

Agenda Item	7
Report No	JMC-20-24

The Highland Council / NHS Highland

Committee: Joint Monitoring Committee

Date: 13 December 2024

Report Title: Integrated Children's Services Update

Report By: Chair Integrated Children's Services Planning Board

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:
 - i. 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.
 - ii. 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 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 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.

4.5

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. The work of the board has continued to be strengthened through the delivery groups and strong partnership across services and in all sectors.

9. Child Poverty Report 2023-24

9.1 Child Poverty (Scotland) Act 2017 requires Local Authorities and Health Boards to jointly prepare annual Local Child Poverty Action Reports. In line with these legislative requirements, NHS and Highland Council have led the review of the

23/24 actions and set out new actions 24/25. The report is being finalised and an update will be provided within the next iteration of this report.

Key activity noted in the 23/24 Local Child Poverty Update Report includes:

- Additional funding and partnership working supports new models of childcare to be piloted
- Whole Family Wellbeing Programme rollout including launch of funding strategy and improved data capture
- 188 parents in 23/24 supported to progress their journey towards employment
- 142 numeracy courses delivered to 627 participants through Multiply programme
- 726 referrals made to welfare, energy and health advice services
- 3290 supported with energy advice and matters

10. Planet Youth

- 10.1 Planet Youth, the Icelandic Prevention Model, is a primary prevention process designed to have a long-term impact in communities on reducing youth substance use. This is achieved through creating a healthy built environment and viewing society as the patient. It is in its infancy in Scotland but is based upon over 20 years of success in Iceland, when the country's communities came together to improve the lives of young people.
- 10.2 At the time Iceland was struggling with their teenager's excessive use of alcohol, smoking, and other 'risky behaviours'. Scotland has been struggling with similar challenges to Iceland with young people engaging in significant levels of risky behaviours and increasing levels of mental health concerns. A similar downward trajectory of these activities can be achieved by adapting the Icelandic model to fit the Scottish context. The Highland model determines that we must consider the protective and risk factors that affect our communities, to build a happier and healthier country.
- 10.3 Planet Youth aim to address youth substance use, complement the wider policy landscape, be considerate of health inequalities and community needs, by identifying needs and building trusted relationships and shared decision making to improve the mental, emotional and physical health of young people.
- 10.4 The Planet Youth approach puts the best interests of the child at the heart of decision making and works towards positive and sustainable improvements to the health of the young people in our communities.
- 10.5 Highland are piloting the [Planet Youth](#) model as part of a national pilot. There are five Highland secondary schools involved: Thurso High School, Wick High School, Golspie High School, Dornoch Academy and Tain Royal Academy. Further detail and the Planet Youth Highland Report 2023 can be found [here](#)

11. ***UNICEF - baby friendly standards assessment***

- 11.1 Baby Friendly Community Standards provide a roadmap for services to improve care. Through a staged accreditation programme, health professionals are enabled to support all families with feeding and developing close and loving relationships with their babies. The achieving sustainability (GOLD) standards are for organisations who

have maintained UNICEF BFI accreditation and are able to provide a substantive portfolio of evidence to reflect:

- A leadership structure that promotes BFI standards
- Fosters and organisational culture that protects the BFI standards
- Constructs robust monitoring processes to support the BFI standards
- Continues to develop the service to sustain BFI standards

- 11.2 These globally developed standards are designed by WHO and UNICEF to create a supportive environment for mothers to successfully breastfeed. It is well documented that this leads to significant health and wellbeing outcomes for infants and mothers. Highland Children's and Young People's Needs Assessment (2023) stated that action to improve the uptake of breastfeeding is one of the most effective preventative health measures for both children and mothers, with short- term and long-term benefits.
- 11.3 Highland achieved UNICEF BFI accreditation in July 2012 and had successful re-accreditations in 2015, 2019 and 2023. Following re-accreditation in 2023 an application was made for achieving sustainability and the assessment for this took place in August 2024. Findings from the assessment went to the UNICEF BFI multi-disciplinary designation committee and are in the final stages for achieving GOLD accreditation:

12. GIRFEC (Getting it Right for Every Child)

- 12.1 A multi-agency GIRFEC Strategic group has been established to have oversight of GIRFEC arrangements to support a joined-up whole system approach. This group will provide a focus on continuous improvement and implementation of action plans, continue to ensure consistency of the GIRFEC framework and the shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. This group will drive forward the work, in partnership, to meet the Scottish Government's commitment for [Getting it Right For Every Child \(GIRFEC\)](#) and provide all children, young people and their families with the right support at the right time, so that every child and young person can reach their full potential.

The new GIRFEC and Child Protection Guidance is now live [here](#). The period of live review is now coming to an end and any final changes are being made from feedback. An APP has been developed containing the full guidance and a launch will take place in December 2024 followed by wider communication and promotion across services.

13. Children and Young People Participation Strategy

- 13.1 The Children and Young people's participation strategy was approved at the Community Planning Partnership Board on the 4th of December 2024. The Children and Young People Participation Strategy can be found [here](#)
- 13.2 The strategy has a vision of a Highland in which all children and young people feel that they can meaningfully participate in decision making processes and influence change in their own lives and in wider society. This strategy is supported by the Children's Rights and Participation Improvement Group, which is one of six strategic improvement groups that support the Integrated Children's Services Planning Board to deliver the Integrated Highland Children's Service Plan 2023 - 2026.

- 13.3 As a Highland-wide partnership the strategy outlines a strong commitment to improving the participation of children and young people through:
- Keeping the Promise.
 - Aligning practice with the values and principles of Getting It Right for Every Child
 - Developing and embedding holistic whole family support
 - Incorporating the UNCRC (Incorporation) (Scotland) Act 2024 across all our statutory and commissioned services. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), states that children and young people have the right to be listened to and taken seriously.
 - The commitment to upholding the Voice of the Infant Pledge.
- 13.4 The participation strategy was commissioned by the Highland Integrated Children's Services Board (ICSB) in January 2023. A steering group was created with both adult and young people representatives from a range of statutory and third sector services and organisations and from across a wide spectrum of operational and strategic roles.
- 13.5 There was a commitment from steering group members that our children and young people's participation strategy could not be developed without the participation of children and young people and the steering group established an engagement plan to ensure the strategy was codesigned with children and young people from across Highland. In total, over 800 children and young people between the ages of 4 and 26, from all nine of the Community Partnership areas in Highland.
- 13.6 The Children and Young People Participation strategy, in line with the Equality Act 2010 has been developed to address inequality and support practitioners to consider how to reach every child or young person. Research relating to the conceptualisation of Article 12, has a focus on the 'agency' of children and young people. "All voices matter, we have a right to be heard, disabled and queer voices are often ignored so we have to fight harder to be heard; it would be nice to not fight so hard for once" It was essential to include the 'voices' of babies and infants and to understand how best to do this. Further considering the factors around 'agency' and how best we support this requires us to consider the voice of babies and young children. This strategy has been developed to bring an awareness of existing valuable resources such as the Voice of the Infant: Best Practice Guidelines and Infant Pledge and the Consulting our Youngest Children Toolkit to an increasing number of professionals from all backgrounds across the partnership in Highland.
- 13.7 The key themes of this engagement are detailed below. Six key themes were identified through the thematic analysis of the data collected from the survey and engagement sessions. Each of these themes has sub-themes which will also support the recommendations laid out in this strategy.

Theme 1 - Ask us to be involved

Theme 2 - Value and respect our views

Theme 3 - Develop our confidence and skills

Theme 4 - Provide support and safety,

Theme 5 - We have lots of views about our futures

Theme 6 -Together we can ALL make change

- 13.8 Having developed the participation strategy, the Rights and Participation improvement group are now entering the implementation phase of this work. The implementation of this strategy will create structures and processes through which professionals can access support and guidance around positively supporting meaningful participation.
- 13.9 The participation of children and young people may not be viewed as a core element of professional practice across all areas of work. This strategy views all children and young people as citizens and community members with a right to have agency in all areas of life which affect them.
- 13.10 As evidenced by what children and young people have told us, they are keen to play a part in decision making across our systems. Across our partnership in Highland, we require to have a clear understanding of how to enable the meaningful participation of children and young people within practice.
- 13.11 Implementation of this strategy will be achieved through innovation utilising existing resource within the partnership with greater collaboration and 'joining up' of the work of professionals across all sectors.
- 13.12 The Rights and Participation Improvement Group have oversight of the Implementation of the Strategy. A Rights and Participation Website has been developed and provides the opportunity for children and young people to have their voice heard within a designated area of the site. here
- 13.13 Further implementation activity includes.
- Ongoing roll out, promotion and support of the Strategy
 - Involving Children and Young people in all areas of ongoing implementation
 - Developing additional accessible versions of the CYP Participation Strategy
 - Development of a Children and Young People Forum
 - Creation of a 'Participation Plan on a Page'.
 - Planning for and implementing 'Community of Practice' sessions
 - Development of support tools and training.

Designation: Chair of the integrated children's services planning board

Date: 26 November 2024

Author: Ian Kyle

Appendices: Appendix 1 – Performance Management Framework
Appendix 2 - Integrated Impact Assessment



**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%	↑87%	Child Health
ANALYSIS				
There was a slight increase 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/				

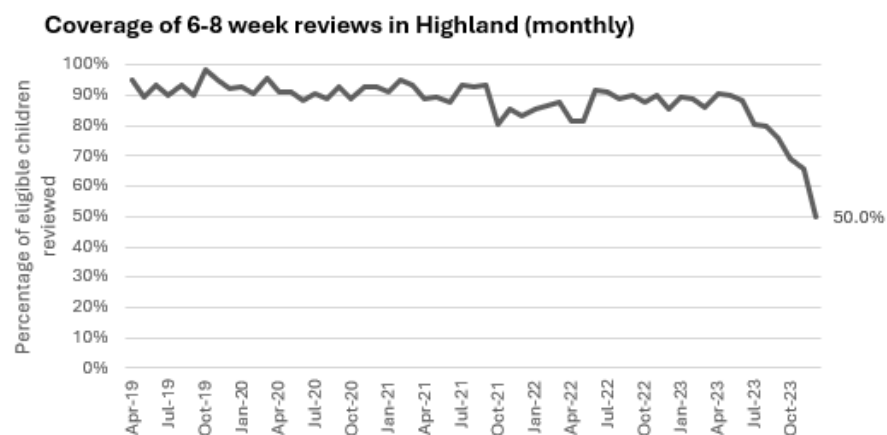
Indicator #4 (NHS CYP03)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	80%	↑ 61%	Child Health

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/child-health/pre-school-review-coverage-statistics-2022-23)



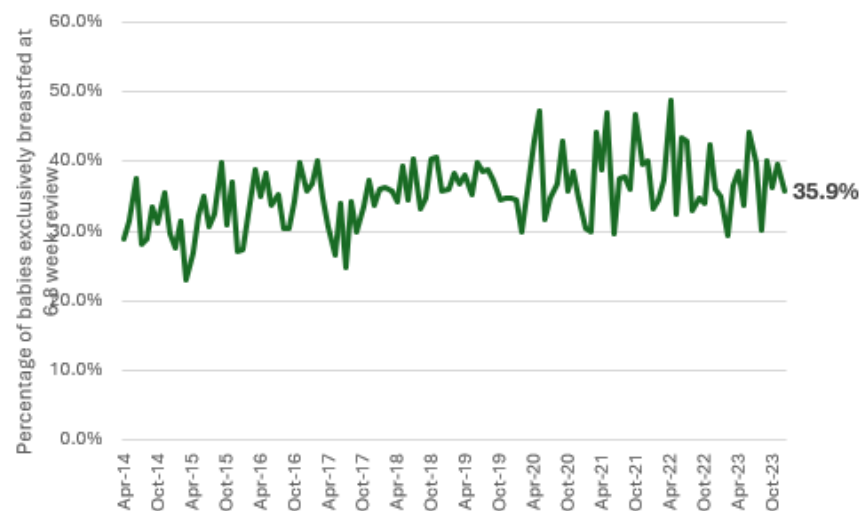
Indicator #5 (NHS CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	36%	30%	↑ 37%	Child Health

ANALYSIS

Note: Graph outlines the data until end of 2023.

March 2024 data demonstrates an increase to 37.2% with an average across 23/24 of 36.5%.

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 are going through the re-accreditation process for the UNICEF Gold award.



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%	↓62%	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%	↑79%	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%	↑ 52%	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.				

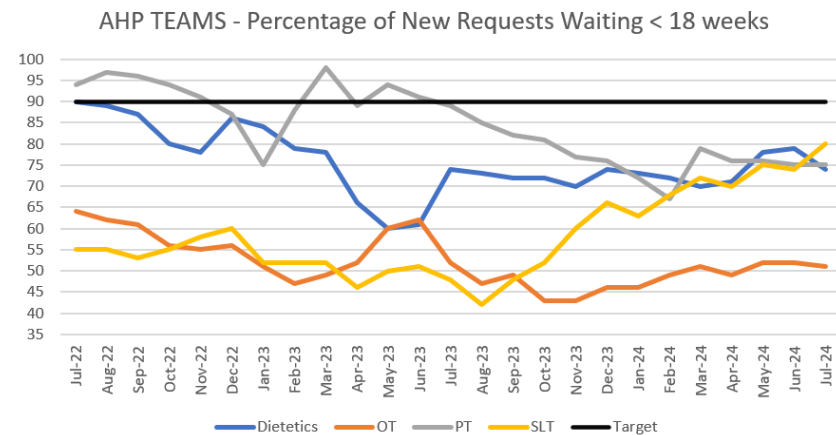
Indicator #11 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%		↑ 74%	Health and Social Care
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%	↑ 71%	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
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 #14	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 #15	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 #16	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 #17	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 #18	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S4 who report that they use drugs at least once per week	Improve from Baseline	19.20%	↑ 2.38%	Education and Learning
ANALYSIS				
<p>Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils</p> <p><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</p>				

Indicator #19	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 #20	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 #21	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	↑ 17	Health & Social Care
ANALYSIS				
This data is reported monthly as part of the data collection for the Home to Highland programme. The numbers of placements outwith Highland were at the lowest level ever recorded at 9 placements in Oct 2023 but have since increased again to 17, 2 placements above the target. This is a result of several larger families coming into spot purchased residential care and a number of young people with needs and behaviour that required specialist placements outwith Highland. Work is continually targeted through the Home to Highland Programme to reduce the number of children in residential placements outwith Highland. The team are currently working on returning 12 children over the next 12 months.				

Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people in secure care will decrease	3	8	↑ 4	Health & Social Care
ANALYSIS				
New regulations came into force on 28 August and as of that date, there will be no new admissions of children under 18 to YOIs this is likely to affect this figure to rise				

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	N/A	26	↓ 27	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 decreased in the last 4 quarters. After 4 quarters of this increasing. Further work is underway to examine the data in more detail.				

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences	N/A	19	↓ 13	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 #25	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%	↑100	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 #26	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period	N/A	112	↓ 83	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 increases. 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 because of the current financial climate, However after a period of increases this quarter has seen a reduction in Q1 2024/25 Further work is underway to examine the data in more detail.				

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	N/A	34	↑ 60	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 #28	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	↓73	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 #29	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	95%	TBC	↑ 82%	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 #30	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children’s Reporter on non-offence grounds	Reduction from Baseline	TBC	↓ 137	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. Latest data from Q4 2023/24 = **169**

Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on offence grounds	Reduction from Baseline	TBC	↓ 28	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</p> <p>An increase in previous figures 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. We are seeing a decrease this quarter however, figures are relatively small so increases and decreases in the data need to be considered over a longer period.</p>				

Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	Increase from Baseline	112	↑ 110	HSC - Scottish Government Annual Return
ANALYSIS				
<p>Preliminary figures awaiting Scottish Government validation</p> <p>Figure 2023/23 - 94</p> <p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p>				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	Increase from Baseline	100	↑ 81	HSC - Scottish Government Annual Return
ANALYSIS				
<p>Preliminary figures awaiting Scottish Government validation</p> <p>Figure 2022/23 – 75</p> <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 foster parents provided by local authority	Increase from Baseline	121	97	HSC - Scottish Government Annual Return
ANALYSIS				
Preliminary figures awaiting Scottish Government validation				
Figure 2022/23 - 104 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 prospective adopters	Increase from Baseline	12	15	HSC - Scottish Government Annual Return
ANALYSIS				
Preliminary figures awaiting Scottish Government validation				
Figure 2022/23 - 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 within a local authority provided house	Reduction from Baseline	81	↑57	HSC - Scottish Government Annual Return
ANALYSIS				

Preliminary figures awaiting Scottish Government validation

Figure 2022/23 - 52

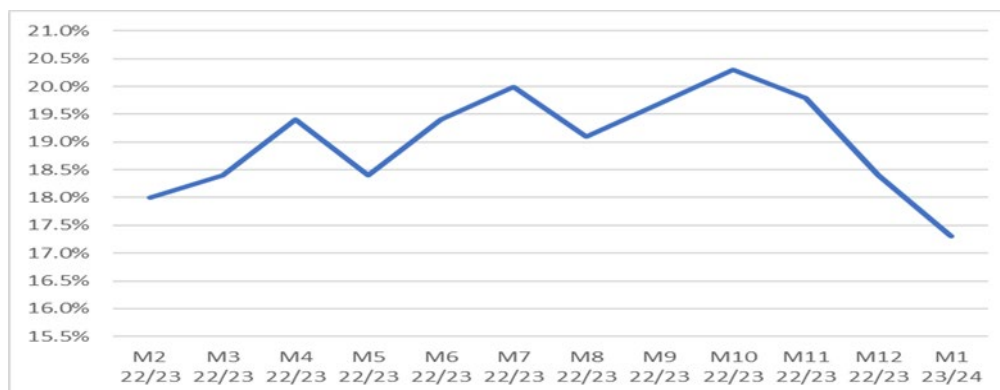
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The number of in-Highland residential beds has decreased by 7 in the last year due to a number of provisions in the north closing.

Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE
The percentage of children needing to live away from the family home but supported in kinship care increases	20%	19%	19.4%	Health & Social Care

ANALYSIS

This data is reported monthly on PRMS,

There has been a slight increase in the monthly figure, with the current figure sitting slightly below the target but above the baseline figure.



Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	82	72	137	Health & Social Care

ANALYSIS

**Revised Committee Report Template
JMC Integrated Impact Assessment
Dec 24**

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 25 th November 24 The conclusions have been subject to the relevant Manager Review and Approval.								
3.10.3	<p>The Screening process has concluded that there is only positive impact to the ongoing work of the Integrated Children's Service Plan 2023-26 the areas identified in the screening process.</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Impact Assessment Area</th> <th>Conclusion of Screening</th> </tr> </thead> <tbody> <tr> <td>Equality</td> <td> <ul style="list-style-type: none"> • Children and Young People – <i>Positive</i> • Children affected by disability – <i>Positive</i> </td> </tr> <tr> <td>Socio-economic</td> <td><i>Positive</i></td> </tr> <tr> <td>Human Rights</td> <td><i>Positive</i></td> </tr> </tbody> </table>	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>
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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.

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