

**MINUTE OF THE MEETING OF SHETLAND'S COMMISSION  
ON TACKLING INEQUALITIES  
(SESSION 5: PATHWAYS OF INDIVIDUALS)**

**23 November 2015**

**PRESENT:**

- A Hamilton (Commission Chair)
- J Anderson, Lerwick Community Council
- K Anderson, MSYP
- Andrew Cooper, Shetland Charitable Trust
- C Ferguson, Director of Corporate Services, SIC
- R Hunter, Area Manager, HIE
- A Miller, Chair, Voluntary Action Shetland
- K Mouat, MSYP
- V Nicolson, Head of Anderson High School
- D'ONeil, Chair of CoSLA (via SKYPE)
- G Robinson, Leader, Shetland Islands Council
- C Smith, Shetland Islands Council
- S Taylor, NHS Board
- C Waddington, NHS Board

**APOLOGIES:**

- I Kinniburgh, Chair, NHS Board
- A Black, Chief Executive, Shetland Charitable Trust
- C Buxton, Director of Regional Development, HIE (Participated in part, by video link)
- Alastair Cooper, Shetland Islands Council
- B Hunter, Chair, Shetland Charitable Trust
- K Mouat, MSYP (for lateness)
- F Robertson, Hub Project, Hjaltland Housing Association
- M Stewart, Voluntary Action Shetland
- S Taylor, NHS Board (for lateness)

**ATTENDING:**

- B Hall, Policy Officer, Community Planning and Development, SIC
- E Perring, Policy Manager, Community Planning and Development, SIC
- V Simpson, Executive Manager – Community Planning and Development, SIC
- L Gair, Committee Officer
- A Jamieson, Executive Manager – Housing, SIC

**ALSO ATTENDING:**

- I Bray, Homelessness, SIC
- E Bartlett, Condition Management Programme, NHS
- R Calder, Quality Assurance, Children's Services, SIC
- M Coyne, Adult Learning, SIC
- J Irvine, Child Health, NHS Shetland
- S Johnson, Employability Pathway, SIC
- S Laidlaw, Consultant for Public Health, NHS
- J Leask, Bridges, SIC
- E McCover, Child Health, NHS Shetland
- A Moar, Employability Pathway, SIC
- D Morgan, Executive Manager – Criminal Justice, SIC
- M Nicolson, Chief Social Work Officer, SIC
- L Robertson, Skills Development Scotland
- E Robinson, Health Improvement, NHS
- L Simpson, Head Teacher, Dunrossness Primary School, SIC
- A Tallack, Chair, Children's Panel
- M Boden, Chief Executive, SIC

<b>1</b>	<b>Welcome</b>
	The Chair, Mr Hamilton, welcomed all present to the fifth meeting of Shetland's Commission on Tackling Inequalities.
<b>2</b>	<b>Minutes of the Meeting of the Commission held on 28 October 2015</b>
	<p>(a) The minute was approved as an accurate record of the meeting.</p> <p>(b) There were no matters arising.</p> <p>Additional Information was provided:</p> <ul style="list-style-type: none"><li>- The Scottish Human Rights Commission will be in Shetland tomorrow at the Shetland Museum between 2pm and 5pm.</li><li>- Islands Bill response. The Shetland Partnership Board is developing recommendations. Dr Hall advised that the provisions going into the draft bill have come from the Our Islands Our Future campaign. The draft will be discussed at the Shetland Partnership Board on 3 December, and it would draw heavily on the Commission's evidence base. He said he would prepare an up to date version for the Commission on 14 December. Dr Hall advised that copies of the consultation document are available at today's meeting and he drew attention to the first three sections of the document 1. Island Proofing. 2. Power for Islands and 3. The Islands Plan. He invited anyone to get in touch if they had any comments they wished to see included in the response.</li></ul>

3	<b>Report of Session 4</b>
	<p>Mr Hamilton introduced the Summary Report from Session 4 and advised that today's session would complete the Commission's evidence gathering. He explained that a reality check on evidence would be done, by taking the evidence gathered, to date, to those who are impacted most by socio-economic inequalities (e.g. through CAB, the Food Bank and Employability Services). Mr Hamilton said that the meeting on 14 December would be a time to digest all the information and to finalise recommendations.</p> <p>Mr Miller referred to Session 4. In regard to remote and fragile areas the Commission were advised that LEADER funding would be coming on stream in a couple of months. He said that he had read the criteria for this funding stream and said that it was being targeted at fragile areas. Mr Miller felt that the remit of the Commission was very similar to that of LEADER and he felt it was important to engage with LEADER funding in some way.</p> <p>Mr Hamilton said that this would be passed on to Emma Perring to see what could be done for December.</p> <p>Mr Hamilton advised that the Improvement Service are initiating a project with Shetland's CPP: Improving Outcomes and Tackling Inequalities Profile and they are using data from SIMD and other sources, and developing a methodology to better understand outcomes as a result of inequality. More work is required, and plans are in place to develop capacity of data experts in Shetland to develop and undertake this work. Dr Hall advised that slides from the presentation are available at today's meeting. He went on to advise that Shetland is one of the pilot areas they are working with and he said that the Commission members would be kept up to date on developments.</p> <p>Mr Hamilton advised that a member of the public had volunteered a short paper on educational opportunities and disadvantages that will be relevant to today's discussion and copies were available.</p> <p>Fife is launching their Commission findings on 30<sup>th</sup> November 2015. Ms Perring advised that if anyone is in the area that day they are welcome to attend.</p>
4	<b>Early Intervention and Prevention to Address Failure Demand: Pathways for Individuals</b>
	<p><b>Christie Commission and Inequalities</b></p> <p>Dr Susan Laidlaw, Consultant in Public Health Medicine, gave a slide presentation on Early Intervention and Prevention to Address Failure Demand in the context of the Christie Commission which examined the evidence available in order to understand the levels and reasons why some people perform less well. During her presentation, Dr Laidlaw explained failure demand and how this can be reduced, she also advised on what could be done to tackle inequalities as well as commenting on a number of key objectives for reform.</p>

	<p>In response to a question Dr Laidlaw advised that, from a Health based perspective, there are a number of issues that can be addressed such as obesity and smoking. She said that the costs are known and that early intervention helps. Dr Laidlaw gave an example of a “Life Project” run in Swindon where they looked at families with disadvantage and facing inequalities. She said that there was a shift in the way professionals are used to working and there needs to be a leap of faith and funding to do that.</p>
<p><b>5</b></p>	<p><b>The Role of Attainment and Participation</b></p>
	<p>Mr Robin Calder, Quality Improvement Officer, Shetland Islands Council gave a slide presentation on attainment and participation and commented on the current agenda both nationally and locally. He provided comparisons with other schools in terms of attainment for SCQF levels 3 and 4 across other Island Authorities and provided statistics in regard to the impact on school leavers with low attainment. Mr Calder provided recommendations on how to close the attainment gap and advised that a 4 year draft attainment action plan had been developed with seven action points.</p> <p><b>Question and Answer Session:</b>  Ms Agnes Tallack - Chair of the Children’s Panel  Mr Marc Coyne - Adult Learning, SIC  Ms Denise Morgan, Executive Manager – Criminal Justice, SIC</p> <p>Ms Tallack advised that the panel has a legal role with clear boundaries, her background is in Education, mainly dealing with early intervention and inclusion. In reading reports for the Children’s Panel it is evident that there are lots of good work going on throughout the life of a child but the question is often why wasn’t something done sooner. She said that policy is driven by understanding, knowledge and research. Ms Tallack said that the Christie Commission states how it will be done but the practice is driven by finance. She said that it is difficult for a system to change so that things can be done differently, and we need to be more innovative and imaginative She said that statistics from Barnardo’s put a figure of approximately £60k that needs to be spent on someone disturbed in school up to the age of 28. She said that being proactive is not cheap but it is cheaper than the alternative</p> <p>Ms Morgan advised that during 2013/14 there were 75 court reports which was 50% less than every year for the last 10 years. She stated that of the men under 25 years of age, 50% are unemployed and in some cases there had been parental/family breakdown and poor education attainment; for some, poor learning skills leads to drugs and criminal behaviour. She said there is often a lack of family support when an individual comes to the criminal justice service. Where there is no support they find it elsewhere, from individuals with similar problems and there is great difficulty in moving on from that and people don’t accept that individuals can change. Ms Morgan said she would like to see early intervention from pregnancy. She said there are supportive schools but it is not just the teachers who should intervene; everyone has a responsibility. It is important to work with communities to make them more inclusive and accepting. On the national scene, there is a whole system approach, working holistically with young people; once they have a criminal conviction it stops them getting a job. Ms Morgan explained that there is a review of Community Justice being undertaken which will combine services. She advised that she had attended a youth</p>

offending seminar which said we have an opportunity to do more for children through nursery, primary school and high school. She said that you don't have to be a teacher or social worker to intervene, for example, you can be a youth worker.

Mr Coyne advised that Adult Literacy is now a statutory provision. He explained how the demographic had changed in the last 10 years - he used to see far more young people with problems such as dyslexia, for example. He said that had changed as the curriculum for excellence had helped at school. Mr Coyne said that the demographic is now much older, as ICT is an increasing issue. He said that family attitudes to education and its path to employment is an issue and he is aware of families that do not see the need for their child to have a computer, even if the family has the money they won't get one. He said that there is a great deal of educational research done online. This is a problem for literacy. He referred to emergency housing and young folk not being able to afford the BT connection to put a phone line and broadband in. He said that this is a simple but significant charge. Mr Coyne said that Adult Learning Services support people to employment, they come in and some even come off medication and go into employment. He said that there are no consequences for young folk in that they can leave home, get a house and food.

Older people are leaving work because of digitisation. He gave an example of social care workers that left their job as it was no longer paper based. The new SVQ was done online at the college and several left as they couldn't face doing their jobs with computers. He is particularly concerned that a number of individuals had not learned throughout school because they had never had a sight test. He said that he had four individuals that thought they could not read but once their sight had been tested they progressed. One person had moved from a job scraping fish to a full time higher level employment that allowed them to save for holidays, a mortgage, all from one sight test.

**Comment:** (Mr Robinson) The problem is well understood but the solution is not. Ms Tallack's commented on the need to be proactive, but the difficulty for the public sector is that the Christie Commission report came out in 2010 which was the last time there was an increase in grant funding. The Council now receives 19% less in real terms funding and the challenge is how to get to where you want to go when you are not starting from the right place. It would be much easier if we could fund the change but we don't have money to put in at the front end and how do you make change without resources to do it.

**Response:** (Ms Tallack) Local Authorities are restricted by budget and people have always known that there is a need for early intervention. Curtailing spending can lead to more innovation and imagination and make different sections of the public sector work together. It is scary to allow another service to use your money. I don't agree that there are no consequences and that everything is handed to them, most people want to succeed, they are not born bad or failures but society and families do it to them. There is one preschool visiting teacher for the whole of Shetland; families would benefit if schools were able to employ staff to spend time in the community and parents need to be engaged not just children. It is important to use money creatively. Health visitors know who has babies and you don't wait for dysfunctional families to come to you it is those that don't come forward you have to worry about.

**Q:** (A Miller) Who refers to you and how long are they with you?

**A:** (M Coyne) There is one new referral per week and they stay for 6-9 months depending on their employability, NHS, occupational therapy, employers, etc.

	<p>Reductions in money have made all agencies work together and better which has contributed to the redirection of the people I see.</p> <p><b>Q:</b> (R Hunter) Prevention, welfare, better paid jobs. Groups need your support, what is the major root cause, is it mental health, is it vulnerable households?</p> <p><b>A:</b> (D Morgan) Deprivation, family breakdown. The difficulty is the effect on children, if a child doesn't sleep their education then suffers, for example. It is about intervening early on. Research has been done across Scotland that shows Shetland compares very differently to Glasgow, for example, around family support; in Shetland offenders are less likely to benefit from family support than in Glasgow.</p> <p><b>Comment:</b> (A Tallack) I agree, the use of family agencies when they become involved has to extend not just to the child but to the family. The family needs to know how to support the child.</p> <p><b>Comment:</b> (D Morgan) There is a tendency that the family want you to fix the child but you need to work with the family to help the child.</p> <p><b>Q:</b> (C Waddington) How much of the work is specialist and how much is it about being around? If there is only 1 preschool person. Can one generalist be used from a broad unit to keep an eye out for young children?</p> <p><b>A:</b> (A Tallack) My immediate response is money, you can't get a specialist. Getting a team where everyone is fed by others and someone is leading the team with expertise ensuring people have knowledge and understanding for the work would be fine. Presence is incredibly important and trying to be based in Lerwick and working in the North Isles is difficult if the case load is large. One mother was getting support for her child, but asked "what about me?". It is about getting involved with the family; working with them to form empathy and trust.</p> <p><b>Comment:</b> (D Morgan) I wouldn't underestimate good neighbours. Individuals speak about people that touched them like a teacher, cousin or neighbour, it is not just about professionals.</p> <p>The Commission noted a submission from Mr Peter Hamilton.</p>
<p><b>6</b></p>	<p><b>Role of Destinations of Young People</b></p>
	<p>Shona Johnson, Employability Pipeline Officer, SIC gave a slide presentation on the destinations of young people and provided local and national comparisons in terms of the positive destinations and those not moving into positive destinations. She provided an analysis of the characteristics of 16-19 year olds who are considered not in employment, education or training (NEET). She advised that 5% of young people in Shetland are considered to be NEET.</p> <p><b>Question and Answer Session:</b>  Jim Leask, Bridges, SIC  Ian Bray, Homelessness, SIC  Shona Johnson, Employability Pathways</p> <p>Ian Bray advised that he works for Housing Services where 1800 properties are managed and provision for the homeless is made. Prevention and intervention has been the focus of work for the last 7-10 years. He said that the homeless figure has</p>

come down from 270 in 2010 to 210 last year. In 2010 there were 30, 16 and 17 year olds presenting as homeless, but with input from family mediation to help with relationship problems, this figure was down to 5 last year. Mr Bray stressed the importance of supporting family relationships at 13 or 14 years, with support from other agencies to identify groups who may be at risk.

Jim Leask said that Bridges had seen a big change in dynamics in the last 5 years; there are now more young people with a higher level of support needs. He said that those that come through the Children's Panel or Criminal Justice routes are less but there are more with ASN, mental health, and substance misuse. He said that this could be down to the economy (more have moved into employment) and that it is now easier for children to stay on in school to get more qualifications and to mature. He referred to the Life project and said that in Shetland it was important to look at focussing on family involvement. He said that unfortunately we have a lack of some services and young people need access to specific mental health services and for those who have been sectioned and sent away they find it difficult. Mr Leask also said that there are a high number of young people affected by "legal highs". Mr Leask added that some of the young people that come to Bridges have voiced that they have found school a difficult environment to learn effectively in.

**Q:** (G Robinson) The impact on young people of availability of affordable housing is key; what their choices are and whether they stay in Shetland? HIE reported a shortage of affordable housing for the next 10 years.

**A:** (I Bray) There is the Strategic Housing Investment Plan, with the Council working with Hjalmland to build affordable 1-2 bed housing. The majority of stock has a higher number bedrooms and this causes a mismatch. There are more people over the age of 85 on the Council's housing waiting list.

**A:** (J Leask) Supported young people tenancies show there are less living independently, those that we do have are those that have been living in care.

**Q:** (A Miller) The Private Rental Bill has the potential to lead to excessive increases in rents in Shetland; is this something that the Commission needs to respond to?

**A:** (I Bray) The Council will respond to the consultation.

**Comment:** (J Leask) One issue we increasingly see is those young people on the autistic spectrum; it is a challenge for them to find long term employment.

**Q:** (Dr Taylor) What about teenage pregnancy in Shetland? Officially we don't have a problem as this is considered 16 years and under? But is there an issue with teenage mothers in Shetland, the support they get, and inter-generational cycles?

**A:** (J Leask) There is a Young Mum's group, however, there are some young mums who have been in the system for a while, with a lot of agency involvement. They would be good candidates for the Life Project.

**Q:** (Dr Taylor) It reminds me of what Agnes said; we put effort into young people and positive destinations, but we must be involved with these young people and their families earlier. Are we doing the right things to change their experiences? A lot of staff have put effort into young people and the big challenge is what difference we make for them in how they parent. We don't have new money, so it has to be about the money we are spending. Is what's happening going to change the future?

**A:** (I Bray) There is a challenge around transitions, from GIRFEC to With You For You.

**Comment:** (G Robinson) My comments are overarching all presentations. Starting with the Christie Commission it has been an expectation that budget reductions would drive innovation and partnerships. I think they have. I had to sign a letter to the Deputy Minister to say that the Council met 2% efficiencies. I did that again this week. We can't have transitional change without resources. The Chancellor suggested a National Living Wage and reduced benefits. It is a great aspiration. But not so easy to get there. There has to be recognition that transformational change requires resources and that is difficult in reducing resources. We need to ensure there are resources for transformational change; for example, Shetland will only receive £23k of the Scottish Government's new funding stream to improve educational attainment for lower income families.

**Comment:** (V Nicolson) Agnes and Denise talked about support to families. We had a teacher able to support families, however, with reduced funding, these are the posts that are cut.

**Comment:** (Dr Taylor) I am aware what cuts are challenging, however, we need to look at how we distribute money. Mrs Nicolson and I have discussed this over the years and we do well by the vast majority of young people but how do we do better by those who are failing. Transformational change requires us to look at what we do with existing funding to the 5% we fail, and shift resources accordingly.

**Comment:** (C Ferguson) Part of the challenge is that many struggle to let go of old ways. For example, new Health and Social Care partnership; look how long that has taken.

**Comment:** (J Anderson) Behaviours need to change; everyone is sitting in their own corner. There is encouragement to share resources, but are budgets really shared? Early intervention starts with the midwife at the moment - but that is too late, we need to educate parents, mother and father. It is too late when the child is born.

**Comment:** (Dr Taylor) A number of things are changing in Shetland: Curriculum for Excellence, midwifery pathway – but do they add up to enough? How far will it not get us?

**Comment:** (J Anderson) I understand there are gaps but through a collaborative approach that will identify where overlaps and gaps are.

**Comment:** (Dr Taylor) A recommendation needs to be around who we are not yet reaching, at an early enough stage.

**Comment:** (C Waddington) Understanding what works is important in the face of more cuts, to protect these. It would be interesting to take a geographical look at all public sector spend and how we rearrange that. If there were no boundaries how would people spend the money?

7

## Role of Employment

Linda Robertson, Skills Development gave a slide presentation that provided an

evidence base on Shetland's employment situation. She provided statistics on those not in employment at October 2015. She explained some of the characteristics of those unemployed over the age of 25 and what barriers there may be to employment. She advised that the statistics provided could be found on the NOMIS website.

**Question and Answer Session:**

Alison Moar, Employability Pathway

Eleanor Bartlett, Condition Management Programme, NHS

Elizabeth Robinson, Health Improvement, NHS

Linda Robertson, Skills Development Scotland

**Q:** (V Nicolson) Is geography a barrier; are there people who struggle to engage if they are located in the North Isles and North Mainland areas.

**A:** (A Moar) Yes, but it can be closer. For example, we have someone living in Scalloway who is finding the bus fares for work experience in Lerwick to be too expensive.

(E Bartlett) Poor mental health is also a barrier, e.g. to get on the bus can be difficult. All factors have to be taken into consideration.

(A Moar) If the resources were there to support people with bus passes to help get people to appointments that would help.

**Q:** (A Miller) Stage 4 of employability pathway is self employment skills. How is that delivered?

**A:** (A Moar) This is an option. MOEP Ltd have a role, drawing on support from DWP and Business Gateway.

**Q:** (R Hunter) We hear that it is always the same people that come through again and again. Anecdotally this is very cyclical. Is there good practice to break this cycle?

**A:** (A Moar) Historical information shows barriers such as substance misuse and mental illness. The employability pathway now provides the intensive support required for individuals to ensure people get support to break these cycles.

(E Robinson) Also there is work to do to keeping people in work. We need to help employers work with people with mental health issues by staying in work and offer support in work.

(A Moar) It is important to work on qualifications for them to get core certificates as some have no qualifications. We refer people to Mark Coyne at Adult Learning; there is further work to be done around qualifications.

**Q:** (A Miller) How do you support people on the Isles?

**A:** (A Moar) We go up.

**Q:** (A Miller) Is it cheaper for them to come down.

**A:** (A Moar) Yes, when they have other appointments in Lerwick too.

**Q:** (R Hunter) What more can employers do?

**A:** (A Moar) Providing work placements and employment for those who have had complex barriers to employment. MOEP Ltd is the organisation that have responsibility to engage with employers and to support employee and employer to enable employment to work for both.

**Q:** (G Robinson) Issues re transport, mental health and housing. What extent is it exacerbated by getting housing in Lerwick. Would it be easier if they lived centrally?

	<p>People accept houses in Mossbank, Dunrossness and other peripheral areas such as Walls and Sandness. Does it add to matters?  <b>A:</b> (L Robertson) I know someone in a remote area who has qualifications as a care worker but only has a relief hours contract. The cost of the bus and working shifts means that they can't afford to work.  (E Bartlett) People on the housing waiting list have moved to Mossbank and matters deteriorated even with my attempts to go there.</p>
<p><b>6</b></p>	<p><b>Role of Families and Communities</b></p>
	<p>Ms E Robinson, Health Improvement, NHS gave a verbal presentation on Families and Communities and how to help children. She recommended people read the "Growing up in Scotland" report, circulated with the agenda, which had been running for 10 years. She said that looking at the first few pages would give helpful diagrams and statistics and tells us what we know.</p> <p>There is lots of evidence demonstrating that what happens at primary age has an impact later in life. She advised that the weight of the pregnant woman has an impact on children and young people as they have below average problem solving skills. The protective factors including a stable home environment has a positive impact. Reading at bedtime and secure structures and boundaries are important.</p> <p>We do lots well here for 95% of young people: the maternity team identifies vulnerable women and families. Children and Families team at the Shetland Islands Council do intensive and imaginative work. Schools and Health Visitors achieve positive outcomes. But who are the 5% that end up on the list that can't read and write and don't go into work.</p> <p>As an example, Health Improvement service is seeing an increase in childhood obesity. There are over 200 severely obese children across Shetland; and everyone, from parents, teachers and the community, has a responsibility to support children to have a healthy weight.</p> <p><b>Question and Answer Session:</b>  Lesley Simpson, Dunrossness Primary School  Janice Irvine, Child Health, NHS  Martha Nicolson, Children and Families, SIC  Elaine McCover, Child Health, NHS  Elizabeth Robinson, Health Improvement, NHS</p> <p><b>Q:</b> (Andrew Cooper) What is the life project, what are the key points?  <b>A:</b> (E Robinson) In Swindon they reviewed 20 families and looked over case studies and hours put into supporting them over the years but nothing had changed. Professionals were not breaking the cycle. They thought about how they could do things differently and asked the families who they trusted and who they wanted to work with. They started addressing the needs that the families said they had, rather than the needs services believe families have. For example, a family wanted to redecorate their house and staff helped them do that and neighbours got involved and then the family were able to move on and address other issues, such as establishing boundaries for the children.</p>

**Q:** (A Miller) Is holiday hunger happening here?

**A:** (L Simpson) Yes. We provide breakfasts for children. They don't get breakfast because of the capability of parents. Some children only know a small variety of foods and school are important as it provides a wider variety. Free fruit for schools initiative started in 2000's and some children had not seen apples or bananas before. Some things are common sense, no processes, seeing people as individuals and families. As Head Teacher I dealt this morning with a young person for 2 hours; none of that was about their education, but providing what they need to be able to function as a human being.

**Comment:** (M Nicolson) Working at the higher end of protection and looked after children needing support, early intervention is the key theme and driver across social work services. Teams are set up to deliver early intervention. What drives us is GIRFEC as it underpins everything; we have no option but to do early intervention. It requires us to work differently and doesn't need new resources. We have a parenting strategy in place to promote parenting to families. We need to target groups but need to normalise parenting as part of that.

**Comment:** (E McCover) Expanding on Dr Laidlaw's changing focus to preventative health, the 2020 vision document for midwifery is changing to a public health promotion role. For example, we are looking more at smoking cessation and weight management. Childhood obesity should be less. We have the highest breastfeeding rate because breastfeeding was normalised. Developing relationships with women and identified extra needs through GIRFEC.

**Q:** (Dr Taylor) Given the good stuff that's happening, hand on heart, 10 years from now will we have the same problems, or is what we are doing now going to fix it for future? What else do you need to do to ensure it pays off for the next generation?

**A:** (L Simpson) We do need to do a lot more. Services are there but there is difficulty in getting children to nursery, for example, as vulnerable families do not have the transport to get them to nursery. There are lots of opportunities for these families, We such as football and youth clubs, but they aren't able access or some won't accept help.

Also we don't have enough men in our sector we need more men working in schools. Some children never see a positive male role model.

**Comment:** (L Simpson) Nurture groups provide support to children with behavioural need. However, sometimes it is not enough. A Child in P7, we have worked with him since P3 and he is no further on even though so much time has been done to support him. We need persistence and resilience to keep knocking on the door and being a nag.

**Comment:** (M Nicolson) The Early Years Collaborative uses an improvement methodology; take one issue, make a change, analyse that and do it again.

**Q:** (Andrew Cooper) Could we implement the Life Project?

**A:** (M Nicolson) My struggle is not understanding the methodology. We need to work with families, through GIRFEC but we can look to do things differently. Some early intervention is in place, not just the child but the whole family.

	<p><b>Q:</b> (Andrew Cooper) Do you think what we are doing now will sort it?</p> <p><b>A:</b> (M Nicolson) I don't think so but some good work is in place and will make a difference.</p>
<b>9</b>	<b>Group Work - Recommendations</b>
	<p>(G Robinson) Subsidiarity at National and Local Level to ensure decisions are taken at the right level. There is a lot coming down through legislation and the Islands Bill. One thing is Island Proofing to ensure new legislation and what impact there may be on Island life. Most of us know what good services look like and should be able to make decisions about that at a local level.</p> <p>Gender Equality.</p> <p>(A Miller) Private Rental Bill: respond to consultation.</p> <p>(Dr Taylor) Transport – Particularly regarding subsidies, examples have been given of employability clients that cannot get the bus. Affordability on buses is it possible to tie bus passes into employability, numbers are very small. Mrs Simpson gave an example of families and children that can't get to pre-school. Is there a solution around public or community transport, not necessarily Council providing things? Cars in communities, voluntary sector solutions. Examples were given of local families offering lifts, there are a lot of spin offs.</p> <p>(A Miller) Core training and basic skills, employability pathway doesn't have money to do that. Identify voluntary sector to apply for funding.</p> <p>(A Hamilton) Substance misuse and the impact on some people's lives.</p> <p>(G Robinson) Impacting on employability, root causes, vicious cycle.</p> <p>(C Waddington) Common sense breaking down barriers.</p> <p>(E Robinson) Cultural issues about being brave and asking someone if they have been drinking. Having a conversation on why someone is late costs nothing.</p> <p>(G Robinson) On transport – Parents arrangements, what is missed is who picked up the child with no car. Car share misses the deprived child. We need to look at transport in the widest sense. Voluntary transport too.</p> <p>(C Waddington) Interesting how it is linked. In Unst we arrange transport on Facebook. What about the children outwith broadband range they are still left out.</p> <p>(Andrew Cooper) Don't need to work with large numbers it is only 5%.</p>
<b>10</b>	<b>Next Steps</b>
	A note of the meeting will be circulated.

	<p>Media question and answer session will take place tomorrow.</p> <p>The 6<sup>th</sup> session of the Commission will include a presentation by Members of the Scottish Youth Parliament and Brian Smith, Archivist.</p> <p>The focus will be on reviewing the evidence base and developing the draft recommendations further.</p>
<b>11</b>	<b>Date of Next Meeting</b>
	<p>It was noted that the next meeting would be held on 14 December 2015 at 1.30pm. Room 16, Islesburgh Community Centre. Lunch will be available from 1pm.</p>

The meeting concluded at 5.10pm.