

Agenda Item	6
Report No	JMC/19/25

Committee: Joint Monitoring Committee

Date: 04 December 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; and
 - 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.

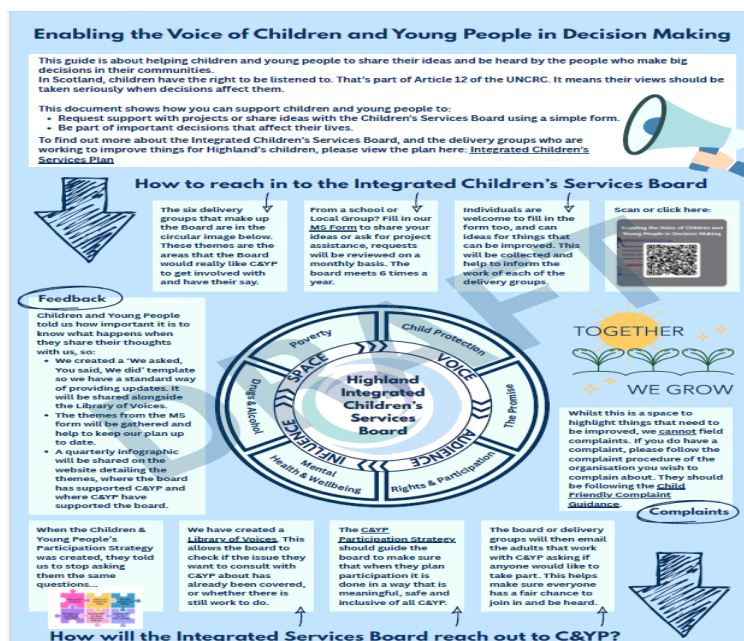
6 Rights and Participation group

6.1 Recognising the critical importance of embedding children and young people's voices in decision-making, the Integrated Children's Services (ICS) Board has affirmed that their ongoing input is essential to shaping its work. In response, the Implementation Group has been tasked with identifying effective and meaningful ways to support participation, building on the priorities expressed by children and young people during the development of the Children's Rights and Participation Strategy.

6.2 To support this, a Voice Process has been developed. Its purpose is to enable children and young people to actively contribute to the ICS Board and its delivery groups—not only through traditional consultation methods where the Board 'reaches out' to seek views, but also by creating a mechanism for children and young people to 'reach in' and share their expertise, ideas, and concerns directly.

6.3 This process offers a broader, more accessible route for any child or young person to raise issues or contribute ideas, supported by trusted adults. Submissions—whether questions, comments, or requests for support—can be made via a dedicated Microsoft Form. These can come from individuals or groups and are sent directly to the ICS Board, which will review and respond or forward them to the relevant delivery group as appropriate.

6.4 Insights gathered through this process will be complemented by participatory work captured in the Library of Voices, ensuring that children and young people's perspectives not only inform and influence decision-making but also create opportunities for co-design and deeper collaboration.



6.5 As part of Highland's commitment to implementing the Children and Young People's Participation Strategy, a new programme of work has been launched through the Rights and Participation Group and its Implementation Subgroup. Central to this work is the creation of feedback loops that ensure children and young people are informed about how their voices have influenced decisions and driven improvements.

6.6 We're pleased to share that a submission showcasing elements of this work was entered into the COSLA Excellence Awards—and we're delighted to have been shortlisted as finalists. Out of entries from across Scotland, only 15 projects were selected, and we are one of just three finalists in the Strengthening Communities and Democracy category. A presentation was delivered to a panel of nine judges on 2nd October, and the winner will be announced at the COSLA Excellence Awards Ceremony on 13th November.

7 GIRFEC Strategic Group

7.1 The Child's Plan Working Group, comprising representatives from all relevant services, has been working to review the current child's plan. The group has ensured that both the needs of children and the operational requirements of each service have been fully considered in the review of the Child's Plan document.

7.2 The initial draft formed the foundation of the core Child's Plan, incorporating essential information alongside the views of the child and their parents. It includes a tailored action plan for support, with service-specific components to be completed as required.

7.3 Following a language framing review aligned with The Promise Board, the final draft of the Child's Plan is now complete. Approval to proceed with a pilot was granted at the Integrated Children's Services Board meeting on 9th October. The pilot will run from October to December, during which feedback will be gathered to inform further refinement. A report will be prepared for the GIRFEC Strategic Group, with final sign-off anticipated from the ICS Board in February.

- 7.4 In parallel, a new working group is being established to develop the Child's Plan Practice Guide, which will accompany the revised document and support consistent implementation across services.
- 7.5 In considering the GIRFEC Training Update, the multi-agency, face-to-face GIRFEC training programme is now underway, with three sessions completed to date. These sessions have been well attended, with particularly strong representation from education staff, and feedback has been positive.
- 7.6 An additional five sessions are planned throughout 2025/2026, aligned with the new school cluster areas. The training is being led by Educational Psychology, with co-delivery from representatives across the partnership to ensure a multidisciplinary approach.

8 Improving Health Outcomes for Care Experienced Infants, Children and Young People in Highland

- 8.1 A report was presented to the Integrated Children's Services (ICS) Board seeking support for a strategic shift in how health services are delivered to care experienced infants, children and young people (CE ICYP) in Highland. The report outlines the current challenges, presents a compelling case for change, and proposes a plan for improvement.
- 8.2 Access to health assessment and treatment is often complex for CE ICYP due to the inability of health systems to adapt to the intricacies of their circumstances. Changes in carers can lead to disruptions in schooling and health board areas, compounded by issues such as delayed transfer of medical records, communication gaps between agencies, and unclear responsibilities around consent. These barriers directly affect access to timely care and contribute to poorer long-term health outcomes.
- 8.3 Since 2008, Highland's approach has been rooted in Getting it Right for Every Child (GIRFEC) and the Child's Plan, aligning with the Integrated Children's Services Plan and the Families First Approach in Health and Social Care. Rather than a specialist team, Highland has relied on its universal health workforce—primarily Health Visitors and School Nurses—who are supported to carry out initial assessments and act as informed health partners within the Child's Plan.
- 8.4 To strengthen this approach, Highland Council proposes the development of a small specialist health team to enhance outcomes for CE ICYP. This team will include:
- 1 FTE Associate Lead Nurse CE CYP / Designated Nurse (RCPCH Level 5) – providing strategic leadership across the partnership.
 - 1 FTE Health Visitor – The Promise (RCPCH Level 4).
 - 1 FTE Specialist Nurse – School Years, The Promise (RCPCH Level 4).
 - 1 FTE Speech and Language Therapist.
 - 1 FTE Wellbeing Practitioner.

This team will focus on:

- Improving the quality of initial health assessments and planning
- Facilitating access to mainstream health services
- Coordinating care during transitions out of the family home

- Providing expert support to universal health staff involved in the Child's Plan

The ICS Board has endorsed the proposed approach as part of the wider improvement programme.

9 Highland Alcohol and Drugs Partnership (HADP)

- 9.1 HADP, in collaboration with Partners in Advocacy, has secured three-year funding through the Corra Way Forward for Families Fund to deliver independent advocacy for children and young people affected by alcohol and drug use within their families in Highland.
- 9.2 To support the strategic development of this service, the Voice & Choice Steering Group has been established. Its initial focus is to guide the introduction of the advocacy service, ensuring that the lived and living experiences of children and young people inform its design and delivery.
- 9.3 The Steering Group will also promote partnership working and strengthen links between the advocacy service and existing children and young people's services across Highland, maximising the impact and reach of support for those affected.

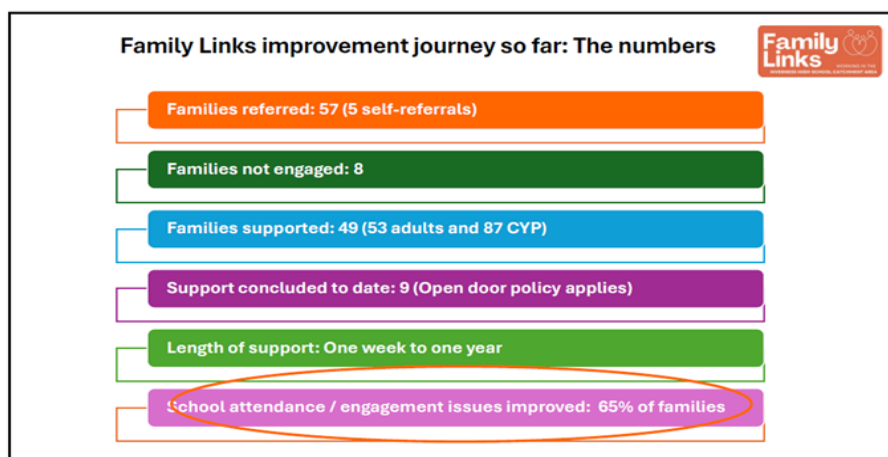
10 Whole Family Wellbeing Programme

- 10.1 Highland continues to advance work across its funding streams of the Whole Family Wellbeing Programme, in alignment with the Programme's Funding Strategy.
- 10.2 The Whole Family Wellbeing Programme Funding Activity Overview and Analysis Report provides a comprehensive account of funding activity to date. It demonstrates how resources are being directed towards the six priority family types identified in the national *Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022–2026*. This targeted approach is enabling the delivery of holistic, community-based support and wellbeing initiatives, contributing to improved outcomes for some of Highland's most vulnerable families.

11 Family Links Project

- 11.1 Family Links is an 18-month test of concept focused on improving school attendance and engagement within the Inverness High School Associated School Group (ASG). The project delivers a third-sector-led model of holistic, whole-family support through an alliance of three organisations:
 - Care and Learning Alliance
 - Thriving Families
 - Home-Start East Highland.
- 11.2 Funded and supported by the Whole Family Wellbeing Programme, Family Links is guided by its co-created motto:
 "Family-centred. Family-driven. Delivered in partnership."
 This motto emerged from reflective workshops held in March 2025, six months into delivery, involving a wide range of stakeholders.

- 11.3 Now one year into implementation, Family Links is contributing meaningfully to the broader efforts to improve school attendance. While it does not claim to offer a universal solution to attendance challenges—issues that are global and deeply complex—it seeks to complement existing initiatives by testing a unique, family-focused approach.
- 11.4 The project aims to:
- Improve school attendance and engagement.
 - Enhance family wellbeing.
 - Reduce reliance on short-term or punitive interventions.
 - Support families to be better positioned to positively engage with their children's education.
- 11.5 Family Links is demonstrating how whole-family support can play a vital role in addressing the root causes of disengagement and promoting sustainable, long-term improvements.



- 11.6 After one year of delivery, the Family Links Project has generated valuable insights into supporting families with complex and long-standing challenges around school attendance and engagement.
- 11.7 Despite these challenges, the project has seen encouraging results:
- Over two-thirds of children referred for attendance and engagement issues have shown some level of improvement.
 - Schools report that the most positive outcomes have come from early intervention referrals, where issues are less deeply rooted.
- 11.8 While attendance issues are the trigger for referrals, not all children within a referred family are affected. The Family Links approach recognises that support must be tailored to the unique needs of each family.
- 11.9 A key learning from the project is that practical support alone is not enough. Without addressing the emotional and wellbeing challenges families face, improvements are often short-lived, and repeated practical interventions may be required. The most effective support has come from a holistic approach—one that combines practical help with emotional and wellbeing support, tailored to the evolving needs of each family.

This learning reinforces the core principle of Family Links:
It's not about choosing one form of support over another—it's about the right combination, delivered in partnership, and shaped by the family's circumstances.

12 Vision 26 Roadshows- Upcoming Events

- 12.1 As part of the Vision 26 programme, roadshow events are being planned in two Highland localities: Wick and Lochaber. These events aim to raise awareness of local support networks and Highland-wide initiatives that support children, young people, and families.
- 12.2 The first event will take place in Wick on 28th November, with a focus on: "Getting it Right for Children and Families."
The day will highlight key initiatives including:
- The Promise
 - Whole Family Wellbeing Programme
 - Highland Child Protection Committee
- 12.3 The event will offer:
- Opportunities for practitioners to network and share learning.
 - A family-friendly session with fun activities.
 - Information on local and Highland-wide support services.

Designation: Chair, Integrated Children's Service Board

Date: November 2025

Author: Ian Kyle, Chair, Integrated Children's Services Planning Board

Appendices: Appendix 1 - Performance Management Framework

Appendix 1



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 2025

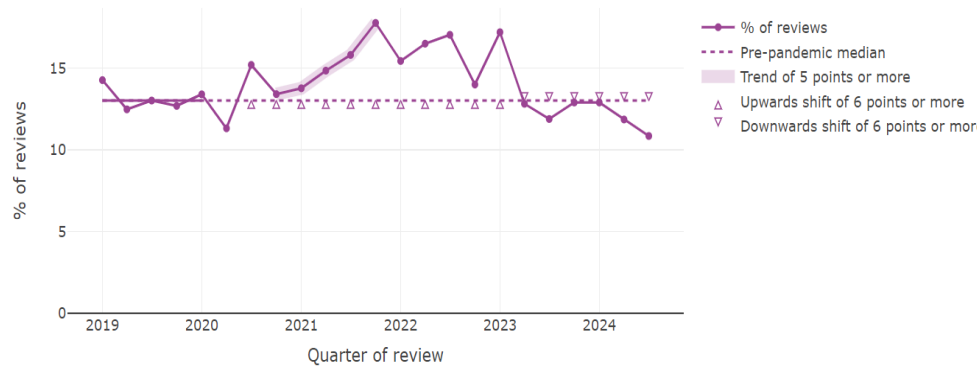
Health and Social Care & NHS - This data is collected quarterly

HSC – CP Minimum Dataset – This data is collected quarterly (reporting period August to July)

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	↑73	Housing
ANALYSIS				
This data is collected quarterly. Slight increase from last quarters figure of 71. 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%	4%	TBC	14%	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 reaching developmental milestones at the 27-20 month review 85.9%																																																						
<div>Percentage of children with one or more developmental concerns recorded at the 27-30 month review</div> <div><p>The graph displays the percentage of reviews with developmental concerns over time. The y-axis represents the percentage of reviews (0-15%), and the x-axis represents the quarter of review (2019-2024). A solid line shows the percentage of reviews, which fluctuates around a pre-pandemic median (dashed line). A shaded area indicates a trend of 5 points or more. Triangles mark upwards shifts of 6 points or more, and inverted triangles mark downwards shifts of 6 points or more.</p><table><caption>Approximate data points from the graph</caption><thead><tr><th>Quarter of review</th><th>% of reviews</th></tr></thead><tbody><tr><td>2019 Q1</td><td>14.5</td></tr><tr><td>2019 Q2</td><td>12.5</td></tr><tr><td>2019 Q3</td><td>13.0</td></tr><tr><td>2019 Q4</td><td>13.0</td></tr><tr><td>2020 Q1</td><td>13.0</td></tr><tr><td>2020 Q2</td><td>11.5</td></tr><tr><td>2020 Q3</td><td>15.0</td></tr><tr><td>2020 Q4</td><td>13.5</td></tr><tr><td>2021 Q1</td><td>13.5</td></tr><tr><td>2021 Q2</td><td>14.5</td></tr><tr><td>2021 Q3</td><td>15.5</td></tr><tr><td>2021 Q4</td><td>17.5</td></tr><tr><td>2022 Q1</td><td>15.5</td></tr><tr><td>2022 Q2</td><td>16.5</td></tr><tr><td>2022 Q3</td><td>16.5</td></tr><tr><td>2022 Q4</td><td>14.0</td></tr><tr><td>2023 Q1</td><td>17.0</td></tr><tr><td>2023 Q2</td><td>13.0</td></tr><tr><td>2023 Q3</td><td>12.5</td></tr><tr><td>2023 Q4</td><td>13.0</td></tr><tr><td>2024 Q1</td><td>13.0</td></tr><tr><td>2024 Q2</td><td>12.0</td></tr><tr><td>2024 Q3</td><td>11.0</td></tr><tr><td>2024 Q4</td><td>11.0</td></tr></tbody></table></div>					Quarter of review	% of reviews	2019 Q1	14.5	2019 Q2	12.5	2019 Q3	13.0	2019 Q4	13.0	2020 Q1	13.0	2020 Q2	11.5	2020 Q3	15.0	2020 Q4	13.5	2021 Q1	13.5	2021 Q2	14.5	2021 Q3	15.5	2021 Q4	17.5	2022 Q1	15.5	2022 Q2	16.5	2022 Q3	16.5	2022 Q4	14.0	2023 Q1	17.0	2023 Q2	13.0	2023 Q3	12.5	2023 Q4	13.0	2024 Q1	13.0	2024 Q2	12.0	2024 Q3	11.0	2024 Q4	11.0
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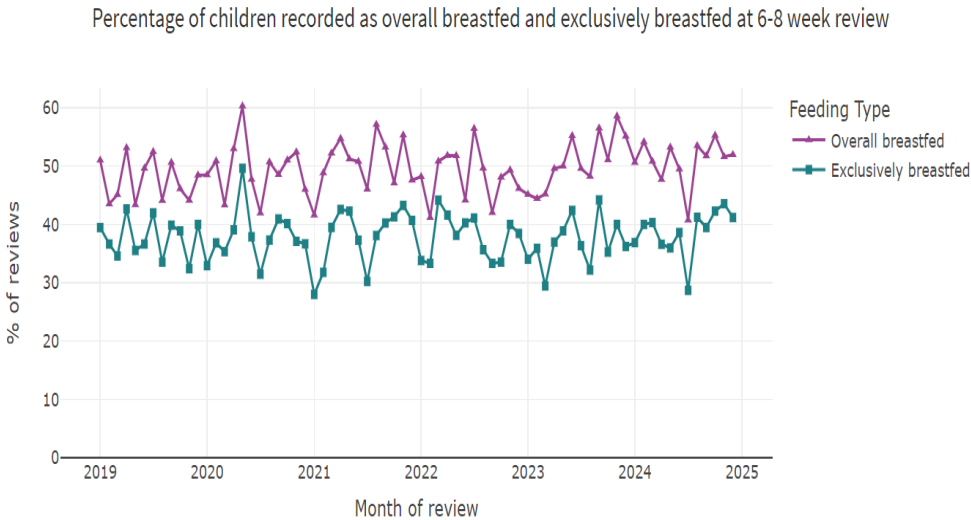
Indicator #3 (NHS CYP16)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	95%	85%	↑ 97.8%	Child Health
ANALYSIS This data is reported Annually. Body Mass continues to be measures as part of the Child Health Surveillance Programme at the P1 Screening 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. Data reported 6 monthly				

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. Reporting annually published in Nov



Indicator #6 (NHS CYP15)	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	↓93%	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				
Performance on the statutory health assessments, which remains consistently well below the required target of 90% within four weeks. 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%	-	Health and Social Care
ANALYSIS				
<p>Unable to report this quarter due to system issues</p> <p>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.</p>				

Indicator #9 (NHS CYP24_A)	TARGET	BASELINE	CURRENT	DATA SOURCE
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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%	-	Health and Social Care
ANALYSIS				
Unable to report this quarter due to system issues 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%	-	Health and Social Care
ANALYSIS				
Unable to report this quarter due to system issues				

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%	-	Health and Social Care
ANALYSIS				
<p>Unable to report this quarter due to system issues</p> <p>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.</p>				

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%	-	Health and Social Care
ANALYSIS				
<p>Unable to report this quarter due to system issues</p> <p>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.</p>				

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				
<p>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</p> <p>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.</p>				

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				
<p>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</p>				

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				
<p>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</p>				

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% <u>Highland Substance Awareness Toolkit (H-SAT)</u> Whole school early intervention approach to embedding H-SAT being tested in a high school. Regular review of content via google analytic Promotion via community events e.g. Vision 2026 launch, Delivery of H-SAT awareness and use of lesson plans to guidance staff Support to schools to develop substance aware policy Substance awareness education being delivered to education and associated staff Collaboration with Drug and Alcohol Recovery Service in development of naloxone policy for children's homes

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
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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	↑ 19	Health & Social Care
ANALYSIS				
This data is reported monthly as part of the data collection for the Home to Highland programme. Numbers have decreased since last quarter from 21. This was as a result of several larger families coming into spot purchased residential care. 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
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Number of children subject to initial and pre-birth child protection case conferences	N/A	26	↑41	HSC – CP Minimum Dataset
ANALYSIS				
<p>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.</p> <p><i>Data as of Q4 2024/25 (01/02/2025 – 31/07/2025).</i></p>				

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
Number of children on the child protection register as at end of reporting period	N/A	112	↑ 110	HSC – CP Minimum Dataset
ANALYSIS 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. 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. <i>Data as of Q4 2024/25 (31/07/2025).</i>				

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

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
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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				
<p>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).</p> <p>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.</p> <p><i>Data as of Q4 2024/25 (01/05/2025 – 31/07/2025).</i></p>				

Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
% of Initial Child Protection Planning Meetings with parental attendance	95%	TBC	↓ 88%	HSC – CP Minimum Dataset
ANALYSIS				
<p>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.</p> <p>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%.</p> <p><i>Data as of Q4 2024/25 (01/05/2025 – 31/07/2025).</i></p>				

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.

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.				

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

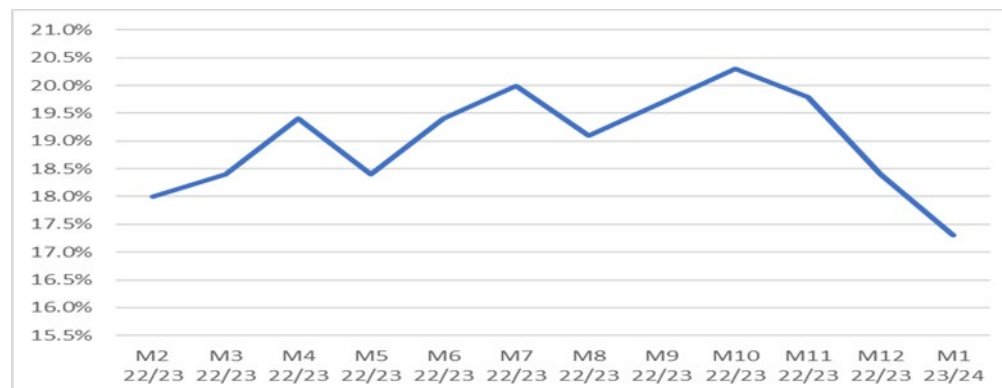
ANALYSIS
<p>Looked After Children data is as of the 31/07/2024.</p> <p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p> <p>There has been an increase of 7 children/YP that are with friends and families in 2024 compared to 2023 (74).</p>

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	Increase from Baseline	121	↓ 97	HSC - Scottish Government Annual Return
ANALYSIS <p>Looked After Children data is as of the 31/07/2024.</p> <p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p> <p>There has been a decrease of 7 children/YP that are with foster parents provided by local authority in 2024 compared to 2023 (104).</p>				

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 <p>Looked After Children data is as of the 31/07/2024.</p> <p>This data is collected and quality-assured annually as part of the statutory returns to Scottish Government.</p> <p>There has been a decrease of 1 child/YP that are with prospective adopters in 2024 compared to 2023 (15).</p>				

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