

The Highland Council / NHS Highland

Agenda Item	7
Report No	JMC-02-25

Committee: Joint Monitoring Committee

Date: 13 March 2025

Report Title: Integrated Children's Services Update

Report By: Chair Integrated Children's Services Planning Board

1 Purpose/Executive Summary

- 1.1 This report provides an update on the progress being made to deliver the outcomes outlined within the Children's Services Planning Partnerships Integrated Children's Services Plan 2023 – 2026 [here](#)
- 1.2 The report also provides an update on the Integrated Children's Services Boards performance management framework at Appendix 1

2. Recommendations

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

3. Implications

- 3.1 **Resource** - The children's services planning partnership will help determine future resource needs and priorities for improvement. Further resource implications may be identified within the duration of the plan (2023 - 2026)
- 3.2 **Legal** - There is a statutory requirement for partnerships to produce an Integrated Children's Service plan every three years as outlined at 4.1 of this report. The plan is underpinned by meeting the requirements of the United Nations Convention on the Rights of the Child.
- 3.3 **Risk** - This iteration of the ICS plan is delivered through the Community Planning Partnership infrastructure and is / will be aligned to the aspirations of the Highland Outcome Improvement plan

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people) - None**

3.5 **Gaelic - None**

4. Impacts

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

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

4.3 This is a monitoring and update report and therefore an impact assessment is not required.

5. Integrated Children Service Board

5.1 The Integrated Children's Service's work continues in the final phase of the 2nd year of the delivery of the Integrated Children's Service Plan. The report highlights the continued progress that has been made. The work of the board has continued to be strengthened through the delivery groups and strong partnership across services and in all sectors

6. Child Poverty Report 2023-24

6.1 In 2017, the Scottish Government introduced the Child Poverty (Scotland) Act. This replaced the previous UK Child Poverty Act 2010 and included duties on both the Scottish Government and local partners to address child poverty. It also introduced targets as a driver for reducing child poverty across Scotland. Child poverty can have negative effects on the health, wellbeing and educational attainment of the children who experience it. It also has a wider cost for society. By introducing a Child Poverty Act, which sets out clear targets for reducing the number of children living in poverty, progress can be monitored on meeting these targets.

The legislation requires:

- The Scottish Government to produce a Child Poverty Delivery Plan every four years highlighting how it intends to meet the child poverty targets laid out in the Act.

- Local Authorities and Health Boards to jointly prepare annual Local Child Poverty Action Reports which set out a retrospective look on activities that have been undertaken in the Local Authority area during the previous year to reduce child poverty and contribute to the delivery of the national targets and any planned future activities.

6.2 The priorities for addressing child poverty in Highland are set out the Integrated Children's Services Plan. The current plan runs from 2023/24 – 2025/26 and this sets out the current priorities. Poverty is a standalone theme, but this also crosscuts across the other themes of the plan, including child protection, health and wellbeing, drugs and alcohol and The Promise. It also recognises that child poverty cannot be seen in isolation and that poverty is experienced in families. A life courses approach has been taken to

the Integrated Children's Services Plan and actions are structured under three life course stages, Getting started, Growing up and Moving on.

- 6.3 This Child poverty report 23-24 (Appendix 2) details the activity of work undertaken and sets out ongoing priorities for the partnership Poverty Reduction delivery group.

7. UNICEF - baby friendly standards assessment Achieved Gold Baby Standards

- 7.1 Highland Council and NHS Highland have successfully achieved their joint achievement in attaining the UNICEF Baby Friendly Initiative Gold accreditation.

Baby Friendly Community Standards provide a roadmap for services to improve care. Through a staged accreditation programme, health professionals are enabled to support all families with feeding and developing close and loving relationships with their babies. The achieving sustainability (GOLD) standards are for organisations who have maintained UNICEF BFI accreditation and are able to provide a substantive portfolio of evidence to reflect:

A leadership structure that promotes BFI standards

Fosters and organisational culture that protects the BFI standards

Constructs robust monitoring processes to support the BFI standards

Continues to develop the service to sustain BFI standards

- 7.2 The Unicef Baby Friendly Gold award is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.



8. GIRFEC (Getting it Right for Every Child)

- 8.1 A multi-agency GIRFEC Strategic group has been established to have oversight of GIRFEC arrangements to support a joined-up whole system approach. This group has begun to focus on continuous improvement and implementation of action plans, continue to ensure consistency of the GIRFEC framework and the shared language for promoting, supporting, and safeguarding the wellbeing of children and young people, ensuring the right support is provided as early as possible.

Key priorities include.

Workforce training and support

Development of Practice guides in Child's Plans, Chronologies and Additional Support Needs

Review of the Child's Plan

Strengthening partnerships and multi-agency working.

These priorities have been identified by feedback provided by services during the GIRFEC refresh and reset sessions and feedback from children and families.

9. Whole Family Wellbeing Briefing

- 9.1 The Highland Whole Family Wellbeing Programme is a change and innovation programme driven by several wide-ranging National policies and strategies. The Programme reports to the Highland Integrated Children's Services Planning Board and upwards to the Highland Community Planning Partnership Board. Through the Highland Integrated Children's Services Plan the Partnership has a vision to support children and young people to have the best possible start in life, enjoy being young, ensuring they are loved, confident and resilient and can achieve their full potential.
- 9.2 The briefing paper (Appendix 3) sets out the route map for delivery and activity to date including the approach to funding through implementation of the programmes funding strategy. Detailing the important work that has been undertaken through a locality approach addressing whole family support needs.

10. Child Protection Committee Biennial Report

- 10.1 This report covers the period August 1st, 2022, to July 31st, 2024, in line with the national minimum dataset for child protection. The CPC and partners have delivered a significant improvement work over the past 2 years, in response to Care Inspectorate Inspection of Children's Services for children at risk of harm in 2022. The partnership work and data is detailed within the report along with ongoing priorities for 2024-2026.
- 10.2 The Child protection committee biennial report has been approved by the Child Protection Committee, Integrated Children's Service Board and Public Protection Chief Officers Group.

11. Draft Highland Promise Plan 2025-2028

- 11.1 The Highland Promise Plan (2025-2028) (Appendix 5) was commissioned by the Promise Board, which is a broad multi-agency partnership of corporate parenting leaders that evolved in 2023-2024 from the previous Corporate Parenting Board after a period of learning and self-evaluation. The Promise is a ten-year plan (2020-2030) that demands transformation of the care system across Scotland so that the Promise is realised by 2030. Delivering the Promise requires whole system radical change, which necessitated the need for a step change from the previous Corporate Parenting Board to the development of the evolving Promise Board and Highland's first Promise Plan.
- 11.2 The draft Promise Plan is aligned to the Integrated Children's Services Plan (2023-2026) and will also be presented to the Integrated Children's Services Board (ICSB) on the 28th of February. The ICSB consists of senior leadership across the partnership and is the key statutory partnership for Children's Services across Highland. Feedback from the ICSB will be incorporated into the final iteration of the Promise Plan.

- 11.3 The draft Highland Promise Plan is built on the voices and experiences of care experienced children and young people through a broad range of engagement and participation activities across Highland. There is clarity in the draft Plan that we must focus relentlessly on building and delivering the five foundations of the Promise to achieve the aspirations of the Promise in Highland.
- 11.4 There is a strong focus on delivery, led by three newly formed Delivery Groups – Family, Care & Doing Data Differently. Members will note there are five foundations of the Promise. The Promise Board reached the conclusion that the remaining three foundations - People, Voice and Scaffolding - are underpinned across the three Delivery Groups to ensure all five foundations are fundamental to each Delivery Group working together across the children's partnership. There is a commitment that an annual Promise Self-Evaluation Report will be produced to provide evidence and feedback of the Highland Promise Plan.

Designation: Chair, Integrated Children's Service Board

Date: 21 February 2025

Author: Ian Kyle, Head of Integrated Children's Services

Background Papers: None

Appendices: Appendix 1 – ICSB Performance Management Framework
Appendix 2 – Child Poverty Report 2023-2024
Appendix 3 – Whole Family Wellbeing Programme update
Appendix 3 – Child Protection Committee Biennial Report
Appendix 5 – Highland Draft Promise Plan



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



Data Overview -

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

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

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

HSC – CP Minimum Dataset – This data is collected quarterly

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

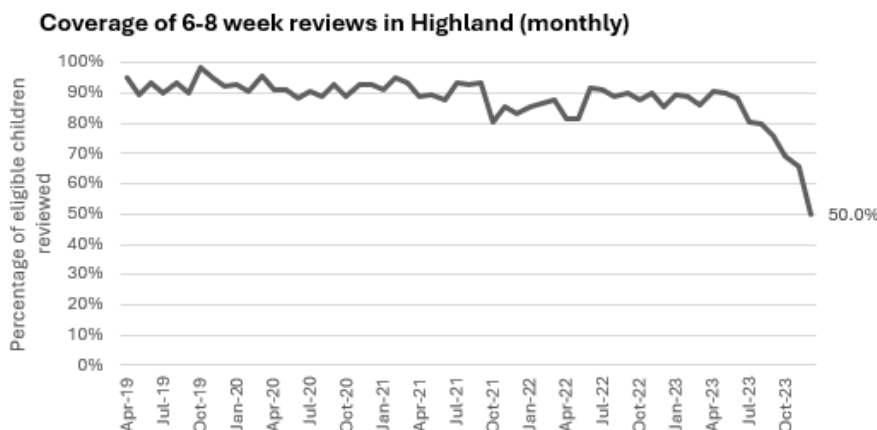
↑ ↓ → - Arrows indicate an increase or decrease in figure since last reporting, these are colour coded to denote movements are positive, negative or no movement. Some child protection figures are not colour coded as these cannot always be attributed to either positive or negative movements.

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

Indicator #2 (NHSH CYP14)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	↑87%	Child Health
ANALYSIS				
There was a slight increase in the number of infants at 27 months with NO developmental concerns. The data is consistent with the national picture and has remained fairly stable over the 12-year period since first report on the integrated performance framework.				

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

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

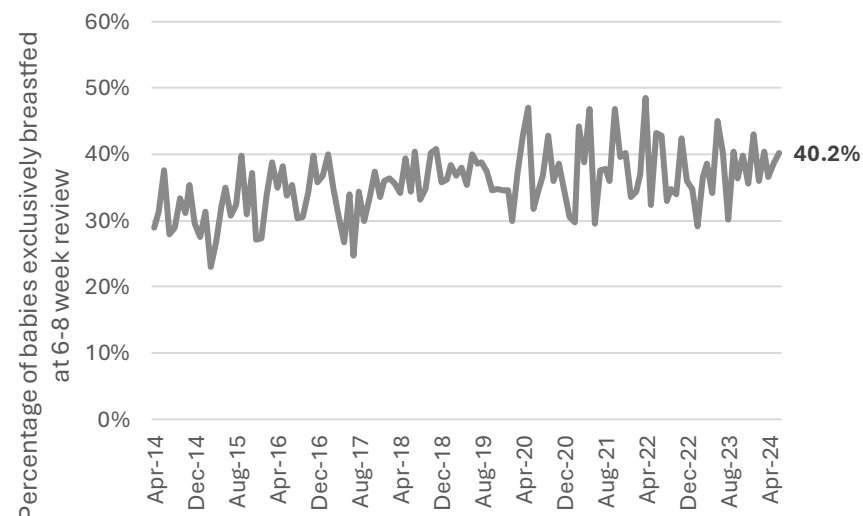
Indicator #4 (NHS CYP03)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	80%	↑ 61%	Child Health
ANALYSIS <p>Note last data from NHS Dashboard is Dec 2023</p> <p>It has become clear that there is an issue in processing the paperwork across the system as a small snapshot audit of this contact locally has found that 91% of the contacts had been completed. Further investigation evidenced that the paper documentation supporting the recording of this data has multiple points of input across the system (NHS, to THC onto GP's and then to NHS). Work is underway to tighten up the transfer of paperwork ensuing the Child Health System (NHS) can more accurately record correct data.</p> <p>Child Health Pre-School Review Coverage Statistics 2022/23 (publichealthscotland.scot)</p>				
 <p>Coverage of 6-8 week reviews in Highland (monthly)</p> <p>Percentage of eligible children reviewed</p> <p>50.0%</p>				

Indicator #5 (NHS CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	36%	30%	↑ 40%	Child Health
ANALYSIS				

Note: Graph outlines the data until April 2024.

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

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



Indicator #6 (NHS CYP15)	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	↓ 94%	NHS Highland
ANALYSIS				
Latest data from NHS slight reduction by 1%				
Full data can be found at https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/				

Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%	↓ 62%	Health and Social Care
ANALYSIS				

Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015. In line with a number of boards in Scotland, Highland have recently adopted a trauma informed approach to the initial health assessment. This approach recognises the need for a relationship-based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed and an improvement project has been initiated by nursing leadership.. It is projected that the change will have a positive impact the quality of the assessment, the performance data, and skill of the workforce however this will take some time to embed.

Indicator #8 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	↓ 78%	Health and Social Care
ANALYSIS				
Slight decrease by 1% Child health physiotherapy met the target for May/June 2023, but since that time staff vacancies have led to significant waiting times for first appointments. One whole time equivalent post was filled in July 2024 and a second has just been recruited to. (Whole time equivalent staffing has been at 80%) The successful recruitment drive will ensure improvement in waiting times by next quarter. In the meantime, all requests for assistance are triaged and prioritised				

Indicator #9 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	↓ 54%	Health and Social Care
ANALYSIS				

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

Indicator #10 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%	↑ 84%	Health and Social Care
ANALYSIS				
There is an upward trend in Dietetics towards the target due to the team currently being fully staffed since August 2023. Dietetics use Near Me to ensure responsive care for their patients and families. In December 2023 a support practitioner joined the team, funded with waiting times money (0.4wte). This additionality has resulted in continuing progress towards our target.				

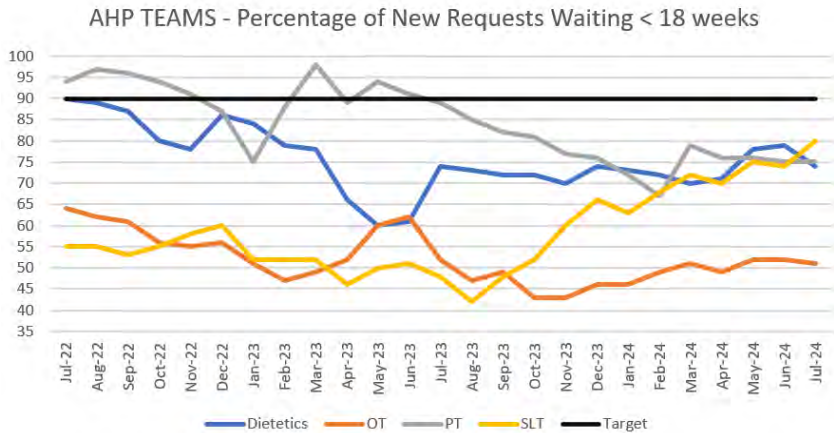
Indicator #11 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%		↑ 87%	Health and Social Care
ANALYSIS				
The upward trend in response to this indicator is due to service redesign and the team are to be congratulated on their efforts.				

Indicator #12 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	80%	↑ 79%	Health and Social Care

ANALYSIS

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

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



Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel listened to in their school	Improve from Baseline	40%	↓36%	Education and Learning

ANALYSIS

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

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

Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
Self-reported incidence of smoking will decrease	Improve from Baseline	13%	↑ 3%	Education and Learning
ANALYSIS Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools With the shift being children choosing vaping rather smoking consideration is being given to measure vaping numbers in the next survey.				

Indicator #15	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	Improve from Baseline	20%	↑ 4.3%	Education and Learning
ANALYSIS Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Data taken as an average of all 3 age groups. P7 – 0.61%, S2 – 3.32%, S4 – 9.26% Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools				

Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in P7 who report that they us drugs at least once per week	Improve from Baseline	1.80%	↑ 0.25%	Education and Learning
ANALYSIS Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools				

Indicator #17	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S2 who report that they use drugs at least once per week	Improve from Baseline	5.30%	↑ 0.53%	Education and Learning
ANALYSIS				
Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils				

Indicator #18	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S4 who report that they use drugs at least once per week	Improve from Baseline	19.20%	↑ 2.38%	Education and Learning
ANALYSIS				
<p>Most recent data from the 2023 lifestyle survey with over participants from P7, S2 and S4 pupils</p> <p>Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT being tested in a high school. Regular review of content via google analytic Promotion via community events e.g. Vision 2026 launch, Delivery of H-SAT awareness and use of lesson plans to guidance staff Support to schools to develop substance aware policy Substance awareness education being delivered to education and associated staff Collaboration with Drug and Alcohol Recovery Service in development of naloxone policy for children's homes</p>				

Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%	↑ 93	Education and Learning
ANALYSIS				
This data is reported annually.				

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	9	12	↑ 9.4	Health & Social Care
ANALYSIS				
This data is collected, scrutinised and reported quarterly. Mitigating action plan is in place.				

Indicator #21	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	15	55	↑ 17	Health & Social Care
ANALYSIS				
This data is reported monthly as part of the data collection for the Home to Highland programme. The numbers of placements outwith Highland were at the lowest level ever recorded at 9 placements in Oct 2023 but have since increased again to 17, 2 placements above the target. This is a result of several larger families coming into spot purchased residential care and a number of young people with needs and behaviour that required specialist placements outwith Highland. Work is continually targeted through the Home to Highland Programme to reduce the number of children in residential placements outwith Highland. The team are currently working on returning 12 children over the next 12 months.				

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

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	N/A	26	↑48	HSC – CP Minimum Dataset
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. This gives an indication of numbers of vulnerable children and young people (in terms of risk of harm). Increases in numbers may be positive as it can evidence good practice in assessing and responding to risk. It can also evidence increasing risk within communities and support the design and delivery of services. The number of children subject to initial and pre-birth case conferences in Highland has decreased in the last 4 quarter. After 4 quarters of this increasing. Further work is underway to examine the data in more detail.				

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences	N/A	19	↑26	HSC – CP Minimum Dataset
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. The number of case conferences can indicate family groups where the figure is lower than the number of children subject to initial and pre-birth child protection case conferences. Data can be benchmarked by converting numbers of children or Planning Meetings into a rate per 1,000 total children aged 0-17 (which can be found at National Records of Scotland Mid-Year Population Estimates). The rate per 1,000 can then be compared with other areas to assess the number of cases progressing to Initial or Pre-Birth Child Protection Planning Meeting.				

Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%	↑84%	HSC – CP Minimum Dataset
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q4 2023/24 = 86% A high conversion rate indicates that risk is being assessed appropriately, progressing to child protection case conferences where required. This figure has remained consistently above 85% since Q2 2019/20.				

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period	N/A	112	↑ 95	HSC – CP Minimum Dataset
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. Q1 2024/25 = 85 The number of children on the child protection register has increased quarterly since Q2 2022/23. The Child Protection Committee Quality Assurance Group is currently undertaking an analysis of data to establish the reasons for the increases. This may be a positive move in terms of risk assessment and planning, it could also have been influenced by the impact of the Children's Services Inspection for children at risk of harm. However, it could also indicate increasing risk within communities, or because of the current financial climate, However after a period of increases this quarter has seen a reduction in Q1 2024/25 Further work is underway to examine the data in more detail.				

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	N/A	34	↓ 25	HSC – CP Minimum Dataset
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q1 2024/25 = 60 Indicator #31 can provide information as to how well risks are being reduced for the most vulnerable children and how well Child's Plans are working. However, this analysis must be supported by quality assurance processes to ensure children are de-registered at an appropriate time to avoid any escalation of risk and ensure ongoing support. This will be considered as part of the multi-agency case file audit in May 2024.				

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	N/A	58	↑ 95	HSC – CP Minimum Dataset
ANALYSIS				

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Data from Q1 2024/25 = **73 (change in concern description for data set 2.)**

The majority of concerns recorded relate to vulnerability factors including Domestic Abuse (12), Parental Alcohol Use (13), Parental Drug Use (20), Child Affected by Parental Mental Health (18). In terms of Impact and Abuse Emotional Abuse (13) and Neglect (19) are the largest concerns recorded. Criminal Exploitation, Services Finding it Hard to Engage, Child Experiencing Mental Health Problems and Physical Abuse feature but as numbers are lower than 5, individual figures are not provided to protect the identity of children. There are an increasing number of concerns being recorded in registration which could suggest increasing complexities with families experiencing more than one risk/vulnerability factor. This has implications for service design and delivery, and learning and development provision to ensure staff have the right knowledge, skills and tools to support their work with families.

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	95%	TBC	↑ 92%	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q1 2024/25 = 82%				
Percentage of Initial and Pre-birth Child Protection Planning Meetings where at least one person who usually has care of the child attends (e.g. a parent or carer). This indicator highlights the level of parental involvement in decision making and planning around the child and will be reinforced by audit activity into the quality of their involvement (e.g. level of active participation as well as attendance). This figure has remained consistently high over the past 2 years and has never fallen below 80%. The quality of child/family involvement will be considered in the multi-agency audit in May 2024.				

Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on non-offence grounds	Reduction from Baseline	TBC	↓ 137	HSC – SCRA Quarterly Reports
ANALYSIS				
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) grounds. Non-offence referrals constitute referrals that have grounds other than section 67 of the 2011 Act. These are also referred to as Care and Protection referrals by some agencies. Work has been undertaken through the Quality Assurance Sub-Group to look at SCRA referrals by type and by age due to an increase in referrals in relation to lack of parental care. Work has also been undertaken to look at older young people being referred in to SCRA and discovered that where there has been an uplift in referrals during any one quarter, these tend to refer to a small cohort of young people with a large number of referrals. Latest data from Q4 2023/24 = 169				

Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on offence grounds	Reduction from Baseline	TBC	↓ 28	HSC-SCRA Quarterly Reports
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q4 2023/24 = 43 An increase in previous figures could reflect the increasing focus on responding to young people in conflict with the law through the Children's Hearing System rather than within an adult criminal justice system. It is too early to determine if this is the case but will be a key focus over the next few years. We are seeing a decrease this quarter however, figures are relatively small so increases and decreases in the data need to be considered over a longer period.				

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

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	Increase from Baseline	100	↑ 81	HSC - Scottish Government Annual Return
ANALYSIS Preliminary figures awaiting Scottish Government validation Figure 2022/23 – 75 This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	Increase from Baseline	121	97	HSC - Scottish Government Annual Return
ANALYSIS Preliminary figures awaiting Scottish Government validation Figure 2022/23 - 104 This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	Increase from Baseline	12	15	HSC - Scottish Government Annual Return
ANALYSIS Preliminary figures awaiting Scottish Government validation Figure 2022/23 - This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.				

Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people within a local authority provided house	Reduction from Baseline	81	↑57	HSC - Scottish Government Annual Return
ANALYSIS				

Preliminary figures awaiting Scottish Government validation

Figure 2022/23 - 52

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

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

ANALYSIS

This data is reported monthly on PRMS,

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



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

ANALYSIS



Highland
Community
Planning
Partnership

Highland

Local Child Poverty Action Update Report

April 2023 - March 2024

November 2024

Contents

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The Approach in Highland

There is a strong commitment in Highland to address poverty and inequality within individual agencies and across the Community Planning Partnership. The vision for the Community Planning Partnership through its Highland Outcome Improvement Plan is:

“To work together to reduce inequality within Highland communities”.

The Highland Community Planning Partnership brings together public agencies, third sector organisations and other key community groups to work collaboratively with the people of Highland to deliver better outcomes.

The Highland Community Planning Partnership works strategically at a Highland level, through a series of nine geographical local Community Partnerships as well as regional thematic groups. Ultimately these deliver our Local Outcome Improvement Plan.

The Highland Outcome Improvement Plan sets out the vision, purpose and focus for the Highland Community Planning Partnership from 2017-2027. The partnership believes working towards this plan will have a significant impact on reducing inequalities in Highland.

Reducing child poverty is a priority theme within the Highland's Integrated Children's Service Plan which sits within a context of the Community Planning Partnership and delivering against the Highland Outcome Improvement Plan.

Our partnership recognises that children's services planning and planning to reduce child poverty is an ongoing process and that central to good planning is to ensure robust connections between all national and local strategic planning. Our child poverty plan connects the partnership strategic planning within a single framework. This framework provides both the tools for planning, self-evaluation, reporting, performance management and assurance.

Our child poverty plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed and responsive and preventative support to children, young people and families.

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

The process to review the Integrated Children's Services Plan began during 2022/23. A Strategic Needs Assessment was undertaken to create the evidence base for the new plan and evidence from that can be found in the 2022/23 Action Plan Report. Child Poverty remains a core priority, and the actions developed through that process are reflected in section three as actions for 2023/24 – 2025/6. A life courses approach has been taken to the new plan and actions are structured under three life course stages: Getting Started (pre-birth to school), Growing Up (primary) and Moving On (secondary to young adult).

Section 1: Background and Context

1.1 Child Poverty (Scotland) Act 2017

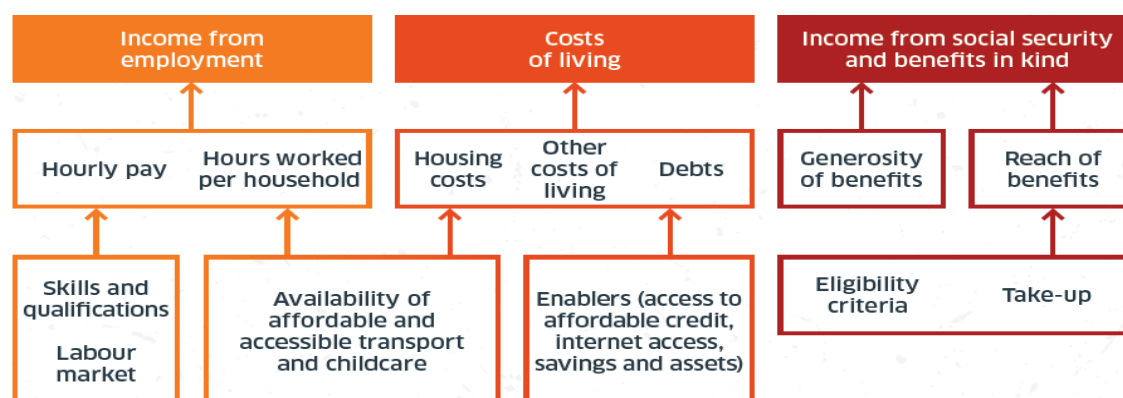
In 2017, the Scottish Government introduced the [Child Poverty \(Scotland\) Act](#). This replaced the previous UK Child Poverty Act 2010 and included duties on both the Scottish Government and local partners to address child poverty. It also introduced income targets as a driver for reducing child poverty across Scotland. Child poverty can have negative effects on the health, wellbeing and educational attainment of the children who experience it. It also has a wider cost for society¹. By introducing a Child Poverty Act, which sets out clear targets for reducing the number of children living in poverty, progress can be monitored on meeting these targets.

The legislation requires:

- The Scottish Government to produce a Child Poverty Delivery Plan every four years highlighting how it intends to meet the child poverty targets laid out in the Act. It must also publish annual progress reports setting out progress towards meeting the child poverty targets. The Scottish Government's second Delivery Plan – [Best Start Bright Futures](#), <https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/> sets out policies and proposals to help reach the child poverty targets set for 2030.
- Local Authorities and Health Boards to jointly prepare annual Local Child Poverty Action Reports which set out activities that have been undertaken in the Local Authority area during the previous year to reduce child poverty and contribute to the delivery of the national targets and any planned future activities.

Evidence suggests that there are three key drivers which influence the experience of child poverty. These are income from employment, costs of living and income from social security and benefits. These drivers are set out in figure 1 below.

Figure 1: Scottish Government, Local Child Poverty Action Report Guidance 2018



¹ A 2023 study found that child poverty in the UK was costing over £39 billion a year -

<https://cpag.org.uk/news/cost-child-poverty-2023#:~:text=In%202008%2C%20the%20total%20cost,cost%20could%20be%20substantially%20higher.>

Increasing incomes and reducing costs of living are mechanisms for reducing child poverty but there are many other actions that take place to improve children's quality of life and life chances.

1.2 Poverty in Highland

1.2.1 Child Poverty²

In 2022/23, 13,034 children in NHS Highland (Highland and Argyll and Bute) live in poverty after housing costs. 9,776 of these children live in Highland. This means that they live in a household 60% below the UK median income after deducting housing costs.

The average primary school class of 25 pupils in NHS Highland now has around five children living in low-income families. In some of the most deprived areas, this figure is around 12.

Children are much more likely to be exposed to poverty if they live with a lone parent or if they have two or more siblings. Having someone with long-term illness in the household increases the risk due to barriers to employment and caring demands. Ethnic minorities also have higher child poverty rates.

In the past, childhood poverty was related to unemployment. Increasingly, more poor children live with at least one working parent. The current cost of living crisis is pushing more families into poverty. There is a large body of evidence that poverty harms children's health, wellbeing and educational opportunities, impacting the life course.

Rural and island life characteristics are recognised as potential compounders of the main drivers of child poverty. Income from work and earnings can be seasonal and unpredictable, and living costs can be higher with high levels of fuel poverty, higher prices for goods, and unaffordable housing. Lower take-up of welfare support can be an issue in more rural and remote areas.

Scottish policy measures include support through the benefits system, increased childcare provision, school clothing grants, and free school meals and as part of the Workforce 2030 Vision, transforming the role of school nursing specifically to address the impact of inequalities and child poverty. The Scottish Child Payment was introduced in February 2021. The level has risen to £26.70 a week and was extended to children up to 16 years of age in families receiving means-tested benefits. Families can access means-tested support through Best Start Grants.

Currently, 11,975 children in Highland living in low-income families already receiving qualifying benefits receive the Scottish Child Payment.

² Information extracted from a report produced by the Health intelligence team: NHS Highland. "Child Poverty: Children and young people's health and wellbeing profiles: supplementary report" Publication date: 22nd July 2024. Public Health Intelligence, NHS Highland nhsh.publichealthintelligence@nhs.scot

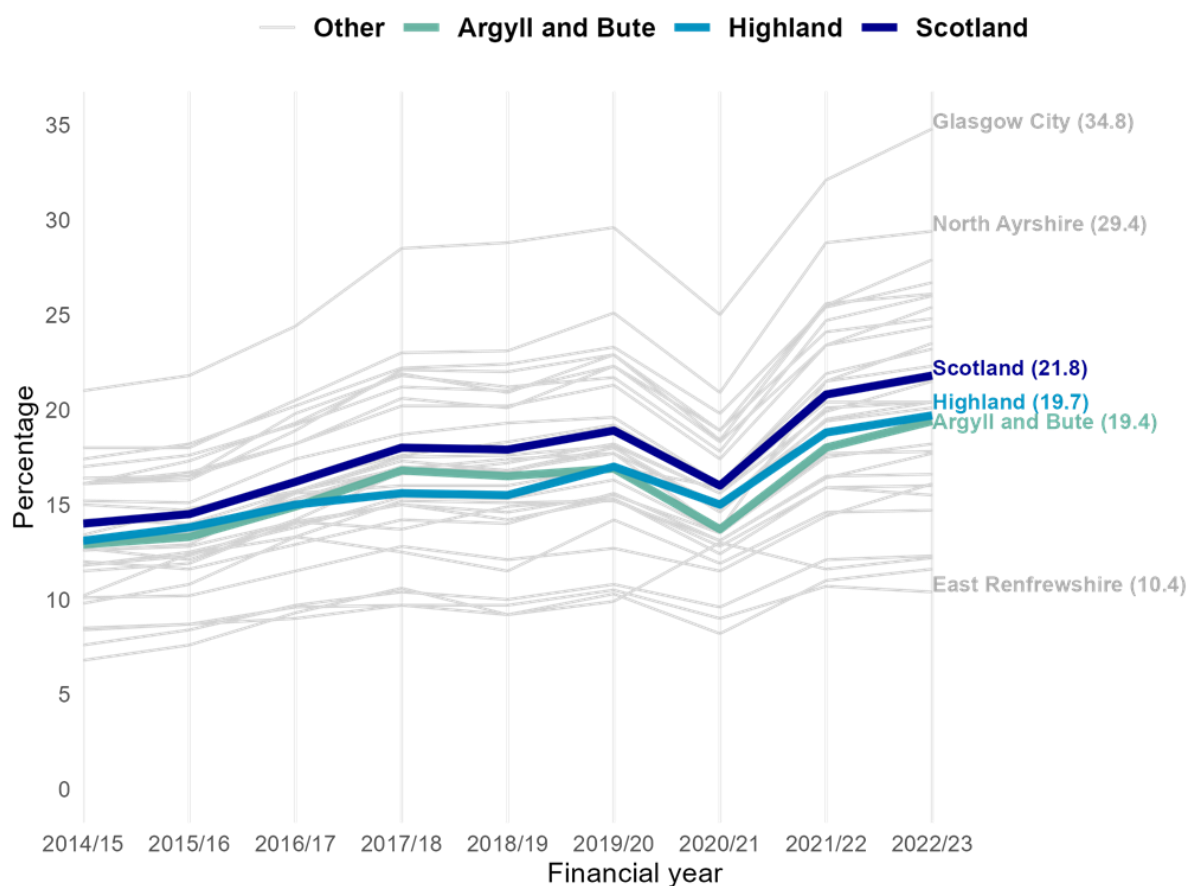
1.2.2 Local Measures of Child Poverty

Children in low-income families

The terms low income refers to being below the poverty threshold.

The chart shows the percentage of children under 16 living in families either receiving out-of-work (mean-tested) benefits or tax credits, where their reported income is less than 60 percent of the contemporary UK median income. The Scottish Government recommends this measure of relative poverty to monitor child poverty locally.

Figure 2: Percentage of Children in Low-Income Families in Local Authority Areas

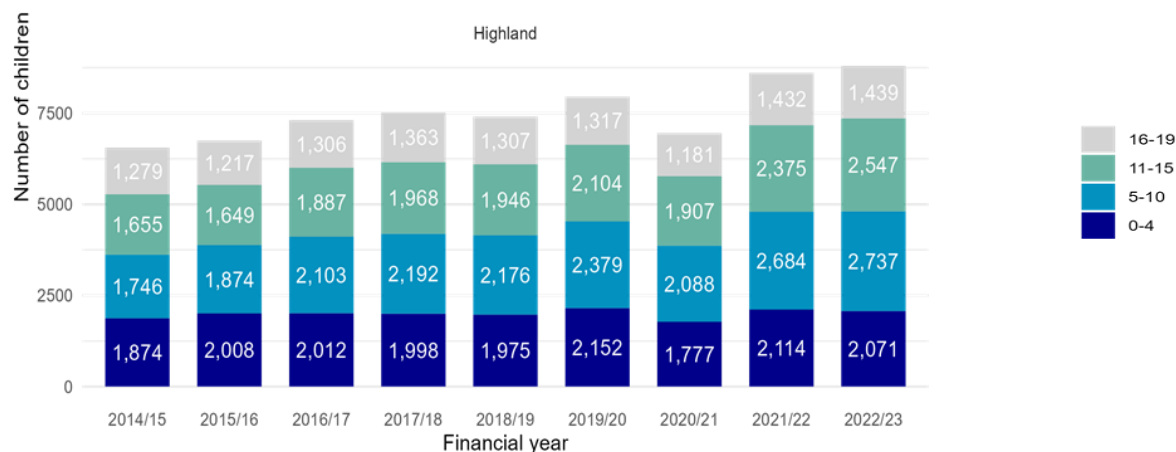


Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs).

Whilst the proportion of children in low-income families fell in 2020/21 this was largely due to the additional £20 a week payment added to social security benefits for a six-month period during the pandemic. This uplift stopped in October 2021. Subsequently, rates have risen again in Highland and Scotland. Slow economic recovery from COVID-19 and the cost-of-living crisis have resulted in rapid and sustained price increases that disproportionately impact low-income families already at risk from food, fuel and transport costs.

In 2022/23, 7,355 children under 16 lived in low-income families below the poverty line in Highland.

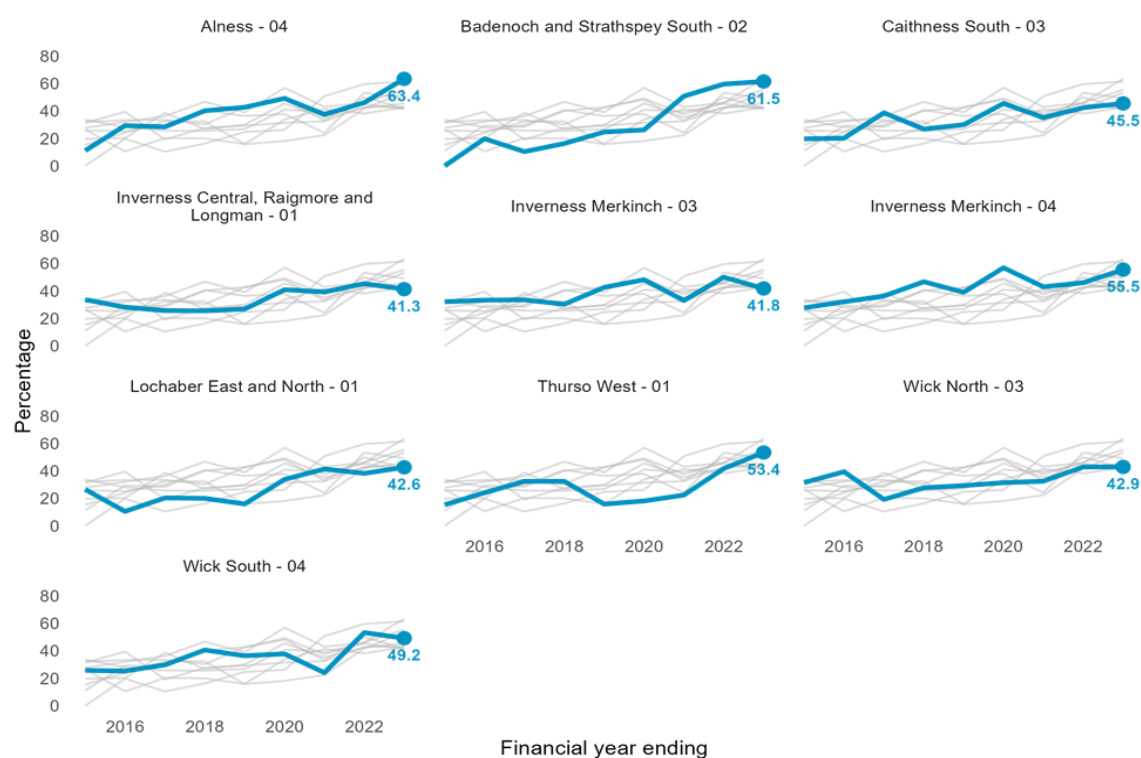
Figure 3: Number of Children in Low-Income Families in Highland



Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs)

Figure 4 highlights areas within Highland with high concentrations of children in low-income households. Some caution should be observed when interpreting the data. The focus should be on the overall trend rather than year-on-year change, which is prone to fluctuations in small populations.

Figure 4: Ten Small Areas in Highland with the Highest Percentage of Children Under 16 in Low-Income Households in 2023.

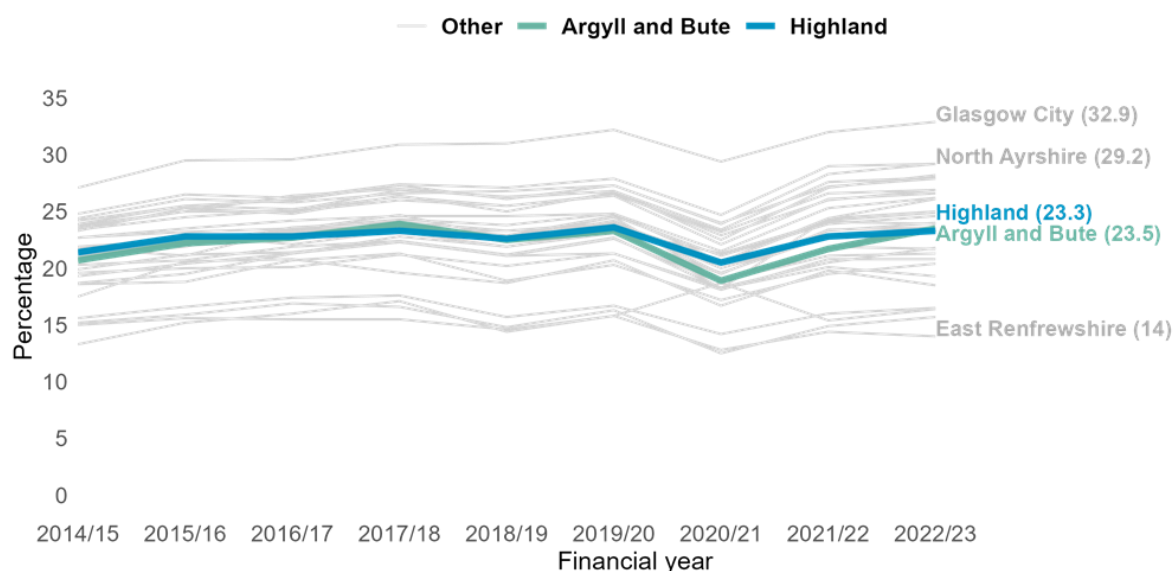


Child Poverty Estimates After Housing Costs

Child poverty after housing costs is reported using data from the Centre for Research in Social Policy at Loughborough University. The data extends the children in low-income family's data published by the Dept of Work and Pensions by including modelling for housing costs for Local Authority areas and parliamentary constituencies. Housing is the biggest outgoing for most families. Consequently, the availability of affordable accommodation can have a big impact on poverty numbers.

In 2022/23, 9,776 children in Highland live in poverty after housing costs.

Figure 5: Percentage of Children Living in Poverty After Housing Costs by Local Authority Area in Scotland



Source: End Child Poverty Coalition estimates of child poverty rates after housing costs (2024)

1 A child is defined as aged under 15, or aged 16-19 and in full-time education.

Working Households

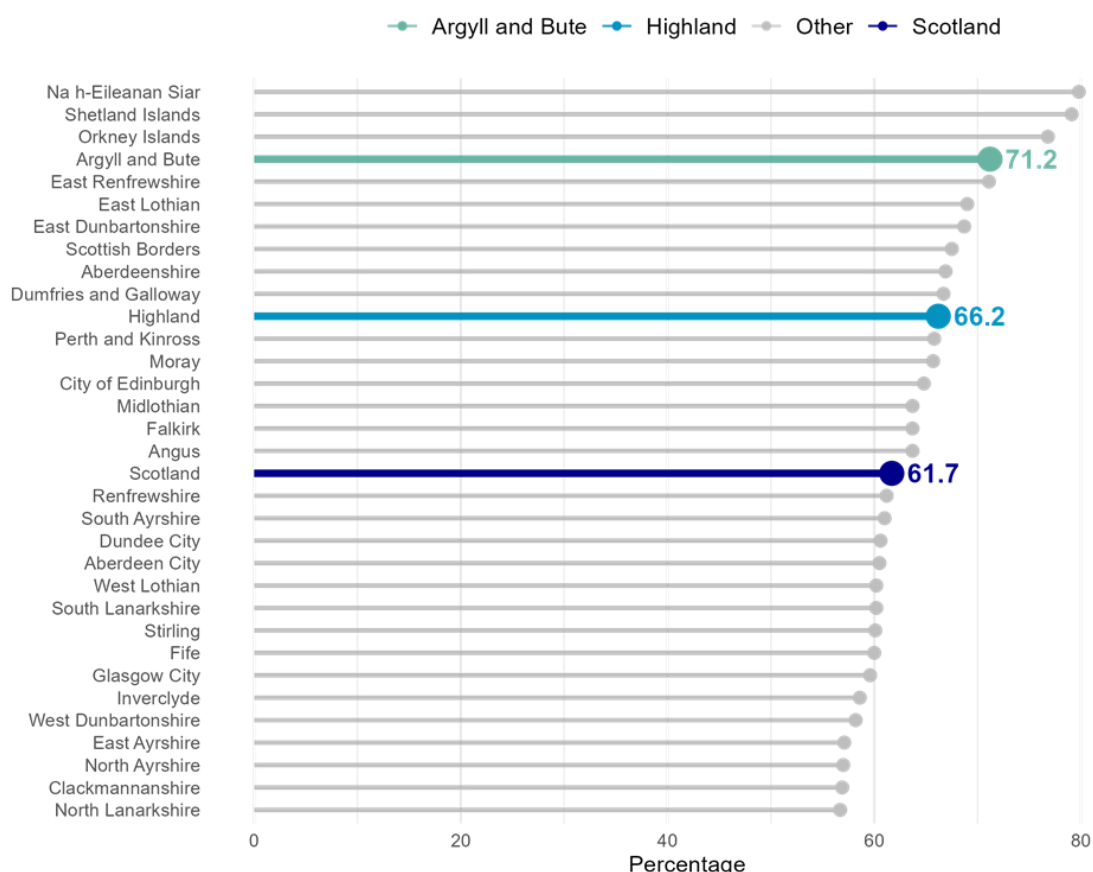
The Department of Work and Pensions data on children in low-income indicates how in-work poverty contributes to overall child poverty in local areas.

Figure 6 shows the percentage of children under 16 in low-income families in a household with at least one adult in work in 2022/23 for the Local Authorities in Scotland. In-work poverty remains more common than out-of-work poverty in all areas.

Six in ten children in poverty live in households where someone is working, and increasingly, only having two parents at work protects against the risk of poverty.

Nearly three-quarters of people experiencing in-work poverty have someone in their family who works in five high-priority industries: hospitality, health and social care, retail, administrative support and manufacturing. Many of these industries are large employers in Highland with a high proportion of part-time workers and seasonal variation in demand.

Figure 6: Percentage of Children in Poverty Before Housing Costs who are in a Household with at least one adult in work by Local Authority area in Scotland in 2022/23.



Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs)

Priority Groups – Poverty and Protected Characteristics

Six groups of priority families are identified as a focus for interventions:

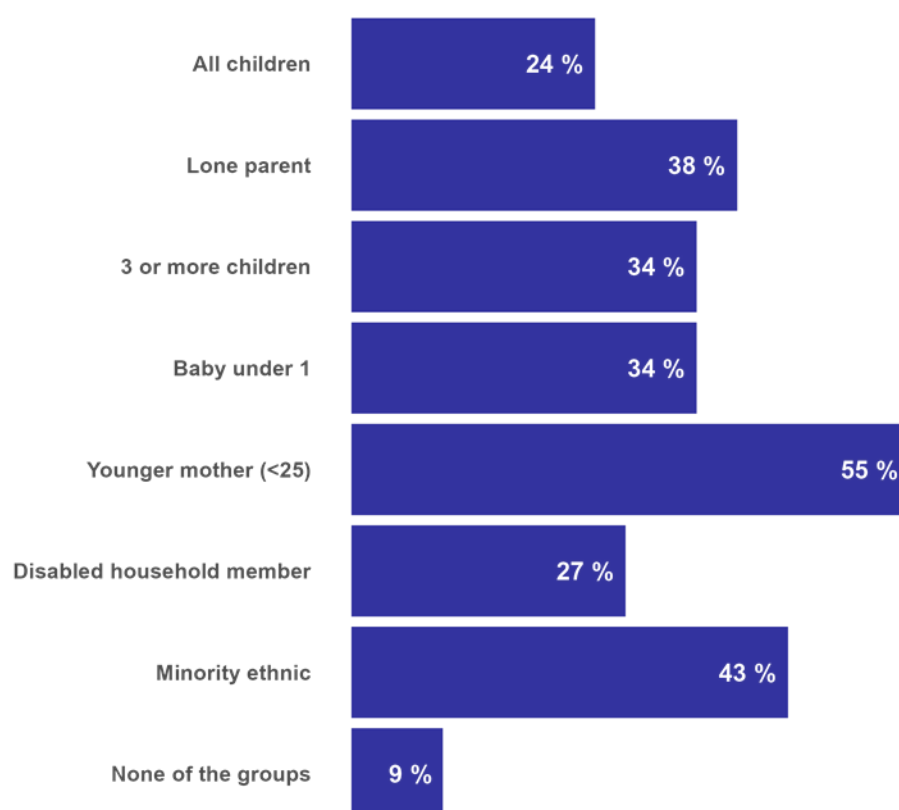
- Lone parent families (majority headed by women)
- Families with a child or adult with a disability
- Larger families with three or more children
- Minority Ethnic families
- Families with a child under one year of age
- Families where the mother is less than 25 years old.

These groupings do not cover all the family types at higher risk of poverty, with nearly one in ten children in poverty living in households with none of these

characteristics. There will also be children living in families where these circumstances apply who do not experience poverty.

Figure 7 summarises the estimated proportion of children who live in poverty in these categories in Scotland. Equivalent data for Local Authorities is not available.

Figure 7: Proportion of Children in Priority Groups who are in Relative Poverty in Scotland



Source: Poverty and Income Inequality Scotland National Statistics Report 2024

1 Estimates are based on data from the DWP Family Resources Survey and use three-year averages*

2 All figures are for the period 2020/23, with the exceptions of those reported for younger mothers (2015/18) and families with a baby under one (2017/20)

* Data collection was disrupted during the first year of the pandemic, and the year 2020/21 is excluded from the Scottish Government analysis

Limited data at the local level about the priority groups at risk of experiencing child poverty is routinely produced. Figure 8 summarises numbers who may be at risk from available data, but not all in the categories will be living in poverty.

Figure 8: Priority Family Groups in Argyll and Bute and Highland

Measure	Argyll and Bute	Highland	Scotland
Households with dependent children ¹	6,900	16,300	582,300
Families with children receiving support from Universal Credit ²	2,563	7,331	199,583
Lone Parent households ³	1,839	5,347	149,029
Large families ⁴	524	1,425	37,767
Households with dependant children where someone has a disability ⁵	708	2,134	58,103
Children under 1 ⁶	579	1,909	46,959
Mothers under 25 ⁶	64	284	6,624
Ethnic minorities population under 25 ⁷	773	2,521	171,509

¹ Source: Nomis official census and labour market statistics, Annual population survey 2022.

² Source: Stat-Xplore, Households with dependent children receiving support from Universal Credit, February 2024.

³ Source: Stat-Xplore, Lone parent households with dependent children receiving support from Universal Credit, February 2024.

⁴ Source: Stat-Xplore, Households with 3 or more dependent children receiving support from Universal Credit, February 2024.

⁵ Source: Stat-Xplore, Households with dependent children receiving support from Universal Credit with Disabled Child Entitlement and/or Limited Capability for Work Entitlement, February 2024.

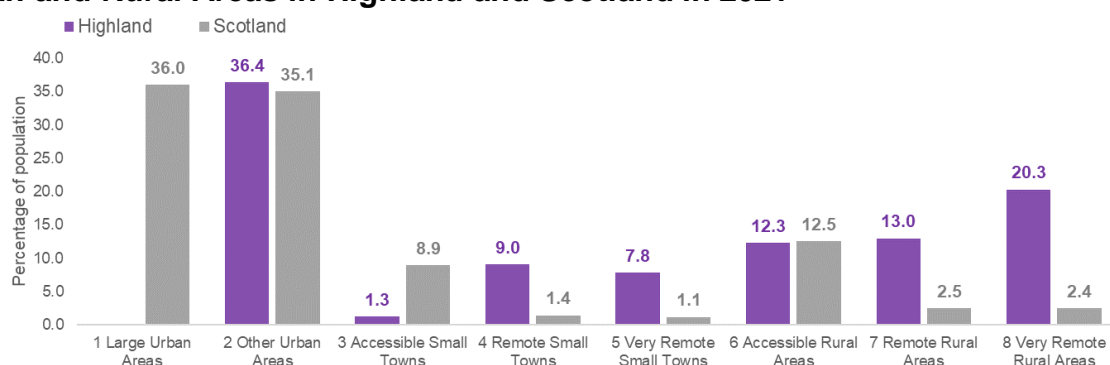
⁶ Source: National Records of Scotland, Births 2022.

⁷ Source: Ethnic group by age, Scotland's Census 2022. Ethnic minorities including: White: Gypsy/ Traveller, Mixed or multiple ethnic group, Asian, Asian Scottish or Asian British: Total, African: Total, Caribbean or Black: Total, Other ethnic groups: Total.

1.2.3 Remote and Rural Factors

In Highland, one in three children and young people under 18 years reside in remote rural areas, with one in five living in very remote rural areas. In contrast, one in twenty children lives in remote rural areas in Scotland, with one in forty living in very remote rural areas.

Figure 9: Percentage of the Population aged under 18 years of age Living in Urban and Rural Areas in Highland and Scotland in 2021



Source: Scottish Government Urban Rural Classification 2020 and NRS Small Area Population Estimates for 2021

Remoteness from services and facilities is an important factor in relation to considering poverty and deprivation in Highland with access challenges compounding other disadvantages. In remote and rural areas, low incomes of

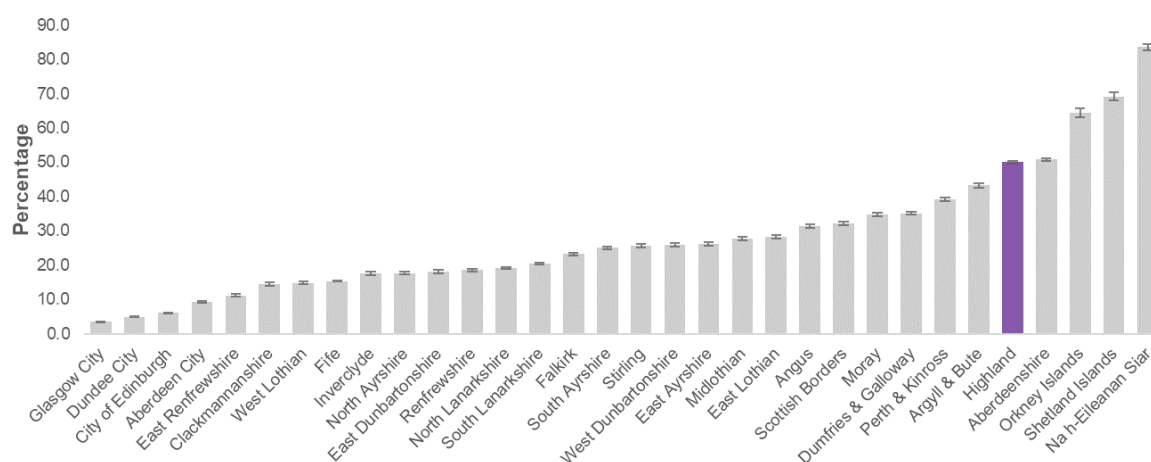
people are exacerbated by additional costs. This includes more expensive food and clothing, more expensive household goods, increased home energy costs and the costs of transport as shown in work on the Minimum Income Standard for Remote Rural Scotland.³ This highlights that for people living in rural areas of Scotland, a minimum acceptable standard of living typically requires between a tenth and a third more household spending than in urban parts of the UK.

Evidence from the literature highlights that people living in rural areas experience deprivation differently from those living in towns and cities. Particular issues in rural areas include:

- Less accessible key services including health and social care, childcare and high speed digital networks
- Higher consumption of fuel for heating and transport
- 33% of households in Highland experience fuel poverty (average for Scotland is 24%)⁴
- Reduced opportunities to earn adequate income
- Higher cost of living impacted by prices for basic essential supplies
- Limited frequency and coverage of public transport

50% of children and young people in Highland live in the most deprived access quartile according to SIMD. This is amongst the highest levels in Scotland.

Figure 10: Young People Living in the most Access Deprived Quintile, aged 00-25 years in 2020



Source: ScotPHO Community Profiles – SIMD 2016, Scottish Government and Public Health Scotland

³ Minimum income standard for Remote Rural Scotland – Policy update 2016, Loughborough University
<http://www.hie.co.uk/common/handlers/download-document.ashx?id=90d6c2f6-a461-4ff8-9902-49f073765e39>

⁴ <https://www.gov.scot/publications/scottish-islands-data-overview-2023/pages/9/>

In 2022, the Scottish Government and the Scottish Rural College published *Improving our understanding of child poverty in rural and island Scotland*.⁵ It identified that interventions to tackle child poverty in rural and island locations should:

- recognise higher costs of living and of service delivery in these locations
 - ensure early intervention and a long-term approach
 - place children and families at the centre of the intervention
 - explore digital approaches as a delivery mechanism, where appropriate
 - involve schools as key partners
 - ensure all interventions are rural and island proofed.
-

⁵ <https://www.gov.scot/publications/improving-understanding-child-poverty-rural-island-scotland/>

Section 2: Action in Highland

What have we done to address Child Poverty in 2023/24

The following summarises the key actions identified in the partnership's 2023/24 Child Poverty Action Report against each of the core themes. Progress against each of these actions are detailed.

Theme 1: Getting Started Pre-birth – 5 years

Improvement Priority: We will reduce the financial barriers in order to increase participation, raise aspirations and address the impacts of poverty

Action 1.1 Develop Flexible Models of Childcare in Rural Areas

Progress	Evidence
<p>Childcare New models piloted. A more sustainable delivery model in place, including a shift in the balance of ELC delivery between LA and PVI providers.</p> <ul style="list-style-type: none"> • Successful ADAP funding bid focused on new models of delivering rural childcare • Used part of ADAP funding to engage rural consultant to support CALA in development of the integrated Single Care Model (SCM) pathway pilot and working group has met and continues to develop model • Looking to launch early 2025. • Partners include CALA, HIE, Highland Council, NHS Highland, Care Inspectorate and 3rd/private providers. • Challenges of rural delivery of childcare been highlighted to Minister for CYP as well as MSPs • CALA working with HIE meeting shortly with Ministers Ms Don and Ms Todd to ask for their support to allow flexibility in models. • Close working with Highland Council and CALA on new models for childminding • Highland Council looking at commissioning models for ELC 	<ul style="list-style-type: none"> • Evidence of focus on need for rural flexibility from Scottish Govt policies and narratives. • HIE has childcare in its delivery plan as does Highland Council • Green Freeport citing childcare as key driver for success • Rural health care workforce strategy now includes childcare • Care Inspectorate has internal group looking at flex in regulation in rural areas • Eventually more services will be developed that better meet the needs of children and families rurally

<ul style="list-style-type: none"> National work looking at school aged childcare/need for proportionate regulations to provide greater flex and more services 	
<p>Exploring joint work with employability service on parental employability courses including providing childcare to reduce barriers to participation.</p> <p>A Rural childcare policy or approach is gathering momentum and will provide greater flexibility to ensure all areas have better access to childcare including childminding to support parental employment as well as benefits for child. Having childcare acknowledged as vital infrastructure to provide economic sustainability in rural areas has been key</p> <p>Highland Employability Service worked with Scottish Child-Minding Association (SCMA) to support people in areas of Highland with no or limited provision to become childminders, supporting training and initial set up costs.</p>	<p>Resulted in 9 new childminders coming on stream by end March 2024.</p>
Action 1.2: Implement the Whole Family Approach to Mitigate the Impacts of Poverty	
Progress	Evidence
<p>Whole Family Wellbeing Programme Funding Strategy 24/25 – Tackling Poverty Inequalities Funding</p> <p>On 19th June 2024 the Integrated Children’s Services Planning Board agreed the Highland Whole Family Wellbeing Programme Funding Strategy 24/25. This strategy outlines the approach to commence funding and self-assessment processes across family support services in Highland. Element 1 Locality Community Based Activity Small Grant Fund will open on 02.09.24 and closed on 30.09.24.</p> <p>This fund, open to locality placed Third Sector organisations, supports local community-based activities, addressing family wellbeing activities based on locality need. It prioritises tackling Poverty based inequality and focuses on the six family types outlined in the Best Start Bright Futures tackling Child Poverty Delivery Plan 2022 – 2026, which are:</p> <ul style="list-style-type: none"> Families where the mother is under 25 	

- Lone parent families
- Families which include children or adults with disability
- Larger families (3+ children)
- Minority ethnic families
- Families with a child under 1.


The Whole Family Wellbeing Programme within Highland will implement holistic whole family support across the system, in line with our Locality and Data/Needs led model.

A Programme Strategic Needs Assessment has commenced outlining current data around Poverty Inequalities and the six identified family types.

A Quality Improvement approach is being undertaken for all projects funded by the Whole Family Wellbeing Fund in Highland.

Through our Quality Improvement Journey we will implement Holistic Whole Family Support within our whole system, as defined by the Route-map and the National Principles of Holistic Whole Family Support.



<p>This will enable the Programme to articulate exactly what needs to improve and to define what ‘better’ looks like. This provides the conditions for us to identify clear improvement aims and creates the environment for us to develop meaningful theories and ideas for changes which can then be tested.</p>	
<p>Home –School Link</p> <p>This Test of Concept is currently in the design phase and workforce will commence engaging with families and schools within the Associated School Group once that has been agreed. Three Third Sector Holistic Whole Family Support Workers are now recruited and undergoing their induction.</p>	<p>Outcome Measurements will be monitored in line with the National CYPF Outcomes Framework and core Wellbeing indicators.</p>
<p>Whole Family Wellbeing Programme Data Gathering - Practitioner Participation Sessions</p> <p>In respect to stakeholder views, specifically in relation to our workforce, Practitioner Participation Sessions, providing the voice of practitioners within Statutory and Third Sector organisations in Highland, who deliver support services to families, was undertaken during November/December 2023 and January 2024.</p> <p>During these sessions we utilised the Three Horizons Improvement Model, to ask participants in terms of how we support families in Highland, to consider:</p> <ul style="list-style-type: none"> • Horizon 1 - What is not working and what we need to stop doing • Horizon 3 – What do we want to see happen in the future • Horizon 2 - What are the seeds of change that are required to get us from Horizon 1 to Horizon 3. <p>At each session the Horizon 2 themes were then prioritised by each group, into their top three priorities.</p>	<p>The overall approach and data capture from across these sessions is broken down here:</p> <p>Total practitioner comments against each Horizon:</p> <div data-bbox="1339 837 1870 1093">  <div> <div> <p>Horizon 1</p> <ul style="list-style-type: none"> • What is not working currently in terms of support for families? • Which parts of the status quo do we need to leave behind? • What do we need to stop doing? </div> <div> <p>1237 comments inspired by Horizon 1</p> </div> </div> <div> <div> <p>Horizon 3</p> <ul style="list-style-type: none"> • What is the viable, sustainable future we expect towards? • Where do we want to get to in terms of to state, whole family support? • What do we need to work towards? </div> <div> <p>1255 comments inspired by Horizon 3</p> </div> </div> <div> <div> <p>Horizon 2</p> <ul style="list-style-type: none"> • Where are the seeds of the future already visible in the present? • What innovations / changes in approach do we need to harness and respond? • What are our first steps towards the future we want to see? </div> <div> <p>960 comments inspired by Horizon 2</p> </div> </div> </div> <p>A total of 3,452 comments were captured, here we see how those are aligned to the four pillars:</p>

Preliminary results from the Whole Family Wellbeing Programme Participation Sessions



In order to truly align to the locality model, the Practitioner Participation Sessions were held in the following localities across Highland. These were also supported by five on-line sessions.



This data set, along with the Programme Strategic Needs Assessment (Poverty Inequalities) will form the basis for strategic leadership development sessions and further development of our Programme change ideas.

The gathering and analysis of our data set will provide the themes on which prioritised need will be identified for each locality. This will support the prioritisation

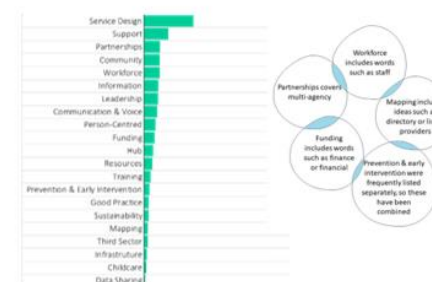
4 Pillars



Mentimeter software was utilised to capture data from across Horizon 2 – ‘What are the seeds of future already in the present?’, ‘What innovations / changes in approach do we need to harness and expand?’, ‘What are our first steps towards the future we want to see?’, this provided the following themes:

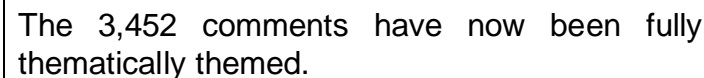
Key themes from Menti results

Percentage score of most repeated words from summary of all sessions



The below information outlines the summary of attendance by organisation and by sector:

This activity aligns to Pillar 3 whilst providing linkage to the respective Delivery Plans within the Integrated Children's Services Plan 2023 – 2026 to enable required transformational change.



The service helps address child poverty by supporting parents to progress on their journey into employment or supporting parents with in-work progression opportunities

In 2023/24 supported 188 parents to progress on their journey towards employment, 143 of whom were new or re-engaged clients. 165 of these clients were unemployed with 23 supported with in-work progression opportunities. 46 parents were able to gain new or improved employment.

The Multiply Programme aims to improve adult functional numeracy skills and is part of the UK Government Shared Prosperity Fund (UKSPF). Highland Multiply runs to Dec 24 and is delivered through 12 providers across the region with 7 different intervention priorities, one of which focuses specifically on parents. This provides opportunities for parents to enhance their numeracy skills and also earn a maths qualification, not only benefiting daily life but also providing a stepping stone towards entering the workforce.

Within this intervention, in 2022-2024, providers delivered 142 adult numeracy courses to 627 participants, with 7 people achieving a maths qualification, up to and including, Level 2 equivalent.

<p>Providers often adopt a whole-family approach, integrating numeracy into household budgeting, homework support and digital skills.</p> <p>2024 has seen further delivery of projects across the Highlands and sessions to boost numeracy confidence in everyday life ranging from outdoor family fun days to weekly activities within highlife libraries for families to explore everyday numeracy through games, crafts and play. 2024 will also see the introduction of additional evening classes to achieve maths qualifications and the development of digital tools to support learning.</p>	
Action 1.3 Develop Financial Inclusion Pathways	
Progress	Evidence
<p>Pilot service to person approaches within local areas</p> <p>Work continues in partnership with Employability Team to develop a community-based service to person approach with Lochaber identified as a pilot site and considerations around a mobile solution also.</p>	<p>Ongoing – indicators to be identified to measure impact as pilot progress in development.</p>
<p>Welfare Advice & Health Partnership - GP Financial Inclusion Pathway</p> <p>The Welfare Advice & Health Partnership (WAHP) is a joint programme between NHS Highland and the Highland Council funded by Improvement Services until March 2025. It was set up at the end of 2022 and went live in January 2023. The programme is to provide access to money and welfare rights advice in primary care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.</p> <p>The WAHP referral pathway is operating to enable GP practices to refer to the Council's Welfare Team. Welfare advice specialists provide an effective support service on all matters relating to welfare benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their homes, and have a better quality of life.</p>	<p>For 23/24, there were 29 GP referrals via the Welfare & Advice Partnership – the project started in July 2023 and takes time to work and embed.</p>

<p>WAHP's provide GP practices with specialist welfare advice specialists who can support patients to improve their financial situation. There is a strong correlation between improving people's financial situation and improved health outcomes so supporting patients around financial issues should:</p> <ul style="list-style-type: none"> • ensure people are directed to the right support. • help reduce demand on practice time through practice staff being able to identify patients who would benefit from financial advice during appointments allow GP appointments to be more focused on medical matters. 	
<p>Midwifery Financial Inclusion Pathway</p> <p>The Midwifery and Health Visitor Financial inclusion pathways are now embedded in the services following completion of a year-long pilot project in 2023</p> <p>The <i>Highland Information Trail</i> has been introduced to guide professionals to resources available to support and improve maternal and child health across Highland. It covers information from both a national and local perspective from pre pregnancy through to the age of five.</p> <p>Resources allocated through the Badgernet phone app and/or given to all pregnant women:</p> <p>At booking (8-12 weeks)</p> <ul style="list-style-type: none"> • Worrying About Money leaflet and details about the phone app • Best Start Foods <p>At 22-25 weeks</p> <ul style="list-style-type: none"> • Find help to balance your budget • Scotland's Baby Box – this is completed by the midwife and posted. Delivery of the baby box is around 34 – 36 weeks. 	<p>Unfortunately, with Badgernet it is currently not possible to audit how many women have accessed specific resources. Problematically, Badgernet will show that resources are unread if the whole document has not been downloaded/read. As a result, a random audit of women's notes will highlight poor access. It is therefore challenging to directly evidence impact of provision of information and any differences made at this stage.</p>

<p>At 34 weeks – if there is pre-birth contact from the Health Visitor</p> <ul style="list-style-type: none"> • Worrying About money leaflet and details about the phone app <p>Post-birth and prior to discharge from hospital/home birth</p> <ul style="list-style-type: none"> • Child benefit form 	
<p>Health Visitor Financial Inclusion Pathway</p> <ul style="list-style-type: none"> • Health Visitors follow the FI Pathway. They routinely enquire after money worries as part of the Health Visitor Universal Pathway. If the family disclose a need, they offer referral to the Welfare Team – this is working well. Health Visitors share the Worrying About Money leaflet with all families. • More training and resources are available to health staff for example, Asking Families About Money Worries – Guidance for Health visitors, Midwives and Family Nurse Partnerships booklet. This was developed by Public Health Scotland and has been added to the Highland Information trail. Child Poverty e-learning hub Course: Child Poverty Learning Hub PHS Learning www.publichealthscotland.scot <p>The Whole Family Wellbeing Programme is currently assessing the scope of work to be undertaken to embed FI pathways across the wider system.</p>	<p>Health surveillance data indicates that around 1,600 families receive a home visit from a Health Visitor at least once every quarter. As part of the Universal Health Visiting Pathway, during the home visit, the HV is expected to routinely enquire after money worries and signpost the family to the WAM leaflet and app, if disclosed the HV will offer a referral to the welfare team.</p> <p>Data from Welfare Team indicates 96 referrals in total for 23/24 from the Health visiting teams.</p> <p>There were also the following referrals:</p> <ul style="list-style-type: none"> • The Family Nurse Partnership (HC) 40 referrals • Children’s services 8 referrals • Child Health & Disability 10 referrals.

Theme 2: Growing Up Primary Years		
Improvement Priority: Mitigate the Impact of the Cost-of-Living Crisis.		
Action 2.1 Increase the Uptake of Sanitary Products in Schools.		
Progress		Evidence
<p>Ongoing promotion amongst schools, GP practices and other outlets has continued.</p> <p>Lead Officer for Period Products has attended various events across the summer in conjunction with the Welfare Support Team. Events attended included Belladrum Music Festival, Inverness Highland Games, Pop up shops in Eastgate Centre, Vision 26 at Eden Court. Positive opportunity to provide products to the public and promote the scheme.</p> <p>Links have been made with Head Teachers to discuss how uptake can be improved, identify and break down barriers within schools to encourage children to access products in these locations.</p>		<p>Since the project passed to the Service Delivery Team to administer we have placed:</p> <ul style="list-style-type: none"> • 40,788 boxes of tampons into the 32 High Schools • 40,992 boxes of pads into the 32 High Schools • 1,253 first period packs into primary schools • 2,544 boxes of Tampons into primary schools • 5,688 boxes of pads into 71 primary schools • 2,378 boxes of products have been handed out by the welfare support team to vulnerable clients or distributed at events. • A total of 2,097 sanitary pads and 2,780 tampons were distributed to a total of 41 different medical practices from Aug 23 to Aug 24
Action 2.2 Develop System for Weekend Food Support		
<p>Support the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support including the development of a 'How to' guide to support groups wishing to take this forward.</p>		<p>The map is available at www.highlandtsi.org.uk/map</p>

<ul style="list-style-type: none"> • Work continued to promote the availability of the Highland Food Activity Map across Highland communities. The map includes: • food banks • local food producers • community fridges and larders • community cafés 	
<p>Food support Case Study – Inverness Foodstuff</p> <p>Inverness Foodstuff has been providing two-course lunches on Wednesdays and Fridays in Hilton Community Centre since 1 September 2023.</p> <p>One of the key aims of the Inverness Foodstuff@Hilton project is to address social isolation and loneliness.</p> <p>Participants attending Inverness Foodstuff@Hilton on 10 and 12 April 2024 were invited to complete a short questionnaire seeking their feedback about the service provided to date.</p>	<ul style="list-style-type: none"> • A total of 39 participants chose to complete the questionnaire, approximately 60% response rate. 2,777 lunches produced for the period 1 September 2023 to 29 March 2024 • 85% of participants said they had made new friends. • 66% said they felt less lonely since coming to Inverness • 97% felt welcomed and part of a community. • 72% felt their mental health and wellbeing had improved since coming to Inverness Foodstuff@Hilton. • 100% of survey respondents said they looked forward to coming to Inverness Foodstuff@Hilton and enjoyed the lunch. <p>Overall, the survey results indicate that the participants who come along to Inverness Foodstuff@Hilton have an overwhelmingly positive experience. Participants' feedback and many comments highlight the friendly, welcoming</p>

	<p>atmosphere as well as the great food and excellent service provided by staff/volunteers. Given the main project aim is to address social isolation and loneliness Inverness Foodstuff (IF) appear to be meeting that aim as the majority of participants, 74%, when asked why they came to Inverness Foodstuff@Hilton said they came for the company/to meet new people</p>
<p>Food support Case Study – Kyle of Sutherland Kyle of Sutherland Development Trust use of Vouchers rather than providing food, so people can buy what they need /want. These are made available through local shops which makes it easier for people and also supports the local community. (Only restrictions are No tobacco products, no alcohol & no gambling.) The number of vouchers available are dependent on how much money KoSDT raises /donations are received. KoSDT also managed to raise some vouchers for school clothes / shoes etc.</p>	
<p>Food Support Case Study – Dingwall Community Trust Testimony from service user:</p> <p>Dingwall Community Fridge... "made a significant difference to our lives. Never more so than during COVID and then through the financial crisis. We are managing a bit better now and we only occasionally use the fridge, but I have now become a volunteer and help to collect food and set up the fridge. It's great to give back and be part of a fantastic group of people. They are so committed and dedicated. For me and my family, they ensured that when I was in need I didn't suffer from any stigma, was never made to feel less than anyone else. I recently came across another family, a single mum with 5 kids. The mum and some of the children have severe food allergies. I mentioned them to the Dingwall Community</p>	

<p>Fridge and they quickly we were able to put together 3 large shopping bags of food to meet their specific needs. I was I so proud of them, so happy we were able to respond so quickly and help another family in need. This is such a great service that helps so many local people".</p>	
<p>Action 2.3 Roll out Cost of the School Day Toolkit</p>	
<p>During school session 23-24, 7 schools from Highland signed up to be part of the CoSD Voice Network. The CoSD Voice Participation Officer worked with a group of learners from each school and a member of staff. This took the form of a face-to-face workshop where learners had the opportunity to talk about issues related to costs associated with the school day. The workshop included a rights-based approach with UNCRC rights also being discussed in this context. Initial discussions were introduced using a fictional character who was facing barriers with costs.</p> <p>The Attainment Advisor provided professional online learning sessions on CoSD for; HTs, Middle Leaders, Supply Teachers, NQTs, student teachers and the learning for sustainability network. A face-to-face workshop on CoSD was provided for ELC managers and practitioners re cost of the ELC/Nursery Day.</p> <p>Effective practice was shared via HT meetings.</p> <p>Attainment Advisor provided information and links re CoSD in the termly newsletter issues by the PLL Academy. AA had provided a newsletter for all schools.</p>	<p>The schools involved were; Dalneigh, Bishop Eden's, Lochcarron, Bridgend, South Lodge, Merkinch and Inverness High School.</p> <p>The Attainment Advisor and COSD Officer plan to bring these schools together to share effective practice with a view to sharing wider across the Local Authority.</p>

Theme 3: Moving On: Secondary and Young Adulthood	
Improvement Priority: We will raise attainment and close the poverty related attainment gap	
Action 3.1 Raise Awareness of the Impact of Poverty Amongst Children and Young People	
Action	Evidence
<p>Baseline – Lifestyle Survey</p> <p>The Highland Lifestyle Survey is a biannual survey completed by pupils in P7, S2 and S4. Pupils participate anonymously and the information gathered informs health and wellbeing improvement actions for Children's Services.</p> <p>Data from this survey are also used as an ongoing measure of the progress made in schools to support the wellbeing of children and young people in Highland.</p>	<p>The 2023 survey had 3,608 responses and includes the following child poverty related findings:</p> <ul style="list-style-type: none"> • 10% of CYP report having a disability • 19% of CYP report having a Child's plan • 21% of CYP have a parent or grandparent born outside UK; a further 11% answered "don't know" • 5% reported having a family member in the Armed Forces • 3% of CYP identify as coming from a Gypsy/Traveller family • 15% children reported having either no lunch or only a drink on their most recent day at school • 15% of CYP reported not having had a dental check up in the past 12 months • 9% of CYP report having a caring responsibility at home (inc. someone with a disability, a medical condition, a long-term illness, a drug or alcohol problem, a mental health issue)
<p>Planet Youth</p> <p>Highland is piloting the Planet Youth model in partnership with Winning Scotland. Highland is one Local Authority in the Scottish pilot, and currently there are five Highland secondary schools involved: Thurso High School, Wick High School, Golspie High School, Dornoch Academy and Tain Royal Academy. The Planet Youth, Icelandic Prevention Model, originated in Iceland. In the 1990s,</p>	<p>In 2023/24 348 S4 pupils from 5 Highland High schools completed the survey. The survey results included the following child poverty related data:</p> <p>Ethnicity</p>

<p>Iceland had the highest rates of teen smoking and drug use across Europe. Now they have the lowest.</p> <p>To address the situation, they looked at the risk and protective factors for alcohol, tobacco and other drug use in young people, across four areas of young peoples' lives: family, peers, school and leisure time. They used local, anonymous, survey information from young people to increase protective factors, and reduce risk factors.</p>	<ul style="list-style-type: none"> • 5% were represented by non-White Scottish/ British ethnicities such as white European, Asian/ Asian Scottish/ Asian British <p>Living arrangements</p> <ul style="list-style-type: none"> • 12% live with one parent • 10% live equally with separated parents <p>School absenteeism in past 30days:</p> <ul style="list-style-type: none"> • 14% because they were caring for someone <p>Access to and participation in organised recreational and extracurricular activities:</p> <ul style="list-style-type: none"> • 17% cannot participate due to lack of transport • 7% cannot participate because their parents or carers cannot afford it
Action 3.2 Roll out the Family First Approach	
<p>Home to Highland Programme</p> <p>Home to Highland's vision aligns with the Human Economic Cost Model where Highland has reinvested its money differently. The programme aims to return care experienced young people to the Highlands from Out Of Authority (OOA) residential placements, whilst also developing services in-area to avoid needing specialist OAA provisions and to allow children to remain in their communities. The programme evidences a reduction of children coming into the care system as well as reducing how many children are being moved out of Highland</p>	<ul style="list-style-type: none"> • The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements) • This data is reported quarterly as part of the data collection for the Home to Highland programme. • The numbers of placements out with Highland are the lowest level recorded since the programme began in 2018. Less than 9 children.
Families First	

<p>Children's Services strategic vision of Families 1st is to safely keep children within their families and communities. The Families 1st strategy is achieving impact with less children coming into the statutory social work system. This is evidenced through our 'Looked After Children' statistics over 4-year trend. (Children Looked After Social Work Statistics Scotland 2023).</p> <p>Over 90 individuals who provide support and / or early intervention to children, young people and families in Highland were interviewed. The aim of the work was to understand the varying roles colleagues were carrying out, identify service gaps and to understand from those working in these roles what was working well and what needed to improve. This work contributes to and aligns with Highland's ambition to strengthen family support across the whole system, from early support right through to intensive support services.</p>	<ul style="list-style-type: none"> • From 2020 to 2023 there has been an 18-20% reduction in Looked After Children from 495 (2020), 469 (2021), 402 (2022) and 405 (2023). • Highland's rate of children per 1,000 (population 0-17) that are Looked After is 9.3, which is less than comparator averages of 13.2 and less than the Scottish average which is 12.3 • Number of Children placed in Kinship Care has increased. • Care Inspection findings getting stronger with Good, Very Good and Excellent! • Reduction of 12 beds + 4 3rd Sector with resources shifting to the community. • Lowest numbers in Residential. • Lowest numbers in high-cost external provision • Lowest numbers in Secure Care • Lowest numbers of Looked After Children
<p>Early Prevention – Whole Family Wellbeing Programme Highland</p> <p>The Whole Family Wellbeing Programme in Highland is a change and innovation programme driven by several wide-ranging national policies and strategies. The programme is a Community Planning Partnership programme overseen by the Highland integrated Children's Services Planning Board which reports to the Community Planning Partnership Board. The programme is outlined in the Integrated Children's services 2023 -26 plan which can be found at https://bit.ly/ICSplan2023-26.</p>	<p>The Whole Family Wellbeing Programme within Highland will implement holistic whole family support across the system, in line with our Locality and Data/Needs led model as outlined above.</p> <p>A Programme Strategic Needs Assessment has commenced outlining current data around Poverty Inequalities and the six identified family types.</p>

The programme supports a whole family approach, that is family and person centred, with a strong emphasis on reducing inequalities. These national drivers and strategies include:

- Scottish Government Route-map and National Principles of Holistic Whole Family Support
- The Promise Plan 2021 – 2024
- Best Start Bright Futures – Tackling Child Poverty Delivery Plan 2022 – 2026
- National Trauma Training Framework
- Families Affected by Drug and Alcohol Use in Scotland – A Framework for Holistic Whole Family Approaches and Family Inclusive practice
- UNCRC
- GIRFEC
- COVID Recovery Strategy – For a Fairer Future

As part of COVID recovery, the Scottish Government set up the Coronavirus (COVID-19) Children and Families Collective Leadership Group, who developed a Vision and Blueprint for Holistic Whole Family support in Scotland. Following this a sub-group, the Family Support Delivery Group was formed. This group developed the [Scottish Government's Route-map and National Principles of Holistic Whole Family Support](#), which is the main policy provided by Scottish Government to promote consistent standards of practice across Scotland, to deliver improved outcomes for children, young people and their families.

The Route-map outlines four key pillars for development of Whole Family Wellbeing Support, which are defined as:

- Children and families at the Centre
- Available and Access
- Whole System Approach/Joined Up Support

A Quality Improvement approach is being undertaken for all projects funded by the Whole Family Wellbeing Fund in Highland.

Through our Quality Improvement Journey we will implement Holistic Whole Family Support within our whole system, as defined by the Route-map and the National Principles of Holistic Whole Family Support.



This will enable the Programme to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions for us to identify clear improvement aims and creates the environment for us to develop meaningful theories and ideas for changes which can then be tested

- Workforce and Culture

The Principles of Holistic Whole Family Support are:

- Timely and Sustainable
- Rights and Needs Based
- Non-Stigmatising and Non-Judgemental
- Strengths Based Support rooted in GIRFEC
- Collaborative and Seamless
- Assets and Community Based
- Promoted

With families involved in design and evaluation at both strategic and community level, we will ensure that families are provided with the support that they need, when they need it, and for as long as they need it.

To meet the vision of The Promise Scotland, change and design will require a real shift and emphasis towards early prevention and intervention and will promote and enable pro-active, self-driven, self-help for families.

A complete cultural shift across all services will be required, to move everyone back from constant crisis intervention and management to effective early and preventative support. Tackling Poverty Inequalities is at the heart of the Programme's approach.

The Scottish Government have made a commitment to provide £32 million on an annually recurring basis across Scotland, up to Financial Year 2025/2026. Or £500 million over the lifetime of this Parliament.

Nationally agreement was reached with CoSLA, that Local Authorities, as the co-statutory lead agency with duties in respect of Children's Services Planning, were to hold and administer the funding.

Highland received £1.42M in Year 1 (2022/2023) and Year 2 (2023/2024) and has been allocated £1.353M for Year 3 (2024/2025) and Year 4 (2025/2026).

In Highland the Whole Family Wellbeing Programme is governed by the multi-agency partnership of the Integrated Children's Services Planning Board, ultimately reporting to the Community Planning Partnership Board.

The Programme links to the nine Community Planning Partnerships to ensure that delivery is at a local, community level, according to the needs of each locality. Matching the scale of activity, to the scale of the problem, drawing on strengths and identifying gaps.

The programme aims to ensure that the transformational change required to reduce the need for crisis intervention shifts investment and activity towards prevention and early intervention, it is vital that that is experienced as integrated by the family.

The Locality Model agreed for Highland is defined as:

- Place-based and responsive to the needs of the local community.
- People led and developed from the locality up with the community voice and the voices of children and families at the centre.
- An assets-based approach should be taken, building on local successes and capacity but identifying where gaps may exist.
- The model should build on covid learning and resilience approaches developed.
- Measuring impact is critical to designing the new approach, being clear about what we want to achieve.
- A tiered-intervention approach is adopted with a focus on strengthening supports through universal services.
- It is needs led and evidence based.
- It tackles inequalities and is trauma informed.

Action 3.3 Identify Way to Provide Targeted Support within Universal Services	
<p>Worrying About Money? / Money Counts</p> <p>Highland Community Planning partners including Highland Council and NHS Highland and wider partners including Social Security Scotland, Independent Food Aid Network, Trussell Trust, and Citizens Advice Bureau have collaborated to develop resources aimed at addressing poverty including the Worrying About Money? Leaflet. NHS Highland funded and, in partnership developed a Worrying About Money? app. Both are promoted via fortnightly HC community updates</p> <p>Money Counts training courses have been developed to promote targeted support to universal service users as follows:</p> <ul style="list-style-type: none"> • Level 1 - is aimed at anyone who is in a position to have a brief conversation with individuals around money worries. The course aims to build the confidence of staff to offer income maximisation help and explains how to ask about money worries and where and how to refer for support. Course length – 45 mins • Level 2 - aims to increase confidence of staff working with people that may benefit from income maximisation help. It aims to increase staff's understanding of poverty and the importance of asking about money worries, and what support services are available what they can offer. Course length – 1.5 hrs • A Level 3 course aimed at Managers and supervisors has been developed and is being piloted in 24/25 	<p>In 23/24 NHS Highland ran several Money Counts courses as follows:</p> <ul style="list-style-type: none"> • Level 1 courses: 15 courses with 101 participants • Level 2 courses: 9 courses with 50 participants <p>Evaluation results received immediately after each course delivered which assessed the difference in confidence and knowledge for participants for attendance at level 1 courses</p> <p>Enhanced evaluation completed for those who attended a level 2 course which explores knowledge against the agreed learning outcomes. A 6 month follow up review was undertaken for those who attended a level 2 course over Oct 22 – March 23 that helped to inform learning about the impact of the course.</p> <p>In 2023/24 a total of 1941 IFAN leaflets were distributed from HIRS to 28 separate outlets. (Note – this figure would not include any downloads made directly from the IFAN website)</p> <p>In 1 year (23/24) there were 500 hits on the recently developed Worrying About Money app. (WAM app)</p>
Free School Meals	

<p>Continued development of strategies to increase uptake of free school meals targeted at secondary provision. Availability of free school meals was promoted during 2023/24 via social media and direct through school network channels.</p> <p>National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply. The Council's Head of Revenues and Business Support is working with COSLA and the Cabinet office to improve data sharing to enable automatic entitlement to encourage greater uptake.</p>	<p>74 direct free school meal only referrals were made by the welfare support team</p> <p>Note: It is not possible to quantify how many free school meal applications are the result of a general welfare support referral as when assisting a customer with a Benefit claim for any benefit then all relevant benefits and entitlements are assessed, but not individually recorded as referrals.</p>
<p>Clothing grants</p> <p>During 2023/24, clothing grants were promoted through schools and social media channels. A shared form was developed to jointly promote free school meals and clothing grant uptake. National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply.</p>	<p>In 2023/24, 4822 pupils were entitled to clothing grants, an increase of 424 (+9.6%) from 2022/23.</p>
<p>Concessionary Leisure Schemes</p> <p>Encourage the uptake of concessionary leisure schemes for children with low-income backgrounds through specific targeting of the opportunity to free school meals and clothing grants recipients</p> <p><u>High Life Highland Budget Leisure Card:</u></p> <ul style="list-style-type: none"> • Individuals and families in receipt of income related benefits are eligible for the budget scheme where customers: <ul style="list-style-type: none"> ○ can access leisure centres for fifty pence per visit, or ○ take up a subscription for £3 per month for individuals or £5 for families. (This was introduced in 2022 to encourage increased activity levels and bring the budget card into line with the main leisure subscription scheme). 	<p>In relation to concessionary (budget card) HLH holders – 9,667 households (19,252 individuals) across Highland have a registered budget card. Of the 19,252 cardholders, 5,215 are under 18 years old, and 878 are under-five.</p>

<ul style="list-style-type: none"> • The budget card provides the same access to leisure centres as the regular leisure subscription and includes individual activities as well as instructor led/coached activities and swimming lessons. • Access to the scheme is promoted through schools. 	<p>It should be noted that not all registered cardholders will be regularly accessing services and activities. Those using their cards to access HLH services/activities in the preceding 12-month generally sits around 35-40%</p>
<p>Energy and Fuel Advice During 2023/24 the Highland Council Welfare Support Team identified potential beneficiary households for energy and fuel advice and referred direct to the Energy Advice Project run by CAB</p> <p>Inverness CAB undertake checks and provided advice regarding switching.</p> <p>HC Housing refer tenants to AliEnergy for energy advice</p>	<p>Numbers helped with energy matters in 23/24 were 3290.</p> <p>Inverness CAB undertook checks and provided advice regarding switching to an excess of 3200 households in 23/24.</p> <p>In 23/24 AliEnergy supported 847 HC tenants, 469 of these were referred by HC. The rest were either self-referrals (e.g. signposted by HC staff/ tenant newsletters/ word of mouth etc.) or referred by other agencies</p> <p>AliEnergy also supported 477 households in the Highland region that were not HC tenants,</p>
<p>Benefits Maximise uptake of DWP and Social Security Scotland benefits, including those with childcare costs. Support for families to maximise incomes and ensure households access all entitlements continued to be a focus for partners during 2023/24.</p> <p>Specialist support is available through the Highland Council Welfare Team and CAB Highland network and this was promoted through the wider</p>	<p>More than 26,500 residents within Highland sought support from Welfare services (Highland Council and CAB) during the financial year 23/24. This generated more than 111,300 client contacts seeking advice on a variety of issues including cost of living, welfare, money and housing.</p>

Partnership and directly signposted to individuals and families who would benefit.	<p>In Highland, financial gains derived for clients during 2023/24, by these welfare services, exceeded £28.8m (+£2.5m compared with 22/23)</p> <p>Scottish Child Payment – Highland - 195,530 payments made up to 30/06/24, value of payments £28,322,766; for the period 2023-2024 - 86,210 payments made, value of payments £15,521,675</p> <p>Best Start Grant & Best Start Foods – Highland – Payments made up to 30/06/24, unfortunately payments cannot be broken down into the financial years</p> <table><tr><td>Pregnancy & Baby Payment</td><td>Early Learning Payment</td><td>School Age Payment</td><td>Best Start Foods</td></tr><tr><td>£1,398,898</td><td>£1,168,450</td><td>£1,201,166</td><td>£1,844,526</td></tr></table> <p>Child Disability Payment – Highland - 138,620 payments made up to 30/06/24, value of payments £28,551,040</p>	Pregnancy & Baby Payment	Early Learning Payment	School Age Payment	Best Start Foods	£1,398,898	£1,168,450	£1,201,166	£1,844,526
Pregnancy & Baby Payment	Early Learning Payment	School Age Payment	Best Start Foods						
£1,398,898	£1,168,450	£1,201,166	£1,844,526						
<p>Developing the Young Workforce – Equity of Opportunity</p> <ul style="list-style-type: none">Through work of the DYW co-ordinators, focus on raising attainment and develop appropriate ambitious guidanceExpanding and embedding the My Future My Success programme across Highland.									
<p>Highland Employability Service</p>									

<p>Aim High is a collaboration between the Highland Employability Service, My Future My Success and Third Sector partners to provide a smooth transition between school leavers and the employability service. At the core is the level 4 Employability Award, allowing young people to consider their next steps and receive support to progress towards the goal of fair and sustainable employment.</p>	
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Section 3: What are we planning to do to address Child Poverty in 2024/25

The actions to address Child Poverty in 2024/25 are outlined below and reflect those agreed as part of the new Integrated Children's Service's Plan 2023-2026, where one of the core priorities is Child Poverty. Child Poverty has been a core priority of the Integrated Children's Service's Plan since 2021 however the actions identified for the 2024/25 plan reflect the life courses approach taken throughout the whole plan. This reflects a new approach for the child poverty action plan.

The partnership actions to address child poverty are aligned to the Integrated Children's Plan and are reported as part of the Integrated Children's Service Plan monitoring.

Theme 1: Getting Started Pre-birth – 5 years

Improvement priority:

We will Reduce the Financial Barriers in Order to Increase Participation, Raise Aspirations and Address the Impacts of Poverty.

Actions	Priority Actions for 2024/25
1.1 Develop flexible models of childcare in rural areas	<ul style="list-style-type: none"> • Develop and pilot an Integrated Single Care Model (SCM) in one or 2 areas in Highland. • Continue to push for flexibility and a rural childcare approach/policy including childminding • Provide a toolkit of flexible childcare options for rural communities • Develop and deliver the parental employability programme • Plan and develop a pilot for the Caithness area for childcare to support parents who want to undertake work experience. Local employers will be approached to partake in this pilot.
1.2 Implement the Whole Family Approach to mitigate the impacts of poverty	Whole Family Wellbeing Programme fund: <ul style="list-style-type: none"> • Allocate funding to successful applicants following application assessments once the Element 1 fund closed on 30.09.24

Building Linkages between schools and local food provision

- Recruit three third sector Holistic Whole Family Support Workers who will be employed by CALA, Thriving Families and Home-Start East Highland. These providers are forming an alliance to work with families within the Inverness High School ASG, during a test of concept for 18 months

Pilot service to person approaches within Local areas

- This approach has started with a close look at data to ensure that we target the right areas with a pilot. Liaison between Employability and the WFWP Locality Co-ordinator for Lochaber has taken place. The mobile solution is still in the process of being scoped out by WFWP and Employability Team. Delivery of the service to person approaches will be implemented when preparatory work has completed

Employability

- Develop and implement a pilot project aimed at progressing unemployed parents in the Wick area into employment, with the SCQF Level 4/5 Employability Award re-designed for adults at its heart and with input from local employers throughout. Childcare, transport, lunch, and all materials will be provided to enable attendance. If successful, the plan would be to roll out the programme to other towns across Highland.
- The Employability and Whole Family Well-being teams are working together to try out a variety of methods to engage hard-to-reach clients through pilot projects in Fort William and via the High Life Highland mobile library service in remote parts of Highland.

Multiply

- Further delivery of projects across the Highlands and sessions to boost numeracy confidence in everyday life ranging from outdoor family fun days to weekly activities within highlife libraries for families to explore everyday numeracy through games, crafts and play. Introduce additional evening classes to achieve maths qualifications and develop digital tools to support learning.

1.3 Develop financial inclusion pathways	<ul style="list-style-type: none"> • Adapt FI Pathway for families with infants to access emergency formula milk. • Develop a route to access emergency funds for families in remote and rural areas and explore cash first approaches. • Explore what measures can be put in place to provide assurance on the delivery of the FI Pathway • Cash first approaches are difficult in remote and rural areas. Argyll and Bute have newly developed, an emergency voucher scheme which may be able to be adapted for North Highland and provide a solution. Explore other models of good practice in remote and rural areas to support cash first approaches. • Update The Highland Information Trail . • Provide information on the maternity section of the NHS Highland website. This will enable the information to be reviewed/updated every quarter.
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Theme 2: Growing Up – Primary Years

Improvement priority: Mitigate the Impact of the Cost-of-Living Crisis

Actions	Priority Actions for 2024/25
2.1 Increase the uptake of sanitary products in schools and other public sector facilities.	<ul style="list-style-type: none"> • Ensure free period products are available in Highland to everyone who needs them. • Raise awareness of how to access free period products through community collection, schools or home delivery run by Highland Council or through GP distribution model run by Health Information Service (HIRS) • Increase in product take-up from young people
2.2 Roll out cost of the school day toolkit	<ul style="list-style-type: none"> • Increase the number of schools using the toolkit

Theme 3: Moving On: Secondary and Young Adulthood

Improvement priority: We will Raise Attainment and Close the Poverty Related Attainment Gap

Actions	Priority Actions for 2024/25
3.1 Raise awareness of the impact of poverty amongst children and young people	<ul style="list-style-type: none"> • Develop and pilot a Money Counts 3 course designed to support teams and services to become more poverty sensitive • Undertake a 3-6 month post evaluation survey for those attending the course • Improve our shared understanding and use of data • Embed Joint Strategic Needs Assessment and Whole Family Wellbeing Strategic Assessment
3.2 Roll out the Family First approach	<ul style="list-style-type: none"> • Reduce the numbers of children in external residential provision • Increase the proportion of children in kinship care • Increase the number of foster carers • Increase community services and supports • Implement the Whole Family Wellbeing Programme in Highland.
3.3 Identify way to provided targeted support within universal services.	<ul style="list-style-type: none"> • Deliver 8 Money Counts courses to 40 people over the course of the year- through NHS Highland Public Health training programme. • Distribute around 1500 IFAN Worrying About Money leaflets in 24/25 to those in need of financial support • Employability • work with 300 parents, either on their journey towards employment or for those already in work and in receipt of Universal Credit, to potentially raise their household income • Employability Child Poverty Co-ordinator in post and working alongside key partners e.g. Job Centre Plus, Citizens Advice Scotland, community organisations and employers, to identify and support parents that could benefit from our offers.

	<ul style="list-style-type: none"> • Increase awareness of available supports which include; help with barrier removal, training and skills development, job search and interview skills, volunteering, paid placements in the public and third sectors, self-employment, support for private sector companies to take on employability clients and in-work progression support. • Launch the Highland Employability Partnership's new website WorkLifeHighland.co.uk to provide a simple point of entry for potential clients and employers to access the range of services on offer across partners. • NHS Highland has developed an Employability Strategy which seeks to reach out to those most in need, including an emphasis on young people and parental employment. These actions are those outlined within our Anchor Strategy. In 24-25 it is hoped to further develop links with Highland Council's employability network in supporting Public Sector Placements and linking with the Councils Child-poverty Co-ordinator.
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The Whole Family Wellbeing Programme – Briefing

The Whole Family Wellbeing Programme is a change and innovation programme driven by several wide-ranging National policies and strategies. The programme is a Community Planning Partnership programme overseen by the Highland Integrated Children's Services Planning Board which reports to the Community Planning Partnership Board.

The programme is outlined in the [Integrated Children's services 2023 -26 Plan](#).

The programme supports a whole family approach, that is family and person centred, with a strong emphasis on reducing inequalities.

The Scottish Government have committed to multi-year funding from 2022 to 2025, which in Highland has been confirmed as £5.546 million pounds. This partnership funding is hosted by the Highland Council, in line with the national agreement through CoSLA for the Whole Family Wellbeing Fund to be held by Children's Planning Partnerships, which in Highland is the Integrated Children's Services Planning Board.

The Scottish Government have created a [Route-Map](#) for delivery of the Whole Family Wellbeing approach. This Route-Map outlines the four pillars of the programme and the ten holistic principles of whole family support, which are:

Pillars

- Children and families at the Centre
- Available and Access
- Whole System Approach/Joined Up Support
- Workforce and Culture

Principles

- Timely and Sustainable
- Children's Rights
- Needs Led
- Non-Stigmatising
- Collaborative
- Assets and Community Based
- Promoted
- Skilled Workforce
- Whole Family
- Voice of Families

Through a locality focussed evidence-based and needs-led approach, the Programme will deliver innovative change through a locality model.

This model is defined as:

- Place-based - responsive to the needs of the local community
- Community led - developed in locality, with voices of children and families at the centre
- Assets-based - building on local successes and capacity and identifying where gaps exist
- Family centred - available and accessible support for families in communities they live
- Developed workforce - enhancing capacity, shared understanding, promotes collaboration
- Needs-led - local hubs/community teams, co-located, family need focused

The Programme is delivered by a Programme Manager and a team of six Locality Co-Ordinators. These posts are partnership posts, hosted by the Highland Council. Through investment from the Whole Family Wellbeing Fund, these posts will ensure the successful delivery through the locality model to embed the Whole Family Wellbeing Programme across Highlands' nine Community Partnership localities.

Through locality partnerships, the Programme will work towards holistic, early prevention focussed family support that addresses needs and tackles inequalities.

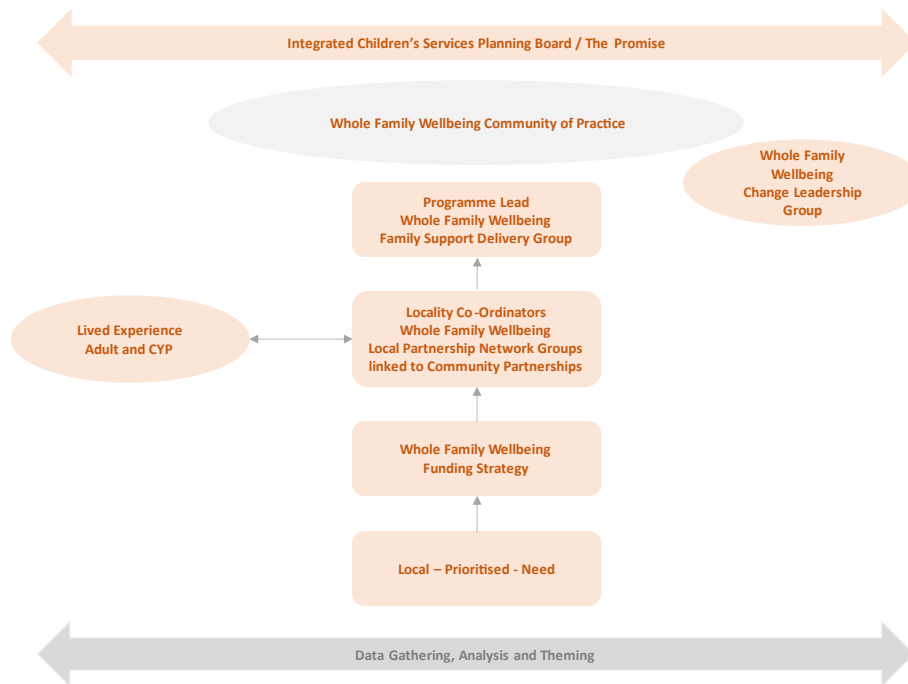
It is vital that partners from locality areas who have experience, knowledge and understanding of the services accessed by children and families, along with the challenges they face, contribute to the work of the Programme. Ensuring that any work undertaken, funded, or supported is being driven by the needs identified in each locality.

The [Whole Family Wellbeing Programme Funding Strategy](#) has been developed as a framework for the activity of the Programme.

The aim of this strategy is to define the approach, application/allocation process and governance of the Whole Family Wellbeing fund, to services who are providing Holistic Whole Family Wellbeing Support across Highland.

Governance is provided for strategic oversight of priorities and themes for change and the funding allocation, through the Whole Family Wellbeing Programme Change Leadership Group.

This group provides multi-sector strategic leadership to develop transformational change and to ensure we align to Pillar 3 – *Whole System Approach/Joined-up Support*.



The above diagram outlines that governance and shows the link between locality partnerships, The Promise Board, through the Family Support Delivery Group, all reporting upwards to the Integrated Children's Services Planning Board.

Activity to date by the Programme has included:

Formation of the Local Partnership Network Groups

These groups are now within each of the nine Community Planning Partnership localities and are led by the Programme's Locality Co-Ordinators.

Membership of these groups consists of locality-based community, statutory and Third Sector organisations/services who provide support to families within their communities.

These are strong multi-agency partnerships which report activity to the Community Partnerships through the People strand of the Highland Outcome Improvement Plan.

Element 1 Fund: Locality Community Based Activity Small Grant - Grants up to £10K

This fund was opened in September 2024 for one month to support local community-based activities, addressing family wellbeing activities based on locality need. It prioritised tackling Poverty based inequality, and focussed on the following family types:

Family Type
Families where the mother is under 25
Lone Parent Families
Families which include children or adults with disability
Larger Families
Minority Ethnic Families
Families with a child under 1

Applications for up to £10K were invited by smaller grass roots third sector organisations and encouraged joined-up approaches in locality to avoid duplication and siloed working.

A total of **30 projects** were successful with a total of £286,583.64 of the Whole Family Wellbeing Fund being released.

The below graphic is a representation of how this Element 1 funding has been distributed by Community Partnership area:



Element 2: Collaborative Partnership Fund - Grants up to £50K – two per Community Partnership Locality

This fund will enable local partnerships through the Community Partnerships and Whole Family Wellbeing Local Partnership Network Groups to apply for longer term funding to meet identified locality need. This will be based on Programme led locality data and will be in line with the prioritised need identified by strategic leaders in Highland.

Applications will require evidence of a collaborative, co-production approach, to ensure activity is stronger, more sustainable, with a locality/community focus. Hybrid models of statutory and third sector collaboration will be encouraged and welcomed. Applications will be required to evidence longer term sustainability by outlining exit strategies.

In view of the fact that this fund will be for larger improvement activity, and particularly those addressing Pillar 4 – *Whole System Approach/Joined-Up Support*, applications will be applied for using the Highland Whole Family Wellbeing Programme – Project/Test of Concept Proposal Application process (as outlined in the WFWP Funding Strategy).

Inviting Tests of Concept, funds will be awarded over a maximum period of 18 months. These will be subject to monitoring for periodic measurements of improvement and evidence on outcomes supported by evaluation pieces.

These applications will be considered for scale-up based on evaluation evidence of improved outcomes. This will be governed by the Whole Family Wellbeing Programme Change Leadership Group.

Work continues through the Local Partnership Network Groups to identify gaps and need to support proposal applications to this fund.

Element 3: Transformational Commissioning Fund

This Fund will prioritise specific activity addressing wider system changes identified and will take due consideration of opportunities for Pan-Highland services, scale-up and hybrid models.

The fund will be directed at specific activity to embed the key principles of Holistic Whole Family Support within our systems and structures. Building capacity for achieving the transformational change needed in how families are supported across Highland.

Through the Governance of the Change Leadership Group a wider range of strategic proposals have now been supported, examples of these include:

Thriving Families

To make a significant contribution to improving outcomes for children and young people with additional support needs across Highland. This will be achieved by increasing the holistic, flexible, tailored, one-to-one support available to families and their wider circles of support by expanding the capacity of Thriving Families to deliver this support across Highland.

Autism and Neurodiversity North Scotland

Implementation of a leading neurodiverse specific facility in Dingwall, from which newly recruited and trained A-ND staff will deliver specialised neurodiverse specific Outreach Support Services and a Day Care of Children Services, which includes a playscheme and afterschool club for neurodiverse children and young people.

Family Links (Test of Concept)

This Test of Concept incorporates the partnership of three Third Sector organisations – Care and Learning Alliance (CALA), Thriving Families and Home-Start East Highland who have come together as an alliance to provide Holistic Whole Family Support through a Home-School Link model within the Inverness High School ASG area.

Three Holistic Whole Family Support Workers are now recruited to post, each provider hosting one post across the alliance. This is a significant step forward with the first Programme led, Holistic Whole Family Support worker posts commencing in Highland.





KINDS OF SUPPORT

WE CAN OFFER

WORKING WITH YOU TO CREATE A
SUPPORT PLAN AND PUT IT INTO ACTION

SIGNPOSTING AND REFERRING
YOU TO USEFUL SERVICES

ACCOMPANYING YOU TO MEETINGS,
APPOINTMENTS, ETC.

SUPPORTING YOU TO HAVE
YOUR VIEWS HEARD

TAKING TIME TO GET TO KNOW YOU
AND SUPPORTING YOU IN A WAY THAT
IS RIGHT FOR YOU



WHAT WE DO

HOLISTIC FAMILY SUPPORT

We work closely with families to identify and address their specific needs around well-being and school engagement. Through our partnerships with schools and community organisations, we aim to build **meaningful connections** to enhance the **wellbeing of the family** and promote children and young people's learning and development.

ABOUT US

We are an **alliance of three community organisations** with decades of experience supporting families in Highland - the **Care and Learning Alliance (CALA)**, **Home-Start East Highland** and **Thriving Families**. This project is funded and supported by the **Highland Whole Family Wellbeing Programme** to work alongside families in a holistic way.

MEET THE TEAM

Family Links Workers

If you or your child / young person attends one of the schools below, please reach out to the Family Links Worker in your area:

Lisa-Marie
Dalneigh Primary
Inverness High School
Lisa-Marie@home-start
easthighland.org.uk
07523 915168



Isabelle
Central Primary
St Joseph's RC Primary
Inverness High School
I.struckmeier@cala
childcare.co.uk
07742 911470

Roni
Merkinch Primary
Bishop Eden's Primary
Inverness High School
roni.smith@thriving
families.org.uk
07563 554568

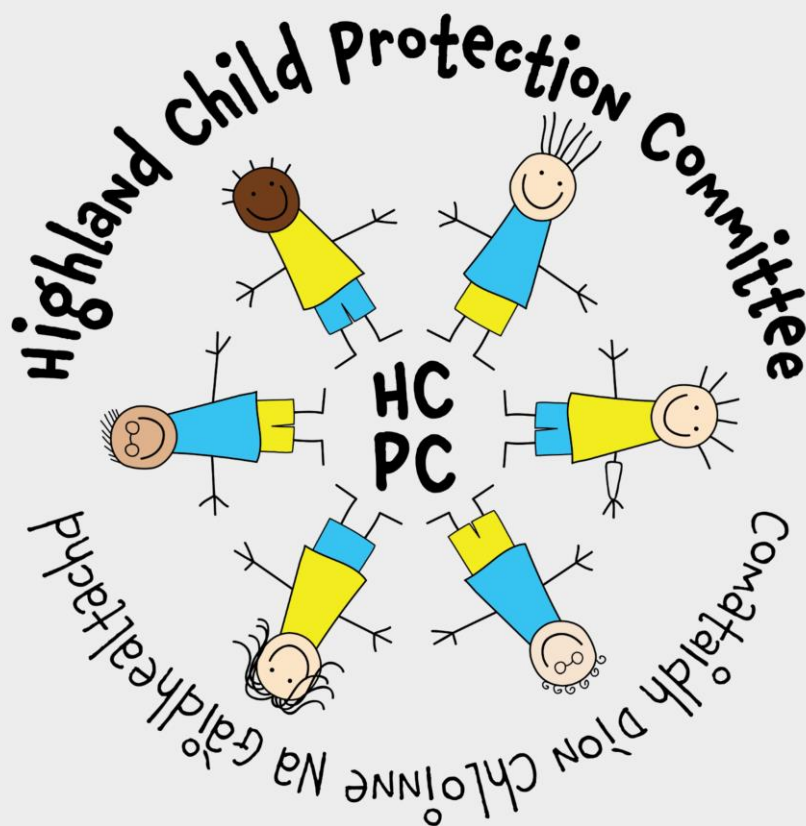


Jennifer Baughan

Programme Manager

Whole Family Wellbeing Programme

BIENNIAL REPORT 2022-2024



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Introduction

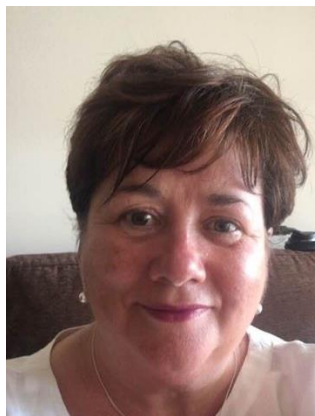
We are delighted to deliver our biennial report which covers the period August 1st 2022 to July 31st 2024 in line with the national minimum dataset for child protection. As the Independent Chair of the Child Protection Committee (CPC) I would like to take this opportunity to thank you for all your efforts during the last two years.

In response to the Care Inspectorate Inspection of Children's Services for children at risk of harm in 2022, the CPC and partners have begun a journey of significant improvement work which I know is challenging alongside workforce pressures and a busy landscape.

I am particularly pleased to see the progress made in relation to our responses to older young people – those at risk of community harm through criminal or sexual exploitation. During our CPC audit of child's files in May 2024, file readers highlighted significant improvement in assessment and planning processes for this age group.

In 2024/25 the CPC will continue to work with organisations and services delivering support to children, young people and their families. We will be focussing on delivering our Improvement Plan in line with the priorities outlined in the Integrated Children's Service Plan 2023-2026.

Over the last two years, there have been many updates and additions made to our policies and procedures, as well as a number of new learning and development opportunities, so please keep updated with all the news by visiting www.hcpc.scot regularly.



Mhairi Grant,
Independent Chair,
Highland Child Protection Committee

Partnership Working

In 2022/23 the CPC worked as part of the Integrated Children's Service Planning Board to develop the new [Integrated Children's Service Plan](#) and make sure our priorities were in line with other Partnerships. The new plan sets out priorities in six key areas – Rights and Participation, Poverty, Drugs and Alcohol, Health and Wellbeing, The Promise and Child Protection. In August 2023, the CPC were involved in the organisation of Vision 26 to launch the Integrated Children's Service Plan for Highland. Featuring over 40 stalls highlighting support available for children, young people and families, the event received positive feedback and is set to become an Annual event.



As part of the Public Protection Chief Officer Group, we continue to work with our Public Protection partners in relation to the links between Child Protection and Adult Support and Protection. We also work closely with the Alcohol and Drugs Partnership and the Violence Against Women Partnership.

The CPC are members of the Highland Alliance, bringing together statutory and third sector partners to improve outcomes for children, young people and families.

By working in partnership, we know we can identify gaps in service provision, avoid duplication of efforts and work together to improve outcomes for our children and young people.

The Promise

Throughout 2022-2024, we have worked alongside our Promise Programme Manager supporting Promise Conversation Cafes and our Promise Ambassador programme.



In May 2024 we launched our new [language guide](#), developed in partnership with young people and practitioners across Highland.

The CPC are members of The Promise Board (formerly the Corporate Parenting Board) and in 2022-24 we have been involved with events such as 'Tending the Light' and the Highland CHAMPS Celebration, giving us opportunities to meet our care experienced young people and hear their views.



In 2024/25 we will be working with the new Children's Rights and Participation Officers to ensure we are delivering on The Promise Plan for Highland, and that the rights of our children and young people are upheld in line with the UNCRC legislation.

Views of Children and Young People

The views of children and young people are key to developing effective services and as a member of the Integrated Children's Service Board, we have been working on the development of the new Children and Young People's Participation Strategy which is due to be launched on 30th August 2024. In 2024/25 Highland Council will also be introducing 'Mind of My Own' in order to capture the views of children and young people involved in child protection planning processes.

Quality Assurance

The Quality Assurance Sub-Committee has continued to monitor improvement work following the Care Inspectorate's Inspection of Children's Services for children at risk of harm in 2022. The Inspection Improvement Plan set out key areas for improvement and the CPC has been working with the Integrated Children's Service Board to deliver these actions.

This includes:

- Development of Highland GIRFEC and Child Protection Guidance

- Development of Children and Young People's [Participation Strategy](#) and [Children's Rights website](#)
- GIRFEC Refresh and Reset sessions (with new GIRFEC e-module) to develop a shared language across the Partnership
- Improving practice in relation to older young people
- Review of the Vulnerable Pregnancy Pathway
- Updated Child Protection Learning and Development Strategy and Framework
- Increased focus on Quality Assurance

Audit Work

In May 2024, a multi-agency audit was carried out with 21 file readers looking at 28 cases over 2 days. The audit followed the Care Inspectorate framework for file reading. The audit highlighted good practice in relation to initial responses to child protection, particularly the recording of Interagency Referral Discussions (IRDs) and multi-agency inputs to child protection planning meetings. Areas for improvement include the quality of assessment and planning processes, ensuring the views of children and parents/carers are reflected within child's plans and evidencing outcomes for children. We have seen significant improvement in the effectiveness of work undertaken with children at risk of harm to themselves or others, and those at risk of community harm.

The Quality Assurance Sub-Group has continued to undertake IRD audits and carried out a number of smaller pieces of work to look at data in more detail. This includes work with SCRA to look at an increase in referrals to the Children's Reporter, particularly relating to the child's conduct and lack of parental care.

The Quality Assurance Sub-Group has updated the audit cycle for 2024-2026 with audit and self-evaluation work based on data and areas highlighted in the CPC audit.

Child Protection Data

The Child Protection Committee collects data on a quarterly basis in line with a national minimum dataset. The data shows us any trends appearing and helps us set our audit cycle for the next year. In 2023/24 the CPC introduced the National Minimum Dataset Version 2 with key changes to the risk and vulnerability factors recorded in child protection registrations.

Key headlines from the child protection data 2022-2024 include:

- Highest number of concerns recorded in child protection registrations relate to domestic abuse, parental drug and alcohol use, parental mental health and neglect
- There is a decreasing trend in the overall number of children on the child protection register

- Majority of children on the child protection register remain under 5 years old

Child Protection Register – Numbers & Rates

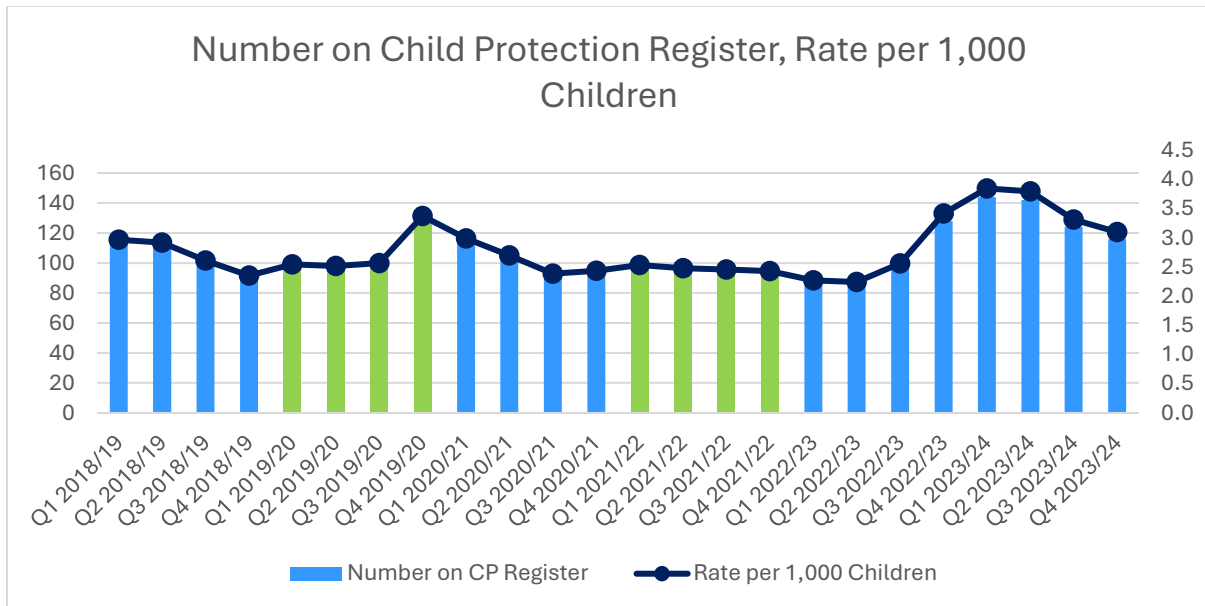


Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered

Chart 1 shows the number of children registered on the Child Protection Register. The overall trend since Q2 2023/24 has been of a downward trajectory; following a steady rise from Q3 2022/23 to Q1 2023/24.

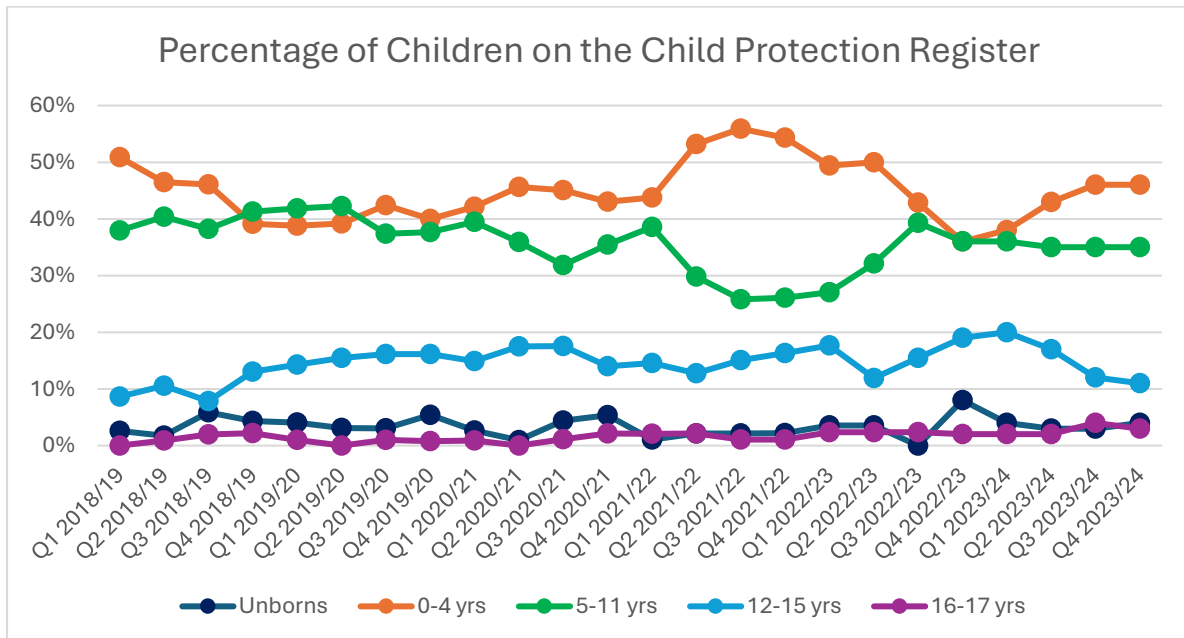


Chart 2: Percentage of Children in Age Bracket on the Child Protection Register

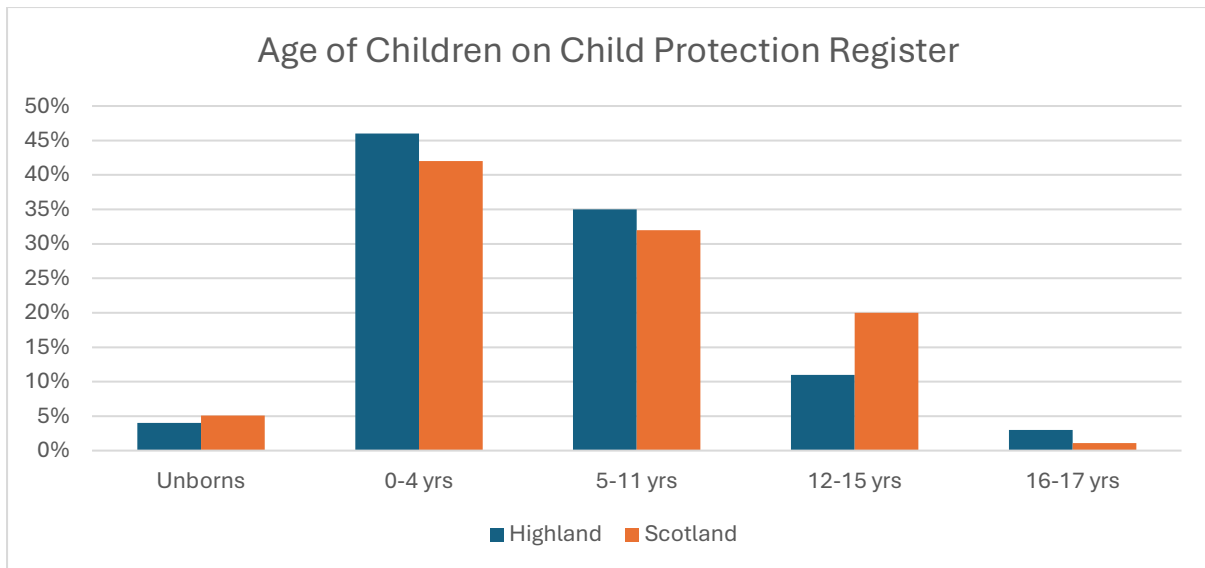


Chart 3: Percentage of Children in Age Bracket on the Child Protection Register

Chart 2 shows the proportion of children registered on the Child Protection Register at the end of each quarter by age. As can be seen, 0–4- & 5–11-year-olds make up the highest proportion of those registered since Q3 2019/20. We have also seen an increase in the 0-4 bracket in the last 4 quarters, although this more a return to expected levels and a result of the movement in the 12-15 bracket which showed a change from Q3 2022-23 with slightly more children aged 12-15 on the Child Protection Register.

Chart 3 shows the age of the children currently on the Child Protection Register compared to the national figures (as released in the 2022-23 Social Work Statistics publication).

Child Protection Register – Registrations & De-Registrations

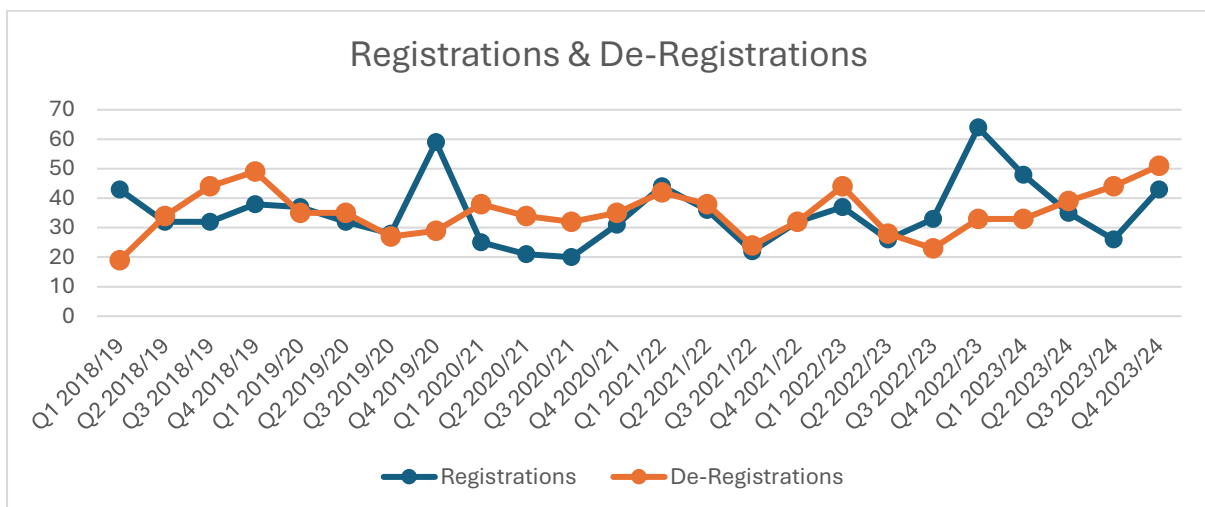


Chart 4: Registrations & De-Registrations of Children on the Child Protection Register

Chart 4 shows the number of quarterly registrations and de-registrations from the Child Protection Register in the period. Historically overall numbers tend to follow each other closely. However, in the most recent quarter the number of de-registrations has increased, while registrations in the 4 previous quarters decreased. Q4 2023/24 has seen a higher number than average of registrations – with 43 new registrations. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

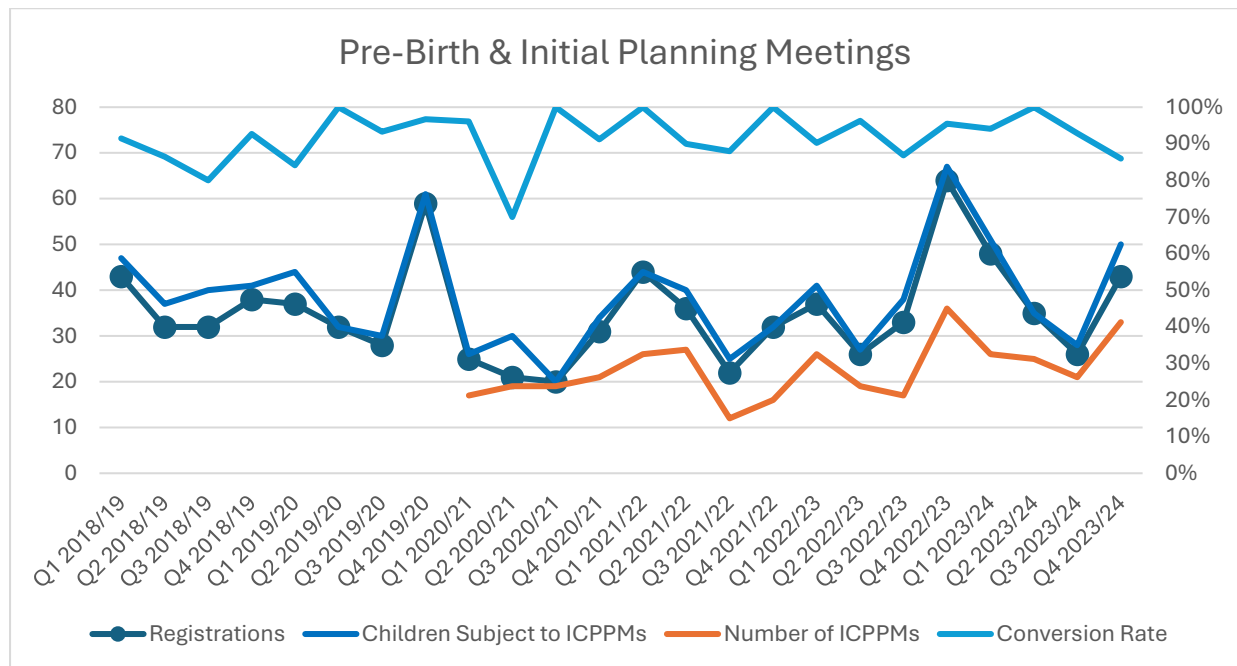


Chart 5: Pre-Birth & Initial ICPPM Conversion Rates

Chart 5 shows the number of children subject to an Initial Child Protection Planning Meeting (ICPPM), the total number of ICPPMs, and the conversion rate of ICPPM for each quarter. Please note, these meetings were previously referred to as Child Protection Case Conferences (CPCCs). This data provides an indicator of the type or level of cases being taken forward to ICPPM. A low percentage (conversion rate) potentially indicates that greater focus ought to be placed on the Investigation, Assessment, and Interagency Referral Discussion stages.

The conversion rate in Highland averages 92% over the period, which is being negatively affected by Q2 2020/21, where there was only a 70% conversion (during the pandemic period). With the exception of the most recent quarter (86%) the conversion rate has not fallen below 90% since Q3 2021/22. This suggests that thresholds for proceeding to ICPPM in Highland are good.

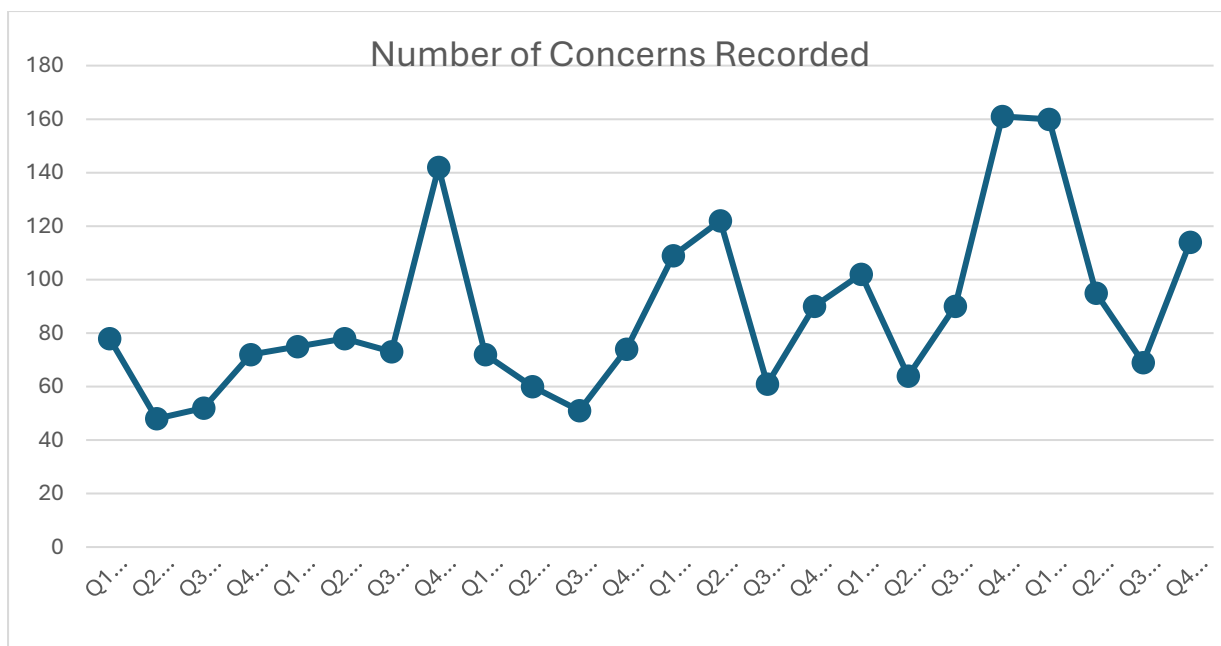


Chart 6: Concerns Recorded Children Registered on the Child Protection Register

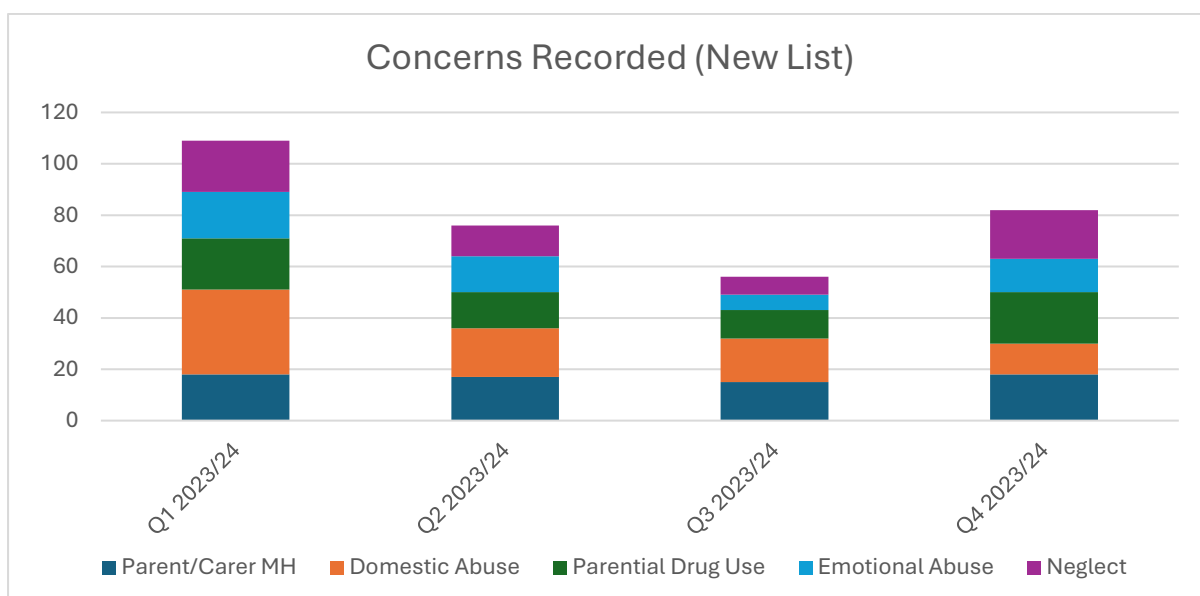


Chart 7: Top 5 Concerns Recorded at ICPPM

Chart 6 highlights all concerns (includes old & new list) that have been recorded for children registered on the Child Protection Register. Chart 7 shows the breakdown in the five most common concerns. The number of concerns recorded can indicate the complexity of cases and can show where families are experiencing a high number of risks and vulnerabilities. Using data starting in Q1 2018/19 the average number of concerns per child is currently 2.5.

The five largest concerns registered include Parental Drug Use, Neglect, Parental Mental Health Problems, Physical Abuse and Parental Alcohol Use, (as seen in Chart 7). This is useful data in terms of service planning and development and working with partners within the Alcohol and Drugs/Violence Against Women Partnerships. It is important to

note that other types of abuse can have significantly higher risks for a smaller number of children (e.g. criminal exploitation). Therefore, it is important that the Quality Assurance Sub-Group continues to monitor all data available.

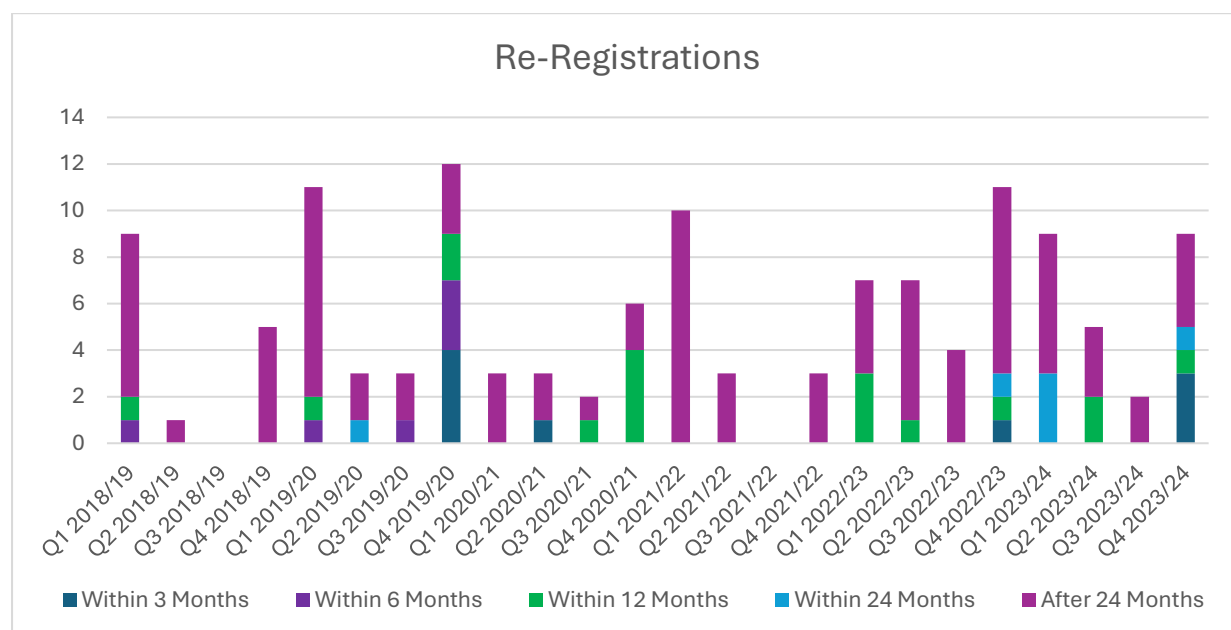


Chart 8: Re-Registrations

Chart 8 shows the number of re-registrations of children on the Child Protection Register in each quarter. Re-registrations can provide an indicator of the quality of assessment, decision making and planning for children. For example, if there were a high number of children re-registered within 3-6 months, planning and decision making in relation to de-registration may be questioned. Where risk may have been reduced significantly and families are receiving support, children may be de-registered from the child protection register. However, at a later stage the family may experience further crises which puts a child/children at risk of harm. This is particularly the case where substance use, domestic abuse and/or parental mental health is a vulnerability. Where children have been re-registered within 24 months of de-registration, the Strategic Lead for Child Protection (Social Care) investigates cases to explore reasons for re-registration.

The Quality Assurance Sub-Committee will consider re-registrations within the Audit Cycle and findings reported to the Child Protection Committee.

Child Protection Register – SCRA

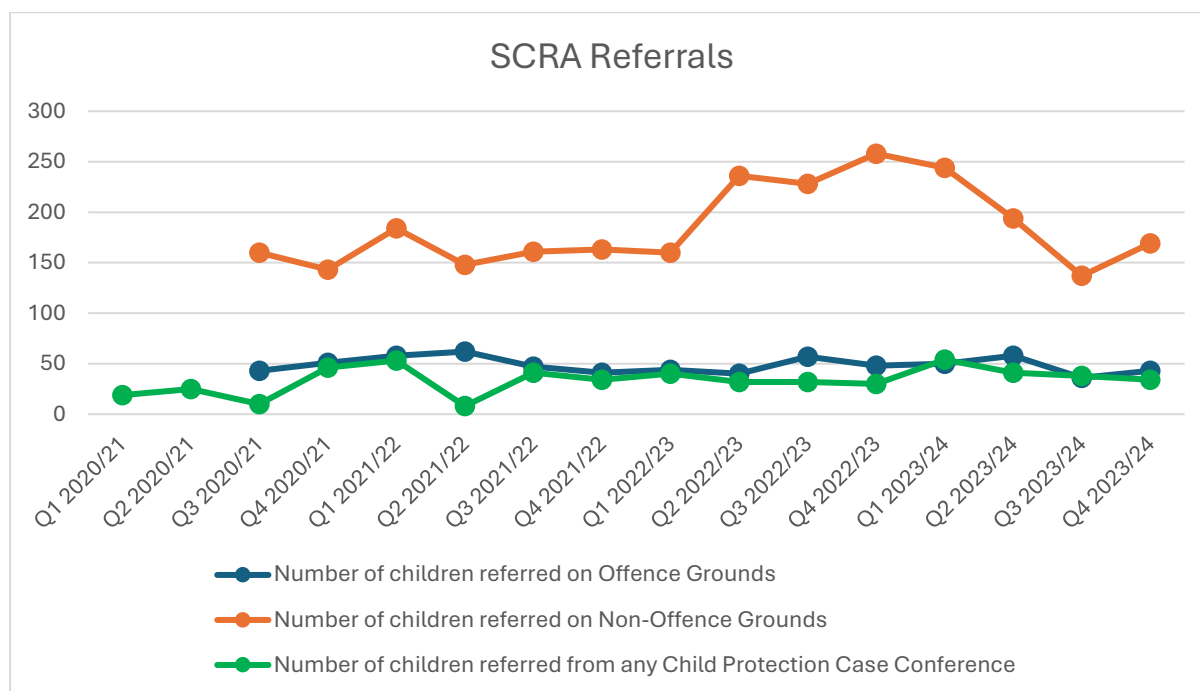


Chart 9: SCRA Quarterly Referrals

Chart 9 shows the number of children referred to the Children’s Reporter on Offence Grounds, Non-Offence Grounds and from any CPPM. The quarterly figures are primarily available from Q3 2020/21. As can be seen, there tended to be little variation in the figures until quarter Q2 2022/23, where the number of children referred on Non-Offence Grounds increased significantly. It remained at a high level up until quarter Q4 2022/23, but since then there has been a drop in each subsequent quarter.

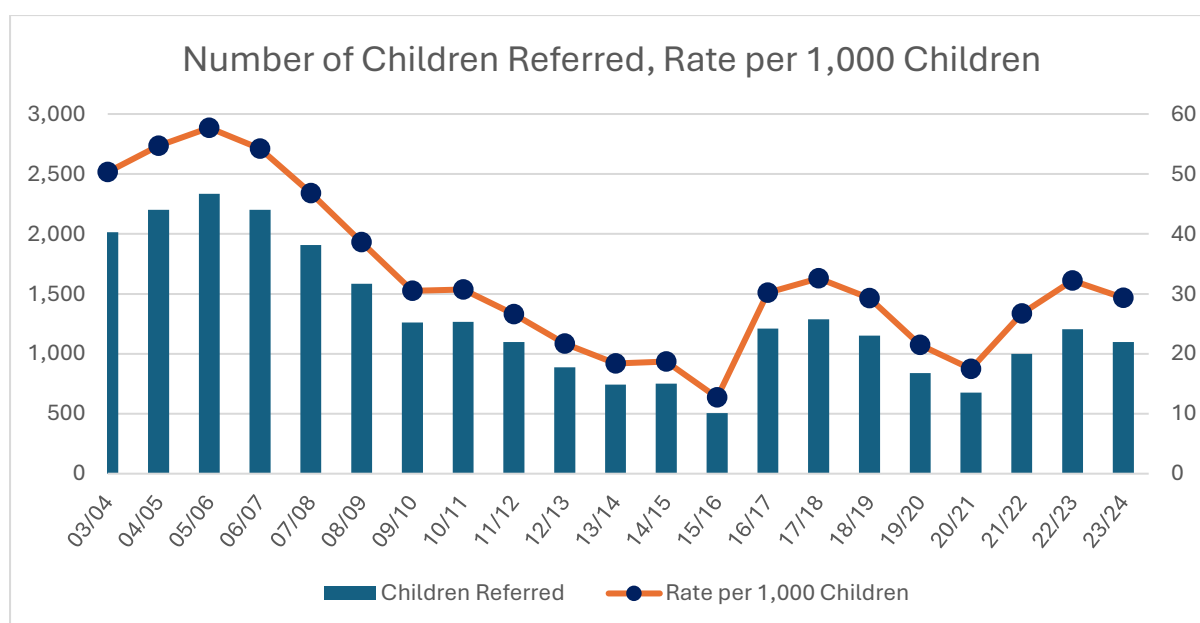


Chart 10: SCRA Annual Referrals

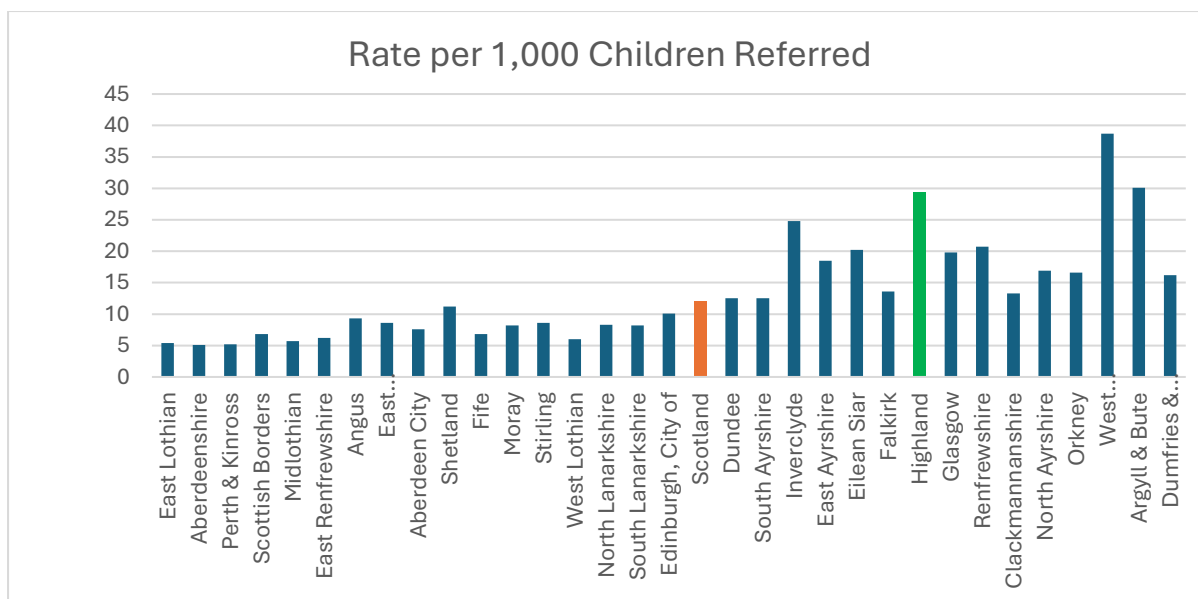


Chart 11: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 10 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There had been a significant drop in the number being referred, although the current 23/24 figure of 1098 children, or 29.4 children per 1,000 children, is the 12th highest since figure 2004 - although a decrease compared to last year when there were 1205, or a rate of 32.5. Progress is being made and there is a general trend of decreasing numbers despite the sharp increase in 2021 - 22.

Chart 11 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 22/23. Highland Council's position can be seen in green, with a rate of 29.4 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 12 Children Referred per 1,000 Children.

Scottish Child Interview Model and Bairns' Hoose

In September 2023 Highland introduced the Scottish Child Interview Model (SCIM), a national approach to joint investigative interviewing. It is trauma informed, maintaining the focus upon the needs of the child in the interview and minimising the risk of further traumatisation. A specialist training programme has been developed nationally for police and social work interviewers, to provide them with the expertise for forensic interviewing of children. In the initial phase of the project, Highland trained 3 Police Officers and 3 Social Workers to undertake interviews with children who have experienced abuse or harm in line with specific criteria. Further people will undertake the training in 2024/25 and the project aims to move towards a dedicated SCIM team to ensure the availability of SCIM interviews for all children who need them.

In December 2023, Highland became an affiliate member of the National Bairns' Hoose project, receiving funding from the Scottish Government to develop properties in Wick and Inverness to provide safe spaces for children, young people and families who need support from local services.

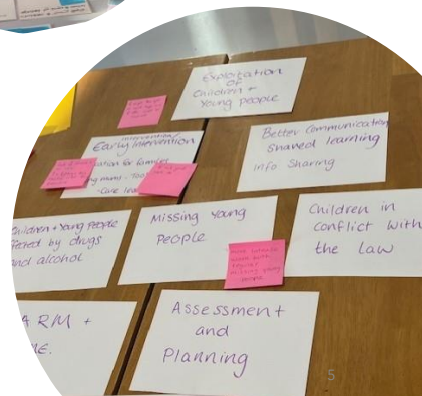


In 2024/25, Highland will continue to implement the Bairns' Hoose standards set out by Scottish Government to ensure children and young people who have experienced abuse or harm receive support in relation to child protection, justice, health and recovery in line with their rights and needs.

Older Young People

Through the Older Young People/Re-imagining Justice Sub-Group, the CPC continues to develop support for our older young people. We have been working with the CYCJ on our re-imagining justice project, engaging with practitioners and young people to identify key priorities. We have also received support from Missing People Scotland to improve our approaches to missing children and young people.

Re-imagining Justice Workshop



The PLACE meeting process is now operational across Highland identifying young people at risk of exploitation and developing appropriate responses.



In 2023 we received funding from the CORRA Promise Funding stream to develop services for children, young people and families affected by exploitation. This funding has enabled the expansion of Barnardos RISE project to carry out direct work with children and their families, and the introduction of Action for Children's Side-Step project, providing intensive support for children who have been criminally exploited.

In April 2024 the CPC updated our Care and Risk Management protocols to ensure there is a focus on supporting young people with harmful sexual behaviour. In 2024/25 we will be developing a training programme in relation to harmful sexual behaviour for practitioners across the Partnership.



In 2023, CPC members were delighted to attend the launch of the Anchor Project in Rail House, Inverness.

Funded by the Scottish Government's Cashback for Communities fund, The Anchor Project is a partnership between Barnardos, Action for Children and Aberlour providing an outreach support service and safe space for vulnerable young people in Inverness City Centre.

The drop-in service is a warm welcoming space where young people can talk to staff or just 'hang out' with friends.

Pre-birth and Early Years

A Pre-birth and Early Years Sub-Committee has now been established to work on priorities in relation to child protection and our youngest children. The review of the Vulnerable Pregnancy Pathway, led by our Midwifery Development Officers, is underway. The Sub-Group will also look at ensuring the voices of our youngest children

are listened to and heard, updating the Toolkit and providing guidance for staff in this area.

Learning and Development

In July 2022 Fiona Mackintosh was recruited as our new Learning and Development Officer. Fiona has been working to develop a new Learning and Development Strategy for 2023-2026 which enables us to continue to offer Child Protection Training free of charge to anyone who has contact with children in Highland including those working with families and in adult services. A Learning & Development survey was conducted in 2023 to inform and shape part of the strategy. A good variation of services/agencies engaged with the survey although completion rate was poor with only 236 completing with majority of responses from Highland Council Health & NHS staff (Specific & Intensive workforce).

Key Strengths identified in the survey:

- Training received both online, in person & Emodules scored favourably.
- Managers responses to staff level of knowledge correlated to staff responses, (except for the Promise).
- Staff felt supported to attend training.

Improvement themes:

- Knowledge of Child Protection Committee Representation
- Knowledge of Promise Board Representation
- Care And Risk Management procedures
- Graded Care Profile – use in practice.
- Promise
- Child Concern forms recording/storage/completing.
- Decision making - when do things go to IRD for example.
- Chronologies
- Awareness of E-modules availability
- Ease accessibility of Training
- Where to find training course information & advice

Other:

- Desire for specialist training – physical injuries, FGM
- Desire for all agencies to come together to attend training to aid better working relationships/understanding

What staff wanted from leaders:

- Time to attend training

- Frameworks so we know what training to attend
- Change & challenge culture, not just roll out training
- Social work specific training
- Kept up to date with changes

The results of the survey were considered as part of the development of the Learning & Development Strategy and presented to CPC for multi-agency & single agency consideration. It was agreed that the next survey would be conducted in 2025.

Child Protection Training continues to be developed and delivered in line with the National Learning and Development Framework for Child Protection. This National Framework was refreshed in early 2024, as part of our strategy a range of accompanying documents such as the [Training Guide for Staff and Managers](#) and [Quick guide to Core Training](#) were developed in 2023 and were subsequently updated in early 2024 to bring us in line with the new workforce model, additionally we have since developed an [interactive micro guide](#) to aid the multi-agency workforce to better understand which workforce group they may be part of with the understanding in Highland that some people may have varying job roles in different agencies.



Throughout 2002-2024 the following Trainer led courses were delivered on a regular basis -

General to Intensive Workforce	Recognition & Response in Child Protection
General to Intensive Workforce	HLH Recognition & Response
Specific to Intensive Workforce	Assessment & Analysis in Child Protection
Specific to Intensive Workforce	Understanding Child Protection Processes

Specific to Intensive Workforce
 Specific to Intensive Workforce
 Specific to Intensive Workforce
 Specific to Intensive Workforce
 Specific to Intensive Workforce

Graded Care Profile
 Vulnerable Pregnancy
 Harmful parent-child interactions
 Trauma Informed Practice
 Childhood Adversity & Trauma

In January 2023 we introduced a new reporting system for recording attendance at courses. We can now analyse our attendance on a sector basis which helps planning and allows provision of statistical information on a quarterly basis. In addition to reporting statutory agencies attendance this also allows us to capture which organisations in the Third Sector have attended training. Between April 2023-March 2024 we supported the following organisations:

Aberlour	Eden Court	James Support Group	Safe Strong and Free
Action for Children	Family Mediation Highland	Lairg & District learning centre	Self employed
Army Welfare Service	Fèis a' Bhaile	Les Enfants Nurseries LTD	Skibo Castle
Artsplay Highland	Fèis Ghallaibh	Limetree Nursery & After School Club	Skittle ball
Barnardos	Fèis Inbhir Narainn	Lochaber Women's Aid	Skye & Lochalsh Young Carers
Bilbster and Thuster Hall SCIO	Fèis na h-Òige	Lochalsh & Skye housing Association	Tain YMCA
Caithness and Sutherland Women's Aid	Fèis Spè	Mikeysline	The Promise Scotland
Caithness Riding for the Disabled Society	Fèisean nan Gàidheal	Milestone Living	Tiny Tots Nursery
Cameron's school of martial arts	Fort William Christian Fellowship	Moniack Mhor	Toy Library
Care and Learning Alliance	Foster carers	Nairn Little Theatre	Toybox Children's Centre
Carnegie club	Growing2gether	Nairn TCH	Tykes Young Carers
Carrie's Voice	Highland CPP	New Reflexions	UHI
Connecting Carers	Highland Pride	North Coast Campus	Vikki Mackay school of dance
Country Bumpkins Nursery	Home-Start Caithness	Plantlife	Watten Helps Out
Cross Reach	Home-Start East Highland	Queenspark Residents Group	Waverley Care
Crown Corner Club	Inspiring Young Voices	Reach4Reality	Who Cares? Scotland
Developing the Young Workforce	Inverness Street Pastors	Relationships Scotland	Youth Highland
DYW West Highland	Inverness Women's Aid	Ross-shire Women's Aid	

The CPC continues to work with the Care and Learning Alliance to offer a range of free eLearning opportunities. In 2022 a new course was developed following the new National guidance for child protection which was launched in 2023 adding to the suite of eLearning available as follows-

- Basic Awareness in Child Protection
- Introduction to the National Guidance for Child protection (Scotland) 2021
- Think you know about Neglect
- Understanding the Child Plan
- Introduction to Chronologies
- Introduction to Child Sexual Exploitation
- Children Affected by Parental Substance Misuse

Training Statistics APR-MAR 2022-2024

In 2022/23 we delivered 273 core child protection courses to 4136 practitioners

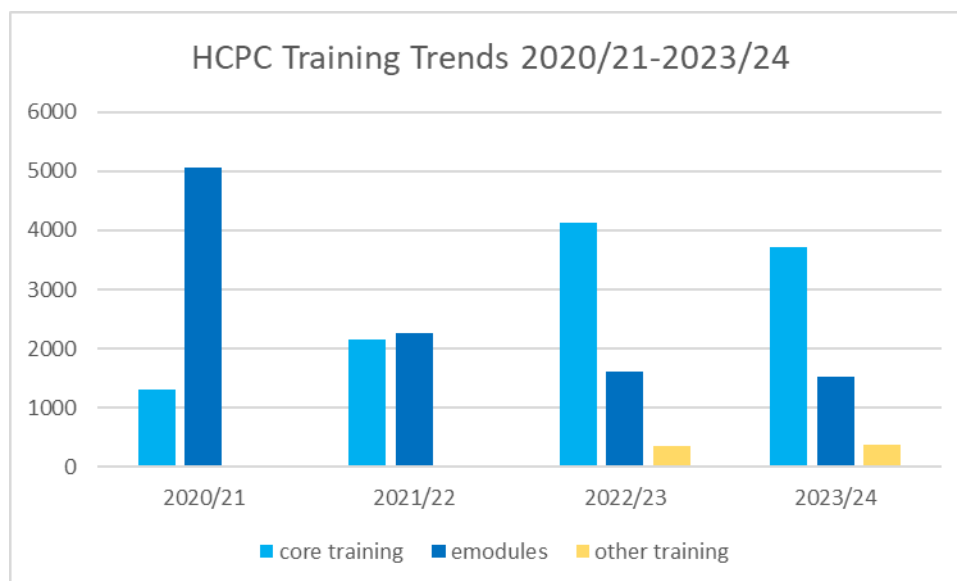
In 2022/23 362 we provided 26 additional sessions on a range of topics to 362 practitioners

In 2022/23 2114 people across Scotland accessed our e-modules – 1603 were from Highland

In 2023/24 1638 people across Scotland accessed our e-modules – 1517 were from Highland

In 2023/24 we provided 24 additional sessions on a range of topics to 374 practitioners

In 2023/24 we delivered 165 core child protection courses to 3712 practitioners

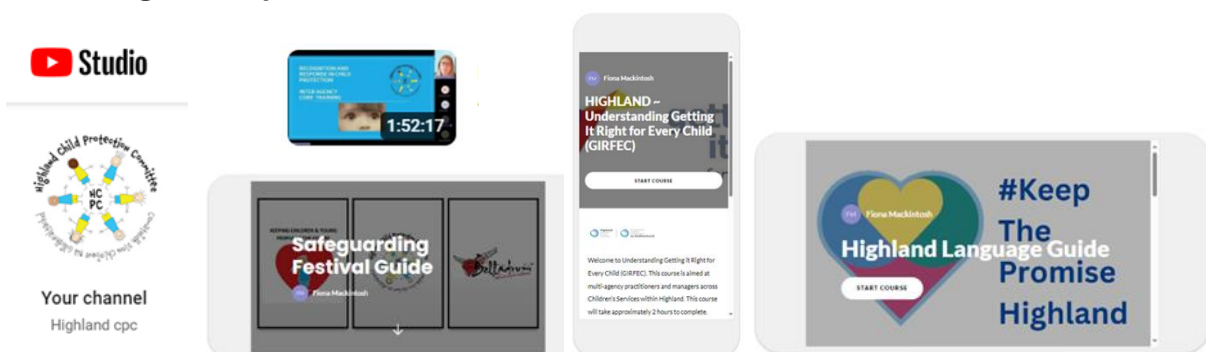


In 2022/23 we saw a significant rise in core child protection training as many of the workforce course certification had expired during COVID restrictions. As these

restrictions were lifted there was a decline of people undertaking E-modules in 2022/23 as a result.

We transferred our evaluation system online during 2022 all courses held on our training calendar now follow the same evaluation procedures for quality assurance. This allows us to review feedback for trainers, helps us in course redesign and gathers qualitative information to aid forward planning.

eLearning Development



In 2023 we embarked in our own development of eLearning. We recognise that in addition to face-to-face learning there are opportunities to further enhance learning and engage with people in different ways, we are building more resources to complement existing training. We work closely with the Highland Council Trainee team to maximise design knowledge & experience and this allows Highland Council staff to access our eLearning through the Trainee systems. Fiona chairs the national eLearning STWG (subgroup of The National Child Protection Learning and Practice Development Group) and is working towards production of a briefing paper around the use of eLearning in the Child Protection field. Examples of our eLearning development in 2023 include –

- Highland Language Guide <https://bit.ly/Highlandlanguage>
- Highland Understanding GIRFEC <https://bit.ly/HighlandGIRFEC>
- Belladrum Safeguarding Festival Guide

Masterclass Topics

Contextual Safeguarding, Child Exploitation & the National Referral Mechanism



In early 2023 we reintroduced masterclass sessions the first of these remained online. We delivered these in partnership with Barnardos which attracted an attendance of 70 people. For practitioners we held a masterclass on Contextual Safeguarding and for managers on the topic of Child exploitation and the National Referral Mechanism. Evaluation of both masterclasses demonstrated a clear shift in learning of attendees on both themes. Exploitation is now integrated into our core child protection training which we updated later in 2023 and we are offering a range of in person and online sessions along with our partners throughout 2024.

Annual Conference 2023

Following a break during the pandemic, the CPC Conference returned in 2023.



The Conference was attended by practitioners from across Highland and the theme for the day was participation. The key note speaker was Shumela Ahmed from the Resilience Learning Partnership discussing the importance of lived experience in service design and delivery. Our 'bring a can if you can' campaign resulted in 10 crates of food being donated to Highland Foodbanks.

Safe and Together

Under the joint Governance of the Child Protection Committee and the Violence Against Women Partnership we have taken a multi-agency approach to the roll out of the Safe & Together Model funded by Scottish Government through the Delivering Equally Safe fund managed by Inspiring Scotland.

It is felt that the Safe & Together model fits well with existing practices around child protection and preventing violence against women and girls, whilst also supporting strategic priorities such as being trauma informed, Highland's commitment to The Promise and the Whole Family Wellbeing Programme.

Formal training programmes both online and now in person have been offered to a targeted group of multi-agency key workers (including, Social Work, Health, Education, Police and Third Sector). Over 500 staff have received some form of training or awareness raising on Safe and Together from half day workshops through to a four-day comprehensive programme.

The Improvement Service and the Safe & Together Institute have taken a keen interest in the Highland approach and are working with us on a comprehensive evaluation of the programme that will provide robust and quantifiable evidence of progress. Stage One a Self-Evaluation has been completed and we are currently working with colleagues on Stage Two, a thematic Case File Audit exercise. Stage Three the completion of detailed Case Studies will take place early next year.

Already practitioners have noted that they are more likely to have a shared approach to the families they work with. Post-training evaluations have also indicated positive responses from participants highlighting increased knowledge of domestic abuse and expressing more confidence in applying the Safe & Together model in practice. There has been a significant increase in staff take up of Safe & Together training.

'Thank You again, so much for allowing me to come onto this course, it really was the best course I have ever attended. It is life changing knowing that this exists and there are people out there that understand, listen and support survivors from this perspective. The understanding and knowledge of perpetrator patterns and holding them accountable means a lot to survivors, especially when a perpetrator is known to be manipulative and narcissistic. I truly believe this will change lives and has done so far - it's very powerful. It will be a certificate I'm proud of for many reasons.'

Senior Children's Worker on Core Programme

The Programme Coordinator recorded an input for a recent national conference on about the Highland experience, a case study on the Highland approach is featured on the Improvement Service website and will be leading a workshop at a pan European Conference early in 2025.

Highland are collaborating with colleagues across the North of Scotland (in Moray, Aberdeen City and Shire, Argyll & Bute, Orkney, Shetland and CNES) to maximise resources, share experiences and training opportunities in an effort to be more effective and efficient and to make a significant contribution to the implementation of Safe and

Together Scotland wide. More information about the Safe and Together Model can be found [here](#).

Working with our Third Sector Partners

In 2023, the CPC disbanded the Keeping Children Safe Sub-Committee to fully integrate third sector partners into the work of the Committee. Formal representation of the third sector on the CPC is delivered through two nominated representatives from the Highland Third Sector Interface. Our Sub-Groups also include representatives from a wide range of agencies including Aberlour, Care and Learning Alliance, Homestart, Safe Strong & Free, Inspiring Young Voices, High Life Highland, Army Welfare Service, Action for Children and Barnardos.

Our partnership with [Safe, Strong and Free](#) ensures the continuation of prevention programmes across nurseries, schools and communities. This service is now expanding it's work to include Bullying workshops in schools across Highland.



Shona and Calum, SSF

Welfare and Licensing



During the summer of 2023 and 2024, the Child Protection Committee has supported Welfare arrangements for Belladrum's Tartan Heart Festival, ensuring support for official Welfare providers and the Organisers from local partners.

Throughout 2022 and 2023, the CPC has supported 399 licensing applications to ensure events have robust child protection policies in place.

CPC Priorities for 2024-2026

The CPC has had big challenges in 2022-2024, responding to the findings from the Children's Service Inspection, implementing the new [National Child Protection Guidance \(2021\)](#) and ensuring everyone receives the right levels of training for their roles and responsibilities. This comes along with our commitment to implementing 'The Promise', improving the lives of our care experienced young people and adults, and embedding the rights of children and young people across our partnership. We will be strengthening our quality assurance work through regular audits using the Care Inspectorate record reading templates and making sure that findings are shared across the partnership, so we continue to develop and improve our services.

Key priorities include:

- Building a stronger learning culture using data and audit findings, along with learning from reviews and reflective practice to ensure continuous improvement across the partnership
- Co-production of resources for children, young people and families in relation to child protection
- Working alongside partners to implement The Promise
- Development of 'Starting Out' Pre-Birth and Early Years Action Plan
- Development of 'Growing Up' Sub-Group
- Re-imagining Justice Project Plan implementation

Changes to CPC Membership

During the last 2 years we have seen a number of changes within the CPC. We are delighted to welcome our new members and thank all those who have left for the support they have given the CPC over the years.

GOODBYE AND BEST WISHES TO:

BEVERLEY HART, ABERLOUR
MAIRI MORRISON, SOCIAL WORK
KATRINA BEATON, SOCIAL WORK
TINA STONES, EDUCATION
GEORGE HOGG, CHILDREN'S HEARINGS SCOTLAND
TRACY GERVAISE, NHS HIGHLAND



HELLO AND WELCOME TO:

DEBORAH STEWART, CHILD HEALTH COMMISSIONER
ISLA BARTON, NHS Highland
LOUISE BUSSELL, NHS Highland
SADIE KEVILL, Integrated Children's Services
JENNIFER BAUGHAN, Whole Family Wellbeing
LISA MACDONALD, CHILDREN'S HEARINGS SCOTLAND
JAMES NOONE, Legal Services

In February 2023, the CPC was saddened to learn of the death of Jane Davey, our Legal Services representative on the Committee. Jane was a great friend and support to many CPC members over the years and will be sadly missed. Our condolences and thoughts are with Jane's family.

Thank you to everyone who contributed material for our Biennial Report

For more information on child protection please visit www.hcpc.scot

Highland Child Protection Committee



Highland Promise Plan 2025–2028

DRAFT



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd
na Gàidhealtachd



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Foreword

As Chair of the Highland Promise Board, I am delighted to introduce Highlands first Promise Plan (2025–28) setting out our commitment to **Keep the Promise** for all care experienced children and families across the Highlands. The Plan has been brought together through a significant process of collaboration and engagement with our care experienced community and across the broader partnership.

The Plan has a strong focus on the **Five Foundations** of the Promise with **Voice** being at the **heart** of our aspirations and ambitions for Highland's children and families.

The Promise Oversight Report (2023) highlighted the importance of explicit leadership and drive across partnerships. In exploring the progress, the report details that **'everyone has a responsibility to work together to create a positive childhood. This must not fall on one agency'**.

The Oversight Report also recognised the challenges in the delivery of public services, within a *'fragile financial context'*, emphasising the importance **of 'making the best use of existing resources by having a focus on outcomes'**. Our outcomes were shaped locally in our Highland Outcome **STAR** (as illustrated). We have strong **aspirations** for Highlands' children, underpinned by culture and practice that is **anchored** in **Relationships, Rights and Restorative** approaches.

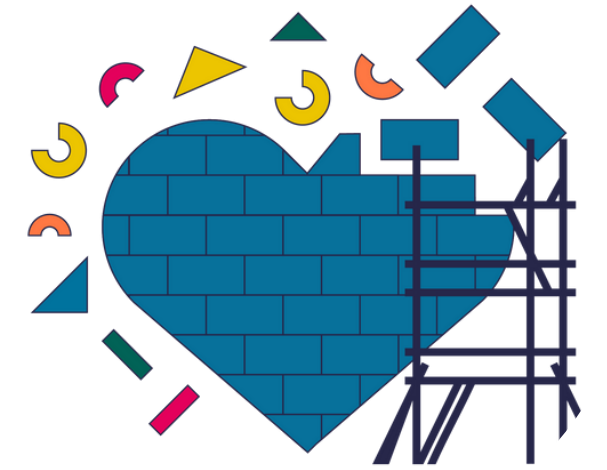
Like any good parent, we want children to enjoy school and do well there; we want them to be healthy and happy, secure and confident, and to have continuity of relationships with stability in their communities, living happy lives. At the heart of the Promise is a human care system built on Love demonstrated through all our collective positive actions. Corporate parents should have the same aspirations to give all children the same chances that any good parent would give their children; after all, Highland's children are Highland's future.

Our Highland Promise Plan is an important milestone signalling our Promise to all Highland's care experienced children, young people and families. I wish to sincerely thank our care experienced community, our workforce and everyone across our partnership for their contributions and commitment ensuring that Highland does **#KeepthePromise**



Vision

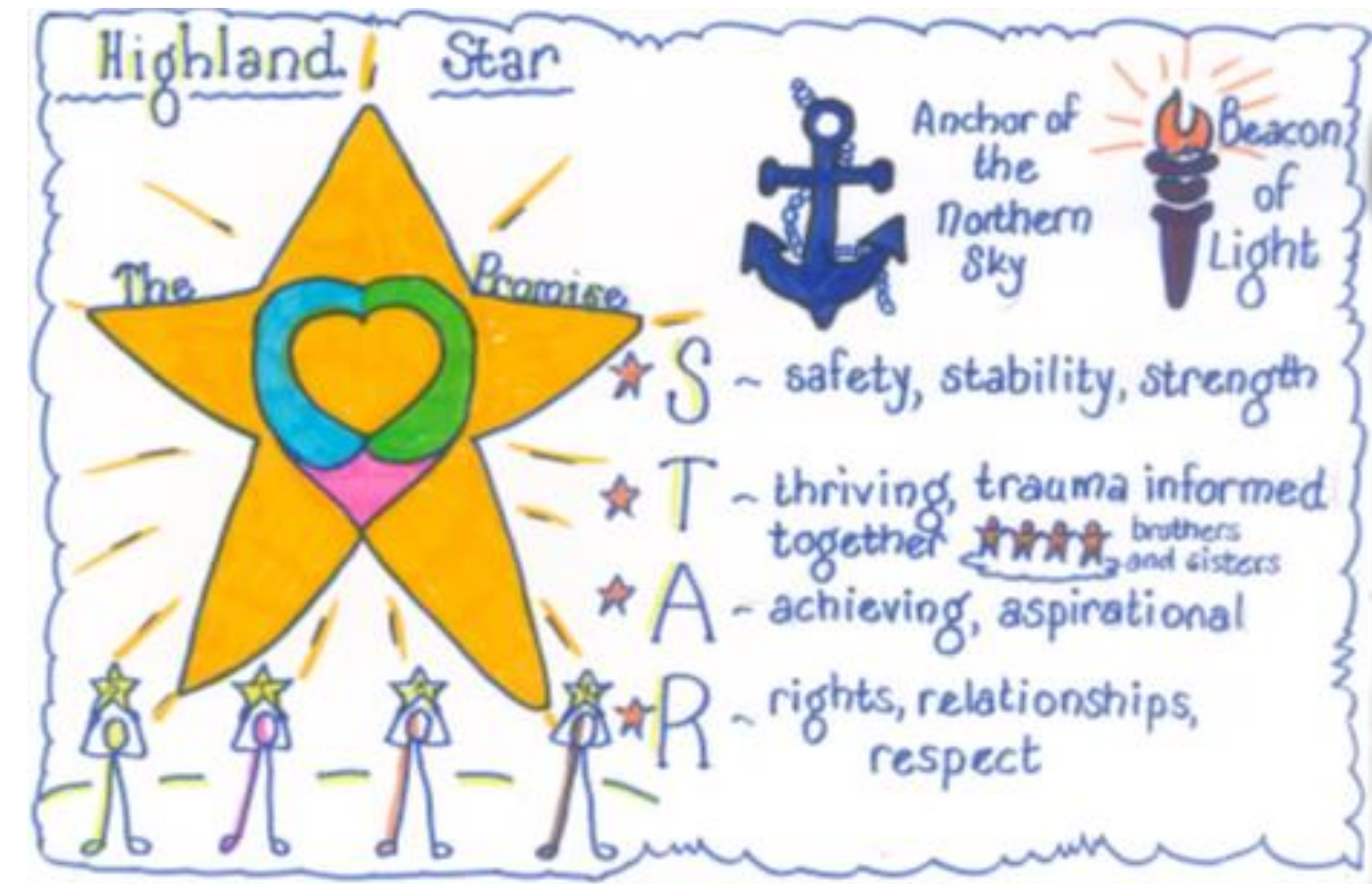
“Highland’s children and young people will grow up loved, safe and respected so they can reach their full potential”



In 2023 Highland’s Children’s Services (Health & Social Care People Cluster) developed its Families 1st strategy. The vision is simple and is underpinned by GIRFEC and The Promise: **to safely ensure that children and young people remain with their families within their Highland communities.**

The Highland Star anchors the vision of the Families 1st strategy and has a focus of protecting and upholding the rights of children and their families in Highland. The Promise is at the heart of the Highland star.

Aspirations for our Children and Families are embedded in the star as illustrated.



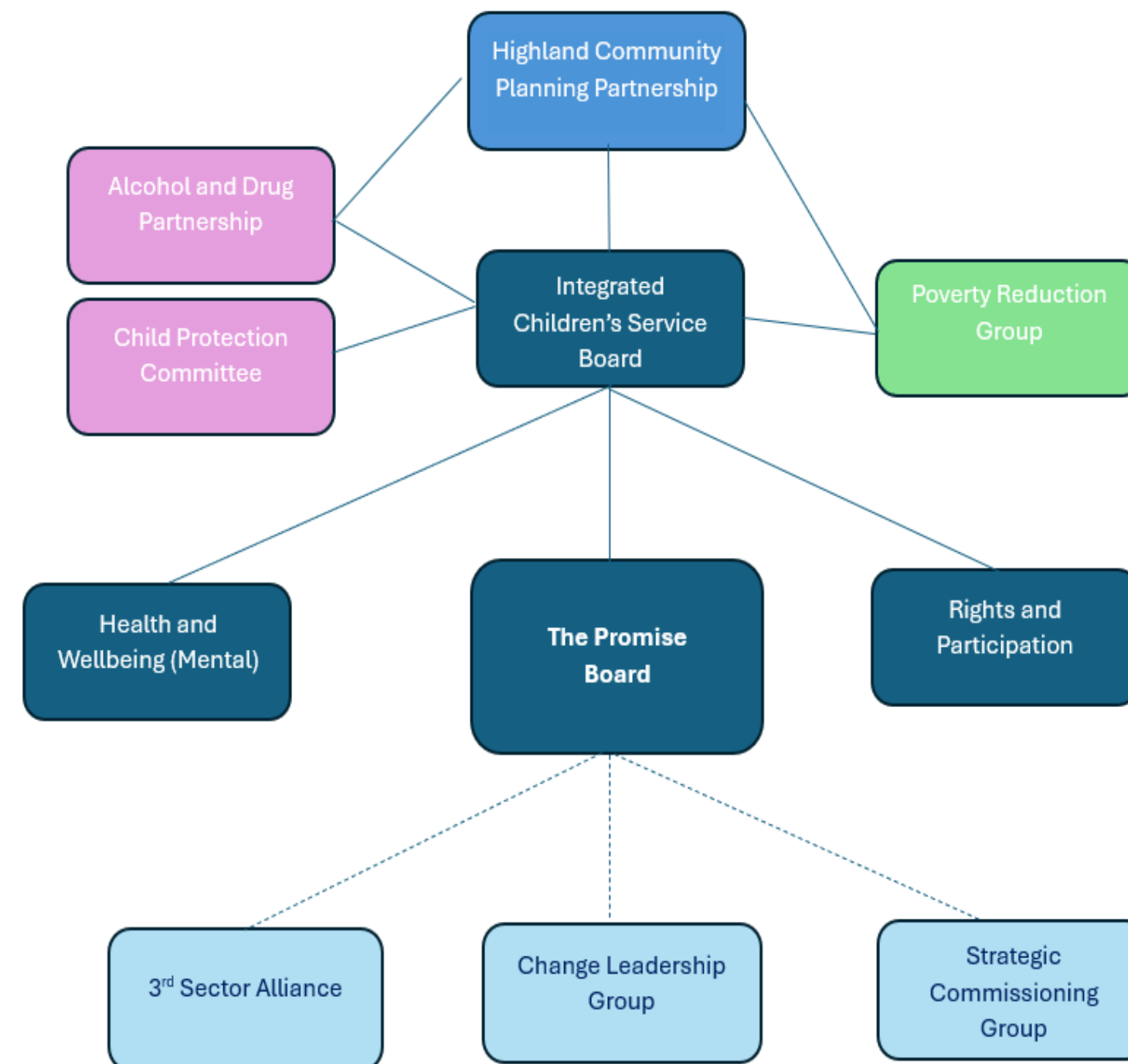
The 'Highland Star': designed with thanks by Caroline Brown

overview

Following a period of evaluation, aligning to the Promise, the Highland Corporate Parenting Board evolved into The Promise Board. Our Care Experienced community told us about the importance of language and decided that we should change the name, Corporate Parenting, to the Promise Board. This was also a very strong message of their expectations that Highland would **#KeepthePromise**.

The newly reformed Promise Board (June 2023) commits to upholding Highland's corporate parenting responsibilities as set out in the Children and Young People (Scotland) Act 2014 part 9

The Promise Board has overseen a significant amount of work towards the Promise Plan 21-24. Please see full evaluation report of this work which was submitted to the Highland Council Health, Social Work and Wellbeing Committee [here](#).



Local and National Drivers

Highland’s commitment to ‘Keeping The Promise’ includes evidencing it actively listens to children about decisions that affect their lives aligning to national and local drivers;

[Highland Charter for Care Experienced Children, Young People and Adults](#)

Commitment to delivering The Promise by 2030
The Scottish Government published the Promise Implementation Plan – March 2022

United Nations Conventions on the Rights of the Child (UNCRC)
[Highland Integrated Children’s Service Plan – 2023-26](#)

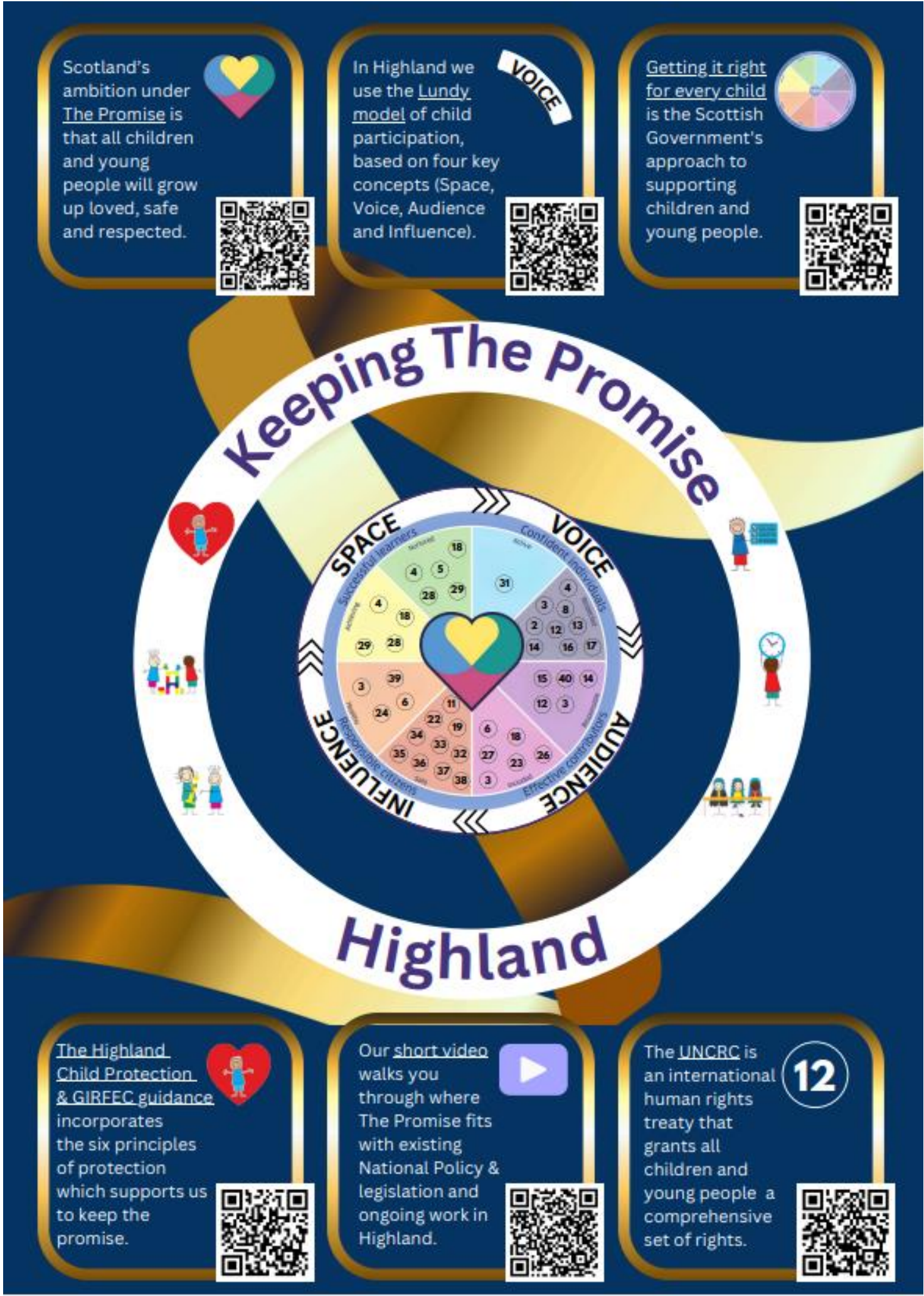
National Trauma Transformational Programme

National Practice Model and GIRFEC

Whole Family Wellbeing Programme

Highland Joint Strategic Needs Assessment

Highland Joint Inspection Improvement plan



The Promise



The Highland Council holds a pivotal role as corporate parents in ensuring that children and young people in their care experience safety, stability, and opportunities to succeed. Corporate parenting means understanding and meeting the unique needs of looked-after children with the same care and attention as a loving parent would. For this reason, we must go beyond statutory duties to actively support young people in all aspects of life, from education and health to relationships and emotional wellbeing.

The purpose of this 3-year Corporate Parenting and Promise Plan is to outline a clear, actionable framework for embedding the values and principles of The Promise within Highland's policies, practices, and partnerships. By aligning with The Promise 24-30, this plan seeks to address systemic gaps, foster meaningful relationships, and uphold the commitment to listen to and act upon the voices of young people. The plan also seeks to establish accountability through measurable outcomes, ensuring that each step taken contributes to a transformative system where every child in care can realise their full potential.

Corporate Parenting duties



Be **alert** to matters which, or which might, adversely affect the wellbeing of looked after children and care leavers.



Assess the needs of those children and young people for services and support.



Promote the interests of those children and young people.



Seek to provide looked after children and care leavers with **opportunities** to participate in activities designed to promote their wellbeing.



Take action to help looked after children and care leavers **access** opportunities and make use of the services and access support they provide.



Take any other action you consider appropriate for the purpose of **improving** the way in which you exercise your functions in relation to looked after children and care leavers.



The Promise – 5 Foundations

The 5 Foundations: The Promise sets out a vision and blueprint for transformational change. At the heart of The Promise are 5 Foundations, which provide clarity of vision, a shared purpose, and a clear direction. These are:

Voice: Children must be meaningfully heard and listened to in all decisions about their care.

Family: Where children are safe in their families and feel loved, they must stay

Care: Where living with their family is not possible, children must stay with their brothers and sisters when safe to do so

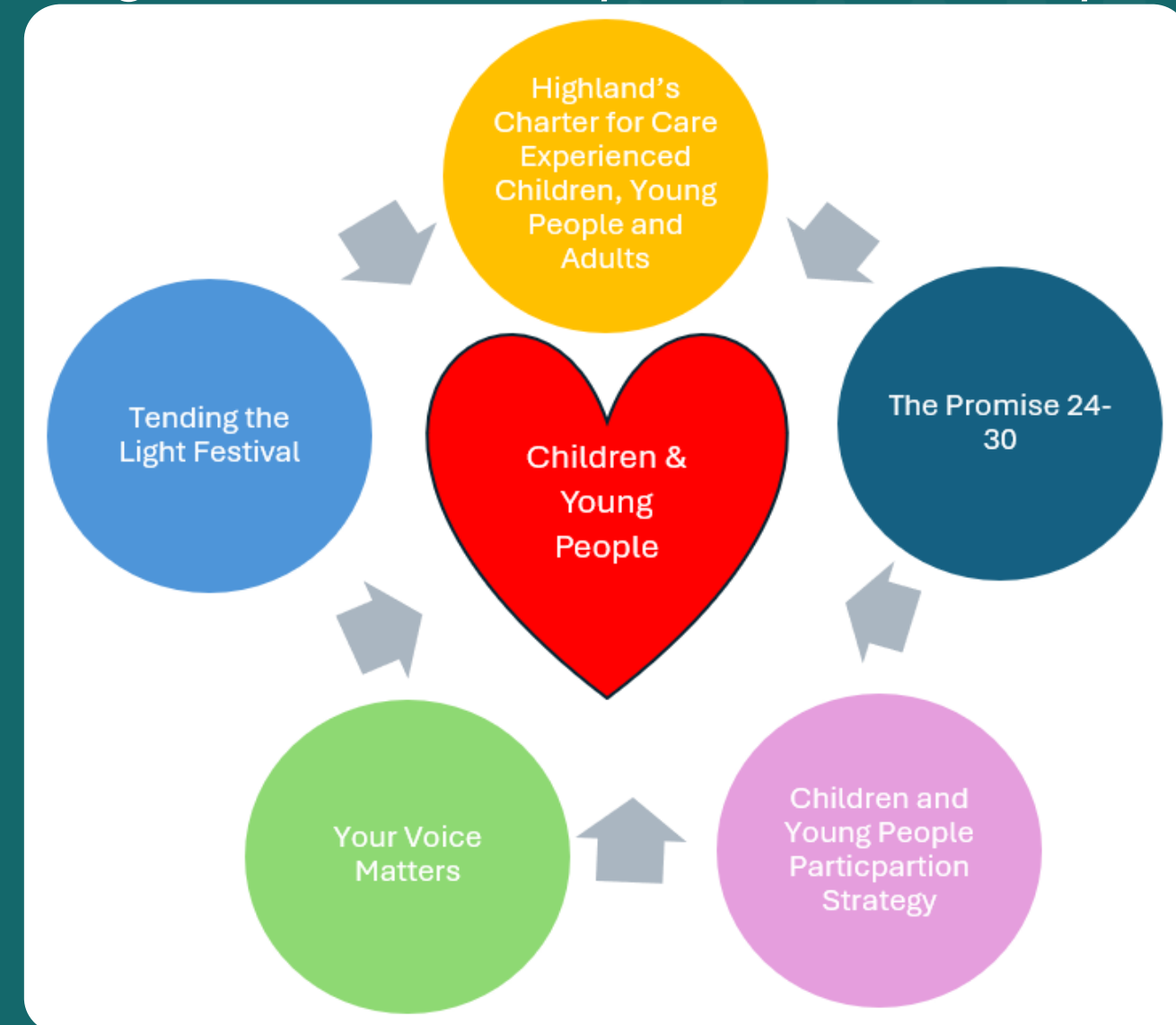
People: The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community.

Scaffolding: Children, families and the workforce must be supported by a system that is there when needed. The scaffolding of help, support and accountability must be ready and responsive when it is required



Voice – Children and Young People

The Voice of Children and Young People is at the heart of the Highland Promise plan and the implementation



Children and Young People's voice was heard through a variety of opportunities. Their Voice will continue to be heard and listened to throughout the implementation of this plan as committed to within the VOICE Delivery Plan.

Our care experienced community, supported by Who Cares? Scotland, produced a video setting out their expectations of the Promise Board [find it here](#)



How did we get there – what do we know – What data did we use

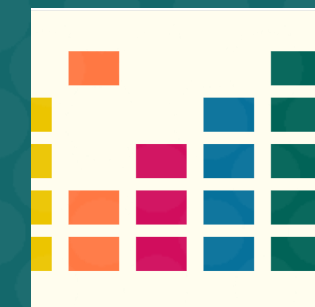
The Highland Promise plan has been developed on through activities and engagements with children, families and staff. We have also considered data sources which includes;

- *Plan 24–30 Special Meeting*
- *Keeping the Promise Highland Evaluation Report*
- *Tending the Light Festival of Care*
- *C&YP Participation Strategy input*
- *Scottish Government ‘Children Looked After’ Highland Statistical return*
- *“Your Voice Matters”*
- *ICSB Joint Strategic Needs Assessment 2023*
- *National Promise Plan 2024–2030*

We created themes and priorities which then developed into commitment statements – Data and information will remain an integral part of informing the Implementation of the Highland Promise Plan.

What the data tells us.....

This data was measured over 5-years. Data is essential to ensure we understand not only the numbers but where our children and young people are living. Our Family 1st strategy has a vision to keep children safe in families



- **There is a strong trend in shifting the balance of care in Highland evidencing our Family 1st strategy is achieving positive impact:**
- **Total numbers in 'Looked After Children' down by 22%.**
- **A 35% decrease in residential care.**
- **A 9% decrease in foster care**
- **A 92% increase in kinship permanence care through Residence Orders.**
- **A 36% increase in kinship Looked After Children.**

No. of Children in Residential Care By Year
Table 1

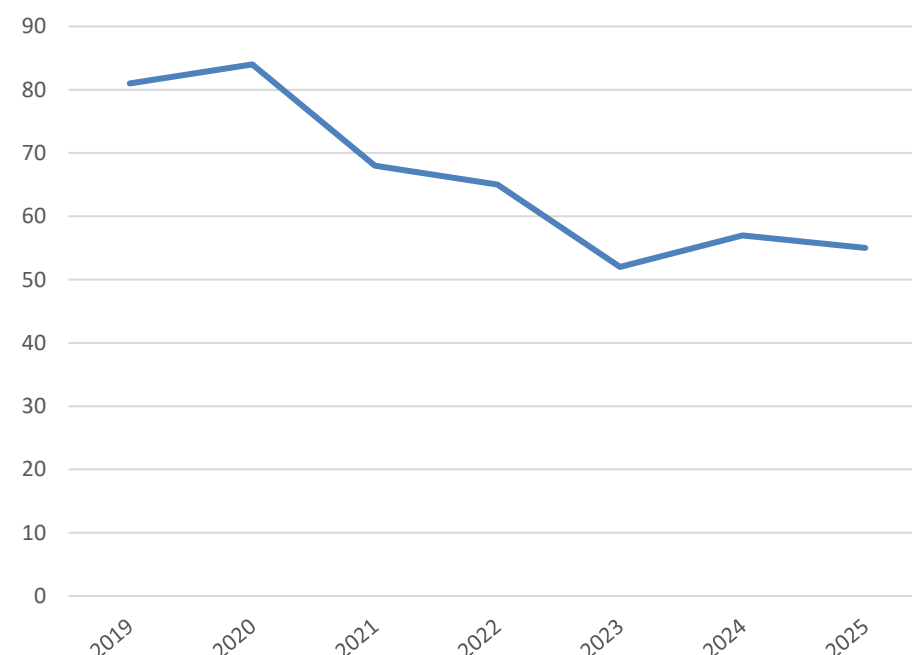


Table 1: in 2020 there was a total of 84 C&YP in all forms of residential care (HC, External & Out of Area OOA). In 2025 there are 55 - a 35% reduction. (Of this figure 16 are out OOA).

Combined Kinship & Residence Placements
Table 2

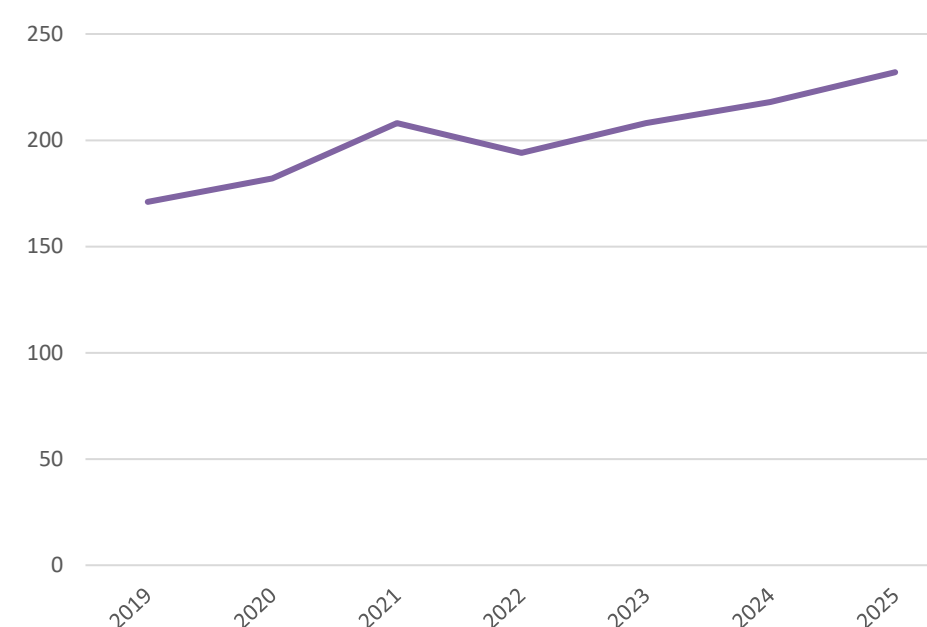


Table 2: in 2019 there were 171 C&YP in kinship care (combined LAC & Residence Orders). In 2025 there are 232, which is a 36% increase of children being placed with family. This upward trajectory has been sustained for 3 years - 2022 to 2025.

What the data tells us.....

**10% LOOKED AFTER
CHILDREN HAVE 3
OR MORE
PLACEMENTS IN 12
MONTHS**

**WORKFORCE
SUPPORT IS
NEEDED— TIME
REFLECTION,
TRAINING .**

**Families
need access
to information /
support and
connection**

**CARE
EXPERIENCED
YOU ARE
PEOPLE BEING
TREATED
DIFFERENTLY**

**1 IN 4
CHILDREN
ARE
AFFECTED BY
POVERTY**

**WHY CAN'T I TALK
WHEN WE'RE IN THE
CAR, WHEN I WANT
TO**

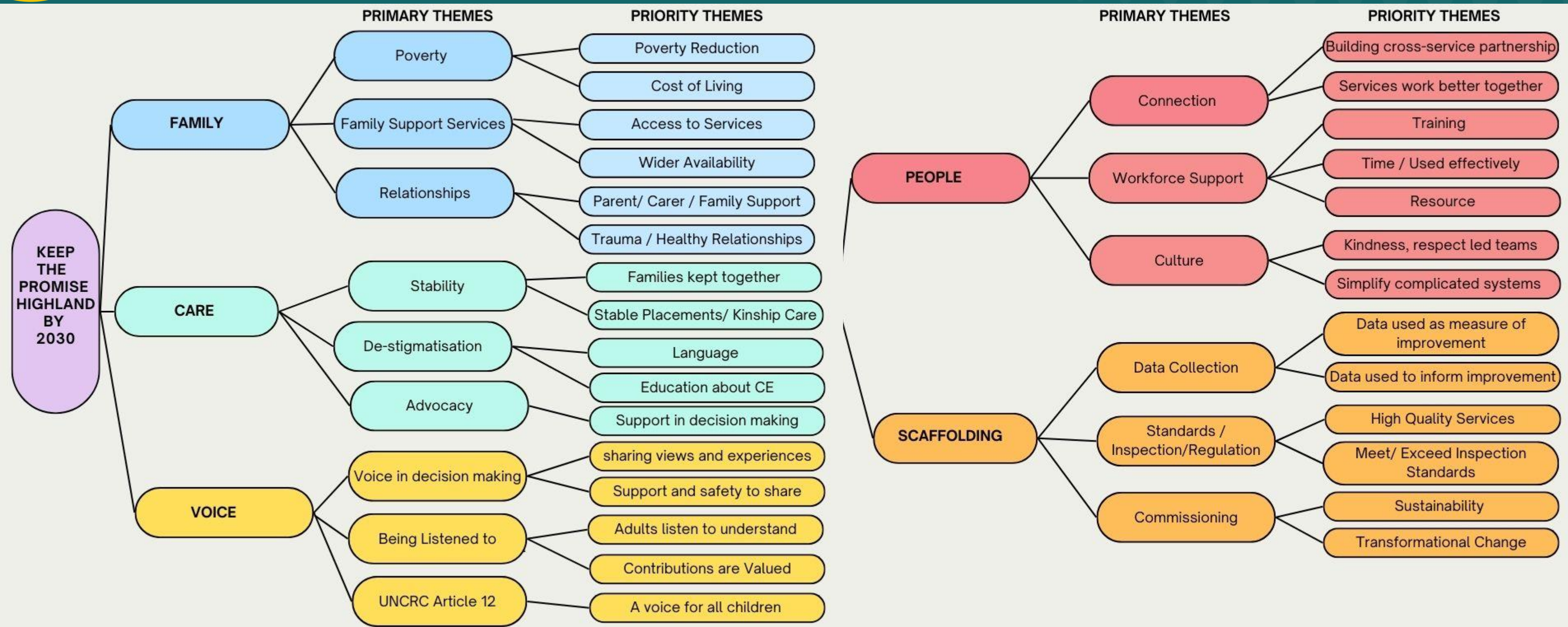
**SIMPLIFY
COMPLICATED
SYSTEMS**

**AROUND 2% OF
CHILDREN UNDER 15
HAVE A CHILD
PROTECTION PLAN
AND 0.9% OF
HIGHLANDS CHILDREN
ARE CARE
EXPERIENCED.**

**I WANT TO BE
WITH MY
SISTER NOT
JUST WHEN IT
CAN BE FITTED
IN**

**Understanding and responding
to childhood adversity and
trauma remains a public health priority.**

Data priorities and themes



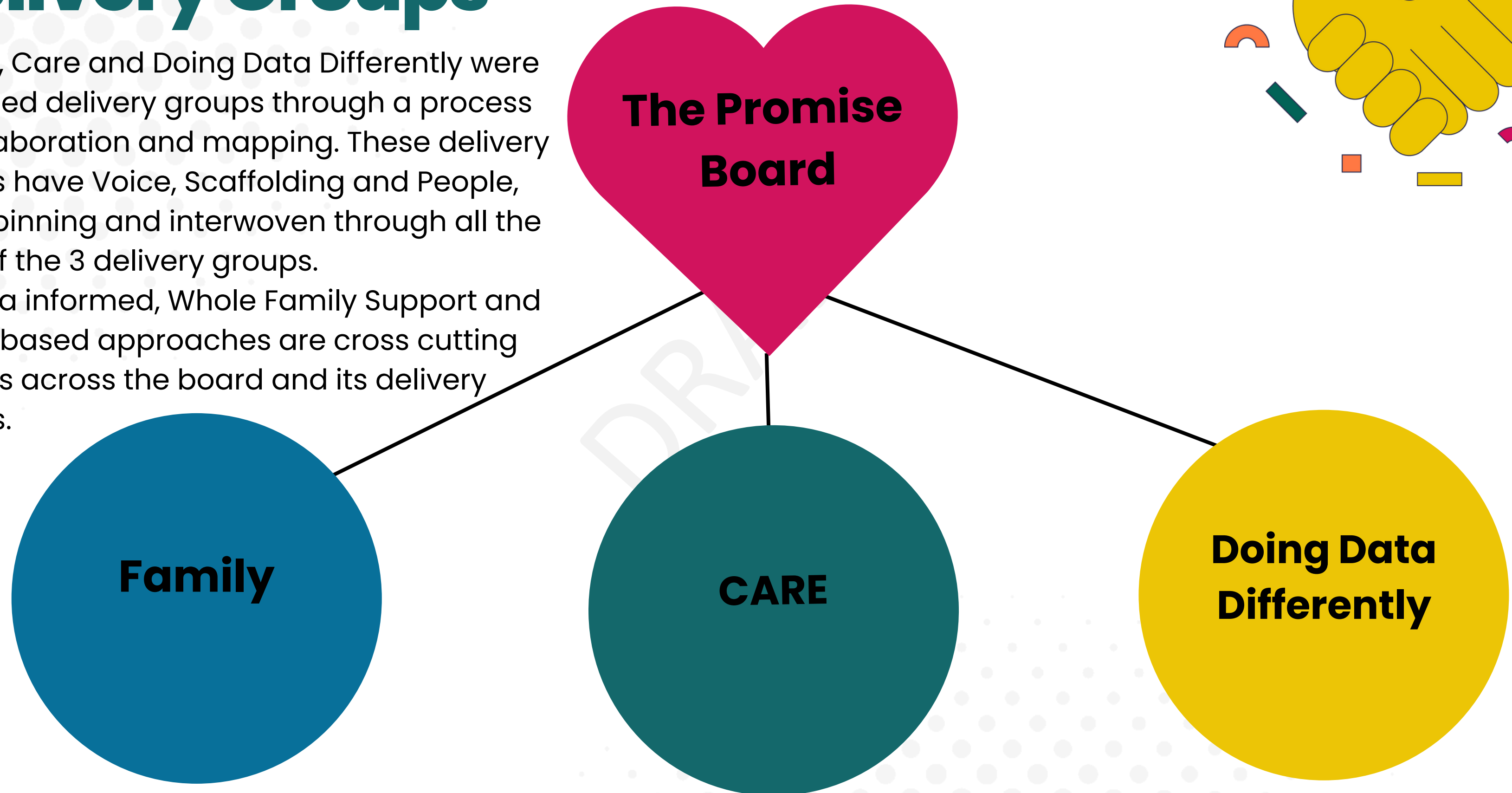
13 The data was categorised under the 5 Foundations and Primary themes, which allowed the high-level Priority themes to be identified. This was then used to develop each of the delivery plans.

The Promise Board and Delivery Groups



Family, Care and Doing Data Differently were identified delivery groups through a process of collaboration and mapping. These delivery groups have Voice, Scaffolding and People, Underpinning and interwoven through all the work of the 3 delivery groups.

Trauma informed, Whole Family Support and Rights based approaches are cross cutting themes across the board and its delivery groups.



Delivery Plans



The commitment statements and actions have been identified through themed data. The 5 Promise Foundations are the priority themes. The Delivery Plans will be clearly set out as follows:

Commitment – Statements setting out Improvement aims

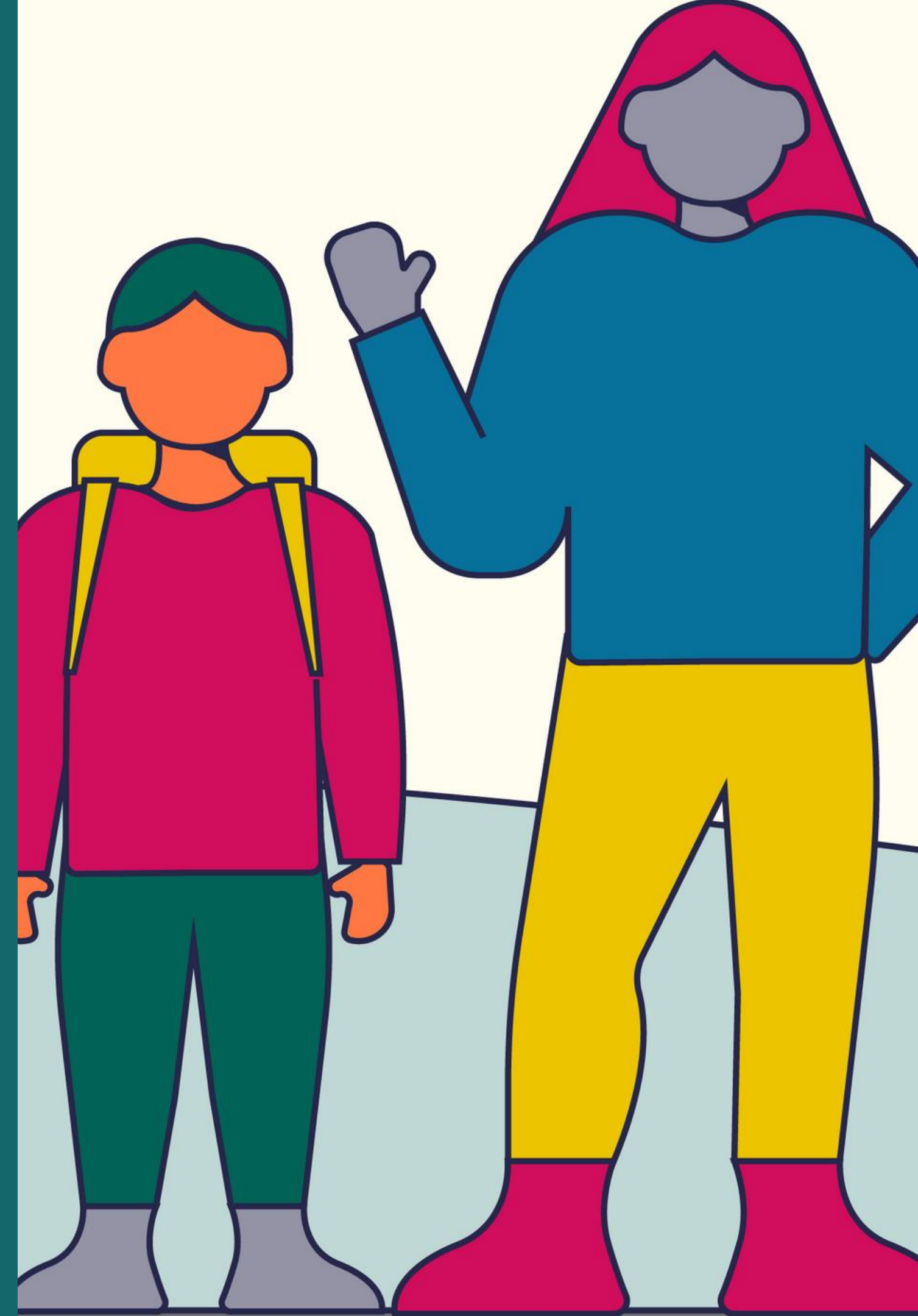
Actions – Details to deliver the commitment statement

Delivery Group – Delivery group/ groups leading on implementation

How will we know? – What is the outcome we will achieve to demonstrate success

The outcomes will be supported by the Data Delivery group aligning to The Promise Progress Framework

***Life course** – This plan aligns to the life course approach within the Integrated Children's Service Plan, each commitment is relevant to the whole life span. Getting Started, Growing up, Moving on and Whole Family. [Please find the Children's Service Plan here](#)



Priority Theme : Family

Families will have access to the right support, when they need it for as long as they need it

Commitment	Action	Delivery Group	How will we know
Understand and listen to what families say they need, to provide, develop and design services	Develop ways to understand Family needs when tailoring support Develop co-design practices with families to develop services that better meet their needs	Family	Families will receive support to best suit their needs which provides more focused interventions and positive outcomes
Use innovative ways to broaden access / availability / equity of services	Develop universally accessible early help and support in local communities Develop better awareness of available services and support for communities Identify potential test, learn and develop sites and scale up were successful	Family	Families will proactively seek and receive joined-up support that feels integrated at the point of need within their communities
Connect to wider poverty agenda to ensure support is available and reaches families	Better understanding of the impacts of poverty on families Better Connect to wider poverty agenda to ensure support reaches families	Family	More families are supported out of poverty, through joined-up multi-sectorial community-based support and are empowered to do so
Aligned to Whole Family Wellbeing and the Promise, realise the ambition of our local Family 1 st Strategy to safely keep children and families together	Restorative practices will be an integral part of family support Embed and deliver Trauma Informed Services / approaches Principles of holistic whole family support and 10 principles of Intensive family support will be fundamental principles when supporting families	Family	Families are supported to foster and strengthen Relationships

Priority Theme : Care

Highland’s Children and Families experience of care will be supportive and positive

Commitment	Action	Delivery Group	How will we know
Embed destigmatising approaches, language & practice across services	Embed Highland’s Language Guide across services Support communities to better understand the care experienced community	Care Doing Data Differently	There will be non-stigmatising practices across Highland Care experienced community share their story without it defining them
We will ensure children and young people grow up with stability	Ensure, wherever possible children remain in Highland, with minimal moves to foster stability and belonging Provide support for Brothers and Sisters to stay together	Care	% of children placed out of Highland reduced from baseline % of Brother & Sisters staying together and reunited if separated increases
Children will experience stable, loving and nurturing care.	Residential care is a positive option in which young people experience high quality stable care, built on nurturing positive, ‘loving’ across a consistent care team. Develop stable loving and nurturing care teams.	Care	Feedback from Children and young people living in residential homes Registered services inspection will be graded very good or above
Good planning is provided for children as they move through education and beyond	Increase uptake of the Promise award with education staff Children experiencing care will be supported through transitions within, and when leaving education	Care	Number of education staff completing the Promise award Records of transition arrangements will show how we are meeting and supporting children and young peoples needs

Priority Theme : Voice

Children, Young people will be supported to participate and listened to

Commitment	Action	Delivery Group	How will we know
Children and Young People always have a Voice in decision making	<p>Ensure Children and Young People's voice meaning fully contributes to decisions</p> <p>Ensure support and safety is provided for Children and Young People to express their views with access to advocacy services</p>	<p>Promise Board</p> <p>Care</p> <p>Family</p>	Evidence of Children and young people's views will increase, documented and play an integral part of decision making
Children and Young people will be listened to throughout all areas of practice	<p>Services will commit to amplifying voice, choice and participation</p> <p>Develop mechanisms to enable Children and Young People's voice to be used to measure and inform improvement</p> <p>Ensure feedback loops are created to let children and young people their contributions are valued</p>	<p>Promise Board</p> <p>Care</p> <p>Family</p> <p>Doing Data</p> <p>Differently</p>	Children and Young peoples voice will be embedded in practice and listened to, measure success and plan for improvements, We will achieve successful feedback loops
UNCRC Article 12 is upheld fully	<p>Implement the C&YP Participation Strategy including;</p> <ul style="list-style-type: none"> - Ensure ALL children, young people, young adults from pre-birth to 26 have a voice - Provide space and time for C&YP to share views and experiences - Inclusive and accessible opportunities - Share existing opportunities for children and young people to access - Focus on areas relevant to Children and Young People - Provide / Access age-appropriate information and training 	<p>Promise Board</p> <p>Care</p> <p>Family</p>	<p>Article 12 will be upheld and become embedded in all areas of practice, children and young people will develop confidence in sharing views and experiences</p> <p>There will be in increase in Children and young peoples views across wider range of services</p>

Priority Theme : People – People across the workforce will have the support and skills they need to do their jobs, build relationships and make decisions based on listening and compassion

Commitment	Action	Delivery Group	How will we know
Workforce will be better connected to colleagues and partners	Build opportunities to strengthen cross-service partnerships Reduce barriers to enable services to work better together	The Promise Board Family Care	Partnerships will be strengthened, increased examples of effective collaborative working
Through listening to the voice of the workforce, we will provide the support needed to promote workforce wellbeing.	We will ensure our workforce have supportive opportunities to learn and develop individually and as a team We will develop a Wellbeing Framework with our teams We will create the enabling conditions to ensure our workforce have time to build meaningful relationships with children & families	The Promise Board Family Care	Wellbeing Framework will be in place across teams Safe manageable caseloads Learning & Development Framework
We will achieve a person-centered culture across services	Embed Trauma Informed Practices Find new ways to simplify complicated systems of work and the understanding of the partnership landscape	The Promise Board Family Care	The workforce will feel better empowered, supported and included with increased clarity and efficiency
Promise Awareness Raising	Continue to raise awareness of The Promise across partnerships Develop and increase the role of Promise ambassador	The Promise Board	Strengthening of a united partnership approach to Keeping the promise The Promise is strengthened across services through the ambassador values identified through annual evaluation.

Priority Theme : Scaffolding

Structures and systems are set up to be responsive to support needs across services

Commitment	Action	Delivery Group	How will we know
Robust processes for collecting and using data will be developed to inform improvement work and as a measure of improvement	Sources of both numerical and experiential data will be identified or developed Methods of analysing and presenting data will be developed Establish ways to the share data across The Promise board and delivery groups for wider analysis and dissemination	Doing Data Differently	Increased access to a wide range of data which is used to measure progress and inform improvement work
We have high quality service where Inspection Regulations are met and surpassed	Develop self evaluation practices across registered services with a commitment to continuous improvement of services	Care Family Doing Data Differently	All residential services across Highland will be aiming for Very Good to Excellent in Care Inspectorate Quality of Care
We will develop and embed Transformational Commissioning as common practice	Build Sustainability into services through the commissioning process Create Whole System and collaborative approaches in service design	The Promise Board Care Family	Achieve resilient, high-quality services that consistently meet the needs of children and families, measured by feedback from families and services
Whole system approaches to supporting families through joint referral pathways	Establish cross – agency collaboration and communication to develop joint referrals Opportunities will be explored and developed to access shared digital platforms and information sources	The Promise Board Care Family	Joint referral pathways will be developed and used and measured by services

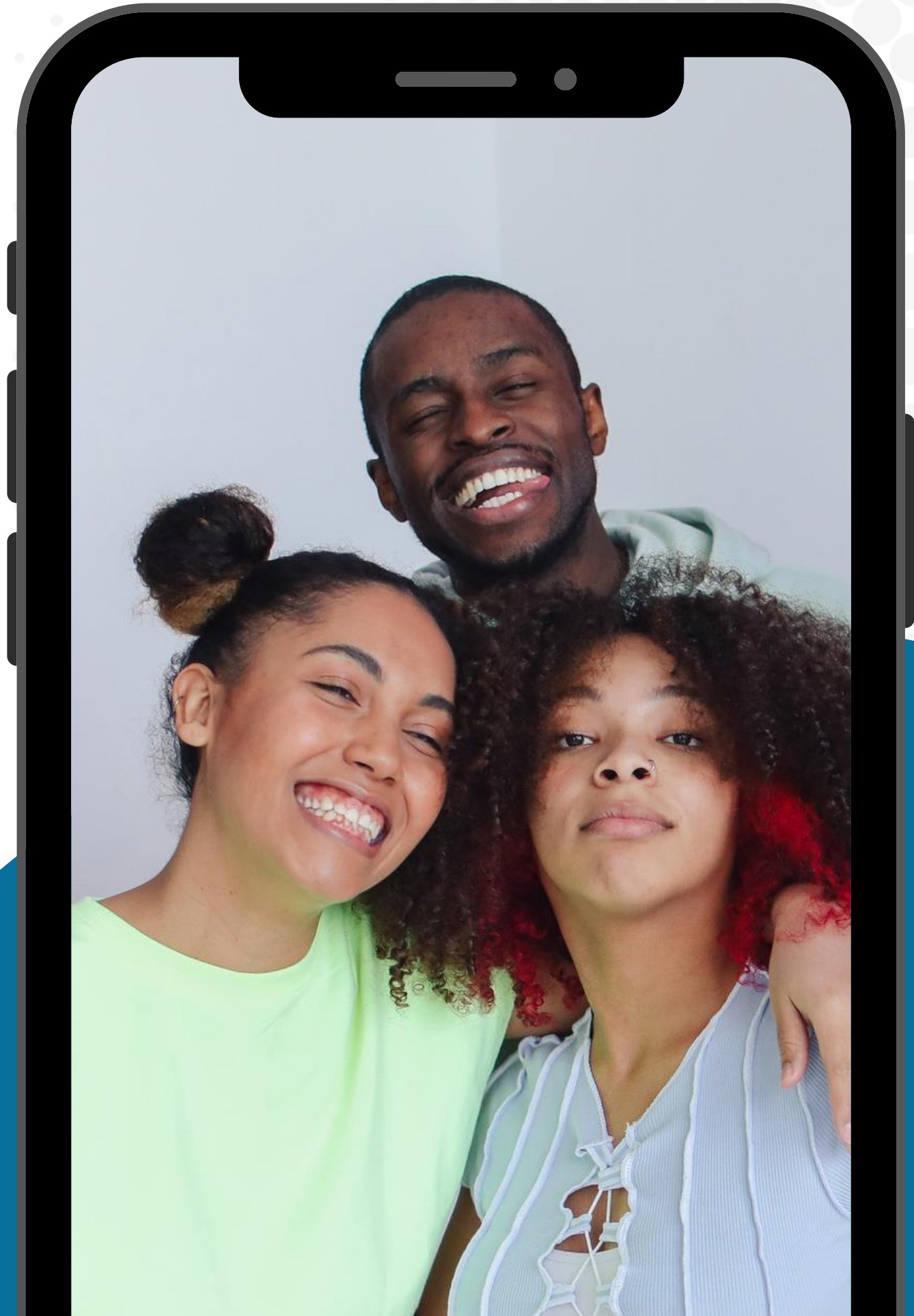
Implementation, monitoring and Evaluation

The plan will be implemented through the Care, Family and Doing Data Differently delivery groups. Action plans will be developed for each delivery group, monitored and evaluated, reporting back into The Promise Board.

The Promise Board will report progress to the Integrated Children's Service Board, The Highland Council Health and Social Care Wellbeing Committee and Scottish Government.

The Promise board will explore dynamic innovative feedback loops with children, young people and families in a way that is meaningful to them.

The Promise Board will produce an annual Promise Report (Corporate Parenting report) which will document the work has been done to Keep the Promise and ensure the partnership is fulfilling its duties and responsibilities as corporate parents.



Corporate Parenting Partners



HIGHLAND
THIRD
SECTOR
INTERFACE



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland



Highlands and Islands Enterprise
Iomairt na Gàidhealtachd's nan Eilean



Reference Links

[The Promise 24–30](#)

[Children's Rights and Participation Strategy](#)