

Agenda Item	4b
Report No	JMC/06/23

Committee: Joint Monitoring Committee

Date: 29th March 2023

Report Title: Integrated Children's Services Assurance Report

Report By: Head of Integrated Children's Services

1. Purpose/Executive Summary

- 1.1 The purpose of this report is to provide assurance on the progress being made by the Integrated Children's Services Planning Board (ICSPB) to deliver the outcomes outlined within the children's services planning partnerships integrated children's services plan 2021 – 2023 https://www.forhighlandschildren.org/index_70_464745328.pdf and to provide information on the development of the 2023 – 2026 plan.
- 1.2 The report also provides detail of the performance measures from the performance management framework developed for the plan.
- 1.3 It also provides an update on additional areas of integrated partnership working between The Highland Council and NHS Highland. Partnership activity of particular interest to this committee is highlighted in sections 11-14 of the report. These developments underscore the partnership work being undertaken between the commissioned child health service at The Highland Council and the Woman and Children's directorate at NHS Highland. Reporting and performance monitoring for this activity is undertaken by The Highland Health and Social Care Committee.

2. Recommendations

- 2.1 Members are asked to:
 - i. Note and comment on the work undertaken by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2021 - 2023.
 - ii. Note and comment on the work undertaken in other partnership areas.

3 Implications

- 3.1 Resource – The children’s services planning partnership will help determine future resource needs and priorities for improvement.
- 3.2 Legal – None
- 3.3 Community (Equality, Poverty, Rural and Island) – Improvement to outcomes for infants, children, young people and their families outlined in this report consider the themes of equality, poverty and rural issues.
- 3.4 Climate Change/Carbon Clever – None
- 3.5 Risk – Risks are determined through the Community Planning Partnership risk register.
- 3.6 Gaelic – None

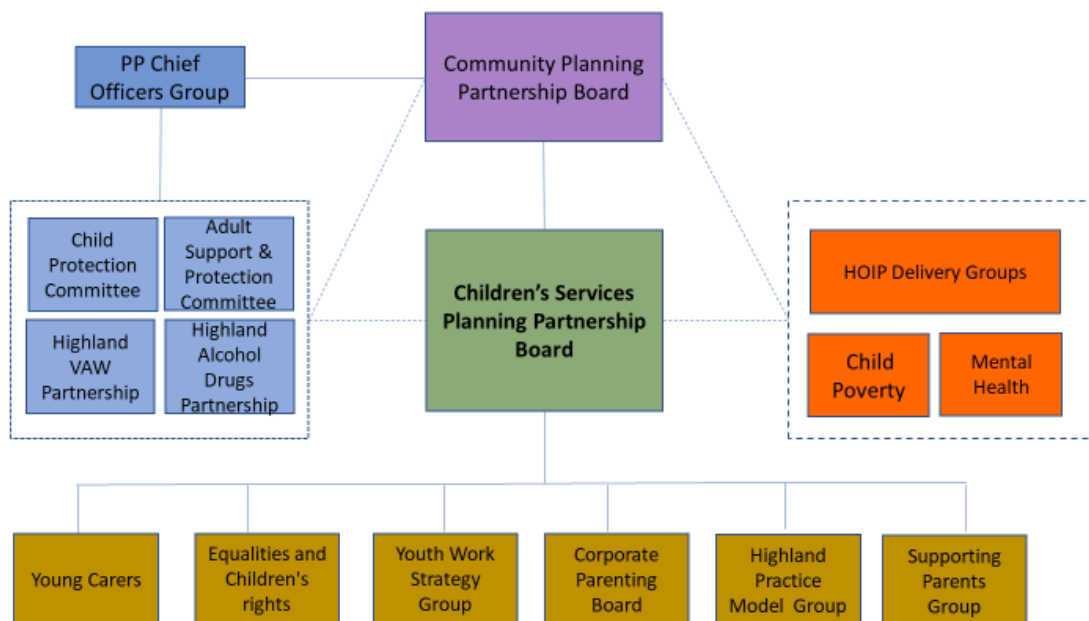
4. Integrated Children’s Service planning

- 4.1 The Children and Young People (Scotland) Act 2014 (Part 3), outlines the need to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.
- 4.2 Section eight of the Act requires every local authority and its relevant health board to jointly prepare a Children’s Services Plan for the area of the local authority, in respect of each three-year period.
- 4.3 The current plan outlines our priorities for improving outcomes for Highland’s Children. It articulates where partnership working improves outcomes for children, young people and their families acknowledging that individual services have their own plans.
- 4.4 Within the plan, partnership priorities for improvement are set around the following themes:
 - Health and wellbeing including mental health
 - Child poverty
 - Children’s rights and participation
 - Child protection
 - Corporate parenting

- Alcohol and drugs

5 Governance

- 5.1 The children's services planning partnerships Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, Scottish Fire and Rescue Service and a number of Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council, The Child Protection Committee, and the Joint Monitoring Committee.



6 Performance management

- 6.1 The partnership has a comprehensive performance management framework. Discrete service and improvement groups own an assigned range of targets and performance measures from the performance management framework. This framework is at appendix 1 for information.
- 6.2 The planning framework within the Integrated Children's Services Plan outlines that it is the responsibility of each planning group to develop the priorities and actions within their plans, based on the agreed outcomes and needs assessment. Plans are monitored and evaluated and updated on a regular basis and formally reviewed annually. The thematic plans are dynamic and regularly reviewed and updated.

7 Child protection committee

- 7.1 The committee is establishing Local Child Protection Procedures. This marks a significant a shift moving from Multiagency Child Protection Guidance to Multiagency Child Protection Procedures. A series of information, training and awareness events will be held across Highland to inform all staff of the updated procedures and discuss any key changes to practice.
- 7.2 The committee is also seeking to adopt the National Learning Review Guidance. This is an approach that replaces Significant Case Reviews and Initial Case Reviews. Information on the new Learning Review Guidance will be disseminated and discussed with frontline practitioners, managers and leaders.
- 7.3 The committee has a Child Protection Committee Quality Assurance Strategy and established a new Quality Assurance Sub-Committee. It is also developing a suite of recommended resources for use with young people in relation to exploitation as well as developing and delivering training on exploitation awareness for residential staff, front line practitioners and community groups. In addition, the CPC is delivering training in relation to trafficking and the National Referral Mechanism to ensure timely sharing of concerns. This work includes updating the local trafficking protocol to ensure practitioners and managers are clear how to share information in relation to trafficking concerns.

8 Highland Alcohol and Drug Partnership

- 8.1 The partnership is currently focussed on, increasing access to online resources for young people, parents and professionals via Highland Substance Awareness Toolkit; establishing a specialist maternity service for pregnant women with alcohol and drug problems; extending psychological support for young people experiencing alcohol or drug related harm; and establishing a pilot project to support whole family approaches and implementation of forthcoming whole family practice standards.

9 Child Poverty

- 9.1 Within the partnership the current focus is on improving opportunities for training and apprenticeships for parents and young people; addressing food insecurity by increasing equity of access to good quality food; recognising the value of financial support for families during the school holidays; supporting the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support; and developing strategies to increase the uptake of free-school meals.
- 9.2 The partnership is also undertaking work to reduce the financial barriers to families by promoting the uptake of clothing grants; encouraging the uptake of concessionary leisure schemes for children with low income backgrounds; maximising the uptake of child related social security benefits and child specific benefits; and the implementation of the health visitor financial inclusion pathway.

10 Mental Health and wellbeing

- 10.1 The partnership has identified a number of key strands to the work of this group which includes maintaining a focus on staff wellbeing and professional skills development and responding to the needs of infants, children, young people and their parents/carers. The ICSPB has established a mental health delivery group for children and young people to ensure that there is a partnership framework capturing the range of mental health support available for children and young people.

11 Equalities and Children's rights

- 11.1 In addition to working to embed Children's Rights in the curriculum, the group is currently focussed on ensuring Children's Rights and participation are evident in practice; how we can gather views from a variety of different children and young people and ensure that we do not reach out to the same children and young people; and ensuring that development and age are not barriers. A key focus on how the partnership can provide support and training on the why and the how of including Children's Rights and Participation. This requires ensuring developmentally matched approaches, an understanding of trauma and the understanding of behaviour as communication to enable our children and Young people to grow confidence and competence.

12 Transforming Nursing Roles

- 12.1 Phase 1 of the Transforming Nursing Roles in the Community has, since 2018, seen the development of the Advance Nurse Practitioner (School) years role across Highland. To date 28 nurses have completed the Masters Level course and Highland now have 24.0FTE across 38 members of staff qualified to Advanced Practitioner level.
- 12.2 As of April 2023 NHS Highland will assume responsibility for all school years vaccinations. This provides a significant opportunity to refocus the role of school nursing to also address mental health outcomes for children and young people in Highland. School Nurses will work as part of the whole system providing targeted mental health and wellbeing support to school age children and young people. School nurses will work closely with CAMHS and with partners across the wider system and partnership. They will provide targeted tier 2 support through early assessment, intervention (including group intervention) and ongoing family support. Highland's transforming school nurse improvement group will provide oversight to the changing role, ensuring the role changes dovetail with the CAMHS improvement plan.

13 Perinatal and Infant Mental Health

- 13.1

The Scottish Government Perinatal and Infant Mental Health Board set up in April 2019 to oversee a significant investment over four years into perinatal and infant mental health services across Scotland. Highland's PNIMH Delivery Group provides oversight to Highland's delivery plan on this agenda with the PNIMH "voice of experience" group central to ensuring lived experience is central to the improvement of service delivery and support in Highland.

13.2

The PNIMH Team has a core remit of consultation for professionals (including CMHTs/midwives/Health visitors etc), direct caseload holding in complex cases and support and guidance for professionals. Significant progress has been made with respect to providing support and consultation to all professionals across the system through the establishment of regular PAMPR (Perinatal Advice Meeting Professional Reflection) meetings. There are currently four sessions available twice weekly with a high level of engagement from professionals (170 sessions between January and October 2022, leading to 50 direct follow ups with clients). Professional feedback to the sessions indicated a high level of satisfaction to the support and consultation model.

13.3

Recruitment to posts within the team has continued with the recent appointment to a Consultant Psychology post to support the ongoing work of the team in Highland. Moving forward in 2023 the PNIMH team will implement the parent / infant pathway and will continue further roll out across the North NHS Board area of the DAD pad (a resource given to all Fathers in the antenatal period) which is already adopted in the Argyll and Bute area.

14

CAMHS

14.1

A managed and detailed improvement plan with appropriate assurance and delivery models has been established. Improvements in a number of areas have been recorded and work continues to improve performance data and reporting ability.

14.2

A number of actions have been initiated since summer 2022 to continue the early improvement work undertaken within the Board and service. The CAMHS Programme Board was refreshed with a clear focus on the following workstreams:

- Clinical Modelling
- Clinical Governance, risk & performance
- Workforce & Finance
- E-health
- Service User & Carer Experience
- Colleague Experience

14.3

Sub-groups have been established with identified leads and refreshed improvement outcomes aligned with the national specification. Close engagement with Scottish Government colleagues is ongoing. The updated Improvement Plan was submitted to Scottish Government in January 2023, including updated information on completed milestones.

15

Neurodevelopmental Assessment Service (NDAS)

15.1

The 2016 National Neurodevelopmental Guidelines outlined a need for a MDT approach to assessment and differential diagnosis of any potential neurodevelopmental disorder. This was a significant change from the previous approach which enabled single or dual clinical diagnosis dealt with in a locality approach by members of the CAMHS, paediatric, OT and/or SLT teams.

15.2

The MDT model was established in Highland in 2017, following rapid review. It supported the cessation of locality assessments and the drawing together of a MDT approach through a single process, linked to the GIRFEC pathway. No additional resource was applied. At that time, all CYP with ND need, including those on the Paediatric and CAMHS lists (total 250) were placed on the NDAS list with an immediate wait of 12 months. The waiting list has steadily grown since that time to a current wait of around 36 months.

15.3

In 2021, The HHSCP Programme Board Commissioned a review of NDAS. The review found that systems, processes, clinical pathways in this pan Highland whole system service were not well co-ordinated enough to sustain the service without clear leadership. This was addressed as a matter of urgency through the refocus of a lead role within the Highland Council in 2022 to drive forward the change plan for NDAS.

15.4

Across 2022 a change plan has been driven forward to support the improvement of Highlands NDs. There has been full collaboration between NHS Highland and Highland Council around this change, in recognition of the joint ownership of the service and outcomes. Improvements to date include

- Establishment of an improvement plan, risk register with mitigations
- Collaboration with stakeholders and a move to a redesigned model which makes greater use of resource in the whole system
- Application of additional resource through 22/23 RnR funding and Scottish Govt Improvement Project Funding and reconfiguration of existing resource within the Highland Council (SLT) to support the new model.
- Recruitment is underway for dedicated NDAS/CAMHS Service Manager with additional recruitment to be progressed for Clinical Leadership for NDAS
- Use of some external providers for families with less complex need. There is now limited capacity for this route of assessment within private providers. CAMHS/NDAS will progress this through procurement.
- Performance scrutiny is now secured through NHSH Performance Oversight Board
- Professional and Clinical Governance is secured through NHSH Clinical Governance Committee.
- Highlands' Integrated Children's Service Board will provide oversight to progression of the plan
- Data cleansing and benchmarking has been established (below)
- NHS Highland Performance and data team are now supporting NDAS

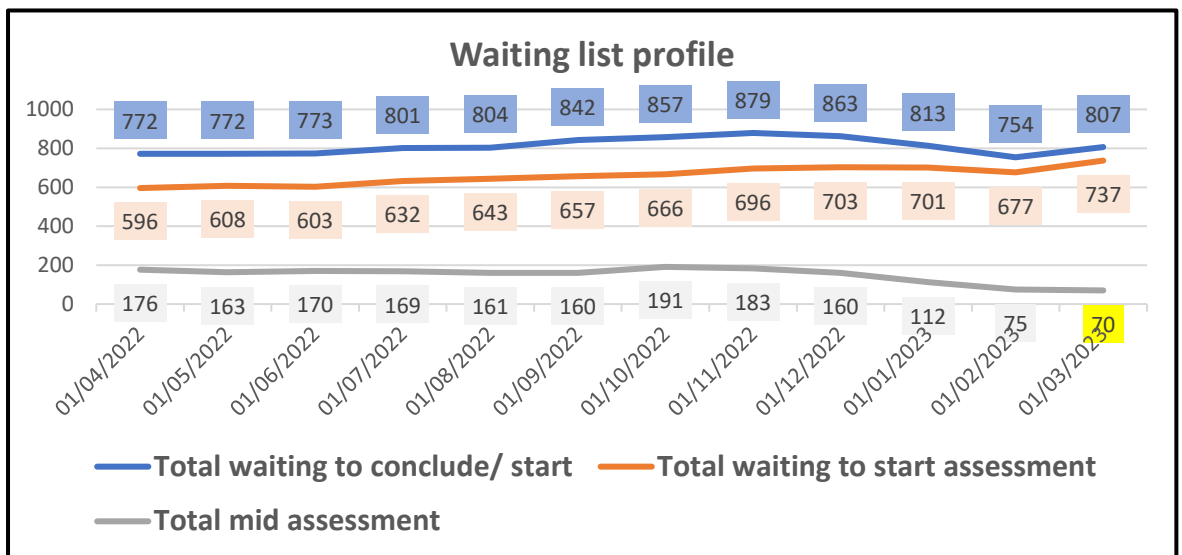
15.5

Pre Covid referrals averaged 28 per month with a significant reduction across the 2year pandemic period. During the covid recovery period, referrals to the service have increase from pre covid levels and now average 43 referrals per month in last 6 months.

15.6 Current children or young people waiting to start assessment is 737 (table 1). As a result of caseload cleansing and assertive efforts by clinical staff, 121 cases have been concluded since October. Each case takes on average 16.5 hours to complete to ensure full evaluation and differential diagnosis as per the national clinical requirements.

15.7 Clinical pathways for pre 6’s now are in place to support early conclusion and all referrals are reviewed ensuring young people at point of transition to adulthood, those at risk of school exclusion or being placed out with Highland are seen as a matter of urgency. Further pathways are under development to support early conclusion to support the new NDAS approach and reduce waiting times.

Table 1



16 Integrated children’s service plan 2023 -26

16.1 The next iteration of the integrated children’s service plan is currently being developed by the Integrated Children’s Services Planning Board (ICSPB) on behalf of Highland Community Planning Partnership. A final draft of this plan will be taken to the Community Planning Partnership Board in May 2023 for final sign off before being submitted to Scottish Government and final publication.

16.2 In developing this plan, the ICSPB is undertaking a joint strategic needs assessment and the data gathering from this activity will support an evaluation of the performance management framework which underpins the current plan. The strategic needs assessment takes a life course approach which will be reflected in the structure of the 2023 – 2026 plan.

As the current plan is a two year plan to reflect the impact of the pandemic the
16.3 ICSPB intends to re-establish its priorities around the themes of the current
plan adding a whole system approach to supporting families as a new priority.

Designation: Head of Integrated Children's Services

Date: March 2023

Author: Ian Kyle



**Integrated Children’s Services
Board Performance Management
Framework**



Outcome 1:

**Highland’s Children will be
SAFE, HEALTHY, ACHIEVING, LOVED, NURTURED, ACTIVE, INCLUDED, RESPECTED AND RESPONSIBLE**

Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of young carers identified on SEEMiS will increase.	Improve from Baseline	68	Awaiting 2022/23 data	Education and Learning
ANALYSIS				

Indicator #2	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of households with children in temporary accommodation will reduce.	95	100	↓ 155	Housing
ANALYSIS Number of households with children in temporary accommodation has remained steady in recent years as an overall number, but has seen both increases and decreases in that time. The figure has not been updated on PRMS since Q2 21/22 however, so some caution should be used when assessing.				

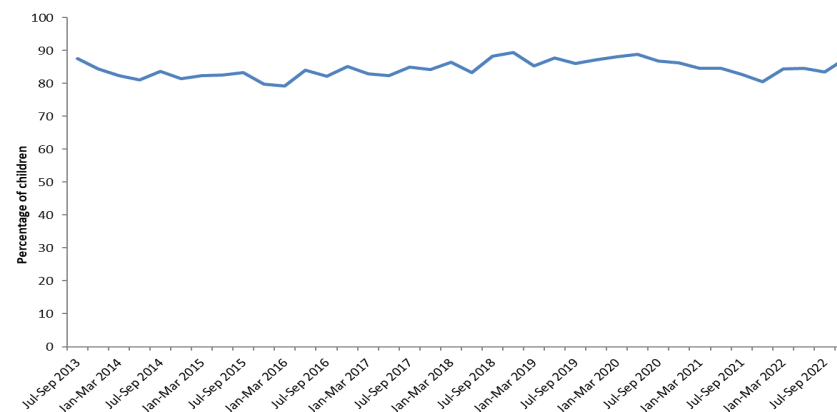
Indicator #3	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	↑ 88%	NHS Highland Public Health

ANALYSIS

This data is collected quarterly from NHSH. The latest data is from Dec 2022. The baseline was established in 2013.

This contact was considered to be a core contact, by the CNO for Scotland, for delivery across all of the pandemic. The data across time, since baseline, has remained largely unchanged – including across the Covid pandemic.

Data last updated in December 2022.

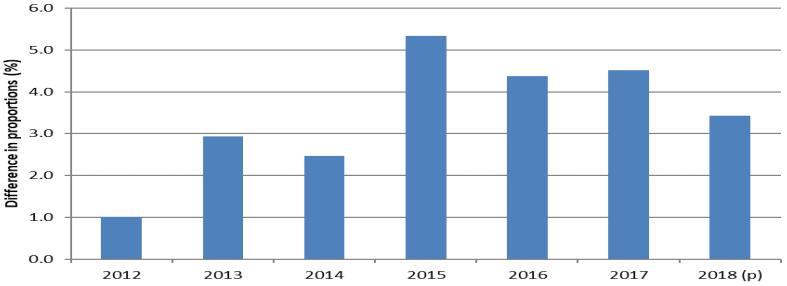


Indicator #4	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	95%	85%	↑ 100%	NHS Highland Public Health

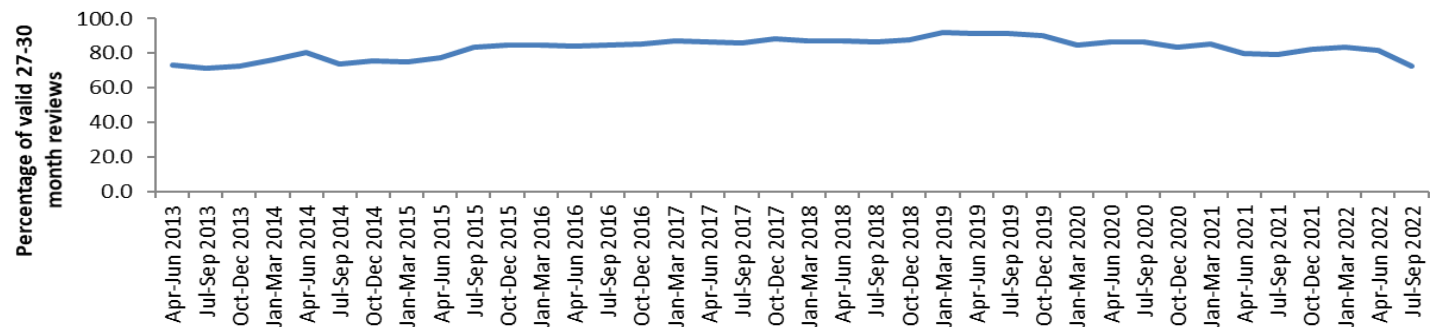
ANALYSIS

This data has been collected annually since 2015. This data continues to be collected by school nurses and reported to NHS Highland. Latest national data shows that 73.9% of Highlands' children are within healthy weight, 15.1% at risk of overweight and 10.1% at risk of obesity.

Data last updated for school year 20/21

Indicator #5	TARGET	BASELINE	CURRENT	DATA SOURCE																
The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland.	Improve from Baseline	1%	↓ 3%	NHS Highland Public Health																
ANALYSIS																				
<p>No new data is available from 2018. This measure is currently under review by Public Health. The graph to the right shows available data from 2012 - 2018, showing the rising difference in proportion (%) between most and least deprived quantiles.</p> <p><u>Data last updated in 2018.</u></p>																				
 <table border="1"> <caption>Data for LBW babies difference in proportions (%)</caption> <thead> <tr> <th>Year</th> <th>Difference in proportions (%)</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>1.0</td> </tr> <tr> <td>2013</td> <td>3.0</td> </tr> <tr> <td>2014</td> <td>2.5</td> </tr> <tr> <td>2015</td> <td>5.5</td> </tr> <tr> <td>2016</td> <td>4.5</td> </tr> <tr> <td>2017</td> <td>4.5</td> </tr> <tr> <td>2018 (p)</td> <td>3.5</td> </tr> </tbody> </table>					Year	Difference in proportions (%)	2012	1.0	2013	3.0	2014	2.5	2015	5.5	2016	4.5	2017	4.5	2018 (p)	3.5
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2018 (p)	3.5																			

Indicator #6	TARGET	BASELINE	CURRENT	DATA SOURCE
Improve the uptake of 27-30 month surveillance contact	95%	52%	↓ 73%	NHS Highland Public Health
ANALYSIS				
<p>The baseline was established in 2013 and remained a core contact as direct by CNO across the pandemic. There are 11 core contacts in the national universal Health visiting Pathway from birth to 5. 8 of these contacts in the first year of life. These assessments are undertaken by qualified Health visitors. As part of the workforce planning and development strategy Highland have recruited well (with a current HV vacancy rate of 7%) and progressed a successful master level advanced nurse training Programme. As a result of the programme there has been temporary additional pressure to the teams as a result of the loss a 17% reduction in capacity due to protected learning, practice placements and the non caseload holding status of trainee health visitors. It is anticipated that capacity will increase in 2024/25 as staff move into a fully caseload holding advanced nurse role and that with this performance will increase.</p> <p>Where teams experience sickness absence/maternity leave we work to ensure the core contacts within the pathway are delivered wherever possible, including recruitment from the nurse bank. Risks are identified and mitigation plans in place including alternate non direct support (VC/Teams/Skype) for all areas where there is pressure to the service. Data last updated in September 2022</p>				



Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review	10%	12%		NHS Highland Public Health
ANALYSIS				

Indicator #8	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	85%	↓ 71%	NHS Highland Public Health
ANALYSIS				

This data is collected quarterly by NESH. Most recent quarterly data not fully inputted onto NHS Child Health System therefore Data provided is INCOMPLETE as of Sept 2022

The baseline was established in 2017 and there is an upward trend. This contact was considered to be a core contact, by the CNO for Scotland, for delivery across all of the pandemic. Performance will be impacted as a result of workforce availability and capacity as noted above in Indicator #6. Mitigations are in place to reduce risk and ensure onward improvement.

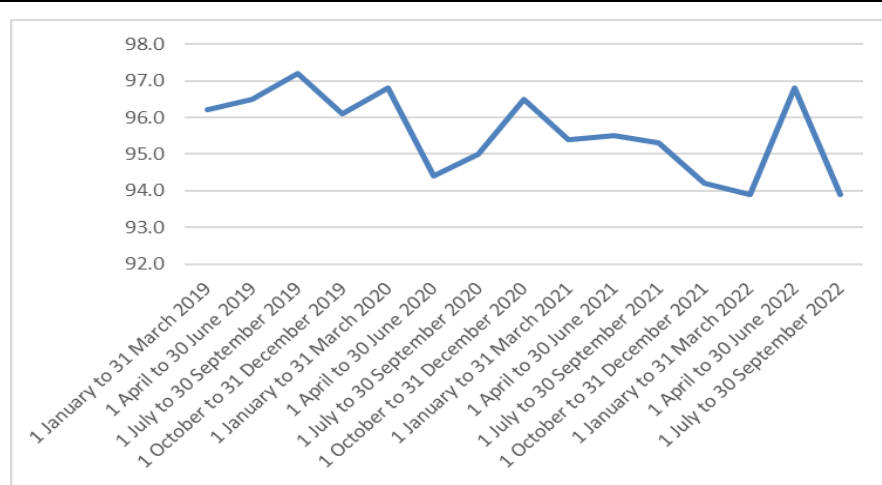
Indicator #9	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30%	↑ 37%	NHS Highland Public Health
ANALYSIS				
The baseline was established in 2009. The latest data is from Sep 2022 and remains relatively stable - averaging at 37% since September 20.				

Indicator #10	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97%	Unknown	NHS Highland Public Health
ANALYSIS				
Children are allocated a Health Plan indicator showing whether their status is either 'core' or 'additional'. This data is collected quarterly from NESH. The last reporting period was from December 2016. The baseline was established in 2012. Unable to report 2017/18/19/20 due to national data problem.				
This indicator is subject to local review				

Indicator #11	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	↓ 94%	NHS Highland Public Health
ANALYSIS				

Data remains stable over time with no large variance. While figure remains high in the mid-90s%, there has been a handful of instances this has dropped below 95% - including this reporting quarter.

Last reported data in September 2022.



Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%	↓ 86%	Health and Social Care

ANALYSIS

The data for this was last updated In Sept 22 and has seen a varied trend across the last few quarters. Falling below target in each quarter but above baseline.

Jan - Mar 22: 81.3%
 Apr - Jun 22: 70.6%
 Jul - Sep 22: 85.7%

The target for the initial statutory health assessment remains a stretch aim for Highland and the trajectory over the past 12 months continues to rise. Assessments for Care experienced infants, children and young people are carried out by the responsible health visitor or school nurse and can involve a number of family or care home visits to ensure a comprehensive assessment is carried out. CYP who experience care are frequently in distress therefore the time taken to conclude the assessment is reflective of the need to undertake the assessment in a sensitive manner and at a pace which suits the child or young person.

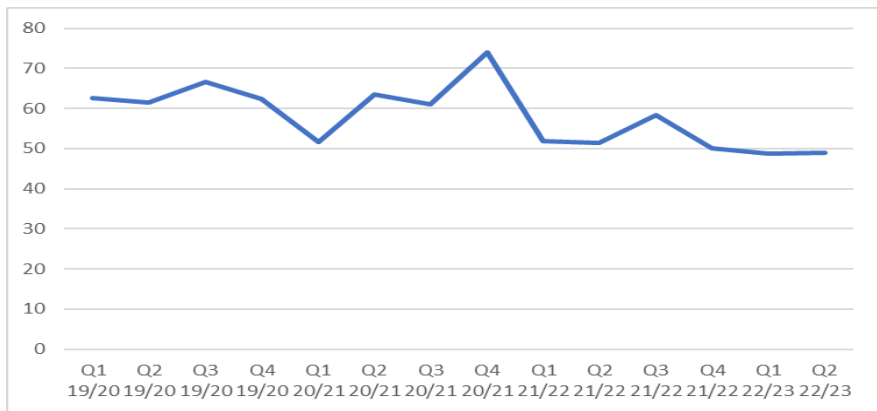
Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	Improvement from baseline	67%	↓ 49%	Health and Social Care

ANALYSIS

Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS) has decreased in recent reporting periods, from a high of 74% in Q4 2020/21 to a 49% in Q2 2022/23.

Contributing factors to the decline in performance includes increase in movement of CYP in/out of residential homes which disrupts the vaccine delivery pathway as well as vaccine refusal.

Data last updated and reported in Q2 2022/23 (Jul-Oct 22).



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Indicator #15	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	↓ 87%	Health and Social Care
ANALYSIS				
Performance has consistently remained over 90% since April 2022 however the trend has been slowly downwards since the phased retiral of a key member of staff from June 2022. The physio team have support secondments into interim leadership positions and this has create pressure to delivery of the service. To support this pressure, the team have found solutions through more integrated working with the Raigmore team. The referral rate has remained consistently high since the pandemic, with later presentations of children not meeting their developmental milestones and an increase in referrals. An SBAR has been presented through clinical governance with action plan and respective mitigations in place.				

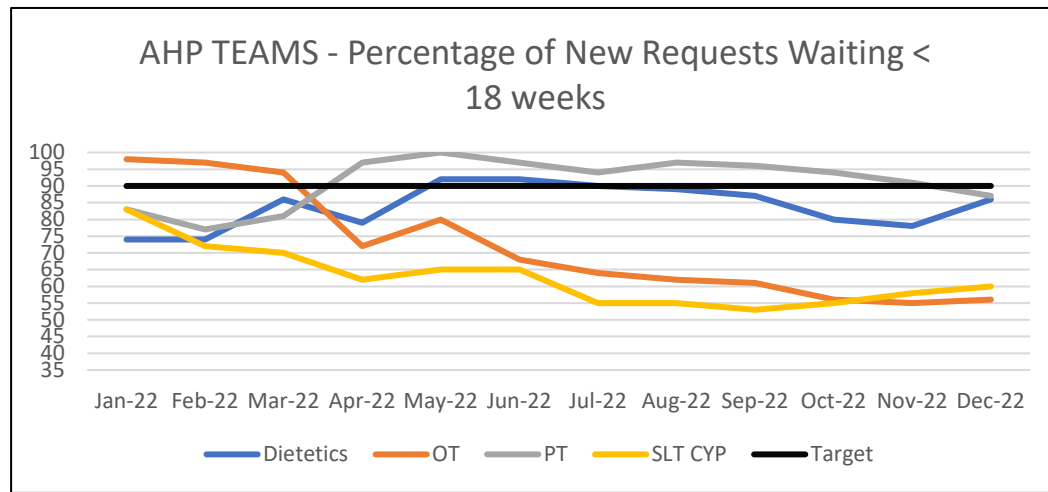
Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	↓ 56%	Health and Social Care
ANALYSIS				

Performance declined steadily since March 2022. Contributory factors included inability to recruit to qualified OT posts and staff absence. Redesign of a band 5 post and successful recruitment to a further 2 band 5 posts have levelled the trajectory. The Highland wide OT Team is a very small specialist team with limited flexibility to cope with absence. As such the team are under significant pressure with actions in place to mitigate risk. The nature of the cases being referred is changing with a pattern of more acute and complex presentations and safety needs. This reduces the flow for children with less complex needs and thus increases their waits. Changing ways of offering service eg group work and increasing online offer are being implemented.

Indicator #17	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%	↓ 86%	Health and Social Care
ANALYSIS				
The Dietetic service underwent a full review in 2022 following the identification of staffing risks which were significantly impacting service delivery. An action plan and mitigations are in place to support staffing and recruitment pressures. Posts have since been recruited to. Revised pathways for the Infant Feeding Difficulties Clinic and the Infant Feeding Allergies Clinic have been agreed and implemented. The increased referral rate to the service, increased complexity of cases and higher levels of babies and cyp being referred with allergies and difficulties with the supply of specialist feeds have all contributed to the slight decline in performance.				

Indicator #18	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	80%	↓ 72%	Health and Social Care
ANALYSIS				
Trajectory has declined around (10%) over 2022. All services have seen a sustained high level of new requests since the COVID pandemic with increases since 2019 of between 5-40% across the 4 services. Staff vacancy rate is low however recruitment to qualified AHP posts continues to be challenging.				

This is in line with the national picture. OT and SLT continue to contribute to the multi disciplinary NDAS process. Capacity has been build in the core NDAS team through rearrangement of some SLT posts. Contributory factors to the decline in performance include recurrent staff absence which, across small Highland wide AHP Teams and the loss of “therapy partners” (Pupil Support Assistants) within schools.

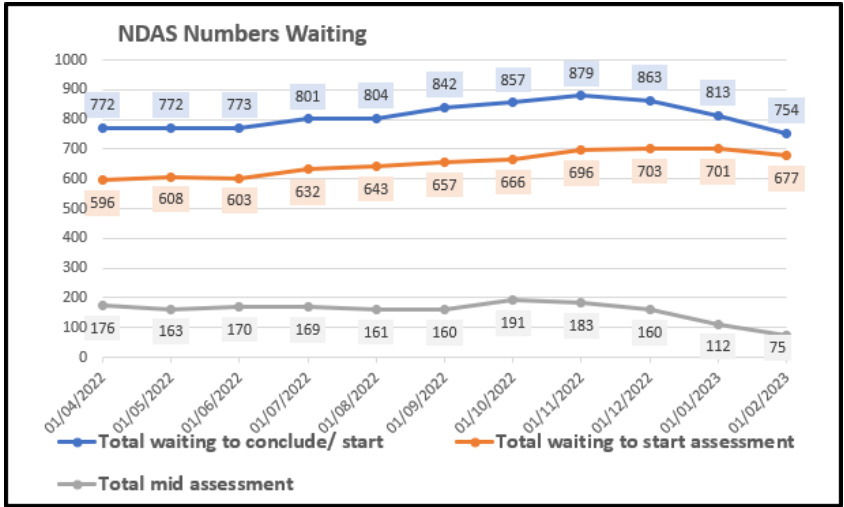


Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH AND LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	80%	↓60%	Health and Social Care
ANALYSIS				
<p>The trajectory has declined since the start of the year due to recruitment difficulties to qualified SLT posts, long term absences and phased returns. The Development of the NDAS core team, with the refocus of roles to NDAS has also created pressure to delivery of core SLT service.. The number of requests has remained high and it is felt the complexity of children referred has increased since covid. Prioritisation of LAC and children being re-referred impacts on longest waits. A lengthy delay in bank recruitment has prevented timely ability to address some of these issues. Changing ways of offering service eg group work and increasing online offer are being implemented to address pressures</p>				

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	90%	24%		NHS Highland

ANALYSIS

Highland's neurodevelopmental assessment pathway was established in 2017 following a rapid review. At that time, it was believed that there was capacity within contributing roles e.g. CAMHS, Paediatrics, Speech and Language Therapy and Occupational Therapy, to cope with the need to assess using a multi-disciplinary team approach aligned to the national ND Specification. There was immediate service pressure as 250 children and young people were diverted to the NDAS waiting list. The service has continued to suffer significant pressure and was reviewed in 2021. An improvement plan is in place and NHS Highland and The Highland Council are working with the Scottish Government leads to remodel the service. The plan is also supported locally by NHS Highland performance and improvement team. Clinical and Service leadership to NDAS is being progressed through recruitment. Testing of the new model has shown that despite the increase in referrals to the service (c 20/month in 2020 – 33/month in 2022) the number of children waiting to start assessment across the past 3 months has decreased.



Indicator #21	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	85%	65%	↔ 85%	Health and Social Care

ANALYSIS

Data as of Dec 2022.

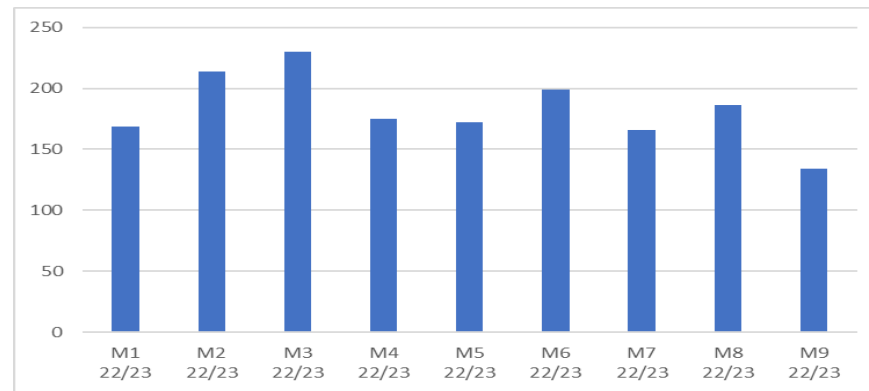
Highland's Family Nurse Partnership Programme continues to be implemented across South, Mid and North Areas of Highland. Highland are pathfinding for the Scottish Government and the international FNP Programme a model to support remote and rural service delivery. This will be implemented in the Caithness area through hybrid health visiting/family nurse posts and evaluated through the national FNP Programme

Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	Improve from Baseline	59	↑ 134	Health and Social Care

ANALYSIS

Uptake of advice and guidance remains fairly steady in the monthly figures, however the most recent month of December is the lowest of the year - perhaps due to the Christmas period. Average monthly figure of 183 since April.

Data last updated in December 2022.



Outcome 2:

The Voice and Rights of Highland's children will be central to the improvement of services and support

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel safe in their community increases	Improve from baseline	85%	↑ 88%	Education and Learning

ANALYSIS

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Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
 Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
 Large improvement in the value for the most recent survey, with an increase from 55.41% in 2019 and 58.98% in 2017.

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Self-reported incidence of smoking will decrease	Improve from baseline	13%	↑ 3%	Education and Learning

ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
 Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
 Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.
 The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data

Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	Improve from baseline	20%	↑ 6%	Education and Learning

ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
 Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
 Mean of 5.56% (P7: 0.43%, S2: 1.37% and S4: 14.90%) is a decrease from 8.79% in 2019. This downward trend has been seen for a number of years.
 The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
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The number of children in P7 who report that they use drugs at least once per week	Improve from baseline	1.80%	↑ 0.26%	Education and Learning
ANALYSIS				
<p>Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 2.60%, 2019: 1.14% and 2021: 0.26%.</p> <p>The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data</p>				

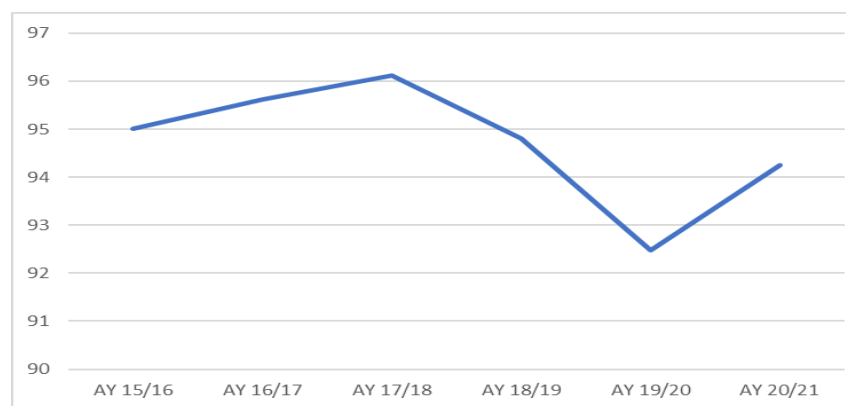
Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S2 who report that they use drugs at least once per week	Improve from baseline	5.30%	↑ 0.65%	Education and Learning
ANALYSIS				
<p>Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 2.80%, 2019: 2.52% and 2021: 0.65%.</p> <p>The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data</p>				

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S4 who report that they use drugs at least once per week	Improve from baseline	19.20%	↑ 2.38%	Education and Learning
ANALYSIS				
<p>Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.</p> <p>The Planet Youth/Icelandic Model pathfinder in Caithness and Sutherland school survey results will, upon release, support existing Lifestyle data</p>				

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%	↑ 94.26%	Education and Learning

ANALYSIS

This data is collected annually. The latest data is from 2021. The table to the right shows the annual variation since 15/16.



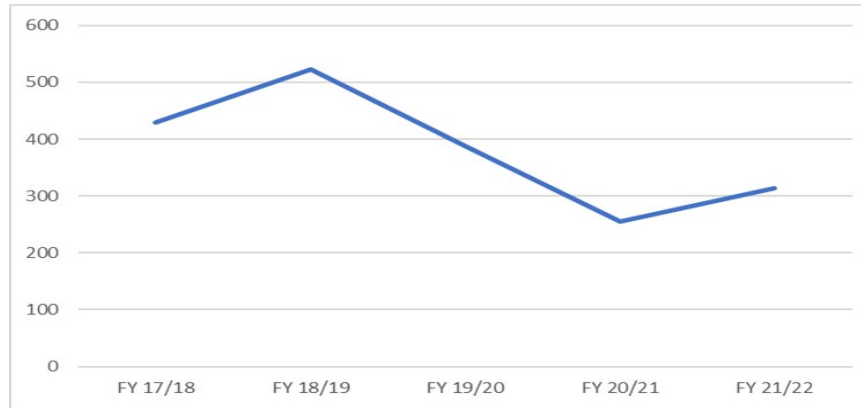
Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of offence based referrals to SCRA reduces	Improve from baseline	528	↑ 314	Education and Learning

ANALYSIS

This data is reported monthly. The baseline was established in 2012 and the latest data shows a downward trend. There is, however, an increase from the previous year (20/21) but this will be related to Covid-19 lockdown restrictions

impacting figures. Graph showing trend shown to the right.

Latest data updated for FY21/22.



Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
The reduction in multiple exclusions is maintained	36	55	Awaiting 2022/23 data	Education and Learning
ANALYSIS				

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
	Improve from baseline	91%	Awaiting 2022/23 data	Education and Learning

The number of children entering P1 who demonstrate an ability to develop positive relationships increases				
ANALYSIS				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	9	12	↑ 2.5	Health and Social Care
ANALYSIS				
This data is collected quarterly and the baseline was established in 2016. The variance in this that the reporting timeframe shows the average length of time and can vary considerably from case to case. During certain periods we have continued to seek permanency for harder to place children with, significant additional support needs, older children or sibling groups. For these children the overall time target has not been achieved due to the complexity of ensuring effective transitions.				

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	15	55	Awaiting 2022/23 data	Health and Social Care
ANALYSIS				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
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The number of care experienced children or young people in secure care will decrease	3	8	Awaiting 2022/23 data	Health and Social Care
ANALYSIS				

Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	50%	10%	Awaiting 2022/23 data	Health and Social Care
ANALYSIS				

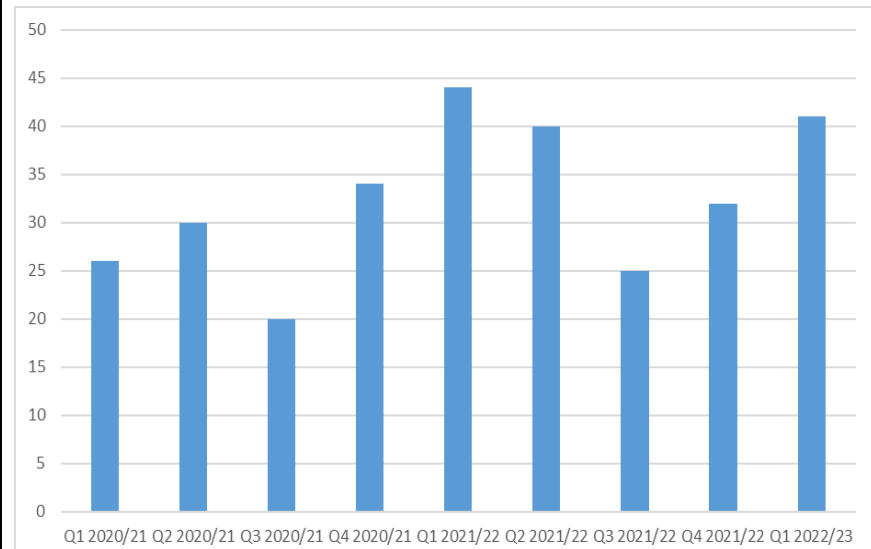
Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE
All children returning “Home to Highland” will have a bespoke education/positive destination plan in place	100%	100%	Awaiting 2022/23 data	Health and Social Care
ANALYSIS				

Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences		26	↑ 41	HSC - CP Minimum Dataset

ANALYSIS

Number of children subject to initial and pre-birth child protection case conferences has increased since August-Oct 2020. This will be related to Covid restrictions at this time, although reached a peak in Aug-Oct 2021 before reducing. The number has since been increasing in recent quarters as shown in the graph.

Data updated quarterly using the HSC Child Protection Minimum Dataset.



Indicator #39	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences		19	↑ 26	HSC - CP Minimum Dataset

ANALYSIS																					
<p>As above, the number of initial and pre-birth child protection case conferences has seen an increase since Aug-Oct 2020 - this is expected as the total number of children subject to case conferences increases. Similar pattern shown, with a peak in Nov-Jan 2021, followed by a reduction and we have seen an increase since.</p> <p>Data updated quarterly using the HSC Child Protection Minimum Dataset.</p>	<table border="1"> <caption>Number of initial and pre-birth child protection case conferences</caption> <thead> <tr> <th>Quarter</th> <th>Number of Case Conferences</th> </tr> </thead> <tbody> <tr><td>Q1 2020/21</td><td>17</td></tr> <tr><td>Q2 2020/21</td><td>19</td></tr> <tr><td>Q3 2020/21</td><td>19</td></tr> <tr><td>Q4 2020/21</td><td>21</td></tr> <tr><td>Q1 2021/22</td><td>26</td></tr> <tr><td>Q2 2021/22</td><td>27</td></tr> <tr><td>Q3 2021/22</td><td>12</td></tr> <tr><td>Q4 2021/22</td><td>16</td></tr> <tr><td>Q1 2022/23</td><td>26</td></tr> </tbody> </table>	Quarter	Number of Case Conferences	Q1 2020/21	17	Q2 2020/21	19	Q3 2020/21	19	Q4 2020/21	21	Q1 2021/22	26	Q2 2021/22	27	Q3 2021/22	12	Q4 2021/22	16	Q1 2022/23	26
Quarter	Number of Case Conferences																				
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Q2 2021/22	27																				
Q3 2021/22	12																				
Q4 2021/22	16																				
Q1 2022/23	26																				

Indicator #40	TARGET	BASELINE	CURRENT	DATA SOURCE
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%	↓ 90%	HSC - CP Minimum Dataset

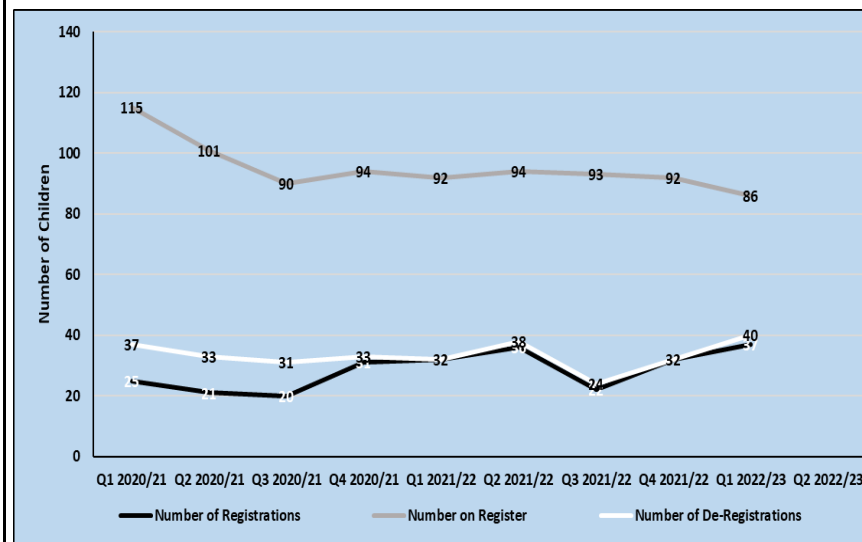
ANALYSIS																					
<p>Conversion rate of children subject to initial and pre-birth child protection case conferences remains steady, usually fluctuating between 90%-100%. A low of 70% in Nov-Jan 2020/21 shown as an outlier. Small numbers of case conferences can have a large swing. Three quarters in this period hit 100%.</p> <p>Conversion for Aug-Oct 2022 (most recent data available) showing at 90%, with 37 registrations from 41 children subject to initial and pre-birth CPCCs. Slightly below the 95% target.</p> <p>Data updated quarterly using the HSC Child Protection Minimum Dataset.</p>	<table border="1"> <caption>Conversion rate of children subject to initial and pre-birth child protection case conferences</caption> <thead> <tr> <th>Quarter</th> <th>Conversion Rate (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2020/21</td><td>95</td></tr> <tr><td>Q2 2020/21</td><td>70</td></tr> <tr><td>Q3 2020/21</td><td>100</td></tr> <tr><td>Q4 2020/21</td><td>90</td></tr> <tr><td>Q1 2021/22</td><td>100</td></tr> <tr><td>Q2 2021/22</td><td>90</td></tr> <tr><td>Q3 2021/22</td><td>88</td></tr> <tr><td>Q4 2021/22</td><td>100</td></tr> <tr><td>Q1 2022/23</td><td>90</td></tr> </tbody> </table>	Quarter	Conversion Rate (%)	Q1 2020/21	95	Q2 2020/21	70	Q3 2020/21	100	Q4 2020/21	90	Q1 2021/22	100	Q2 2021/22	90	Q3 2021/22	88	Q4 2021/22	100	Q1 2022/23	90
Quarter	Conversion Rate (%)																				
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Q2 2021/22	90																				
Q3 2021/22	88																				
Q4 2021/22	100																				
Q1 2022/23	90																				

Indicator #41	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period		112	↑ 86	HSC - CP Minimum Dataset

ANALYSIS

Number of children on the child protection register has been falling steadily since Aug-Oct 2020. This decrease has shown the benefits of early intervention strategy

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.



Indicator #42	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	35	34	↑ 40	HSC - CP Minimum Dataset

ANALYSIS

Number of children being de-registered from the child protection register above both baseline and target in most recent update - however in recent updates the number has been below both. An outlier in the last two reporting quarters but numbers have remained steady otherwise. Graph above for analysis.

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.

Indicator #43	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	N/A	58	↓105	HSC - CP Minimum Dataset

ANALYSIS

In recent updates, there has been an increase in the number of concerns recorded for children placed on the child protection register. Particular increase have been seen in the areas of Parental Drug Misuse, Parental Mental Health Problems, Emotional Abuse and Neglect. These should be scrutinised further to understand why there has been 1) an increase in reported concerns despite the number of registrations remaining steady and 2) the specific areas highlighted above.

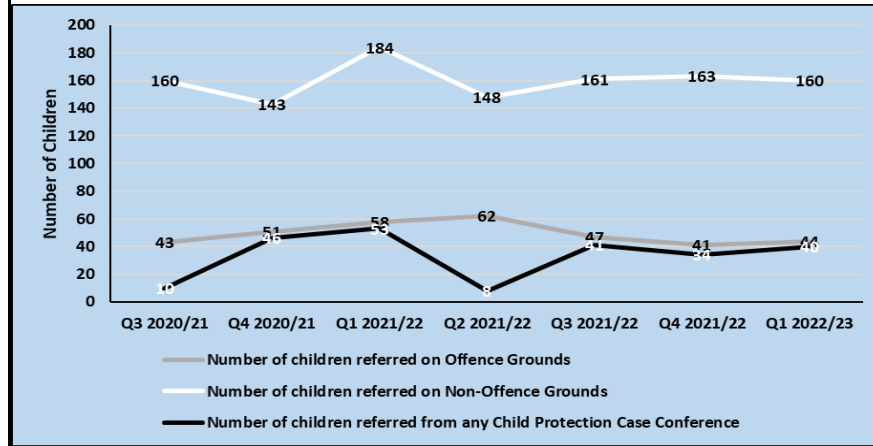
	Aug-Oct Q1 2020/21	Nov-Jan Q2 2020/21	Feb-Apr Q3 2020/21	May-Jul Q4 2020/21	Annual	Aug-Oct Q1 2021/22	Nov-Jan Q2 2021/22	Feb-Apr Q3 2021/22	May-Jul Q4 2021/22	Annual	Aug-Oct Q1 2022/23
Child Placing Themselves at Risk	0	0	0		0	2	1	1	0	4	2
Child Sexual Exploitation	0	0	0		0	0	0	1	0	1	4
Domestic Abuse	11	5	10	16	42	13	16	12	21	62	17
Emotional Abuse	17	9	4	10	40	28	14	13	10	65	10
Neglect	6	8	4	16	34	15	21	9	15	60	17
Non-Engaging Family	2	3	2	1	8	3	11	0	0	14	8
Parental Alcohol Misuse	5	4	8	3	20	13	12	2	9	36	8
Parental Drug Misuse	9	5	5	8	27	12	19	9	15	55	18
Parental Mental Health Problems	7	6	9	13	35	12	17	11	11	51	12
Physical Abuse	12	5	6	6	29	11	8	0	5	24	4
Sexual Abuse	0	0	2	1	3	0	1	2	0	3	2
Trafficking	0	0	0	0	0	0	0	0	0	0	0
Other Concern	0	2	0	1	3	0	1	1	3	5	0
Total Number of Concerns	72	50	51	75	248	109	121	61	89	380	105

Indicator #44	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people referred to the Children's Reporter	n/a	213	↓ 244	HSC - CP Minimum Dataset

ANALYSIS

The number of children being referred to the Children's Reporter overall has increased significantly (15%) from the baseline of Feb-Apr 2021. This has primarily been driven by an increase in the number of children referred from any Child Protection Case Conference (although it now appears that the baseline figure may have been an outlier). Current value is in line with prior reporting quarters.

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.

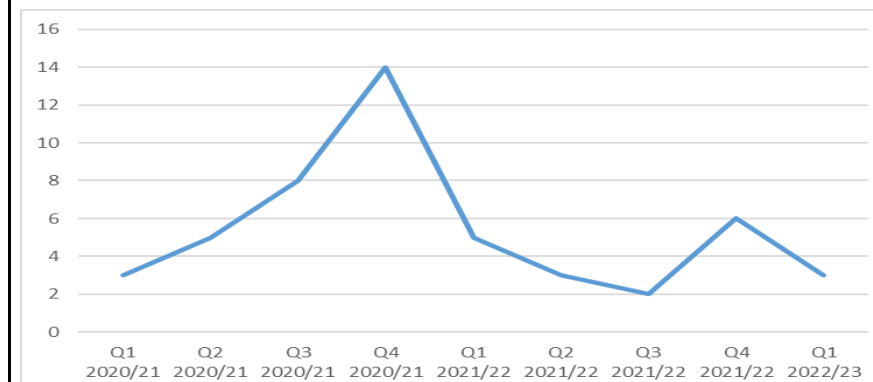


Indicator #45	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people for whom Child Protection Orders were granted	Reduction from Baseline	8	↑ 3	HSC - CP Minimum Dataset

ANALYSIS

The number of children and young people for whom Child Protection Orders were granted has shown some variance since the baseline was established. However, there has only been one reporting quarter where the number was greater than the baseline, as shown in the graph.

Data updated quarterly using the HSC Child Protection Minimum Dataset. Last updated Oct 22.



Indicator #46	TARGET	BASELINE	CURRENT	DATA SOURCE																																																						
The number of non-offence referrals taken to a hearing by the Reporter	Reduction from Baseline	218	↓ 225	HSC - SCRA Quarterly Reports																																																						
ANALYSIS																																																										
<p>The number of non-offence referrals taken to a hearing remains at baseline levels, however there has been significant variation in the quarterly reporting. In Feb-Apr 2022 (Q3 2021/22), there was a decrease of 28% from the prior reporting period, while this has now increased to the levels of that prior period.</p> <p>In particular, there has been a significant increase in the decision to arrange a Children's Hearing while there has been an overall decreasing trend of acknowledging the current order/measure is sufficient.</p>																																																										
			<table border="1"> <thead> <tr> <th></th> <th>Q1 2021/22</th> <th>Q2 2021/22</th> <th>Q3 2021/22</th> <th>Q4 2021/22</th> <th>Q1 2022/23</th> </tr> </thead> <tbody> <tr> <td>To arrange a Children's Hearing</td> <td>25</td> <td>41</td> <td>30</td> <td>53</td> <td>38</td> </tr> <tr> <td>CSO not necessary and refer to LA</td> <td>54</td> <td>55</td> <td>46</td> <td>56</td> <td>67</td> </tr> <tr> <td>CSO not necessary</td> <td>87</td> <td>71</td> <td>58</td> <td>66</td> <td>65</td> </tr> <tr> <td>Current order/measures sufficient</td> <td>63</td> <td>48</td> <td>20</td> <td>37</td> <td>42</td> </tr> <tr> <td>Insufficient evidence</td> <td>18</td> <td>7</td> <td>6</td> <td>4</td> <td>13</td> </tr> <tr> <td>Insufficient evidence and refer to LA</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>No jurisdiction</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total non-offence Referrals</td> <td>249</td> <td>222</td> <td>160</td> <td>216</td> <td>225</td> </tr> </tbody> </table>		Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	To arrange a Children's Hearing	25	41	30	53	38	CSO not necessary and refer to LA	54	55	46	56	67	CSO not necessary	87	71	58	66	65	Current order/measures sufficient	63	48	20	37	42	Insufficient evidence	18	7	6	4	13	Insufficient evidence and refer to LA	2	0	0	0	0	No jurisdiction	0	0	0	0	0	Total non-offence Referrals	249	222	160	216	225	
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Data updated quarterly using data from SCRA.																																																										

Indicator #47	TARGET	BASELINE	CURRENT	DATA SOURCE															
Number of Children's Hearings held	N/A	263	246	HSC - SCRA Quarterly Reports															
ANALYSIS																			
<p>The number of Children's Hearings held has decreased from the baseline but has increased in the past year. There has been a significant increase between Q4 21/22 (May-Jul 2022) to Q1 22/23 (Aug-Oct).</p>																			
Data updated quarterly using data from SCRA. Last updated Oct 22.																			
			<table border="1"> <thead> <tr> <th>Quarter</th> <th>Children's Hearing</th> <th>PHP</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>210</td> <td>0</td> </tr> <tr> <td>Q3 2021/22</td> <td>230</td> <td>0</td> </tr> <tr> <td>Q4 2021/22</td> <td>185</td> <td>0</td> </tr> <tr> <td>Q1 2022/23</td> <td>245</td> <td>15</td> </tr> </tbody> </table>		Quarter	Children's Hearing	PHP	Q2 2021/22	210	0	Q3 2021/22	230	0	Q4 2021/22	185	0	Q1 2022/23	245	15
Quarter	Children's Hearing	PHP																	
Q2 2021/22	210	0																	
Q3 2021/22	230	0																	
Q4 2021/22	185	0																	
Q1 2022/23	245	15																	

Indicator #48	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of Pre Hearing Panels held	N/A	4	15	HSC - SCRA Quarterly Reports

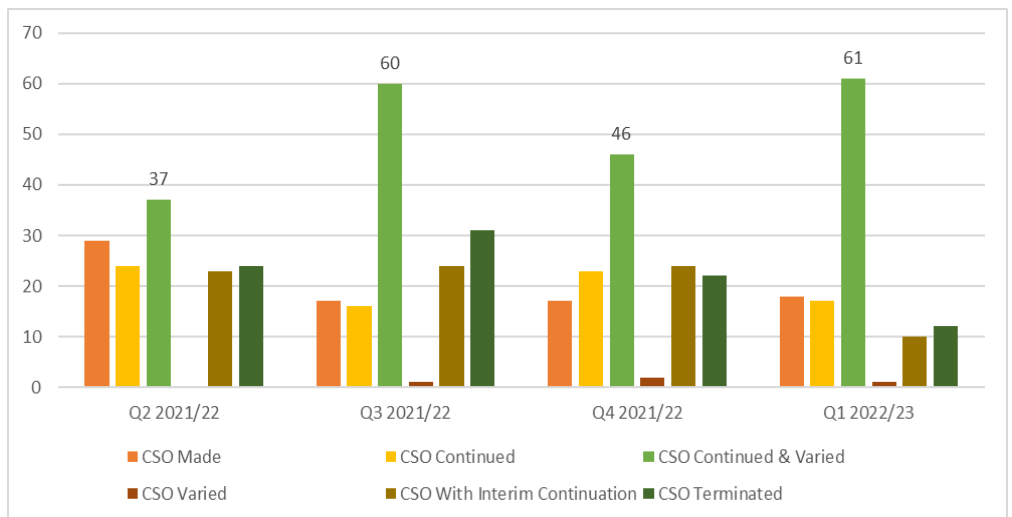
ANALYSIS
 Number of Pre Hearing Panels held (PHPs) has increased in Q1 2022/23 following three successive quarters without any. Graph above for analysis.
 Data updated quarterly using data from SCRA. Last updated Oct 22.

Indicator #49	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children with a Compulsory Supervision Order in place at the quarter end	N/A	54	↓61	HSC - SCRA Quarterly Reports

ANALYSIS

Number of children with a Compulsory Supervision Order in place at the quarter end has increased from the prior reporting period, however is steady when compared to Q3 2021/22. There doesn't appear to be a steady trend in the numbers.

Data updated quarterly using data from SCRA. Last updated Oct 22.



Indicator #50	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	Increase from Baseline	112	↓ 82	HSC - Scottish Government Annual Return
ANALYSIS				
The number of LAC and young people at home with parents has dropped from 114 in 2021 to a provisional figure of 82 in the 2022 submission. This is in part explained by the overall trend in number of looked after children in Highland (-28% decrease at home v -17% decrease overall).				
Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #51	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	Increase from Baseline	100	↓ 79	HSC - Scottish Government Annual Return
ANALYSIS				
The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC).				
Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #52	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	N/A	121	↑172	HSC - Scottish Government Annual Return
ANALYSIS				
Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains the movement in indicators #58 & #59 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year.				
Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #53	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	Increase from Baseline	12	↑ 16	HSC - Scottish Government Annual Return
ANALYSIS				
Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure.				
Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #54	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people within a local authority provided house	Reduction from Baseline	81	↑ 65	HSC - Scottish Government Annual Return
ANALYSIS				
While the number of looked after children within a local authority provided house has decreased from 70 in 2021 to a provisional figure of 65, this represents a greater %age of overall LAC. The number of LAC has reduced by -17% but those LAC within a local authority provided house has only decreased 7%.				
Baseline established in 2016 and data reported annually to Scottish Government as part of Highland Council's Annual Return on Looked After Children.				

Indicator #55	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of LAC accommodated outwith Highland will decrease	30	44	↓ 71	Health and Social Care
ANALYSIS				
This data is reported monthly. The current figure (as at 25/01/23) standing at 17% of all those currently looked after.				
The baseline was established in 2016.				

Indicator #56	TARGET	BASELINE	CURRENT	DATA SOURCE
The percentage of children needing to live away from the family home but supported in kinship care increases	20%	19%	↓ 19%	Health and Social Care

ANALYSIS

This data is reported monthly. The baseline was established in 2016. The graph to the right shows the monthly variance from April 20. There has been a slight reduction in the % since then. Break in the data is where no data was reported on PRMS.

Data last updated in December 2022.

Month	Percentage
M1 20/21	20.5
M3 20/21	20.0
M5 20/21	21.5
M7 20/21	22.5
M9 20/21	23.0
M11 20/21	23.0
M1 21/22	22.5
M3 21/22	22.5
M5 21/22	24.0
M7 21/22	21.5
M9 21/22	19.5
M11 21/22	19.0
M1 22/23	19.0
M3 22/23	18.5
M5 22/23	18.5
M7 22/23	19.5
M9 22/23	19.0
M1 23/23	20.0
M3 23/23	19.5
M5 23/23	19.5
M7 23/23	19.5
M9 23/23	19.0

Indicator #57	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	82	72	↑ 115	Health and Social Care

ANALYSIS

This data is reported monthly. The baseline was established in 2016. The graph to the right shows the monthly variance from April 20. There has been an increase in the number of children achieving permanence via a Residence Order in this period of 17%. Break in the data is where no data was reported on PRMS.

Data last updated in December 2022.

Month	Number of Children
M1 20/21	95
M3 20/21	95
M5 20/21	95
M7 20/21	95
M9 20/21	95
M11 20/21	95
M1 21/22	95
M3 21/22	100
M5 21/22	100
M7 21/22	105
M9 21/22	110
M11 21/22	110
M1 22/23	110
M3 22/23	110
M5 22/23	110
M7 22/23	110
M9 22/23	115
M1 23/23	115
M3 23/23	115
M5 23/23	115
M7 23/23	115
M9 23/23	115

