

Agenda Item	7
Report No	JMC-12-25

The Highland Council / NHS Highland

Committee: Joint Monitoring Committee

Date: 25 September 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 into the 3rd 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 sectors.
- 6 GIRFEC (Getting it Right for Every Child)**
- 6.1 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.
- 6.2 Child's Plan (Document) Working Group update.
All relevant services are represented within the working group; both the needs of the children and the requirements of each service are being considered in the review of the child plan document.
- 6.3 The initial draft forms the foundation of the core Child's Plan, incorporating essential information along with the views of the child and their parents. It includes an action plan for support, with service-specific components identified for completion as required.
- 6.4 A timeline for completing the final draft is being established, considering opportunities to pilot the revised Child's Plan document, gather feedback, and prepare a report for approval by the GIRFEC Strategic Group and final sign-off by the Integrated Children's Services Board.
- 6.5 The working group for the development of the Child's Plan practice guide which will sit alongside the new child's plan document is now being established.

- 6.6 GIRFEC Training Update. The first date for the multi-agency, face-to-face training programme took place on 24 June. An additional eight sessions are planned throughout 2025/2026, aligned with the new school cluster areas. Educational Psychology is leading the delivery, supported by co-delivery representatives from across the partnership to ensure a multidisciplinary approach to the training. Based on feedback during the initial GIRFEC Refresh sessions, the sessions will focus on the key elements of the Practice Model, Early Assessment and Planning, Information Sharing in a Multi-Agency World, Assessing and Managing Risk and Chronologies.

7 Children and Young People Mental Health and Wellbeing Delivery Group

- 7.1 The Children and Young People Mental Health and Wellbeing Steering Group have progressed activity around the mapping of services, in particular community-based supports and services, through the lens of the [Scottish Government CYP Community Mental Health and Wellbeing Supports and Services Framework](#).
- 7.2 The group took part in an interactive session led by colleagues from Public Health. The group have also explored how we align to the framework's four outcomes around community-based supports and services. Improvement work in relation to CYP community-based supports and services, will continue to be developed and this work will in turn develop work around pathways and waiting well concepts.
- 7.3 Once fully populated, work is required to categorise some of the mapping, not only how it fits into the THRIVE framework but also how the information is used by services and signposted to raise awareness for children, young people and their families.
- 7.4 Pathways need to be developed for young people to gain a better understanding across the system and so any gaps can be identified. Funding streams can then be linked, and this will influence funding decisions to ensure there is a strategic focus.
- 7.5 It was agreed that the CYP Community Mental Health and Wellbeing fund would be transferred to the Whole Family Wellbeing Programme, to allow for the administration of that fund to be aligned to the WFWP Funding Strategy. This will enable a joined-up approach for improvements to community-based supports and services across Highland.
- 7.6 The allocation for FY 2025/2026 for Highland from the Scottish Government for the CYP Community Mental Health and Wellbeing Fund has been confirmed and the Community Mental Health and Wellbeing Fund was opened for applications in June to ensure that funds were available for summer activities.
- 7.7 This process will, thereafter, be taken under the locality model of the WFWP, with funds linked to need and a data led approach in line with the Scottish Government's CYP Community Mental Health and Wellbeing Supports and Services Framework.

8 Highland Alcohol and Drug Partnership

- 8.1 Planet Youth work continues with all existing schools committed to continuing with the approach for Cycle 3. A recruitment process has been successful, with 8 new schools applying and confirming involvement in Planet Youth for Cycle 3. There has been an Increased provision of activities for young people via Highlife Highland, with estimated 1500 young people involved in specific Planet Youth activities Jan-Mar 2025.

- 8.2 The Drug and Alcohol Project Manager within the Whole Family Wellbeing team has now taken up post and continues to support the "Together We Can" initiative. Future plans include collaboration with the Library of Voices to strengthen the Children and Young People Participation Strategy.
- 8.3 The training course *Discussing Drugs and Alcohol with Young People* is now available for booking via Turas.
- 8.4 Plans are underway to update the Highland Substance Awareness Toolkit in celebration of its 10th anniversary next year. Supported by the Associate Lead Nurse, a training matrix has been launched, with 110 staff participating in sessions covering both the *Discussing Drugs and Alcohol with Young People* course and the H-SAT toolkit.
- 8.5 A Prevention Sub-Group of the HADP Strategy Group has been established. Its inaugural meeting in July focused on defining membership and developing the group's Terms of Reference. The group's primary aim is to oversee innovative initiatives that contribute to achieving the strategic outcomes outlined in the HADP Strategy 2025–2030 and the Integrated Children's Services Plan 2023–2026.

9 The Promise

- 9.1 The Promise – Care & Family Delivery Groups.
The implementation of the Highland Promise Plan has progressed, with the Care and Family Delivery Groups dedicating time to developing their respective action plans. A development session held on 26th June focused on:
- Reaching a collective agreement on how each Delivery Group will fulfil its commitments under The Promise Board.
 - Clarifying which group is responsible for specific commitments, acknowledging the cross-cutting themes shared between the Care and Family groups.
 - Beginning discussions on how the Promise Board and Delivery Groups can confidently measure progress against their commitments to *Keep The Promise* in Highland.

Following this session, the Care and Family Delivery (Improvement) Plans are being finalised for sign-off by the respective groups. Once complete, the third Delivery Group—*Doing Data Differently*—will be able to move forward, establishing a more robust mechanism for monitoring and scrutinising data.

- 9.2 Children (Care, Care Experience and Services Planning) (Scotland) Bill.
The Scottish Government has requested feedback from organisations and partnerships on the proposed Children (Care, Care Experience and Services Planning) (Scotland) Bill.
In response, The Promise Board dedicated time to reviewing the Bill and its associated consultation questions, submitting collective feedback by the 15 August deadline. Promise Scotland has produced a high-level summary of the proposed legislation to support this process.

[A high-level summary of the specific areas identified by The Promise Scotland as potentially requiring legislative change and therefore should be considered for the Promise Bill \(Magazine\)](#)

10 Rights and Participation Group

- 10.1 To support the implementation of the Children and Young People Participation Strategy two subgroups have been developed -

The Children and Young People Involvement - Voice subgroup is focused on: Developing systems where the voices of children and young people are heard and considered in decision-making. Creating feedback loops to ensure that their input is not only collected but also acted upon and communicated back to them.

- 10.2 The Training and Knowledge Subgroup will identify and provide support through training and communication. This will enable practitioners to engage meaningfully with the children and young people they work with and support the implementation of the Children and Young People Participation Strategy.
- 10.3 Development is underway of the Child Friendly Complaints Process informed by Scottish Public Services Ombudsman (SPSO) guidance that it is accessible, effective for children and focused on early resolution. The process is being developed in collaboration with Children and Young People. Four engagement sessions have taken place with a focus on the myths of capacity relating to children, the table below shows some of children's input in relation to these myths.

	Really disagree	Mostly disagree	Mostly agree	Really agree
Children are too young to understand or have a view	34	7	1	0
Adults should just decide as they know best	33	6	3	0
Kids just want silly things so why ask them?	33	7	1	1
Children can't cope with difficult issues	30	8	3	0
Children only have rights if they behave responsibly	35	4	3	0
Children with additional support needs can't make decisions	36	5	2	0
If there is only one option, we don't need to consult children	33	7	2	0
If we put out a survey in school that'll be enough	25	15	2	0
Children don't want to come to boring meetings about them	8	21	9	0

Once the policy is finalised, there will be an offering of training, resources, and communications to help staff effectively adhere to the complaints procedure.

11 Vision 26 and Vision 26 Roadshows

- 11.1 The Integrated Children's Services Board hosted a vibrant and well-attended Family Fun Day at Eden Court Theatre in Inverness on Monday, 11 August 2025. Building on the success of previous years, the Vision 2026 event evolved into a dynamic celebration for children and families. The event brought together professionals from across the partnership, each contributing to a wide range of engaging activities designed to entertain, support, and connect with families. It was a true collaborative effort, with organisations working side by side to create a welcoming and joyful atmosphere.
- 11.2 More than 800 families participated in activities including a family ceilidh, arts and crafts, pop-up play, parachute games, balance bikes, and baby massage. Outdoor

play sessions were held in Northern Meeting Park, and goodie bags were distributed containing low-cost activity ideas and a variety of play resources.

- 11.3 The event celebrated the work being delivered through the Integrated Children's Services Plan 2023–2026 and showcased the strength of partnership working across Highland. It provided a valuable opportunity to engage with families, highlight available support, and recognise the collective achievements of services working together to improve outcomes for children and young people. Looking ahead, Vision 2026 roadshows are being planned in two localities before the end of the year. These events will bring together key strands of partnership work, including The Promise, the Whole Family Wellbeing Programme, and the Child Protection Committee, to demonstrate the integrated approach being taken across these workstreams.

Designation: Chair - Integrated Children's Service Board

Date: August 2025

Author: Ian Kyle – Chair – Integrated Children's Service Board

Appendices: Appendix 1 - Performance Management Framework



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, usually ready by November each year

↑ ↓ → - 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	↓71	Housing
ANALYSIS This data is collected quarterly. There has been a reduction since the last reporting period from 86 The baseline was established in 2015.				

Indicator #2 (NHS CYP14)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children with one or more developmental concerns recorded at the 27–30-month to decrease by 10%	TBC	TBC	85%	Child Health
ANALYSIS The measure has changed from Percentage of children reaching their developmental milestones at their 27 – 30-month health review will increase. This is due to how the data is now collected, The target and baseline to be established.				

Percentage of children with one or more developmental concerns recorded at the 27-30 month review

Year	% of reviews	Pre-pandemic median
2019	14.5	13.0
2020	13.0	13.0
2021	14.0	13.0
2022	16.0	13.0
2023	14.0	13.0
2024	12.0	13.0

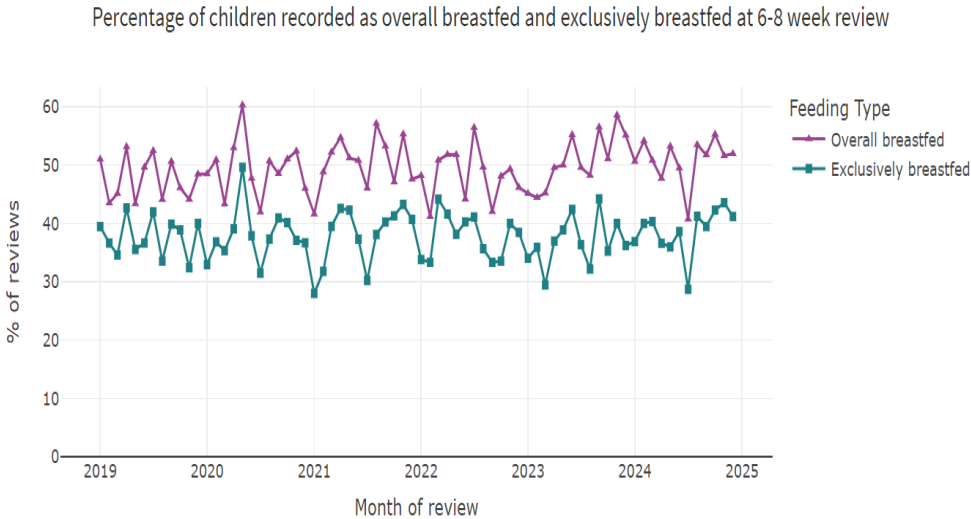
Indicator #3 (NHS CYP16)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	95%	85%	↑ 97.8%	Child Health
ANALYSIS This data is reported Annually. Body Mass continues to be measures as part of the Child Health Surveillance Programme at the P1 Screening 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 4-5-week Child Health Surveillance contact	95%	36%	36.3%	Child Health
ANALYSIS This is a new indicator identified through improvement work. Insights on Health Visiting in Highland from the Child Health Surveillance Programme Pre-School report (May2025) demonstrated that 4-5 years coverage in Highland remains low (~50%) and is not universally implemented compared to ~75% nationally. New performance measure will drive increased coverage, which will in turn provide improved data on child health and developmental need at this stage. An improvement focus in this area will result in the increase in the figure. 95% has been identified as an achievable stretch aim for the measure.				

Indicator #5 (NHS CYP06)	TARGET	BASELINE	CURRENT	DATA SOURCE
To reduce the attrition rate by 10% in any breastfeeding at 6 - 8 weeks by 2025	36%	30%	↑40%	Child Health
ANALYSIS				

There is a multi-disciplinary approach to supporting women to breastfeed in Highland and this includes midwives, health visitors, family nurses, infant feeding support workers, infant feeding coordinators, paediatric dietitians and community early years practitioners. Breastfeeding rates in Highland have increased over the past few years, resulting in fewer babies receiving only formula milk. Both midwifery and health visiting services have achieved sustainability status (GOLD award) from Unicef Baby Friendly Initiative resulting in a clear action plan to support leadership, culture, monitoring and progression of breastfeeding services within Highland. Infant feeding support workers will soon be tested as a concept in non-SIMD 1 areas, while Skye and Wester Ross has tested a concept where CEYP are upskilled to offer the level of support provided by IFSWs.

The Scottish Government has just finalised plans for the roll out of the Local Authority Breastfeeding Friendly Scheme which was tested in North Lanarkshire and there is an ask for Highland colleagues to participate in this along with the nursery and school friendly schemes. There has also been a national breastfeeding target which is monitored and reported to the Scottish Government from NHS Highland. This target aimed to reduce the attrition rate by 10% in any breastfeeding at 6 -8 weeks and NHS Highland has also made huge steps to achieving this target. The target is due to be renewed in 2026. This group would be encouraged to monitor and report on this target. For areas within SIMD 1 and where IFSWs have supported, attrition rates at 6 – 8 weeks have lowered from 44% in 2017/18 to 29% in 2024/25.



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%	↑59.7%	Health and Social Care
ANALYSIS The current LAC data for 24/25 is 59.7% completed within four weeks. This is an improvement from the 23/24 data of 56.5%. As part of delivering The Promise for Highland care experienced children and young people, there is currently a review of the health delivery model for CE CYP in Highland. Early improvements have already been put in place including the appointment of a Health Visitor (The Promise) in March 2025. This post will support early prevention and delivery of all statutory health assessments for infants under the age of 5 years, within the 4 week timescale. The recruitment to a Specialist Nurse (The Promise) School Years, to undertake a similar function for school age cyp, is underway. It is anticipated that as both posts move into operation, there will be a significant improvement in the timescales of delivery for the initial health assessment.				

Indicator #8 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	↑79%	Health and Social Care
ANALYSIS The children's physiotherapy team have been fully staffed for a number of months which has seen progress towards our target for waiting times. The team have also remodelled their service delivery to maximise efficiency, including offering more clinics to reduce travel time for therapists. Along with all the children's therapy services, physiotherapy are seeing an ever-increasing demand.				

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%	↑79%	Health and Social Care

ANALYSIS
We are seeing an improvement with an increase to 79% this quarter from 59% last quarter following a period of downward trend. It should also be noted that all requests are contacted and receive a 'First Conversation' consultation and are provided with advice and suggestions for thing they can do while they wait.

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				

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%	80%	↓ 76%	Health and Social Care
ANALYSIS				
Since the last quarter figure of 87% we have noticed requests increasing from 50 to 60 per month, to averages of 90 per month. This has impacted on the number of children and young people who have been seen within 18 weeks this quarter. Work is underway with partners on early communication and language supports which may avoid such spikes in request rates in future.				

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%	↑ 81%	Health and Social Care

ANALYSIS
We are pleased to report an improvement on this indicator given the large increase in requests for speech and language therapy. 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.

Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE		
The number of children reporting that they feel listened to in their school	Improve from Baseline	40%	↑39%	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. Slight Increase from 2023 which averaged 36%						
Do you feel listened to in your school?						
	2015	2017	2019	2021	2023	2025
Yes - very much so (P7)	65.6%	64.6%	57.6%	56.9%	50.4%	52.2%
Yes - very much so (S2)	43.2%	38.4%	34.8%	38.9%	29.9%	34.2%
Yes - very much so (S4)	32.0%	31.9%	20.8%	32.6%	26.8%	31.1%

Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
Self-reported incidence of smoking will decrease	Improve from Baseline	13%	↓ 2.6%	Education and Learning
ANALYSIS				
Most recent data from the 2025 lifestyle survey with over participants from P7, S2 and S4 pupils with a continued downward trend 2023 data was 3% 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 this data was collected in 2025 survey				

Have you ever used a Vape or e-cigarette – 19.2% self-reported incidence of vaping. New measure so further analysis and exploration to change as an indicator measure to be agreed and finalised.

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%	↓ 1.6%	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. 2023 data – 4.3% P7 – 0.08%, S2 – 1.29%, S4 – 3.62% Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools				

Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in P7 who report that they use drugs at least once per week	Improve from Baseline	1.80%	↓ 0.00%	Education and Learning
ANALYSIS Most recent data from the 2025 lifestyle survey with over participants from P7, S2 and S4 pupils 2025 data – 0.25% 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%	↓ 0.39%	Education and Learning
ANALYSIS Most recent data from the 2025 lifestyle survey with over participants from P7, S2 and S4 pupils 2023 data – 0.53%				

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%	↓0.29%	Education and Learning
ANALYSIS Most recent data from the 2025 lifestyle survey with over participants from P7, S2 and S4 pupils A reduction from 2023 – data – 2.38% 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				

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	↑ 21	Health & Social Care
ANALYSIS				
This data is reported monthly as part of the data collection for the Home to Highland programme. Numbers have increased but have since increased again to 21. 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	↓ 2	Health & Social Care
ANALYSIS				
Previous quarter figure – 4 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	↑ 41	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. This gives an indication of numbers of vulnerable children and young people (in terms of risk of harm). Increases in numbers may be positive as it can evidence good practice in assessing and responding to risk. It can also evidence increasing risk within				

communities and support the design and delivery of services. The number of children subject to initial and pre-birth case conferences in Highland has increased by 4 from 37 in the previous quarter, to 41 in the current quarter. This is the 4th highest within the last 8 quarters, while the highest recorded in this period was 51.
Data as of Q4 2024/25 (01/02/2025 – 31/07/2025).

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences	N/A	19	↑28	HSC – CP Minimum Dataset
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. This quarter sees an increase in the number from case conferences from 20 in the previous quarter to 28 in this quarter. 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.</p> <p><i>Data as of Q4 2024/25 (01/02/2025 – 31/07/2025).</i></p>				

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%	↓95%	HSC – CP Minimum Dataset
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. The conversion rate has decreased from 97% in the previous quarter to 95% in the current quarter. 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.</p> <p><i>Data as of Q4 2024/25 (01/02/2025 – 31/07/2025).</i></p>				

Indicator #26	TARGET	BASELINE	CURRENT	DATA SOURCE
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Number of children on the child protection register as at end of reporting period	N/A	112	↑ 110	HSC – CP Minimum Dataset
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. The last 4 quarters have seen a small rise in the number of children on the register, with an increase of 9 in this quarter compared to the previous quarter. Looking at the broader trend, since Q1 2023-24 there has been a general decrease from a high of 144, the recent increase is more a move towards normal levels following the low of 83 in Q1 of 2024/25. It should be noted that larger sibling groups registering or deregistering can affect the overall number and give the impression of larger movements.</p> <p>An increase 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, work is underway to examine the data in more detail.</p> <p><i>Data as of Q4 2024/25 (31/07/2025).</i></p>				

Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	N/A	34	↓ 26	HSC – CP Minimum Dataset
ANALYSIS				
<p>This data is collected quarterly and reported in the Child Protection Minimum Dataset. This quarter sees a slight decrease in the number of de-registrations from 29 in the previous quarter to 26 in the current quarter. The highest number of de-registrations recorded in the last 8 quarters was 60 in Q1 2024/25, this was found to be due to many sibling groups deregistering the same time.</p> <p>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.</p> <p><i>Data as of Q4 2024/25 (01/05/2025 – 31/07/2025).</i></p>				

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	↑ 142	HSC – CP Minimum Dataset
ANALYSIS				

This data is collected quarterly and reported in the Child Protection Minimum Dataset. The current quarter shows a rise in concerns from 121 in the previous quarter to 142 in the current quarter. This increase is as expected as its relative to the fairly large number of new registrations within the period (39).

Most concerns recorded relate to vulnerability factors including Domestic Abuse (18), Services Finding it Hard to engage (4), Parental Alcohol Use (15), Parental Drug Use (14), Child Affected by Parental Mental Health (21). In terms of Impact and Abuse Emotional Abuse (1) and Neglect (16), are the largest concerns recorded. Criminal Exploitation, Child Experiencing Mental Health Problems, Sexual Abuse 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.

Data as of Q4 2024/25 (01/05/2025 – 31/07/2025).

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	95%	TBC	↓ 88%	HSC – CP Minimum Dataset
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. The current quarter sees a slight decrease in the % of meetings with parental attendance from 91% in the previous quarter to 88% in this quarter.				
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%.				
<i>Data as of Q4 2024/25 (01/05/2025 – 31/07/2025).</i>				

Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on non-offence grounds	Reduction from Baseline	TBC	↑ 156	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 Q1 2024/25 =137				

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Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children referred to the Children's Reporter on offence grounds	Reduction from Baseline	TBC	↑ 54	HSC-SCRA Quarterly Reports
ANALYSIS This data is collected quarterly and reported in the Child Protection Minimum Dataset. There has been a rise of 13 children referred to the reporter on offence grounds in this quarter compared to the previous quarter (28). 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 an increase this quarter however, figures are relatively small so increases and decreases in the data need to be considered over a longer period. Data as of Q2 2024/25, new SCRA data for Q3 is expected mid-May 2025				

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 Looked After Children data is as of the 31/07/2024. This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. There has been an increase of 7 children/YP that are with friends and families in 2024 compared to 2023 (74).				

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				

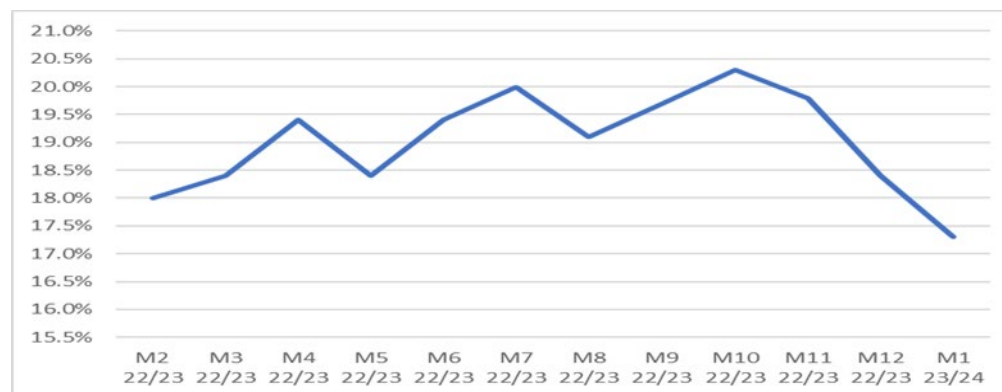
Looked After Children data is as of the 31/07/2024.
 This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.
 There has been an increase of 7 children/YP that are with friends and families in 2024 compared to 2023 (74).

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				
Looked After Children data is as of the 31/07/2024. This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. There has been a decrease of 7 children/YP that are with foster parents provided by local authority in 2024 compared to 2023 (104).				

Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	Increase from Baseline	12	↓ 14	HSC - Scottish Government Annual Return
ANALYSIS				
Looked After Children data is as of the 31/07/2024. This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. There has been a decrease of 1 child/YP that are with prospective adopters in 2024 compared to 2023 (15).				

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 Looked After Children data is as of the 31/07/2024. This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. There has been an increase of 5 children/YP that are within a local authority provided house in 2024 compared to 2023 (52). The number of available in-Highland residential beds has decreased by 7 in the past 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%	↑27%	Health & Social Care
ANALYSIS This data is reported monthly on PRMS, 19.4% in previous quarter 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
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The number of children where permanence is achieved via a Residence order increases	82	72	↑146	Health & Social Care
ANALYSIS				
Previous quarter 137				