Agenda Item	6.
Report	PEO
No	17/18

### **HIGHLAND COUNCIL**

Committee:	People
Date:	15 March 2018
Report Title:	Performance Report – Children's Services
Report By:	Director of Care and Learning

#### 1. Purpose/Executive Summary

1.1 This report provides an update on the performance framework for Children's Services.

#### 2. Recommendations

- 2.1 Members are asked to:
  - i. Scrutinise and comment on the performance information.
  - ii. Note the information provided on quality improvement.
  - iii. Note the commentary on Statutory Performance indicators.
  - iv. Note the commentary on the Northern Alliance draft Improvement plan.

### 3. For Highlands Children 4 performance framework

- 3.1 Highland Council and NHS Highland have agreed a performance framework for children's services, as set out in *For Highlands Children 4*. This performance report is presented to this Committee as well as to NHS Highland.
- 3.2 All of the performance measures in the current framework have been allocated to *For Highlands Children 4* Improvement Groups.
- 3.3 A summary of the data including analysis of each measure is included at **Appendix 1.**
- 3.4 There is further detail available on those indicators associated with the Child Health Commission in the subsequent assurance report.
- 3.5 Commentary on new performance data which is either not on target or otherwise of note is detailed below.

#### 4. **Performance Data**

- 4.1 NHS Highland has advised that the technical issues for the Child Health Surveillance data have not yet been resolved. This matter is out of NHS Highland's control as the next steps sit with NHS National Services Scotland. NHS Highland is seeking for the issues to be resolved, and state that this risk is part of the wider work in progress as the 'Child Public Health and Wellbeing Transformational Change system' is developed nationally. This system will replace the current system.
- 4.2 Indicator 22 concerns the aim to achieve 36% of new born babies being exclusively breastfed at their 6-8 week review
- 4.3 Breastfeeding needs support due to the skill required to get it right and it is this support that is crucial to enable women to feed for as long as they wish. Through the UK wide Infant Feeding Survey it is clear to determine why women give up feeding in the early weeks and that timely hands on support is crucial to getting breastfeeding right for every mum. The most common reasons for ceasing breastfeeding in the early weeks were: baby not latching properly (27%), having painful breasts or nipples (22%) or having "insufficient" milk (22%) all of which can be clearly linked to ineffective positioning and attachment the key skill to enable effective breastfeeding.
- 4.4 The Infant Feeding Survey also made clear the women who were more likely to breastfeed: those mums who were aged 30 or over (87%), those who left education over 18 years (91%), those in managerial positions (90%) and those living in the least deprived areas (89%).
- 4.5 This provided a clear focus for Infant Feeding Support Workers role (part funded by Highland Council), and the main aspects were to:
  - Locate in areas of deprivation
  - Target support in the antenatal period
  - Use face to face support in the early postnatal period
  - Support the breastfeeding dyad for as long as they wish.
- 4.6 The Infant Feeding Support Workers have integrated extremely well within the

midwifery and health visiting teams, and have shown multi-agency collaborative working at its full potential. They have developed new and exciting ways to engage with women, encouraging a community empowerment model to increase breastfeeding rates and improve attendance at groups both before and after birth.

- 4.7 Performance indicator 28 concerns the percentage of children in Primary 1 who have their Body Mass index measured every year. The data shows that the percentage of children having their BMI measured fell from 94.5% in 2015/16 to 82.4% in 2016/17 This reduction reflects capacity in the school nursing service and a move to targeting services to those children with greatest need, as recommended in the School Nursing Review. This reduction reflects a Scotland wide position. The Population Health Directorate at the Scottish Government have now highlighted this to all NHS Boards and requested that efforts are made to reverse this decline.
- 4.8 Performance indicator 52 concerns the delay in the time taken between a child being accommodated and permanency decision decreasing.
- 4.9 During quarter 4 16/17, all four children matched were under 5 years of age. The increase from 9.7 months to 16.7 months is mainly due to lengthy legal processes which impact on permanency planning including matching with prospective adopters.

#### 5. Local and National Statutory Performance Indicators 2016/17

- 5.1 The Council is required to report to the Scottish Government on Statutory Performance Indicators (SPIs) within 12 months of the end of the financial year they refer to.
- 5.2 Within the responsibilities of the Care and Learning Service, the following areas show significant improvement between 2015/16 and 2016/17.
  - Youth Offending.

The number of offence based referrals to Scottish Children's Reporter Administration (SCRA) decreased from 423 to 367. The number of persistent young offenders with 5+ referrals decreased from 9 to 5. The number of young people referred to the Children's Hearing System on offence grounds fell once again, continuing a trend over a number of years, albeit there had been an increase in 2015/16. The number of young people regarded as persistent offenders (defined as having more than five referrals within a six month period) also significantly reduced.

• Looked after Children

The proportion of Looked After Children in kinship care increased from 15.8% to 17.7%.

• Parks and open spaces

The net costs of parks and open spaces per 1,000 population decreased from  $\pounds 9,722$  to  $\pounds 8,583$ . The cost per participant of guided walks decreased from  $\pounds 8.45$  to  $\pounds 5.41$ . There was also a reduction in the net cost of managing parks and open spaces, including the cost of guided Countryside Ranger walks.

#### • Libraries and museums

There were more visits to libraries, and a reduction in the net cost of visits to

both libraries and museums. The net cost per library visit decreased from  $\pounds 2.33$  to  $\pounds 1.91$ . The number of visits per 1,000 population increased from 10,661 to 13,110. The net cost per museum visit decreased from  $\pounds 1.88$  to  $\pounds 1.45$ .

SDS for adults

A greater proportion of adults are accessing social care services through a direct payment, as part of an increasing number of self-directed support arrangements managed by NHS Highland on the Council's behalf.

- 5.3 Areas where performance has decreased during the year are:
  - Leisure

Attendances to leisure facilities (excluding stand-alone swimming pools) per 1000 population decreased from 9,175 to 7,814. This represents a large number of facilities across Highland with positive and negative movements in participation in many, caused by factors such as facility closure for repair or adding new opportunities. However, the most significant movement was due to over-reporting of participation at Inverness Leisure in the previous year.

<u>Teacher sickness</u>

Average absence increased from 6.1 to 6.9 days for the year. This has been subject to discussion as part of workforce planning processes, previously reported to Committee. It may correlate with the improved monitoring processes implemented by the authority over the year, and is being closely monitored.

<u>Attainment</u>

The average total tariff for the bottom Scottish Index of Multiple Deprivation (SIMD) Quintile 1 decreased from 543 to 445; and for SIMD Quintile (5) decreased from 1,178 to 1,036. The Scottish Credit & Qualifications Framework (SCQF) Level 5 attainment by children from deprived backgrounds decreased from 34% to 27%, and Level 6 for children from deprived backgrounds decreased from 13% to 11%. These indicators are measured in year, and do not take full account of the qualifications that children achieve by the time that they leave school, where Highland pupils generally perform as well or better than their peers in other authorities - indeed more recent data shows increasing numbers (95.5%) leaving school for positive destinations. Highland Council also remains committed to entering children of all abilities for those qualifications where they have an opportunity to succeed, and this can have the consequence of reducing the overall tariff. There does appear to be a substantive issue though with S4 performance in this year, which will be the subject of further analysis and subsequent actions.

Social Care costs

Adult Home Care costs for people aged 65+ increased from £32.66 to  $\pm$  £36.09/hour, due to the decision by NHS Highland to ensure the living wage was paid to staff across all sectors.

Permanence planning

The time taken between a child being accommodated and permanency being achieved increased in 2016/17 from 9.7 to 16.7 months. This reflects adoptive placements for four children under the age of 5 years. While performance

data reflects this as a negative trend, this is infact a success story for children who might be regarded as 'hard to place'. The increase is due mainly to lengthy legal and Children's Hearing processes which impact on permanency planning including matching with prospective adopters - for example, two children could not live with their prospective adoptive parents until the case had been heard in court. The recommendation for another of the children was to place her out with Highland, and we were successful in finding an adoptive family.

• Children's Services

The proportion of children on the child protection register previously registered increased from 3.9% to 6.3%. Albeit this reflects small numbers, it is a significant increase, but more recent performance (as shown in **Appendix 1**) shows improvement. The number of Looked After Children accommodated by the Council increased from 73 to 85. As Members are aware, having reduced last year, the number of children in residential care has increased in 2016/17. This is the subject of a detailed report to this meeting of the Committee.

#### 6. Quality improvement

- 6.1 All of the performance measures detailed within the performance management framework have been allocated to *For Highlands Children 4* Improvement Groups.
- 6.2 In recent years, the improvement groups have significantly enhanced their effectiveness by adopting a quality improvement model supported by Scottish Government funded improvement collaboratives. In addition, frontline staff and managers across a range of services are using the 'Model for Improvement' to accelerate change.
- 6.3 The National 'Children and Young People Improvement Collaborative' (CYPIC) continues to develop a method and culture for delivering improvement.
- 6.4 The Improvement Co-ordination Group has a key role in leading and driving forward this work. A series of quality Improvement learning networks have been established and two 6 month learning programmes were undertaken last year. The programmes provided an opportunity for a total of twenty participants to develop skills to support the use of improvement methodology and build capacity within services. The third quality improvement network commences in March 2018, with 22 participants identified.
- 6.5 Quality Improvement underpins much of the improvement activity across the Northern Alliance. Working alongside the other authorities Highland has identified five participants to undertake coaching training on the model for improvement. This training will take place throughout 2018 and enable participants to further develop skills and competencies to enable them to support others and further embed this approach across services for children in Highland.

#### 7. Northern Alliance Regional Improvement Plan

7.1 As Members are aware, the Northern Alliance is a Regional Improvement Collaborative between eight local authorities, across the north of Scotland: Orkney, Aberdeen City, Aberdeenshire, Argyll and Bute, Western Isles, Highland, Moray and Shetland. The Alliance came into being in 2014 when a number of these Local Authorities met together to try to tackle teaching staff shortages in their schools.

- 7.2 Subsequently the Scottish Government's Review of Educational Governance has determined that Local Authorities across Scotland group themselves in a similar way to promote collaboration. It is likely that these Regional Improvement Collaboratives will be formalised in the forthcoming proposed Education Bill.
- 7.3 Each Regional Improvement Collaborative (RIC) has been tasked by the joint Steering Group, consisting of the Scottish Government, Education Scotland and Local Government, to produce its own Regional Improvement Plan. The Northern Alliance has developed an initial draft of its Regional Improvement Plan. The Alliance seeks to deliver on the following high level improvement priorities:
  - Priority 1: Improvement in attainment, particularly literacy and numeracy
  - Priority 2: Closing the attainment gap between the most and least disadvantaged children
  - Priority 3: Improvement in children and young people's health and wellbeing
  - Priority 4: Improvement in employability skills and sustained, positive school leaver destinations for all young people
- 7.4 The aforementioned priorities are aligned to the aims of the Scottish Attainment Challenge and the National Improvement Framework (NIF). While the priorities outlined in the Northern Alliance Regional Improvement Plan highlight the aims of the NIF, the activities and outlook of the Northern Alliance are far broader. The Alliance champions a child and family-centred approach to address the attainment gap and to drive forward improvement.
- 7.5 As Members were previously informed, Regional Improvement Collaboratives were initially tasked by Government with finalising an Improvement Plan by January 2018, but the timeline for publication has been revised, as shown below.
- 7.6 The initial draft of the Plan was submitted to the Chief Inspector of Education for 30 January 2018, for feedback. An executive summary of the draft plan is attached as **appendix 2**.
- 7.7 Following commentary from Education Scotland, the next draft of the Regional Improvement Plan will be refined through additional analysis and consultation. It is anticipated that it will circulated across the authority (and other authorities) from May. This will include a report to this Committee
- 7.8 The revised Regional Improvement Plan is expected to be submitted to Education Scotland for sign off in autumn 2018.

### 8. Implications

- 8.1 There are a range of resource implications with regard to these performance indicators, but in most cases, performance can be addressed within current resources.
- 8.2 There are no legal, community (equality, poverty and rural), climate change/carbon clever, risk or Gaelic implications arising from this report.

Designation:	Director of Care and Learning
Date:	2 March 2018
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Appendix 1

### For Highlands Children 4 Performance management Framework

Кеу

**O**Performance improving **O**Performance declining **O**Performance is stable

#### SAFE

#### Outcome 1: Children are protected from abuse, neglect or harm at home, at school and in the community

Indicator 1	Target	Baseline	Status	Imp Group	Current
Number of households with children in temporary accommodation will reduce.	95	100	0	Child Protection	94

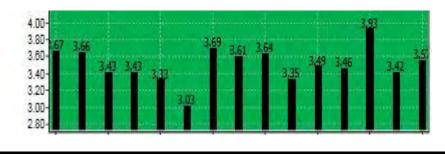
#### Analysis

The data is collected annually. The baseline was established in 2014 and shows a small reduction over time. The target was met for the first time in 2016.

Indicator 2	Target	Baseline	Status	Imp Group	Current
The percentage of children on the child protection register who have been registered previously will reduce.	Improve from baseline	5.31%	0	Child protection	3.57%

#### Analysis

The data is collected quarterly but due to short term variation, as shown in the graph below, is only statistically significant when analysed annually. The baseline was established in 2014 and improvement has been demonstrated year on year since then.



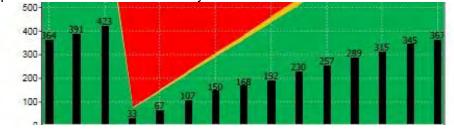
Indicator 3	Target	Baseline	Status	Imp Group	Current
The percentage of pupils who self report experiencing bullying in P7 will reduce	Improve from baseline	26.5%	•	Public Health and wellbeing	26.5%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey w a baseline for improvement. The survey is undertaken every two years across High			us surveys	and as a consequence	e now determin
Indicator 4	Target	Baseline	Status	Imp Group	Current
The percentage of pupils who self report experiencing bullying in S2 will reduce	Improve from baseline	26.9%	•	Public Health and wellbeing	26.9%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey w a baseline for improvement. The survey is undertaken every two years across High			us surveys	and as a consequence	e now determin
Indicator 5	Target	Baseline	Status	Imp Group	Current
The percentage of pupils who self report experiencing bullying in S4 will reduce	Improve from baseline	17.5%	•	Public Health and wellbeing	17.5%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey w a baseline for improvement. The survey is undertaken every two years across High Indicator 6			us surveys	and as a consequence	e now determin
	-		Status		
The number of children and young people who say that they know where to get help from if they are being bullied increases	90%	89.5%		Equalities	87%
Analysis		See Highland	schools. The	e 2015 lifestyle establi	ished a baseline

Indicator 7	Target	Baseline	Status	Imp Group	Current
The number of children and young people who say that they would tell someone if they were being bullied increases	63.8%	61.1%	0	Public Health and wellbeing	76%
Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. Although the data shows improvement over this period, the data is not people undertaking the survey.	•	•		•	
Outcome 2. Children are well equipped with the knowledge and skills	they need to	o keep them	selves sat	e	
Indicator 8	Target	Baseline	Status	Imp Group	Current
The number of children who report that they drink alcohol at least once per week	Improve from	20%		Public Health and wellbeing	20%
	baseline				
<b>Analysis</b> This is new data taken from the 2017 lifestyle survey. The question in the survey v a baseline for improvement. The survey is undertaken every two years across Hig	vas redesigne		us surveys a	and as a consequence	e now determin
This is new data taken from the 2017 lifestyle survey. The question in the survey	vas redesigne		us surveys a	and as a consequence	e now determin
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This is new data taken from the 2017 lifestyle survey. The question in the survey of a baseline for improvement. The survey is undertaken every two years across Hig Indicator 9 The number of children in P7 who report that they us drugs at least once pe	vas redesigne hland schools Target Improve from baseline vas redesigne	Baseline 1.8%	Status	Imp Group         Public Health and wellbeing	Current 1.8%
This is new data taken from the 2017 lifestyle survey. The question in the survey of a baseline for improvement. The survey is undertaken every two years across Hig Indicator 9 The number of children in P7 who report that they us drugs at least once pe week Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey of the survey of the survey.	vas redesigne hland schools Target Improve from baseline vas redesigne	Baseline 1.8%	Status	Imp Group         Public Health and wellbeing	Current 1.8%

Indicator 11	Target	Baseline	Status	Imp Group	Current
The number of children in S4 who report that they us drugs at least once pe week	Improve from baseline	19.2%	•	Public Health and wellbeing	19.2%
<b>Analysis</b> This is new data taken from the 2017 lifestyle survey. The question in the survey a baseline for improvement. The survey is undertaken every two years across Hig	Ų		us surveys	and as a consequence	e now determ
Outcome 3. Young people & families live in safer communities where a	ntisocial &	harmful beh	naviour re	ducing	
Indicator 12	Target	Baseline	Status	Imp Group	Current
The number of children reporting that they feel safe in their community	Improve	84.7%		Public Health and	88.7%
increases	from baseline		•	wellbeing	
increases Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period.	from baseline wo years acro			e 2011 lifestyle establi	
increases Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every	from baseline	oss Highland s Baseline 72%	Schools. The Status	, C	shed a basel Current 79%
increases Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period. Indicator 13 The percentage of school staff who have up to date child protection training	from baseline wo years acro <b>Target</b> Improve from baseline	Baseline 72%	Status	e 2011 lifestyle establi Imp Group Schools	Current
increases Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period. Indicator 13 The percentage of school staff who have up to date child protection training increases Analysis	from baseline wo years acro <b>Target</b> Improve from baseline	Baseline 72%	Status	e 2011 lifestyle establi Imp Group Schools	Current

Indicator 15	Target	Baseline	Status	Imp Group	Current
The number of offence based referrals to SCRA reduces	Improve from baseline	528	0	Youth Justice	367

This data is reported monthly. The baseline was established in 2012 and the latest data shows a reduction from the baseline and between the current reporting period and the same time last year as shown in the table below.



### HEALTHY

#### Outcome 4. Children and young people experience healthy growth and development

Indicator 16	Target	Baseline	Status	Imp Group	Current
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	A	Early Years	70.6%

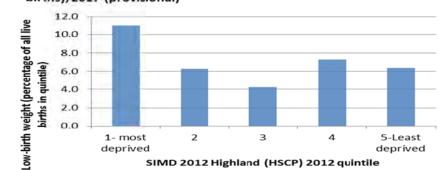
#### Analysis

This data is collected quarterly from NHSH. The latest data is from march 2017. The baseline was established in 2013 and quarterly variations have been within the 55 – 70% range during that time.

Indicator 17	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%	0	Additional support Needs	86%
Analysis This data has been collected annually since 2015. The data shows little variance ov	ver that time.	-	-	-	-

Indicator 18	Target	Baseline	Status	Imp Group	Current
There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	2.7%		Early Years	4.6%

This data is collected annually from NHSH. The latest data is from 2017 (provisional). The baseline was established in 2013. The 2016 data is shown in the table below.



bi	rths), 201	7 (provisional)		
e/	12.0			

Highland HSCP: CYP02 Low birth weight babies (all live

Indicator 19	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 27-30 month surveillance contact	95%	52%	0	Early Years	87.6%

#### Analysis

This data is collected quarterly from NHSH. The latest data is from December 2016. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.

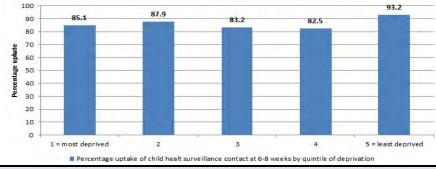
Indicator 20	Target	Baseline	Status	Imp Group	Current
95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%	U	Early years	82%
Analysis					

#### Analysis

This data is collected quarterly from NHSH. The latest data is from December 2016. The baseline was established in 2012 and only small quarterly variations have been observed over time showing no real pattern of improvement.

Indicator 21	Target	Baseline	Status	Imp Group	Current
6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%	$\mathbf{O}$	Early years	0.2%

The baseline was established in 2013. The 2016 data is showing the percentage uptake of child health surveillance contact by quintile of deprivation is shown in the table below.

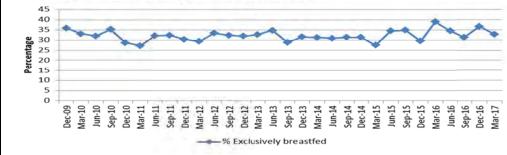


Percentage uptake of child healt surveillance contact at 6-8 weeks by quintile of deprivation, 2016

Indicator 22	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%	0	Maternal infant nutrition	32.8%

### Analysis

The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.



Percentage of babies exclusively breastfed at 6-8 week review

Indicator 23	Target	Baseline	Status	Imp Group	Current
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%	0	Maternal infant nutrition	100%
Analysis Children are allocated a Health Plan indicator showing whether their status is eith reporting period was from December 2016. The baseline was established in 201		dditional'. This	data is colle	ected quarterly from N	HSH. The las
Indicator 24	Target	Baseline	Status	Imp Group	Current
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%	0	Early Years	95.5%
Analysis This data is collected quarterly from NHSH. The latest data is from September 20	017. The basel	ine was estab	lished in 20 <sup>°</sup>	12.	
Indicator 25	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%	U	Early Years	82.4%
<b>Analysis</b> This data is collected quarterly from NHSH. The latest data is from March 2017.	The baseline w	as establishe	d in 2012.		
Indicator 26	Target	Baseline	Status	Imp Group	Current
The number of 2 year olds registered at 24 months with a dentist will increase year on year	Improve from baseline	73.9%	•	Public Health and Wellbeing	70%
Analysis This data is collected quarterly from NHSH. The latest data is from December 20 variation in the quarterly data received.	16. The baseli	ne was establi	shed in 201	3. Data over time sho	ws very little

Indicator 27	Target	Baseline	Status	Imp Group	Current
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase.	Improve from baseline	45.6%		Public Health and Wellbeing	42.9%
Analysis This data is collected quarterly from NHSH. The latest data is from December 201 variation in the quarterly data received.	6. The baseline	e was establis	shed in 2013	. Data over time sho	ws very little

Indicator 28	Target	Baseline	Status	Imp Group	Current
95% of children will have their P1 Body Mass index measured every year	95%	88.8%	U	Early Years	82.4%

Analysis This data is collected annually from NHSH. The latest data is from 2016 /17. The baseline was established in 2009. The table below shows the improvement over time.

Height and weight recording for Primary 1 School Ch	ildren in H	lighland L	ocal Autho	ority					
Estimated Data Completeness for school years 2005/0	6 - 2016/17								
	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Population of 5 year olds (NRS Estimate)	2,371	2,431	2,495	2,497	2,537	2,636	2,631	2,442	2,538
Total number of children reviewed	2,127	2,256	2,180	2,296	2,390	2,419	2,300	2,336	2,091
Number of children with valid height & weight record	2,105	2,240	2,170	2,276	2,369	2,385	2,289	2,307	2,091
As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	87.0	94.5	82.4
Source: ISD Scotland, CHSP School December 2017									

Indicator 29					Targe	t E	Baseline	Status	Imp Group	Current
90% CAMH	S referrals a	re seen within 1	18 weeks		90%	8	80%	0	Mental Health	83%
					. The baseline was est target. The target is a r				data shows that all	the children and
Indicator 30						t E	Baseline	Status	Imp Group	Current
		health assessr ease to 95%	ments comp	leted within	4 weeks of 95%	7	70%	0	Looked after children	85.4
Quarter	<u>Target (95%)</u>	(PMF Outcome Measure 46)	<u>Eligible New</u> <u>LAC</u>	<u>SHAs</u> <u>Undertaken</u>						
			LAC	<u>Undertaken</u>						
Jan-March 16	95%	Measure 46)	<b>LAC</b> 35	Undertaken 19						
Jan-March 16 Apr-Jun 16		<u>Measure 46)</u> 54.3%	LAC	<u>Undertaken</u>						
Jan-March 16	95% 95%	<u>Measure 46)</u> 54.3% 84.8%	<b>LAC</b> 35 33	Undertaken 19 28						
Jan-March 16 Apr-Jun 16 Jul-Sep 16	95% 95% 95%	Measure 46)           54.3%           84.8%           62.5%	<b>LAC</b> 35 33 24	<u>Undertaken</u> 19 28 15						
Jan-March 16 Apr-Jun 16 Jul-Sep 16 Oct-Dec 16	95% 95% 95% 95%	Measure 46)           54.3%           84.8%           62.5%           67.7%	LAC 35 33 24 31	Undertaken           19           28           15           21						
Jan-March 16 Apr-Jun 16 Jul-Sep 16 Oct-Dec 16 Jan-Mar 17	95% 95% 95% 95% 95%	Measure 46)           54.3%           84.8%           62.5%           67.7%           85.0%	LAC 35 33 24 31 40	Undertaken           19           28           15           21           34						

Indicator 31	Target	Baseline	Status	Imp Group	Current
95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks	Improve from baseline	66.7%	0	Looked after children	88.2

Analysis This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over this time.

L	LAAC Health Assessments available for CPM at 6 weeks									
Month	<u>Target (95%)</u>	(PMF Outcome Measure 47)	<u>Eligible New</u> LAC	SHAs Available						
Jan-Mar 16	95%	60.0%	20	12						
Apr-Jun 16	95%	82.4%	17	14						
Jul-Sep 16	95%	73.7%	19	14						
Oct-Dec 16	95%	66.7%	18	12						
Jan-Mar 17	95%	62.5%	24	15						
Apr-Jun 17	95%	80.0%	30	24						
Jul-Sep 17	95%	70.0%	30	21						
Oct-Dec 17	95%	88.2%	17	15						

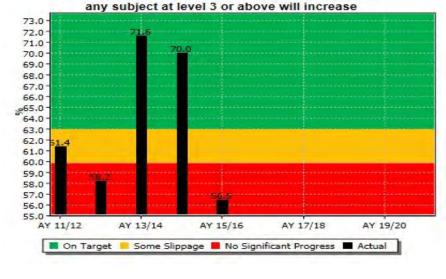
Indicator 32	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	82%
Analysis					

Detailed analysis of this data is contained within the assurance report.

Indicator 33	Target	Baseline	Status	Imp Group	Current
The number of hits on pages relating to children and young people on the Substance Misuse Website increases	e Improve from baseline	422	0	Public Health and Wellbeing	538
Analysis The baseline was established in 2014 and is collected annually. The trend dat	a shows increme	ntal increase c	over this per	iod.	
Indicator 34 (P7)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve	1%		Public Health and	1%
	from baseline			Wellbeing	
<b>Analysis</b> This is new data taken from the 2017 lifestyle survey. The question in the surv a baseline for improvement. The survey is undertaken every two years across	baseline ey was redesigne		us surveys a	Ĵ	> now determ
This is new data taken from the 2017 lifestyle survey. The question in the survey	baseline ey was redesigne		us surveys a	Ĵ	e now determ
This is new data taken from the 2017 lifestyle survey. The question in the survation a baseline for improvement. The survey is undertaken every two years across	baseline ey was redesigne Highland schools			and as a consequence	
This is new data taken from the 2017 lifestyle survey. The question in the surva baseline for improvement. The survey is undertaken every two years across Indicator 34 (S2)	baseline ey was redesigne Highland schools Target Improve from baseline	Baseline 5.3%	Status	and as a consequence Imp Group Public Health and Wellbeing	Current 5.3%

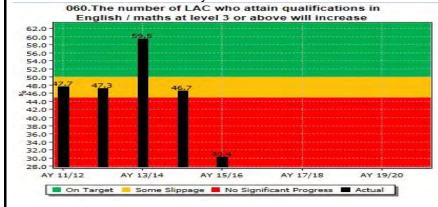
ACHIEVING 6. Children & young people have skills, confidence and self-esteem to progress successfully							
Indicator 35	Indicator 35 Target Baseline Status Imp Group Current						
The number of LAC who attain qualification in any subject at level 3 or above will increase	63%	61%	U	Schools	56.5%		

This data is collected annually. The last reporting period was 2016. The table below shows the annual variation since the baseline was established in 2012. 059.The number of LAC who attain qualification in



Indicator 36	Target	Baseline	Status	Imp Group	Current
The number of LAC who attain qualifications in English / maths at level 3 or above will increase	50%	48%	n	Schools	47%

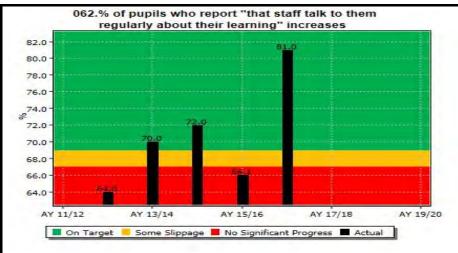
This data is collected annually. The latest data is from 2016. The table below shows the annual variation since the baseline was established in 2012.



Indicator 37	Target	Baseline	Status	Imp Group	Current
their learning "increases	Improve from baseline	64%	0	Schools	81%

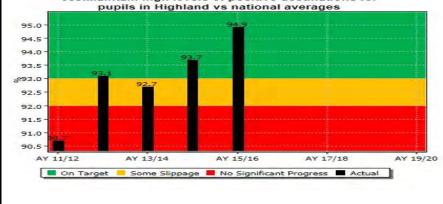
Analysis

This data is collected annually. The latest data is from 2017. The table below shows the annual variation since the baseline was established in 2012.



Indicator 38	Target	Baseline	Status	Imp Group	Current
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%	0	Schools	94.9%

This data is collected annually. The latest data is from 2016. The table below shows the annual variation since the baseline was established in 2012.



Indicator 39	Target	Baseline	Status	Imp Group	Current
The percentage of young people reporting their learning environment as positive will increase	80%	88%	C	Public Health and Wellbeing	90%

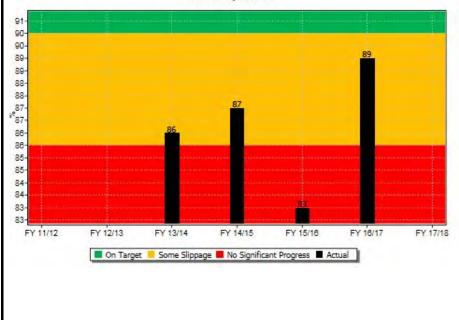
This is data taken from the 2017 lifestyle survey. The survey is undertaken every two years across Highland schools. The 2015 lifestyle established the baseline for the data.

Indicator 40	Target	Baseline	Status	Imp Group	Current
The number of Gypsy and Traveller children and young people attending nursery, primary and secondary school, whilst in Highland, will increase.	90%	86%	•	Additional support Needs	89%

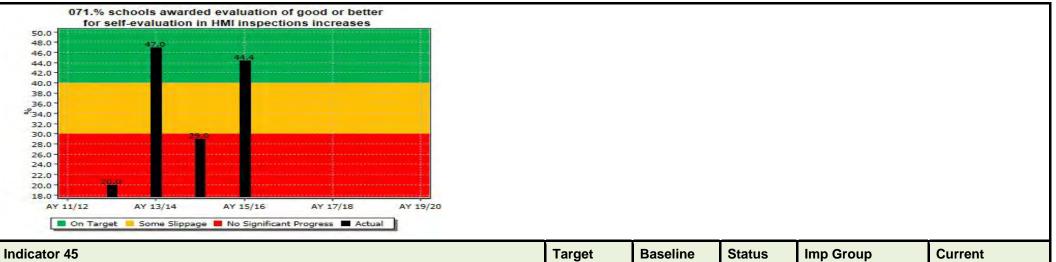
#### Analysis

This data is collected annually. The latest data is from 2017. The table below shows the annual variation since the baseline was established in 2014

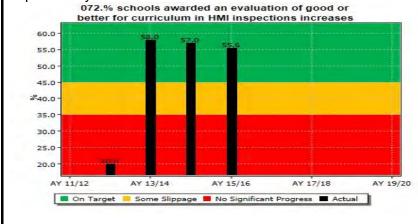
066. % Gypsy & Traveller children & young people attending nursery, primary & secondary school



	Target	Baseline	Status	Imp Group	Current
The percentage of children and young people sustaining full time attendance at school will increase	99%	99.2%		Additional Support Needs	99%
Analysis This data is collected annually. The baseline was established in 2014. The pe	rcentage has ren	nained consiste	ent each yea	ar of the reporting p	eriod.
ndicator 42	Target	Baseline	Status	Imp Group	Current
Decrease total primary non-attendance at school	4.3%	5.4%	0	Schools	5.2%
				Imp Group	
Decrease total secondary non-attendance at school	9%	9.8%	•	Schools	9.1%
Decrease total secondary non-attendance at school Analysis This data is collected annually. The baseline was established in 2011. The pe			Ent each year	Schools	
Analysis			ent each yea	Schools	

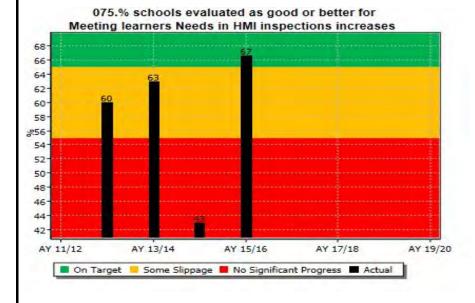


Indicator 45	Target	Baseline	Status	Imp Group	Current	
The percentage of schools awarded an evaluation of good or better for	60%	20%		Schools	68%	
curriculum in HMI inspections increases						



Indicator 46	Target	Baseline	Status	Imp Group	Current
The percentage of schools evaluated as good or better for Meeting learners Needs in HMI inspections increases	65%	60%	n	Schools	83%

This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years shown below.



Indicator 47	Target	Baseline	Status	Imp Group	Current
The number of young carers identified on SEEMiS will increase	Improve from baseline	68	0	Young Carers	211

#### Analysis

The baseline for this data was established in 2015. Awareness raising through the activity of the Young Carers improvement group has significantly impacted upon the increase in the number of children and Young people undertaking carer responsibilities.

Indicator 48	Target	Baseline	Status	Imp Group	Current
The number of self-identified young carers who report they are supported well will increase	Improve from baseline	68	U	Young Carers	59%

This is data taken from the 2017 lifestyle survey. The survey is undertaken every two years across Highland schools. The 2015 lifestyle established the baseline for the data. A decrease in the number of children and Young people reporting that they are supported over this time is not statistically significant due the variance in the number of Young carers undertaking the survey.

Indicator 49	Target	Baseline	Status	Imp Group	Current
The reduction in multiple exclusions is maintained	36	55	•	Schools	51

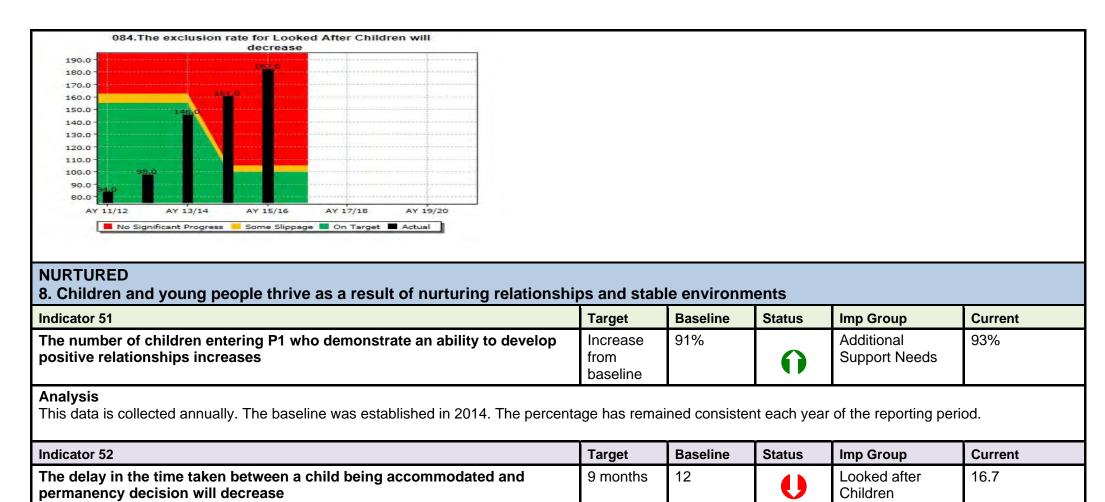
#### Analysis

This data is collected annually. The baseline was established in 2012 and there has been very little variation over time.

Indicator 50	Target	Baseline	Status	Imp Group	Current
The exclusion rate for Looked After Children will decrease	155	146	U	Looked after Children	182

#### Analysis

This data is collected annually. The baseline was established in 2012. The table below shows a steady deterioration since 2012. A pilot has been agreed for the Mid area to test actions designed to improve this and other measures of education outcomes for LAC. An outline strategy for education of LAC has previously been reported to committee.

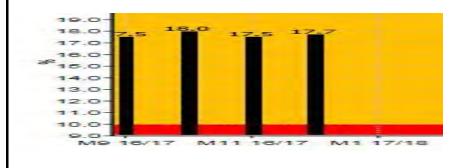


This data is collected quarterly and the baseline was established in 2016. The variance in this that the reporting timeframe shows the average length of time and can vary considerably from case to case. During certain periods we have continued to seek permanency for harder to place children with, significant additional support needs, older children or sibling groups. For these children the overall time target has not been achieved due to the complexity of ensuring effective transitions.

Indicator 53	Target	Baseline	Status	Imp Group	Current
The number of LAC accommodated outwith Highland will decrease (spot purchase placements)	30	44	0	Looked after Children	35
Analysis This data is reported monthly. The baseline was established in 2016. The table be	elow shows th	ne monthly vari	ance in that	: period.	
Indicator 54	Target	Baseline	Status	Imp Group	Current
The number of children needing to live away from the family home but supported in kinship care increases	20%	19.3%		Looked after Children	17.7%

#### Analysis

This data is reported monthly. The baseline was established in 2016. The table below shows the monthly variance in that period.



Indicator 55	Target	Baseline	Status	Imp Group	Current
The number of children where permanence is achieved via a Residence order increases	82	72		Looked after Children	81
Analysis This data is reported monthly. The baseline was established in 2016. The table be	elow shows th	ne monthly vari	ance in that	period.	
Indicator 56	Target	Baseline	Status	Imp Group	Current
The number of audits carried out for LAC who have three or more unplanned placement moves in 3 month period	100%	100%	•	Looked after Children	100%
Analysis The number of audits is reviewed quarterly. All children who have had more than	3 placement	moves in the la	st three yea	ars have been revie	wed.
Outcome 9. Families receive support, advice and guidance well-match	hed to their	needs			
Indicator 57	Target	Baseline	Status	Imp Group	Current
Every district in Highland is able to deliver a core suite of parenting interventions				Early Years	
<b>Analysis</b> This is a new measure and mapping work is underway to establish a baseline.	•	•	•	•	-

70% Juence there Target Increase from baseline	85% is no compa Baseline	rative data t	Early Years to measure performan Imp Group Early Years	85% ace. Current
Target Increase from			Imp Group	
Increase from	Baseline	Status		Current
from			Early Years	
Target	Baseline	Status	Imp Group	Current
Increase from baseline			Early Years	
Target	Baseline	Status	Imp Group	Current
Improve from baseline	38.7%	•	Public Health and wellbeing	34.3%
I f k I f k	ncrease rom baseline Target mprove rom baseline years acros	rom paseline Farget Baseline mprove 38.7% rom paseline years across Highland s	rom baseline Target Baseline Status mprove 38.7% rom baseline years across Highland schools. The	CompareEarly YearsImposeEarly YearsFargetBaselineMargetStatusImp Groupmprove38.7%romPublic Health and wellbeing

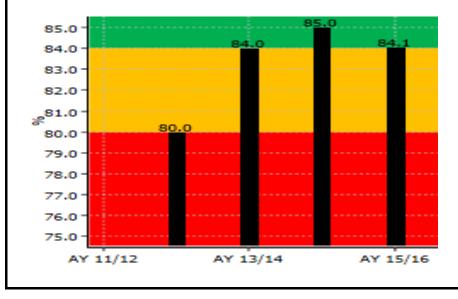
Indicator 62	Target	Baseline	Status	Imp Group	Current
The number of children cycling to school increases	Improve from baseline	6.3%	•	Public Health and wellbeing	4.3%
Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data is not statistically significant due the variance in the numbe					shed a baselir
Indicator 63	Target	Baseline	Status	Imp Group	Current
The number of children achieving one hour or more moderate activity on 5- days per week increases	from	20.2%		Public Health and wellbeing	59%
	baseline		-		
Analysis This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period.		oss Highland s	schools. Th	e 2011 lifestyle establi	shed a baselir
This is data taken from the 2017 lifestyle survey. The survey is undertaken every		oss Highland s Baseline	schools. The Status	e 2011 lifestyle establi Imp Group	shed a baselir
This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period.	two years acro	-			
This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period. Indicator 64 The percentage of provisions who report that children have daily access to	two years acro Target Increase from baseline	Baseline 197	Status	Imp Group Early Years	Current 197
This is data taken from the 2017 lifestyle survey. The survey is undertaken every for the data. The data shows continuous improvement over this period. Indicator 64 The percentage of provisions who report that children have daily access to the outdoors increases Analysis	two years acro Target Increase from baseline	Baseline 197	Status	Imp Group Early Years	Current 197

RESPECTED AND RESPONSIBLE Outcome 11. Children & young people know their rights and are confident in exercising these									
Indicator 66	Target	Baseline	Status	Imp Group	Current				
The percentage of views and comments of children and young people with ASN included in a child's plan increases.	99%	94%		Additional Support Needs	94%				
<b>Analysis</b> This data is collected annually. The baseline was established in 2014 and the perc remained consistently high.	entage of ch	nildren who hav	e their view	s and comments inc	luded has				

 Indicator 67
 Target
 Baseline
 Status
 Imp Group
 Current

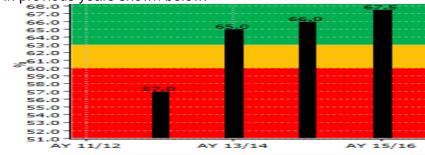
 The percentage of children responding positively to the question "Staff and children treat me fairly and with respect" is maintained
 84%
 80%
 Imp Group
 84%
 84%

#### Analysis



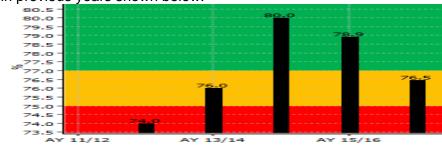
Outcome 12. Families valued as important contributors and work as equal partners to ensure positive outcomes							
Indicator 68	Target	Baseline	Status	Imp Group	Current		
The percentage of parents and carers who respond positively to the question, "the school takes my views into account" increases	63%	57%	0	Schools	68%		

This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years shown below.



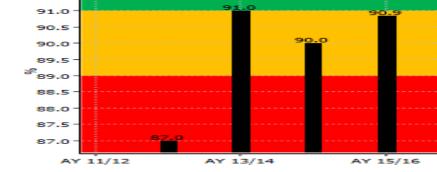
Indicator 69	Target	Baseline	Status	Imp Group	Current
The percentage of parents who report that the school keeps them well informed of their child's progress increases	77%	74%	0	Schools	79%

### Analysis



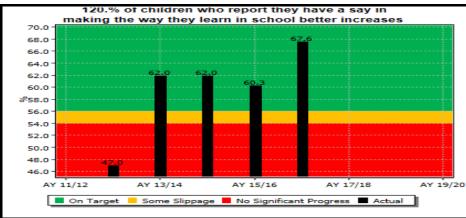
INCLUDED Outcome13. Children, young people & families are supported well to develop strengths and resilience								
Indicator 70	Target	Baseline	Status	Imp Group	Current			
The percentage of parent and carer responses to the question, "my child is treated fairly at school" increases	90%	87%	0	Schools	91%			

This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years shown below.



Indicator 71	Target	Baseline	Status	Imp Group	Current
The percentage of children who report they have a say in making the way they learn in school better increases.	56%	47%	0	Schools	60%

#### Analysis



Indicator 72	Target	Baseline	Status	Imp Group	Current
The number of schools participating in the delivery of Resilient Kids training	Improve	145		Additional	201
increases	from		$\mathbf{\Omega}$	support Needs	
	baseline				

This data is collected annually. The baseline was established in 2017 with the current performance demonstrating significant improvement.

#### Outcome 14. Improvement in service provision determined by participation of children young people & families

Indicator 73	Target	Baseline	Status	Imp Group	Current
The number of children participating in the Highland Lifestyle Survey increases	75%	66.2%		Public Health and wellbeing	46%

### Analysis

This is data taken from the 2017 lifestyle survey. The survey is undertaken every two years across Highland schools. The timing of the 2017 survey was changed at the request of a number of Headteachers. This requires to be reconsidered as a number school staff have reported that the timing of the 2017 survey was less favourable due to the examination diet.

Indicator 74	Target	Baseline	Status	Imp Group	Current
Demonstrate involvement/engagement of service users in Improvement Group activity year on year	All 14 groups	12	0	All	14
<b>Analysis</b> This data is collected annually. The baseline was established in 2014. All improven in their activity	nent groups cu	urrently demor	nstrate invol	vement/engagement	of service users



The Northern Alliance is a Regional Improvement Collaborative between eight local authorities, across the North and West of Scotland: Aberdeen City, Aberdeenshire, Argyll and Bute, Eilean Siar [Western Isles], Highland, Moray, Orkney Islands and Shetland Islands.

### OUR VISION

Our shared vision is to improve the educational and life chances of our children and young people. To remove the barriers to learning and improve children's outcomes, the collaborative seeks to build on the strengths of shared service development, create professional networks and deliver continuous professional development.

### COLLABORATION & LEARNING

The Northern Alliance is committed to working in partnership nationally, regionally and locally and welcome wider collaborations and learning which develop impact and drive improvement across the country.

We will learn from what works well, where change is needed and importantly listen to feedback and requests from schools and teachers to aid their work with children and young people. Each Regional Improvement Collaborative (RIC) has been asked by the joint Steering Group, consisting of the Scottish Government, Education Scotland and Local Government, to produce its own Regional Improvement Plan.

The Northern Alliance has developed an initial draft of its Regional Improvement Plan.

Central to the work of the Alliance is the Scottish Attainment Challenge and the shared aim to achieve equity in educational outcomes, with a focus on closing the poverty related attainment gap. To this end, the high level priorities outlined in the Northern Alliance Regional Improvement Plan are aligned to the aims of the Scottish Attainment Challenge and the National Improvement Framework.

# PRIORITIES

The Northern Alliances Regional Improvement Plan seeks to deliver on the following priorities:

Priority 1: Improvement in attainment, particularly literacy and numeracy

Priority 2: Closing the outcome gap between the most and least disadvantaged children

Priority 3: Improvement in children and young people's health and wellbeing

Priority 4: Improvement in employability skills and sustained, positive school leaver destinations for all young



# HOW THIS WILL BE ACHIEVED



The priorities outlined in the Regional Improvement Plan highlight the aim of the NIF, the activities and outlook of the Northern Alliance is far broader. The Alliance champions a child and family-centred approach to address the achievement gap and to drive improvement.

To realise our vision, we work in a multi-layered way.

Some programmes are directed, such as those which support the above mentioned priorities. The Emerging Literacy, Numeracy, Maths Attainment and Modern Foreign Languages programmes contribute to directly improving attainment.

A significant number of our workstreams cut across all the priorities and are reflective of the leadership ethos which we have promoted over the last three years. These workstreams not only reflect the wider imperative to improve all children's services, but have come about by middle managers and leaders recognising themselves the benefits of collaboration to improve services more quickly and sustainably.

# NORTHERN ALLIANCE PROGRAMMES

Workstream: Emerging Literacy Programme Programme Lead: James Cook Focus: Raising Attainment Outcome: Impact on closing the gaps, teacher subject knowledge and attainment.

Workstream: Numeracy Programme Programme Lead: Felicity Martin Focus: Raising attainment in mathematics Outcome: Impact on the closing the gaps, numerical confidence of teachers and pupils, reduce maths anciety.

Workstream: Maths Attainment Programme Programme Lead: David Clark Focus: Review of attainment in mathematics, T&L approaches. Outcome: Identify key areas for development, strengthen T&L, create our iculum pathways for BGE.

Workstream: Leadership Development / NIF Programme Programme Lead: Vincent Docherty Focus: Raising attainment in NIF areas Outcome: Improving attainment, closing the gap

Workstream: Early Years and Child Care Programme Programme Lead: Jennifer Campbell Focus: Delivering 11:40 hours and EYCC policy Outcome: Improving access quality and closing economic / attainment gap

Workstream: Children's Services Development Group Programme Lead: Ian Kyle Focus: To ensure alignment and ocherence across Northern Alliance Children's Services Plans and work strengths Outcome: Work towards shared improvements across the Northern Alliance, sharing of best practice, innovation in approach across the region

Workstream: Modern Foreign Languages Programme Lead: Laurence Findlay Focus: To develop 1+2 languages, embed teacher subject knowledge Outcome: Increase teacher subject knowledge, extend qualitied teacher numbers, raise at tainment





# NORTHERN ALLIANCE PROGRAMMES

Workstream: Improvement Cycle Development Work

Programme Lead: TBC Focus: Embed Improvement methodology in schools / education Outcome: Improvement methodology driving system level improvement, empowered leadership to raise attainment

Workstream: Technology / TASSC Programme Lead: TBC Focus: To explore rural poverty and its impact on attainment Outcome: Identify key indicators of rural poverty: reduce impact on attainment

Workstream: Future Delivery Models / Estates Programme Lead: Peter Diamond Focus: To develop innovative approaches to future of children's estate Outcome: Reduce costs: share best practice, create innovative plans for future services

Workstream: IT Transformation [Esgoil] Programme Lead: Bernard Chisholm Focus: To explore development and impact of Esgoil model across the region Outcome: Wider access to full our foulum, cost reduction, transformation of T&L

Workstream: Equalities Programme Lead: Caroline Hastings Focus: Champion equalities and children's rights across the Northern Alliance Outcome: Improve the health and wellbeing of children and young people

Workstream: School Improvement Programme Lead: Andrew Giffiths Focus: To develop shared school improvement methodology Outcome: Improving attainment, closing the attainment gap

Workstream: Community Learning and Development Programme Lead: Avril Nicol Focus: To develop shared approaches to community learning and development Outcome: Improving employability skills for young people, improving family learning and parental engagement.

Workstream: Performance / Data Sharing Programme Lead: Reyna Stewart Focus: Create shared data set for the Northern Alliance work Outcome: Shared agreement regarding data to help drive performance of Northern Alliance programmes



## **HIGH LEVEL PRIORITIES**

Priority 1 Improvement in attainment, particularly literacy and numeracy	Priority 2 Closing the outoome gap between most and least disadvantaged ohildren	Priority 3 Improvement in ohildren and young people's health and wellbeing	Priority 4 Improvement in employability skills and sustained, positive schoo leaver destinations for al young people
Empower leaders to confidently lead the releing attainment agende at echool, ASG, authority and across the Northern Alliance via implementation of impactful professional learning Develop shared approaches to assessment and moderation Work across the Northern Alliance to shape a literacy and numeracy strategy to improve attainment	<ul> <li>Work in collaboration to develop programmee to support the implementation of the Pupil Equity Fund</li> <li>Use PEF data across the Northern Alliance to analyse common focus to frame future improvement priorities</li> <li>Establish consistent criteria in how we all measure / baseline gape</li> </ul>	<ul> <li>Work across the Northern Alliance to reduce the Impact of adverse childhood experiences and chronic neglect</li> </ul>	<ul> <li>Establish and implement a strategy on Developing the Young Workforce to increases the number of young people reaching a positive and sustained destination</li> <li>Curriculum re-deelgn and learner journey</li> </ul>

## WORKSTREAMS CUTTING ACROSS ALL PRIORITIES

Workforoe Planning	Leadership Development	Early Learning and Childoare	Future Delivery Models/Estate	integrated Children's Services
Technology TASSC	Community Learning and Development Work	lmprovement Cycle Development Work	Esgoll	Performance and Data Sharing
Equalities		School Improvement		

# NEXT STEPS

The development of the Northern Alliance's Regional Improvement plan will undergo further iterations as we identify what is having a positive impact and as we listen to feedback from schools and practitioners.

The first phase of the plan is an opportunity to allow those workstreams, which are in the early stages to take root and grow.

To this end, a second phase of the plan will be produced for Autumn 2018. In Phase 2 of the plan we will seek to shape the literacy and numeracy strategy to improve attainment and ensure that regional expertise is fully utilised. The Northern Alliance will look to add value by including subject specific support and advice across all eight curriculum areas. We will also consider how the collaborative can set up professional learning networks linking to different curriculum areas.

The Northern Alliance is committed to achieving the best for all our children and young people by supporting a school-led and teacher-led system of improvement.

To find about more about the activities of the Northern Alliance please go to our website: http://northernalliance.scot and follow us on twitter: @NAllianceScot