FOR HIGHLAND'S CHILDREN 4

Children's Plan 2014 - 2019

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FHC4 overview

The plan

For Highlands Children 4 (FHC4) is the Children's Service Plan for the Care and Learning Service, and incorporates, as far as possible, the contribution of children's services delivered by NHS Highland.

The plan identifies outcomes for children and their families and improvement priorities for the next five years.

The plan incorporates and builds upon outcomes identified within existing policy commitments of Highland Council, and on the Performance Management Framework developed as part of the partnership agreement which established Highland Council as the Lead Agency for delivering services to children in April 2012.

For Highlands Children 4 maintains and develops the themes articulated within For Highlands Children 3.

The Scottish Government passed the Children and Young People (Scotland) Bill on 19 February 2014. 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.

The planning and operational structure

FHC4 uses a service improvement model to determine outcomes, identify priorities and quality assure the plan.

A leadership group overviews the on-going work of the plan. This group has broad membership, including lead officers from Highland Council and NHS Highland, SCRA and Northern Constabulary. In addition there are staff representatives from NHS Highland and Highland Council, third sector partners and elected members, including the Children's Champion.

To support the improvement model, a number of improvement groups have been established to take ownership of the improvement agenda. The groups are:

- Schools
- Early Years
- Child Protection
- LAC

- Youth Action
- Mental Health
- Additional Learning Needs
- Young Carers
- Play
- Transitions
- Public Health
- Supporting Parents
- Practice model

The membership of these groups gives consideration to wider engagement with stakeholders including children and families.

In forming both groups a clear articulation of the work and relationship between them has been developed. This enables the strategic thinking to be determined by the leadership group and places an emphasis on improvement planning within the improvement groups. To facilitate this, the chairs of each improvement group are members of the leadership group.

Within NHS Highland, the Children and Young People's improvement groups (Highland Health and Social Care Partnership) will focus on improving the design and delivery of health services and improving outcomes for children and young people .There will be clear and explicit links to the Health and Social Care Children's Services (Highland Council) to support improved outcomes for children and young people as part of an on-going scrutiny and service improvement ethos between NHS Highland and the Highland Council. The working practice of the Group will be informed by a self-evaluation and an assets based methodology.

The Children and Young People's improvement groups will report to the Health and Social Care Management Committee and the NHS Highland Directors of Operations with an annual Report to the NHS Board.

Equalities

Groups and teams will continue our partnership approach to provide access to good quality services and improve outcomes for all children and young people, and in particular we will:
- Identify and address inequalities and disadvantage
- Tackle discrimination and stigma
- Seek to improve access to services for underrepresented, vulnerable and excluded groups and increase their involvement in employment and community life.

Partners will make positive contributions towards Highland being a fair and inclusive place for children and young people. Throughout the implementation of FHC4, we shall demonstrate a commitment to equality of opportunity across each of the themes. This will also ensure that we meet our legal requirement as public

authorities under the Equality Act 2010 to: give due regard to the need to eliminate discrimination; advance equality of opportunity and; foster good relations to promote equality of opportunity.

Self-evaluation

Improvement groups and operational teams use a self-evaluative approach to identifying outcomes for children and young people, their families and the communities in which they live. This approach considers three key questions: How are we doing? How do we know? and what can we do differently / better to improve outcomes for children and young people? The process also describes how children and young people, their parents and carers and other stakeholders are consulted with.

The Programme of the Highland Council 2014 – 2017

The Programme for The Highland Council 2012 – 2017, entitled "Working together for the Highlands" identifies a number of priorities for delivery over the next five years. The Programme sets out 128 actions across seven main themes.

Children's Services have an important role to play in making this happen. The outcomes and Priorities identified in this document encapsulate the aspirations of The Highland Council and seek to demonstrate improvement specifically in the following areas;

Working together for the economy
Across Children's Services we will prioritise and protect frontline staff to maintain standards of service delivery. We will prioritise and support the creation of quality jobs in the Highlands. We will encourage local enterprise initiatives, invest locally, and support key industries.

Working together for children and young people
We will work to 'Get it Right for Every Child' in the Highlands and to tackle inequality early. In doing so, we will develop our pioneering integration work of children's services with NHS Highland. We will ensure that every child aged 3-4, and every looked after child aged 2 in the Highlands will have access to 600 flexible learning and childcare hours, in line with the Scottish Government's coming Children's Services Bill. In addition we will implement the Scottish Government's Early Years Framework, and continue support for wraparound childcare across the Highlands and identify innovative and affordable solutions to nursery provision. Services will support opportunities for those with a learning or physical disability, or those who are at a social disadvantage, working to ensure that every child is offered an educational experience best suited to their needs.

Through our priorities for action we will ensure the very best standards as corporate parents for all children in our care, helping them reach their full potential and play an active part in Highland life, beyond care. We will implement the Highland Play Strategy and maximise the opportunities for children to learn, develop and enjoy though active play. To achieve this we will develop the partnership between The Highland Council and NHS Highland to achieve public health targets for breast feeding, immunisations and healthy weight, and to address smoking and substance misuse.

Working together for caring communities
The priorities outlined in this document will continue to deliver the pioneering integration of health and social care services, improve the quality of life for young people and those struggling with deprivation. We will support the appointment of a Carers' Champion, responsible for representing the interests of carers at a council level and with other appropriate public bodies, and engaging with carers across the Highlands and encourage people to consider and make use of the opportunities provided by self-directed support.

Working together for empowering communities
For Highlands Children 4 sets out a number of priorities to ensure we engage with and support the work of the Highland Youth Convener, Highland Youth Voice and local members of the Scottish Youth Parliament and engage meaningfully with the third sector across a range of policy areas and in service provision.
Services will actively promote multi-culturalism, support the implementation of the Fairer Highland Plan, including the duties of the Equalities Act 2010, ensuring that staff and services users are treated fairly and with respect. We will continue to provide information to the public in clear language, to the 'Crystal Mark' plain English standard.
In addition we will measure our progress openly, report on it publicly and listen to communities, to ensure we are delivering services that provide best value for Council Taxpayers. The plan details a number of ways in which we will improve public engagement and consultation.

Section 1

The improvement framework

The Vision

All Highlands Children have the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential.

The themes

An improvement framework has been developed which details how services in Highland will be maintained, strengthened and developed to ensure that all of Highland's children are:

- *Safe*
- *Healthy*
- *Achieving*
- *Nurtured*
- *Active*
- *Respected and responsible*
- *Included*

Key Outcomes

The achievement of better outcomes for Highlands's children, their families and the communities in which they live is the overarching objective for children's services.

The fourteen outcomes detailed in FHC4 are centred the wellbeing indicators.

Improvement Planning

Each improvement Group and operational team has an Improvement plan with a common format. The plans show all current improvement priorities centred on the Key outcomes. The plans are dynamic and monitored and updated regularly. Each plan is formally evaluated on an annual basis. Current Improvement plans for each Improvement group are maintained on the For Highlands Children Website

Performance management

The plan provides a performance framework for planning. The framework articulates the mechanism agreed for evaluating and measuring outcomes, responsibilities and timescales.

Section 2

Key Outcomes

The achievement of better outcomes for Highlands's children, their families and the communities in which they live is the overarching objective for children's services.

The outcomes

The outcomes are designed to consider the ways in which;

- Children and young people receive the help and support they need to optimise their well-being at every stage.
- Children and young people get the best start in life and enjoy positive, rewarding experiences growing up.
- Children and young people benefit from clear protocols, procedures and effective systems for recording observations and concerns which take account of best practice in information-sharing.

The outcomes relate to the impact of services on the well-being of children and young people using the SHANARRI indicators. It focuses on their experiences and the extent to which their lives and life opportunities will be enhanced to ensure they are;

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected and Responsible
- Included

Safe

1. Children are protected from abuse, neglect or harm at home, at school and in the community.
2. Children are well-equipped with the knowledge and skills they need to keep themselves safe.
3. Young people and families live in increasingly safer communities where anti-social and harmful behaviour is reducing.

Healthy

4. Children and young people experience healthy growth and development.
5. Children and young people make well-informed choices about healthy and safe lifestyles.

Achieving

6. Children and young people are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development.
7. Children and young people are supported to achieve their potential in all areas of development.

Nurtured

8. Children and young people thrive as a result of nurturing relationships and stable environments.
9. Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.

Active

10. Children and young people are physically active.

Respected and Responsible

11. Children and young people know their rights and are confident in exercising these. They are able to express their views and be involved meaningfully in decisions which affect them.
12. Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people.

Included

13. Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.
14. Children, young people and families are enabled to tell us what they think about services and the community in which they live, and improvement is determined with their involvement and by understanding their views, wishes, and expectations

Section 3

Performance Framework

The plan details a Performance Management framework for monitoring and scrutinising progress in meeting the outcomes. The performance measures in this framework are high level.

More detailed performance measures against outcomes in Improvement group plans are contained within individual improvement group plans.

FHC 4 Outcome SAFE	Measure	Data Source	Frequency	Improvement Group
1. Children are protected from abuse, neglect or harm at home, at school and in the community.	The number of young people in unplanned emergency accommodation will reduce.	CCC	Annually	Child protection
	The number of children on the child protection register who have been registered previously will reduce.	Each data point covers 12 months.	Monthly	Child Protection
	The gap between formal agency recording and self reporting rates from children and young people affected by domestic abuse decreases.	Child concern forms, Woman's aid, Police Scotland and SCRA self-reporting through the lifestyle survey	Every 2 Years	Public Health and Wellbeing
	The percentage of children who report they feel safe and cared for in school is maintained	HMI	Annually	Schools
	The gap between reporting of bullying through formal mechanisms and self reported experiences of bullying from children and young people decreases.	School bullying recording and Lifestyle survey	Every 2 Years	Equalities working group
	The number of children and young people who say that they know where to get help from if they are being bullied increases	Lifestyle Survey	Every 2 Years	Equalities Working Group
	The number of children and young people who say that they would tell someone if they were being bullied increases	Lifestyle Survey	Every 2 Years	Equalities Working Group

FHC 4 Outcome **SAFE**	Measure	Data Source	Frequency	Improvement Group
2. Children are well-equipped with the knowledge and skills they need to keep themselves safe.	Self reported incidence of alcohol misuse will reduce.	Lifestyle Survey	Every two years	Public Health and Wellbeing
	Self reported incidence of drugs misuse will reduce.	Lifestyle Survey	Every two years	Public Health and Wellbeing
	The number of children and Young people displaying sexually harmful behaviour receiving support through the AIM 1 and 2 assessment and Good Lives programme will increase	Youth Action Data Collection	Annually	Youth Justice
	Reduce the number of Road Traffic Accidents resulting in avoidable injures to children and young people under 17 years	Road Safety unit data	Annually	Road Safety Unit
	Hospital admissions for drug related reasons will reduce	SMRO1	Annually	Public Health and Wellbeing
	Hospital admissions for Alcohol related reasons will reduce	SMRO1	Annually	Public Health and Wellbeing

FHC 4 Outcome Safe	Measure	Data Source	Frequency	Improvement Group
3. Young people and families live in increasingly safer communities where antisocial and harmful behaviour is reducing	The number of children reporting that they feel safe in their community increases	Lifestyle Survey	Every 2 years	Public Health and Wellbeing
	The percentage of school staff who have up to date child protection training increases.	SEEMis	Every 2 years	Schools
	The number of children and Young people reported to SCRA on anti social behaviour grounds reduces year on year	SCRA Data	Annually	Youth Justice
	The number of restorative justice warnings used for Young people who offend increases	Child concern forms – Youth Coordinators	6 monthly	Youth Justice
	Increase the use of diversionary interventions for young people who are at risk of becoming serious and/or repeat offenders.	Youth Action Data collection	Annually	Youth Justice
	The number of young people referred to youth action who have an asset assessment completed increases.	Youth Action Data collection	6 monthly	Youth Justice
	The number of offence based referrals to SCRA reduces	SCRA Data	Quarterly	Youth Justice
	The percentage of 16 to 18 year olds entering the criminal justice service decreases	Youth Action Data Collection	Annually	Youth Justice

FHC 4 Outcome **Healthy**	Measure	Data Source	Frequency	Improvement Group
4. Children and young people experience healthy growth and development	The percentage of children who reach their developmental milestones at their 27 – 30 month health review will increase year on year	Baseline to be established in December 2014	Annually	Early Years
	The percentage of children who achieve their key developmental milestones by the time they enter school will increase year on year	Annual audit of the Preschool Overview Returns	Annually	ASN
	The percentage of children who reach their developmental milestones at entry to Primary four will increase year on year	Baseline to be established in June 2016	Annually	Early Years
	There will be a reduction in the percentage gap between the most and least affluent parts of Highland for low birth weight babies	ISD	Annually	Early Years
	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by march 2016	Child Health surveillance system	Twice Yearly	Early Years
	95% uptake of 6-8 week Child Health Surveillance contact	Child Health surveillance system	Quarterly	Early years
	95% uptake of 6-8 week Child Health Surveillance contact showing no difference in the uptake between the general population and the least affluent parts of Highland.	Child Health surveillance system	Annually	Early years

95% uptake of 6-8 week Child Health Surveillance contact showing no difference in the uptake between the general population and LAC	Child Health surveillance system	Annually	Early years
Achieve 36% of new born babies exclusively breastfed at 6-8 week review by March 2017	ISD Validated data	Quarterly	Maternal infant nutrition IG
There will be a reduction in the percentage gap between the most and least affluent parts of Highland in the number of children exclusively breastfed at the 6 -8 week review.	ISD Validated data	Quarterly	Maternal infant nutrition IG
Maintain the 95% Allocation of Health Plan indicator at 6-8 week from birth for the general population	Child Health surveillance	Quarterly	Early Years Improvement Group
Maintain the 95% uptake of primary immunisations by 12 months	CHSS SIRS	Annually	Public Health and wellbeing
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	CHSS SIRS	Quarterly	Early Years
Sustain the completion rate of P1 Child health assessment to 95%	CHSS Schools	Annually	Early Years
The percentage of children with significant ASN having their learning planned for through a child's plan will increase	Annual Audit of child's plans for pupils with level 3 and 4 needs SEEMis	Annually	ASN

	The number of 2 year olds registered at 24 months with a dentist will increase year on year	Child Health Surveillance – 27 to 30 month review	Annually	Public Health and Wellbeing
	The number of 2 years olds who have seen a dentist in the preceding 12 months will increase year on year.	Child Health Surveillance – 27 to 30 month review	Annually	Public Health and Wellbeing
	The percentage of 5 year olds will have no obvious dental decay will increase to 80%	ISD from National Dental Inspection Programme	By December 2020	Public Health and Wellbeing
	Child Fluoride Varnish Applications Achieve at least 60% of 3 and 4 year old children in each SIMD quintile to receive at least 2 applications of fluoride varnish per year by March 2014	ISD (3 and 4 year olds – HEAT target)	Annually	Public Health and Wellbeing
	All nurseries will participate in the Childsmile toothbrushing Programme with 80% of the roll brushing daily	Childsmile Integrated Monitoring Reports (July – June)	Annually	Public Health and Wellbeing
	90% of children and young people referred for specialist CAMHS (primary mental health workers) are seen within 18 weeks by December 2014.	Service Planning	Quarterly	Mental Health
	95% of looked after children and young people referred for specialist CAMHS are seen within 18 weeks by December 2014	Service Planning	Annually	Mental Health
	The percentage of statutory health assessments completed within 4 weeks of becoming looked	Monthly collation by	Monthly	Looked after Children

	after will increase to 95%	Lead Nurse LAC		
	The percentage of Initial LAC health assessments to be included in Childs Plans within 6 weeks will increase to 95%	Monthly collation by Lead Nurse LAC	Monthly	Looked after Children
	Waiting times for AHP services to be within 18 weeks from referral to treatment by December 2014	Monthly returns made by AHPs	Monthly	ASN
	95% of children will have their P1 Body Mass index measured every year	CHSS Schools	Annually	Public Health and Wellbeing
	Increase the number of S2 young women who receive HPV immunisation to 90% by March 2017	CHSS SIRS	Annually	Public Health and Wellbeing
	The percentage of S2 young woman who receive HPV immunisation will be no different between the most and least affluent areas.	CHSS SIRS	Annually	Public Health and Wellbeing
	The percentage of S2 young woman who receive HPV immunisation will be no different between the general population and the LAC population.	CHSS SIRS	Annually	Public Health and Wellbeing
	Number of staff trained to deliver approved input on sexual health, relationships and parenting increases	Developed by the public health and wellbeing IG	Annually	Public Health and Wellbeing

FHC 4 Outcome **Healthy**	Measure	Data Source	Frequency	Improvement Group
5. Children and young people make well-informed choices about healthy and safe lifestyles.	The number of hits on pages relating to children and young people on the Substance Misuse Website increases	Substance misuse website	Annually	Health, Wellbeing & Public Health
	The number of children's services staff trained in Brief Interventions and Motivational Interviewing increases.	Youth action data collection	Annually	Youth Justice
	The number of early years providers who offer children healthy snack choices will increase	Feedback from Early Years Census information	Annually	Early Years
	The number of pre school aged children who have access to energetic physical play increases	Feedback from Early Years Census information	Annually	Early Years
	The volume of oily fish, vegetables, fruit and salad used in school meals per pupil increases	Catering Services	Annually	Public Health and Wellbeing
	School meal uptake increases beyond primary 3	Catering Services	Annually	Public Health and Wellbeing
	Self reported incidence of smoking will decrease	Lifestyle Survey	Every two years	Public Health and Wellbeing

FHC 4 Outcome **Achieving**	Measure	Data Source	Frequency	Improvement Group
6. Children and young people are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development.	The number of LAC who attain qualification in any subject at level 3 or above will increase	SEEMis	Annually	Schools
	The number of LAC who attain qualifications in English/maths at level 3 or above will increase	SEEMis	Annually	Schools
	The percentage of schools who have a curriculum model and rationale based on the 7 principals of design and 4 contexts of learning increases	QIT	Annually	Schools
	The percentage of pupils who report "that staff talk to them regularly about their learning "increases	HMI	Annually	Schools
	The high levels of positive destinations for pupils in Highland against National averages and comparator schools and authorities is maintained	SEEMis	Annually	Schools
	The number of children who have access to learning a second language from P1 and to a third language from P6 by 2020 increases	To be added to SEEMis	Every two years 2016	Schools
	The percentage of young people reporting their learning environment as positive will increase	Lifestyle survey	Every two Years	Public Health and Wellbeing
	The number of Gypsy and Traveller children and young people attending nursery, primary and secondary school, whilst in Highland, will increase.	Interrupted Learning development officers database	Annually	ASN
	The number of Gypsy and Traveller children and young people, and others who experience interrupted learning, attending school for longer, sustained periods of time will increase.	Interrupted Learning development officers database	Annually	ASN

FHC 4 Outcome Achieving	Measure	Data Source	Frequency	Improvement Group
7. Children and young people are supported to achieve their potential in all areas of development.	The percentage of children and young people sustaining full time attendance at school will increase	6 monthly audit of part time attendance in school and nursery / SEEMis	6 monthly	ASN
	The number of young people who are engaged in positive economic destinations will increase.	16+ destination data	Every six months	Transitions
	The percentage of schools who have a system to monitor achievement increases.	QIT	Annually	Schools
	The percentage of schools awarded an evaluation of good or better for self -evaluation in HMI inspections increases	HMI	Annually	Schools
	The percentage of schools awarded an evaluation of good or better for curriculum in HMI inspections increases	HMI	Annually	Schools
	The number of children achieving level 3 in literacy and numeracy increases	INSIGHT	Annually	Schools
	The high levels of overall performance against National averages and comparator schools and authorities is maintained	INSIGHT	Annually	Schools
	The percentage of children who respond positively to the question "my school is a good place to learn" increases.	HMI	Annually	Schools
	The percentage of schools awarded an evaluation of good or better for Meeting learners Needs in HMI inspections increases	HMI	Annually	Schools
	The number of Looked After Children in placements supported through the FF scheme	16+ and throughcare and	Annually	LAC

(Highland Council) increases.	aftercare destination data		
The number of Looked After Children in placements supported through the FF scheme (NHS Highland) increases.	16+ and throughcare and aftercare destination data	Annually	LAC
The number of young people with complex disability tracked post school for 3 years annually increases	Annual update of post school destinations	Annually	ASN
The percentage of children and young people in schools accessing support from substance misuse workers increases	Youth Action Data collection	Annually	Youth Justice
The percentage of schools that have developed a positive relationships framework, supported by curricular materials based on rights, respect and wellbeing will increase.	Audit of school policy frameworks	Every two years	ASN
The gap between the number of Young Carers identified by services and those who self identify will decrease	Connecting carers and YC databases Lifestyle Survey	Every 2 years	Young Carers Improvement Group
The number of self identified young carers who report they are supported will increase	Lifestyle survey	Every 2 years	Young Carers Improvement Group
The reduction in multiple exclusions is maintained	PMU	Annually	Schools
The exclusion rate for Looked After Children will decrease	SCOT EX ED census and SEEMis	Annually	Looked after Children

FHC 4 Outcome Nurtured	Measure	Data Source	Frequency	Improvement Group
8. Children and young people thrive as a result of nurturing relationships and stable environments.	The number of children entering P1 who demonstrate an ability to develop positive relationships through nurturing and stable environments increases	Pre school Overviews	annually	ASN
	The drift and delay in the time taken between a child being accommodated and a permanency decision will reduce to 9 months	Exception reporting by Resource Manager Fostering and adoption	Quarterly	Looked after Children
	The number of respite nights provided is sustained	Report on the use of Respite	Monthly	ASN
	The number of respite day hours provided is sustained	Report on the use of Respite	Monthly	ASN
	The number of LAC accommodated outwith Highland will decrease	Care First	Quarterly	LAC
	The number of children who need to live away from the family home, but can be supported in kinship care increases	Care First	Quarterly	LAC
	The number of children where permanence is achieved via a Residence order increases	Care First	Quarterly	LAC
	The number of audits carried out for any LAC who experience three or more unplanned placement moves in a three month period increases.	Reports to LAC IG	Quarterly	LAC

FHC 4 Outcome **Nurtured**	Measure	Data Source	Frequency	Improvement Group
9. Families receive support, advice and guidance which are well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.	The number of pregnant women screened for substance misuse who are offered support increases.	SMR4	Annually	Early Years
	The number of pregnant women who are at risk of poor mental health who are offered support increases.	NHS Intelligence	Annually	Early Years
	An increase in uptake of Healthy Start scheme to 85% of eligible beneficiaries by 2016	NHS Intelligence	Annually	Maternal infant nutrition IG
	The number of eligible children supported to take up their early learning & childcare entitlement increases	Childcare database	Annually	Early Years
	The number of staff trained in the use of approved parenting programmes increases	Supporting Parents database	6 monthly	Supporting Parents
	The number of areas producing an annual plan for delivering universal and targeted support to parents increases	Area Management teams	annually	Supporting Parents
	The number of parents attending validated parenting programmes increases	Reports to Area Management Teams on local delivery and evaluation reports	Quarterly	Supporting Parents
	Increase the number of parents participating in a validated parenting course who have 3-4 year olds with severely disruptive behaviour		6 monthly	Supporting parents

	The number of schools offering sessions and/or written information to parents about child development at transition to P1 increases	Reports to Area Management teams	Annually	Supporting Parents
	The proportion of families with children under 8 receiving income maximisation advice increases	To be determined	Annually	Public Health and wellbeing

FHC 4 Outcome Active	Measure	Data Source	Frequency	Improvement Group
10. Children and young people are physically active.	The number of children walking to school increases	Schools hands up survey data. Walk to school week May/Oct.	Annually 6 Monthly	Road Safety Unit
	The number of schools who offer 2 hours (or two 50 minute periods of high quality PE) increases	Health living survey	Annually	Schools
	The number of children cycling to school increases	Schools hands up survey data. Bikeability data.	Annually	Road Safety Unit
	The number of provisions who report that children have daily access to the outdoors increases	Play IG annual survey	Annually	Play
	The number of provisions that are able to provide free access to the outdoor increases.	Play IG annual survey	Annually	Play
	The number of children achieving the recommendation of one hour or more moderate activity on most days of the week (five or more)increases	Lifestyle survey	Every 2 years	Public Health and wellbeing

FHC 4 Outcome **Respected and responsible**	Measure	Data Source	Frequency	Improvement Group
11. Children and young people know their rights and are confident in exercising these. They are able to express their views and be involved meaningfully in decisions which affect them.	The percentage of views and comments of children and young people with ASN included in a child's plan increases.	Annual Audit of child's plans for pupils with level 3 and 4 needs	Annually	ASN
	The percentage of children responding positively to the question "Staff and children treat me fairly and with respect" is maintained	HMI	Annually	Schools
	The percentage views and comments of children and young people receiving a youth action service included in a child's plan increases.	Youth Action Data collection	6 monthly	Youth Justice
	The percentage of schools with a model for personal support in place increases	QIT questionnaire	Annually	Schools

FHC 4 Outcome **Respected and responsible**	Measure	Data Source	Frequency	Improvement Group
12. Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people.	The number of parents accessing the handling teenage behaviour programme increases.	Action for children and Youth action team	Annually	Supporting Parents
	The percentage of parents and carers who respond positively to the question, "the school takes my views into account" increases	HMI	Annually	Schools
	The percentage of parents who report that the school keeps them well informed of their child's progress increases	HMI	Annually	Schools
	Family Nurse Partnership fidelity goals will be achieved	FNP returns	Annually	FNP project board
	The number of hits on pages relating to parents and carers on the Highland Substance Misuse Website increases	Substance misuse website	Annually	Health & Wellbeing

FHC 4 Outcome Included	Measure	Data Source	Frequency	Improvement Group
13. Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.	The number of schools with the new equal opportunities policy in place increases	Through Master school list	Annually	ECS Equalities Working Group
	The percentage of parent and carer responses to the question, "my child is treated fairly at school" is maintained.	HMI	Annually	Schools
	The percentage of children who report they have a say in making the way they learn in school better increases.	HMI	Annually	Schools
	The number of parents/carers who participate in the parent/carer food and health in schools participation programme increases.	Catering service	Annually	Public Health and Wellbeing
	The number of families of children with Additional Support needs supported by Chip+ through the service level agreement is maintained or increases	Chip+ annual report	Annually	ASN
	The number of schools participating in the delivery of Resilient Kids training increases	Training audit from Psychological Services	6 monthly	ASN
	The number of adult and children's services staff accessing the getting our priorities right training increases	Dawn Grant / Donna Munro	Annually	CAPSM
	The number of school staff participation in equality and diversity training increases.	SEEMis	Annually	ECS Equalities Working Group

FHC 4 Outcome **Included**	Measure	Data Source	Frequency	Improvement Group
14. Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations.	The number of children participating in the Highland Lifestyle Survey increases	Lifestyle survey	Every 2 years	Public Health and Wellbeing
	Evidence of involvement and engagement of Children and Young People and families in Improvement Group activity will be demonstrated year on year	IG leads annual reporting	Annually	All
	The number of consultations with children around their experiences of preschool education and childcare increases	Early Years audit	Annually	Early Years
	The number of children and Young People completing the youth action service evaluation form increases.	Youth Action Data collection	6 monthly	Youth Justice

Section 4
Improvement priorities

Within FHC4 the improvement priorities have been identified through a process of self-evaluation and utilises an assets based methodology. The improvement priorities identified are shaped around the fourteen Key outcomes detailed in the previous section.

Self-evaluation is central to continuous improvement. It is a reflective process through which improvement groups for services for children and young people get to know how well they are doing and identify the best way to improve their services. This model:

- Encourages reflection upon practice and identify strengths and areas for improvement
- Recognises the work which has a positive effect on the lives of children and their families
- Identifies where quality needs to be maintained, where improvement is needed.
- Allows services to inform stakeholders about the quality of services for children, young people and families

Self-evaluation is based on professional reflection, challenge and support and involves taking informed decisions about actions which result in clear benefits for children, young people and families. It is a dynamic and continuous process. It establishes a baseline from which to plan to improve outcomes for children and promotes a collective commitment to set priorities for improvement.

Each improvement Group works to a dynamic improvement plan with priorities identified through self-evaluation. Each plan uses a common format detailing outcomes for children, specific actions, the timescale for each action and the ways in which the priorities are evaluated. The priorities in each plan show all current improvement priorities centred on the Key outcomes. The plans are monitored and updated regularly. Each plan is formally evaluated on an annual basis. Detailed improvement plans for each Improvement group are maintained on the For Highlands Children Website.

The current improvement plan from each of the improvement groups is included in this section to provide an illustration of current improvement priorities.

Additional Support Needs Improvement Plan

Date of Plan – May 2014

FHC4 Outcome
Children and young people are supported to achieve their potential in all areas of development. (7)

Improvement priority:
1.   **Reducing the number of children/young people with ASN, not in school or preschool full time.**

Actions	Measures / evaluation	Timescale	Lead
Monitor the attendance of those children/young people with ASN on part time timetables, through Area Managers and ASNOs. This monitoring to be rigorous and include part time timetables, with details of what steps have been put in place to meet needs of the pupil. From March 2014, data from the early years, from both nurseries and partner centres, will be included. (Rec 9 ASN Review)	Data will be gathered twice a year from schools and preschool centres. (Baseline established in Committee reports March 2012 and January 2013.) Target 95%	On-going	**ASNOs**
Provide access to a more flexible and elaborated curriculum, to meet needs.	Information on the use of additional supports, provisions and resources for pupils with part time attendance will be collated and monitored, showing a wide range of supports used to elaborate curricular access.	On-going	**ASNOs**
Identify specialist staff in schools who can be ASN 'champions' in schools and ASGs, using identified strengths of staff.	Each ASG will have an identified 'champion' for ASD, SEBN/PPR and Dyslexia.	By June 2015	**ASNOs**

Provide a range of training, information and advice to ensure a knowledgeable and motivated staff group. This training to be targeted at centres so that a highland wide development of knowledge and skills is throughout Highland Outcomes of training to be monitored by the central ASN Team to ensure links are being made to practice	Each Area will have undertaken a training audit and have an ASN training plan All PSAs will have a CPD plan CPD Calendar will have annual training events in key topics Survey of participants to check for application and outcome	By June 2015	**ASNOs**
Work towards ensuring that any 'alternative provision' model will be matched to the needs of the individual and will sit within mainstream environments where possible and appropriate. (Rec 8 ASN Review)	The number of children accessing nurture support or additional SEBN provision rather than being on PT timetables, will increase.	On-going	**ASNOs**
Provide early intervention – nursery/preschool provider and primary support rather than secondary. Look at new models of making provision in the Early Years for children with ASN, including the preschool HVT service.	Increased establishment of PSTs Increased number of Nurture Rooms	PST posts filled by June 2014 Nurture provision monitored annually	**ASNOs**
Raise the profile of the ASN Manual as the process through which HTs and others can access information.	Information on the number of hits to record the use of the ASN Manual	On-going tracking of use	**ASNOs**
Final evaluation and future priorities			

FHC4 Outcome **Children and young people are supported to achieve their potential in all areas of development (7).**			
Improvement priority: 2. **Ensuring children/young people with ASN have good quality child's plans that support positive outcomes**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Increase confidence in communication / skills / knowledge, in pursuit of high quality plans. Ensure that the child's plan is explained to parents before the first Professionals meeting. Create a culture where there is trust and confidence between and among professionals and with parents.	Monitor training availability and uptake from staff. Moderation across Areas will show progress in the use of child's plans and a clear link to the level of need as per the ASN matrix.		**Head of ASN**
Increase skills in Solution Focused meetings and skills in gathering views. Provide specific training on this and refer to Solution Focused Approaches during other training whenever suitable.	Training provided to all ASGs in 2013-14 and then a variety of training opportunities, delivered through a variety of media on CPD calendar.	By June 2014	**EP Service**
PPR team to develop strategic approach to training with strong links to all agencies, to ensure consistency of message and approach. Basic training to be made widely available to all and multi-agency training to be encouraged. All training to be followed up to assess use in practice. Use of Positive Pyramid and training in Emotional Literacy and Brain Development to form the core of all training relation to building positive relationships, SEBN and Attachment.	Number of staff trained and reporting that training has positively influenced and changed their practice increasing annually. Number of staff participating in the 6 day and 10 day EL course and completing action learning review increasing annually.	On-going	**PPR Team**

Training to be developed along similar lines to parents and Foster Parents and made available through Early Years Centre ASG groups at suitable times.	Number of parents involved in developing, delivering and receiving training increases annually	On-going	**ASN Team**
Build in evaluative questions / statements and consultation with children and families, within and across services on an annual basis to track improvement.	Evidence of self-evaluation across ASN services reported centrally and informing changes in practice. Evidence of feedback to children and parents and their involvement in service change. Annual ASN Report	On-going Establish an annual report system by June 2015	**ASN Team HoASS**
Provide guidance on Child's Plans and an audit tool to support the development of good quality plans and self-evaluation. (Rec 26 ASN Review)	Track the number of children with ASN who have plans, through SEEMIS on an annual basis, to ensure an increase. (target 95%) The annual audit of child's plans will ensure they are of good quality – with 95% being scored at least 8/10 using the audit tool.	By September 2015	**HoASS**
Continue to use ASN Moderation exercise to provide a measure of quality and progress over time.	Annual moderation exercise demonstrates consistency of practice and equity of resource across all Areas	On-going	**HoASS**
Final evaluation and future priorities			

FHC4 Outcome **Children and young people are supported to achieve their potential in all areas of development (7).**			
Improvement priority: **3. Implement a system for equitable allocation of resources to meet the identified needs of children and young people with ASN**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Embed the resource allocation model, updated annually with ASN Audit figures to allocate resource to identified need. Use figures directly from schools until SEEMIS is accurate.	ASN Allocation model and year end out turn for Area ASN budgets and central ASN budgets.	Annually	**HoASS**
SEEMIS will be maintained accurately by schools to enable it to be used as a stand alone data source. It can then be used to provide information on pupils with Additional Support Needs and monitoring reports can be run as required.	Target 90% accuracy of information on ASN within SEEMIS (2012 baseline from e1 is less than 20%)	By June 2016	**Schools with support from ASNOs**
The SEEMIS team, ASNOs and the central ASN Team will provide guidance and training to support clerical staff and support staff about how to input data and the significant fields required to be updated and maintained. (Rec ASN Review)	Training rolled out during 2013-14 and 2014-15 to all clerical, SMT and ASN staff to support the introduction of SEEMIS	By June 2015	**The SEEMIS team**
Small group of ASN Staff to review and refine the ASN matrix and provide training/guidance for staff on assessing need and identifying levels of need.	Matrix reviewed. Training for ASN teams completed. Training/guidance provided as required	2012-13 and then on-going	**ASN Team**
Moderate and check that levels of need identified by schools are accurate. Randomly sample schools (2 from each area) to check appropriate allocation of 'level' attributed to each pupil with ASN on	Reports from moderation exercise to check the accuracy of assessment of level of need	Nov-Dec 2012 and annually thereafter	**ASN Team**

the school roll to assess accuracy and error rate across the Council.	in a random sample of schools, annually in December. (Target 90%) (Baseline December 2012 – 41% accuracy. December 2013 – 68% accuracy).		
Provide explanation of the Budget Allocation model to HTs, ASN Teams etc.	Attendance at Team Meetings to facilitate this	Nov-Dec 2012	**HoASS**
Monitor the movement towards the full implementation of the budget allocation model incrementally over 3 years and feedback to SMT.	Annual run through of model with report to SMT.	Annually in March 2013, 2014 and 2015	**HoASS**
Establish a central budget that Area ECS Managers can *'bid'* for to provide a resource to support pupils with high needs moving in to the Area mid-session to limit disruption to the staff allocation in schools		Full implementation by August 2015	**HoASS**
Final evaluation and future priorities			

FHC4 Outcome			
Children and young people thrive as a result of nurturing relationships and stable environments (7).			
Improvement priority:			
4. Ensuring children and young people get the best start in life, supported by adults who have an understanding of attachment, resilience and child development.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Strategic approach to training in promoting positive relationships, with spread and depth of training being monitored. Three levels of training provided within the CPD calendar, with all staff expected to attend basic, core competency training. A rolling programme with an overview of which schools/centres have received training to be recorded and monitored. Rec 1,2,11 and 13 ASN Review)	Attendance at training tracked. Increase in number of nurture rooms in schools, with staff fully trained and supported.	By October 2014	**Development Officer PPR**
Agree the core competencies required by 'the team' and a Highland approach to developing positive relationships and produce a targeted training programme with explicit expectations – Quality rather than Quantity – appropriate information for parents and staff.	Baseline of knowledge to be established. Effectiveness of training measured through post-training evaluation	By October 2013	**ASN Team**
Train all Early Years staff in the core competencies required for promoting positive relationships and early brain development and the use of the 4 year nursery development overviews.	Numbers of staff trained (target = 95% of staff in post in session 2013-14, then all new staff captured in annual training events)	By May 2014	**ASN, CALA and Early Years Teams**
Use of 3 and 4 year old overviews to begin to identify those children requiring support on developing milestones including relationship development. Follow up (Longitudinal) to check progress in this area. Base line assessment to be conducted in one ASG prior to work on	There will be an increase in the number of children/young people entering school at age 5, assessed as having positive,	Baseline July 2014 then annually thereafter	**Nurseries, partner centres and PT Early Years**

EL in P1, this to be followed up to assess progress.	secure and attuned relationships. (Baseline to be established 2013)		
Assessment with follow up conducted to assess effectiveness and impact on pupils' experience and learning in mainstream.	Results of Action Learning from EL training will indicate improvements for children/young people and increased knowledge of staff. Rate of exclusion and part time attendance to be monitored annually through SEEMIS and compared against levels of support and training. Review of the developmental milestones at P3/4 (baseline to be established)	By June 2015	**Development Officer PPR** **Quality Improvement Manager**
Final evaluation and future priorities			

FHC4 Outcome **Children and young people are supported to achieve their potential in all areas of development (7).**			
Improvement priority: **5. Working with others to ensure effective transitions for pupils with ASN at all levels and particularly in the school-post school phase**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Revisit the guidance for supporting effective transitions at all stages, including school –post school transition.	Guidance revised and updated Consultation with children, young people and their families will report the transitions at all levels to be well planned and successful.	By December 2014	**Development Officer Disability and Transitions Coordinator**
Revisit the guidance for supporting enhanced transitions Primary-Secondary and consider the link with placing requests at this stage to find a resolution to the conflict between ASL and Placing Request legislation.	Guidance revised and updated	By December 2014	**Development Officer Disability**
Implement the requirements for SDS in line with recent legislation.	More young people with complex needs will be appropriately supported into further and higher education as reported by SDS monitoring statistics.	Implementation within SG timeframes	**Development Officer Disability**
Provide a range of training opportunities for staff and parents on SDS.	Training opportunities and attendance lists will demonstrate a growing knowledge base.	On-going Training now well established	**SDS Team and Transitions Coordinator**

Monitor the post school destinations for young people with ASN. Ensure effective handover between children's to adult services. Shift the focus to life-long skills. Consider how we use the learning from the DIGIT programme to inform this. (Rec 17 ASN Review)	There will be fewer Out Of Authority post 16 and college placements. An annual audit will show that more young people with complex needs will have adult services actively involved to support the transition from school to post school.	Baseline to be established June 2014	**Development Officer Disability**
Discussions with Inverness College/UHI to consider supports for pupils with high level needs within the new campus and in particular the process of providing intimate care etc to those young people with complex needs where needed?	Meetings will take place, with on-going discussions re ASN support on the new UHI Campus	On-going during UHI building	**Development Officer Disability**
Create process for reviewing and evaluating the requests for spend from the LAC education budget, to support LAC in placement transitions. (Rec 18 ASN Review)	Spend on the LAC education budget to be monitored in Autumn term 2013, 2014 and 2015.	On-going	**HoASS**
Work towards embedding the development of National 1, 2 and 3 qualifications along -side others, including the SQA.	There will be an increase in the number of national 1, 2 and 3 qualifications offered in secondary schools across Highland	Annual audit (baseline to be established September 2014)	**Development Officer ASL**
Final evaluation and future priorities			

FHC4 Outcome **Children and young people experience healthy growth and development (4).**			
Improvement priority: 6. **Ensuring better integrated working for children with complex health needs, especially those with exceptional health needs**			
Actions	**Measures / Evaluation**	**Timescale**	**Lead**
Child's plan process consistent across highland with parents as equal partners. Effective protocols will be drawn up jointly by the professionals involved, the young people and their families.	Children with complex health needs will have child's plans that are fit for purpose. The numbers being evidenced through SEEMIS and the quality being considered through the audit process.	On-going	**HoASS** **Development Officer ASL**
	Evidence of protocols to support the needs of children with complex needs, additional to their Child's Plan	On-going	**Development Officer ASL**
Children and young people with complex needs will access services within agreed timescales	The waiting time for intervention from a PMHW will be within the CAMHS HEAT target of 18 weeks from Dec 2014.	26 week target being met at present. 18 week target by Dec 2014	**PMHWs**
	The waiting time for intervention from an AHP will reduce. HEAT target of 18 weeks from Dec 2014. (baseline to be established by April 2013)	Process to be agreed for the collation of AHP	**AHPs**

Encouraging medical professionals to take on the Lead Professional role and enhance their confidence in this role.	The number of plans with LP in health will be monitored through the audit process.	On-going	**ASN Team**
Ensure time is given and allocated / protected for staff training. Ensure assessment is carried out by appropriate professionals. Working together will increase the confidence of all staff. A range of Condition based Pathways to be monitored/audited. Training on these pathways and on specific conditions will be provided for staff at all levels. A range of information to be provided to schools on the effects of complex needs on the wider family – affecting other siblings and parental resilience etc.	Range of CPD offered to support this area of work. Attendance records for CPD offered	On-going	**Development Officer ASL**
Families with children who have complex needs will be supported through the provision of respite, to maintain their energy levels, to give time to spend with other children and to enhance their resilience in supporting the whole family.	Respite hours/days accessed by children and young people will be increased (method for confident data collection will be established by April 2013). Parents report that respite meets their needs.	On-going	**Development Officer Disability**
Review equipment budgets and store/access to equipment, to ensure they are fit for purpose and equipment accessed when required. A single process for ordering, purchase, storing, cleaning and delivery will make this process more streamlined.	A single equipment process will be established	By September 2016	**PO AHPs**
Children and young people will be educated and supported within their own community where this most effectively meets their needs.	There will be an increase in the number of specialist facilities and resourced provision out-with special school provision within Highland.	On-going	**HoASS**

	Information from Accessibility Audit every three years	Update required by June 2014	**HoASS**
Final evaluation and future priorities			

FHC4 Outcome Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations (14).			

Improvement priority: 7. Ensure ASN supports, provisions and structures are effective in meeting the needs of children and young people in schools.			
Actions	**Measures / Evaluation**	**Timescale**	**Lead**
Undertake a review of ASN provision, with a focus on schools, including a wide ranging consultation with a variety of stakeholders, including young people and their parents/carers. Use this information to provide recommendations on future ASN provisions and structures to better support children and young people.	ASN Consultation and Review completed and reported to Committee	by June 2014	Head of Education HOASS
	Feedback provided to the stakeholders who contributed to the review process	by August 2014	HOASS Children's Champion

Final evaluation and future priorities

FHC4 Outcome **Children and young people thrive as a result of nurturing relationships and stable environments (8).**				
Improvement priority: 8. **Supporting parents to understand the importance of creating and maintaining positive relationships with their children**				
Actions	**Measures / Evaluation**	**Timescale**	**Lead**	
Ensure staff in all sectors have a better understanding of attunement, attachment, attachment behaviours and interventions, that promote positive relationships. Training programmes on positive relationships and parenting will link with parenting strategy.	Reduction in challenging behaviour as identified through exclusion/PT attendance figures.	**By June 2015**	**HoASS**	
	SDS statistics will show sustained positive destinations for more young people.	**By June 2016**	**Transitions Coordinator**	
	There will be an increase in the number of workshops and training opportunities for parents/carers on early and teenage brain development etc	**On-going**	**Development Officer PPR** **EY Ed Psych** **HoASS** **PEP**	
Staff developing training and appropriate interventions will be working with children and parents to develop training on parenting and positive relationships, from an early age.	Training delivered for all early years staff on early brain development and promoting positive relationships	**By May 2014**	**HoASS** **EY Ed Psych**	
	Conference for parents and professionals re challenging behaviour/support/emotional literacy, to be delivered	**By October 2014**	**Development Officer PPR**	
Final evaluation and future priorities				

FHC4 Outcome Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations (14).			
Improvement priority: 9. Ensuring that parents, children and young people are consulted with and participate in the creation, review and delivery of services.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
There will be evidence of regular consultation at all levels with children, young people with additional support needs and disabilities and their parents/carers, in respect of policy development, strategic planning, self-evaluation and review. This will be embedded in the process so that it is routine to consult with parents, children, young people in the creation, review and delivery of services. (Rec 5 ASN Review)	Evidence of consultation /engagement will be gathered termly by the ASN/Disability Improvement Group.	On-going	ASN Team
Opportunities will be taken to gather views and organisations like Highland Youth voice, HCF, focus groups etc. will be used to represent views. Training to be delivered in effective ways of observing/gathering the views of children/young people, especially where these are hard to gather. Use the VOICE system as a framework to record consultations with parents & children where appropriate.	The child's view will be included in all aspects of assessment and support within the child's plan.	On-going	HoASS
Final evaluation and future priorities			

FHC4 Outcome
Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages (8).

Improvement priority:
10.   Create an Autism Strategy for Highland including both Children's Services and Adult Services.

Actions	Measures / evaluation	Timescale	Lead
Development of a training plan and access to training and development to ensure skilled staff. - Use of IT for on-line training - Training led by SFL staff so that it can be instant - Use parents/pupils - Make core, basic training compulsory for everyone - Include ASD training within equality and diversity training across the wider community.	Qualitative review of Training Plan, including the range of formats and access; numbers of participants and individual evaluations/changes reported as a result of training.	By April 2014	**Coordinator AOES** **ASNO Mid** **APEP Mid**
Improved communication with and for service users and professional colleagues and easy access to practical and useful information. - Offer a variety of ways to communicate – from first contact – use of letters, phone, text, email etc. Take away face to face contact - Accessible information formats – easy read/visual Post diagnostic information - Access to Minutes of Meetings so carers can be aware of decisions etc. - Library, Chip+ etc. to have better on-line information to link with existing generic information	Levels of participation in Drop-In groups. Review of information leaflets and packs and the numbers printed and distributed. Creation of on-line resources and number of hits to access this information.	By April 2014	**Specialist LD Nurse** **Dev. Officer**

- Access local drop-ins for parents /family support - On-line copies of talks etc. available to all to form 'drop-ins' – filming some sessions			

Effective data collection to inform service planning.
- Robust information regularly updated, providing information on:
    # Numbers of children diagnosed with ASD
     # Where children are within the process of diagnosis
    # Training Database for parents, pupils and staff training, Including the level of training received and the way this was received etc.
- Build in a moderation process re data – check accuracy on a regular basis
- Mention in training the importance of ensuring the accuracy of the data provided on the central systems e.g. E1
- Have a single system with basic information and a separate system for the detail. Consider:
➢ What information needs to be held
➢ Where is it held
➢ Who can access it
	Databases with termly collation of statistics to be reviewed by the Autism Management Team.
	
	Results of moderation exercises undertaken annually on the statistics available.
		By April 2014	**ASNO, South Coordinator AOES HoASS**

Multi-agency care pathway for assessment, diagnosis and intervention. - Consistently use the staged approach. Provide training for staff in its use - New pathways developed - Information gathering/assessment In schools and pre-school centres - C/YP seen in a timely fashion and not waiting too long to be seen (baseline to be established) - Draft effective interventions to use with children who have ASD	Wait times from referral to intervention and diagnosis for children/young people. Increased numbers of skilled practitioners to undertake assessment and diagnosis. Audit by Clinical Psychology assistants to get a clearer picture of the prevalence/spread in ASGs. Mapping of	By April 2014	**Specialist SALT Clinical Psychologist,**

	resources/gaps to inform any required re-design		
Process of self-evaluation and stakeholder engagement. - Look at all the ASD sub-groups supporting the ASN strategy and consider whether the actions/outcomes have been met - Look at 3 or 4 groups of stakeholders each year and consider their views to continue to inform the strategy	Stakeholder consultations, evaluations and feedback.	By April 2014	**Dev Officer Disability**
Clear multi-agency plans to support individuals through major transitions. - Schools/others will be encouraged to append additional information to Child's Plans to give more detailed information - Audit a selection of plans to consider quality, whether arrangements were followed through in transitions plans etc.	Annual audit of the quality of child's plans using the Highland Audit Tool, with an additional ASD focus.	By April 2014	**ASNO South ASNO South HOASS**
Ensure Links between the planning in Adult Services and Children's Service to create one strategic plan across Highland Establish regular links between the Adult Services Groups and the Children's Services Group (AMT) to make the joins across both strategic plans.	Attendance at both Adult ASD meetings and Children's services AT meetings by key practitioners. Evidence of shared processes, consultations and planning	By Oct 2013	**Development Officer Disability Specialist LD Nurse**
Final evaluation and future priorities			

FHC4 Outcome Children and young people are supported to achieve their potential in all areas of development (7)			

Improvement priority:
   11.   Ensuring any interventions and strategies used to support children and young people are evidence based
      and that staff employ the most up to date methodologies in their practice			

Actions	**Measures / evaluation**	**Timescale**	**Lead**
Strategies and programmes that are developed as interventions to support children and young people will have a sound evidence base.	All initiatives and Council-Wide interventions to support children and young people with ASN (and without), will be supported by an evidence base.	On-going	**Principal Educational Psychologist**
Link good practice and share good practice on line and via training/workshops etc. Use Glow to access and record good practice by, from and for groups.	A Glow site and/or Sharepoint site will be created to share good practice	By Dec 2014	**Development Officer ASN**
Develop methods for staff to record what works and what does not, throughout a process, including the comments of young people. Include various tools, videos etc. Children and young people will feel more included. (Research indicates that this achieves better outcomes.)	Children and Young People will be included in research and evaluative studies creating an evidence base in Highland	On-going	**ASN IG Members**
Children and young people will have more appropriate learning experiences as reported by the children/young people themselves	Data gathered annually from children and young people. Ed Scotland Inspection reports will report positive experiences for children and young people	On-going	**ASNOs HoASS**
There will be regular action learning and research in children's services within Highland. Research/development work undertaken within Highland will be disseminated widely through training,	Action Learning Projects and small tests of change will be reported and shared with ASN	On-going	**ASN IG Members**

workshops and through the EPS, SfL and forhighlandschildren websites.	teams.		
Open out CPD calendar to all children services staff, integrated training across agencies.	Training will be accessed by a wide range of professionals as evidenced through attendance and CPD registers.	On-going	**Development Officer ASN**

Final evaluation and future priorities

FHC4 Outcome **Children and young people are supported to achieve their potential in all areas of development (7).**			
Improvement priority: **12. Implement the recommendations from the ASN Review**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Implement the revised ASN structures as recommended within the ASN Review (Rec 10, 14, 15, 19, 20, 21, 22, and 23 ASN Review)	Specialist networks will be created across Highland, supported by the strategic leads within the Central ASN Team.	By October 2015	HoASS
	SEBN provision will be established in each Area with a network supported by the Development Officer PPR	By October 2015	HoASS Dev Officer PPR
	ASN Managers will be appointed, with ASNOs in post to support this work in each Area	By October 2014	HoASS
	ASN Budgets will be realigned	By August 2014	HoASS

	to match the allocation model.		Finance Officer
	A single sensory service will be created	By October 2014	HoASS ASL Coordinator
	The roles and responsibilities of the Strategic ASN team will be reviewed, with new roles agreed.	By August 2014	HoASS Strategic ASN Team
	AHP Teams will be agreed and established	By October 2014	PO AHPs
Final evaluation and future priorities			

Child Protection Improvement Group Plan

Date of Plan – Revised 1st July 2014

FHC4 Outcome – SAFE: Children are protected from abuse, neglect or harm at home, at school and in the community (1).			
Improvement priority: a) Risks to children with disability are recognised and responded to.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
(i) Consider and progress as appropriate, national guidance on child protection and children with disabilities	Nos. trained. Follow up evaluation of confidence and competence. Confirmation of any changes to guidance and practice		Resource Manager (CP) and Development Officer (Disability)
(ii) Review the accessibility of public awareness materials to children with disabilities.			CPDO with Development Officer (Disability)
(iii) Review the support available for children with non-conventional communication or other complex vulnerability.			
iv) Ensure that the ongoing protection needs of young people with			Resource Manager

disability are adequately provided for when planning transition to adult services.			(CP) and Development Officer (Disability)

Final evaluation and future priorities

Improvement priority: b) Risks to children affected by parental substance misuse are recognised and responded to.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Respond to recommendations from the CAPSM Improvement Group, as appropriate.	Nos. of referrals of CAPSM, including referrals for FGC and family focussed solutions.		Chair of CAPSM IG

Final evaluation and future priorities

Improvement priority: c) Risks to children affected by domestic abuse are recognised and responded to.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Ensure that training and awareness raising includes the impact of domestic abuse on children and young people. ii) Ensure that HPM is adhered to in relation to children affected by domestic abuse	Nos. trained. Follow up evaluation of confidence and competence. Analysis of child concerns forms Audit of case files		CPTO with VAW and Training Group. Area Childrens Managers

Final evaluation and future priorities

Improvement priority: d) Risks to children affected by parental mental ill-health are recognised and responded to.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Ensure that training and awareness includes the impact of parental mental health and unstable family environments on children and young people. ii) Ensure that HPM is adhered to in relation to children affected by parental mental health.	Nos. trained. Follow up evaluation of confidence and competence. . Analysis of child concerns forms Audit of case files		CPTO with Training Group. Area Childrens Managers

Final evaluation and future priorities

Improvement priority: e) Signs of child sexual abuse and exploitation are recognised and responded to.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Review the impact of child sexual abuse and exploitation on children in Highland, and the requirement for any enhancement to guidance and practice	.		CPTO with Resource Manager (CP)
ii) Review the outcomes and recommendations of Police Scotland Operation 'Dash' and establish local systems for the identification of			Police Scotland with

children at risk of organised CSE.			CPDO with VAW

Final evaluation and future priorities

Improvement priority: f) Best practice is supported by appropriate policies, procedures and systems.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Review and update policy, procedures, information sharing protocols and practice guidance in light of further local integration, national developments and case reviews.	Updated Policy. Case audit demonstrates adherence.		Head of Children's Services (with SLWG as and when required)
ii) Each agency to review and refresh its staff training on the practice model and child protection guidance, including the timescales by which staff should have undertaken the training, frequency of the training. Each agency should know who has participated in Practice Model training, and should audit training to ensure that the appropriate staff are attending the appropriate training, and that they have benefitted from the training in terms of their practice.			Practice Model Improvement Group
iii) Work should take place with GPs and adult mental health services to ensure they have robust systems in place for identifying children at risk and communicating any concerns appropriately to the named person			
iv) Implement integrated Family Teams, ensuring joined up approach			

across practitioners and professional disciplines to meet needs of children and families around ASG communities.			
v) Support best practice through introduction of Care and Protection function within Family Teams			Head of Childrens Services
vi) Continue to promote the adherence of partner agencies to the Highland Practice model.			KCS and TCI with Head of Childrens Services
vii) The role of the Child Protection Advisor should be jointly reviewed, including with regard to their interagency role and the role of the team lead and in terms of responsibilities in ensuring that information is shared appropriately			Director of Health & Social Care Director of Public Health and Lead Doctor for Child Protection
viii) Local practice is benchmarked against national best practice.		Ongoing	CPC Standing Group
ix) Ongoing review of audit and self-evaluation to underpin the effectiveness of Child Protection in Highland, and that learning from best practice is disseminated.	Report to CPC.	January 2015	CPDO with QA Group
x) Continue to pursue electronic sharing of the Child's Plan, including electronic management information systems for the lead agencies.			Director of Care & Learning
xi) The Child Protection Committee Annual Report sets out trends and performance in child protection practice, and evidences the impact of the work of the Committee and Highland agencies.			

xii) The Child Protection Committee should identify, monitor and support agency management of risks in child protection activity and services.			

Final evaluation and future priorities

FHC4 Outcome – SAFE:
Children are well-equipped with the knowledge and skills they need to keep themselves safe (2).

Improvement priority: a) Children and young people understand what is meant by 'harm' in the context of child protection and are enabled to refer themselves or others.

Actions	Measures / evaluation	Timescale	Lead
i) Review and update communication strategy			CPDO with HYV Exec.
ii) Consider how to best use media including social media to promote self-protective behaviour, encourage disclosure and explain child protection processes, including to empower young people to keep themselves safe			CPDO with e-safety leads

Final evaluation and future priorities

Improvement priority: b) Children and young people are supported to deliver quality witness testimony.

Actions	Measures / evaluation	Timescale	Lead
i) Establish quality assurance of VRi and other special measures.			PPU/PO Social Care.

Final evaluation and future priorities

Improvement priority: c) Reduce the use of CPOs for new-borns.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Review and take account of the use of CPOs for new-borns			PO CP&TCAC with Reporter.
ii) Ensure the appropriate use of CPOs for new-borns			PO CP&TCAC with Reporter.
Final evaluation and future priorities			

FHC4 Outcome – INCLUDED: Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience (13).			
Improvement priority: a) Cultural differences and child protection issues arising in new contexts are responded to appropriately, enabling full participation by families.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
i) Training needs are assessed and cultural issues reflected in the design of training.	Referral trends reflect the cultural make-up of Highland and the levels indicated by research for specific groups.		CPTO with Training Group
ii) Resources should be identified and sign-posted together with a central point of contact.			As appropriate
iii) Availability of generic CP awareness material in languages relevant to Highland demographics (including Forces) is reviewed and updated.			
Final evaluation and future priorities			

Early Years Improvement Plan

Improvement Plan Date – July 2014

FHC4 Outcome			
Children and young people experience healthy growth and development.(4)			
Improvement priority 1			
Improve the accuracy / appropriateness of Health Plan Indicator Allocation			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Investigate any proposals for national guidance in allocating the HPI	Receive response from Chief Nurse's C&YP implementation group	September 2014	Principal Officer (Nursing)**)**
Determine current % Core & Additional HPIs/Maternity Pathway in prenatal population as baseline	Maternity records	September 2014	Principal Officer (Nursing)
Determine current % Core & Additional HPIs in preschool population as baseline	Received from Child Health Dept	September 2014	Principal Officer (Nursing)
Set up a small working group to agree Highland guidance in conjunction with Argyll & Bute	Working group convened and draft guidance out for consultation	By end September 2014	Principal Officer (Nursing)
Roll-out guidance to all HVs	All teams have received updated guidance	End November 2014	Principal Officer (Nursing)
Final evaluation and future priorities Further & regular monitoring of % category of HPIs – 6 monthly via Child Health Department Include HPI appropriateness in annual HV record review			

FHC4 Outcome Children and young people are supported to achieve their potential in all areas of development (7)				
Improvement priority 2 Improve HV compliance with protocols / guidelines and best practice following allocation of HPI				
Actions	**Measures / evaluation**	**Timescale**	**Lead**	
Revise Health Visiting Best Practice guidance in line with national recommendations for Health Visiting practice, including stakeholder consultation	Guidance revised and ratified by NMAHP policies group	March 2015	Principal Officer (Nursing)	
Launch revised guidance in Highland Council (& Argyll & Bute)	All teams have received awareness raising sessions regarding the revised guidance	June 2015	Principal Officer (Nursing)	
Monitor compliance during regular supervision sessions with Practice Lead	Recorded in supervision documentation	September 2015	Principal Officer (Nursing)	
Final evaluation and future priorities				

FHC4 Outcomes			
Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages(9)			
Improvement priority 3			
Increase the number of children who receive their 27-30 review			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Develop revised universal 27-30 month assessment tool & guidance	Tool & guidance agreed	September 2014	Principal Officer (Nursing)
Roll out revised 27-30 month assessment tool	All Family Teams using revised assessment tool	November 2014	Principal Officer (Nursing)
Agree secondary assessment tools and staged interventions	Agreed intervention pathways	November 2014	Principal Officer (Nursing)
Obtain baseline figure for % uptake per team	Baseline agreed	September 2014	Principal Officer (Nursing)
Undertake tests of change within each team to increase uptake where this is currently below 95%, including consultation with parents	Review % uptake	March 2015	Principal Officer (Nursing)
Final evaluation and future priorities			

FHC4 Outcomes Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages (9)			
Improvement priority 4 Improve the support offered to families			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Undertake mapping of resources available	Mapping to be undertaken through Childcare & family Resource partnerships	August onwards	Resource Manager (Early Years)District Manager/AW
Ensure all looked after 2 year olds have access to 600 hours early learning & childcare	Evidence of take up via Care first	April onwards	Resource Manager (Early Years)District Manager/AW
Implementation of early learning & childcare to workless households with 2 year olds	Dissemination of information from Scottish Government, Recruitment of Childminders, Commissioning of Partner providers.	August to October	Resource Manager (Early Years)District Manager/AW
Final evaluation and future priorities			

FHC4 Outcome Children and young people thrive as a result of nurturing relationships and stable environments(8)			
Improvement priority 5 Ensure that new early learning and childcare arrangements meet the needs of children and families			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
On-going administration related to recruitment and appointment of new local authority staff	Full complement of staff	July/August 2014	Resource Manager (Early Years) Education Officer (South)
Review of arrangements to meet parental need	Consultation with parents regarding the changes implemented from August and future of provision required	From Sept 2014	Resource Manager (Early Years) Education Officer (South)
Develop new Senior EYP post	Convene short life working group	Sept to Dec 2014	Resource Manager (Early Years) Education Officer (South)
On-going review of other aspects of early learning & childcare provision	Early years review group	Sept to June 2014	Resource Manager (Early Years) Education Officer (South)
Final evaluation and future priorities			

Looked After Children Improvement Group

Improvement Plan Date – July 2014

FHC4 Outcome			
Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.(13)			
Improvement priority 1:			
Improve the delivery of services to ensure that children in residential care get the right help at the time they need it.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Develop and agree policy for administration of medicines	Policy available	October 2014	Lead Nurse LAC
Develop guidance and pathway for blood born viruses testing	Guidance and pathway available	October 2014	Lead Nurse LAC
Service Level Agreements with private residential providers will include all policies and protocols agreed within Highland Council	Audit of the SLA contract	July 2014	Resources Manager
Final evaluation and future priorities - Develop Standard Operating procedures for the Administration of Medicines in Residential Child Care - Ensure that "Health Promoting Care Placements (looked after children) NHS Health Scotland, 4/2011 is fully implemented across Residential Child Care - Establish a local multi disciplinary support network for Residential Child Care Units			

FHC4 Outcome
Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.(13)
Improvement priority 2:
More of Highland's Children will be able to stay in Highland Region Placement

Actions	Measures / evaluation	Timescale	Lead
Explore in-Highland options and agree proposals for alternative provision with Adult, Children & Education Committee	The number of children and young people returned / avoided placements out with Highland	April 2015	Programme Manager-Alternatives to Out of Area Placements

Final evaluation and future priorities

FHC4 Outcomes				
Children and young people experience healthy growth and development.(4) Children and young people are supported to achieve their potential in all areas of development. (7)				

Improvement priority3:				
Improve health outcomes for Children & Young People				

Actions	**Measures / evaluation**	**Timescale**	**Lead**
Ensure health assessments are completed within 4 weeks and in the child's plan within 6 weeks	Measure time taken	Monthly PMF	Lead Nurse LAC
Ensure health assessments meet the core health standard	Assessment of health assessments	Monthly PMF	Lead Nurse LAC
Training, supervision and governance arrangements in place for all health staff who have Lac as part of their caseload.	Audit and User evaluations to training sessions report to LAC IG Annual governance and supervision report to LAC IG	April 2015	Lead Nurse LAC
Identify and implement mental health screening tool for LAC for use in the initial health assessment.	Screening tool agreed and implemented	September 2014	Lead Nurse LAC
Improve access to sexual health services	Achievement of actions noted on LAC SH driver diagram	Jan 2015	Lead Nurse LAC

Final evaluation and future priorities
1. Annual Report to Director of Public Health on Health and Looked After Children   2. Implement the "National Guidance for Health Assessment and Looked After Children" (May 2014)

FHC4 Outcomes
Children and young people are supported to achieve their potential in all areas of development. (7)

Improvement priority 4:
Improve educational outcomes for Children & Young People

Actions	Measures / evaluation	Timescale	Lead
Mechanisms in place to prevent interrupted learning	Attendance at school for LAC - exclusion rates for LAC	Sep 2014	Head of Health

Final evaluation and future priorities

1. Develop a pathway to ensure that children within Residential Child Care have support to continue learning throughout placement moves

FHC4 Outcome			
Children and young people thrive as a result of nurturing relationships and stable environments (8).			
Improvement priority 5:			
Improve the outcomes for LAC in foster care			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Reduce delay / drift in Permanency Planning processes. Record and review the timescales within the permanency process and implement a robust process to ensure children are progressed through the planning process within swift timescales.	Continual audit will be established to review the LAC in foster care who experience three or more unplanned placement moves in a 3 month period. Improvement will be generated from the outcome of this continual review process. Report to the LAC IG each quarter	Dec 14	Resource Manager Fostering & Adoption
Reduce the number of LAC in foster care who experience multiple placement moves • Findings to be included in annual report to committee for Fostering and Adoption service • Roll out the review of placement moves to children in residential child care.	Continual audit will be established to review the LAC in foster care who experience three or more unplanned placement moves in a 3 month period. Improvement will be generated from the outcome of this continual review process.	quarterly	Resource Manager Fostering & Adoption
Increase the resilience and confidence of adopters and permanent foster carers in their parenting abilities.	Preparation, training and support is available to adopters and foster carers and these identify the skills required to do the job	Dec 2014	Resource Manager Fostering & Adoption

Final evaluation and future priorities

FHC4 Outcome			
Improvement priority 6: Improve the transition for LAC in throughcare and aftercare into adulthood.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
"Who Cares" and the Barnardo's Young People's advisory board will take forward the actions agreed from the young people's views on communication and service delivery	The Advisory Board will evidence the implementation of agreed actions through a report to the LAC IG	Dec 2014	Programme Manager Barnardo's Highlands & Islands
Young people to complete annual evaluation forms regarding their views on services provided	Young people are engaged in the evaluation process Annual Report to the LAC IG	Dec 2014	Programme Manager Barnardo's Highlands & Islands
Ensure there is a designated health professional identified to support the plan for through-care	Report and recommendations to next LAC IG	Sep 2014	Head of Health
Develop a skills academy and one stop shop to offer opportunities to build skills and confidence	Report to the LAC IG with positive development	Dec 2014	Resource Manager Looked After Children & Child Protection
Final evaluation and future priorities			

Mental Health Improvement Plan

Improvement Plan Date – May 2014

FHC4 Outcome
Children and young people experience healthy growth and development (4).

Improvement priority:
1. **Enable and support positive mental health and wellbeing across the life course: pregnancy, infancy, early years, school years/adolescence/transition to adulthood**

Actions	Measures / evaluation	Timescale	Lead
Determine likely need and demand for interventions/services to support mental health and wellbeing across the life course with a focus on universal early years	Completed Needs Assessment	August 2014	CHC
Determine likely need and demand for interventions/services to support mental health and wellbeing across the life course with a focus on universal school years	Completed Needs Assessment		
Development of competent skilled workforce across services for children and young people to support positive mental health and wellbeing across the life course	Develop/define core training programme Delivery of core training across integrated teams	March 2015	PMHW

FHC4 Outcome
Children and young people are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development (4).

Improvement priority:
2. **Enable and support positive and reflective relationships across the life course: pregnancy, infancy, early years, school years/adolescence/transition to adulthood**

Actions	Measures / evaluation	Timescale	Lead
Determine likely need and demand for interventions/services to support positive relationships	Completed Needs Assessment	June 2014	CHC
Key stakeholder self evaluation of service issues to date	Completed self assessment	August 2014	CHC
Determine likely need and demand for interventions/services to support positive relationships	Completed Needs Assessment	June 2014	CHC
Key stakeholder self evaluation of service issues to date	Completed self assessment	August 2014	CHC
Development of process maps to determine current journeys of care/assessment and access to services	Completion of process maps	December 2014	CHC
Development of pathway/journey (and related audit points) to identify and asses need/vulnerability to determine best interventions to support positive/reflective relationships at key transitions	Completion of Family Friendly Commissioning Templates Audit use of pathway from sample child plan audits	March 2015 March 2016	CHC+Additional Support Needs C+L
Identify validated assessment tools and interventions to inform assessment of need and related appropriate interventions	Determination of tools Evidence of use of assessments/tools in sample of practice records	March 2015	CHC+ Additional Support Needs C+L
Development of competent skilled workforce across services for children and young people to identify, assess and intervene as appropriate to support positive relationships	Delivery of training to key staff groups Monitor/uptake across Integrated teams	March 2016	Additional Support Needs Service Managers C+L
Support implementation of pathway/journey in Integrated Children's	Evidence of improvement	March 2016	CHC Additional

teams with necessary interfaces with HHSCP clinicians and managers	methodologies to support change Evidence of use of assessments/tools in sample of practice records		Support Needs Service Managers C+L

Final evaluation and future priorities
Completion of Needs Assessment
Completion of pathway journey
Established system of child plan audit in Integrated Teams (5/year for each age/stage)
Feedback of experience from practitioners and service users
Identifying performance measures to demonstrate improvement

FHC4 Outcome			
Children and young people thrive as a result of nurturing relationships and stable environments (8).			

Improvement priority 3:			
Support mental health and wellbeing for Looked After Children and Young People across a continuum of promotion, prevention and care			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Determine likely need and demand for interventions/services to support mental health and well being for Looked After Children and Young People	Completed Needs Assessment	June 2015	CHC
Key stakeholder self evaluation of service issues to date	Completed self assessment	August 2015	CHC
Development of process map to determine current journeys of care/assessment and access to services	Completed process maps	December 2015	CHC
Development of pathway journey to identify and asses need/vulnerability and processes and practice to intervene to promote well being and intervene in a timely manner when required with identification of key audit points	Completion of Family Friendly Commissioning Templates Audit use of pathway from sample child plan audits	May 2016	CHC +Phoenix Service + LAC C+L
Identify validated assessment tools and interventions to inform assessment of need and related appropriate interventions	Determination of tools Evidence of use of assessments/tools in sample of practice records	May 2016	CHC Phoenix Service + LAC C+L
Development of competent skilled workforce across services for children and young people to identify, assess and intervene as appropriate to support mental health and well being in Looked After settings	Delivery of training to key staff groups Monitor/uptake across Integrated teams		
Support implementation of pathway/journey in Integrated Children's	Evidence of improvement		

teams with necessary interfaces with HHSCP clinicians and managers	methodologies to support change Evidence of use of assessments/tools in sample of practice records		
Final evaluation and future priorities Completion of Needs Assessment Completion of pathway journey Established system of child plan audit in Integrated Teams (5/year for each age/stage) Feedback of experience from practitioners and service users Identifying performance measures to demonstrate improvement Identifying performance measures to demonstrate improvement			

FHC4 Outcome			
Young people and families live in increasingly safer communities where anti-social and harmful behaviour is reducing(1).			

Improvement priority 4:			
Support mental health and wellbeing for children and young people who are affected by conflict across a continuum of promotion, prevention and care			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Determine likely need and demand for interventions/services to support mental health and well being for children and young people affected by conflict (family, school, community)	Completed Needs Assessment		
Key stakeholder self evaluation of service issues to date	Completed self assessment		
Development of process maps to determine current journeys of care/assessment and access to services where conflict is experienced in different settings	Completed process maps		
Development of pathway journey to identify and asses need/vulnerability and processes and practice to intervene in key settings with identification of key audit points	Completion of Family Friendly Commissioning Templates Audit use of pathway from sample child plan audits		
Identify validated assessment tools and interventions to inform assessment of need and related appropriate interventions	Determination of tools Evidence of use of assessments/tools in sample of practice records		
Development of competent skilled workforce across services for children and young people to identify, assess and intervene as appropriate to different settings and contexts	Delivery of training to key staff groups Monitor/uptake across Integrated teams		
Support implementation of pathway/journey in Integrated Children's teams with necessary interfaces with HHSCP clinicians and managers	Evidence of improvement methodologies to support change		

		Evidence of use of assessments/tools in sample of practice records		

Final evaluation and future priorities
Completion of Needs Assessment
Completion of pathway journey
Established system of child plan audit in Integrated Teams (5/year for each age/stage)
Feedback of experience from practitioners and service users
Identifying performance measures to demonstrate improvement

FHC4 Outcome

Children and young people experience healthy growth and development (4).

Improvement priority (5):

Ensure timely access to specialist mental health services when required across Tiers 1- 4

Actions	Measures / evaluation	Timescale	Lead
Determine likely need and demand for interventions/services to support mental health and well being for children and young people from Tiers 1-4	CAMHS HEAT Target 18 weeks to treatment	December 2014	CHC
Key stakeholder self evaluation of service issues to date	Completed self assessment	December 2014	CHC Service Managers
Development of process map to determine current journeys of care/assessment and access to services across Tiers	Completed process maps	December 2014	Service Managers
Development of pathway journey to identify and asses need/vulnerability and processes and practice to intervene across Tiers with identification of key audit points	Completion of Family Friendly Commissioning Templates Audit use of pathway from sample child plan audits	March 2015	CHC Service Managers
Identify validated assessment tools and interventions to inform assessment of need and related appropriate interventions	Determination of tools Evidence of use of assessments/tools in sample of practice records	March 2015	Clinical Leads
Development of competent skilled workforce across services for children and young people to identify, assess and intervene as appropriate to meet mental health need across Tiers	Delivery of training to key staff groups Monitor/uptake across Integrated teams	March 2016	Service Managers

Support implementation of pathway/journey in Integrated Children's teams with necessary interfaces with HHSCP clinicians and managers	Evidence of improvement methodologies to support change Evidence of use of assessments/tools in sample of practice records	March 2016	CHC Service Managers

Final evaluation and future priorities
Completion of Needs Assessment
Completion of pathway journey
Established system of child plan audit in Integrated Teams (5/year for each age/stage)
Feedback of experience from practitioners and service users
Identifying performance measures to demonstrate improvement

FHC4 Outcome			
Children, young people and families are enabled to tell us what they think about services and the community in which they live, and improvement is determined with their involvement and by understanding their views, wishes, and expectations			
Improvement priority 6: **To work with children and young people to ensure their views and experiences inform service design and delivery**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Develop a collaborative/participative relationship with SPEAK (Stigma Prevention (through) Experience) to inform promotion/preventive programmes across settings in Highland	Establish engagement process Evidence of engagement	August 2014 March 2015	CHC/HUG
Develop a collaborative/participative relationship with SPEAK (Stigma Prevention (through) Experience) to inform service design and delivery of CAMHS services	Establish engagement process Evidence of engagement	August 2014	CHC/HUG
Work with Highland Youth Convenor and Highland Youth Voice Executive to develop a programme of work to promote mental health and well being across Highland	Input into Youth Voice Spring and Autumn conferences with audit of actions agreed and progress made	June 2014 November 2014	CHC/Youth Convenor
Develop a collaborative/participative relationship with Who Cares? To ensure experiences and perspectives of Looked After Children and Youth People on mental health and well being and access to services	Establish engagement process Evidence of engagement	September 2014	CHC/Who Cares?
Develop a collaborative/participative relationship with Young Carers to ensure experiences and perspectives of Young Carers on mental health and well being and access to services Identifying performance measures to demonstrate improvement	Establish engagement process Evidence of engagement	December 2015	CHC Head of Health
Final evaluation and future priorities Evidence of consultation and engagement with children, young people and families			

Play Improvement Group

Date of Plan – May2014

FHC4 Outcome 2, 3,4,5,6,10			
Improvement priority: **1.** Develop a Public Awareness campaign – increase awareness and share good practice to improve societal: • acceptance of appropriate risk taking • expectation of being outside in different weather conditions • recognition of the importance of self-directed free play for children and young people of all ages • Challenges gender stereotyping in play			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Host an annual Play Seminar/Event	Event takes place Numbers involved Evaluation	August 2015	Head of Education
Identify best practice in Highland through an Annual Play Award	Number of entries increases (2013 - 14 applications)	December 2014	Head of Education
Increase awareness of issues including play, free play, and risk taking through the Play Highland Website, Play Matters Newsletter, Twitter and Facebook accounts.	Increase in subscribers to Newsletter (April 2014 - 244) Increase no. of followers on Twitter (April 2014 – 811) Increase no. of likes on Facebook (April 2014 – 145)	Ongoing – review April 2015	Social Media and Website CALA
Develop links through the council websites, GLOW and Highlife Highland	Links will be in place	October 2014	HI Policy Manager
Develop actions to challenge gender stereotyping in play (unless part	To be agreed	To be agreed	To be agreed

of free play)			
Final evaluation and future priorities			

FHC4 Outcome 3,4,5,6,7,10			
Improvement priority: **2.** Improve Access and quality of existing and new spaces for play and increase the number of quality spaces for play			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Work with Community Services, Education and partners to develop an improved corporate approach which includes an agreed standard for all play areas in schools grounds: identify school grounds to test how this needs to be developed, including the implications of community access.	Agreed standard in place	Scoping meeting Sept 2014	Head of Education
Increase the number provisions who are: - able to provide free access to the outdoors; and - report that children have daily access to the outdoors	Play IG Survey	Annually – April 2015	Resource Manager Early Years
Develop partnership with SNH/Forestry Commission and map their provision of spaces for play	Play space provision will be mapped	August 2015	HI Policy Manager
Seek out and promote ways in which we can improve multifunctional intergenerational leisure space	Increase in the number of intergenerational play spaces	To be agreed	To be agreed
Final evaluation and future priorities			

FHC4 Outcome 12			
Improvement priority: 3. Involve children, young people, parents and professionals meaningfully in decision making and planning.			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Disseminate relevant national and international research and good practice to staff and community groups	Number relevant items on Play Highland Website	Ongoing	Social Media and Website CALA
Youth Voice participation at Community Councils (specific project).	To be developed	To be agreed	Youth Convener
Review the needs of children and young people with additional support needs in relation to access to stimulating, active play	To be developed	To be agreed	To be agreed
Develop a mechanism to support / enable community groups to develop spaces for play locally using an asset based approach.	To be developed	To be agreed	To be agreed
Final evaluation and future priorities			

Young Carers Improvement Group

Date of Plan – May2014

FHC4 Outcome			
Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.			
Improvement priority 1: Develop a Public Awareness campaign			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Improve the awareness of Elected Members through: • Presenting a DVD at the Education, Children and Adult services committee and presenting the strategy and making the link to legislation • Showcasing the work of the voluntary sector with young carers at a showcasing stand.	Evaluation through dialogue with elected members at Committee event	Autumn 2014	Head of Health
Final evaluation and future priorities			

FHC4 Outcome Children, young people and families are enabled to tell us what they think about services and the community in which they live, and improvement is determined with their involvement and by understanding their views, wishes, and expectations			
Improvement priority 2: **Develop consultation & engagement with young carers**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Plan and host a Highland Young Carers event to support meaningful engagement to understand their views wishes and aspirations	The event takes place. A clear summary of views wishes and aspirations exists to prioritise future planning	Spring 2015	Head of Health
Develop a draft consultation and engagement plan	The draft plan will be agreed at the annual Highland Young Carers event.	Spring 2015	Connecting Carers
Develop a mechanism to involve young carers in contributing to their own child's plan and test with a group of Young Carers	Evidence through evaluation of child's plans which show that the views of young carers have been sought and acted upon		
Youth ambassador programme			
Develop questions aimed at Young Carers to be included within the revised Lifestyle survey	New questions included within the lifestyle survey	December 2014	Cath King
Promote the involvement and participation of young carers in youth voice	Young Carers representation in youth voice		Children's planning manager
Final evaluation and future priorities			

Youth Justice Improvement Group Plan

Date of Plan – June 2014

FHC4 Outcome 3:			
Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.			
Improvement priority: **Improve the quality of young carers child's plans**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Identify how many Young Carers known to services have a child's plan.	A baseline determined which shows how many children from the known cohort have plans	June 2014	Vol orgs
Identify why Young Carers do not have a child's plan through the development of a questionnaire for named persons.	Questionnaire developed and tested.	September 2014	
Using the Childs Plan evaluation tool, identify strengths and areas for improvement to better support outcomes for Young Carers who have an existing child's plan.	Strengths and areas for improvement identified through evaluation.	December 2014	Head of Health
Final evaluation and future priorities			

FHC4 Outcome
Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages (9).

Improvement priority 1:
Develop a mechanism to describe the services that are currently delivered which provides an overview for all stakeholders.

Actions	Measures / evaluation	Timescale	Lead
• Describe how we currently work towards improving outcomes for children accessing our services	Paper complete	May 2014	IG Chair
• Scope all our current services to describe the range of activity that supports children and young people within existing Youth Justice provision.	Scoping complete	May 2014	IG Chair
• Describe services which have a specific focus on young people in transition to adult services and those coming into criminal justice services for the first time	Paper complete	May 2014	IG Chair
• Describe how we currently participate in community safety projects	Paper complete	May 2014	IG Chair
• Describe the range of diversionary activities we deliver for children and Young People who are at risk of becoming serious and / or repeat offenders	Paper complete	May 2014	IG Chair
Final evaluation and future priorities Utilise papers and scoping above to determine priorities below			

FHC4 Outcome

Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages (9).

Improvement priority 2:

Evaluate the range of services described in the overview to determine strengths, weaknesses and inconsistencies in service delivery.

Actions	Measures / evaluation	Timescale	Lead
• Identify the ways in which we can improve the outcomes for Children and young people who access the services we deliver	• Service Agreement regarding ISS to be circulated to all services/personnel concerned.	December 2014	IG Chair
• Improve the outcomes particularly for in those in transition to adult services and those coming into criminal justice services for the first time		December 2014	IG Chair
• Improve effective intervention by ensuring that the pathway into YAS is clear and used appropriately across Highland.	• YAT aware of diversionary policy/procedures and how to follow them.	December 2014	IG Chair
• Define how links to victims supports our work with Children and Young people		December 2014	IG Chair
Review and evaluate the intensive support service to consider its future.	• Management supports diversionary activities and acknowledge their worth.	December 2014	IG Chair
• Describe how we can more effectively participate in community safety projects		December 2014	IG Chair
Improve the range of diversionary activities we deliver for children and Young People who are at risk of becoming serious and / or repeat offenders.		December 2014	IG Chair

Final evaluation and future priorities

FHC4 Outcome

Children and young people are supported to achieve their potential in all areas of development(7).

Improvement priority 3:

Improve the service to 16-18 years of age, whether in transition between children's and adult's services or coming into contact with criminal justice services for the first time.

Actions	Measures / evaluation	Timescale	Lead
• Helping develop independence skills	Young people will recognise they have increased skills	December 2014	IG Chair
• Offering group work exploring future work opportunities.	Group work opportunities in place for young people	December 2014	IG Chair
• Obtain appropriate referrals from adult services of individuals that may benefit highland wide.	Referrals increase	December 2014	IG Chair
• Improved communication between Health & Social Care/SCRA/Court/Police/NHS/Housing/Job Centre.	Clarification of all agencies roles & responsibilities outlined in each case.	December 2014	IG Chair
• Explore the possibility of secure care being an alternative to prison.	Increased use of secure care as appropriate	December 2014	IG Chair
• Develop Virtual Guidance Procedures available to the YAT.	Guidance in place and accessible	December 2014	IG Chair
• Use volunteers as peer mentoring	Volunteers in place	December 2014	IG Chair

Final evaluation and future priorities

FHC4 Outcome			
Children and young people are supported to achieve their potential in all areas of development (7).			
Improvement priority4:			
Develop a plan to improve the effectiveness and efficiency of the workforce in response to the service delivery evaluation			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
• Develop an induction programme and materials for new Youth Action Team staff	Induction programme in place	October 2014	IG Chair
• Ensure there is an effective mechanism to bring consistency to the way we use ASSET scores to track progress of all young people in our service	ASSET scores used consistently across the service	October 2014	IG Chair
• Improve the use of the Mental Health Screening tool within Asset.	Screening tool used consistently	October 2014	IG Chair
Final evaluation and future priorities			

Highland Practice Model Improvement Plan

Improvement Plan Date – May 2014

FHC4 Outcome			
Children and young people know their rights and are confident in exercising these. They are able to express their views and be involved meaningfully in decisions which affect them (11).			
Improvement priority:			
2. Ensure child's plans are fit for purpose			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
A staff training plan will be in place for all staff to ensure the improvement of child's plans . Training will be updated in line with updates of the Practice Guidance	Feedback on numbers of participating staff.	Termly	Training Group
Training will be embedded in mandatory induction and a rolling programme thereafter, with all HTs and support staff in schools being encouraged to access level 3 training.	Programme developed, delivered and evaluated ready to roll out	By July 2014	Training Group
All children and young people who require a plan to meet their needs will have a plan (and only one). Audits of plans will be undertaken for groups of children in health and education with a sample being looked at in more detail (5%) on an annual basis. Need to ensure that this sample includes children with lower tariff needs. For LAC, team leads and H+SC managers will monitor through supervision.	Audits may be undertaken at any time, with feedback to colleagues, but a more formal process will occur annually in June. Target is 95% of all children and young people with level 3 or 4 needs and/or LAC	On-going	**HoASS**
The quality of child's plans will improve through the embedding of a self-evaluative framework.	Audit tool will be agreed by the group.	By July 2013	**HPM Group**

There will be evidence of the impact of interventions linked with need, noted within the child's plan	Audit returns will indicate progress. Aim for a score of at least 8/10 for 95% of plans.	On-going	**HoASS**
Examples of good quality plans will be available to provide models for practitioners.	Examples available	By Jan 2014	**HoASS**
Team leaders and managers will monitor the quality of plans through supervision sessions. Staff will be encouraged to use peer support to share and improve practice in the use of the child's plan.	Self-report from Team Leaders	On-going	**Team Leaders**
An aide memoire will be available for practitioners with information that may be included in a child's plan to ensure more of the specific information required is included in the initial plan when additional services are being requested.	Information available	On-going	**HoASS PO AHPs**
A parent/child questionnaire or focus group will be used to gather information about the plans being 'fit for purpose' and user friendly.	Evaluation report	Bu Dec 2014	**Policy Officer**
Final evaluation and future priorities			

FHC4 Outcome **Children are protected from abuse, neglect or harm at home, at school and in the community (1).**

Improvement priority: 2.   **Ensure the national rollout of a process for completing and processing Child Concern Forms, leads to positive benefits for children/young people, in the transfer of information**

Actions	Measures / evaluation	Timescale	Lead
Research the effectiveness of the use of child concern forms and the process around their use in effecting better outcomes for children and young people. The national roll out of a uniform system of using Child Concern Forms within Police Scotland will be tracked in Highland and the opportunity will be taken to review how forms are completed, what information is included on them and how this could be improved.	Statistical and performance data from the roll out and relevant evaluations and research findings using the improvement science methodology.	By Jan 2015	BF to lead a multi-agency group
Final evaluation and future priorities			

FHC4 Outcome
Improvement in service provision is determined by the participation of children, young people and families and by understanding their views, wishes, and expectations (14).

Improvement priority:
3. Ensure high quality engagement with and inclusion of children and young people across service and policy development

Actions	Measures / evaluation	Timescale	Lead
Children and young people will be empowered and directly involved in their personal planning. Practitioners will be asked to ensure that all plans include comments from children and young people and that where this is not possible, observations are made and interpreted as to the feelings and emotional states of the children/young people. There will be evidence in plans of creative and innovative ways of gaining the views of children and young people who may find it hard to communicate verbally eg through the use of signers, talking mats, observations etc.	Audits of child's plans will show evidence of children's views in 98% of plans.	On-going	**HoASS**
Opportunities for engagement with children and young people at all levels will be created and taken. Initially engagement with children through the Highland Children's Forum will be organised, as part of the formal evaluation of the Highland Practice Model.	Evaluation report	By December 2014	**HCF and Policy Officer**
Children and young people will be involved in consultations and engagement with service providers, to help develop and shape policy and practice. Opportunities for engagement with children and young people at all	Evidence of engagement with children, young people and their parents/carers, will be reported to the Leadership group termly.	On-going	**HPM Group**

levels will be created and taken. Initially engagement with children through the Highland Children's Forum will be organised as part of the formal evaluation of the Highland Practice Model. In addition, Practitioner Engagement will also inform children's views			
Re-launch the HPM guidance, once this has been updated to take account of changes in structures and emphasise the need to include the child/young person at every stage. This will be emphasised with team leaders and managers.	Guidance updated	By October 2014	**PO Social Care**

Progress since last plan

- Evaluation of HPM – Child's Plans ongoing, led by Policy Officer and Highland Children's Forum

Final evaluation and future priorities

FHC4 Outcome **Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people (12).**			
Improvement priority: 4. **Ensure the forms of engaging parents and families in the assessment, planning and review processes for their children, make them feel listened to and empowered to find effective ways forward.**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Solution focused meetings will be used in finding ways forward and in goal setting with families. Training in solution focused meetings and solution focused approaches will be offered in various areas of Highland on a regular basis to support the continued professional development of staff in these skills.	There will be a rolling training programme providing an increase in the opportunities for practitioners to engage in SF training.	On-going	**Ed Psych Service**
An audit of parental views will be undertaken to ascertain their views of the process of assessment, planning and review.	Audit of parental views. Parents will report that the processes of engaging with them are positive and help empower them to better support their children.	By December 2014	**HCF and Policy Officer**
Several children will be followed through from initial concern, through the process of assessment, planning and review, to gain more in-depth knowledge of the experiences of parents over a period of time.	Longitudinal case study and review	Case identified by August 2014	**Team Leaders**
Progress since last plan			
• Evaluation of HPM ongoing, led by Policy Officer and Highland Children's Forum • Training completed by EPS in all Areas re SF training			
Final evaluation and future priorities			

FHC4 Outcome Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages (9).			
Improvement priority: 13. Ensure clarity and appropriate actions taken in respect of the roles and responsibilities of the Named Person and Lead Professional			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
A self-evaluative approach will be taken to examine the impact of the role of named person and lead professional.	The role of Named Person and Lead Professional will be understood and appropriate responsibilities and actions taken within these roles. There will be evidence of effective multi-disciplinary working to support children/young people and their families/carers.	On-going	**HPM Group**
With the re-launch of the HPM Guidance, provide training for those staff who will be NP and/or LP initially before rolling out to other staff who may be partners to the plan.	Guidance will be updated and re-launched and will support training.	By January 2014	**PO Social Care PO Nursing ASL Coordinator**
Partners to the plan are readily identified and work jointly and collaboratively to support children and young people effectively.	Identified through CP audits	On-going	**HPM Group**
Progress since last plan			
Final evaluation and future priorities			

FHC4 Outcome Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages (9).			
Improvement priority: **14.** **Ensure a confident and knowledgeable staff who understand child development and emotional needs**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Develop staff training around attachment, resilience and child development. Link additional training into work already on-going around the development of emotional literacy, promoting positive relationships, parenting and the early years' framework. Consider the gaps in CPD available for staff and create a programme of training at different levels to support this development for staff in children's services.	Training programme will be developed and delivered as an on-going part of CPD within children's services.	By August 2014 and On-going	**HoASS to coordinate**
Trial training with a group of practitioners and evaluate this to inform the required changes, before including these changes and rolling out training across Highland. Use various training media to provide a range of options for staff, including face to face training, long and shorter courses, video links, written material etc.	Training trialled with Early Years staff initially	By September 2014	**HoASS to coordinate**
Progress since last plan			
• Initial training provided to early years staff in nurseries and partner centres during Oct 13 and Feb 14 inset days.			
Final evaluation and future priorities			

Health, Wellbeing and Public Health Improvement Group

Date of Plan – August 2014

FHC4 Outcome
4. Children and young people experience healthy growth and development.

Improvement priority:
• Improved health of children and young people

Actions	Measures / evaluation	Timescale	Lead
Have oversight of the health improvement agenda across children's services by ensuring that links are made between other FHC4 Improvement Groups and new and existing groups linking to the Health, Wellbeing and Public Health Improvement Group.	Issues identified	Ongoing – review April 2015	Head of Health
Review Health Promoting School Status and accreditation procedure and make decision around amendments	Report issued with recommendations; No gaps in health improvement input to schools arising from curricular changes and changes to HPS Accreditation procedure	December 2014	HI Policy Manager
Review of the role of the school nurse – linked to national work reviewing the roles of health visitors and school nurses		Linked to national Review	PO Nursing
Development of core resources database, mapping materials, to include information on approved/not to be used information	Resources in place in refreshed GLOW	August 2014	QIO H&WB, HI Policy Manager

Ensure schools in areas of deprivation are targeted where appropriate with health improvement input.	Reduced inequalities in health	Annual review	HIPM, QIO H&WB
Develop a training programme for staff in children's services Involving staff in developing materials	To be agreed	TBA	TBA
Food and Health			
Increase uptake of school meals	Targets set at individual school level (SMSG); Volume of oily fish, veg, fruit and salad in SMs per child increases (Catering Service);	Review April 2015	HI Policy Manager
Implementation of High 5 Programme - 641 interventions (including A&B)	Increase the number of children of school age achieving and maintaining a healthy weight	March 2014	HI Policy Mangager
Continue to roll out High 5 Programme beyond the period of the CHW HEAT Target	Increase the number of children of school age achieving and maintaining a healthy weight	June 2015	HI Policy Manager
Dental Health			
All infants will have a Childsmile oral health assessment and the outcome recorded as part of their 6-8 week health assessment	Increased dental registration of 0-2 year olds By December 2016 - 75% of children aged <3 years are registered with a dentist	Review annually – December 2014	Senior Dental Officer NHS
All nurseries will participate in the Childsmile toothbrushing Programme with 80% of the roll brushing daily All children will receive at least two fluoride varnish applications annually from 2 years of age (HEAT target)	Increased % of 5 year olds with no obvious decay experience By December 2020 80% of 5 year olds will have no obvious dental	Review annually – December 2014	Senior Dental Officer NHS

	decay experience		
Healthy Environments			
Smoke Free Homes Project	To be agreed with NHSH	TBA	TBA
Immunisations			
Improve immunisation rated to ensure that children are fully protected against common childhood infectious diseases and Cervical Cancer	MMR1 uptake to be at 95% HPV to be offered to all girls in second year at secondary school Flu vaccine – to be added	Annual review	PO Nursing
Final evaluation and future priorities			

FHC4 Outcome			
10. Children and young people are physically active.			
Improvement priority: **4.** Physical Activity			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Increase the number of children walking and cycling to school	Increase the number of children of school age achieving and maintaining a healthy weight	Review June 2015	Road Safety Unit
All schools to have 2 hours/sessions of PE per week	Increase the number of children of school age achieving and maintaining a healthy weight		PE Support Programme Development Manager
Link to High 5 above under food and health			
Final evaluation and future priorities			

FHC4 Outcome			
5. Children and young people make well-informed choices about healthy and safe lifestyles.			
Improvement priority:			
5. Sexual Health and substance misuse			

Actions	Measures / evaluation	Timescale	Lead
Review SHARE content and staff training.	Increase in uptake of training 2013 – 16 2014 - 46	March 2014	HI Policy Manager and NHS HP Specialist
Review primary SRE content, targeting, delivery and other input such as the Brook BiteSize project and Waverly Care HIV resource.	Improved content of teaching materials	December 2014	HI Policy Manager and NHS HP Specialist
Map current drop in facilities, services provided and by whom – recommend areas for development	Report with recommendations	December 2014	
Develop electronic substance misuse Toolkit for teachers, other professionals parents and young people	Toolkit developed	October 2014	HI Policy Manager
Develop substance misuse marketing for 15+ age group	Most appropriate communication mechanism identified and in place	March 2015	Co-ordinator HADP
Deliver staff training on substance misuse	Numbers attending training Number of training events	March 2015	ACSM North lead
Final evaluation and future priorities			

FHC4 Outcome			
14. Children, young people and families are enabled to tell us what they think about services and the community in which they live, and improvement is determined with their involvement and by understanding their views, wishes, and expectations			
Improvement priority:			
6. Children, young people and their families views impact upon service developments			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
HYV consultation and additional LAC focus group to inform DPH Annual Report 2013	Views included in DPH report	December 2013	Children's Commissioner
Gather views of children and young people through the Highland Lifestyle survey every two years (Survey redesign for 2015)	Increase in number of young people participating: 2009 3,871 (47%); 2011, 5117 (66.4%); and 2013, 5161 (66.2%). Survey results inform improvements in FHC4	Spring 2015	HI Policy Manager
Increase in parent participation in relation to school food.	Increased participation in parent /carer food and health in schools participation programme.	Review June 2015	Facilities Services Manager
Final evaluation and future priorities			

FHC4 Outcome Children and young people are supported to achieve their potential in all areas of development (7).			
Improvement priority 7: Improved staff Health			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Improve staff Health	Staff Stress Awareness Day promotion of materials	November 2014	IG Lead
	Children's Services Managers attendance at Managing Stress at Work training	To be agreed with Education and HSC Management	IG Lead
Final evaluation and future priorities			

Supporting Parents Improvement Group

Date of Plan – August 2014

FHC4 Outcome			
Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people.			
Improvement priority1: **Parents are aware of the developmental stages of their child's life and informed about how to support these by offering them relevant information at key stages.**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Written information and/or a group session will be offered at entry to P1	The number of parents accessing the handling teenage behaviour programme increases.		
Link with EY collaborative work stream 3 to explore how improvement methodology can be applied.			
Draft the material to be piloted and devise the formats (key messages)			
Trial material with parents and staff.			
Refine materials and implementation method.			
Offer leaflets/groups to a sample of parents on entry to P1			
Final evaluation and future priorities			

FHC4 Outcome
Families receive support, advice and guidance which are well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.
Improvement priority 2:   Through the parent support framework ensure universal support to parents of children pre-birth-16yrs+ and additional support where required.

Actions	Measures / evaluation	Timescale	Lead
The Highland Parent Support Framework is taken to Adult and Children's Committee for approval. This is communicated to all stakeholders and partners.	Report	October 13	SPIG
Each Area has a plan using the Mapping and Planning Template. This plan evidences universal and targeted support to parents and gaps in support.	Area Plans increase.	November 13	North/CCEE
Managers are clear about the budget and resources available for parent support work in their area.	Area Plan		Business Support Team Area Management
Support is developed as a result of local need established through monitoring and evaluation of the needs and outcomes for families.	Health Development Officer post and relevant administrative support.		
Weaning practices need to be standardised and evidence based to ensure parents, carers and providers are receiving the correct advice.	Karen Mackay and Jayne Watt are leading a working group to develop a package for use across Highland.	June 14	Infant Feeding Advisor
'Cooking on a budget' and nutritional advice is available.	Report	June 14	Karen Mackay and Jayne Watt
Central Co-ordination post.	Parent Support Health DO	December 13	SM
The number of staff trained in the use of the Scottish Antenatal Parent Education Increases.			
Final evaluation and future priorities			

FHC4 Outcome
Families receive support, advice and guidance which are well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.

Improvement priority 3:
Improve the information available to all parents and carers to support them in their role of providing a safe, loving and nurturing environment that benefits their child. Parental confidence is strengthened through being well informed about children's development and having the opportunities, according to need, to develop relevant skills.

Actions	Measures / evaluation	Timescale	Lead
Accessible information for new parents is universally available. Expectant parents, carers, practitioners and other stakeholders have available relevant information so they can be aware of the types of support parents can expect.	The Scottish Woman Held Maternity Record (SWHMR) and Pathway for Maternity Care detail information that should be given to parents through pregnancy and early post natal period. The Highland Information Trail is reviewed annually and gives information to support this.	Ongoing	
Implementation of Healthcare Improvement Scotland Scottish Antenatal Parent Education Pack and Compassionate Connections	Data from local champions in maternity services	June 2014	Head of Midwifery, lead midwives, H&SC teams and third sector.
Training of midwives, health visitors and other staff in motivational interviewing to facilitate delivery of health improvement messages and promotion. This will include education pack and Compassionate Connections.	Feedback from National Practice Education Facilitator		Maria Anderson to report. SH to link to Lead midwives.
Develop use of parent information slips in Red Book via Early Years Collaborative and improvement methodology.	EY Collaborative approach		Care and Learning Alliance PTGF Team. EY Health DO
Distribute Play @ Home and promote use alongside Book Bug Bags in the home and the community.	Evidence of distribution and promotion activities. Practitioner training record. CALA		EY Health DO. Play at Home advisory group. H&SC Teams, Highlife Highland Libraries team and third sector partners.
Devise method of using Before Words, Buck Bug and Play at home antenatal and postnatal setting.	AHP lead. Karen Murray/Toni Barker		
Extend the use of PEEP (Parents Early Education Partnership) materials in groups and 1:1 following pilots.	EY Health DO, Area Management, H&SC staff and third sector		EY Health DO Area Management. H&SC

Gillian Forbes undertakes PEEP for Practitioners training Further training in Highland.	**partners.**		**and Third Sector**
Written information and group presentation on entry to P1 – link to EYC work stream 3 to explore how improvement methodology can be applied. **Draft, Trial, Refine, Implement, material. Offer materials to parents on entry of child to P1**			**EY Health DO. Head Teachers**
Consult parents on where to access information and implement access to information.	**Ruth Cairns**		
Explore how access to information and advice can develop nuclei of best practice; inform the discussion on Family Centres and Parent Networks.			
Develop material on internet platform – Highland Family Information Service.			
The number of schools offering sessions and or written information to parents about child development at transition to P1 increases			

Final evaluation and future priorities

FHC4 Outcome **Families receive support, advice and guidance which are well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.**			
Improvement priority 4: **Parents are able to access a suit of supports as appropriate to their need in each area.**			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Identification of appropriate multi cross agency assessment tools that gauge parent confidence and indicate impact of intervention and supports. Group sessions and 1:1	Evidenced in child plans and audit		EY Health DO, PHN Team leads, principle ed psych, relevant specialists
Increase the accredited group sessions and, as necessary, 1:1 available in each area to meet additional need determined by local priorities. The number of parents attending accredited group interventions increases.	Evidence of interventions delivered, details of attendance, record of impact on parent is of benefit to the child. Implementation depends on local management teams taking responsibility for priorities once Family Teams are in place.		EY Health DO, Area Management.
On Line Solihul Approach. Sample Log In ordered. PDSA Test	MG to trial with a parent and feedback		MG
Incredible Years and Tripple P programmes made available to parents of 3 and 4 year olds. If Highland meets requirements via the Psychology of Parent Program. (POPP) Bid to be submitted in next available period.	POPP reporting data.		EY Health DO
Develop communication with adult services to inform service improvement for parents with additional needs – learning disability, offenders/ex offender/housing service, maternity service.	Evidence of appropriate contact.		EY Health DO, SPIG, NHS Highland, SPS, Criminal Justice.
A core of suitably trained staff equipped to coordinate, administer, and deliver specific programmes. Posts in each area with remit and time to coordinate, facilitate and administer interventions.	Details of roles developed are on record for each area relating to Family Team Configuration.		Area Management
Staffs develop and maintain and evidence through measuring the impact of training on skill development. There is a training plan.	Personal Development Plans		EY Health DO H&SC Leads, EY QIO, CEE Staff
Impact of training on practice is evaluated.			EY Health DO
Supervisory structure is implemented.			Area Management, third sector partners.
CPD opportunities are available and access facilitated by managers.	Record of provision and take up. Activity detailed in PDP.		EY Health DO, H&SC and Education leads

Final evaluation and future priorities

Improvement priority 5: Address inequalities in outcomes for children by ensuring universal support to parents of children pre-birth-16yrs+ and additional support where required, through establishing a parent support framework			
Actions	**Measures / evaluation**	**Timescale**	**Lead**
Group sessions and or 1:1 are available in each area to meet additional needs.	**Local Family Team Management Teams.**		**EY Health DO. Area.**
Online Solihull Approach Parent Course MG to trial			
Psychology of Parent Program selection criteria evaluation and action as appropriate.	Local Areas		EY Heatlh DO Areas
Links to adult services to develop and inform services			
Final evaluation and future priorities			

Highland Council 3 year strategic plan for Education starting year 2014.15   **Date completed: May 2014**

Authority Priorities *Please cut and paste improvement priorities from your Standards and Quality Report into this section.*	OUR IMPROVEMENT PROJECTS I = Implemented C = continued E=evaluated			What difference will we make?	FHC4 measures	Data Source
	Year 1	Year 2	Year 3			
How well does the authority improve the quality of its work?						
5.9 (Self Evaluation) **Continue to develop and ensure impact of self-evaluation systems**	GTC professional update rolled out across authority			All staff are fully compliant with the new GTCS registration requirements by 18/19		
	Support schools to take forward SISE agenda: (QIM)			All schools use a range of self-evaluation activities to bring about improvements in learning and teaching	The percentage of schools awarded an evaluation of good or better for self -evaluation in HMI inspections increases The percentage of children who report they have a say in making the way they learn in school better increases.	HMI inspections 3 year average Collation of HMI inspection questionnaires

					The percentage of parents and carers who respond positively to the question "the school takes my views into account increases	Collation of HMI inspection questionnaires
Develop leadership capacity and provide a strategy for supporting Head teachers	Revise training framework for new and current Head Teachers	Develop PT programme for primary PTs		Improved management capacity and expertise within staff.		
How well do young people in Highland learn and achieve?						
1.1 (Imp in performance) and 2.1 (Learners' experiences) **Improve the quality of assessment *for* learning**				• Pupils, staff and parents are clearer about what is to be learned and what success looks like • Pupils and staff are given more timely and clearer feedback about the quality of their work and how to make it better • Pupils and staff are more fully involved in deciding next steps in their learning and	The percentage of children who respond positively to the question "my school is a good place to learn" increases.	Lifestyle survey

				identifying who can help • Assessment for learning practice involves better quality interactions, based on thoughtful questions, careful listening and reflective responses.		
Improve the quality of assessment *of* learning	**Provide guidance on effective tracking of pupil progress**			• Staff use a range of evidence from standardised attesting and day-to-day activities to track pupils' progress • Staff talk and work together to share standards in and across schools • Staff use assessment information to monitor their establishment's provision and progress, to plan for improvement and to report to	The percentage of parents who report that the school keeps them well informed of their child's progress increases ****** pupils about learning? The percentage of schools who have a system to monitor and track attainment increases.	HMI questionnaires PMU and QIT

				parents.		
					The percentage of schools who have a system to monitor achievement increases.	
How well does the Authority support young people to develop and learn?						
5.1 (Curriculum) and 5.3 (Meeting Learners needs) **Ensure pupils receive a coherent and progressive curriculum from 3-18**	Provide guidance on planning curriculum and curriculum rationales (QIM with QIT)			All schools will have a Curriculum Model and rationale built on the 7 principles of design and the 4 contexts of learning Senior phase Curriculum Structures that meet national and local guidelines are fully in place for all secondary schools	The percentage of schools who have a curriculum model and rationale based on the 7 principles of design and 4 contexts of learning increases	PMU and QIT
Support the development of new Qualifications and ensure learner pathways lead to positive destinations	Support with curriculum content and progressions through BGE (including transitions) (QIM – with CADOS)			Frameworks to support "progression in learning and skills" are in place for all curricular areas for the BGE	The percentage of schools awarded an evaluation of good or better for curriculum in HMI inspections increases	HMI inspections

	Development officers continue to support new qualifications (Donald Paterson with CADOs)			Maintain high levels of overall performance against comparator schools and authorities	The high levels of overall performance against National averages and comparator schools and authorities is maintained	PMU and Insights
	The 16 Plus team continue to support pathways to positive destinations and implement Opportunities for all			Maintain high levels of positive destinations for pupils in Highland	The high levels of positive destinations for pupils in Highland against National averages and comparator schools and authorities is maintained	PMU and SDS
Supporting schools to meet the needs of all learners through universal and targeted support	Developing the entitlement to universal personal support for every child including the use of profiling			Increase the amount of pupils who feel staff talk to them regularly about how to improve their learning	The percentage of pupils who report "that staff talk to them regularly about their learning "increases The percentage of	HMI questionnaires QIT PMU

	and the allocation of a key adult				schools with a model for personal support in place increases	
					The percentage of children who report they feel safe and cared for in school is maintained	HMI questionnaires
	Support the role of the named person and lead professional to meet the needs of pupils who require targeted support			All pupils needs are met through effective planning procedures Close our attainment gap by raising the attainment of pupils not achieving level 3 in literacy and numeracy	The percentage of schools awarded an evaluation of good or better for Meeting learners Needs in HMI inspections increases	HMI inspections
					The reduction in multiple exclusions is maintained	PMU
					The number of children achieving level 3 in literacy and numeracy	PMU and Insight

					increases	
	Provide support for equalities training in school			All schools have had training in equalities legislation and have an active equalities policy in place by 16/17	The percentage of children responding positively to the question "Staff and children treat me fairly and with respect is maintained" The percentage of parent and carer responses to the question, "my child is treated fairly at school" is maintained.	HMI questionnaires
Additional Priorities **Government initiatives** **1+2 languages**	Working group and development officers to define strategy and create resources	Training strategy for schools to be in place. ASGs to agree implementation plan and decide language 2.		Pupils will have access to learning a second language from P1 and to a third language from P6 by 2020	The number of children who have access to learning a second language from P1 and to a third language from P6 by 2020 increases (GAELIC to be considered)	PMU Healthy Living

						Survey
PE target	Continue to support schools with quality of PE and achieving 2 hours target			Pupils receive 2 hours (or two 50 minute periods of high quality PE)	The number of schools who offer 2 hours (or two 50 minute periods of high quality PE) increases	
Early Years Collaborative	Identify implications for schools and set up workstream			90% of all children in each Community Planning Partnership area have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4, by end-2021		
Using systems and processes **GLOW and MIS training**	Training roll out for all schools to use SEEMIS (Yvonne Cairns)			Staff confident with using SEEMIS system		

Section 5

Current Evaluation

Improving the wellbeing of children and young people

In Highland we are committed to improving services and outcomes for children and their families. To achieve this, we know that everyone involved with children and young people needs to be supported to excel in their professional discipline, and also needs to work effectively with other colleagues who support children and families.

The *Getting it right for every child* Practice Model unifies our practice. Every child has a Named Person. Those children who have additional needs have a Child's Plan, which identifies and addresses those needs. Where that plan requires co-ordination across more than one professional discipline, this is undertaken by a Lead Professional.

There is a lead agency for the delivery of community based children's services, within Highland Council. This brings together the management of children's health services, social care and specialist additional support for learning, with single governance and a single budget.

All agencies that support children collaborate to achieve our vision that: "All of Highland's children have the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential."

Performance against the framework is monitored at the For Highland's Children Leadership Group. It is reported to every meeting of the Highland Council Adult & Children's Services Committee, and the NHS Highland Improvement Committee. It is presented on a quarterly basis to the Highland Council Chief Executive.

All teams, units and schools across services for children are engaged in self-evaluation, and either have or are developing, local improvement plans.

Capacity for Improvement

The achievement of better outcomes for Highlands's children, their families and the communities in which they live is the overarching objective for children's services.

There has been a particular focus across services on supporting health improvement, as identified in the Director of Public Health's Annual Report.

Multi-agency and multi-disciplinary improvement groups have been established to develop and drive forward the improvement model.

The Leadership Group and improvement groups use a self-evaluative approach to identifying outcomes for children and young people, their families and the communities in which they live. The engagement of children and young people in designing and delivering services is central to the work of each of the improvement groups.

Each improvement group uses an improvement plan which has a common format. The plans show all current improvement priorities centred on the key outcomes. The plans are dynamic and monitored, and evaluated and updated regularly.

The work of the groups is overviewed by the For Highland's Children Leadership Group. This has broad membership including: senior officers from Highland Council and NHS Highland, SCRA and Northern Constabulary. In addition there are staff representatives from NHS Highland and Highland Council, Youth Convener, third sector partners (including the Highland Children's Forum) and the elected member who is the Children's Champion.

Within NHS Highland, the Children and Young People's commissioning group reports to the Health and Social Care Committee and the NHS Highland Directors of Operations with an annual Report to the NHS Board. There is a single CAMHS and child protection group within the NHSH structure and both operate within the improvement framework. This ensures effective collaboration and engagement and consistency in reporting and leadership.

External scrutiny by the care inspectorate in their Joint inspection of children and young people across the Community Planning Partnership concluded in February 2014 that there were a number of particular strengths that are making a difference to children, young people and families, namely;

"Services in Highland perform strongly in a number of important areas. This strong performance is founded upon the strength and clarity of vision for services for children and young people which is underpinned by a culture of creativity and innovation.

• Successful implementation of 'Getting it right for every child' in Highland has resulted in effective and improving early intervention for vulnerable children and young people. It has also been instrumental in bringing together a highly committed group of staff, guided by the values and principles of the Highland
practice model.

• The commitment to joint self-evaluation and performance management across the children's services partnership is making a strong contribution to service improvement and achieving better outcomes for children. This is reinforced by the highly effective involvement of children and young people in policy and service planning".

Implementation of *Getting it right for every child* and integrated services

Highland was a national pathfinder for the implementation of *Getting it right for every child* (GIRFEC) from 2006. There was a period of around 2 years of developmental activity to confirm the key components and practice tools, and a further 18 month programme of implementation.

The programme of implementation in Highland required a change management plan across all local agencies, as new processes were introduced and old processes phased out. This was supported by a communications strategy and extensive staff training programme. Implementation was completed in early 2010.

There was an evaluation of the process and initial outcomes of implementation by the University of Edinburgh, and evaluation has continued through internal systems.

The principles of GIRFEC underpin the 'Highland Practice Model' for identifying, assessing, planning and meeting the needs of children and young people and their families. Having a shared model for the implementation of GIRFEC has supported the development of a common language and shared practice that is now understood and embedded across all agencies.

Integration has built on the foundations of the Practice Model and has enabled a more formal and structured approach to the delivery of services, delivering further improvement in effective partnership working. The integration of front line health and social care with specialist support for learning will be completed in early 2014, and the integration of the management of schools, health and social care by September 2014.

The Highland Practice Model has been in place across the authority since April 2010. It is grounded on the national GIRFEC and Child Protection guidance. It sets out the expected practice to support children and young people with the full spectrum of need, from low level needs requiring preventative measures at an early stage, to those children and young people with complex needs and those at significant risk of harm.

The Highland Practice Model describes a single assessment approach that develops a single plan used by all agencies and partners delivering services for children and young people. This plan provides the same format for both single and multi-agency processes. Its effectiveness is monitored by all 'partners to the plan', including the child and family.

The implementation of the Practice Model has reduced bureaucracy, achieved earlier and more effective interventions, and improved outcomes for children and families. This means that:
- Children are more likely to get the help they need when they need it.
- Practitioners spend more time with children and families.
- Assessment defines responses - that are more likely to be appropriate, proportionate and timely.
- There are explicit thresholds for compulsory measures.

- There is greater support to enhance the capacity of families and communities to meet the needs of children.
- Those working with children and young people use a more consistent and equitable approach, and are clear about their responsibility to do the right thing for each child and how they contribute to the collective responsibility to achieve this.

Needs and risks for children are likely to be responded to more quickly and are less likely to escalate.

Evidence from The Scottish Children's Reporters Administration confirms that the Children's Hearing System is less likely to determine that compulsory measures are necessary to achieve positive outcomes, as plans and collaborative action with families are in place at an early stage.

The number of children who are referred to the Reporter continues to reduce and the number of reported offences by young people is falling very significantly. Thus, fewer children are coming into 'the system'.

Child protection registrations fell at the time of implementation, as practitioners and agencies became more confident that children would receive necessary support, without them having to escalate concerns up the system.

Improving the help and support to keep children and communities safe

The Safer Highland Leadership Group, brings together the senior officers of the Community Planning Partnership, to oversee the governance of public protection.

The Leadership Group scrutinises the outcomes models and plans of each public protection committee, overseeing risk, encouraging the sharing of best practice, and promoting maximum collaboration to reduce duplication.

The Highland Child Protection Committee and Delivery Group bring local agencies together to ensure an effective partnership in the delivery of child protection services. The improvement plan is reviewed annually, managed by the Delivery Group, and monitored by the Committee.

The Practice Model ensures close linkage across strategic planning and operational delivery in relation to child protection, youth justice and drugs and alcohol services. This includes youth crime and substance misuse services for young people are aligned within the Youth Action Service and joint Child Protection and Drugs & Alcohol Partnership sub-group, addressing issues for children affected by parental substance misuse.

Named Persons and Lead Professionals in health and education find the receipt of child concern forms extremely helpful. They take account of this information and respond quickly to a child and their needs, where necessary.

The Highland Child Protection Policy Guidelines are the reference point for Child Protection services. These are regularly updated to take account of practice and procedural developments.

Practitioners across all disciplines report that children are more likely to get the help they need when they need it. There is greater awareness of the needs of the whole child, and the identification of concerns and need is occurring earlier. Resources are in place to support more flexible interventions to address the needs of the child quickly and prevent situations escalating. Early Years Workers and Children's Service Workers are critical to the success of this approach.

Targeted services report working with and receiving more appropriate cases and referrals. Social workers report reduced and more manageable caseloads, with the cases held now more appropriate to their role. The cases held by Social Workers are still complex but the actions to address them are more timely, with children spending less time within the system.

The Reporter's service is receiving more appropriate referrals. There has been a significant reduction in inappropriate single-agency referrals, where the role for compulsory measures is poorly evidenced. The comprehensive nature of the Child's Plan has reduced bureaucracy, reduced the degree to which Reporters have had to request additional reports, and resulted in a better focus on the cases where compulsory measures may well be required, resulting in more timely responses.

The Youth Action Service is a multi-agency service to young people who are offending, at risk of offending and/or have substance misuse issues. The youth crime figures for Highland continue to decrease substantially.

Multi-Agency Risk Assessment Conferences are being rolled out across Highland to ensure that information about high risk domestic abuse victims is shared between agencies. By bringing all agencies together, and ensuring that whenever possible the voice of the victim is represented by an independent advocacy service, a risk focused, co-ordinated safety plan is developed to support the victim.

Where a young person has been charged and convicted of a sexual offence or shows significant current concern, including sexual or violent behaviour, there is a responsibility placed on the responsible authorities to manage and minimise any risk to the public through an effective Risk Management Plan which has been developed on a multi-agency basis. This Plan is monitored and co-ordinated through regular meetings which reflect defensible decision making.

There is on-going self-evaluation and audit of case files, looking at the risk factors in relation to children and families and decision making processes.

The Youth Justice improvement plan seeks to maintain the low levels of youth crime, further improve services, and reduce the fear of crime through positive community interaction with young people. There is a focus on family support, substance misuse services and meeting the needs of 16-18 year olds who are being referred to the Courts – where possible, diverting young people from the Criminal Justice System and providing interventions within the Youth Action Service.

Ensuring that we are good Corporate Parents

Looked after Children have some of the poorest life outcomes of the child population. 'It's Everyone's Job to Make Sure I'm Alright' (2002) outlined the corporate sense of responsibility organisations should have for vulnerable children. This was consolidated for Looked after Children through the publication of 'These are our Bairns' (2008).

Within Highland, it is recognised that corporate parenting is not only a responsibility, but it is a real opportunity to improve the lives and futures of Looked after children and young people. The community planning partnership is fully signed up to delivering on its responsibilities as a corporate parent, and agencies seek to ensure this through the consistent and continual improvement in services. The partnership understands that a range of practitioners and all parts of the children's services system have a contribution to make, and that this is critical to the improvement of life chances and the success of young people in the Highlands.

The community planning partnership and Highland Council's approach to corporate parenting operates at a strategic, operational and individual level. There is strong overall strategic planning, a focus on Looked after Children across Services, and close attention to the quality of Child's Plans and individual reviewing processes.

Training and Seminars have been delivered to elected members, staff and partner agencies to ensure they understand child development, corporate parenting responsibilities and the particular issues for looked after children.

Through a process of self-evaluation across services and within disciplines, priorities have been identified to support the improvement of outcomes for Looked after Children. These priorities are captured within the Looked after children improvement plan.

The improvement priorities set out within the improvement plan have currently been divided into three discrete sub-plans, addressing residential child care, foster care and through care.

Fostering services are being enhanced by the development of a new intensive scheme, costing an additional £0.5m, and intended to support children remain within Highland.

A best value review has been taking place regarding the Council's residential care facilities, including the supports provided to children living in residential care.

Who Cares? Scotland, The Highland Council's Children's Champion and the Youth Convenor are all actively involved in the planning and review of services, ensuring Looked after Children issues and corporate parenting responsibilities remain high on the agenda for improvement and development.

Review processes are prioritised in organisational arrangements, and supported by a team of Quality Assurance & Review Officers, with dedicated administrative support.

Social Workers will normally be the Lead Professionals for Looked after Children. Barnardos provide the service to young people in throughcare & aftercare.

The views of Looked after Children have been integral to the development of the improvement plans. A number of key pieces of work include: the establishment of a Looked after Children's forum, supported by *Who Cares? Scotland*, influencing decision making through consultation Looked after Children being part of the self-evaluation process within residential child care

Permanent and stable placements are a high priority. Placement moves and permanency planning are monitored carefully, seeking to reduce the number of moves and prevent drift in planning.

Fostering and Adoption Services continue to recruit and train carers with a particular emphasis on specialist placements for children with disability and more complex needs.

New residential services have been developed across Highland in partnership with the private and voluntary sector, to ensure children can remain in Highland or return with appropriate support.

Who Cares? Scotland funding has been increased, to include advocacy services to Looked after Children and children involved in child protection processes.

The Family Firm Scheme is providing positive placements and employability for looked after young people across the Highlands.

Funding from dedicated preventative spend is employing a full time coordinator and mentoring to support looked after children into employment, including to enhance the Family Firm scheme.

Barnardos and other partners have developed an intensive employability programme to support Looked after children and children involved in the Criminal Justice System to be better prepared and supported in employment or training.

Highland Council has ensured employability for looked after children is included as part of the contracts for new capital developments.

Highland Council has extended its responsibilities to care leavers, so that they can seek financial support for college or university up to the age of 25 years.

Children accommodated in Highland are encouraged to remain longer in residential units and can remain in foster placements beyond their 18th birthday. They are supported to return to their foster placement for holidays, or visit and have contact with former residential units.

Accommodation and move on options for care leavers are a priority for the Housing Service and local providers, and the Housing Protocol has led to new, positive permanent housing for young people when they are ready to live independently.

Improving the involvement and participation of children, young people, their families and stakeholders

The views of children, young people and their families are central to the planning and delivery of all services to children.

The outcomes in *For Highland's Children 3* and *4)* developed from engagement with children, young people and their families and the evaluation of service improvement involves on-going engagement.

The Highland Practice Model describes a single assessment approach for all children, and a Child's Plan for children who require additional support. The contribution of the child and family is critical to the plan, and they should be involved in monitoring and review processes.

The Community Planning Partnership values the engagement of children, young people, their families and stakeholders in service planning and service delivery.

There are a range of mechanisms for formal engagement with children and young people in matters that affect them. These include:

• Pupil Councils – in Secondary Schools, considering aspects of how the school is run and how it engages with its community, and with a number of similar forums and consultation processes in Primary Schools.

• Youth Forums – bringing children and young people together at a community level, sometimes organising Youth Café's or similar activities.

• Who Cares? Scotland – representing looked after children

• Highland Children's Forum – advocating for children with additional needs.

• Highland Youth Voice - the Highland Youth Parliament with 100+ elected members, bringing together each of these groups twice a year at 3-day residential conferences, and with an Executive Committee that meets every 6 weeks.

• Highland Youth Convener – a paid appointment, who helps to feed back the issues raised by young people to relevant senior officers and elected members.

The Highland Youth Convener is a member of the Adult and Children's Services Committee, and attends the Highland Council and Service management teams and FHC4 improvement groups.

Highland Council has an elected member in a funded role as Children's Champion, who liaises with the Youth Convener, Youth Voice, Youth Forums and Pupil Councils to ensure their work is supported, and that their concerns, views and opinions are taken account of in strategic, governance and decision-making processes.   The Children's Champion

represents the Council at partnership and national forums that consider children's issues and liaises with Scotland's Children's Commissioner.

The Director of Care and Learning meets with the various children's organisations, prior to the determination of the agenda for each Adult and Children's Services Committee. This ensures that the views of these groups are taken account of and addressed in any service and policy proposals that are presented to the Committee.

The Highland Children's Forum has one of four 3rd sector places at the Committee, advising elected members regarding matters that affect children and families with additional needs.

Every parent with a child at school is a member of the Parent Forum. The Parent Forum can have its views represented through a Parent Council.

The Parent Council can represent parents' views to the school, local authority and Education Scotland. They are welcomed as active participants in the life of each school, and encouraged to express their views on matters relating to education provision.

Each FHC4 improvement group uses a self-evaluative approach to determining priorities for improvement. Each group values the engagement and participation of children and young people within this process and formally seeks to engage with them as part of their planning.

The Highland Practice Model aims to ensure a network of support for children and young people, so that they get the right help at the right time. This network will always include family and/or carers. Only when voluntary measures no longer effectively address the needs or risks will compulsory measures be considered.

The Practice Model makes clear that children have the right to be involved, and that they have the capacity to be competent commentators on their lives.

Without children and families' perspectives on their children's or personal difficulties, practitioners' information is incomplete and they cannot reach a full understanding of children's circumstances and needs. This part of the guidance provides advice about how to include children, young people and their parents in making sense of what is happening to them and creating a plan for help and action.

The Practice Model guidance sets out the means and mechanisms for participation by children and families. Quality Assurance audits and case reviews provide safeguards and checks to ensure that practice meets the required standard.

Improving the help and support provided in the earliest years

As reflected in the Single Outcome Agreement, Highland Community Planning Partners are committed to helping achieve the best possible start in life for all children, to ensure that they thrive and develop to their full potential. We recognise that this can only be achieved in the earliest years by working in partnership with children and families, service providers and through an integrated approach.

The Highland Early Years Collaborative operates within the improvement group structure. It is directed by an Executive Group that involves: both Chief Executives; the Directors of Health & Social Care and Education, Culture & Sport; Heads of Health and Education; Child Health Commissioner; Children's Planning Manager; Workstream Leads; and the Programme Manager.

The Executive Group has responsibility for the Leadership workstream, and scrutinising the developing Project Plan.

There are three workstream groups Each workstream group has co-leaders, and involves broad membership from health, social care and education practitioners, and key stakeholders and partners. Links are made to practice through direct relationships and the involvement of operational managers and front line staff.

Local consideration of the planning and delivery of children's services, takes place at District Partnerships.

The Childcare & Family Resource Partnerships reflect the priorities, issues and good practice within the Early Years Sector. They review existing early year's services; identify gaps in services and assess demand for new or additional services; enhance and improve the quality of childcare services; and provide parents, service providers and planners with accurate information about childcare and family support provision. The Partnerships are supported by the Childcare & Early Education team through local officers.

We are working to ensure that the 10 overlapping elements of transformational change within the Early Years Framework (2008) are fully addressed, recognising that the support we give to children must commence in the earliest moments, from conception.

The compelling evidence of the prebirth experience that a baby has in terms of its future health and wellbeing has enabled us to build on the work that we have undertaken on how we support vulnerable women in pregnancy and best Practice Guidelines are in place to support staff .

Working closely with midwives and maternity services to undertake prebirth planning and intervention through adapting the Highland Practice Model as a tool to be used in pregnancy, has resulted in early intervention and additional support provided through a multiagency approach to service delivery, for those with additional identified needs in pregnancy.

The strength of universal services can also be demonstrated in the progressive universalism approach to support the emotional and social wellbeing of children at the

earliest stages. Assessment of risks and needs that are in line with the Highland Practice Model form the basis of this process of building in additional support through proportionate and timely interventions.

In these early years, Health Visiting teams provide a universal service to all families with preschool children. This universal programme has been developed in line with national Hall 4 recommendations. Using a SHANARI-based assessment framework at 5 core contact points, a child's health and well-being can be assessed and a health plan indicator can be allocated.

Where additional needs are identified a plan for early intervention can be agreed with the family and, where required, the services of other professionals or support services can be co-ordinated in line with the Highland Practice model and child planning process.

Allied Health Professional's provide a range of specialist services to support children with additional support needs. Service improvement approaches are currently being undertaken to maximise the identification of children with possible additional support needs, and to ensure a timely response from the relevant AHP services, in order to support children and families as early as possible.

The Highland Community Planning Partnership has committed to enhanced prevention and preventative spend through Early Years Services.

The Family Nurse Partnership pilot to support teenage first time mothers and their child up to the age of 2 years has been introduced to the Moray Firth area. It is envisaged that the key strengths of the programme will subsequently be rolled out across Highland

Planning is well advanced for the implementation of 600 hours early learning and childcare.

The Named Person role is embedded in early years practice. In the antenatal period the community midwife takes this role, co-ordinating care to ensure a healthy pregnancy and birth. At around 10 days after a child is born, the role transfers to the family's health visitor through an agreed handover process between the two professionals.

There is well-established partnership working with the 3rd sector, helping deliver family support and enhancing strategic planning.

Educational Psychologists and Primary Mental Health Workers provide support to parents and professionals working in the early years and to early years staff. Direct intervention with parents includes parenting support and advice and the use of evidence based therapeutic approaches.

Improving the help and support provided to school-age children through early intervention

The Highland Practice Model seeks to ensure early intervention for children in order that that they get the right help at the right time to address their particular needs. Help should be appropriate, proportionate and timely to the individual circumstances.

Some children need additional or targeted help from the universal service. Others need coordinated help from more than one professional discipline.   Practitioners know how to respond when a child needs help and know what to do if the situation is deteriorating.

Children and their families should feel able to talk to practitioners in order to make sense of their worries and do something about them. Each child has a Named Person, and for school aged children this is their Headteacher, Depute Headteacher or Guidance Teacher.

The Named Person is the first point of contact for children and families, and can be called upon when there is a concern about a child's wellbeing. The Named Person will consider issues or concerns, in light of what is already known about the child and family, and will ask herself five questions:.
1.   What is getting in the way of this child's well-being?
2.   Do I have all the information I need to help this child?
3.   What can I do now to help this child?
4.   What can my agency do to help this child?
5.   What additional help, if any, may be needed from other agencies?

The Named Person will determine whether any actions are required, such as completing a My World Triangle assessment, and will seek the views of the child and parents to consider what help might be necessary, involving them in drawing up a Child's Plan where appropriate.

Historically, Highland Council has adopted an inclusive approach in schools As a result, there is a high proportion of children educated in mainstream provision. This means that most schools have a wide range of additional support needs which require to be met. Supporting Learning is a collaborative process in which a wide range of professionals make key contributions in partnerships with the learner and parents or carers

At all levels, partnership working is a feature of meeting need in Highland. Area Education Managers work in collaboration with Head Teachers, and colleagues in Health and Social Care and NHS Highland. At school level, Head Teachers work within a multi-disciplinary framework through these multi-agency links to ensure effective joint working with colleagues in other services and agencies.

The Integrated Services Officer co-ordinates early intervention resources from other agencies, and ensures that these are made available when required. This includes supporting a range of local practitioners in group work and associated activities, which support significant numbers of children at key stages in their lives, or to cope with issues of challenge at critical points.

Throughout early intervention, there is an emphasis on solution focused approaches. These can be very effective in bringing about change, both for individual children and families, and on a systemic level. Solution focused approaches promote the involvement of young people and families, and ensure that a positive cycle of assessment, intervention and review is embedded in practice

The Practice Model has helped to improve working relationships between professionals. New relationships between staff have been developed as a result of processes now in place, in particular between the police and the Named Person as a result of the Child Concern Form process.

There is an explicit formal process in place to ensure that information about the child is passed to the right person and that consent to share information is built into the planning process. The Child's Plan has become the focus for sharing information between schools and senior managers in needs based support allocations to schools on an annual basis. Where required, the Child's Plan meeting provides practitioners with the opportunity to meet and plan together and helps professionals to understand each other's professional roles and build relationships.

The focus on positive behaviour in schools through a whole school ethos and values, has been considered helpful in supporting effective early intervention. Staff indicate that there is now more recognition of the potential underlying reasons for challenging behaviour and that pupils' needs should be looked at holistically and in the context of their home and family life.

The recent introduction of CSWs into disability services has emphasised the value of this role for this group of children, supporting extending time-tables, offering autism and disability friendly support when children have been distressed, and sustaining school placements with additional help.

Section 6

Highland Trends

Population

Total Population

The total land area of Highland, incorporating all islands, is 26,484 square

kilometres, which represents almost a third of the landmass of Scotland.

In December 2012, National Records of Scotland (NRS) announced the results from the Census held in Scotland on 27th March 2011. The results show that:

- The population of Scotland was 5,295,000, an increase of 233,000, 5%, from the 2001 figure of 5,062,011.
- The population of Highland was 232,000, an increase around 23,000, 11%, from the2001 figure of 208,914.

Percentage of the Total Population in each Age Band 2011		
Age Band	Highland	Scotland
0 - 4	5.5	5.5
5- 9	5.3	5.1
10-14	5.8	5.5
15-19	5.7	6.2

Age Structure of Our Population

Legend: Highland 2001, Scotland 2001, Highland 2011, Scotland 2011
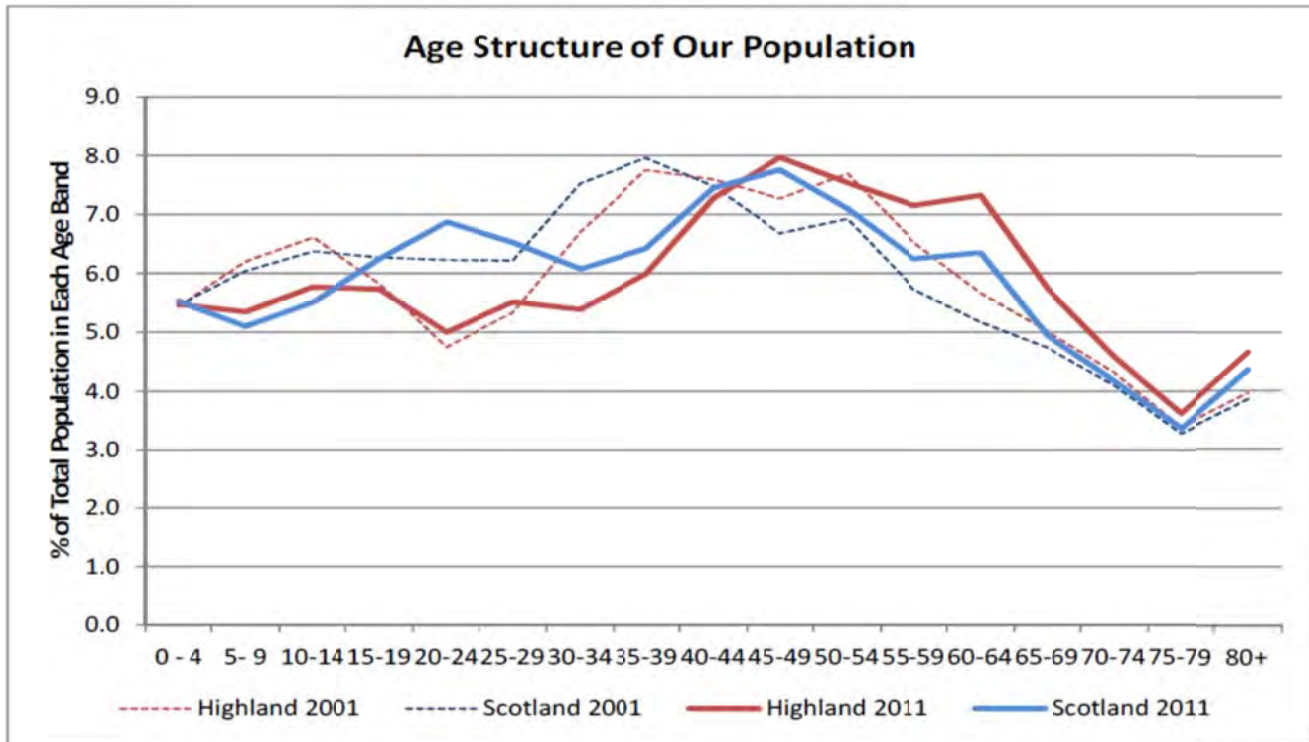
Population trends for each Associated School Group

Description	Alness Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	474	n/a	n/a

	Highland		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	26,073	n/a	n/a
Number of people per square kilometre	n/a	8.9	n/a	n/a
Age				
All people	**100.0%**	**232,132**	**100.0%**	**100.0%**
0 to 4 years old	5.5%	12,705	5.5%	5.5%
5 to 15 years old	12.4%	28,693	12.4%	11.8%
16 to 29 years old	15.0%	34,805	15.0%	18.5%
Under 16	17.8%	41,398	17.8%	17.3%
16 to 64	63.6%	147,694	63.6%	65.9%
65 and over	18.5%	43,040	18.5%	16.8%
Gender				
Males	48.9%	113,471	48.9%	48.5%
Females	51.1%	118,661	51.1%	51.5%
Number of people per square kilometre	n/a	17.7	n/a	n/a
Age				
All people	**100.0%**	**8,365**	**100.0%**	**100.0%**
0 to 4 years old	6.5%	544	5.5%	5.5%
5 to 15 years old	13.8%	1,154	12.4%	11.8%
16 to 29 years old	16.0%	1,335	15.0%	18.5%
Under 16	20.3%	1,698	17.8%	17.3%
16 to 64	64.2%	5,368	63.6%	65.9%
65 and over	15.5%	1,299	18.5%	16.8%
Gender				
Males	49.0%	4,101	48.9%	48.5%
Females	51.0%	4,264	51.1%	51.5%

Description	Ardnamurchan High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	1,261	n/a	n/a
Number of people per square kilometre	n/a	1.6	n/a	n/a
Age				
All people	**100.0%**	**1,998**	**100.0%**	**100.0%**
0 to 4 years old	4.8%	95	5.5%	5.5%
5 to 15 years old	12.9%	257	12.4%	11.8%
16 to 29 years old	9.9%	198	15.0%	18.5%
Under 16	17.6%	352	17.8%	17.3%
16 to 64	60.3%	1,205	63.6%	65.9%
65 and over	22.1%	441	18.5%	16.8%
Gender				
Males	49.0%	980	48.9%	48.5%
Females	51.0%	1,018	51.1%	51.5%

	Ardnamurchan High ASG		Highland %	Scotland %
	Percentage	Number		

Description	Charleston Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	515	n/a	n/a
Number of people per square kilometre	n/a	24.0	n/a	n/a
Age				
All people	**100.0%**	**12,338**	**100.0%**	**100.0%**
0 to 4 years old	4.6%	565	5.5%	5.5%
5 to 15 years old	10.9%	1,346	12.4%	11.8%
16 to 29 years old	15.0%	1,851	15.0%	18.5%
Under 16	15.5%	1,911	17.8%	17.3%
16 to 64	66.7%	8,226	63.6%	65.9%
65 and over	17.8%	2,201	18.5%	16.8%
Gender				
Males	49.3%	6,081	48.9%	48.5%
Females	50.7%	6,257	51.1%	51.5%

Description	Culloden Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	136	n/a	n/a
Number of people per square kilometre	n/a	127.0	n/a	n/a
Age				
All people	**100.0%**	**17,229**	**100.0%**	**100.0%**
0 to 4 years old	6.4%	1,101	5.5%	5.5%
5 to 15 years old	13.0%	2,232	12.4%	11.8%
16 to 29 years old	16.4%	2,829	15.0%	18.5%
Under 16	19.3%	3,333	17.8%	17.3%
16 to 64	67.5%	11,633	63.6%	65.9%
65 and over	13.1%	2,263	18.5%	16.8%
Gender				
Males	49.0%	8,436	48.9%	48.5%
Females	51.0%	8,793	51.1%	51.5%
Resident type				
People living in a household	99.0%	17,050	98.4%	98.1%
People living in a communal establishment	1.0%	179	1.6%	1.9%

Description	Dingwall Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	898	n/a	n/a
Number of people per square kilometre	n/a	18.4	n/a	n/a
Age				
All people	**100.0%**	**16,553**	**100.0%**	**100.0%**
0 to 4 years old	5.2%	868	5.5%	5.5%
5 to 15 years old	12.8%	2,122	12.4%	11.8%
16 to 29 years old	15.3%	2,525	15.0%	18.5%
Under 16	18.1%	2,990	17.8%	17.3%
16 to 64	63.1%	10,440	63.6%	65.9%
65 and over	18.9%	3,123	18.5%	16.8%
Gender				
Males	48.8%	8,070	48.9%	48.5%
Females	51.2%	8,483	51.1%	51.5%
Resident type				
People living in a household	98.6%	16,315	98.4%	98.1%
People living in a communal establishment	1.4%	238	1.6%	1.9%

Description	Dornoch Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	259	n/a	n/a
Number of people per square kilometre	n/a	12.5	n/a	n/a
Age				
All people	**100.0%**	**3,250**	**100.0%**	**100.0%**
0 to 4 years old	4.0%	131	5.5%	5.5%
5 to 15 years old	11.9%	387	12.4%	11.8%
16 to 29 years old	12.9%	420	15.0%	18.5%
Under 16	15.9%	517	17.8%	17.3%
16 to 64	57.6%	1,873	63.6%	65.9%
65 and over	26.4%	859	18.5%	16.8%
Gender				
Males	48.2%	1,568	48.9%	48.5%
Females	51.8%	1,682	51.1%	51.5%
Resident type				
People living in a household	97.5%	3,169	98.4%	98.1%
People living in a communal establishment	2.5%	81	1.6%	1.9%

Description	Farr High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	1,561	n/a	n/a
Number of people per square kilometre	n/a	1.0	n/a	n/a
Age				
All people	**100.0%**	**1,517**	**100.0%**	**100.0%**
0 to 4 years old	3.3%	50	5.5%	5.5%
5 to 15 years old	9.6%	146	12.4%	11.8%
16 to 29 years old	12.3%	187	15.0%	18.5%
Under 16	12.9%	195	17.8%	17.3%
16 to 64	61.7%	937	63.6%	65.9%
65 and over	25.4%	385	18.5%	16.8%
Gender				
Males	50.5%	766	48.9%	48.5%
Females	49.5%	751	51.1%	51.5%

Description	Fortrose Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	230	n/a	n/a
Number of people per square kilometre	n/a	40.9	n/a	n/a
Age				
All people	**100.0%**	**9,421**	**100.0%**	**100.0%**
0 to 4 years old	4.2%	395	5.5%	5.5%
5 to 15 years old	13.2%	1,241	12.4%	11.8%
16 to 29 years old	11.8%	1,115	15.0%	18.5%
Under 16	17.4%	1,636	17.8%	17.3%
16 to 64	62.0%	5,838	63.6%	65.9%
65 and over	20.7%	1,947	18.5%	16.8%
Gender				
Males	47.8%	4,505	48.9%	48.5%
Females	52.2%	4,916	51.1%	51.5%

Description	Gairloch High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	1,204	n/a	n/a
Number of people per square kilometre	n/a	2.3	n/a	n/a
Age				
All people	**100.0%**	**2,719**	**100.0%**	**100.0%**
0 to 4 years old	3.1%	84	5.5%	5.5%
5 to 15 years old	10.6%	287	12.4%	11.8%
16 to 29 years old	10.2%	279	15.0%	18.5%
Under 16	13.7%	371	17.8%	17.3%
16 to 64	61.0%	1,660	63.6%	65.9%
65 and over	25.3%	688	18.5%	16.8%
Gender				
Males	50.5%	1,374	48.9%	48.5%
Females	49.5%	1,345	51.1%	51.5%

Description	Glenurquhart High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	933	n/a	n/a
Number of people per square kilometre	n/a	3.1	n/a	n/a
Age				
All people	**100.0%**	**2,875**	**100.0%**	**100.0%**
0 to 4 years old	4.4%	127	5.5%	5.5%
5 to 15 years old	12.8%	368	12.4%	11.8%
16 to 29 years old	10.9%	313	15.0%	18.5%
Under 16	17.2%	495	17.8%	17.3%
16 to 64	62.7%	1,804	63.6%	65.9%
65 and over	20.0%	576	18.5%	16.8%
Gender				
Males	49.5%	1,423	48.9%	48.5%
Females	50.5%	1,452	51.1%	51.5%

Description	Golspie High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	2,209	n/a	n/a
Number of people per square kilometre	n/a	2.7	n/a	n/a
Age				
All people	**100.0%**	**6,073**	**100.0%**	**100.0%**
0 to 4 years old	4.7%	286	5.5%	5.5%
5 to 15 years old	10.6%	646	12.4%	11.8%
16 to 29 years old	11.9%	725	15.0%	18.5%
Under 16	15.3%	932	17.8%	17.3%
16 to 64	58.7%	3,564	63.6%	65.9%
65 and over	26.0%	1,577	18.5%	16.8%
Gender				
Males	48.2%	2,926	48.9%	48.5%
Females	51.8%	3,147	51.1%	51.5%

Description	Grantown Grammar ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	697	n/a	n/a
Number of people per square kilometre	n/a	8.9	n/a	n/a
Age				
All people	**100.0%**	**6,178**	**100.0%**	**100.0%**
0 to 4 years old	4.8%	294	5.5%	5.5%
5 to 15 years old	12.2%	753	12.4%	11.8%
16 to 29 years old	12.8%	792	15.0%	18.5%
Under 16	16.9%	1,047	17.8%	17.3%
16 to 64	61.5%	3,800	63.6%	65.9%
65 and over	21.5%	1,330	18.5%	16.8%
Gender				
Males	48.6%	3,002	48.9%	48.5%
Females	51.4%	3,176	51.1%	51.5%

Description	Invergordon Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	72	n/a	n/a
Number of people per square kilometre	n/a	82.0	n/a	n/a
Age				
All people	**100.0%**	**5,920**	**100.0%**	**100.0%**
0 to 4 years old	6.1%	363	5.5%	5.5%
5 to 15 years old	12.8%	760	12.4%	11.8%
16 to 29 years old	15.4%	912	15.0%	18.5%
Under 16	19.0%	1,123	17.8%	17.3%
16 to 64	61.4%	3,632	63.6%	65.9%
65 and over	19.7%	1,165	18.5%	16.8%
Gender				
Males	49.1%	2,908	48.9%	48.5%
Females	50.9%	3,012	51.1%	51.5%

Description	Inverness High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	4	n/a	n/a
Number of people per square kilometre	n/a	2963.6	n/a	n/a
Age				
All people	**100.0%**	**12,211**	**100.0%**	**100.0%**
0 to 4 years old	6.6%	809	5.5%	5.5%
5 to 15 years old	11.4%	1,393	12.4%	11.8%
16 to 29 years old	20.0%	2,443	15.0%	18.5%
Under 16	18.0%	2,202	17.8%	17.3%
16 to 64	65.1%	7,946	63.6%	65.9%
65 and over	16.9%	2,063	18.5%	16.8%
Gender				
Males	48.3%	5,902	48.9%	48.5%
Females	51.7%	6,309	51.1%	51.5%

Description	Inverness Royal Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	508	n/a	n/a
Number of people per square kilometre	n/a	31.9	n/a	n/a
Age				
All people	**100.0%**	**16,184**	**100.0%**	**100.0%**
0 to 4 years old	6.2%	1,010	5.5%	5.5%
5 to 15 years old	12.3%	1,994	12.4%	11.8%
16 to 29 years old	16.4%	2,651	15.0%	18.5%
Under 16	18.6%	3,004	17.8%	17.3%
16 to 64	64.3%	10,410	63.6%	65.9%
65 and over	17.1%	2,770	18.5%	16.8%
Gender				
Males	48.5%	7,844	48.9%	48.5%
Females	51.5%	8,340	51.1%	51.5%

	Inverness Royal Academy ASG		Highland %	Scotland %
	Percentage	Number		

Description	Kilchuimen Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	324	n/a	n/a
Number of people per square kilometre	n/a	2.5	n/a	n/a
Age				
All people	**100.0%**	**822**	**100.0%**	**100.0%**
0 to 4 years old	5.1%	42	5.5%	5.5%
5 to 15 years old	11.1%	91	12.4%	11.8%
16 to 29 years old	15.2%	125	15.0%	18.5%
Under 16	16.2%	134	17.8%	17.3%
16 to 64	62.1%	510	63.6%	65.9%
65 and over	21.7%	178	18.5%	16.8%
Gender				
Males	47.7%	392	48.9%	48.5%
Females	52.3%	430	51.1%	51.5%

Description	Kingussie High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	1,658	n/a	n/a
Number of people per square kilometre	n/a	4.5	n/a	n/a
Age				
All people	**100.0%**	**7,492**	**100.0%**	**100.0%**
0 to 4 years old	5.0%	374	5.5%	5.5%
5 to 15 years old	12.6%	941	12.4%	11.8%
16 to 29 years old	16.4%	1,227	15.0%	18.5%
Under 16	17.5%	1,314	17.8%	17.3%
16 to 64	65.2%	4,883	63.6%	65.9%
65 and over	17.3%	1,295	18.5%	16.8%
Gender				
Males	49.4%	3,698	48.9%	48.5%
Females	50.6%	3,793	51.1%	51.5%

Description	Kinlochbervie High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	967	n/a	n/a
Number of people per square kilometre	n/a	1.1	n/a	n/a
Age				
All people	**100.0%**	**1,052**	**100.0%**	**100.0%**
0 to 4 years old	3.8%	39	5.5%	5.5%
5 to 15 years old	12.9%	135	12.4%	11.8%
16 to 29 years old	11.1%	117	15.0%	18.5%
Under 16	16.6%	175	17.8%	17.3%
16 to 64	65.2%	686	63.6%	65.9%
65 and over	18.1%	191	18.5%	16.8%
Gender				
Males	53.5%	562	48.9%	48.5%
Females	46.5%	489	51.1%	51.5%

	Kinlochbervie High ASG		Highland %	Scotland %
	Percentage	Number		

Description	Kinlochleven High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	675	n/a	n/a
Number of people per square kilometre	n/a	4.3	n/a	n/a
Age				
All people	**100.0%**	**2,877**	**100.0%**	**100.0%**
0 to 4 years old	5.1%	146	5.5%	5.5%
5 to 15 years old	11.1%	318	12.4%	11.8%
16 to 29 years old	12.0%	347	15.0%	18.5%
Under 16	16.1%	464	17.8%	17.3%
16 to 64	62.4%	1,795	63.6%	65.9%
65 and over	21.5%	618	18.5%	16.8%
Gender				
Males	47.8%	1,375	48.9%	48.5%
Females	52.2%	1,502	51.1%	51.5%

Description	Lochaber High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	2,041	n/a	n/a
Number of people per square kilometre	n/a	6.5	n/a	n/a
Age				
All people	**100.0%**	**13,175**	**100.0%**	**100.0%**
0 to 4 years old	6.3%	829	5.5%	5.5%
5 to 15 years old	13.2%	1,733	12.4%	11.8%
16 to 29 years old	14.9%	1,958	15.0%	18.5%
Under 16	19.5%	2,563	17.8%	17.3%
16 to 64	63.5%	8,369	63.6%	65.9%
65 and over	17.0%	2,244	18.5%	16.8%
Gender				
Males	48.7%	6,416	48.9%	48.5%
Females	51.3%	6,759	51.1%	51.5%

Description	Mallaig High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	735	n/a	n/a
Number of people per square kilometre	n/a	2.5	n/a	n/a
Age				
All people	**100.0%**	**1,858**	**100.0%**	**100.0%**
0 to 4 years old	5.3%	99	5.5%	5.5%
5 to 15 years old	13.4%	249	12.4%	11.8%
16 to 29 years old	12.7%	235	15.0%	18.5%
Under 16	18.7%	347	17.8%	17.3%
16 to 64	64.6%	1,199	63.6%	65.9%
65 and over	16.8%	311	18.5%	16.8%
Gender				
Males	47.6%	885	48.9%	48.5%
Females	52.4%	973	51.1%	51.5%

Description	Millburn Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	496	n/a	n/a
Number of people per square kilometre	n/a	33.7	n/a	n/a
Age				
All people	**100.0%**	**16,694**	**100.0%**	**100.0%**
0 to 4 years old	6.7%	1,114	5.5%	5.5%
5 to 15 years old	12.6%	2,110	12.4%	11.8%
16 to 29 years old	18.8%	3,140	15.0%	18.5%
Under 16	19.3%	3,223	17.8%	17.3%
16 to 64	66.1%	11,034	63.6%	65.9%
65 and over	14.6%	2,436	18.5%	16.8%
Gender				
Males	49.1%	8,188	48.9%	48.5%
Females	50.9%	8,505	51.1%	51.5%

Description	Nairn Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	411	n/a	n/a
Number of people per square kilometre	n/a	31.2	n/a	n/a
Age				
All people	**100.0%**	**12,837**	**100.0%**	**100.0%**
0 to 4 years old	5.1%	661	5.5%	5.5%
5 to 15 years old	13.0%	1,667	12.4%	11.8%
16 to 29 years old	13.1%	1,685	15.0%	18.5%
Under 16	18.1%	2,328	17.8%	17.3%
16 to 64	60.8%	7,807	63.6%	65.9%
65 and over	21.1%	2,703	18.5%	16.8%
Gender				
Males	48.4%	6,214	48.9%	48.5%
Females	51.6%	6,624	51.1%	51.5%

Description	Plockton High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	1,596	n/a	n/a
Number of people per square kilometre	n/a	2.6	n/a	n/a
Age				
All people	**100.0%**	**4,136**	**100.0%**	**100.0%**
0 to 4 years old	4.1%	170	5.5%	5.5%
5 to 15 years old	12.7%	524	12.4%	11.8%
16 to 29 years old	11.1%	460	15.0%	18.5%
Under 16	16.8%	694	17.8%	17.3%
16 to 64	62.0%	2,563	63.6%	65.9%
65 and over	21.3%	879	18.5%	16.8%
Gender				
Males	50.0%	2,069	48.9%	48.5%
Females	50.0%	2,067	51.1%	51.5%

Description	Portree High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	1,700	n/a	n/a
Number of people per square kilometre	n/a	5.8	n/a	n/a
Age				
All people	**100.0%**	**9,825**	**100.0%**	**100.0%**
0 to 4 years old	4.9%	483	5.5%	5.5%
5 to 15 years old	11.6%	1,141	12.4%	11.8%
16 to 29 years old	12.3%	1,211	15.0%	18.5%
Under 16	16.5%	1,624	17.8%	17.3%
16 to 64	63.7%	6,257	63.6%	65.9%
65 and over	19.8%	1,945	18.5%	16.8%
Gender				
Males	49.1%	4,820	48.9%	48.5%
Females	50.9%	5,005	51.1%	51.5%

Description	Tain Royal Academy ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	685	n/a	n/a
Number of people per square kilometre	n/a	12.5	n/a	n/a
Age				
All people	**100.0%**	**8,570**	**100.0%**	**100.0%**
0 to 4 years old	5.8%	498	5.5%	5.5%
5 to 15 years old	12.5%	1,072	12.4%	11.8%
16 to 29 years old	14.2%	1,217	15.0%	18.5%
Under 16	18.3%	1,570	17.8%	17.3%
16 to 64	62.0%	5,315	63.6%	65.9%
65 and over	19.7%	1,685	18.5%	16.8%
Gender				
Males	48.3%	4,137	48.9%	48.5%
Females	51.7%	4,433	51.1%	51.5%

Description	Thurso High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	771	n/a	n/a
Number of people per square kilometre	n/a	17.7	n/a	n/a
Age				
All people	**100.0%**	**13,624**	**100.0%**	**100.0%**
0 to 4 years old	4.9%	674	5.5%	5.5%
5 to 15 years old	11.9%	1,623	12.4%	11.8%
16 to 29 years old	15.2%	2,069	15.0%	18.5%
Under 16	16.9%	2,297	17.8%	17.3%
16 to 64	62.8%	8,551	63.6%	65.9%
65 and over	20.4%	2,776	18.5%	16.8%
Gender				
Males	49.2%	6,707	48.9%	48.5%
Females	50.8%	6,917	51.1%	51.5%

Description	Ullapool High ASG		Highland %	Scotland %
	Percentage	Number		
Population Density				
Area (square kilometres)	n/a	2,002	n/a	n/a
Number of people per square kilometre	n/a	1.7	n/a	n/a
Age				
All people	**100.0%**	**3,480**	**100.0%**	**100.0%**
0 to 4 years old	4.3%	150	5.5%	5.5%
5 to 15 years old	12.9%	449	12.4%	11.8%
16 to 29 years old	11.8%	411	15.0%	18.5%
Under 16	17.2%	599	17.8%	17.3%
16 to 64	62.7%	2,183	63.6%	65.9%
65 and over	20.0%	697	18.5%	16.8%
Gender				
Males	49.6%	1,725	48.9%	48.5%
Females	50.4%	1,755	51.1%	51.5%

Description	Wick High ASG		Highland Percentage	Scotland Percentage
	Percentage	**Number**		
Population Density				
Area (square kilometres)	n/a	1,050	n/a	n/a
Number of people per square kilometre	n/a	12.2	n/a	n/a
Age				
All people	**100.0%**	**12,862**	**100.0%**	**100.0%**
0 to 4 years old	5.5%	706	5.5%	5.5%
5 to 15 years old	12.1%	1,554	12.4%	11.8%
16 to 29 years old	15.8%	2,027	15.0%	18.5%
Under 16	17.6%	2,260	17.8%	17.3%
16 to 64	63.8%	8,207	63.6%	65.9%
65 and over	18.6%	2,395	18.5%	16.8%
Gender				
Males	49.7%	6,396	48.9%	48.5%
Females	50.3%	6,466	51.1%	51.5%

Poverty and deprivation

The Scottish Index of Multiple Deprivation sets out to identify the most deprived areas

of Scotland in terms of data zones.

Primary and Secondary Pupils

Percentage of pupils by deprivation decile based on location of home address

September 2012 Pupil List

1 = most deprived, 10 = least deprived

ASG	1	2	3	4	5	6	7	8	9	10	Total P + S Pupils (100%)
Alness Academy	0	33	14	19	5	9	20	0	0	0	1,269
Ardnamurchan High	0	0	0	0	30	13	53	0	0	0	250
Charleston Academy	0	0	0	22	4	22	18	23	8	0	1,488
Culloden Academy	0	1	6	17	7	4	33	7	15	11	2,514
Dingwall Academy	0	4	5	14	16	7	32	17	3	0	2,340
Dornoch Academy	0	0	0	0	3	59	37	0	0	0	391
Farr High	0	0	0	0	100	0	0	0	0	0	151
Fortrose Academy	0	0	0	0	0	10	44	41	4	0	1,343
Gairloch High	0	0	0	0	32	66	0	0	0	0	316
Glenurquhart High	0	0	0	0	0	16	84	0	0	0	392
Golspie High	0	0	0	26	52	14	8	0	0	0	680
Grantown Grammar	0	0	0	0	0	25	50	23	0	0	767
Invergordon Academy	9	16	27	0	29	0	18	0	0	0	807
Inverness High	39	19	24	8	0	4	5	0	0	0	1,569
Inverness Royal Academy	0	9	0	10	12	3	32	15	13	4	2,214
Kilchuimen Academy	0	0	0	0	0	0	99	0	0	0	116
Kingussie High	0	0	0	0	1	56	35	0	7	0	951
Kinlochbervie High	0	0	0	0	74	24	0	0	0	0	120
Kinlochleven High	0	0	0	38	0	61	0	0	0	0	306
Lochaber High	0	7	12	25	19	7	16	8	6	0	1,973
Mallaig High	0	0	0	0	2	10	86	0	0	0	269
Millburn Academy	4	3	0	3	3	5	44	7	10	19	2,316
Nairn Academy	0	0	12	0	22	5	18	21	6	15	1,643
out of highland	0	0	0	0	0	0	0	0	0	0	27
Plockton High	0	0	0	0	39	40	16	0	0	0	506
Portree High	0	0	0	54	6	39	0	0	0	0	1,285
Tain Royal Academy	0	12	17	14	21	19	8	0	8	0	1,114
Thurso High	0	0	13	19	0	44	14	10	0	0	1,680

Ullapool High	0	0	0	0	0	57	18	24	0	0	469
Wick High	18	13	7	10	24	11	18	0	0	0	1,655
Highland	3	6	7	13	12	16	25	10	5	3	30,921
Scotland	11.0	10.2	9.5	9.6	9.6	9.8	10.2	10.2	10.2	9.8	913,317

**Free School Meals taken from the Pupil Census extracted in September 2013.**

School	Free Meals Eligibility	Free Meals Uptake
Highland Primary	16.4%	87.9%
Scotland Primary	22.0%	88.4%

School	Free Meals Eligibility	Free Meals Uptake
Highland Secondary	11.4%	78.8%
Scotland Secondary	15.5%	74.7%

Children at risk of significant harm

All agencies working with children in Highland cooperate to ensure that any child at risk of significant harm receives the highest priority and that their individualised needs are met.

No of Children on CPR and No of LAC
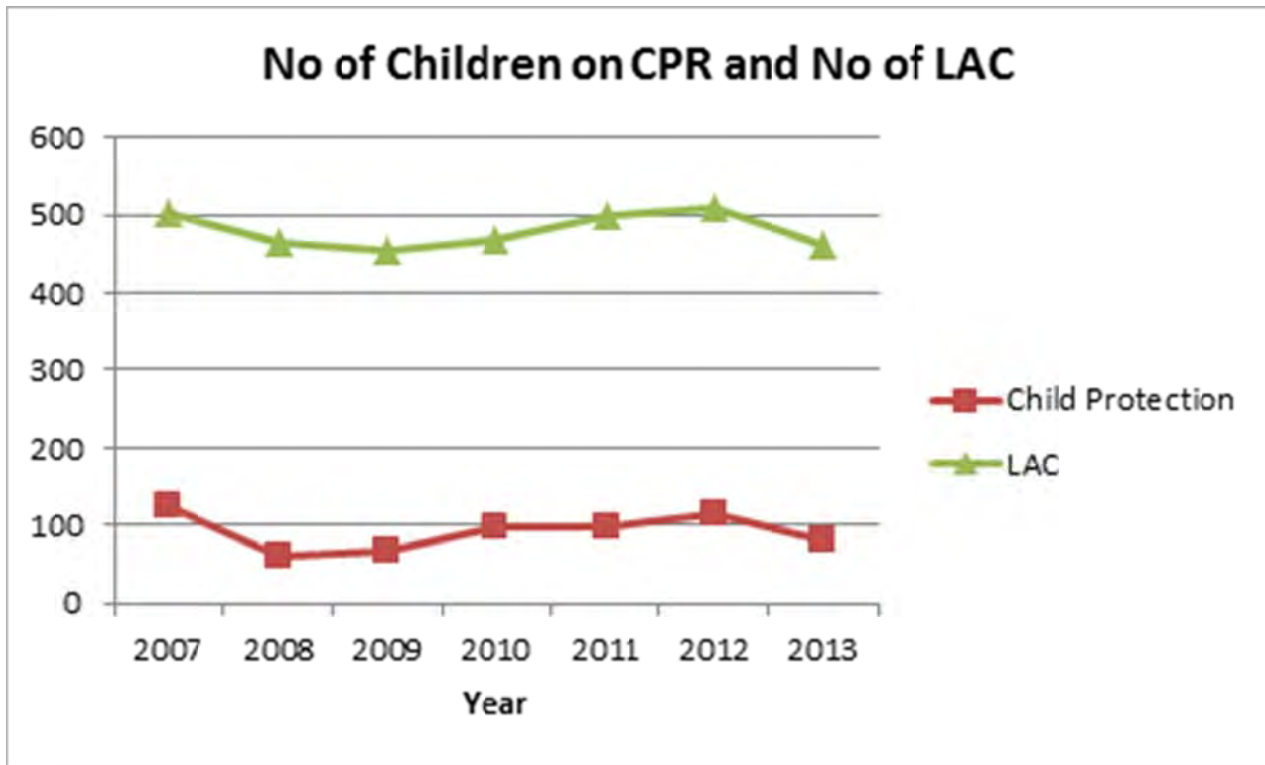
Looked after Children

The Highland Council provided support to 458 looked after children in Highland at 31st July 2014

Table 1

Total looked after children in Highland	In the community				Residential accommodation	
	At home with parents (home supervision	With friends / relatives (kinship	With foster carers	In other community (prospective adoptive	In local authority home/	In other residential care (incl. out of region

at 31ˢᵗ July 2013		care)		placements)		residential schools and secure
462	126	86	151	23	20	56

Table 2

Total looked after children in Highland at 31ˢᵗ July 2014	In the community				Residential accommodation	
	At home with parents (home supervision	With friends / relatives (kinship care)	With foster carers	In other community (prospective adoptive placements)	In local authority home/	In other residential care (incl. out of region residential schools and secure
458	138	70	144	15	26	65

Table 3

Total looked after children in Highland at 31ˢᵗ July 2013	Gender		Age		Minority group	Additional Support Needs
	Male	Female	Children under 5 yrs.	Children 16 yrs. and over	Children known to be from minority ethnic groups	Children known to have additional support needs⁽
462	263	199	109	53	18	63

School attendance, absence and exclusions

Attendance/Absence/Exclusion Profile 2012/13

SCHOOL	% Actual Attendances	% Authorised Absences	% Unauthorised Absences	No of Exclusions and Rates per 1000 Pupils	No Pupils Excluded and Rate per 1000 Pupils
Highland Primary (2012-13)	94.8%	4.3%	0.9%	8/1000	5/1000
Scotland Primary (2012-13)	94.9%	3.8%	1.3%	10/1000	6/1000

SCHOOL	% Actual Attendances	% Authorised Absences	% Unauthorised Absences	No Of Exclusions and Rates per 1000 Pupils	No Pupils Excluded and Rate per 1000 Pupils
Highland Secondary (2012-13)	90.9%	6.4%	2.6%	39/1000	28/1000
Scotland Secondary (2012-13)	91.9%	5.4%	2.5%	58/1000	33/1000

Educational attainment

Table 1 shows the three Year Average Percentage based on S4 Roll for passes achieved by the end of S6

Table 1

	Eng & Maths	5+ Level 3	5+ Level 4	5+ Level 5	1+ Level 6	3+ Level 6	5+ Level 6
	%	%	%	%	%	%	%
2011-13	95	93	86	59	3	3	3
2010-12	95	93	85	58	3	3	4
2009-11	95	93	84	56	2	3	4
2008-10	94	93	84	55	3	3	4
2007-09	94	93	84	53	3	4	4

Table 2 display percentages, based on the corresponding S4 roll, calculated on an Annual or Cumulative basis for whole school measures. Percentages are based on S4 Roll for passes achieved by the end of S4

Table 2

	Eng Lev 3	Maths Lev 3	Eng & Maths	5+ Level 3	5+ Level 4	5+ Level 5	1+ Level 6	3+ Level 6	5+ Level 6	1+ Level 7
	%	%	%	%	%	%	%	%	%	%
2013	97	95	94	94	85	42	1	0	0	0
2012	95	94	92	92	81	38	1	0	0	0
2011	95	95	93	92	83	38	1	0	0	0
2010	95	95	93	92	82	40	1	0	0	0
2009	95	94	92	92	82	38	1	0	0	0

Youth Crime

The table below shows trends in the number of children referred to the children's reporter.

- Children referred: shows the number of children referred to the Children's Reporter in each year
- Children Referred – Non-offence: Shows the number of children referred to the Children's Reporter on care and protection grounds in each year
- Children Referred – Offence: Shows the number of children referred to the Children's Reporter on offence grounds in each year

Highland
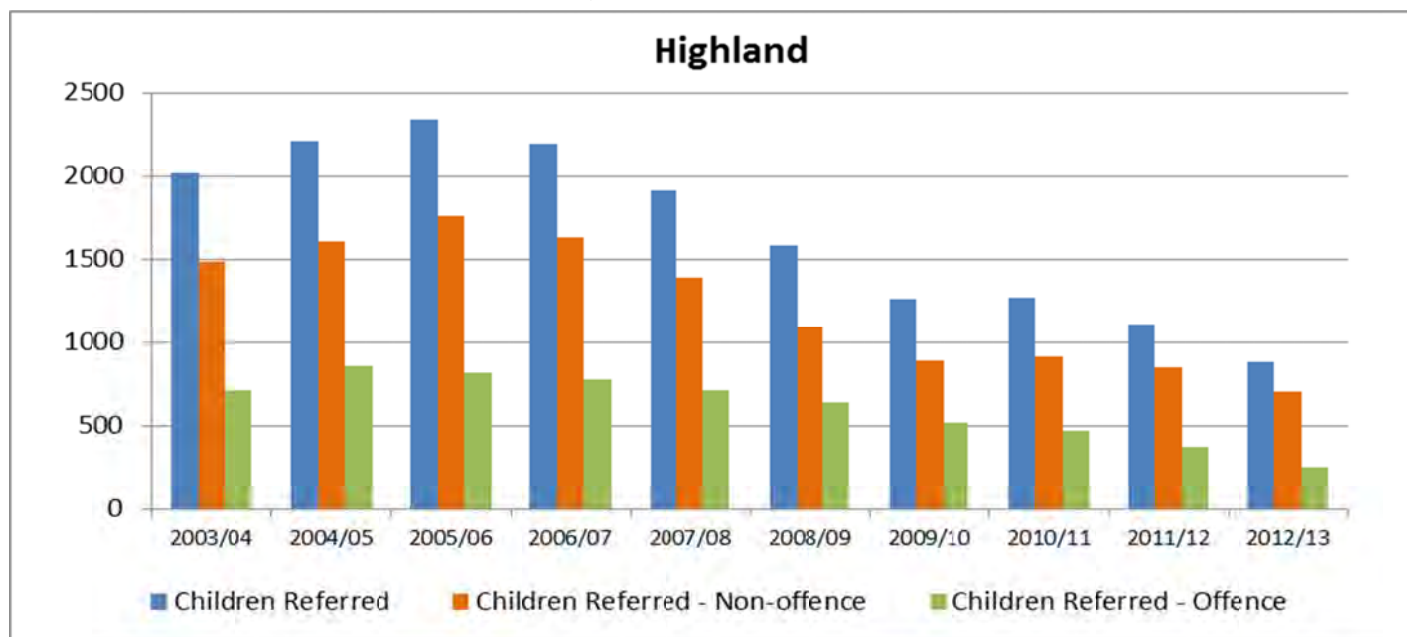
	2003/ 04	2004/ 05	2005/ 06	2006/ 07	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13
Children Referred	2022	2216	2341	2199	1915	1586	1262	1275	1110	886
Children Referred - Non-offence	1493	1608	1765	1633	1393	1094	896	919	851	710
Children Referred - Offence	715	860	819	782	712	644	522	472	373	253