

2014 - 2019

For Highland's Children

Children's Plan



Do Chloinn na Gàidhealtachd

Plana Cloinne



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ALISTAIR CHRISTIE



MYRA DUNCAN

FHC4

introduction

ro-ràdh

This is the fourth Integrated Children's Service Plan which reaffirms our commitment to give every child and young person in Highland the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential. We want our children to be safe, healthy, achieving, nurtured, active, respected & responsible and included.

This is an ambitious plan for all services which work with children and young people in Highland. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

The integrated children's services plan sets out clear priorities for children and young people. This includes measures to provide children with the best possible start in life and the necessary support to enable them to achieve their potential.

As one of the pathfinder areas for the development and introduction of Getting It Right For Every Child since 2006, the children's services partnership now has well established policies and procedures for implementing this plan.

The plan provides a framework for all staff who work with children and young people to identify and understand their individual needs and to consider what support is required. It promotes the participation of children, young people and families.

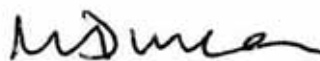


COUNCILLOR ALISTAIR CHRISTIE

Chair of

Education, Children and Adult Services Committee

The Highland Council



MYRA DUNCAN

Chair of

Health & Social Care Committee

NHS Highland

FHC4

overview

sealladh coitcheann



The plan

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

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

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

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

The Scottish Government passed the Children and Young People (Scotland) Bill on 19 February 2014. The Bill places duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.

The planning and operational structure

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

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

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

The groups are:

Schools
Early Years
Child Protection
LAC
Youth Action
Mental Health
Additional Support Needs
Young Carers
Play
Transitions
Public Health
Supporting Parents
Practice model

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

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

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

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

Equalities

Groups and teams will continue our partnership approach to provide access to good quality services and improve outcomes for all children and young people, and in particular we will:

- Identify and address inequalities and disadvantage
- Tackle discrimination and stigma
- Seek to improve access to services for underrepresented, vulnerable and excluded groups and increase their involvement in employment and community life.

Partners will make positive contributions towards Highland being a fair and inclusive place for children and young people. Throughout the implementation of FHC4, we shall demonstrate a commitment to equality of opportunity across each of the themes. This will also ensure that we meet our legal requirement as public authorities under the Equality Act 2010 to: give due regard to the need to eliminate discrimination; advance equality of opportunity and; foster good relations to promote equality of opportunity.

Self-evaluation

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

The Programme of The Highland Council 2014 – 2017

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

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

Working together for the economy

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

Working together for children and young people

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

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

Working together for caring communities

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

Working together for empowering communities

For Highlands Children 4 sets out a number of priorities to ensure we engage with and support the work of the Highland Youth Convener, Highland Youth Parliament and local members of the Scottish Youth Parliament and engage meaningfully with the third sector across a range of policy areas and in service provision.

Services will actively promote multi-culturalism, support the implementation of the Fairer Highland Plan, including the duties of the Equalities Act 2010, ensuring that staff and services users are treated fairly and with respect. We will continue to provide information to the public in clear language, to the 'Crystal Mark' plain English standard.

In addition we will measure our progress openly, report on it publicly and listen to communities, to ensure we are delivering services that provide best value for Council Taxpayers. The plan details a number of ways in which we will improve public engagement and consultation.

section 1



The Improvement Framework

Am frèam leasachaidh

The Vision

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

The themes

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

Safe
Healthy
Achieving
Nurtured
Active
Respected and Responsible
Included

Key Outcomes

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

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

Improvement Planning

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

Performance Management

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

section 2



Key Outcomes

Prìomh Thoraidhean

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

The Outcomes

The outcomes are designed to consider the ways in which;

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

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

**SAFE
HEALTHY
ACHIEVING
NURTURED
ACTIVE
RESPECTED AND RESPONSIBLE
INCLUDED**

SAFE

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

HEALTHY

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

ACHIEVING

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

NURTURED

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

ACTIVE

10. Children and young people are physically active.

RESPECTED AND RESPONSIBLE

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

INCLUDED

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



section

3

Performance Framework

Frèam Coileanaidh

The plan details a Performance Management Framework for monitoring and scrutinising progress in meeting the outcomes.

The performance measures in this framework are high level.

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

1

FHC 4 Outcome

SAFE

Children are protected from abuse, neglect or harm at home, at school and in the community.

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

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FHC 4 Outcome

SAFE

Children are well-equipped with the knowledge and skills they need to keep themselves safe.

Measure	Data Source	Frequency	Improvement Group
Self reported incidence of alcohol misuse will reduce.	Lifestyle Survey	Every 2 years	Public Health and Wellbeing
Self reported incidence of drugs misuse will reduce.	Lifestyle Survey	Every 2 years	Public Health and Wellbeing
The number of children and Young people displaying sexually harmful behaviour receiving support through the AIM 1 and 2 assessment and Good Lives programme will increase.	Youth Action Data Collection	Annually	Youth Justice
Reduce the number of Road Traffic Accidents resulting in avoidable injuries to children and young people under 17 years.	Road Safety unit data	Annually	Road Safety Unit
Hospital admissions for drug related reasons will reduce.	SMRO1	Annually	Public Health and Wellbeing
Hospital admissions for Alcohol related reasons will reduce.	SMRO1	Annually	Public Health and Wellbeing

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FHC 4 Outcome

SAFE

Young people and families live in increasingly safer communities where antisocial and harmful behaviour is reducing.

Measure	Data Source	Frequency	Improvement Group
The number of children reporting that they feel safe in their community increases.	Lifestyle Survey	Every 2 years	Public Health and Wellbeing
The percentage of teaching staff who have up to date child protection training increases.	Child Protection training data	Annually	Schools
The number of children and young people reported to SCRA on anti social behaviour grounds reduces year on year.	SCRA Data	Annually	Youth Justice
The number of restorative justice warnings used for young people who offend increases.	Child Concern Forms – Practice leads Youth Action	6 monthly	Youth Justice
Increase the use of diversionary interventions for young people who are at risk of becoming serious and/or repeat offenders.	Youth Action Data collection	Annually	Youth Justice
The number of young people referred to youth action who have an asset assessment completed increases.	Youth Action Data Collection	6 monthly	Youth Justice
The number of offence based referrals to SCRA reduces.	SCRA Data	Quarterly	Youth Justice
The percentage of 16 to 18 year olds entering the criminal justice service decreases.	Youth Action Data Collection	Annually	Youth Justice

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FHC 4 Outcome
HEALTHY

Children and young people experience healthy growth and development.

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

95% uptake of 6-8 week Child Health Surveillance contact showing no difference in the uptake between the general population and LAC.	Child Health surveillance system	Annually	Early years
Achieve 36% of new born babies exclusively breastfed at 6-8 week review by March 2017.	ISD Validated data	Quarterly	Maternal infant nutrition
There will be a reduction in the percentage gap between the most and least affluent parts of Highland in the number of children exclusively breastfed at the 6 -8 week review.	ISD Validated data	Quarterly	Maternal infant nutrition
Maintain the 95% Allocation of Health Plan indicator at 6-8 week from birth for the general population.	Child Health Surveillance	Quarterly	Early Years
Maintain the 95% uptake of primary immunisations by 12 months.	CHSS SIRS	Annually	Public Health and wellbeing
Maintain 95% uptake rate of MMR1 (% of 5 year olds).	CHSS SIRS	Quarterly	Early Years
Sustain the completion rate of Primary one Child health assessment to 95%.	CHSS Schools	Annually	Early Years
The percentage of children with significant ASN having their learning planned for through a child's plan will increase.	Annual Audit of child's plans for pupils with level 3 and 4 needs. SEEMis	Annually	Additional Support Needs
The number of 2 year olds registered at 24 months with a dentist will increase year on year.	Child Health Surveillance – 27 to 30 month review	Annually	Public Health and Wellbeing
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase year on year.	Child Health Surveillance – 27 to 30 month review	Annually	Public Health and Wellbeing

The percentage of 5 year olds will have no obvious dental decay will increase to 80%.	ISD from National Dental Inspection Programme	By December 2020	Public Health and Wellbeing
Child Fluoride Varnish Applications Achieve at least 60% of 3 and 4 year old children in each SIMD quintile to receive at least 2 applications of fluoride varnish per year by March 2014.	ISD (3 and 4 year olds – HEAT target)	Annually	Public Health and Wellbeing
All nurseries will participate in the Childsmile toothbrushing Programme with 80% of the roll brushing daily.	Childsmile Integrated Monitoring Reports (July – June)	Annually	Public Health and Wellbeing
90% of children and young people referred for specialist CAMHS (primary mental health workers) are seen within 18 weeks by December 2014.	Service Planning	Quarterly	Mental Health
95% of looked after children and young people referred for specialist CAMHS are seen within 18 weeks by December 2014.	Service Planning	Annually	Mental Health
The percentage of statutory health assessments completed within 4 weeks of becoming looked after will increase to 95%.	Monthly collation by Lead Nurse LAC	Monthly	Looked after Children
The percentage of Initial LAC health assessments to be included in Childs Plans within 6 weeks will increase to 95%.	Monthly collation by Lead Nurse LAC	Monthly	Looked after Children
Waiting times for AHP services to be within 18 weeks from referral to treatment by December 2014.	Monthly returns made by AHPs	Monthly	Additional Support Needs
95% of children will have their Primary One Body Mass index measured every year.	CHSS Schools	Annually	Public Health and Wellbeing

Increase the number of S2 young women who receive HPV immunisation to 90% by March 2017.	CHSS SIRS	Annually	Public Health and Wellbeing
The percentage of S2 young woman who receive HPV immunisation will be no different between the most and least affluent areas.	CHSS SIRS	Annually	Public Health and Wellbeing
The percentage of S2 young woman who receive HPV immunisation will be no different between the general population and the LAC population.	CHSS SIRS	Annually	Public Health and Wellbeing
Number of staff trained to deliver approved input on sexual health, relationships and parenting increases.	Developed by the public health and wellbeing IG	Annually	Public Health and Wellbeing

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FHC 4 Outcome HEALTHY

Children and young people make well-informed choices about healthy and safe lifestyles.

Measure	Data Source	Frequency	Improvement Group
The number of hits on pages relating to children and young people on the Substance Misuse Website increases.	Substance misuse website	Annually	Health, Wellbeing & Public Health
The number of children's services staff trained in Brief Interventions and Motivational Interviewing increases.	Youth action data collection	Annually	Youth Justice
The number of early years providers who offer children healthy snack choices will increase.	Feedback from Early Years Census information	Annually	Early Years
The number of pre school aged children who have access to energetic physical play increases.	Feedback from Early Years Census information	Annually	Early Years

The volume of oily fish, vegetables, fruit and salad used in school meals per pupil increases.	Catering Services	Annually	Public Health and Wellbeing
School meal uptake increases beyond primary 3.	Catering Services	Annually	Public Health and Wellbeing
Self reported incidence of smoking will decrease.	Lifestyle Survey	Every 2 years	Public Health and Wellbeing

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FHC 4 Outcome ACHIEVING

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

Measure	Data Source	Frequency	Improvement Group
The number of Highland Care Leavers who attain qualification in any subject at level 3 or above will increase.	SEEMis	Annually	Schools
The number of Highland Care leavers who attain qualifications in English/Maths at level 3 or above will increase.	SEEMis	Annually	Schools
The percentage of schools who have a curriculum model and rationale based on the 7 principals of design and 4 contexts of learning increases.	QIT	Annually	Schools
The percentage of pupils who report "that staff talk to them regularly about their learning" increases.	HMI	Annually	Schools
The high levels of positive destinations for pupils in Highland against National averages and comparator schools and authorities is maintained.	SEEMis	Annually	Schools

The number of children who have access to learning a second language from Primary One and to a third language from Primary Six by 2020 increases.	To be added to SEEMis	Every 2 years 2016	Schools
The percentage of young people reporting their learning environment as positive will increase.	Lifestyle Survey	Every 2 Years	Public Health and Wellbeing
The number of Gypsy and Traveller children and young people attending nursery, primary and secondary school, whilst in Highland, will increase.	Interrupted Learning Development Officers database	Annually	Additional Support Needs
The number of Gypsy and Traveller children and young people, and others who experience interrupted learning, attending school for longer, sustained periods of time will increase.	Interrupted Learning Development Officers database	Annually	Additional Support Needs

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FHC 4 Outcome ACHIEVING

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

Measure	Data Source	Frequency	Improvement Group
The percentage of children and young people sustaining full time attendance at school will increase.	6 monthly audit of part time attendance in school and nursery / SEEMis	6 monthly	Additional Support Needs
The percentage of schools who have a system to monitor achievement increases.	QIT	Annually	Schools
The percentage of schools awarded an evaluation of good or better for self-evaluation in HMI inspections increases.	HMI	Annually	Schools

The percentage of schools awarded an evaluation of good or better for curriculum in HMI inspections increases.	HMI	Annually	Schools
The percentage of children achieving level 4 in literacy and numeracy increases.	INSIGHT	Annually	Schools
The high levels of overall performance against National averages and comparator schools and authorities is maintained.	INSIGHT	Annually	Schools
The percentage of children who respond positively to the question "my school is a good place to learn" increases.	Lifestyle Survey	Annually	Schools
The percentage of schools awarded an evaluation of good or better for Meeting Learners Needs in HMI inspections increases.	HMI	Annually	Schools
The number of Looked After Children in placements supported through the FF scheme (Highland Council) increases.	16+ and throughcare and aftercare destination data	Annually	Looked After Children
The number of Looked After Children in placements supported through the FF scheme (NHS Highland) increases.	16+ and throughcare and aftercare destination data	Annually	Looked After Children
The number of young people with complex disability remaining in positive destinations post school increases.	Annual update of post school destinations.	Annually	Additional Support Needs
The percentage of children and young people in schools accessing support from substance misuse workers increases.	Youth Action Data collection	Annually	Youth Justice

The percentage of schools who have developed a positive relationships framework, supported by curricular materials based on rights, respect and wellbeing will increase.	Audit of school policy frameworks	Every 2 years	Additional Support Needs
The gap between the number of Young Carers identified by services and those who self identify will decrease.	Connecting carers and Young Carers databases Lifestyle Survey	Every 2 years	Young Carers
The number of self identified young carers who report they are supported will increase.	Lifestyle Survey	Every 2 years	Young Carers
The reduction in multiple exclusions is maintained.	SEEMis	Annually	Schools
The exclusion rate for Looked After Children will decrease.	SCOT EX ED census and SEEMis	Annually	Looked After Children

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FHC 4 Outcome NURTURED

Children and young people thrive as a result of nurturing relationships and stable environments.

Measure	Data Source	Frequency	Improvement Group
The number of children entering Primary One who demonstrate an ability to develop positive relationships through nurturing and stable environments increases.	Pre school Overviews	Annually	Additional Support Needs
The drift and delay in the time taken between a child being accommodated and a permanency decision will reduce to 9 months.	Exception reporting by Resource Manager Fostering and Adoption	Quarterly	Looked After Children

The number of children entering Primary One who demonstrate an ability to develop positive relationships through nurturing and stable environments increases.	Pre school Overviews	Annually	Additional Support Needs
The number of respite nights provided is sustained.	Report on the use of Respite	Monthly	Additional Support Needs
The number of respite day hours provided is sustained.	Report on the use of Respite	Monthly	Additional Support Needs
The number of Looked After Children accommodated outwith Highland will decrease.	Care First	Quarterly	Looked After Children
The number of children who need to live away from the family home, but can be supported in Kinship Care increases.	Care First	Quarterly	Looked After Children
The number of children where permanence is achieved via a Residence Order increases.	Care First	Quarterly	Looked After Children
The number of audits carried out for any Looked After Children who experience three or more unplanned placement moves in a three month period increases.	Reports to Looked After Children Improvement Group	Quarterly	Looked After Children

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FHC 4 Outcome
NURTURED

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

Measure	Data Source	Frequency	Improvement Group
The number of pregnant women screened for substance misuse who are offered support increases.	SMR4	Annually	Early Years
The number of pregnant women who are at risk of poor mental health who are offered support increases.	NHS Intelligence	Annually	Early Years
An increase in uptake of Healthy Start scheme to 85% of eligible beneficiaries by 2016.	NHS Intelligence	Annually	Maternal Infant Nutrition
The number of eligible children supported to take up their early learning & childcare entitlement increases.	Childcare database	Annually	Early Years
The number of staff trained in the use of approved parenting programmes increases.	Supporting Parents database	6 monthly	Supporting Parents
The number of areas producing an annual plan for delivering universal and targeted support to parents increases.	Area Management teams	Annually	Supporting Parents
The number of parents attending validated parenting programmes increases.	Reports to Area Management Teams on local delivery and evaluation reports	Quarterly	Supporting Parents
Increase the number of parents participating in a validated parenting course who have 3-4 year olds with severely disruptive behaviour.		6 monthly	Supporting parents

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

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FHC 4 Outcome

ACTIVE

Children and young people are physically active.

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

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FHC 4 Outcome

RESPECTED AND RESPONSIBLE

**Children and young people know their rights and are confident in exercising these.
They are able to express their views and be involved meaningfully in decisions which affect them.**

Measure	Data Source	Frequency	Improvement Group
The percentage of views and comments of children and young people with Additional Support Needs included in a child's plan increases.	Annual Audit of child's plans for pupils with level 3 and 4 needs	Annually	Additional Support Needs
The percentage of children responding positively to the question "Staff and children treat me fairly and with respect" is maintained.	HMI	Annually	Schools
The percentage views and comments of children and young people receiving a youth action service included in a child's plan increases.	Youth Action Data collection	6 monthly	Youth Justice
The percentage of schools with a model for personal support in place increases.	QIT questionnaire	Annually	Schools

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FHC 4 Outcome

RESPECTED AND RESPONSIBLE

**Families are valued as important contributors and work as equal partners
to ensure positive outcomes for their children and young people.**

Measure	Data Source	Frequency	Improvement Group
The number of parents accessing the handling teenage behaviour programme increases.	Action for Children and Youth Action Team	Annually	Supporting Parents
The percentage of parents and carers who respond positively to the question, "the school takes my views into account" increases.	HMI	Annually	Schools

The percentage of parents who report that the school keeps them well informed of their child's progress increases.	HMI	Annually	Schools
The number of hits on pages relating to parents and carers on the Highland Substance Misuse website increases.	Substance Misuse website	Annually	Health & Wellbeing

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FHC 4 Outcome INCLUDED

Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Measure	Data Source	Frequency	Improvement Group
The number of schools with the new equal opportunities policy in place increases.	Through Master school list	Annually	ECS Equalities Working Group
The percentage of parent and carer responses to the question, "my child is treated fairly at school" is maintained.	HMI	Annually	Schools
The percentage of children who report they have a say in making the way they learn in school better increases.	HMI	Annually	Schools
The number of parents/carers who participate in the parent/carers food and health in schools participation programme increases.	Catering service	Annually	Public Health and Wellbeing
The number of families of children with Additional Support needs supported by Chip+ through the service level agreement is maintained or increases.	Chip+ annual report	Annually	Additional Support Needs

The number of schools participating in the delivery of Resilient Kids training increases.	Training audit from Psychological Services	6 monthly	Additional Support Needs
The number of adult and children's services staff accessing the getting our priorities right training increases.	Youth Action Data collection	Annually	Children Affected by Parental Substance Misuse
The number of school staff participation in equality and diversity training increases.	SEEMis	Annually	ECS Equalities Working Group

14

FHC 4 Outcome INCLUDED

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

Measure	Data Source	Frequency	Improvement Group
The number of children participating in the Highland Lifestyle Survey increases.	Lifestyle survey	Every 2 years	Public Health and Wellbeing
Evidence of involvement and engagement of Children and Young People and families in Improvement Group activity will be demonstrated year on year.	IG leads annual reporting	Annually	All
The number of consultations with children around their experiences of preschool education and childcare increases.	Early Years audit	Annually	Early Years
The number of children and Young People completing the youth action service evaluation form increases.	Youth Action Data collection	6 monthly	Youth Justice



section 4



Improvement Priorities

Prìomhachasan Leasachaidh

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

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

This model:

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

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

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

The current improvement plan from each of the Improvement Groups can be found on:
<http://www.forhighlandschildren.org/1-childrensplan/strategy.htm>

section 5



Current Evaluation

Measadh Làithreach

Improving the wellbeing of children and young people

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

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

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

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

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

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

Capacity for Improvement

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

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

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

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

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

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

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

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

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

- Successful implementation of 'Getting It Right For Every Child' in Highland has resulted in effective and improving early intervention for vulnerable children and young people. It has also been instrumental in bringing together a highly committed group of staff, guided by the values and principles of the Highland Practice Model.
- The commitment to joint self-evaluation and performance management across the children's services partnership is making a strong contribution to service improvement and achieving better outcomes for children. This is reinforced by the highly effective involvement of children and young people in policy and service planning".

Implementation of Getting It Right For Every Child and Integrated Services

Highland was a national pathfinder for the implementation of Getting It Right For Every Child (GIRFEC) from 2006. There was a period of around 2 years of developmental activity to confirm the key components and practice tools, and a further 18 month programme of implementation.

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

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

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

Integration has built on the foundations of the Practice Model and has enabled a more formal and structured approach to the delivery of services, delivering further improvement in effective partnership working.

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

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

The implementation of the Practice Model has reduced bureaucracy, achieved earlier and more effective interventions, and improved outcomes for children and families. This means that:

- Children are more likely to get the help they need when they need it.
- Practitioners spend more time with children and families.
- Assessment defines responses - that are more likely to be appropriate, proportionate and timely.
- There are explicit thresholds for compulsory measures.
- There is greater support to enhance the capacity of families and communities to meet the needs of children.
- Those working with children and young people use a more consistent and equitable approach, and are clear about their responsibility to do the right thing for each child and how they contribute to the collective responsibility to achieve this.

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

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

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

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

Improving the help and support to keep children and communities safe

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

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

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

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

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

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

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

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

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

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

Multi-Agency Risk Assessment Conferences are being rolled out across Highland to ensure that information about high risk domestic abuse victims is shared between agencies. By bringing all agencies together, and ensuring that whenever possible the voice of the victim is represented

by an independent advocacy service, a risk focused, co-ordinated safety plan is developed to support the victim.

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

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

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

Ensuring that we are good Corporate Parents

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

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

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

Training and seminars have been delivered to elected members, staff and partner agencies to ensure they understand child development, corporate parenting responsibilities and the particular issues for Looked After Children.

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

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

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

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

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

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

Social Workers will normally be the Lead Professionals for Looked After Children. Barnardos provide the service to young people in Throughcare & Aftercare.

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

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

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

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

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

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

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

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

Highland Council has ensured employability for Looked After Children is included as part of the contracts for new capital developments.

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

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

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

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

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

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

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

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

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

- Pupil Councils – in Secondary Schools, considering aspects of how the school is run and how it engages with its community, and with a number of similar forums and consultation processes in Primary Schools.
- Youth Forums – bringing children and young people together at a community level, sometimes organising Youth Café's or similar activities.
- Who Cares? Scotland – representing Looked After Children
- Highland Children's Forum – advocating for children with additional needs.
- The Highland Youth Parliament with 100+ elected members, bringing together each of these groups twice a year at 3-day residential conferences, and with an Executive Committee that meets every 6 weeks.
- Highland Youth Convener – a paid appointment, who helps to feed back the issues raised by young people to relevant senior officers and elected members.

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

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

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

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

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

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

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

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

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

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

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

Improving the help and support provided in the earliest years

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

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

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

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

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

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

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

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

The strength of universal services can also be demonstrated in the progressive universalism approach to support the emotional and social wellbeing of children at the earliest stages. Assessment of risks and needs that are in line with the Highland Practice Model form the basis of this process of building in additional support through proportionate and timely interventions.

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

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

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

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

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

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

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

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

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

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

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

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

The Named Person is the first point of contact for children and families, and can be called upon when there is a concern about a child's wellbeing. The Named Person will consider issues or concerns, in light of what is already known about the child and family, and will ask themselves five questions:

1. What is getting in the way of this child's well-being?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from other agencies?

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

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

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

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

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

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

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

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

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

section 6



Highland Trends

Gluasadan Gàidhealach

Population

Total Population

The total land area of Highland, incorporating all islands, is 26,484 square kilometres, which represents almost a third of the landmass of Scotland.

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

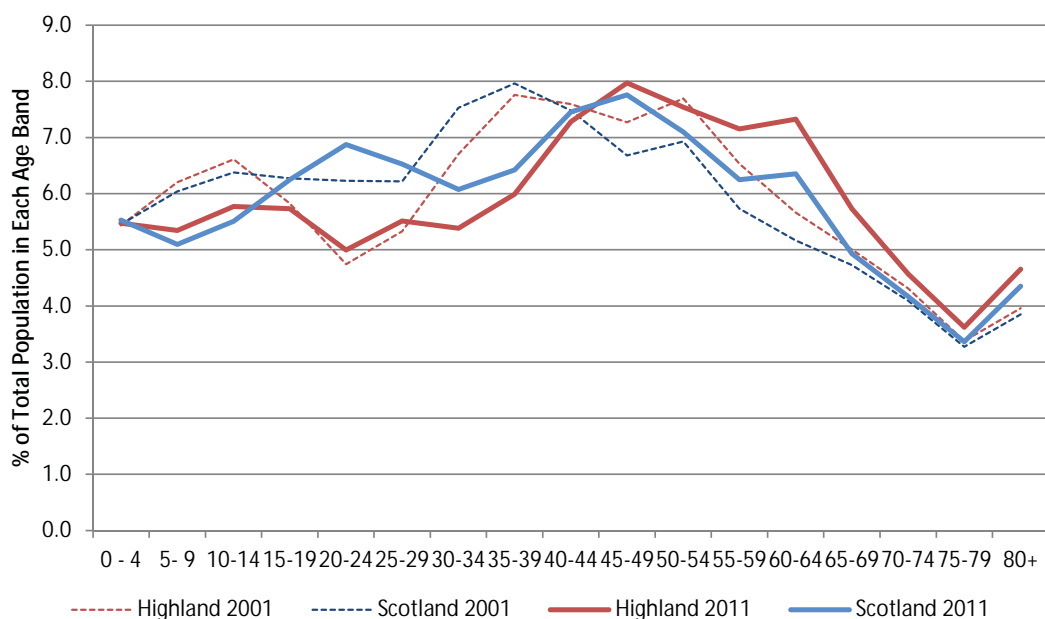
The results show that:

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

Percentage of the Total Population in each Age Band 2011

Age Band	Highland	Scotland
0 - 4	5.5%	5.5%
5- 9	5.3%	5.1%
10-14	5.8	5.5%
15-19	5.7	6.2%

Age Structure of Our Population



POPULATION TRENDS FOR EACH ASSOCIATED GROUP



HIGHLAND

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	26,073
Number of people per square kilometre	n/a	8.9
AGE		
All people	100.0%	232,132
0 to 4 years old	5.5%	12,705
5 to 15 years old	12.4%	28,693
16 & 17 year olds	2.5%	5,821
18 to 25 year olds	8%	18,641

EAST ROSS DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1231
Number of people per square kilometre	n/a	37.3
AGE		
All people	100.0%	22,855
0 to 4 years old	6.2%	1,405
5 to 15 years old	13.1%	2,986
16 & 17 year olds	2.6%	606
18 to 25 year olds	8.4%	1,914

ALNESS ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	474
Number of people per square kilometre	n/a	17.7
AGE		
All people	100.0%	8,365
0 to 4 years old	6.5%	544
5 to 15 years old	13.8%	1,154
16 & 17 year olds	2.9%	240
18 to 25 year olds	8.6%	722

INVERGORDON ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	72
Number of people per square kilometre	n/a	82.0
AGE		
All people	100.0%	5,920
0 to 4 years old	6.1%	363
5 to 15 years old	12.8%	760
16 & 17 year olds	2.7%	158
18 to 25 year olds	8.8%	520

TAIN ROYAL ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	685
Number of people per square kilometre	n/a	12.5
AGE		
All people	100.0%	8,570
0 to 4 years old	5.8%	498
5 to 15 years old	12.5%	1,072
16 & 17 year olds	2.4%	208
18 to 25 year olds	7.8%	672

LOCHABER DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	5036
Number of people per square kilometre	n/a	4.1
AGE		
All people	100.0%	20,730
0 to 4 years old	5.8%	1,211
5 to 15 years old	12.7%	2,648
16 & 17 year olds	2.3%	484
18 to 25 year olds	7.5%	1,551

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	324
Number of people per square kilometre	n/a	2.5
AGE		
All people	100.0%	822
0 to 4 years old	5.1%	42
5 to 15 years old	11.1%	91
16 & 17 year olds	2%	17
18 to 25 year olds	9%	77

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,261
Number of people per square kilometre	n/a	1.6
AGE		
All people	100.0%	1,998
0 to 4 years old	4.8%	95
5 to 15 years old	12.9%	257
16 & 17 year olds	2.3%	46
18 to 25 year olds	5.1%	102

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	735
Number of people per square kilometre	n/a	2.5
AGE		
All people	100.0%	1,858
0 to 4 years old	5.3%	99
5 to 15 years old	13.4%	249
16 & 17 year olds	2.5%	46
18 to 25 year olds	6.8%	126

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	675
Number of people per square kilometre	n/a	4.3
AGE		
All people	100.0%	2,877
0 to 4 years old	5.1%	146
5 to 15 years old	11.1%	318
16 & 17 year olds	1.7%	50
18 to 25 year olds	6%	186

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	2,041
Number of people per square kilometre	n/a	6.5
AGE		
All people	100.0%	13,175
0 to 4 years old	6.3%	829
5 to 15 years old	13.2%	1,733
16 & 17 year olds	2.5%	325
18 to 25 year olds	8%	1,060

INVERNESS WEST DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,452
Number of people per square kilometre	n/a	19
AGE		
All people	100.0%	27,434
0 to 4 years old	5.4%	1,501
5 to 15 years old	11.3%	3,107
16 & 17 year olds	2.5%	696
18 to 25 year olds	9%	2,472

CHARLESTON ACADEMY ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	515
Number of people per square kilometre	n/a	24.0
AGE		
All people	100.0%	12,338
0 to 4 years old	4.6%	565
5 to 15 years old	10.9%	1,346
16 & 17 year olds	2.5%	323
18 to 25 year olds	7.9%	985

GLENURQUHART HIGH ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	933
Number of people per square kilometre	n/a	3.1
AGE		
All people	100.0%	2,875
0 to 4 years old	4.4%	127
5 to 15 years old	12.8%	368
16 & 17 year olds	2.9%	84
18 to 25 year olds	4.9%	141

INVERNESS HIGH ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	4
Number of people per square kilometre	n/a	2963.6
AGE		
All people	100.0%	12,211
0 to 4 years old	6.6%	809
5 to 15 years old	11.4%	1,393
16 & 17 year olds	2.4%	289
18 to 25 year olds	11%	1,346

INVERNESS EAST DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1140
Number of people per square kilometre	n/a	44
AGE		
All people	100.0%	50,107
0 to 4 years old	6%	3,225
5 to 15 years old	12.6%	6,336
16 & 17 year olds	2%	1,234
18 to 25 year olds	9.1%	4,555

CULLODEN ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	136
Number of people per square kilometre	n/a	127.0
AGE		
All people	100.0%	17,229
0 to 4 years old	6.4%	1,101
5 to 15 years old	13.0%	2,232
16 & 17 year olds	2.6%	465
18 to 25 year olds	8.8%	1,520

MILLBURN ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	496
Number of people per square kilometre	n/a	33.7
AGE		
All people	100.0%	16,694
0 to 4 years old	6.7%	1,114
5 to 15 years old	12.6%	2,110
16 & 17 year olds	2.2%	374
18 to 25 year olds	9.8%	1,631

INVERNESS ROYAL ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	508
Number of people per square kilometre	n/a	31.9
AGE		
All people	100.0%	16,184
0 to 4 years old	6.2%	1,010
5 to 15 years old	12.3%	1,994
16 & 17 year olds	2.4%	395
18 to 25 year olds	8.7%	1,404

MID ROSS DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1128
Number of people per square kilometre	n/a	23
AGE		
All people	100.0%	25,974
0 to 4 years old	4.9%	1,263
5 to 15 years old	12.9%	3,363
16 & 17 year olds	2.7%	709
18 to 25 year olds	7.5%	1,955

DINGWALL ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	898
Number of people per square kilometre	n/a	18.4
AGE		
All people	100.0%	16,553
0 to 4 years old	5.2%	868
5 to 15 years old	12.8%	2,122
16 & 17 year olds	2.5%	423
18 to 25 year olds	8.3%	1,380

FORTROSE ACADEMY ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	230
Number of people per square kilometre	n/a	40.9
AGE		
All people	100.0%	9,421
0 to 4 years old	4.2%	395
5 to 15 years old	13.2%	1,241
16 & 17 year olds	3%	286
18 to 25 year olds	6%	575

SUTHERLAND DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	4996
Number of people per square kilometre	n/a	2.3
AGE		
All people	100.0%	11,892
0 to 4 years old	4.3%	506
5 to 15 years old	11%	1,314
16 & 17 year olds	2.4%	285
18 to 25 year olds	6.6%	787

DORNOCH ACADEMY ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	259
Number of people per square kilometre	n/a	12.5
AGE		
All people	100.0%	3,250
0 to 4 years old	4.0%	131
5 to 15 years old	11.9%	387
16 & 17 year olds	2.3%	76
18 to 25 year olds	7.2%	233

FARR HIGH ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,561
Number of people per square kilometre	n/a	1.0
AGE		
All people	100.0%	1,517
0 to 4 years old	3.3%	50
5 to 15 years old	9.6%	146
16 & 17 year olds	2.4%	36
18 to 25 year olds	6.9%	104

GOLSPIE HIGH ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	2,209
Number of people per square kilometre	n/a	2.7
AGE		
All people	100.0%	6,073
0 to 4 years old	4.7%	286
5 to 15 years old	10.6%	646
16 & 17 year olds	2.4%	145
18 to 25 year olds	6.4%	387

KINLOCHBERVIE HIGH ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	967
Number of people per square kilometre	n/a	1.1
AGE		
All people	100.0%	1,052
0 to 4 years old	3.8%	39
5 to 15 years old	12.9%	135
16 & 17 year olds	2.7%	28
18 to 25 year olds	6%	63

SKYE, LOCHALSH, WESTER ROSS AND ASSYNT DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	6502
Number of people per square kilometre	n/a	3.3
AGE		
All people	100.0%	20,160
0 to 4 years old	4.4%	887
5 to 15 years old	11.9%	2,401
16 & 17 year olds	2.3%	465
18 to 25 year olds	6.2%	1,251

GAIRLOCH HIGH ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,204
Number of people per square kilometre	n/a	2.3
AGE		
All people	100.0%	2,719
0 to 4 years old	3.1%	84
5 to 15 years old	10.6%	287
16 & 17 year olds	2%	60
18 to 25 year olds	5%	138

PLOCKTON HIGH ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,596
Number of people per square kilometre	n/a	2.6
AGE		
All people	100.0%	4,136
0 to 4 years old	4.1%	170
5 to 15 years old	12.7%	524
16 & 17 year olds	2.6%	109
18 to 25 year olds	6%	249

PORTREE HIGH ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,700
Number of people per square kilometre	n/a	5.8
AGE		
All people	100.0%	9,825
0 to 4 years old	4.9%	483
5 to 15 years old	11.6%	1,141
16 & 17 year olds	2.2%	212
18 to 25 year olds	6.6%	653

ULLAPPOOL HIGH ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	2,002
Number of people per square kilometre	n/a	1.7
AGE		
All people	100.0%	3,480
0 to 4 years old	4.3%	150
5 to 15 years old	12.9%	449
16 & 17 year olds	2.4%	84
18 to 25 year olds	6%	211

NAIRN, ARDESIER, BADENOCH AND STRATHSPEY DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	2766
Number of people per square kilometre	n/a	9.5
AGE		
All people	100.0%	26,507
0 to 4 years old	5%	1,329
5 to 15 years old	12.7%	3,361
16 & 17 year olds	2.4%	639
18 to 25 year olds	7.5%	1,977

GRANTOWN GRAMMER ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	697
Number of people per square kilometre	n/a	8.9
AGE		
All people	100.0%	6,178
0 to 4 years old	4.8%	294
5 to 15 years old	12.2%	753
16 & 17 year olds	2.4%	148
18 to 25 year olds	6.6%	410

KINGUSSIE HIGH ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,658
Number of people per square kilometre	n/a	4.5
AGE		
All people	100.0%	7,492
0 to 4 years old	5.0%	374
5 to 15 years old	12.6%	941
16 & 17 year olds	2.0%	165
18 to 25 year olds	8.9%	664

NAIRN ACADEMY ASG

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	411
Number of people per square kilometre	n/a	31.2
AGE		
All people	100.0%	12,837
0 to 4 years old	5.1%	661
5 to 15 years old	13.0%	1,667
16 & 17 year olds	2.5%	326
18 to 25 year olds	7.0%	903

CAITHNESS DISTRICT

	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,821
Number of people per square kilometre	n/a	14.5
AGE		
All people	100.0%	26,486
0 to 4 years old	5.2%	1,380
5 to 15 years old	12%	3,177
16 & 17 year olds	2.7%	702
18 to 25 year olds	8.2%	2,176

THURSO HIGH ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	771
Number of people per square kilometre	n/a	17.7
AGE		
All people	100.0%	13,624
0 to 4 years old	4.9%	674
5 to 15 years old	11.9%	1,623
16 & 17 year olds	2.6%	350
18 to 25 year olds	7.7%	1,055

WICK HIGH ASG		
	Percentage ▼	Number ▼
POPULATION DENSITY		
Area (square kilometres)	n/a	1,050
Number of people per square kilometre	n/a	12.2
AGE		
All people	100.0%	12,862
0 to 4 years old	5.5%	706
5 to 15 years old	12.1%	1,554
16 & 17 year olds	2.7%	352
18 to 25 year olds	8.7%	1,121



POVERTY AND DEPRIVATION

The Scottish Index of Multiple Deprivation sets out to identify the most deprived areas of Scotland in terms of data zones.

Primary & Secondary Pupils

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

September 2012 Pupil List

1 = most deprived, 10 = least deprived

ASG	1	2	3	4	5	6	7	8	9	10	Total P+S Pupils (100%)
Alness Academy	0	33	14	19	5	9	20	0	0	0	1,269
Ardnamurchan High	0	0	0	0	30	13	53	0	0	0	250
Charleston Academy	0	0	0	22	4	22	18	23	8	0	1,488
Culloden Academy	0	1	6	17	7	4	33	7	15	11	2,514
Dingwall Academy	0	4	5	14	16	7	32	17	3	0	2,340
Dornoch Academy	0	0	0	0	3	59	37	0	0	0	391
Farr High	0	0	0	0	100	0	0	0	0	0	151
Fortrose Academy	0	0	0	0	0	10	44	41	4	0	1,343
Gairloch High	0	0	0	0	32	66	0	0	0	0	316
Glenurquhart High	0	0	0	0	0	16	84	0	0	0	392
Golspie High	0	0	0	26	52	14	8	0	0	0	680
Grantown Grammar	0	0	0	0	0	25	50	23	0	0	767
Invergordon Academy	9	16	27	0	29	0	18	0	0	0	807
Inverness High	39	19	24	8	0	4	5	0	0	0	1,569
Inverness Royal Academy	0	9	0	10	12	3	32	15	13	4	2,214
Kilchuimen Academy	0	0	0	0	0	0	99	0	0	0	116
Kingussie High	0	0	0	0	1	56	35	0	7	0	951
Kinlochbervie High	0	0	0	0	74	24	0	0	0	0	120
Kinlochleven High	0	0	0	38	0	61	0	0	0	0	306
Lochaber High	0	7	12	25	19	7	16	8	6	0	1,973
Mallaig High	0	0	0	0	2	10	86	0	0	0	269
Millburn Academy	4	3	0	3	3	5	44	7	10	19	2,316
Nairn Academy	0	0	12	0	22	5	18	21	6	15	1,643
out of highland	0	0	0	0	0	0	0	0	0	0	27
Plockton High	0	0	0	0	39	40	16	0	0	0	506
Portree High	0	0	0	54	6	39	0	0	0	0	1,285
Tain Royal Academy	0	12	17	14	21	19	8	0	8	0	1,114
Thurso High	0	0	13	19	0	44	14	10	0	0	1,680
Ullapool High	0	0	0	0	0	57	18	24	0	0	469
Wick High	18	13	7	10	24	11	18	0	0	0	1,655
Highland	3	6	7	13	12	16	25	10	5	3	30,921
Scotland	11.0	10.2	9.5	9.6	9.6	9.8	10.2	10.2	10.2	9.8	913,317

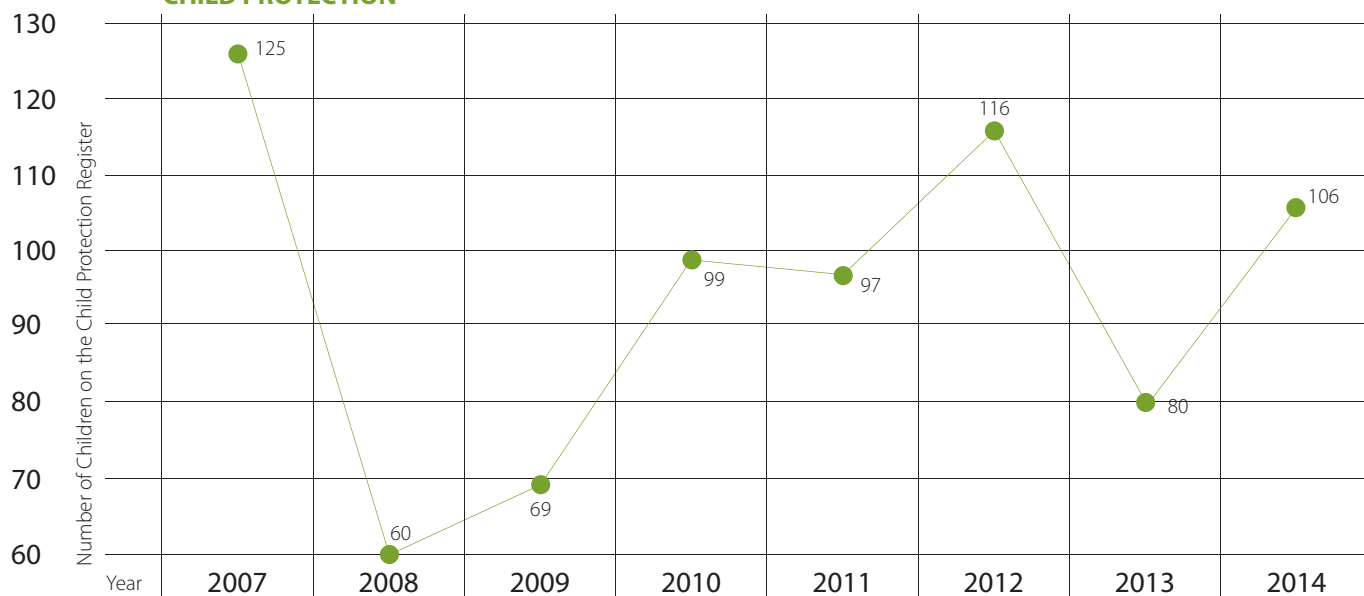
CHILDREN AT RISK OF SIGNIFICANT HARM

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

LOOKED AFTER CHILDREN (LAC)



CHILD PROTECTION



FREE SCHOOL MEALS

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

School	Free Meals ELIGIBILITY	Free Meals UPTAKE
--------	---------------------------	----------------------

PRIMARY

Highland	16.4%	87.9%
Scotland	22.0%	88.4%

School	Free Meals ELIGIBILITY	Free Meals UPTAKE
--------	---------------------------	----------------------

SECONDARY

Highland	11.4%	78.8%
Scotland	15.5%	74.7%

LOOKED AFTER CHILDREN

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

LOOKED AFTER CHILDREN - 2014

Total Looked After Children in Highland at 31st July 2014 458

In the community

At home with parents (home supervision)	138
With friends / relatives (Kinship Care)	70
With Foster Carers	144
In other community (prospective adoptive placements)	15

Residential accommodation

In local authority home	26
In other residential care (incl. out of region residential schools and secure)	65

Gender

Male	263
Female	195

Age

Children under 5 years	117
Children 1	72

Minority Group

Children known to be from minority ethnic groups	18
Children known to have additional support needs	208

SCHOOL ATTENDANCE, ABSENCE AND EXCLUSIONS

Attendance/Absence/Exclusion Profile 2012/13

SCHOOL 2012/13	% Actual Attendances	% Authorised Absences	% Unauthorised Absences	Number of Exclusions & Rates per 1,000 pupils	Number of Pupils Excluded & Rates per 1,000 pupils
PRIMARY					
Highland	94.8%	4.3%	0.9%	8 / 1,000	5 / 1,000
Scotland	94.9%	3.8%	1.3%	10 / 1,000	6 / 1,000
SECONDARY					
Highland	90.9%	6.4%	2.6%	39 / 1,000	28 / 1,000
Scotland	91.9%	5.4%	2.5%	58 / 1,000	33 / 1,000

EDUCATIONAL ATTAINMENT

EDUCATIONAL ATTAINMENT TABLE 1

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

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

EDUCATIONAL ATTAINMENT TABLE 2

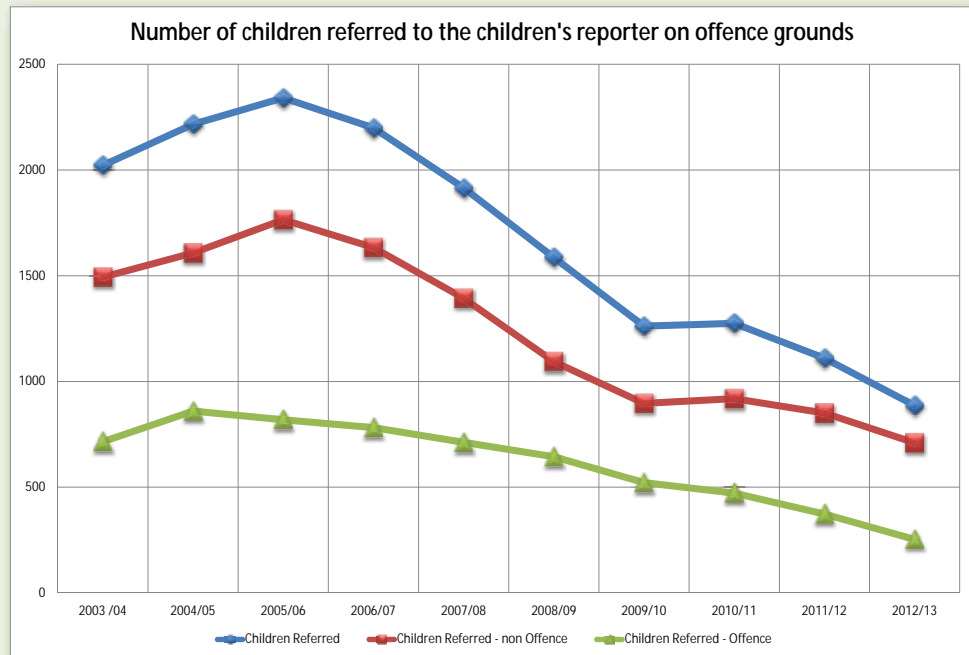
This table display percentages, based on the corresponding S4 roll,
calculated on an Annual or Cumulative basis for whole school measures.
Percentages are based on S4 Roll for passes achieved by the end of S4

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

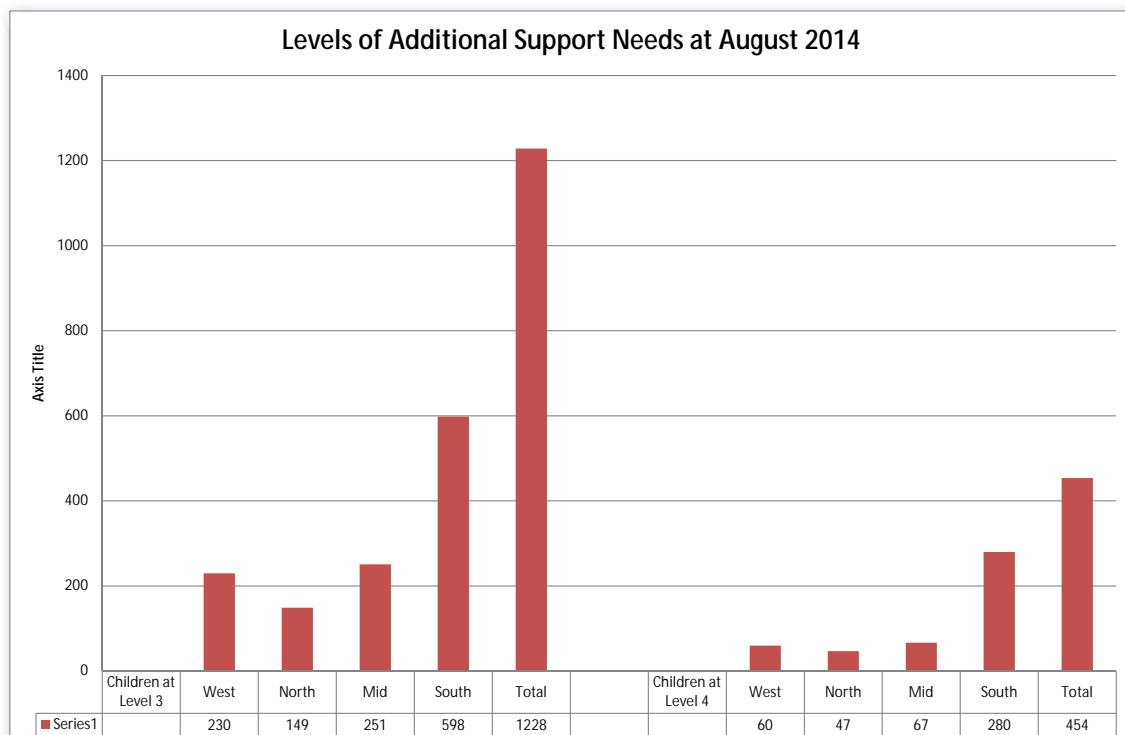
YOUTH CRIME

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

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



LEVELS OF ADDITIONAL SUPPORT NEEDS





NOTES

NOTES



FOR FURTHER INFORMATION CONTACT:

Children's Planning Manager
Care and Learning
The Highland Council

Telephone: 01463 702532

