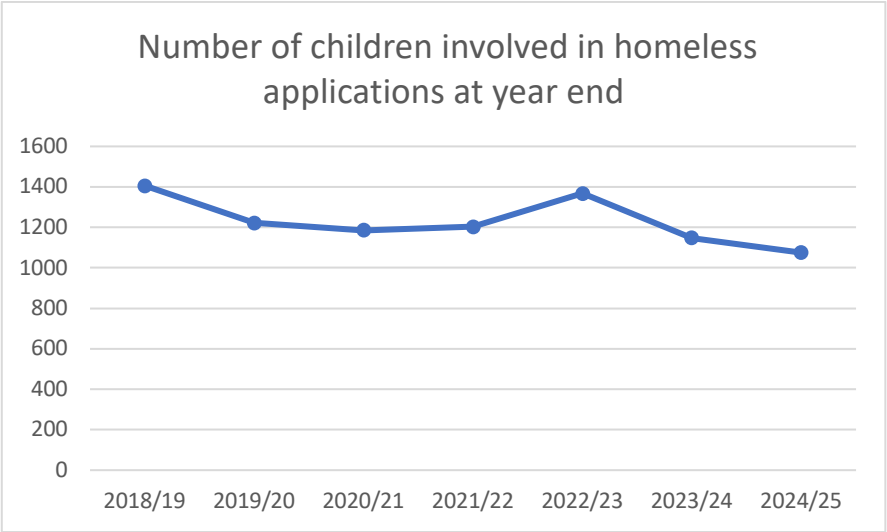

Figure 34 – Snapshot of the number of children in Fife involved in homeless applications at year end (31 March). Source: Service data

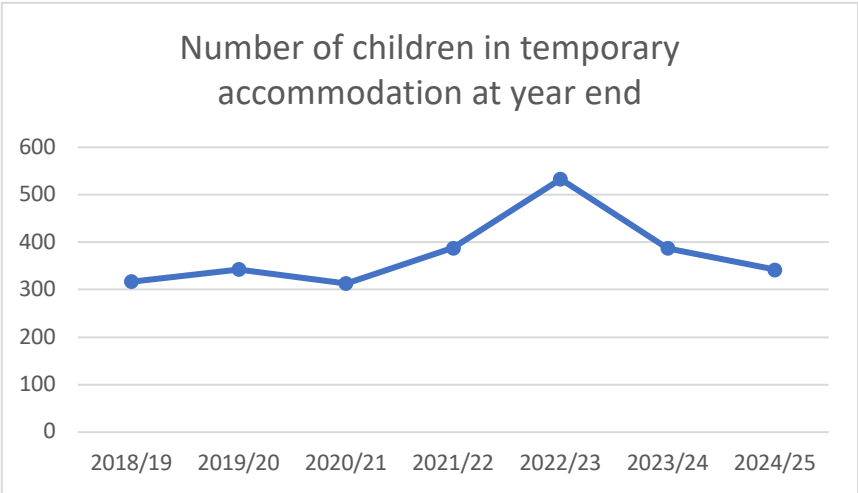

Figure 35 – Snapshot of the number of children in Fife residing in temporary accommodation at year end (31 March). Source: Service data

Although the number of children experiencing homelessness in Fife has generally reduced in recent years, we recognise challenges relating to housing and homelessness are especially pronounced for particular groups – including:

Families with a disability

Disabled children in Scotland and the UK continue to face housing inequality, with many living in inaccessible homes which are unaffordable to adapt and costly to heat. Around 30% of UK families with a disabled child live in a home that does not meet their child's needs, with 48% of families with a disabled child reporting that their home worsens their child's condition or puts them at risk (Contact, 2024). Lone parents and low-income families are especially vulnerable, experiencing higher levels of poverty, stress and poorer health outcomes linked to inadequate housing and fuel insecurity.

Fife Council's 2024 Tenant Satisfaction Survey asked Fife Council social housing tenants whether they were satisfied with the quality of their home. Of those with a disabled household member, 84.9% reported being satisfied and 7.5% reported being dissatisfied. Households without a disabled family member reported higher levels of satisfaction (84.9%), and lower levels of dissatisfaction (2.8%). The gaps between satisfaction and dissatisfaction rates for both groups are significant and suggest households with a disabled family member consistently report lower satisfaction and higher dissatisfaction with the quality of their home, compared to families with no disability.

Care leavers

Care leavers are more likely to become homeless compared to their peers, often due to a lack of stable support networks and challenges transitioning to independent living (CELCIS, 2024). In 2023/24, 5% of homeless applications in Fife were from individuals who had been looked after, with the majority reporting a looked after status of 5 or more years ago. Scotland's homelessness statistics show that Care Experienced individuals find it more difficult to sustain tenancies due to difficulties with mental health, lack of support from friends and family, and managing their tenancy on their own. Lack of support from Social Work/Housing has been a growing issue in recent years for those with Care Experience, with those who have had a LAC status reporting higher rates of mental health support needs than the overall population who have completed HL1 applications. (Scottish Government, 2025e)

Armed Forces families

Armed Forces veterans report higher rates of rough sleeping than the general population. Scotland's 2022 Census shows that Fife had the highest number of veterans of all local authorities (17,200). Fife has also maintained the highest count of veteran homeless applications of any local authority in Scotland since 2007/08, except for years 2012/13, and 2013/14. In Scotland, homeless applications from former Armed Forces members have declined by 51.6% from 2007/08 – 2024/25. In Fife, homeless applications from veterans declined by 63.2% for the same time period. This shows that Fife's veteran homelessness has fallen faster than the national average, despite changes at Leuchars - where RAF operations ceased in 2014 and the site became Leuchars Station under the British Army in 2015.

Veterans face unique challenges, being more likely to cite mental health issues (32% compared with 29% of all homeless applicants), physical health problems (16% compared with 12%), financial difficulties (18% compared with 13%) and drug or alcohol dependent (11% compared with 9%). Relationship breakdowns are also more common among ex-Armed Forces applications, as well as loss of service housing (Scottish Government, 2025f).

5.5.1b Positive Leisure Activities

The Fife Children and Young People Health & Wellbeing Survey 2022/23 asked S1-S3 pupils whether they had they had participated in several positive leisure activities in the last year. The same questions were asked in the Scotland's Health & Wellbeing Census 2021/22.

Fife has slightly lower rates for most positive leisure activities than the Scotland average. The largest difference is in the proportion of young people in Fife who reported participating in a sports club in the last year. Young people in Fife were less likely to report participating in a sports club in the last year (39.9%), compared to the national average of 49.8%. However, the proportion of pupils in Fife who reported engaging in “none” of these activities is similar to the national average.

Deprivation and ASN are associated with lower participation and higher rates of reporting engaging in “none” of these activities. Young people with ASN were slightly more likely to report taking part in religious and buddying/mentoring activities in school

There are clear differences between girls and boys. Boys were much more likely to report attending sports clubs, while girls were far more likely to report taking part in performing arts. Girls were also slightly more likely to join activities like charity events, volunteering and the Duke of Edinburgh award. However, girls were also more likely than boys to say they did none of the listed activities (Table 14).

Table 14 – Participation rates for positive leisure activities in Fife by group. Cells shaded to indicate participation rates relative to the Fife average (red = worse, green = better) Source: Fife Children and Young People Health & Wellbeing Survey 2022/23

		% participation by group					
Activity	**Fife**	**Female**	**Male**	**SIMD Q1 (most deprived)**	**SIMD Q2-5 (less deprived)**	**Additional Support Needs**	**No Additional Support Needs**
Sports clubs	39.9	37.1	43.2	29.2	43.3	32.4	46.2
Youth organisations	12.5	13.9	11.1	10.0	13.2	11.4	13.5
Duke of Edinburgh	5.5	7.0	3.9	3.2	6.0	4.3	6.3
Voluntary work	18.9	19.8	18.1	14.0	20.3	16.7	20.7
Charity event	16.7	18.2	15.2	12.6	17.9	15.1	18.1
Performing arts	17.2	25.8	8.9	14.6	18.0	15.4	18.8
Religious activity	8.0	8.0	8.0	5.9	8.5	8.5	7.8
Buddying or mentoring	7.7	7.5	7.9	6.8	8.0	8.2	7.7
None of the above	18.9	20.9	17.0	24.2	17.5	22.9	16.0

5.5.1c Participation

The Fife Children and Young People Health & Wellbeing Survey asked S1-S6 pupils what they think they will be doing immediately after secondary education. Most pupils reported positive expectations for life after school, with confidence increasing by stage (Figure 36).

Overall, 3 of 4 pupils in S1-S6 report positive post-school expectations. Very few pupils reported expecting unemployment after leaving school, however:

- Males are five times more likely than females to expect unemployment immediately following school
- Pupils in more deprived areas and those with ASN are nearly twice as likely to expect unemployment compared to their peers

While numerically small, these are consistent gaps and may reflect underlying disparities in feelings of confidence, opportunity or support. (Table 15)

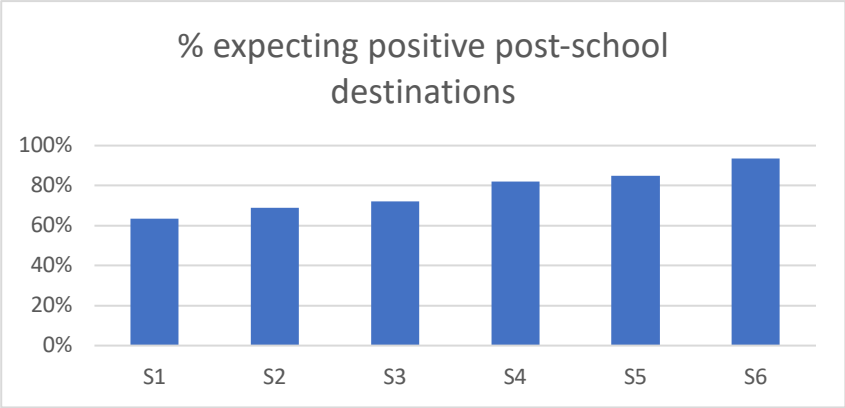

Figure 36 - % Fife pupils expecting positive post-school destinations (i.e. not NEET) by stage. Source: Fife Children and Young People Health & Wellbeing Survey 2022/23

Table 15 - % Fife pupils expecting positive post-school destinations (i.e. not NEET) by stage. Source: Fife Children and Young People Health & Wellbeing Survey 2022/23. Note: Percentages do not sum to 100% due to "Don't know" and "Prefer not to say" responses.

	Reported expectation of positive destination	Reported expectation of unemployment
Male	72.0%	1.0%
Female	73.5%	0.2%
SIMD Q1	70.8%	0.9%
SIMD Q2-5	73.2%	0.5%
ASN	71.5%	0.9%
No ASN	73.4%	0.5%

5.5.1d Peer Relationships

The Fife Children and Young People Health and Wellbeing Survey results show that most young people (76.9%) have 3 or more close friends. Most stages were consistent with the Fife average, however S5s were less likely to report having 3 or more close friends at 70.5%. Figure 37 shows how this varies by deprivation, needs and sex – those living in more deprived areas, those with ASN, and girls were less likely to report having 3 or more close friends.

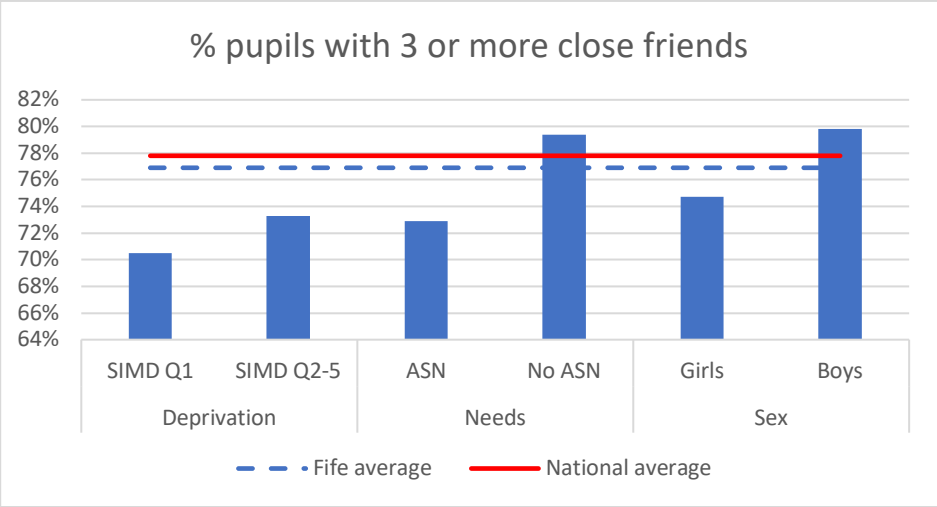

Figure 37 - % Fife pupils reporting having 3 or more close friends by group.
Source: Fife Children and Young People Health & Wellbeing Survey 2022/23

5.5.1e Bullying

11.4% of children from P5-S3 reported being bullied in the last year in Fife's Children and Young People Health & Wellbeing Survey, with an average of 4.6% of children reporting bullying another pupil.

Bullying disproportionately affects groups linked to protected characteristics under the Equality Act 2010. Trends for the most reported reasons for bullying are shown in Figure 38. Excluding "Not known" and "Other" reasons, race/racism is the most common perceived reason for bullying – the proportion of reported racist bullying incidents has tripled since 2018/19, rising from 4.6% to 15.9% in 2024/25. Body image and physical appearance, though not a protected characteristic, intersects with race, gender and disability and continues to be one of the most common reported reasons for bullying incidents. Other common categories include additional support needs, actual or perceived sexual orientation, disability and sexism and gender-related bullying – all of which relate directly to protected characteristics.

Service data shows that bullying incidents most often involve verbal aggression e.g. name-calling, teasing or threats. Physical bullying including hitting or pushing also remains common though has shown a slight decline over time. Online abuse through social media and gaming platforms is a persistent issue, while targeted bullying based on identity and racist incidents have become increasingly visible in recent years (Figure 39).

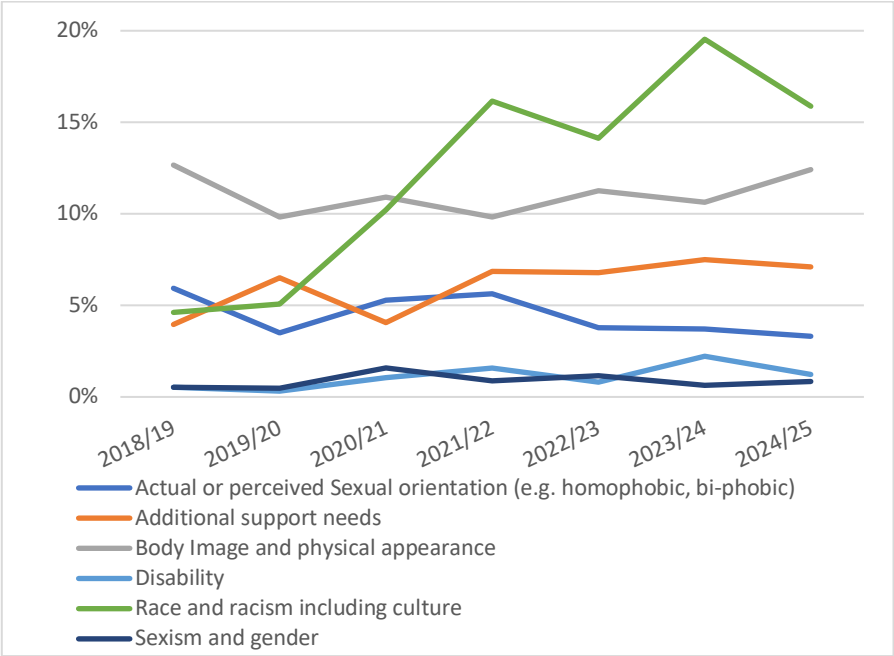

Figure 38 - % reported reasons for bullying incidents in all Fife schools by year.
Source: Service data. Note: excludes "other" and "not known" reasons.

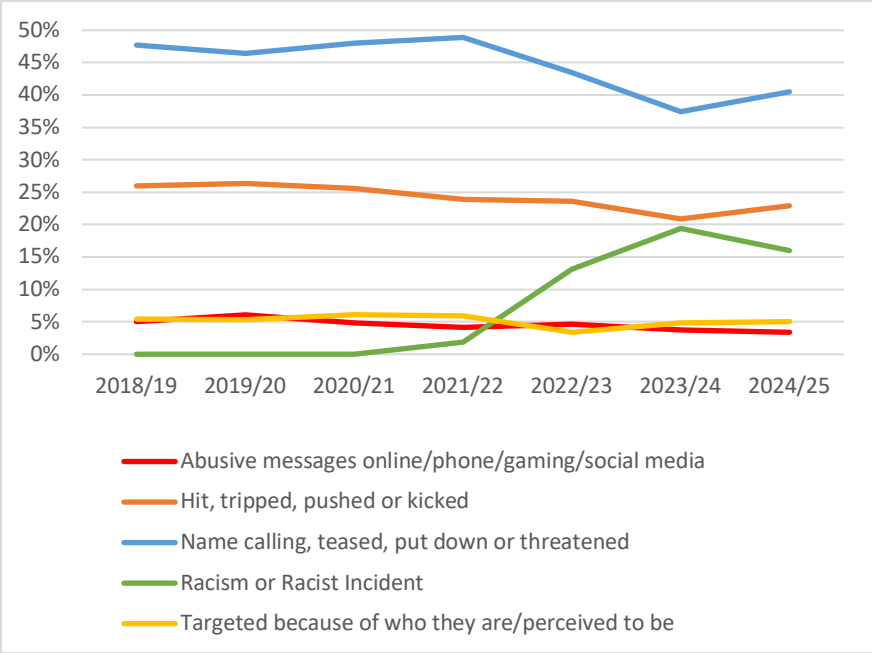

Figure 39 – Annual trends in the five most frequently reported types of bullying in Fife schools. Source: Service data

5.5.2 Voices of Children, Young People and Families

5.5.2a Involvement in Decision Making

Fife's Children and Young People Health & Wellbeing Survey 2022/23 asked P5-S6 pupils to what extent they agreed adults are good at listening to what they say, and to what extent adults are good at taking what they say into account. Overall, 62% agreed that adults were good at listening to what they say, but only 53.2% felt that adults were good at taking what they say into account. The trend observed in Fife is similar to the national picture, though Fife reports slightly below for all groups. Girls report the lowest perceptions compared to boys and have the largest gap with national results, young people with ASN show similar patterns. Deprivation differences are smaller, but the overall trend shows that young people feel listened to more than their views being acted on.

Table 16 – Children's voices, percentages given are for positive responses. Source: Fife Children and Young People Health & Wellbeing Survey 2022/23, compared with Scotland's Health & Wellbeing Census 2021/22. National data for SIMD Q2-5 (less deprived) unavailable.

	Adults are good at listening to what I say		Adults are good at taking what I say into account	
	Fife	**Scotland**	**Fife**	**Scotland**
Male	67.3%	71.4%	59.4%	62.3%
Female	56.7%	61.7%	47.0%	52.0%
SIMD Q1	60.0%	64.4%	50.9%	55.5%
SIMD Q2-5	62.5%	-	53.8%	-
ASN	58.7%	65.9%	50.8%	57.0%
No ASN	64.0%	66.6%	54.6%	57.1%

Fife has 9 elected Members of the Scottish Youth Parliament aged between 14-24 representing 5 constituencies across Fife. The SYP provides a national platform for young people to voice their views, influence policy and campaign for issues that matter to them. Further information is available on the SYP website.

Fife Voluntary Action's report Together for Change shows that when families are given meaningful opportunities to participate and co-produce, they feel listened to and empowered to influence change. Supportive services also play an important role in enabling children, young people and families to take responsibility for their lives – demonstrating that strong relationships and person-centred support have helped to promote better outcomes.

However, others reported feeling their views are not fully recognised in decisions about health, housing and education, suggesting gaps in feeling respected and having their experiences valued.

5.5.2b Access to Services

The Fife Centre for Equalities' (FCE) "Let's Chat" survey gathers insights from families with protected characteristics across Fife, focusing on equality and fairness. Children and young people reported facing racism and bullying in schools, with many incidents going unreported. This has a significant impact on their wellbeing as well as their sense of safety and inclusion.

Several of the families participating in FCE's case studies reported feeling unable to access support due to language barriers and digital exclusion. Information about local services is often available online, however this is inaccessible to families who lack digital skills and resources, or whose first language is not English. One case study noted that Fife Council staff were helpful and supportive when approached in-person, however, families struggle to reach that point without accessible information and guidance (Fife Centre for Equalities, 2025).

Poverty is strongly associated with digital exclusion – with those facing poverty being less likely to afford devices or data, or have a stable internet connection (Coote, Garner and Moeller, 2024). One Fife parent noted being unable to join online baby classes during the pandemic because they did not have a computer or the required software (CYPCS, 2025).

5.5.3 Policy Links

Our evidence links to Article 2 of the UNCRC which commits to respecting the rights and voice of every child, and the Equality Act 2010 which sets out our duty to promote equity and remove barriers for those facing discrimination. It also aligns with The Promise, which sets out the need for trauma-informed, relationship-based support for Care Experienced young people. It relates to NPF indicators young people's participation, children's voices, children having positive relationships and participation in cultural activities. Each of these, in addition to our qualitative evidence and participation data, link to the NPF social capital indicator.

Article 27 of the UNCRC states that every child has the right to adequate living standards – including safe, suitable housing. The Scottish Government and Shelter define adequate housing as affordable, habitable, accessible, well located, culturally adequate, with secure tenure and available services. Fife's Local Housing Strategy prioritises "A Suitable Home" and "A Warm Low Carbon Home" with actions to reduce homelessness and improve housing quality. We monitor NPF indicators relating to tenant satisfaction with the quality of their home through our customer satisfaction survey and report these annually to the Scottish Housing Regulator through our ARC submission (Scottish Housing Regulator, 2025).

Section 6: Conclusion

Our Joint Strategic Needs Assessment provides an evidence-based understanding of the needs, strengths and challenges children, young people and families in Fife face. It draws on quantitative data, lived experience and strategic reflections across the SHANARRI wellbeing indicators, and is aligned with national frameworks including GIRFEC, UNCRC, The Promise, and the Child Poverty (Scotland) 2017 Act.

Through our collective analysis of the data, three priority themes have emerged:

- Mental health and emotional wellbeing
- Family resilience and skills
- Speech, language and communication

Mental health and emotional wellbeing

Mental health and emotional wellbeing are cross-cutting concerns, supported by evidence in the Safe, Healthy, Active, Achieving, Respected, Responsible and Included outcomes. High rates of parental mental ill health, emotional distress among pupils and self-harming behaviours show that mental health challenges affect safety, learning and inclusion. Girls, those living in the most deprived areas, children with ASN and Care Experienced young people are particularly affected by poor mental health. Mental health is associated with attendance, behaviour and feelings of inclusion within the community – highlighting the need to strengthen emotional wellbeing to improve outcomes for children, young people and families.

Family resilience and skills

Family resilience and skills are linked to all SHANARRI outcomes. The evidence tells us that families in poverty face higher rates of smoking in pregnancy and food insecurity, as well as lower rates of housing stability. Strategic reflections highlight fragmented services and families often reaching crisis point before accessing support. Strengthening this priority will reduce vulnerability, support parenting skills and enable families to cope before problems escalate.

Speech, language and early communication

Speech, language and early communication is most directly supported by data in the Nurtured and Achieving outcomes – where early developmental concerns and language delays are identified. Distressed behaviour in early primary stages has been linked to poor language and emotional development, with children with ASN and language barriers facing increased risks for exclusion. Our speech, language and early communication priority is also relevant to Safe, Respected, Responsible and Included outcomes, as communication barriers result in exclusion, bullying and reduced life chances. Recognising and addressing these delays earlier will help to close early gaps, improve emotional regulation and support later attainment and inclusion.

The themes identified are interconnected and each play a role in improving the foundations for wellbeing and learning.

Next Steps

Our next step is to turn evidence into action. The findings of the JSNA will inform the next cycle of Children's Services planning.

The Children's Services Strategic Leads Group will review current and proposed approaches as a partnership to identify what works and where gaps remain. This collaborative approach will help us to adopt a more proactive response, supporting a system that delivers timely and effective support for children and families.

Using Quality Improvement (QI) methodology, we aim to upscale known pockets of good practice, guided by evidence of impact. This approach will ensure interventions are suitable, sustainable, based on evidence and embedded across the system to improve outcomes for every child in Fife.

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Appendices

Appendix 1a – Coverage of disadvantaged and vulnerable groups in the JSNA

Gap Analysis

1. **Disability/Additional Support Needs**

- Children with a disability or ASN are not represented in our data for Safe. Fife collects disability data for Looked After Children, but it is not published due to differences in terminology used in Fife and Scotland. Work is ongoing to improve the consistency of data collection in Fife for better visibility.
- Children with a disability or ASN are partially represented within our data for Nurtured. Developmental concerns do not necessarily indicate an additional support need or a disability though may in some cases. We are scoping a data linkage project between Education and Health which would allow us to examine the links between additional support needs and speech, language and early communication concerns.

2. **Pregnancy (including teen mothers)**

- There are data gaps for pregnant women, however the data we collect across SHANARRI is not always available or applicable to this group.

3. **Children, young people and families from minority ethnic backgrounds**

- There are gaps in Ethnicity data, particularly Healthy, Active, Nurtured. Ethnicity data within health datasets are variable, and due to the relatively small population size of minority ethnic groups in Fife differences cannot always be reliably interpreted.

4. **Priority Groups for Child Poverty Action**

- Coverage is limited across all SHANARRI indicators for priority groups for child poverty action, because the measures we use to build a local picture of child wellbeing are not designed to be broken down by these specific, household-level poverty groups. Most indicators are collected at the level of the child rather than the household, meaning characteristics such as lone parenthood, large family size, disability within the family, and maternal age are not captured.
- Our work towards Tackling Poverty and Preventing Crisis is focused on the experiences of the priority groups. Partners continue to work directly with these families to understand their needs and ensure their voices shape local action.

5. **Care Experienced/Looked After Children**

- Care Experienced children and those who are currently looked after by the local authority generally have good coverage across SHANARRI, but data for health outcomes are lacking. Work is being undertaken to scope available health data we might use to better understand health outcomes – for example, from looked after children health assessments.

6. **Armed Forces families**

- Coverage for Armed Forces families is limited across most SHANARRI outcomes. This reflects the main focus of the Armed Forces Covenant of ensuring fair access to public services, rather than mandating data collection. As it is not a statutory requirement, Armed Forces status is not routinely captured and published in Health, Early Years or broader Children's Services, creating gaps in the evidence base.

Appendix 1b – Matrix showing coverage of disadvantaged and vulnerable groups by SHANARRI outcome

Key					
Y	Yes – direct, explicit coverage	P	Partial – indirect, limited, proxy	N	No – not available

	Group	Safe	Healthy & Active	Nurtured	Achieving	Respected, Responsible, Included
Protected Characteristics	Disability/ASN	N	Y	P	Y	Y
	Pregnancy	N	Y	N	N	N
	Age	Y	Y	P	Y	N
	Sex	Y	Y	N	N	Y
	Ethnicity	Y	N	P	N	Y
Priority Groups for Child Poverty Action	Lone parents	P	P	N	N	N
	Families with a disability	N	P	N	P	Y
	Families with 3+ children	N	N	N	N	N
	Families with children aged under 1 year	N	N	Y	N	N
	Families with a mother aged under 25 years	N	Y	Y	N	N
Children experiencing statutory care and protection measures	Care experienced children and young people	Y	N	N	Y	Y
	Children on the Child Protection Register	Y	N	N	N	N
Children, families and communities facing socioeconomic disadvantage	Area deprivation (SIMD)	N	Y	Y	Y	Y
	Children in low income families (relative poverty)	Y	N	N	N	N
	Free school meals	N	N	N	Y	N
Other groups requiring additional support	Armed Forces	N	N	N	Y	Y
	English as additional language	N	N	N	Y	Y
	Young Carers	N	N	N	Y	N

If you would like any further information about this report or the work of the Fife Partnership please at **our.fife.scot** or email: **fife.partnership@fife.gov.uk**

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