

DUNDEE CITY COUNCIL

REPORT TO: POLICY AND RESOURCES COMMITTEE - 23 NOVEMBER 2009

REPORT ON: IMPLEMENTATION OF MEASURES TO IMPROVE CHILD PROTECTION SERVICES IN DUNDEE

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 540-2009

1.0 PURPOSE OF THE REPORT

- 1.1 To inform the Committee of the implementation of the child protection improvement plan presented to it in Report 362-2009, on 1st July 2009, and added to by the recommendations in the Hawthorn/Wilson significant case review report
- 1.2 To report to Committee on the details of arrangements to enhance governance in respect of child protection and to extend those arrangements to encompass adults in need of protection, domestic abuse and Multi Agency Public Protection Arrangements (MAPPA), as required in Report 19-2009.

2.0 RECOMMENDATIONS

It is recommended that members of the Policy and Resources Committee:

- 2.1 note and approve the progress being made to improve child protection services in Dundee,
- 2.2 note and approve the governance structures put in place by the Chief Executive and his fellow Chief Officers; the Chief Constable of Tayside Police and the Chief Executive of NHS Tayside,
- 2.3 note and approve the actions taken by the Chief Officers to lead the ongoing improvement of child protection services in Dundee.
- 2.4 agrees the submission of the Child Protection Improvement Plan to HMle.

3.0 FINANCIAL IMPLICATIONS

There are no additional financial implications in relation to this report. Having considered Report 362-2009, the Committee authorised additional expenditure of up to £500,000, if required, for any improvements that required investment.

4.0 MAIN TEXT

- 4.1 Following publication, by HMle in June 2009, of the report of the Joint Inspection of Services to Protect Children and Young People the Dundee City Council Area, a child protection improvement plan was established. This was noted and approved by Committee in Report 362-2009. The actions in the plan were set out and are being addressed in accordance with each of the Main Priority Areas (MPAs) identified by HMle as in need of improvement.
- 4.2 Following publication of the Hawthorn/Wilson report in August 2009, the recommendations and findings were accepted in full and incorporated into the child protection plan as additional actions.
- 4.3 Under the auspices of the Children and Young Persons Protection Committee (CYPPC) a Child Protection Improvement Project Team, with a multi-agency Task Group for each of the MPAs, was established. The Project Team and its Tasks Groups have been the primary change agents charged with implementing the improvement plan.

- 4.4 Reports on progress toward implementation of the plan are made to both the CYPPC and the Chief Officers Group, which holds ultimate responsibility for its implementation.
- 4.5 In addition to the above structures, the Committee established a Best Value review to consider the future development, delivery, evaluation and monitoring of child protection services in Dundee and monitor progress of implementation of the Improvement Plan.
- 4.6 The enclosed Appendix 1 is a copy of the progress report supplied to HMle ahead of its visit to Dundee to carry out an interim follow-through inspection.
- 4.7 Alongside each action, the report illustrates the progress made, along with the current status of that action. As work has been progressed by the Improvement Project Team some actions have been expanded and/or redefined to provide services that will better address the issue identified as in need of improvement. An example of this is Action 2, which upon closer examination of the issues and possible improvements, has been re-defined to become Action 2a. Whenever decisions such as this impact upon the timescales set out in the plan, it is reported to the CYPPC and Chief Officers Group, which decides whether to approve the new action and amended timescale. The result is that whilst the focus remains on achieving the outcome intended by the original action, the plan is allowed to develop whilst continuing to be closely monitored.

Governance Structures

- 4.8 Having considered Report 19-2009, the Committee set direction in relation to the governance of multi-agency services for the protection of vulnerable people. The Committee's intention, agreed by Police and Health partners, was to further strengthen arrangements that were already in place. These arrangements included the need to establish more regular strategic scrutiny meetings of Chief Officers, which also involve the Chair of CYPPC, the Lead Officer (CYPPC) and the Director of Social Work, as the Chief Social Work Officer.
- 4.9 The Terms of Reference of the Chief Officers Group is attached as Appendix 2. Members are asked to note that the Terms of Reference:
- a) incorporate the proposals made in Report 19-2009 as to the role and responsibilities of the Chief Officers Group,
 - b) address the view expressed in Report 19-2009, that the responsibilities of the Chief Officers Group be extended to include services for adults in need of protection, domestic abuse, and the Multi Agency Public Protection Arrangements (MAPPA).
- 4.10 Considerable public attention has been given to child protection services in Dundee as a result of the HMle report into the inspection of child protection services and the Hawthorn/Wilson significant case review report. Chief Officers have ensured that a robust child protection improvement plan is in place and that clear timescales are set and met for improvements to be put in place. Their close involvement in overseeing the implementation of this plan has meant that the Chief Officers have met more frequently than the three times per year recommended in Report 19-2009. Once satisfied that the improvements required as a result of the above-mentioned reports are in place, the Chief Officers may choose to meet together less frequently. However, the systems they put in place to be accountable and to hold others to account, will ensure that they continue to be fully informed of ongoing developments and to be involved in decision-making as required.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

6.0 CONSULTATIONS

The Chief Executive, Depute Chief Executive (Support Services) and the Director of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

None.

David Dorward
Chief Executive

Date: 3 November 2009

APPENDIX 1

Child Protection Improvement Plan - Progress Report

As Chief Officers of Dundee City Council, NHS Tayside and Tayside Police we are committed to working together to make improvements to strengthen services to protect children and young people in the Dundee City Council area. In doing so we will take account of the findings of the HMle Joint Inspection of Services to Protect Children and Young People in the Dundee City Council area, and the recommendations contained in the reviews commissioned examining the case of Brandon Muir. This improvement plan specifically addresses the need to:

1. improve the actions taken in immediate response to concerns about children;
2. improve the processes of assessment of risks and needs and the system for jointly assessing the risks associated with parental substance misuse;
3. improve the processes for joint planning to meet children's individual needs;
4. review and update policies and procedures to guide staff in their work to protect children;
5. improve the joint planning of integrated children's services to take full account of the needs of children at risk of harm, abuse and neglect;
6. provide clear leadership and direction to the work of the CYPPC; and
7. introduce a systematic approach to self-evaluation across services.

Chief Officers recognise their collective responsibilities in respect of the leadership of child protection services in the area and have put in place structures and processes which will allow us to more effectively work together to lead service development, delivery, evaluation and monitoring.

We have adopted a joint vision for child protection services in the Dundee area and will lead in ensuring that this vision is collectively owned, communicated and achieved.

Our vision states:

"Dundee's future lies with its children and young people. They deserve the best this city can give them. We will provide the protection they need, when they need it to keep them safe from harm."

In order to ensure the effective implementation of the improvement plan, it is essential that there is a robust leadership, monitoring and reporting framework. We will meet monthly to drive forward the plan for the city. As well as the Chief Officers' Group, other key stakeholders will be involved in the development, delivery and reporting of this improvement plan. These include a Best Value Review Group, the Children and Young Persons Protection Committee, the Policy and Resources and Scrutiny Committees of Dundee City Council, the Board of NHS Tayside and Tayside Joint Police Board.

With major cultural and developmental change, a robust staff development plan will be required to ensure that change is achieved and sustained. Some specific actions are already detailed in the improvement plan in relation to staff development. However, to achieve the culture change required by GIRFEC and to impact on a number of the other actions there will be a need to develop a clear multi-agency workforce development plan supported by a change management plan. This will set out the organisational development and service improvement work which will be commissioned by the agencies to underpin change and encourage a greater joint agency working. There will be a continuing need for single agencies to assess and address the staff development needs of their individual workforces, but this activity should flow from the jointly agreed staff development plan.

Getting it Right for Every Child

In Dundee, we are working to promote the principles and standards of GIRFEC. Although not a pathfinder authority, we have already made a number of changes and have a further planned programme for change which we intend to deliver via a strategic action plan.

As Chief Officers we recognise that our improvement plan contains a number of actions which form part of a GIRFEC change programme. In this context, we have provided an overview of some of the actions we intend to take, particularly those around the needs of children affected by parental substance misuse and those affected by compromised parenting.

The first action to ensure a co-ordinated, timely and proportionate response will be to extend the scope and remit of existing, early intervention screening fora. Weekly meetings will be held to which all agencies will be able to refer any child for whom there are care and protection concerns. We will work to ensure that this process is embedded in a multi-agency system from early intervention screening through to the provision of specialist joint police, health and social work child protection services. In order to improve the effectiveness of screening and assessment processes, we plan to fully implement a framework for integrated assessment activity. This framework, which has a single agency assessment activity as its starting point, is about to be piloted by the New Beginnings Service, with the intention to roll out during 2010. This framework will have integrated core and comprehensive assessments. A parenting capacity tool is to be piloted in Children 1st with Addaction, the Lilywalker Centre, Criminal Justice, Learning Disability and Mental Health Services. Plans are already in place to pilot the introduction of the Child's Plan in multi-agency locality services in one area of the city from August 2009.

The work on the early intervention screening fora and the integrated assessment framework, combined with staff development activity, will enable us to improve the quality of information recorded and ensure that decisions made about sharing information are based on identifying and meeting needs and promoting the welfare of the child. This will include the development of Child Protection Messaging and future work on electronic integrated assessment. We intend to review all agency and inter-agency staff development in relation to assessment. We will use the findings of this review to inform the future content of staff development activity in relation to assessment. We plan to deliver the majority of training in a multi-disciplinary basis.

We intend to take a range of actions to enable ease of access to services and a more co-ordinated model of service delivery, for example, conducting a multi-agency Rapid Improvement Event to re-design the pathway and access to substance misuse services. We will also appoint a waiting list coordinator for the substance misusers' team.

The strategic leadership of the Chief Officers' Group, CYPPC and the recently reformed Alcohol and Drug Partnership will set direction for the development and delivery of services to children affected by parental substance misuse, domestic abuse and other forms of compromised parenting. This work will lead to improved service design and delivery models. To achieve this we will have to review the range and effectiveness of current delivery models of services to children and young people affected substance misuse, mental health, learning disability and domestic abuse who experience compromised parenting.

In relation to children in their early years, we intend to develop and implement a model of joint team working, which could include the co-location of health and local authority services in relation to compromised parenting of pre-school children from unborn babies to children in their pre-school year. We will explore a service delivery model which will involve the co-location of health visiting and midwifery staff, drug problem workers, social workers and family support staff, community psychiatric services and adult services.

Area for Improvement - **Improve the Actions taken in Immediate Response to Concerns about Children**

Lead Task Group - **Immediate Response to Concerns**. Chairperson: **Jane Martin**. Vice Chair - **Shaun McKillop**

Lead on Actions: **2 - 10, 13, 26- 27**

| Services on Group: | |
|--------------------|-------------|
| Housing | Education |
| Police | Health |
| Vol Orgs | Social Work |
| Leisure & Comm | |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|---|---|---|--|------------------|
| 1 | <p>Audit of 174 case files of children</p> <ul style="list-style-type: none"> currently on the child protection register in which household characteristics included parental substance misuse currently looked after in which referral reasons included concern re parental substance misuse currently receiving support under s. 56(2) C(S)A '95 in which referral reasons included concern re parental substance misuse new referrals received between 01.03.09 and 31.05.09 in which referral reasons included concern re parental substance misuse | <p>June 2009 SWD</p> | <p>Case file audit undertaken as per schedule</p> <p>Findings fed into Integrated Assessment and Care Planning Task Group and informing its work.</p> | Completed |
| 2 | <p>Extend current scope of existing early intervention screening fora (held weekly) to ensure that all agencies can refer any child for whom there are care and protection concerns and these concerns can be considered before they escalate and the child circumstances become more concerning. Ensure that this process becomes part of a multi-agency system from early intervention screening through to specialist services based at Seymour Lodge.</p> <p>Agree multi-agency protocol</p> <p>Implement protocol</p> | <p>August 2009 Tayside Police DCC</p> <p>September 2009 CHP</p> | <p>Agreement has been reached and endorsed by the COG, that there needs to be more co-ordinated involvement of police, social work, health and education in child care and protection concerns, as has the need to ensure greater consistency in how such referrals are managed. The task group now needs to review possible structural options for such a team for example:</p> <ul style="list-style-type: none"> Whether the work of the Access Team and Seymour Lodge should be combined into an intake service with a remit which extends beyond traditional office hours; Whether a separate specialist investigative team needs to exist to respond to incident led referrals; How long cases would be retained in such a team <p>This agreement to be captured in new Action 2a (see below)</p> | Action redefined |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|---|--|---|--|
| | | | | |
| 2a | Develop and implement an enhanced multi-agency approach to managing child care and protection referrals. | April 2010 Social Work Police Health Education | <ol style="list-style-type: none"> 1. Multi - agency table top exercise held on 11th November 2009 to explore benefits of involvement of range of agencies at point of referral. 2. Consultations with staff are ongoing. 3. Interim multi-agency team to be established while more detailed options are being considered. 4. Single phone number will be introduced for referral by members of the public. 5. Options paper will be prepared for Chief Officers Meeting in January 2010. 6. Following agreement from this Implementation Plan will be devised with a view to introducing new system in April 2010. | On schedule |
| 3 | Any failure to identify an emergency placement OOHS is notified immediately by Out of Hours Service to social work head of Children's Services. | June 2009 SWD | <p>Procedure in place within OOHS and working in practice.</p> <p>Action expanded now procedure is in place. See 3a below</p> | Completed |
| 3a | Review process for assessing emergency placement requirements made by OOHS and develop and implement contingency plans for times when placement(s) not available. | March 2010 | <p>Review to be completed by January 2010.</p> <p>Contingency plans to be developed and implemented by March 2010.</p> | On schedule |
| 4 | Increase the capacity of the social work access team by adding 2 social workers | June 2009 SWD | <p>Two additional posts added to Access Team.</p> <p>However, longer-term proposal being developed (see Action 2a) to improve 'front-door' service by creating multi-agency assessment team. This will bring existing SWD Access and CP Teams together as one unit. Staffing requirements for this team being assessed as part of proposal. Timeframe linked to Action 2a.</p> | <p>Completed</p> <p>Action redefined</p> |
| 5 | Increase the capacity of the specialist social work child protection team by adding 2 social workers | June 2009 SWD | <p>Posts have been advertised. Difficulty experienced recruiting suitably trained staff which reflects the national picture. Temporary staff have been employed and redeployed to assist.</p> | Partially completed |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|--|---------------------------------------|--|------------------------------|
| | | | However, longer-term proposal being developed (see Action 2a) to improve 'front-door' service by creating multi-agency assessment team. This will bring existing SWD Access and CP Teams together as one unit. Staffing requirements for this team being assessed as part of proposal. Timeframe linked to Action 2a. | Action redefined |
| 6 | Increase skill mix within community nursing and move to locality Zone model. Further review workforce capacity. | August 2009 CHP | Workforce pressures addressed by introducing skill mix in community nursing teams to support the health visitors, including staff nurses and early years support workers and administrative support. Supervision in relation to child protection is received 3 monthly and an education programme is being developed to achieve most benefit from varied skills and experience in the workforce. Organisation into 4 zones now implemented, with work continuing to further delineate boundaries to achieve 'best fit' with local authority services. Further recruitment of staff taking place. | Completed |
| 7 | Increase the Capacity to support Health Visiting staff by putting 4 Advanced Practitioner posts (Children and Vulnerable families) 1 to each of the four zones (doubling current capacity). | August 2009 CHP | All staff in post and operational by end of first week in October. | Completed |
| 8 | Establish panel to include Head of Social Work Children's Services, Nurse Consultant for Child Protection and Vulnerable Families, Lead Nurse CHP, and SWD Service Manager to meet monthly to discuss specific cases to illustrate issues to be clarified and fed back to CYPCC | September 2009 SWD CHP | Panel established and functioning. Governance arrangements developed to ensure panel meets regularly and is not person-dependent, thus allowing appropriate officers from respective agencies to continue to meet in absence of one or other named person. | Completed |
| 9 | Train a further 14 practitioners as child protection case supervisors to support frontline staff across NHS Tayside. | September 2009 NHS Tayside | 20 staff trained across Tayside. | Completed |
| 10 | Provide supervision, staff development and support to all professionals to ensure that staff: <ul style="list-style-type: none"> • have a shared understanding of the factors that give cause for concern • understand what they should do in response to those concerns, including when to involve other agencies | | Health has implemented a mandatory supervision system and Tayside Police have added an additional Detective Sergeant to the Family Protection Unit. Social Work is developing additional staff development materials and courses for supervisors and managers. A Tayside wide Shared Services initiative to deliver multi-agency Protecting People Awareness training will be completed by December 2009. | Rescheduled to November 2009 |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|--|--|---|------------------------------|
| | Implement a revised multi-agency staff development programme | September 2009 CYPPC Members March 2010 | Content of all staff development programmes being reviewed as per schedule in staff development paper circulated to COG for meeting of 25th August. This incorporating review of core skills required. Scoping exercise of all single agency child protection training underway. Following the scoping exercise, an exercise to match knowledge, skills and competencies to posts will be undertaken. This work to be completed by March 2010. | Rescheduled to November 2009 |
| 13 | Appoint a waiting list Coordinator for the Substance Misusers Team | August 2009 NHS Tayside | A senior manager within TSMS has been allocated the role of managing the waiting list to ensure clients are seen within NHS targets and to prioritise clients groups, including pregnant women and child protection. This arrangement was reviewed as part of the RIE in late November. Liaison arrangements in place with SWD. Appointed person now developing improvement plan to manage waiting lists and prioritisation of cases. | Completed |
| 26 | Further develop joint strategies in respect of children affected by parental substance misuse and domestic abuse which lead to improved service design and delivery models | October 2009 Chief Officers Community Planning Partners | Being reviewed as part of our response to immediate concerns task group (J Martin) and by the CYPPC, Alcohol & Drug Partnership and Domestic Abuse Forums (this action linked to Action 2a). A proposal led by a multi-agency steering group to extend the remit and make-up of the current New Beginnings Service to address compromised parenting in relation to substance misuse, learning disability, domestic abuse and mental health, has been considered and adopted by the COG and funded on a non-recurring basis at this time through the Alcohol & Drug Partnership. | Timeframe to be linked to 2a |
| 26(a) | Reinforce the need for Family Protection Unit staff to produce up to date and accurate information to case conferences and IRDs. (H16) | October 2009 Tayside Police | New Section 1 of multi-agency guidance approved by the COG on 28th October. Guidance emphasises need to gather and share accurate up-to-date information. Programme to support dissemination and awareness raising being developed. | Completed |
| 26(b) | Reinforce officers' awareness of the Force | October 2009 | Instruction circulated to all Officers. | Completed |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|--|---|---|------------------------|
| | guidelines on Domestic Abuse. (H17) | Tayside Police | Domestic abuse guidance currently being reviewed and risk assessment pilot currently being undertaken. | |
| 27 | Develop and implement proposals for improved joint team working arrangements, including co-location, of health and local authority services in relation to compromised parenting to enable more effective assessment, planning and intervention with those who have care of children, including those affected by substance misuse. Develop proposals Implement from ... | DCC NHS Tayside August 2009 March 2010 | See action point 26. This action in future to be combined with action point 26. Full details on implementation, including staffing, are linked to the proposals being developed in action point 2a. | timescale linked to 2a |
| 27(a) | Ensure there is a system in place for tracking requests for reports from or referrals to SCRA. (H19) | October 2009 NHS Tayside | System established and set out for staff in a guidance flow chart | Completed |

Area for Improvement - **The process and practice of joint planning produces robust inter-agency plans, the impact of which is carefully monitored and the implementation of which results in improvements for children and young people**

Lead Task Group - **Assessment and Care Planning**. Chairperson: **Lynne Cameron** Vice Chair - **Rachel Burn**

Lead on Actions: **11 - 18**

| Services on Group: | |
|--------------------|-------------|
| SCRA | Education |
| Police | Health |
| Vol Orgs | Social Work |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|---|---|--|---|
| 11 | <p>Fully implement a framework for integrated assessment that has single initial agency assessment activity as its starting point, in accordance with GIRFEC principles. An initial assessment tool, which forms part of the integrated assessment framework is about to be piloted in the New Beginnings Service. A parenting capacity tool is to be piloted in Children 1st with Addaction, the Lilywalker Centre, Criminal Justice, Learning Disability and Mental Health Services.</p> <p>Complete current pilots</p> <p>Full roll-out</p> | <p>December 2009 DCC CHP</p> <p>December 2010 Vol Sector Partners</p> | <p>Integrated Assessment Framework (IAF) has been redrafted following consultations with all agencies. Final draft is out for consultation.</p> <p>A new integrated assessment and referral form is being developed. This will be electronic, based on the JAT platform, for multi-agency access and use.</p> <p>This form will also be considered during the table top exercise being undertaken by Immediate Response To Concerns Group. (See Action 2a).</p> <p>Parenting capacity tool is being piloted during November 2009. Feedback will be used to adapt tool.</p> <p>The GIRFEC child's plan is being piloted in the Braeview locality.</p> | <p>On schedule</p> <p>On schedule</p> <p>On schedule</p> <p>On schedule</p> |
| 12 | <p>Improve the quality of information recorded where this is necessary, to capture significant events in the life and experiences of each child as well as agency activity and analysis. Ensure that decisions made about sharing information are based solely on identifying and meeting the needs and promoting the welfare of the child.</p> <p>Monitor improvement through case file / recording auditing and 6-monthly reporting to CYPCC.</p> | <p>January 2010 CHP Education</p> | <p>Final SWIA guidance on chronologies is awaited following feedback from the Chair to SWIA on their draft. This will then be used as a template for developing multi-agency agreement on form and structure.</p> <p>Forthcoming SWIA guidance on case recording to be considered in terms of suitability for multi-agency application.</p> <p>The monitoring process is established, which will allow for this to take place. This is an integral part of the self-evaluation framework and needs to be linked to the timescales relating to that (see Action 34).</p> | <p>Timescale has been redefined</p> |

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| | | | Therefore timescale has been e re-defined. | |
| 12(a) | <p>Ensure that:</p> <p>i. Assessment reports for case conferences consider all adults in the household, whether or not resident at that address, and those with significant contact with the child. (H3)</p> | October 2009 CYPPC Member Agencies | These requirement details are included in the proposed assessment framework (Action 11). | Completed |
| | <p>ii. Where any agency becomes aware of an adult causing concern who moves to a household with children, information is shared across all relevant agencies involved with the children. (H11)</p> | October 2009 CYPPC Member Agencies | | |
| | <p>iii. Adults who cause concern are cross referenced with any known contacts and recorded on the social work database. (H12)</p> | October 2009 SWD | | |
| | <p>iv. When social work staff are undertaking an assessment, they carry out full system checks on adult members of the household. (H13)</p> | October 2009 SWD | | |
| | <p>v. On receiving any referral, access team social work staff consider any prior social work contact with the child or family. Where the decision is for no further action, this will be recorded on the child's e record and cross referenced as appropriate. (H14)</p> | October 2009 SWD | | |
| | <p>vi. Full consideration of the impact of domestic abuse and substance misuse on children, is given, when the implementation of the Family Health Needs Assessment Framework is reviewed. (H20)</p> | December 2009 Health | | |

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| | <p>vii. The re launch of the Family Health Needs Assessment emphasises:</p> <ul style="list-style-type: none"> the importance of assessment and care planning for health visiting teams, and the need for more objective record keeping (H21) | March 2010 Health | <p>Re-launch training programme, now underway, addresses points contained in this action. Programme set out and all relevant Dundee-based staff on schedule to be trained by March 2010.</p> <p>In addition covering importance of care planning and record-keeping, programme stresses importance of effective chronologies and of good information-sharing.</p> | On schedule |
| | <p>viii. The CYPPC establishes how to improve the quality of information shared between agencies with an increased responsibility taken to assess the risk associated with cases being referred so that receiving agencies might be better informed as to the level of intervention required. (W1)</p> | December 2009 CYPPC Member Agencies | <p>See Action 2a re proposal being developed for multi-agency assessment team.</p> | On schedule |
| 14 | <p>Conduct a multi-agency Rapid Improvement Event (RIE) to redesign the pathway and access to Substance Misuse services.</p> | Sept 2009 DCC NHS Tayside | <p>During the week of 16th-20th November TSMS underwent a RIE which focused on the referral process into TSMS, processes relating to access to treatment and planning for recovery. Identification, screening and information sharing with children's services was one of the key areas for the RIE.</p> | Completed |
| 15 | <p>Review all agency and multi-agency staff development activity in relation to assessment.</p> <p>Develop as required. Complete review</p> <p>Implement required development</p> | <p>CYPPC Members</p> <p>Sept 2009</p> <p>Dec 2009</p> | <p>Activity linked to Action 10. Review covering all relevant aspects of current staff development programmes. Scoping exercise to scrutinise course content of all single and multi agency staff development programmes. All multi agency programmes scrutinised, single agency programmes to be completed by November 2009.</p> <p>Date to be re-scheduled (as necessary) to allow for analysis of feedback from pilots (see Action 11) and to ensure that the development and implementation of training programmes are aligned with the rollout of the integrated assessment framework, parenting capacity tool and initial assessment and referral form.</p> | <p>Rescheduled to November 2009</p> <p>Timescale to be redefined</p> |

Area for Improvement - **The process and practice of joint planning produces robust inter-agency plans, the impact of which is carefully monitored and the implementation of which results in improvements for children and young people**

Lead Task Group - **Assessment and Care Planning**. Chairperson: **Lynne Cameron** Vice Chair - **Rachel Burn**

Lead on Actions: **11 - 18**

| Services on Group: | |
|--------------------|-------------|
| SCRA | Education |
| Police | Health |
| Vol Orgs | Social Work |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|---|--|---|--------------------|
| 16 | <p>Ensure that existing policies and procedures are consistently applied so that children, young people and their families are given every encouragement and support to fully participate in decision-making processes that affect them.</p> <p>Monitor the effectiveness via supervision, management and case evaluation activities</p> <p>Report 6-monthly on participation activity to CYPPC and Chief Officers Group.</p> | <p>October 2009 CYPPC Members Chief Officers</p> | <p>Monitoring and analysis of service-user experiences of services will be part of self-evaluation framework (see Action 34)</p> <p>A subgroup led by the Children's Rights Officer has been established to identify the best ways of engaging families.</p> <p>SCRA reviewing use of "Have Your Say" forms.</p> <p>Work of the Self Evaluation task group will ensure that this issue is addressed in core questions applied to core meetings.</p> <p>SWD report on participation in Child Protection Case Conferences completed for January to June 2009. Report to be submitted to COG and CYPPC. It is recognised that this will provide limited information and information on participation activity to the CYPPC and COG will be enhanced by the work of the Self Evaluation task group.</p> | <p>On schedule</p> |
| 17 | <p>Establish and implement standards for attendance and submission of reports by professionals at Review Child Protection Case Conferences.</p> <p>Review current attendance levels and provide, as necessary, updated direction and guidance to all staff</p> | <p>July 2009 Chief Officers CYPPC Members</p> | <p>It has been agreed that standards should be the same for initial and review conferences. Attendance by all agencies is being monitored and regularly reported on to the CYPPC.</p> <p>Already in guidance but to be expanded, strengthened and reinforced in revised guidance (see Action 19). Programme of self-evaluation to be implemented within framework being developed by Self Evaluation Task Group (see Action 34), to evaluate professional practice.</p> <p>Police have increased staff numbers and issued instruction that there will be attendance at every such meeting, which is being complied with.</p> | <p>Completed</p> |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|---|---|---|--|
| | Monitor effectiveness through quarterly performance reports to Chief Officers Group | Chief Officers CYPPC Members October 2009 | Quarterly reports completed within timeframes. Report to go to COG on 25 November 2009. | On schedule |
| 18 | <p>Review and develop as necessary, procedures and practice by managers to ensure consistently high quality child protection plans are in place when required, that decisions are ratified and that monitoring and implementation of plans is carried out in accordance with procedures.</p> <p>Ensure that self-evaluation and auditing tools capture the necessary information to monitor effectiveness.</p> <p>Provide 6-monthly reports to CYPPC.</p> | <p>October 2009 CYPPC Members</p> | <p>CP4 being updated to include specific reference to children being seen. This will be the subject of interim procedural guidance, with details on decision-making, ratification and recording.</p> <p>Notification went to all staff in SW and to the Integrated Assessment and Care Planning Task Group for all agencies to ensure that this is recorded.</p> <p>This practice will be formalised in the new reviewed SWD CP procedures along with the updating of all relevant forms, such as the CP4.</p> <p>This will be covered by the general case file auditing process (Action 34).</p> | <p>On schedule</p> <p>Redefine timescale</p> |

Area for Improvement - **Children and Young People will have their needs met through the consistent application of appropriate policies and procedures.**

Lead Task Group - **Policies, Procedures and Guidance.** Chairperson: **Donald MacKenzie.** Vice Chair - **Joy Mires**

Lead on Actions: **19 - 21 + part of 18 re written policies, procedures and guidance**

| Services on Group: | |
|---------------------------|-----------------|
| DVAWP | Education |
| Police | Health |
| Vol Orgs | Social Work |
| Housing | Leisure & Comms |
| Substance Misuse Services | |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|--|---------------------------------------|---|--------------------------|
| 19 | Establish and implement a system and process for ongoing joint review, updating and evaluation of impact of all multi and single agency procedures and guidance that are concerned with the provision of services to children in need, ensuring that they promote best practice. | August 2009 CYPPC member Agencies | System and process in place. Sub-Group of CYPPC established. | Completed |
| | | March 2010 CYPPC Member Agencies | 1st review of multi-agency guidance to be complete by March 2010 | On schedule |
| | Include evaluation of impact of multi and single-agency procedures and guidance in annual reports to Chief Officers Group and CYPP | | To be an integral part of self-evaluation framework (see Action 34). | On schedule |
| 20 | Review existing systems in Health to follow up Medical appointment defaults to be reviewed. New protocol to be produced and 'Joining up the Dots' to be expanded. | August 2009 NHS Tayside | "Did Not Attend" protocol completed in accordance with the "Joining up the Dots" principles and disseminated. Work to expand "Joining up the Dots" will continue. | Completed Ongoing |
| 21 | Develop a range of methods which support staff understanding and application of procedures that demonstrates best practice; e.g. mentoring, peer review, action learning. | December 2009 CYPPC Members | Self-evaluation activity to assess effectiveness of methods which support staff understanding - this is linked to Action 34. | On schedule |
| | | March 2010 | Task Group to consider what procedures/guidance might be required to support operational managers developing the range of methods referred to. To be part of comprehensive review of multi-agency guidance due for completion in March 2010 | On Schedule |
| 21(a) | Produce updated multi-agency and single-agency Child Protection Guidance to reflect the requirement of the H and W Reports by ensuring that: | September 2009 interim guidance | All points covered in proposal adopted by the COG on 28th October 2009, for publication of re-written section of multi-agency guidance. | Completed |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|--|--|----------------------------|--|--------|
| | <ul style="list-style-type: none"> • Any revision of the inter agency guidance on IRDs clearly states that the IRD is part of the critically important process of protecting children, and not a one off event. (H5) • An IRD should be considered where there is a cluster of concerns in relation to child care and domestic violence, (H6) • Where internal social work checks indicate that other colleagues have relevant information to share, they are invited to the IRD, or if unavailable their views sought. (H7) • Social work checks will also be made of other agencies, such as housing, and substance misuse services. (H8) • Where a health representative is attending an IRD, they will be responsible for undertaking relevant health record checks. (H9) • The IRD identifies actions, with timescales, to be taken to protect the child during any investigation, or in the period leading up to the initial case conference. Each agency representative will be individually responsible for recording and acting on any tasks assigned to them. Where the decision is taken to refer to SCRA, this should be done within 5 working days. (H10) • The Children and Young Persons Protection Committee (CYPPC) clarifies guidance on the management of Initial Referral Discussions, and provides training to those involved, pending the publication of national guidance. (W2). | | <p>This action has been subsumed in the work of the Staff Development Forum.</p> | |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|---|--|--|---------------|
| | | | | |
| 21(b) | <p>Produce updated multi-agency and single-agency Child Protection Guidance to reflect the requirement of the H and W Reports by ensuring that:</p> <ul style="list-style-type: none"> i. All agencies ensure the most up to date information is available to the case conference (H1) ii. The initial case conference minute lists risk and protective factors for the child, and these are updated at subsequent review case conferences and identify any risks or protection that they present to the children (H2) iii. All review case conferences ensure consideration of key issues raised in the Core Group meetings.(H4) iv. Where a referral involves a pre school child, the social worker automatically contacts the health visitor as part of their response.(H15) v. Domestic abuse referrals should be graded and clearly specify where children were actually present in a house when an incident took place (H18) | Revised multi-agency guidance by March 2010. | <p>Paper approved by COG on 28th October seeking authorisation for immediate instruction to relevant staff re action, with issues being addressed in comprehensive review of multi-agency guidance to be completed by March 2010</p> <p>Contents of the multi-agency guidance will inform staff development where appropriate.</p> | On schedule |

Area for Improvement - **The arrangements for the delivery of integrated children's services will be driven by the sole aim of meeting the needs of children.**

Lead Task Group - **Integrated Children's Services.** Chairperson: **Bert Sandeman.** Vice Chair - **Joan Wilson**

Lead on Actions: **22, 23, 28, 30, 31**

| Services on Group: | |
|--------------------|-----------------|
| SCRA | Education |
| Police | Health |
| Vol Orgs | Social Work |
| Housing | Leisure & Comms |
| DVAWP | ADP |
| Children's Rights | |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|---|--|--|----------------------|
| 22 | Review the role, responsibilities and membership of the CYPPC Complete review | October 2009. Re-defined to January 2010 Chief Officers | Action allocated to CYPPC. Development Days on 19/20 November. This action is a central theme of that activity. Report to COG in January with any recommendations for change to Constitution of CYPPC. | Re-defined timescale |
| 23 | Review the role, function and membership of the SPG/IMG and the relationship with the CYPPC, the Alcohol and Drug Partnership and Dundee Violence Against Women Partnership Complete review | October 2009. Redefined to January 2010. Chief Officers | The SPG has decided to adopt the Public Sector Improvement Framework (PSIF) in order to review its role, function and membership and relationships with other strategic bodies. All 9 elements of the framework will be examined at a meeting on 9th December 2009. Due to a change it has been agreed that the COG will take responsibility for "signing off" the Integrated Children's Services work plan as detailed in the Integrated Children's Services plan. | Re-defined timescale |
| 28 | Review the range, effectiveness and, where appropriate, delivery models of services to children and young people affected by substance misuse, mental health, learning disability and domestic abuse, who experience compromised parenting. | March 2010 DCC NHS Tayside and Voluntary Sector Partners | It is recommended that this action be amalgamated with action 26. | on schedule |
| 30 | Review and update communication strategy re how agencies communicate effectively with their staff and how they are helped understand the | August 2009 Children's Services Strategic Planning | Child Protection Communications Strategy agreed by CYPPC and the issue of resourcing (as that affects full implementation) is to be examined further in consultation with the COG. | Completed |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|----|--|---------------------------------------|---|---------------|
| | relevance of and how to influence and contribute to the content of strategic planning processes | Group | Multi agency staff consultation events, led by Chief Officers, took place on 6th and 18th November 2009. Feedback will influence the shape of the Integrated Children's Service strategy. The Strategic Planning and Implementation Groups are conducting a PSIF self assessment. This will include the area of communication with, and engagement of staff. The PSIF self assessment will be completed by January 2010. | On schedule |
| 31 | <p>Establish a framework for the way in which all children, parents and carers are involved in the development of children's services through integrated children's services planning.</p> <p>Child, parental and carer involvement to be monitored through annual reporting processes</p> | October 2009 | <p>Sub Group has developed a framework, central to which is a recognised model for Continuum of Needs supported by three domains: values and principles, standards for engagement and opportunities for involvement. Work underway to involve the public in shaping the framework.</p> <p>Local Community Planning Partnerships identifying Community Representatives to form part of a focus group to develop public awareness (including public information materials) on protecting people. First meeting of focus group to take place by end January 2010. This framework was adopted by the COG, CYPPC and Dundee Community Planning Partners.</p> | On schedule |
| | Implement framework | March 2010 | | On schedule |

Area for Improvement - **The collective leadership provides clear direction to effectively protect children**

Lead Task Group - **Chief Officer Group**. Chairperson: **David Dorward**.

Lead on Actions: **24, 25, 29, 32 and 32a&b**

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|--|---------------------------------------|--|---------------|
| 24 | Jointly set, communicate and keep under review the vision, aims and values for child protection services | August 2009 Chief Officers | Vision agreed by COG and CYPPC in June 2009. These have been set out in the CYPPC newsletter and on the website and will be incorporated in further appropriate documentation. | Complete |
| 25 | Further develop joint working by creating a new child protection unit based at Kings Cross Hospital where specialists in child protection from all of the agencies will work together to share information on each and every case | October 2010 Chief Officers | Planning application has been submitted. | On schedule |
| 29 | Monitor the impact of the implementation of the phased investment plan and improvement programme for Child and Adolescent Mental Health Services (CAMHS) 6-monthly review to CYPPC. First 6-monthly review report to CYPPC. | October 2009 NHS Tayside | Recruitment has already commenced against the first phase NHS Tayside's child and adolescent mental health service implementation plan. Report going to CYPPC on 9th December. | On schedule |
| 32 | Review all child protection provisions as part of the ongoing commitment to implementing GIRFEC | December 2010 Chief Officers | Chief Officers to ensure that all the work undertaken in respect of the child protection improvement plan is in line with the principles of GIRFEC. | On schedule |
| 32(a) | Identify a process through which they can satisfy themselves as to the effectiveness of the skill mix based Health Visiting teams in delivering a quality of service in child protection, and if they determine that more specialist Public Health Nurse/Health Visitor skills are necessary, that they formulate a clear re-sourcing plan. (W3) | October 2009 NHS Tayside | A process has been identified and the current staffing establishment has been reviewed to identify the skill mix required for the service. A paper outlining the resource requirements for the new establishment has been approved and is currently being implemented. | Complete |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|---|---------------------------------------|---|---------------------------------------|
| 32(b) | Promote a continuing series of multi-agency training events to ensure practitioners and managers understand shared roles and responsibilities in Child Protection, inter-organisational processes and issues that affect the effectiveness of teams. (W5) | December 2009 CYPPC members | <p>An interim programme to be drawn up by December 2009 for a series of multi-agency training events.</p> <p>Content of all staff development programmes being reviewed in accordance with a paper approved by COG on 25th August. This incorporates a review of core skills required to carry out key roles and responsibilities. This work to be completed by March 2010.</p> | <p>On schedule</p> <p>On schedule</p> |

| | Actions | Timeframe & Key Service(s) | Progress | Status |
|-------|--|---------------------------------------|--|---------------|
| | Implement self-evaluation framework | Dec 2009 | The task group has looked at what information is currently gathered and will consider the effect/impact of this information. Draft papers have been prepared on self evaluation approaches and techniques. | On schedule |
| | Implement processes to gather, collate and analyse findings | March 2010 | The processes have been identified and will be ratified by COG and CYPPC in January 2010. | On schedule |
| | Report on self-evaluation information via the performance management framework in annual reports to the CYPPC and COG. | March 2010 | Information to be included in annual reporting for CYPPC. | On schedule |
| 34(a) | Ensure that self evaluation and auditing tools collect the relevant information to monitor their effectiveness in keeping children safe. (H22) | December 2009 CYPPC members | The views of key practitioners were sought at round table events held in November 2009 to ensure that the evaluative approaches and information to be gathered are relevant in keeping children safe. | On schedule |

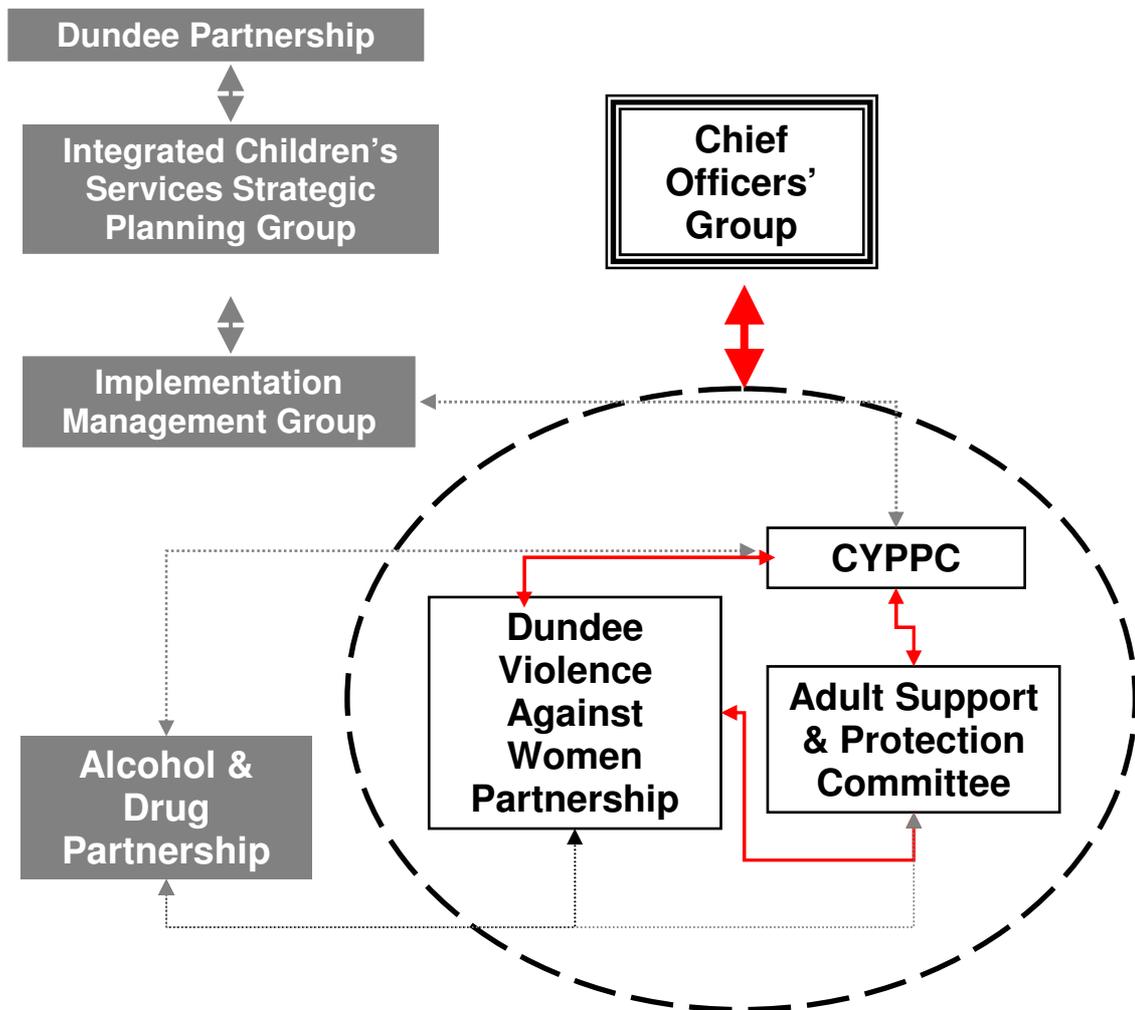
APPENDIX 2

Chief Officers (Care & Protection) Strategic Group

Terms of Reference

| | |
|-------------------------------|---|
| Membership: | Chief Executive, Dundee City Council |
| | Chief Executive, NHS Tayside |
| | Deputy Chief Constable, Tayside Police |
| | Chief Social Work Officer, Dundee City Council |
| | Commissioner for Child Health, NHS Tayside |
| | General Manager, Dundee CHP |
| | Divisional Commander, Central Division, Tayside Police |
| | Chairperson, Dundee Integrated Children's Services Joint Strategic Planning Group |
| | |
| Quorum: | 4, with there being at least one from each of Dundee City Council, NHS Tayside and Tayside Police. |
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| Meetings: | As decided from time to time, but a minimum of 4 times per year |
| | |
| Chairperson: | The Chief Executive of Dundee City Council or as otherwise decided from time to time by the Group, in whose absence, a Chief Officer appointed by the meeting. |
| | |
| Secretariat: | The Lead Officer and Senior Clerical Assistant of the CYPPC |
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| | |
| Main Responsibilities: | <p>To be the forum at and through which Chief Officers, working within the accountability structures of their organisations,</p> <ul style="list-style-type: none">• meet their responsibility to work collectively to identify and commission inter-agency activity with respect to protecting children and young people, protecting adults and those affected by domestic abuse (see Appendix 1),• commission activity that informs them of unmet needs in these areas of work, and to consider action in respect of that,• resolve matters requiring their involvement. |
| | |
| Detail | Chief Officers, working together, shall: |
| | <ul style="list-style-type: none">• individually and collectively lead and be accountable for the development of work in relation to child protection, adult protection and domestic abuse and its effectiveness on behalf of their agencies, and the effectiveness of:<ul style="list-style-type: none">• the Children and Young Persons Protection Committee (CYPPC),• the Adult Support and Protection Committee (ASPC) and,• the Dundee Violence Against Women Partnership (DVAWP);• agree the business plan of the above multi-agency fora;• agree and endorse the content of annual reports from the above fora;• ensure the allocation of resources to the above fora;• ensure that the above fora link formally to other planning fora that have responsibilities that relate to their function;• agree the constitutions or other governance document for the above fora to take forward multi-agency issues in respect their particular area of responsibility on their behalf and invest them with the authority to do so;• agree the agencies to be represented on the above fora;• ensure that the chairpersons of the above fora have the time, resources and dedicated professional and administrative support to properly fulfill the role;• appoint representatives from their own agencies to the above fora with the |

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| | <p>appropriate authority and responsibility to best take forward the functions required;</p> <ul style="list-style-type: none">• invite nominations from other agencies to be represented on the above fora, and• agree reporting mechanisms with elected members and board members that cover the work of the above fora and the implications for their locality. |
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| <p>Appointment of CYPPC Members, Chairperson and Vice-Chair</p> | <ul style="list-style-type: none"> • At their meeting following the CYPPC meeting closest to 1st October in each year, the Chief Officers shall receive a notice of the proposals made for membership of the Committee. This will comprise officers representing agencies as set out in the Constitution. <p>Chief Officers shall, collectively, indicate their acceptance of the list of nominated representatives, or make amendments to this as they consider necessary.</p> <ul style="list-style-type: none"> • If Chief Officers are dissatisfied with the performance of an agency representative to act effectively as a committee member then, in accordance with national guidance, they shall: • in the case of a representative under their direct control, take whatever action they deem appropriate in order to maximise the agency's contribution, • in the case of a representative not under their direct control, seek to maximise that contribution and, if not effective, report the matter to Ministers of the Scottish Government. • When, in accordance with the Constitution, the offices of Chair and Vice-Chair of the Committee are due to fall vacant, the Chief Officers shall receive the name of the Committee's nominee for each office. The Chief Officers shall, collectively, confirm the appointment of the nominee, or appoint another person to the office. If, during the Chair's or Vice Chair's term of office, Chief Officers consider it necessary to replace one or other, they shall do so after meeting together and agreeing the name of the person to be appointed. • At their meeting following the CYPPC meeting closest to 1st October in each year, the Chief Officers shall receive a notice of any proposals received for an amendment, or amendments, to the Constitution of the Committee, along with an indication of whether the existing Committee members support the proposal(s). <p>The Chief Officers shall inform the Chair of the Committee as to whether, collectively, they accept or reject the amendment(s). No amendment can be made without such Chief Officer endorsement.</p> |
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| <p>Framework for Standards:</p> <p>Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness.</p> | <p>In pursuit of the their effective governance of the Children and Young Persons Protection Committee, the Chief Officers Group shall pay particular attention to Standard 8 of the Framework for Standards (<i>Scottish Executive, 2004</i>) and seek to ensure that:</p> <ul style="list-style-type: none"> • the needs and risks for the child come first in all professional decision making. • agencies actively promote joint working through joint planning, training and monitoring arrangements and ensure that their staff work with other professionals to achieve better outcomes for each child. • agencies, individually and collectively, have in place: <ul style="list-style-type: none"> ▪ policies; ▪ procedures; ▪ systems; ▪ structures; and ▪ resources and personnel to support this. • agencies rigorously monitor and review their work in protecting children and implement steps which lead to continuous improvement. • agencies have robust information systems that effectively account for the work of their staff and have systems to support the monitoring and review of outcomes for the child. • agencies have quality assurance mechanisms to ensure that standards are met and that this can be demonstrated • agencies understand the needs of the communities they serve and direct sufficient resources to services for the care and protection of children. • agencies have systems and policies in place to share information within and across agencies or professionals. • agencies seek to ensure that their staff are effectively and relevantly trained and that they are: <ul style="list-style-type: none"> ▪ supported; ▪ supervised; and ▪ accountable in their work and that staff and managers adhere to their relevant codes of conduct. • agencies have access to a sufficient range of expertise and services to meet the care and protection needs of children. • staff are adequately protected from violence and aggression and that in undertaking their duties the risks to both the professional and children are minimised. |
| | |