

Agenda Item	8.
Report No	CPPB/3/24



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd

na Gàidhealtachd

Highland Community Planning Partnership Board – 1 March 2024

Integrated Children's Services Annual Report

Report by Chair of the Integrated Children's Services Planning Board

1. Purpose/Executive Summary

- 1.1 The purpose of this annual report is to provide assurance on the progress being made to deliver the outcomes outlined within the children's services planning partnerships integrated children's services plan 2023 – 2026 [here](#)
- 1.2 The annual report is at Appendix 1 and the Integrated Children's Services Board's performance management framework is at Appendix 2.

2. Recommendations

- 2.1 Members are asked to:
 - i. Note and comment on the work undertaken by the children's services planning partnership over the last few months in delivering the Highland Integrated Children's Services Plan 2023 - 2026.
 - ii. Note and comment on the Integrated Children's Services Boards Performance management framework.

3. Integrated Children's Service planning

- 3.1 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.
- 3.2 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.

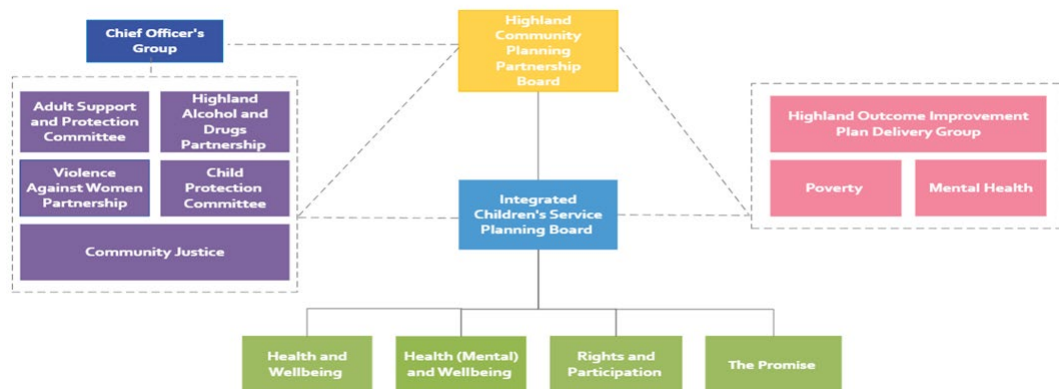
3.3 The current plan outlines our priorities for improving outcomes for Highland's Children. It articulates where partnership working improves outcomes for children, young people and their families acknowledging that individual services have their own plans.

3.4 Within the plan, partnership priorities for improvement are set around the following themes:

- Health and wellbeing
- Poverty
- Children's rights and participation
- Child protection
- Corporate parenting
- Drugs and Alcohol

4. Governance

4.1 The Integrated Children's Services Planning Board provides oversight to the on-going work of the plan. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, and Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council, NHS Highland Board and the Joint Monitoring Committee.



5. Performance management

5.1 The Integrated Children's Service Planning Board has responsibility for monitoring progress towards achieving the outcomes outlined within the Integrated Children's Services Plan and utilises a fully developed Performance Framework to achieve this.

5.2 Within our planning processes lead officers from partner organisations have been identified for each themed group along with a lead officer for each of the improvement priorities. Partners work together and take responsibility for co-ordinating performance reporting on a regular basis. In addition, our performance is measured through listening to the voices of children, young people and their families, learning from self-evaluation, analysing intelligence

and scrutinising an agreed set of qualitative and quantitative improvement measures. These measures are attached at appendix 2 of this report.

6 Progress with the plan

- 6.1 Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26.
- 6.2 The Plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed, responsive and preventative support to children and families.
- 6.3 The priorities articulated within the plan were underpinned by the findings of the Joint Strategic Needs Assessment undertaken during 2023. [here](#)
- 6.4 In responding to the need for pace and urgency within the workstreams required to meet our priorities, the frequency of Board meetings has increased from quarterly to two monthly into 2024.
- 6.5 This annual report highlights the progress that has been made. It should be noted that the new delivery infrastructure has only been in place for five months and consequently many of the priorities and change ideas are only recently developed. This work has been strengthened through strong partnership across services and in all sectors.

Designation: Chair, Integrated Children's Services Planning Board

Date: February 2024



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Highland Children's Service Plan 2023 – 2026

Plana Sheirbheisean Chloinne Amalaichte na Gàidhealtachd 2023 -2026

Annual Report 2023/24



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Highland Children's Service Plan 2023 - 2026

Plana Sheirbheisean Chloinne Amalaichte na Gàidhealtachd 2023 -2026



Integrated Children's Service Planning Board

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Partnership



In August 2023, the Highland partnership of children's services came together to formally launch the Highland Children's Plan 2023-26 at our **Vision 26** event. The success of the event was attended by over 500 people with 76 local services and community groups coming together to highlight the range of support on offer to children and families across Highland. All partners and services demonstrated a strong shared vision to provide better outcomes for children and families across Highland. This was an opportunity to build on our partnership working and through feedback from attendees, future events are planned to ensure effective delivery of the commitments and priorities outlined within the plan.



Our Commitment



Keeping the Promise

We will ensure that all Highland's Children and Young People are Safe, Healthy, Achieving, Nurtured, Loved, Respected and Included.



We will support Highland's families with respect, care and compassion, ensuring their voices are integral to all we do.



We will enable and empower families to thrive and to stay together wherever possible



We will tackle poverty and inequalities and will support and enable families to live and thrive together in their communities



Our partnership will reflect our commitment in our:

- Physical settings
- Policies and procedures
- Contact with people who access our services
- Activities and interventions
- Workforce experience

Our partnership is committed to developing a trauma informed and responsive approach to supporting children, young people and their families.

We will develop services that are informed and shaped by people with lived experience and place the voice of infants, children, young people and families at the heart of service improvement.

Our Partnership is committed to upholding the rights of infants, children and young people in ensuring they are protected from prejudice and that every child has the opportunity to grow up to maximise their full potential.

We will strive to uphold the United Nations Convention on the Rights of the Child (UNCRC). This is the global “gold standard” for children’s rights. It sets out the rights that all children have to help them to “be all they can be”. They include rights relating to health, education, leisure, play, fair and equal treatment, protection from exploitation and the right to be heard. This is strengthened by The UNCRC (Incorporation) (Scotland) Bill was unanimously passed in Scottish Parliament on the 7th of December 2023

GIRFEC – Getting it Right for Every Child

In reviewing the latest National GIRFEC and Child Protection procedures and practice guidance, we have completed the alignment of local procedures and guidance. From April 2024 the ICSP board will deliver a series of local workshop sessions to launch the updated guidance and begin the process of engaging with partners across Highland.

GIRFEC Implementation Flowchart



Whole Family Wellbeing Programme

Following the recruitment process and setting up of the Whole Family Wellbeing Programme Team between May 2023 and September 2023, the Programme entered the Evaluation Phase on 30th September 2023. This phase is designed to ensure that the framework of the Programme remains within the above four Programme Pillars, and that it remains evidence-based and needs-led, at a locality level. To ensure this, the following approach has been developed.

Data Gathering

Recognising that no single source of data will be sufficient to provide robust evidence of need, a mix of evidence from a range of sources is being gathered, namely;

- **Performance Data** in the form of the Integrated Children’s Services Planning Board Performance Management Framework and the Highland Joint Strategic Needs Assessment.
- **Stakeholder Views in the form of:**
 - **Practitioner Participation Sessions**, providing the voice of practitioners within Statutory and Third Sector organisations in Highland, who deliver support services to families. Gathered between October 2023 - January 2024. A summary of which can be seen here
 - **Children and Families Participation**, providing the voice of families from across Highland about support provision and access to support – utilising the Integrated Children’s Service Board Participation Strategy and gathering wider community-based consultation data. This will be commencing in March 2024.
- **Whole Family Wellbeing Funding** - National Self-Assessment Toolkit to be undertaken by Statutory and Third Sector organisations in Highland, who deliver support services to families. This will commence in March 2024.
- **Service Provision Scope/Mapping** which will be incorporated into the Whole Family Wellbeing Funding - National Self-Assessment Toolkit process. Commencing February 2024 to March 2024.

The gathering and analysis of this data set will ascertain predicated need around each of the nine Community Partnership localities and will further allow for the process of funding applications to commence.

4 Pillars



768 comments inspired by Pillar 1
Children & Families at the Centre of Service Design



966 comments inspired by Pillar 2
Availability & Access



942 comments inspired by Pillar 3
Whole system approach

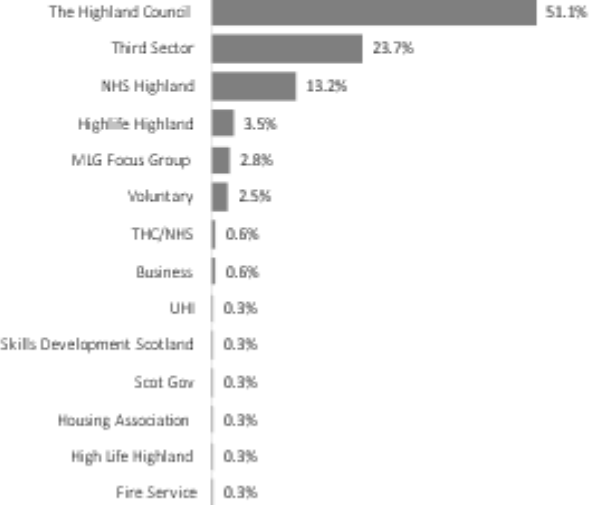


776 comments inspired by Pillar 4
Leadership, Workforce & Culture

Participant Headlines



Summary of attendance by Organisation



Integrated Planning Our Themes



Poverty



Child Protection



Corporate Parenting



Rights and Participation



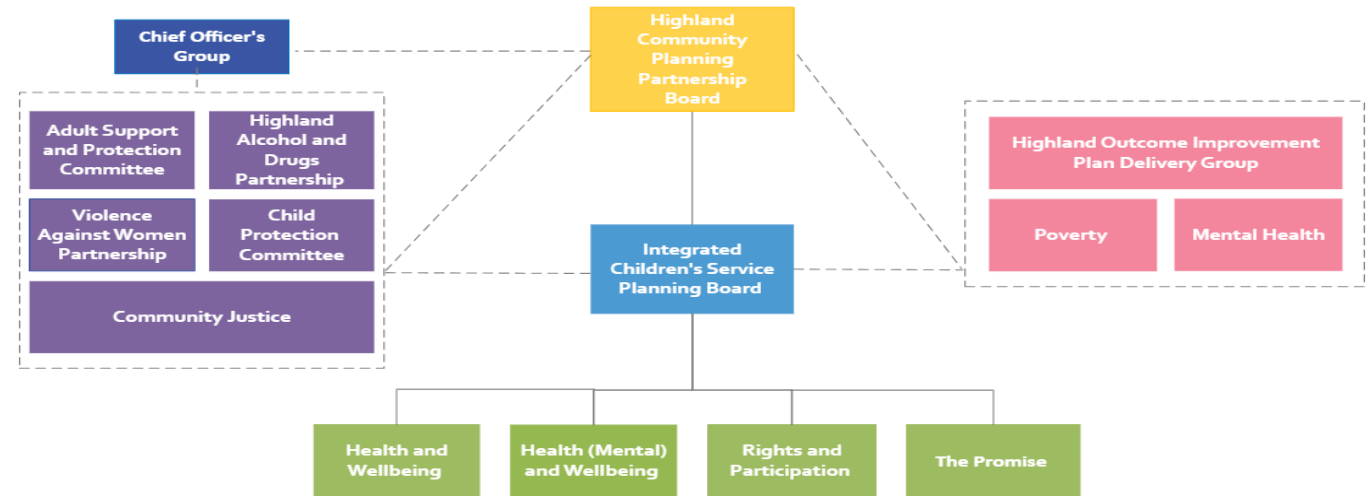
Health and Wellbeing



Drugs and Alcohol

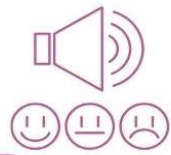
The plan takes a thematic approach to improving outcomes for infants, children, young people and families. These themes have been identified through listening to children, young people and their families and analysis of the data and evidence within The Joint Strategic Needs Assessment (2023).

The planning theme strategic oversight boards, are accountable for delivery of the priorities and plans using the life course approach. These are;



Performance and Outcome Management:

All outcomes within the Highland Children's service plan are linked to Highland's Outcome Improve Plan Performance, measured through the Integrated Children's Service Performance Management Framework and monitored by Highland Integrated Children's Service Planning Board. The plan continues to evolve to align to the work and outcome priorities along with the dynamic Joint Strategic Needs Assessment (2023) to ensure this is parallel to the needs of children and families as these change. This Board has measured these outcomes against the Performance Management Framework and the priorities of the delivery groups to produce this annual report.



ICSB PARTICIPATION STRATEGY

1000 children and young people will actively have taken part in the process. The strategy can also be informed by the views of over **700** professionals in Highland on the topic of children and young people's participation



63

Promise Café Attendees

150

Staff engaged in promise awareness sessions

18

Promise Ambassadors have been recruited over the last year



PROJECTS

The Promise / CPC - Language Guide

CPC - Bairns Hoose

ADP - Planet Youth - Prevention Model



DETAILS

The production of a 'Language Guide', in the form of an online 'microbite' which was developed through engagement with children and young people with experience of care and professionals

£63000 funding secured from national Bairns Hoose fund to improve premises used for interviewing and supporting children and young people

Progress through the ten steps. Second round of bi-annual surveys completed by S4's in 5 pilot schools with data being processed via Planet Youth in Iceland



#Keep The Promise Highland

WHOLE FAMILY WELLBEING PROGRAMME

317

Participation Session Attendees

3000

Comments from Practitioners

37

Different sectors engagement

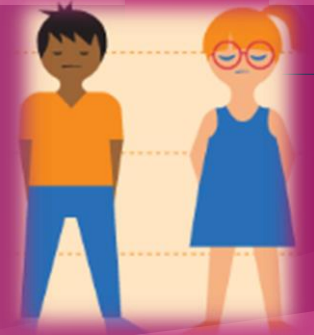
"Whole Family Wellbeing, The Promise and Families First work in harmony"

"There was lots of exchange of realistic, positive and creative thinking from the participants. I really hope the spirit of that and the realisation will continue"

"Really supportive session, I have high hopes that our input is being listened to and used!"

Key Highlights

Poverty Update



The Poverty Reduction Delivery Group has undertaken a mapping exercise to identify areas for action going forward. The mapping took the form of two strands; considering what is happening and being delivered and alongside this, where the gaps and opportunities are for shared partnership action. A survey of third sector groups supported this exercise, followed by a review and reflection session.

A summary of the emerging priorities identified are outlined below and work has commenced to develop core actions through the delivery plan.

Information and Awareness Raising

- Supporting Practitioner Learning – developing the approach to poverty related practice. Building on existing learning packages to create a suite of materials to support practitioner learning.
- Shared partnership resources targeted to support people experiencing poverty. Resources to support individuals access the advice and services required. Developing routes for sharing and referral routes (building on learning from health visitor pathway)
- Addressing Stigma – building an approach into practitioner learning and shared resources

Community Based Approaches

- Collective practitioner support - providing support and advice where individuals are coming together e.g. parent and toddler groups/community growing spaces/community cafes/tenants
- Lived experience - developing our approach to understanding lived experience and using this to identify areas for development

Specific Strands of Work

- Developing the approach to period poverty in schools
- Roll out of cost of the school day toolkit
- Developing flexible models of childcare in rural areas

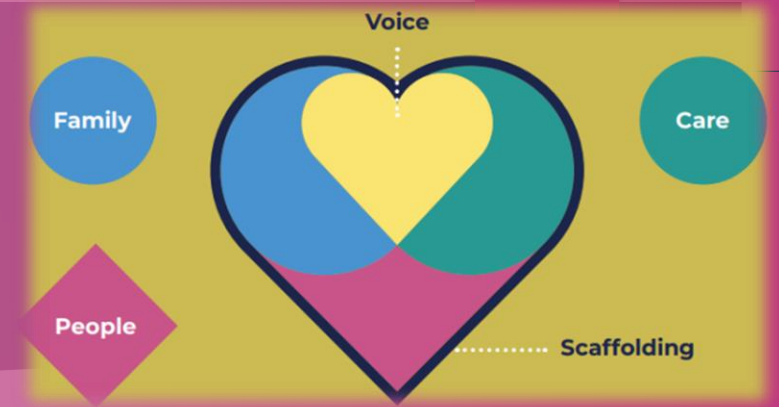
Child Protection Update



Following feedback from Highland’s inspection for children at risk of harm, and a review of current priorities, the Child Protection Committee have been progressing key issues to deliver change ideas to support children, young people and families. Highlights include:

- GIRFEC and Child Protection Procedures reviewed and updated in line with national guidance with accompanying e-learning resources
- Implementation of the Scottish Child Interview Model (SCIM) in September 2023
- Highland invited to be an affiliate in the National Bairns’ Hoose programme
- £63000 funding secured from national Bairns’ Hoose fund to improve premises used for interviewing and supporting children and young people in Caithness and Inverness initially
- Work with Children and Young Peoples Centre for Justice and Action for Children in relation to re-imagining youth justice underway
- Exploitation Partnership Steering Group established to oversee CORRA project and development of RISE service and the Anchor project.
- £200,000 funding secured from The Promise CORRA fund to support young people affected by criminal and sexual exploitation
- Highland evaluation completed by the National Missing People project and recommendations to improve responses to missing young people now being progressed
- Increased focus on Quality Assurance of child protection processes including roll out of Interagency Referral Discussion audit work and implementation and analysis of the new National Minimum Dataset
- Development of language guide in partnership with The Promise Highland team

Promise Board Update



Key activity related to #KeepingThePromise in Highland.

People — Works have been undertaken to promote the promise to the workforce including engagement session to over 150 staff, 4 Promise Café have been held with 63 attendees. There has been 4 *Keeping the Promise* newsletters produced and circulated across the partnership.

To date 18 Promise Ambassadors have been recruited over the last year, across Health, Social Care and Education with future to widen this initiative to partners including Highlife Highland. The ambassadors have met 3 times over the last year and agreed collaboratively their remit

The Programme Manager continues to drive this work through her Trauma Champion role: a position others hold across the partnership and where governance sits within the Mental Health Delivery Group. The development of a Trauma Lead officer to progress and lead on this work has been approved following funding from the Scottish Government, demonstrating partnership support for this national agenda, which will be central to Highland delivering on its ambition to #Keepthepromise.

Scaffolding - The Promise Board In response to COVID-19 and the findings of The Promise, the previously known Highlands Corporate Parenting Board underwent a period of reflection and development. This journey was supported and facilitated by Highland’s Promise Delivery Partner and Who Cares? Scotland’s Training & Development team alongside a graphic designer who was able to visually capture the content of the initial day

Voice — The Promise advocates that VOICE must be at the heart of reorganisation, in how we must think, plan and prioritise for children and their families. Whilst the newly reformed Promise Board engaged to some extent with its care experienced community; and commits to a 50/50 co-design approach.

The production of a ‘Language Guide’, in the form of an online ‘microbite’ which was developed through engagement with children and young people with experience of care and professionals working with children services through a ‘Language Bin’. - Training from Each & Every Child on their framing recommendations (evidence-based framing recommendations to change the public perception of care experience) to Highland’s Child Protection Committee and Promise Board

Family — Key areas of work which detail work that sits under the Families 1st strategy, and although the Programme Manager does not lead in these areas of work, they are detailed here due to their contribution in Highland’s overall ambition and to highlight the interdependencies across services in keeping The Promise- which includes Family Group Decision Making, Spaces for Brothers and Sisters. The Whole Family Wellbeing Programme ambitions aligns with the aspirations of The Promise: ‘Every family that needs support gets the right family support at the right time’

Care — Partnership work across Highland has developed important improvement work to support positive experiences and better outcomes for the care experience community this work includes Home2Highland Programme, Separated Children and my journey Journal.

Rights and Participation Update



The Rights and Participation Delivery Group have been working to implement the delivery plan. Royal Assent was received for the UNCRC Incorporation on 16 January with significant implications for both statutory and non-statutory bodies. Positive work is progressing across many workstreams;

Play improvement group established to start a dialogue as one workstream and to share information across partnerships.

Baseline data and information established relating to the rights of children and young people.

Work to support embedding Children's Rights and Wellbeing Impact Assessment into Integrated Impact Assessment process. Training module created as part of the mandatory training, including information on the incorporation of the UNCRC into Scots Law for all managers.

Work on the Children's Charter and the Participation Strategy underway.

Survey sent to all 3rd sector groups in Highland including questions on supports they provide to further children's rights.

Cawdor Primary School are used as an example on Education Scotland's Play Pedagogy Toolkit:

<https://www.thinglink.com/card/1609461484272746499>

Primary aged section of a Book Creator resource has been drafted by children from Raigmore Primary School with graphics and recorded voices embedded in the virtual book. Draft shared with other groups to gather their views and additions before being finalised and shared more widely with families.

Discussion with the Youth Convener about how to take the work so far on the Charter graphic and move forward with some meaningful dialogue regarding children and young people's views being considered by elected members on decisions that impact them.

Committee paper presented to elected members on the work undertaken thus far in embedding Children's Rights.

Thematic analysis completed on feedback from 148 nursery children in relation to their use of playparks. The Play Park strategy was completed in November 2023.

Executive summary and a child friendly version included in the report created from over 1200 responses to the consultation, many from pre-5s.

Self-Evaluation for Self-Improvement Case Study Play Pedagogy at Cawdor Primary & ELC

Cawdor Primary & ELC share their approaches to developing Play Pedagogy "across the school from ELC to P7 where children are able to be curious, inquire and have FUN in order to learn." James shares how the school has engaged with national practice guidance Realising the Ambition with a specific focus on the child-centred pedagogy in practice cycle.



Click here to listen to Headteacher James Cook describe the approach at Cawdor Primary & ELC.



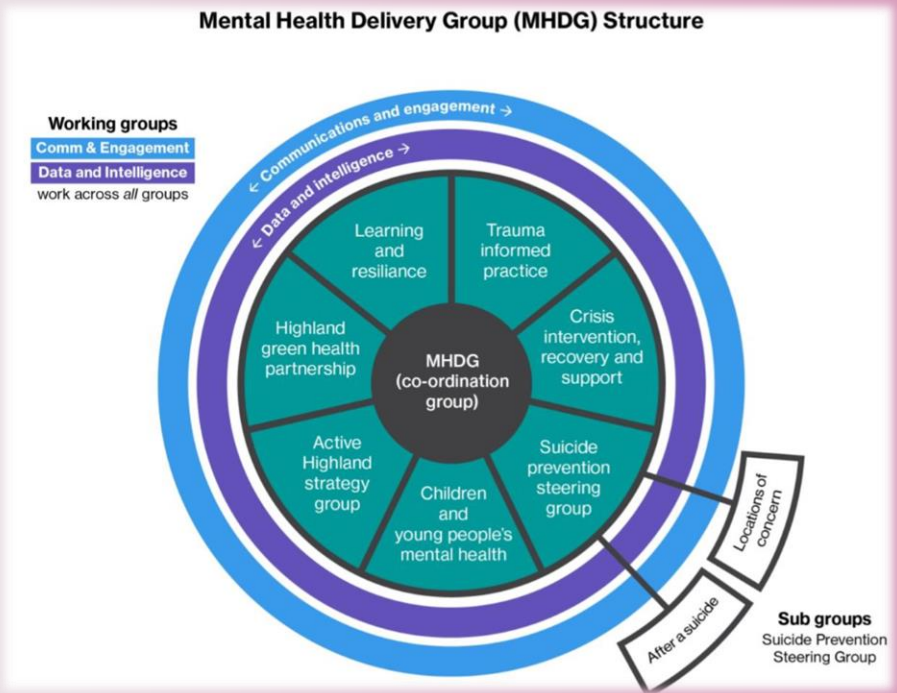
Click here for presentation slides and more information about play pedagogy at Cawdor Primary & ELC



Health and Wellbeing Update



The Health and Wellbeing (Mental Health) forms a subgroup of the Mental Health Delivery Group Structure and reports into the MHDG co-ordination group and the Integrated Children’s Service Board. The delivery group has a delivery plan taken from the priorities that are identified within the Integrated Children’s Service Plan.



- Inspiring Young Voices provided an opportunity for those aged 18-26 in Highland to take part in an online focus group to voice their opinions on topics including:
 - Existing mental health support and resources
 - Accessibility and barriers to accessing mental health support
 - What resources or support do you want to be made available?
 A report of findings is currently being produced.
- Mikeysline recruiting for Bee the Change champions, destigmatise mental health and suicide prevention this is extended across communities including schools
- Continued support from the partnership for Kooth who attended Mental Health Delivery Group and shared a presentation detailing information and data of their work.

Drug and Alcohol Update



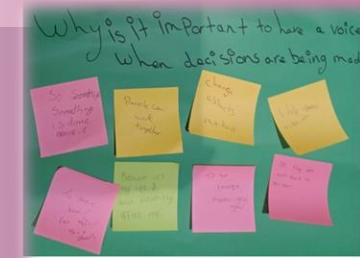
- Foetal Alcohol Spectrum Disorder Awareness Training dates set for community midwives, “Pregnancy Alcohol and Drugs Advice and Support Sessions” attended by midwives supporting women and families who are affected by continued drugs or alcohol use during pregnancy.
- Pre-conception Information Support Preparation and adaptation of Alcohol Brief Interventions learning package for community midwives. Resources updated and developed for midwives
- Support for Antenatal Care Networking with Third Sector to support improved signposting by midwives, Improved liaison and collaboration with Drug and Alcohol Recovery Service (DARS).
- Planet Youth – Prevention Model Continue to progress through the ten steps. Second round of bi-annual surveys completed in 5 pilot schools with data being processed via Planet Youth in Iceland. Data will be further analysed and collated into a Highland report. Planet youth Strategic Group now providing leadership for the programme
- Culture Change/Whole Family Activities Collaboration with Highlife Highland partners to increase positive activities in targeted areas. This includes, supervised family gym blocks which are free of charge and aim to embed family involvement in sport and physical activity.
- Discussing Drugs and Alcohol with Young People resource including Pre-course eLearning via TURAS in development.
- Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT as a test of change underway. Regular review of content via google analytic with promotion through community events
- Advanced Nurse Practitioner Specialist alcohol and drugs role being developed for schools to strengthen knowledge, skills and confidence of school nurses to deliver substance related priorities.
- Treatment and Support Planning underway to respond to UK Clinical Guidelines for Alcohol Treatment - Consultation young people sections, Participation via Health improvement partners in development of national prevention strategy Planning for second Scottish Government self-assessment exercise on the Whole Family Framework - Drugs and Alcohol to be followed by a local improvement plan.
- Assertive outreach teams active in Inverness (to extend to Mid and East Ross) and Caithness providing support to those at higher risk of harm and death from 16 and over that are not currently in school Inverness team includes a social worker post. Harm prevention police officer post collaborating with assertive outreach teams.

The Voice and Participation of Children and Young People

Participation Strategy



One of the young leaders with 'Barbra Bearstrand', participation expert, who worked alongside a group of Rainbows, aged 4.



Some views from care experienced young people, captured during Care Day 2024.



Development of a Children and Young People's Participation Strategy for Highland

In January 2023, the decision was made by the Integrated Children's Services Board to develop a Children and young people's participation strategy for Highland. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have a right to participate (to speak up, to be listened to and taken seriously) when decisions are being made. In recent years, examples of excellent participation practice have emerged across all sectors Highland and the strategy aims to build on these to make children and young people's participation the norm across our partnership.

Exemplifying participation in the development of the strategy - The CYP Participation Strategy Steering Group, formed in January 2023, undertook to develop the strategy with meaningful participation of children and young people at its core, exemplifying the participatory approach we hope to see across Highland in the future.

Engagement - In March and April 2023, a number of focus groups were run alongside children and young people already involved in participation and collective advocacy activities with the aim of determining the questions to be asked across Highland as part of the strategy development process.

During extensive engagement with children and young people and stakeholders, key questions asked were;

- What does participation mean to you?
- Why is it important to have a voice (when decisions are being made)?
- What helps you to speak out and have a voice?
- What gets in the way of you having a voice?
- If you knew the right people were listening, what issues would you like to speak up about?
- How can we make sure everybody's voice is heard and everyone gets a chance to participate

Engagement has been ongoing since May 2023. Where possible, this has been led by paid young facilitators. This phase will conclude at the end of March 2024, by which time it is expected that more than 1000 children and young people will actively have taken part in the process. Through the work of the Whole Family Wellbeing Programme in Highland, the strategy has also been informed by the views of over 700 professionals in Highland on the topic of children and young people's participation – aspirations, barriers, existing expertise, practicalities – which is key to successful implementation.

The strategy and the 2024 – 2026 Implementation Plan will be completed in June 2024.

Governance

The Integrated Children's Service Planning Partnership Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. The Board is directly accountable to the Community Planning Partnership Board.

In order to ensure a robust partnership approach to governance, assurance and performance management, the Integrated Children's Service Board provides additional reporting to:

❖ The Highland Council, and the NHS Highland Board through The NHS Highland Health and Social Care Committee and The Highland Council Health, Social Care and Wellbeing Committee.

❖ The Public Protection Chief Officer Group, who undertake their statutory responsibility ensuring that appropriate assurance on the development and progress of the plan is received.

❖ Highland Child Protection Committee and Highland's Joint Monitoring Committee.

Membership of Highland Integrated Children's Service Board :

- Director of Public Health, NHS Highland
- Board Nurse Director, NHS Highland
- Head of Health Improvement, NHS Highland
- Head of Education, The Highland Council
- Head of Children's Social work, The Highland Council
- Executive Chief Officer Health and Social Care, The Highland Council
- Child Health Lead, The Highland Council
- Head of Operations, Women and Children's Directorate, NHS Highland
- Head of community support and engagement, The Highland Council
- Police Scotland, Partnership Superintendent
- Child Health Commissioner – NHS Highland
- Chief Executive, Care and Learning Alliance (Third sector)
- Director of Children and Families (Aberlour Trust) Third sector
- Principal Educational Psychologist, The Highland Council
- Lead Officer, Highland Child Protection Committee
- Youth Work Manager, Youth Highland (Third Sector)



**Integrated children's services
planning board Performance
Management Framework
2023-2026**

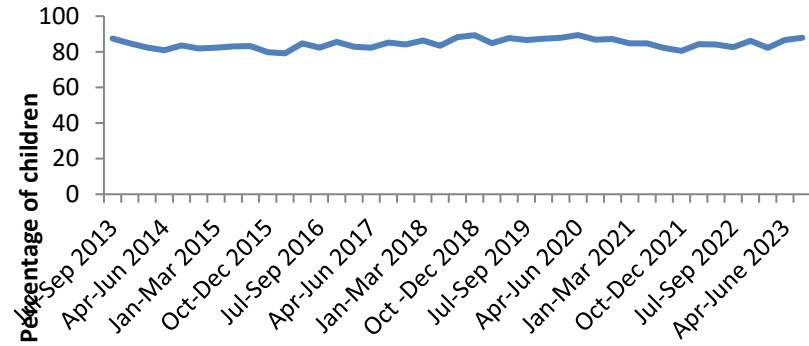


Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of households with children in temporary accommodation will reduce.	160	200	↑180	Housing
ANALYSIS				
This data is collected quarterly. The baseline was established in 2015.				

Indicator #2 (NHSH CYP14)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	↑90%	Child Health
ANALYSIS				

Data shows an increase in baseline from 2012 with consistency in terms of the number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review.

Highland HSCP - % of children reaching their developmental milestones at their 27-30 month health review



Indicator #3 (NHS CYP16)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	95%	85%	↑ 97.8%	Child Health

ANALYSIS

This data is reported Annually. Body Mass continues to be measured as part of the Child Health Surveillance Programme at the P1 Screening visit within School Nursing. Additional support, by way of follow up continues to be available through the Child Health Weight Programme. Full data can be found at <https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/>

Coverage of the P1 review fell substantially in 2019/20 to 44% and again in 2020/21 to 40% nationally, as height and weight measurements could not take place due to the Covid-19 pandemic.

Indicator #4 (NHS CYP03)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	80%	65% (incomplete)	Child Health

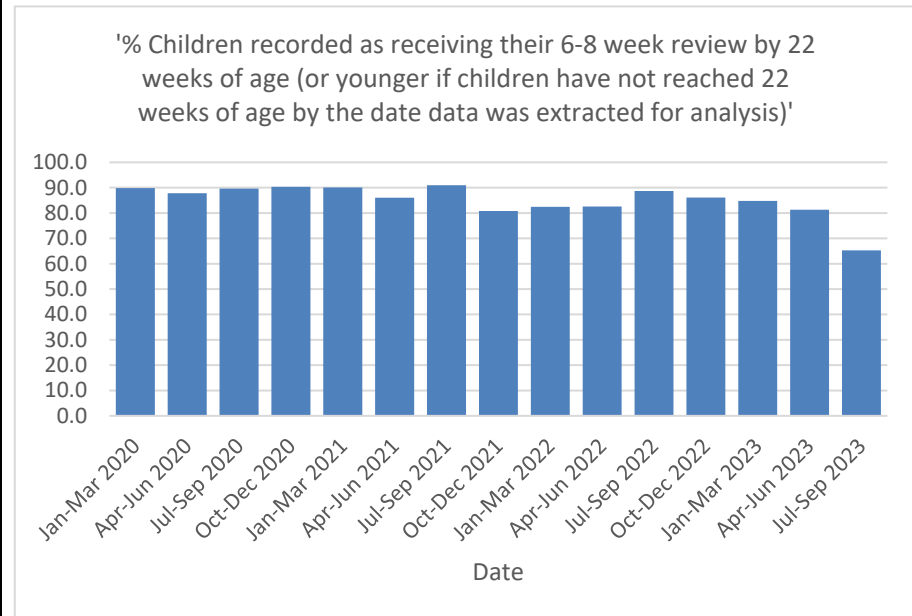
ANALYSIS

Note last data from NHS Dashboard is July-Sep 2023 (incomplete)

This measure reflects a national reduction of the uptake of child health reviews. The 6–8-week data collection form is completed by both the GP and the HV. This worked well in Highland when GPs and HV were co-located. This is no longer possible and impacts on the reporting of this data set.

It has become clear that there is a system/process/reporting issue which is impacting on the data. A small snapshot audit of this contact locally has found that 91% of the contacts had been completed. 40% of the forms had been sent to the GP and not returned to child health. Reasons for contacts not completed were, child was premature, hospital inpatient, child moved out of area, visit declined, and parent opted out of Health visiting service. Further work is underway to improve the return of the child health surveillance form to ensure accurate data reporting.

[Child Health Pre-School Review Coverage Statistics 2022/23 \(publichealthscotland.scot\)](https://publichealthscotland.scot)



Indicator #5 (NHS CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	36%	30%	36%	Child Health
ANALYSIS				

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. An improvement plan continues to be implemented to ensure a partnership approach, between NHSH and THC, is rolled out to support breast feeding particularly in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Updated from COVID-19 wider impacts dashboard - latest extract
25/09/2023

Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec_22	Mar-23	Jun-23	Sep-23
454	421	411	407	458	428	364	426	448	422	398	368	351
211	202	193	212	233	210	171	206	227	198	172	184	177
46.5	48.0	47.0	52.1	50.9	49.1	47.0	48.4	50.7	46.9	43.2	50.0	50.4
165	155	137	167	165	174	131	170	166	153	127	142	127
36.3	36.8	33.3	41.0	36.0	40.7	36.0	39.9	37.1	36.3	31.9	38.6	36.2

Indicator #6 (NHS CYP15)	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	↓94%	NHS Highland

ANALYSIS

Latest data from NHS slight reduction by 1%

Full data can be found at <https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/>

Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%	↓ 72%	Health and Social Care
ANALYSIS				
Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015.				
A number of NHS Boards have recently adopted a proportionate approach to assessing health need for care experienced children and young people. This approach recognises the need for a relationship-based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.				
In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed. It is projected that the change will have a positive impact the quality of the assessment, the performance data, and skill of the workforce.				

Indicator #8 (NHS CYP24_A)	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%	↓ 76%	Health and Social Care
ANALYSIS				
Child health physiotherapy met the target for May/June 2023, but have since experienced significant team vacancies which have not been recruited to despite repeated attempts. There is a national, as well as local, shortage of qualified paediatric physiotherapists. This has impacted waiting times as demonstrated by the downward trend. Some re-design has been necessary and support practitioners are currently undertaking tasks to free up clinicians. Two physiotherapy posts are currently being advertised in the hope of attracting new graduates. Student placements are offered in the team, but accommodation issues are seen as a challenge for qualified staff moving into the area				

Indicator #9 (NHS CYP24_A)	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%	↓ 52%	Health and Social Care
ANALYSIS				

Highland families affected by disability were disproportionately affected by the pandemic. This has increased the demand for paediatric OT service and support. The 10FTE qualified paediatric OTs working across the Highland area having continued to adapt the model of working to be more efficient/effective (developing telehealth/consultation and self help approaches) however demand continues to exceed the current level of resource.

Indicator #10 (NHS CYP24_A)	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%	↑74%	Health and Social Care
ANALYSIS				
There is an upward trend in Dietetics towards the target due to the team currently being fully staffed since August 2023. Dietetics use Near Me to ensure responsive care for their patients and families. In December 2023 a support practitioner joined the team, funded with waiting times money (0.4wte). This additionality will be reflected in future reports.				

Indicator #11 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%		↑ 66%	Health and Social Care
ANALYSIS				
There is national recognition of the impact of the pandemic on the speech, language and communication needs of children in the early years. As a result there is a significant increase in demand for Speech and Language Therapy. The upward trend in response to this indicator is due to service redesign, with the introduction of clinics in Caithness where there had been staffing challenges.				

Indicator #12 (NHS CYP24_A)	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%	↑ 66%	Health and Social Care
ANALYSIS				

There is a general upward trend over the past 6 months.

Indicators 11-15 in the Integrated Children's Service Performance Management Framework relate to Allied Health Professional (AHP) waiting times. These 'interim' indicators were identified at the point of integration in 2012, with reference to the Children and Young People Improvement Collaborative stretch aims, and the HEAT targets of the time (namely the 18-week referral to treatment guarantee). Subsequently it was agreed that only MSK waiting times would be required for local collection and national reporting. Highland have not adapted the performance measures for paediatric AHP's to reflect this. Nationally, no other IJB/NHS Board collates/reports on paediatric AHPs, rather focus on either "response", "experiential" or "outcomes" to measure performance. AHP performance measures are therefore currently under review.

Indicator #13	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%	↓ 5%	NHS Highland

ANALYSIS

[Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Diagram 1: Neurodevelopmental Services within the agreed Children and Young People's Mental Health and Wellbeing model:



Where do we need to get to?

Fully implementing a whole system staged approach to the assessment of need for CYP with neurodiversity, with the GIRFEC approach, in line with the nation specification for ND

Feb 2024 Update

- 1300 CYP on waiting list
- Jan 24 - Complete review of list by Education/Health visitors – 7% no longer require to be seen at first review
- Feb 24 – establish Quality Review and Referral Group to add rigor to the process
- Mar 24 - Improve communications with staff/families
- NHSH Programme Plan for Implementation of Standards

Leadership to Change

NHS Highland are the responsible agency for ND. A joint ND/CAMHS service manager is currently in post to facilitate partnership working. It is acknowledged that there continues to be a gap with respect to Clinical Leadership for ND

Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel listened to in their school	Improve from Baseline	40%	↓ 36%	Education and Learning

ANALYSIS

Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils current data is based on average of 3 age groups surveyed.

Do you feel listened to in your school?					
	2015	2017	2019	2021	2023
Yes - very much so (P7)	65.6%	64.6%	57.6%	56.9%	50.4%
Yes - very much so (S2)	43.2%	38.4%	34.8%	38.9%	29.9%
Yes - very much so (S4)	32.0%	31.9%	20.8%	32.6%	26.8%

Indicator #15	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 2023 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

Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	Improve from Baseline	20%	↑ 4.3%	Education and Learning

ANALYSIS

Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Data taken as an average of all 3 age groups.
P7 – 0.61%, S2 – 3.32%, S4 – 9.26%
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools

Indicator #17	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%	↑ 0.25%	Education and Learning
ANALYSIS				
Most recent data from the 2023 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				

Indicator #18	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%	↑ 0.53%	Education and Learning
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils				

Indicator #19	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				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils <u>Highland Substance Awareness Toolkit (H-SAT)</u> Whole school early intervention approach to embedding H-SAT being tested in a high school. Regular review of content via google analytic Promotion via community events e.g. Vision 2026 launch, Delivery of H-SAT awareness and use of lesson plans to guidance staff Support to schools to develop substance aware policy Substance awareness education being delivered to education and associated staff Collaboration with Drug and Alcohol Recovery Service in development of naloxone policy for children's homes				

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE
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Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%	↑ 93	Education and Learning
ANALYSIS				
This data is reported annually.				

Indicator #21	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	↑ 9.4	Health & Social Care
ANALYSIS				
This data is collected, scrutinised and reported quarterly. Mitigating action plan is in place.				

Indicator #22	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	↓ 9	Health & Social Care
ANALYSIS				
This data is reported quarterly as part of the data collection for the Home to Highland programme.				

Indicator #23	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	↑ 3	Health & Social Care
ANALYSIS				
This data is collected monthly. The baseline was established in 2021.				

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	N/A	26	↑ 51	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. This gives an indication of numbers of vulnerable children and young people (in terms of risk of harm). Increases in numbers may be positive as it can evidence good practice in assessing and responding to risk. It can also evidence increasing risk within communities and support the design and delivery of services. The number of children subject to initial and pre-birth case conferences in Highland has increased over the last 4 quarters. Further work is underway to examine the data in more detail.				

Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences	N/A	19	↓ 26	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. The number of case conferences can indicate family groups where the figure is lower than the number of children subject to initial and pre-birth child protection case conferences. Data can be benchmarked by converting numbers of children or Planning Meetings into a rate per 1,000 total children aged 0-17 (which can be found at National Records of Scotland Mid-Year Population Estimates). The rate per 1,000 can then be compared with other areas to assess the number of cases progressing to Initial or Pre-Birth Child Protection Planning Meeting.				

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
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Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%	↑ 94	HSC – CP Minimum Dataset
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ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q1 2023/24 = **94**
 A high conversion rate indicates that risk is being assessed appropriately, progressing to child protection case conferences where required. This figure has remained consistently above 87% since Q2 2020/21.

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period	N/A	112	↑ 144	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q1 2023/24 = **144**
 The number of children on the child protection register has increased quarterly since Q2 2022/23. The Child Protection Committee Quality Assurance Group is currently undertaking an analysis of data to establish the reasons for the increase. This may be a positive move in terms of risk assessment and planning, it could also have been influenced by the impact of the Children’s Services Inspection for children at risk of harm. However, it could also indicate increasing risk within communities, or as a result of the current financial climate.

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	N/A	34	↑ 33	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q1 2023/24 = **33**
 Indicator #31 can provide information as to how well risks are being reduced for the most vulnerable children and how well Child's Plans are working. However, this analysis must be supported by quality assurance processes to ensure children are de-registered at an appropriate time to avoid any escalation of risk and ensure ongoing support. This will be considered as part of the multi-agency case file audit in May 2024.

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
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Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	N/A	58	↑ 161	HSC – CP Minimum Dataset
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ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q1 2023/24 = **161 change in concern description for data set 2.**

The majority of concerns recorded relate to vulnerability factors including Domestic Abuse (33), Parental Alcohol Use (19), Parental Drug Use (20), Child Affected by Parental Mental Health (18). In terms of Impact and Abuse Emotional Abuse (18) and Neglect (21) are the largest concerns recorded. Child Exploitation and Physical Abuse feature but as numbers are lower than 5, individual figures are not provided to protect the identity of children. There are an increasing number of concerns being recorded in registration which could suggest increasing complexities with families experiencing more than one risk/vulnerability factor. This has implications for service design and delivery, and learning and development provision to ensure staff have the right knowledge, skills and tools to support their work with families.

Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	95%	TBC	↓ 86	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q1 2023/24 = **86**

Percentage of Initial and Pre-birth Child Protection Planning Meetings where at least one person who usually has care of the child attends (e.g. a parent or carer). This indicator highlights the level of parental involvement in decision making and planning around the child and will be reinforced by audit activity into the quality of their involvement (e.g. level of active participation as well as attendance). This figure has remained consistently high over the past 2 years and has never fallen below 85%. The quality of child/family involvement will be considered in the multi-agency audit in May 2024.

Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children’s Reporter on non-offence grounds	Reduction from Baseline	TBC	↓ 194	HSC – SCRA Quarterly Reports

ANALYSIS

Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) grounds. Non-offence referrals constitute referrals that have grounds other than section 67 of the 2011 Act. These are also referred to as Care and Protection referrals by some agencies. Work has been undertaken through the Quality Assurance Sub-Group to look at SCRA referrals by type and by age due to an increase in referrals in relation to lack of parental care. Work has also been undertaken to look at older young people being referred in to SCRA and discovered that where there has been an uplift in referrals during any one quarter, these tend to refer to a small cohort of young people with a large number of referrals.

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on offence grounds	Reduction from Baseline	TBC	↑ 58	HSC – CP Minimum Dataset
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q2 2023/24 = 58</p> <p>An increase in this figure could reflect the increasing focus on responding to young people in conflict with the law through the Children's Hearing System rather than within an adult criminal justice system. It is too early to determine if this is the case but will be a key focus over the next few years. Figures are relatively small so increases and decreases in the data need to be considered over a longer period of time.</p>				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	Increase from Baseline	112	↑ 94	HSC - Scottish Government Annual Return
ANALYSIS				
<p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p>				

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	Increase from Baseline	100	↑ 103	HSC - Scottish Government Annual Return
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	Increase from Baseline	121	167	HSC - Scottish Government Annual Return
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	Increase from Baseline	12	15	HSC - Scottish Government Annual Return
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE
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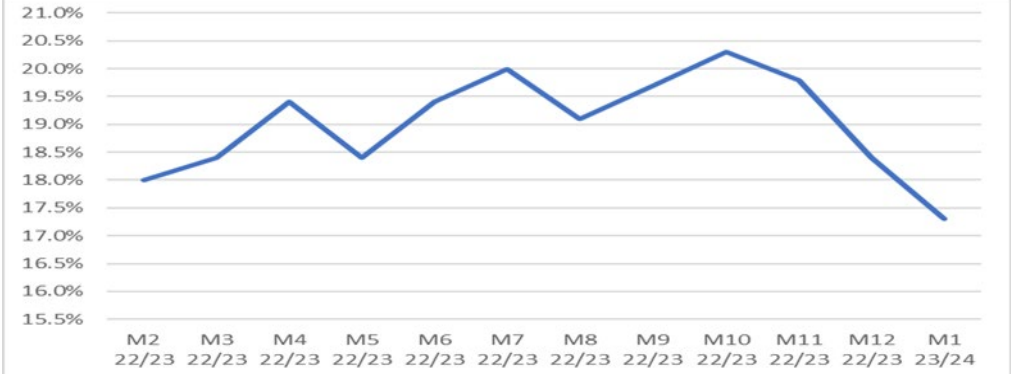
Number of looked after children and young people within a local authority provided house	Reduction from Baseline	81	52	HSC - Scottish Government Annual Return
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of LAC accommodated outwith Highland will decrease	30	44	9	Health & Social Care
ANALYSIS				
This data is reported quarterly on PRMS, The indicator on PRMS is titled: The average no. of LAC accommodated out with Highland - Quarterly.				

Indicator #39	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%	17%	Health & Social Care
ANALYSIS				

This data is reported monthly on PRMS,

There has been a slight decrease in the monthly figure for the last three months, with the current figure sitting below both the target and baseline figure.



Indicator #40	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	82	72	120	Health & Social Care

ANALYSIS

This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023.

There has been an overall steady increase in the value in recent months, and a significant increase in both the target and baseline figure

