

Agenda Item	7
Report No	JMC/14/24

The Highland Council/NHS Highland

Committee: Joint Monitoring Committee

Date: 25 September 2024

Report Title: Integrated Children's Services Update

Report By: Executive Chief Officer Health and Social Care & CSWO – Highland Council

1. Purpose/Executive Summary

- 1.1 This report provides an update 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 report also provides an update on the Integrated Children's Services Boards performance management framework at Appendix 1.

2. Recommendations

- 2.1 Members are asked to:
- Note and comment on the work undertaken by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2023 - 2026.
 - Note the work of the delivery groups.

3. Implications

- 3.1 Resource – The children's services planning partnership will help determine future resource needs and priorities for improvement. Further resource implications may be identified within the duration of the plan (2023 - 2026)
- 3.2 Legal – There is a statutory requirement for partnerships to produce an Integrated Children's Service plan every three years as outlined at 5.1 of this report. The plan will have a focus on meeting the requirements of the United Nations Convention on the Rights of the Child.

3.3 Community (Equality, Poverty, Rural and Island) – This iteration of the ICS plan is delivered through the Community planning partnership infrastructure and is / will be aligned to the aspirations of the Highland outcome improvement plan.

3.4 Climate Change / Carbon Clever – None

3.5 Risk – None

3.6 Gaelic – None

4. Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children’s Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 Integrated Impact Assessment - Summary
An Integrated Impact Assessment screening has been undertaken on 5th September 24. The conclusions have been subject to the relevant Manager Review and Approval.

4.4 The Screening process has concluded that there is only positive impact to the work of the Integrated Children’s Service Plan 2023-26. Members are asked to consider the summary **in Appendix 2** to support the decision-making process.

Impact Assessment Area	Conclusion of Screening
Equality	<ul style="list-style-type: none"> • Children and Young People – <i>Positive</i> • Children affected by disability – <i>Positive</i>
Socio-economic	<i>Positive</i>
Human Rights	<i>Positive</i>
Children’s Rights and Well-being	<i>Positive</i>
Island and Mainland Rural	<i>no impact</i>
Climate Change	<i>no impact</i>
Data Rights	<i>no impact</i>

5. Background and Context

5.1 In February 2014, the Scottish Government passed the Children and Young People (Scotland) Bill. The Bill places duties on public bodies to coordinate the planning, design, and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.

5.2 In December 2019, Scottish Government wrote to each of the strategic leads for Integrated children's services planning issuing new guidance to support the development of ICS plans across Scotland. This guidance determined that children's services plans should be embedded within Community Planning Partnerships. This guidance also provides the structure and framework for our 2023 - 2026 plan.

5.3 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

6. Governance

6.1 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 this Committee.

7. Performance Management

7.1 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.

7.2 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 1 of this report.

8. Integrated Children Service Board

8.1 The Integrated Children's Service's work continues into the 2nd year of the delivery of the Integrated Children's Service Plan. The report highlights the continued progress that has been made. Drawing particular attention to the completion of the Children and Young People's Participation Strategy, a commitment made for the 1st year of the Integrated Children's Service Plan. The work of the board has continued to be strengthened through the delivery groups and strong partnership across services and in all sectors.

9. Vision 26

- 9.1 The second Integrated Children's Service board's annual event Vision 26 was held on the 30th of August at Inverness Leisure Centre. Over 70 stallholders shared and celebrating their work in Highland to support children and families. The event showcased the work that has contributed to the 1st Year of the Integrated Children's Service Plan. The event also launched the Children and Young People's Participation Strategy.

10. United Nations Convention on the Rights of the Child

- 10.1 The 16th July 2024, marked the commencement of the UNCRC (Incorporation) Act in Scotland. This determines that decision makers and other duty bearers must uphold children and young people's rights as they are protected in Scots law. Impact Assessment training has been rolled out across Highland Council ensuring that any changes in policy and practice require to have an Integrated Impact Assessment completed. These assessments include UNCRC considerations. The Rights and Participation delivery group have launched the Rights and Participation Website. This includes a wealth of information, resource videos and links. There is also space to provide opportunities for children and young people to have their voice heard. The website can be found at: <https://www.childrensrighthighland.co.uk>

11. Children and Young People Participation Strategy

- 11.1 The Final draft of The Children and Young people participation strategy was approved by the Integrated Children Service Board at their June meeting. Strategy development was led by Inspiring Young Voices and was designed ensuring the meaningful and equitable participation of children and young people at the heart of the process. With input gathered from almost 800 children and young people from across Highland. An implementation plan is in development to support the partnership take the first collective steps towards the goal of making Article 12 of the UNCRC (I have the right to be listened to and taken seriously) an everyday reality in Highland. A copy of the strategy is here <https://www.childrensrighthighland.co.uk/children-young-peoples-participation-strategy>

12. National Neurodevelopmental Specification

- 12.1 The integrated board spent some time during last year considering the support that we as partners provide to children, young people and their families where a child or young person is neurodiverse. The board has been considering the Children and young people - national neurodevelopmental specification: principles and standards of care <https://www.gov.scot/publications/national-neurodevelopmental-specification-children-young-people-principles-standards-care/> Scottish government sets out within their Specification an aim to ensure that children and families receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach. The specification outlines that for many children and young people, such support is likely to be community based, and determines that it should be quickly and easily accessible. The board acknowledges that there is much work to be done across the partnership to support children, young people and families prior to, during and after any diagnosis.

13. GIRFEC (Getting it Right for Every Child)

- 13.1 Following a National update of GIRFEC and Child Protection procedures and practice guidance, the Highland partnership has completed the alignment of our own guidance to reflect this. This GIRFEC refresh reflects the current national drivers including The Promise and United Nation Convention of the Rights of the Child (UNCRC).
- 13.2 The newly updated GIRFEC and Child Protection procedures and guidance document went live on the 2nd September. The document has been informed by changes to National policy, feedback from the Joint Inspection, consultation with services.
- 13.3 The updated document aims to provide practitioners from across the Partnership with guidance in relation to information sharing and Getting it Right for Every Child. It also includes procedures for Child Protection. Further work is underway to adapt the guidance into an APP which can be downloaded to any device for quick reference, a launch date for this will be agreed following the APP development.
- 13.4 The Integrated Children's Service Board are leading on the delivery of the GIRFEC Refresh and Reset across Highland. This started with face-to-face multi agency sessions across Highland earlier in the summer. Participants had to undertake the new eLearning module prior to attending the sessions. During these sessions discussions were held in relation to the eLearning module, Child's Plan, Chronologies and Implementation of the updated GIRFEC and Child Protection guidance. We received a wealth of feedback across the services with recommendations for next steps to ensure we are Getting it Right for Every Child.
- 13.5 Following the workshops a report which included a number of recommendations were provided to the Integrated Children's Service Board and approved. These recommendations were:
- eLearning module to be promoted and an ongoing commitment across partnership to establish module as a mandatory training across services.
 - Agreement for the development of Practice Guides to support the updated procedures for Chronologies and the Child's Plan
 - Approval for GIRFEC Training Offer to be established involving rolling face to face training including specific GIRFEC training.
- 13.6 A multiagency GIRFEC working group has been established to take forward this work.

Designation: Executive Chief Officer Health and Social Care & CSWO – Highland Council

Date: 9 September 2024

Author: Ian Kyle, Chair, Integrated Children's Services Planning Board



#Keep
The
Promise



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



Data Overview -

Baseline Data – This was established between 2012-2016 to provide a longer-term measurement of progress

Education and Learning – Data from Lifestyle Survey collected every 2 years last completed in 2023

Health and Social Care & NHS - This data is collected quarterly

HSC – CP Minimum Dataset – This data is collected quarterly

HSC - Scottish Government Annual Return – Annually collected, Information to be available November 24

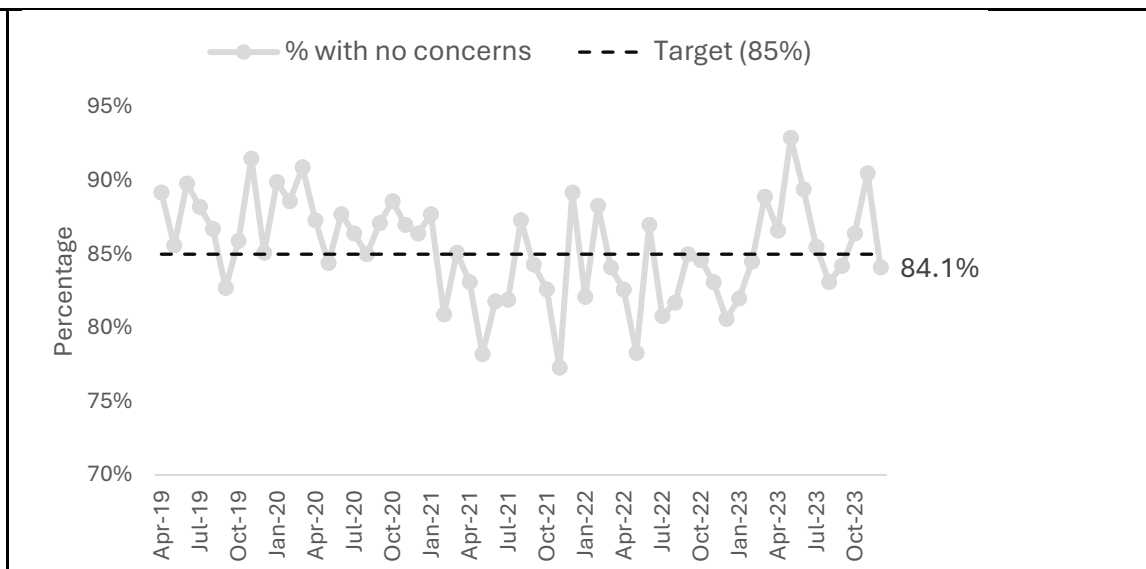
↑ ↓ → - Arrows indicate an increase or decrease in figure since last reporting, these are colour coded to denote movements are positive, negative or no movement. Some child protection figures are not colour coded as these cannot always be attributed to either positive or negative movements.

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 (NHS CYP14)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	↓84.1%	Child Health

ANALYSIS

There was a slight decrease in the number of infants at 27 months with NO developmental concerns. The data is consistent with the national picture and has remained fairly stable over the 12 year period since first report on the integrated performance framework.



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/>

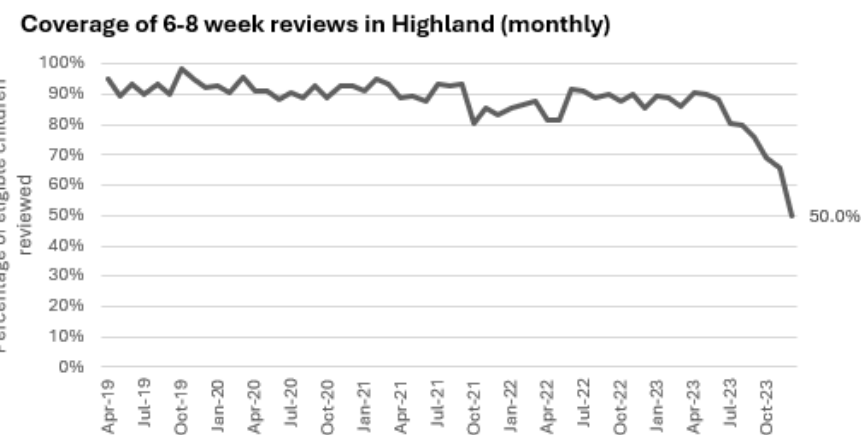
Indicator #4 (NHS CYP03)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	80%	↓ 50% (incomplete)	Child Health

ANALYSIS

Note last data from NHS Dashboard is Dec 2023

It has become clear that there is an issue in processing the paperwork across the system as a small snapshot audit of this contact locally has found that 91% of the contacts had been completed. Further investigation evidenced that the paper documentation supporting the recording of this data has multiple points of input across the system (NHS, to THC onto GP's and then to NHS). Work is underway to tighten up the transfer of paperwork ensuring the Child Health System (NHS) can more accurately record correct data.

[Child Health Pre-School Review Coverage Statistics 2022/23 \(publichealthscotland.scot\)](https://publichealthscotland.scot/publications/child-health-pre-school-review-coverage-statistics-2022-23/)



--	--

Indicator #5 (NHS CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	36%	30%	↑37.2%	Child Health

ANALYSIS	
<p>Note: Graph outlines the data until end of 2023.</p> <p>March 2024 data demonstrates an increase to 37.2% with an average across 23/24 of 36.5%.</p> <p>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. Highland have recently been evaluated for the UNICEF Gold award.</p>	<p style="text-align: right;">35.9%</p>

Indicator #6 (NHS CYP15)	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	↓94.1%	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%	↓63%	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. In line with a number of boards in Scotland, Highland have recently adopted a trauma informed approach to the initial health assessment. 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 and an improvement project has been initiated by nursing leadership.. It is projected that the change will have a positive impact the quality of the assessment, the performance data, and skill of the workforce however this will take some time to embed.

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%	↓75%	Health and Social Care

ANALYSIS

Child health physiotherapy met the target for May/June 2023, but since that time staff vacancies have led to significant waiting times for first appointments. One whole time equivalent post was filled in July 2024 and a second has just been recruited to. (Whole time equivalent staffing has been at 80%) The successful recruitment drive will ensure improvement in waiting times by next quarter. In the meantime, all requests for assistance are triaged and prioritised

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%	↓ 39%	Health and Social Care
ANALYSIS				
The downward trend this quarter is due to sickness and vacancy within the team leading to longer waits for first appointment. Absence of any kind has a significant impact on capacity within a small team. An action plan is in place and all requests for assistance are triaged and prioritised. It should also be noted that all requests are contacted and receive a 'First Conversation' consultation. Monitoring waiting time to first appointment as per the 18RTT methodology does not reflect this. Interestingly, several families waiting did not respond to invitations for first appointments over the summer holidays. The team is soon to be fully staffed following a successful recruitment process and this should lead to an improvement next quarter.				

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%	↑ 79%	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 has resulted in continuing progress towards our target.				

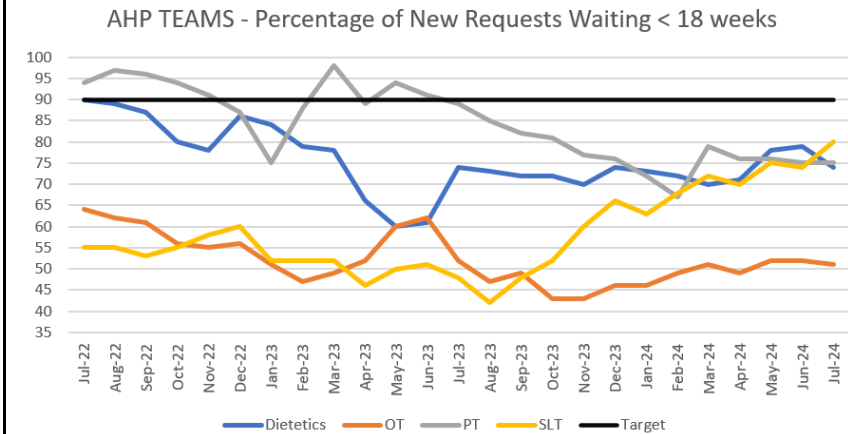
Indicator #11 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%		↑ 85%	Health and Social Care
ANALYSIS				
The upward trend in response to this indicator is due to service redesign and the team are to be congratulated on their efforts.				

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

Nationally, no other IJB/NHS Board collates/reports on paediatric AHP waiting times, rather they focus on either “response”, “experiential” or “outcomes” to measure performance. AHP performance measures are therefore currently under review.

Due to staffing issues, the physiotherapy and occupational therapy teams have struggled to meet demand this quarter and therefore the AHP overall percentage of children and young people seen within 18 weeks has seen no change. Trends over time are demonstrated below.

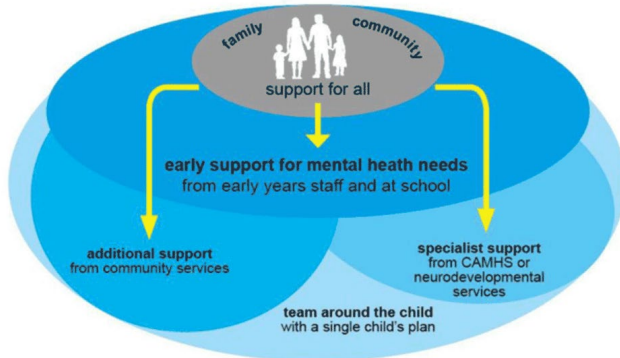


Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	90%	24%	↓ 5%	NHS Highland

ANALYSIS

Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot (www.gov.scot)

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

Sep 2024 Update

Core assessment for all children and young people continues to be through the Getting it Right Childs Plan. Families continue to be supported through this mechanism. Pathways into a specialist assessment for ND are under review by NHS Highland.

Leadership to Change

Chief Officer in NHS Highland and The Highland Council have established a partnership programme board to provide executive oversight to the changes required to ensure the partnership is implementing the national specification and delivering the support and assessment required for infants, children and young people.

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
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
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. The numbers of placements outwith Highland are the lowest level recorded since the programme began in 2018.				

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
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. Secure placements have been at target for the last two years.				

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	N/A	26	↑ 50	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	↑ 33	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
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%	↓ 86	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q4 2023/24 = 86%
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 85% since Q2 2019/20.

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period	N/A	112	↓ 116	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q4 2023/24 = **116**
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	↑ 51	HSC – CP Minimum Dataset
--	------------	-----------	-------------	---------------------------------

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q4 2023/24 = **51**

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
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	N/A	58	↑ 114	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q4 2023/24 = **114 (change in concern description for data set 2.)**

The majority of concerns recorded relate to vulnerability factors including Domestic Abuse (12), Parental Alcohol Use (13), Parental Drug Use (20), Child Affected by Parental Mental Health (18). In terms of Impact and Abuse Emotional Abuse (13) and Neglect (19) are the largest concerns recorded. Criminal Exploitation, Services Finding it Hard to Engage, Child Experiencing Mental Health Problems 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	↓ 80%	HSC – CP Minimum Dataset

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q4 2023/24 = **80%**

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 80%. 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	↑ 169	HSC – SCRA Quarterly Reports
ANALYSIS				
<p>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. Latest data from Q4 2023/24 =169</p>				

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on offence grounds	Reduction from Baseline	TBC	↑ 43	HSC-SCRA Quarterly Reports
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q4 2023/24 = 43 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				

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.

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
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

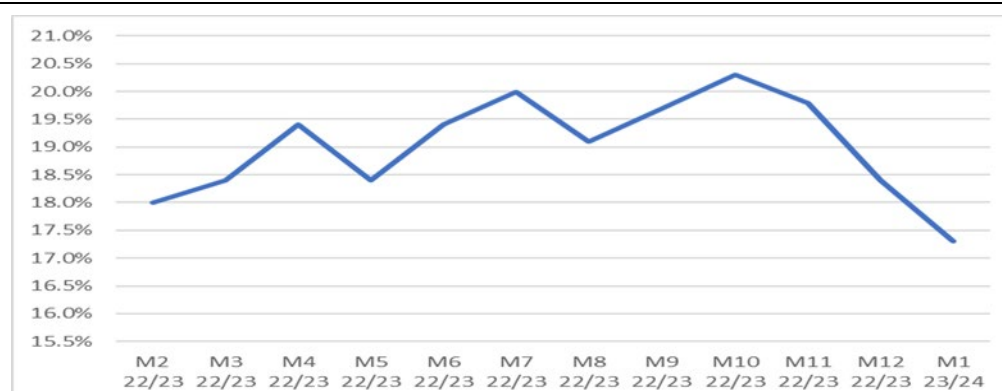
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.

Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
The 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.

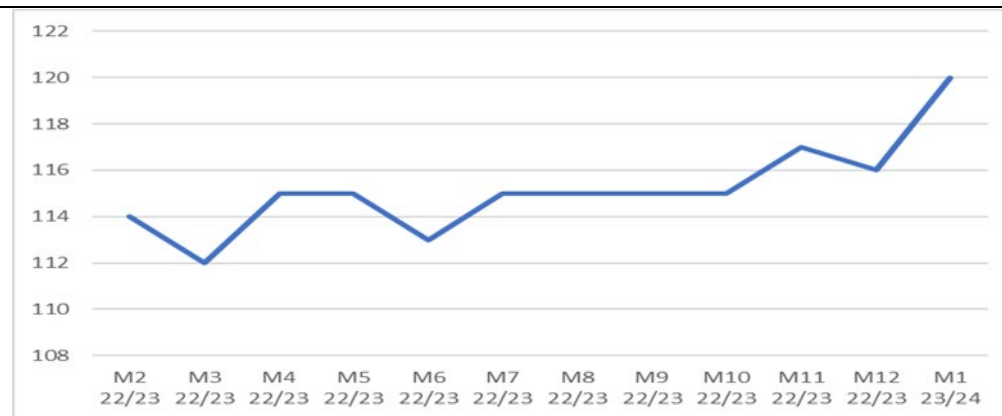


Indicator #39	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	82	72	120	Health & Social Care

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



**Revised Committee Report Template
Highland Investment Plan**

3.	Implications	
3.1	Resource: The children's services planning partnership will help determine future resource needs and priorities for improvement. Further resource implications may be identified within the duration of the plan (2023 - 2026)	
3.2	Legal: There is a statutory requirement for partnerships to produce an Integrated Children's Service plan every three years as outlined at 4.1 of this report. The plan will have a focus on meeting the requirements of the United Nations Convention on the Rights of the Child as at 7.4.	
3.3	Risk: None	
3.4	Gaelic: None	
3.5	Health and Safety: None	
3.7	Impacts	
3.8	In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.	
3.9	Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.	
3.10.1	Integrated Impact Assessment - Summary	
3.10.2	An Integrated Impact Assessment screening has been undertaken on 5 th September 24. The conclusions have been subject to the relevant Manager Review and Approval.	
3.10.3	The Screening process has concluded that there is only positive impact to the work of the Integrated Children's Service Plan 2023-26 and The Annual report 2024 in the areas identified in the screening process.	
	Impact Assessment Area	Conclusion of Screening
	Equality	<ul style="list-style-type: none"> • Children and Young People – <i>Positive</i> • Children affected by disability – <i>Positive</i>
	Socio-economic	<i>Positive</i>
	Human Rights	<i>Positive</i>
	Children's Rights and Well-being	<i>Positive</i>

Island and Mainland Rural	<i>no impact</i>	
Climate Change	<i>no impact</i>	
Data Rights	<i>no impact</i>	

Report Appendix 1: Integrated Impact Screening Summary

The screening highlighted overall positive impacts as a result of the work of the Integrated Children’s Service board and the progress achieved as noted in the Integrated Children’s Service Plan Annual report.

Equality, Poverty and Human Rights

The screening specifically notes the potential for positive impact on children and young people and children’s rights, as a result of the approach to delivering sustainable improvements.

There will be positive impact on children and young people across Highland as a result of the Integrated Children Service Plan, across all the delivery groups and programmes including The Promise and The Whole Family Wellbeing Programme. These would be directly linked to the support of all children and families in Highland to thrive which includes those with protect characteristics, facing poverty challenges and working to as well as upholding Human and Children’s rights.

There are no negative impacts identified through the successful delivery of the Integrated Children’s Service Plan 2023-26. Of which this report is an update of this work.

Children’s Rights

The screening specifically notes the positive impact on children’s rights, The foundations of the Integrated Children's Service plan are rooted in The United Nations Rights of the Child. One of our key principles of the plan is to conduct to work that We will strive to uphold the United Nations Convention on the Rights of the Child (UNCRC).

We are working in the best interests of the child (Article 3), Children having a standard of living that is good enough to meet their physical and social needs and support their development (Article 27), Children have a right to education (Article 28) All the children's rights identified are positively affect and upheld through the Integrated Children's Service Plan, Integrated Children’s Service board and the delivery groups, with a central commitment to Article 12 to inform all the work we do

Island and Rural

No Impact

Climate Change

No Impact