

March 2010

## 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 Committee 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 1<sup>st</sup> 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.

## INFORMATION IN SUPPORT OF THE CP IMPROVEMENT ACTION PLAN

### IMMEDIATE RESPONSE TO CONCERNS GROUP

<p>What improvements have we made since the inspection?</p>	<ul style="list-style-type: none"> <li>• Approved funding of the shortfall on a non-recurring basis for a period of one year for the redesigned New Beginnings service (ADP).</li> <li>• Appointed team manager and 3 SWs for the redesigned New Beginnings service, and interview processes underway for other staff.</li> <li>• Appointed a child protection nurse with Tayside Substance Misuse Services to review and improve CP reporting arrangements and to ensure all CP reports are completed on time. The nurse will link with SW teams, additional input to clients involved with CP cases and conduct joint risk assessments with SW in clients' homes.</li> <li>• Appointed 4 Advanced Nurse Practitioners, 4 social workers and a worker who has specific responsibility for co-ordinating the waiting list for substance misuse services.</li> <li>• Established regular liaison meetings between Head of Children's Services within Social Work and Nurse Consultant with responsibility for child protection.</li> <li>• Launched a single telephone number for child care and protection referrals - 31 Calls -50% OOHS</li> <li>• Established a police link to the Access Team</li> <li>• Trained 14 practitioners as CP case supervisors to support front line staff across NHS Tayside</li> <li>• Approval gained for the establishment of a multi agency early intervention and screening team and project manager identified to drive implementation.</li> </ul>
<p>What weaknesses do these address?</p>	<ul style="list-style-type: none"> <li>• Children at risk of abuse or neglect not reported quickly enough to SW or police (delay to immediate action).</li> <li>• Not all staff were clear about when and where to report their concerns about children.</li> <li>• Capacity and skill base</li> <li>• Increased understanding of respective roles and responsibilities, poor liaison arrangements.</li> <li>• Lack of clarity as to multiple routes of entry into services</li> <li>• Information available to Access team and delays in getting information from Police.</li> <li>• Lack of clarity about routes of entry into services and inconsistencies in terms of single agency/ multi agency responses.</li> </ul>
<p>How will this make children in Dundee safer?</p>	<ul style="list-style-type: none"> <li>• The Children 1<sup>st</sup> Parenting Project (PP), the Supporting Vulnerable Families (SVF) Proposal and CP nurse will ensure that issues of abuse and neglect for children of clients within adult substance misuse services are identified and acted upon much quicker</li> <li>• Additional resources will ensure immediate responses are dealt with more quickly by appropriately trained staff</li> <li>• People will be clearer about who to direct concerns to and there will be a more consistent approach</li> <li>• Information will be more readily available from other agencies at the point of referral thus minimising delay and improving the quality of assessments</li> <li>• CP resources within Dundee will be better co-ordinated, improving speed of response and maximising available information</li> </ul>

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**

<b>Services on Group:</b>	
Housing	Education
Police	Health
Vol Orgs	Social Work
Leisure & Comm	

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
1	<p>Audit of 174 case files of children</p> <ul style="list-style-type: none"> <li>currently on the child protection register in which household characteristics included parental substance misuse</li> <li>currently looked after in which referral reasons included concern re parental substance misuse</li> <li>currently receiving support under s. 56(2) C(S)A '95 in which referral reasons included concern re parental substance misuse</li> <li>new referrals received between 01.03.09 and 31.05.09 in which referral reasons included concern re parental substance misuse</li> </ul>	<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"> <li>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;</li> <li>Whether a separate specialist investigative team needs to exist to respond to incident led referrals;</li> <li>How long cases would be retained in such a team</li> </ul> <p>This agreement to be captured in new Action 2a (see below)</p>	Action redefined

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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"> <li>1. Multi - agency table top exercise held on 11th November 2009 to explore benefits of involvement of range of agencies at point of referral.</li> <li>2. Consultations with staff are ongoing.</li> <li>3. Interim multi-agency team to be established while more detailed options are being considered.</li> <li>4. Single phone number will be introduced for referral by members of the public.</li> <li>5. Options paper will be prepared for Chief Officers Meeting in January 2010.</li> <li>6. Following agreement from this Implementation Plan will be devised with a view to introducing new system in April 2010.</li> </ol> <p>23.03.10 - Proposals have been considered and approved by both the Chief Officers Group and Social Work Committee to establish a Multi Agency Assessment Team and a care and protection service. Implementation timescales have been agreed as 30th June for the establishment of the multi agency assessment team and 30th Sept for revised care and protection team. Project management support is being provided through Tayside Police. Project management team is working on implementation details.</p>	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  Revised date of June 2010	<p>Review to be completed by January 2010. Contingency plans to be developed and implemented by March 2010.</p> <p>23.03.10 - Review of out of hours work is on-going to update and improve processes around the assessment of need for emergency placements</p>	Behind 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>	Completed  Action redefined

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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> <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>Partially completed</p> <p>Action redefined</p>
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 CYPPC	September 2009 SWD CHP	<p>Panel established and functioning.</p> <p>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.</p>	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	<p>Provide supervision, staff development and support to all professionals to ensure that staff:</p> <ul style="list-style-type: none"> <li>have a shared understanding of the factors that give cause for concern</li> <li>understand what they should do in response to those concerns, including when to involve other agencies</li> </ul>		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  <b>On schedule</b>
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.  <b>Proposal agreed, team manager appointed and recruitment of other staff underway</b>	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 guidelines on Domestic Abuse. (H17)	October 2009 Tayside Police	Instruction circulated to all Officers.  Domestic abuse guidance currently being reviewed and risk assessment pilot currently being undertaken.	Completed

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
27	<p>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.</p> <p>Develop proposals</p> <p>Implement from March 2010</p>	<p>DCC NHS Tayside</p> <p>August 2009</p> <p>March 2010</p>	<p>See action point 26.</p> <p>This action in future to be combined with action point 26.</p> <p>Full details on implementation, including staffing, are linked to the proposals being developed in action point 2a.</p>	<p>Timescale linked to 2a</p>
27(a)	<p>Ensure there is a system in place for tracking requests for reports from or referrals to SCRA. (H19)</p>	<p>October 2009 NHS Tayside</p>	<p>System established and set out for staff in a guidance flow chart</p>	<p>Completed</p>

## INFORMATION IN SUPPORT OF THE CP IMPROVEMENT ACTION PLAN

### INTEGRATED ASSESSMENT & CARE PLANNING GROUP

<p>What improvements have we made since the inspection?</p>	<ul style="list-style-type: none"> <li>• Progressed development and implementation of a multi agency integrated assessment framework, based on existing Social Work integrated assessment framework. This addresses the responsibilities of all agencies including adult services who are working with parents. It also links to the Family Health Needs Assessment.</li> <li>• Developed draft Initial Assessment and Referral tool based on the Joint Action Team Referral Form (already electronic). When completing an initial assessment and referral staff from all agencies will need to include outcomes, scoring of level of need and actions to be taken using safe, healthy, active, nurtured, respected, responsible and included.</li> <li>• Developed a Parenting Capacity tool, (now renamed Parenting Support Form) which has been the subject of extensive multi agency consultation within adult services. This has been piloted and is currently the subject of phased implementation in a variety of settings.</li> <li>• Developed and made available a toolkit to support all aspects of the framework to all agencies.</li> <li>• Appointed 2 members of staff (July 09) to the Children 1st Parenting Project to train and support staff within Tayside Substance Misuse Service (TSMS) to identify and screen for any CP, neglect or parenting capacity issues. Where it has been identified that clients need additional input around their parenting and/or their children need additional support, this would be provided through Children 1st.</li> <li>• Approved a proposal by the ADP to run an 18 month trial of two evidence-based interventions to support vulnerable families; Improving Parenting Capacity (IPC) adding a preventative element to the Children 1<sup>st</sup> project (outlined above) to work around issues of neglect and preventing escalation to CP level. Strengthening Families Programme (SFP) to reduce drug and alcohol misuse and behavioural problems amongst adolescents and strengthen parents/child relationship.</li> <li>• Commissioned , from STRADA, a series of short (2 hours) training sessions that will be built into staff meetings/development sessions to help with the parenting screening/assessment processes, clarify to staff their role in terms of protecting children and the sharing of information with relevant other professionals.</li> <li>• Strengthened support to kinship carers and the children they care for via a 12-month pilot programme, funded by the ADP.</li> </ul>
<p>What weaknesses do these address?</p>	<ul style="list-style-type: none"> <li>• Staff working in their own area and not recognising the interface between their own agency/department with others.</li> <li>• The problem of lack of focus of workers on the child who may be living in a possibly difficult situation.</li> <li>• Lack of joint working and understanding of each other's role, experience and knowledge.</li> <li>• Lack of shared tools and information.</li> <li>• Delays in assessing risk to children affected by parental substance misuse.</li> <li>• Important and relevant information not shared by TSMS with staff working with children.</li> <li>• Health records not written clearly and not assisting staff to plan and assess progress.</li> <li>• Staff not recognising the significance of information they held and did not share with other services.</li> <li>• Gaps in support for vulnerable families with very young or older children.</li> <li>• Limited services to assist children who were experiencing the effects of parental substance misuse.</li> <li>• Weaknesses in identification of children who need protection.</li> <li>• Limited services to help school-age children living with parental substance misuse.</li> <li>• Lack of support to family (kinship)-carers.</li> </ul>

	<ul style="list-style-type: none"> <li>• Lack of effective multi agency approach to assessing risks.</li> </ul>
How will this make children in Dundee safer?	<ul style="list-style-type: none"> <li>• Clearer evidenced-based assessments to inform good care planning.</li> <li>• Assessments are focussed so that staff are clear about the nature of concerns, and referrals are made appropriately so that families receive a service that meets the needs of the child/children.</li> <li>• People talking and working together from both adult and children's services alongside children and families in order to jointly develop a child's plan that includes an assessment of parenting capacity. This will lead to more effective joint working and joint ownership.</li> <li>• The Child Protection nurse within Tayside Substance Misuse Services will ensure records are clearly written and, together with the input from STRADA, ensure that all staff are clear about when and where to report their concerns. Together with SW staff, the CP nurse would conduct multi-agency risk assessment in clients' homes. The Waiting List co-ordinator and outcomes from the Rapid Improvement Event will work to reduce the time parents have to wait for services, helping them to become and remain stable.</li> <li>• The Children 1<sup>st</sup> Parenting Project (PP), the Supporting Vulnerable Families (SVF) Proposal and CP nurse will act to reduce delays to the sharing of information with SW teams and children services. Both the PP and SVF would provide support and a range of interventions for vulnerable families and to children experiencing the effects of parental substance misuse. The Kinship Support project would provide specific support to kinship carers and the SVF project (through the Strengthening Families Programme) would provide support to school-age children and their families.</li> </ul>

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**

<b>Services on Group:</b>	
SCRA	Education
Police	Health
Vol Orgs	Social Work

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
11	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 1 <sup>st</sup> with Addaction, the Lilywalker Centre, Criminal Justice, Learning Disability and Mental Health Services.		<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>March 2010 - Initial assessment tool (word version) to be ready by 30th March. This is following meeting with DCC IT Division, so that the IT implications can be addressed.</p> <p>Teams identified to 'pilot'; MAS, two health teams, Barnardo's team. Meetings to be arranged with these teams during April. Delay due to the discussions and meetings regarding 'common forms' and Tayside implications. Implementation plan in place.</p>	<p>On schedule</p> <p>On schedule</p>
	Complete current pilots	December 2009 DCC CHP	<p>Parenting capacity tool is being piloted during November 2009. Feedback will be used to adapt tool.</p> <p>March 2010 - Parenting Support form (previously known as the Parenting Capacity Tool) has been revamped. Meetings arranged, starting 25th March 2010, for teams to be early implementers. Implementation plan in place.</p> <p>The GIRFEC child's plan is being piloted in the Braeview locality.</p> <p>March 2010 - Implementation plan being devised. Redrafted guidance and anonymised exemplar issued to Braeview team. Workers continuing to 'test out'. A GIRFEC plan has been presented to a CPCC. Presentation to take place at JAT development event on 29/4/10</p>	<p>Completed</p> <p>On schedule</p>

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
	Full roll-out	December 2010 Vol Sector Partners		On schedule
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 CYPPC.</p>	January 2010 CHP Education	<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><b>March 2010 - SW Guidance and SWIA Practice Guide on chronologies sent out to agencies. Meeting set up re chronologies on 6th April.</b></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). Therefore timescale has been e re-defined.</p>	Timescale has been redefined
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> <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> <p>iii. Adults who cause concern are cross referenced with any known contacts and recorded on the social work database. (H12)</p> <p>iv. When social work staff are undertaking an assessment, they carry out full system checks on adult members of the household. (H13)</p>	<p>October 2009 CYPPC Member Agencies</p> <p>October 2009 CYPPC Member Agencies</p> <p>October 2009 SWD</p> <p>October 2009 SWD</p>	These requirement details are included in the proposed assessment framework (Action 11).	Completed

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
	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)	October 2009 SWD		
	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)	December 2009 Health	FHNA Review complete. Reviewed FHNA now incorporated in Health MIDAS IT system. Training programme underway for all band 5, 6 and 7 staff working in HV teams. Training programme emphasising importance of considering the impact of domestic abuse and substance misuse.	Completed
	vii. The re launch of the Family Health Needs Assessment emphasises: <ul style="list-style-type: none"> <li>the importance of assessment and care planning for health visiting teams, and</li> <li>the need for more objective record keeping (H21)</li> </ul>	March 2010 Health	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. In addition covering importance of care planning and record-keeping, programme stresses importance of effective chronologies and of good information-sharing.	On schedule
	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)	December 2009 CYPPC Member Agencies	See Action 2a re proposal being developed for multi-agency assessment team.	On schedule
14	Conduct a multi-agency Rapid Improvement Event (RIE) to redesign the pathway and access to Substance Misuse services.	Sept 2009 DCC NHS Tayside	During the week of 16 <sup>th</sup> -20 <sup>th</sup> 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.	Completed
15	Review all agency and multi-agency staff development activity in relation to assessment.  Develop as required. Complete review  Implement required development	CYPPC Members  Sept 2009  Dec 2009	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.  Date to be re-scheduled (as necessary) to allow for analysis of	Completed  Timescale to

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
			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.	be redefined

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**

<b>Services on Group:</b>	
SCRA	Education
Police	Health
Vol Orgs	Social Work

Lead on Actions: **11 - 18**

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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><b>March 2010 - We are to look at the use of 'Viewpoint' and research undertaken on outcomes of this with a view to adopt viewpoint or equivalent.</b></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>	Completed
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>	Completed

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
	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.	Completed
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>June 2010</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>March 2010 - testing out the GIRFEC plan as an alternative to the CP4.</p>	<p>On schedule</p> <p>On schedule</p>

## INFORMATION IN SUPPORT OF THE CP IMPROVEMENT ACTION PLAN

### POLICY, PROCEDURE & GUIDANCE GROUP

<p>What improvements have we made since the inspection?</p>	<ul style="list-style-type: none"> <li>Established Policies, Procedures &amp; Guidance Standing Sub-Group of CYPPC. Programme for review of multi-agency guidance and process for reviewing 'fit' between multi and single-agency documents established and underway. Sub-group involves those with responsibility for giving effect to guidance.</li> <li>Published new edition of Section 1, Multi-Agency Guidance to address findings in the Hawthorn/Wilson report re Initial Referral Discussions.</li> <li>Achieved clarification re Education Department procedures for allegations against members of staff, with updated draft now being consulted upon with unions and the Dundee Negotiating Committee for Teachers</li> <li>Reviewed and updated Leisure and Communities Department guidance in relation to sharing of concerns and confidentiality.</li> <li>Developed Multi Agency Protocol on Critical Incident Stress Management.</li> </ul>
<p>What weaknesses do these address?</p>	<ul style="list-style-type: none"> <li>Policies and procedures were considered by HMIE to be weak. Individual services had easily accessible policies and procedures to guide staff in protecting children. However, some were out of date and not always consistent with inter-agency child protection guidelines. They did not always provide staff with adequate guidance to ensure consistency of practice within and across services. The effectiveness of policies and procedures was not evaluated. There were important weaknesses in the joint review and updating of policies.</li> </ul>
<p>How will this make children in Dundee safer?</p>	<ul style="list-style-type: none"> <li>Practitioners will use documentation to guide practice that has been reviewed and updated on an ongoing basis. The content will be informed by those who engage directly with children and families and will be coordinated with other local and national documents.</li> <li>The application of guidance, the effectiveness of which shall be measured through self-evaluation, will result in better information-sharing and decision-making in the early stages of assessment of a case in which a high level of concern has been indicated. Guidance now sets out clearer standards in relation to who shall be involved in initial discussion and decision-making. The role of those involved in ensuring robust plans is in place from the outset of involvement.</li> <li>More effective co-ordination and consistency of guidance within multi-agency and single-agency documents, and between the documents produced by each agency. This will eliminate any confusion amongst practitioners from different disciplines who are expected to work effectively together, as to the activity required to keep children safe.</li> </ul>

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**

<b>Services on Group:</b>	
DVAWP	Education
Police	Health
Vol Orgs	Social Work
Housing	Leisure & Comms
Substance Misuse Services	

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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.  Include evaluation of impact of multi and single-agency procedures and guidance in annual reports to Chief Officers Group and CYPP	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. <b>Timescale amended to November 2010 to reflect publication of National Guidance.</b>	On schedule
			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.	Completed
			Work to expand "Joining up the Dots" will continue.	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
		<b>November 2010</b>	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. <b>Timescale amended to November 2010 to reflect publication of National Guidance.</b>	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: <ul style="list-style-type: none"> <li>Any revision of the inter agency guidance on IRDs clearly states that</li> </ul>	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
	<p>the IRD is part of the critically important process of protecting children, and not a one off event. (H5)</p> <ul style="list-style-type: none"> <li>• An IRD should be considered where there is a cluster of concerns in relation to child care and domestic violence, (H6)</li> <li>• 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)</li> <li>• Social work checks will also be made of other agencies, such as housing, and substance misuse services. (H8)</li> <li>• Where a health representative is attending an IRD, they will be responsible for undertaking relevant health record checks. (H9)</li> <li>• 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)</li> <li>• 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).</li> </ul>		<p>This action has been subsumed in the work of the Staff Development Forum.</p>	
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>	<p>Revised multi-agency guidance by March 2010.</p>	<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. <b>New timescale for November 2010 (see</b></p>	<p>On schedule</p>

	Actions	Timeframe & Key Service(s)	Progress	Status
	<ul style="list-style-type: none"> <li>i. All agencies ensure the most up to date information is available to the case conference (H1)</li> <li>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)</li> <li>iii. All review case conferences ensure consideration of key issues raised in the Core Group meetings.(H4)</li> <li>iv. Where a referral involves a pre school child, the social worker automatically contacts the health visitor as part of their response.(H15)</li> <li>v. Domestic abuse referrals should be graded and clearly specify where children were actually present in a house when an incident took place (H18)</li> </ul>		<p>above).</p> <p>Contents of the multi-agency guidance will inform staff development where appropriate.</p>	
	<p>Clarified with HMle link inspector content of concerns about procedural guidance. 2 main issues:</p> <p>1. Education Guidance. Some revisions made but still concern about internal investigation of staff.</p> <p>2. Style, content and usefulness of multi-agency and single agency guidance. Lead Officer to look at guidance from elsewhere and sug group to undertake major review and revamp of local guidance</p>	<p>November 2010</p>	<p>Discussion to take place between Education and HMle</p> <p>National Guidance to be issued in Aril 2010 and to be used to inform local changes. Procedural guidance to be subject of major review and rewrite</p>	<p>On schedule</p>

**INFORMATION IN SUPPORT OF THE CP IMPROVEMENT ACTION PLAN**

**INTEGRATED CHILDREN'S SERVICES PLANNING GROUP**

<p>What improvements have we made since the inspection?</p>	<ul style="list-style-type: none"> <li>• Formalised and strengthened the reporting lines between the Integrated Children's Services Strategic Planning Group and Chief Officers Group. The Chief Officers Group will now sign off the work plan of the Strategic Planning Group. The work plan is articulated within the delivery framework of the 2010/2012 Integrated Children's Services Plan which was launched on 3rd March 2010.</li> <li>• Strengthened the relationship between substance misuse, domestic abuse services and the Integrated Children's Services structure by establishing the Dundee Domestic Violence against Woman and the Alcohol and Drugs Partnerships as cross-cutting themes within the Integrated Children's Services structure. Work is underway to examine the potential benefits of a more collaborative approach between the lead officers for Integrated Children's Services, Child Protection, Domestic Violence Against Woman and Alcohol &amp; Drug Partnership.</li> <li>• Agreed to use the Public Sector Improvement Framework (PSIF) to review performance of the Integrated Children's Services Strategic Planning Group is. Workshops have identified the key areas for further examination and development, leadership, governance, resources, processes and results.</li> <li>• Agreed the Child Protection Communications Strategy. The strategy is being aligned with the Integrated Children's Services Engagement Strategy and linked to the Dundee Partnership Community Involvement framework with the aim of providing a coherent coordinated approach across all service sectors.</li> <li>• Developed and rolling out city-wide multi agency practitioner's fora as a conduit for information sharing and consulting with practitioners. Individual locality based forums have or are being established across the city, work underway to bring local forums together when there is a need to explore common topics ie domestic violence against women.</li> <li>• Drafted a framework for involving children parents and carers in the development of children's services.</li> </ul>
<p>What weaknesses do these address?</p>	<ul style="list-style-type: none"> <li>• There was a need to 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.</li> </ul>
<p>How will this make children in Dundee safer?</p>	<ul style="list-style-type: none"> <li>• By taking direct oversight of Dundee's integrated children's services approach, the Chief Officers are signalling that children, young people and their families are a key priority for the city.</li> <li>• The re-focussed relationship between substance misuse, violence against women and the Integrated Children's Services structure helps address a concern identified within the HMle report and raises the profile of both themes across children's services. It also directs a focus towards developing a more joined up approach in areas of commonality such as, in the short term, our communication and engagement strategy and in the longer term the benefits of co-locating strategic officers. The opportunity to link children's services with adult services means that there is less likelihood of children falling through the gap.</li> <li>• By more clearly aligning our integrated children's services approach to the Getting it Right for Every Child agenda we will be better placed to prevent children falling through the resources net and being put at risk.</li> <li>• The communication strategy is a key tool in protecting children by harnessing the collective support of Dundee's citizens and the practitioners working within our communities. By keeping both communities and practitioners well informed about all aspects of child protection we will go a long way to keeping children safe.</li> <li>• The impact of practitioner's fora will be that multi disciplinary groups are given the opportunity to address their own developmental needs and gain a greater insight into local service delivery and a better understanding of each others roles and responsibilities.</li> </ul>

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|  | <ul style="list-style-type: none"><li>• The engagement framework addresses how we collaboratively and in a coordinated fashion approach consultation and engagement with children their parents and carers. The framework will be 'road-tested' through consultation with local community planning partners and other community forums. Once the engagement framework is operational we will be in a position to ensure the voices of children, parents and carers are heard and contribute to the development of services.</li></ul> |
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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**

<b>Services on Group:</b>	
SCRA	Education
Police	Health
Vol Orgs	Social Work
Housing	Leisure & Comms
DVAWP	ADP
Children's Rights	

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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	April 2010  October 2009. Redefined to January 2010. Chief Officers	Fit for purpose review model undertaken utilising the Public Sector Improvement Framework. Strategic Planning and Implementation Management Groups have met and agreed a number of improvement actions which are being drafted into an action and delivery plan  The COG now has responsibility for "signing off" the Integrated Children's Services delivery framework as articulated in the Integrated Children's Services plan 2010/2012 which was launched on 3rd March 2010.	Completed
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	This action <b>has been</b> 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 relevance of and how to influence and contribute to the content of strategic planning processes	August 2009 Children's Services Strategic Planning Group	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.  Multi agency staff consultation events, led by Chief Officers, took place on 6th and 18th November 2009. Feedback <b>is helping</b> influence the shape of <b>further engagement events</b> and the Integrated Children's	Completed  Completed

	Actions	Timeframe & Key Service(s)	Progress	Status
		April 2010	Service strategy. The Strategic Planning and Implementation Groups are conducting a PSIF self assessment. This includes the area of communication with, and engagement of staff. The PSIF self assessment has been completed and a workshop planned for April to take the work to the next level.	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. Work is also underway in aligning the framework with the Dundee Partnership community involvement strategy.</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>	Completed
	Implement framework	March 2010		On schedule

## INFORMATION IN SUPPORT OF THE CP IMPROVEMENT ACTION PLAN

### LEADERSHIP GROUP

<p>What improvements have we made since the inspection?</p>	<ul style="list-style-type: none"> <li>• Adopted Terms of Reference for the Chief Officers Group, which specify governance role across the 'protecting people' agenda.</li> <li>• Set a shared vision for child protection services which will be included in all published material.</li> <li>• Organised and taken part in two events to engage staff in discussion about the direction to be taken in developing services.</li> <li>• Distributed briefing note from COG meetings throughout agencies. Makes staff aware of activity at COG meetings.</li> <li>• Implemented monthly COG meetings to ensure strategic direction is set and is being followed. Linkage between child protection, domestic abuse, adult support and protection and MAPPA made explicit in Terms of Reference and work of the group.</li> <li>• Regularly informed relevant Board and Committees of progress towards improvement</li> </ul>
<p>What weaknesses do these address?</p>	<ul style="list-style-type: none"> <li>• Chief Officers had not yet created a shared vision or clearly communicated their collective responsibilities for the protection of children. Overall, staff understood the direction in their own service or department, but were not aware of a collective vision for protecting children and meeting their needs.</li> <li>• The COG did not yet have a strategic overview of services to protect children across all services. Chief Officers had not given sufficient direction to the work of the CYPPC.</li> <li>• Chief Officers had not given a strong enough lead on the importance of partnership and joint working to meet the needs of children in need of care and protection.</li> </ul>
<p>How will this make children in Dundee safer?</p>	<ul style="list-style-type: none"> <li>• Clear vision and direction set to direct and guide staff in development and implementation of services.</li> <li>• All strategic proposals and developments and being addressed on a partnership and joint working basis, with message that this is how Dundee services will be developed, delivered and evaluated being communicated to staff.</li> <li>• Commitment to long-term sustainable change made by Chief Officers.</li> <li>• Additional financial commitments made support the enhancement of existing service and allow options to be developed for further services.</li> </ul>

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**

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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 approved in March 2010.	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 considered by 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

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
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>Completed</p> <p>Completed</p>

## INFORMATION IN SUPPORT OF THE CP IMPROVEMENT ACTION PLAN

### SELF EVALUATION GROUP

<p>What improvements have we made since the inspection?</p>	<p>Developed a set of proposals that have been approved by the COG and CYPPC, to create and implement a consistent and robust system for self-evaluation of services in Dundee. To this end, <u><i>papers have been produced and presentations have been made</i></u> to share the group's views on:</p> <ul style="list-style-type: none"> <li>• The establishment of a CYPPC Sub-Group (Scrutiny).</li> <li>• The establishment of a Case File Audit Team.</li> <li>• The establishment of a Practice Review sub-group.</li> <li>• The development of a glossary containing all joint agency groups working in the area of Child Protection.</li> <li>• The development of a Generic Evaluation Form for use by all groups working in the area of CP.</li> </ul> <p>The Self-Evaluation Task group has become the CYPPC Sub Group (Scrutiny)  Plans are in hand to create and train the Case file Audit team. The initial trialling of case file audits will take place in June 2010 and the first full case file audit will be carried out in November 2010.  The CYPPC Sub Group (Practice Review) has been set up.  The CP Glossary has been renamed the CP Directory and will be placed online on April 5 2010.  The Generic Evaluation Form has been developed into an electronic questionnaire and will be introduced with effect from April 2010. The results will be analysed on a quarterly basis by the CYPPC Sub Group (Scrutiny).</p>
<p>What weaknesses do these address?</p>	<p>Chief Officers and the CYPPC had not given a strong enough lead on the importance of self-evaluation in building capacity for service improvement. Overall, there was not a systematic approach to self-evaluation of child protection in Council services.</p> <p>The combined approaches outlined above *** have the clear potential to introduce a systematic approach to self-evaluation across Dundee City Council. The varied approaches will involve a significant number of multi agency groups working in the area of CP. The analysis of questionnaire data, the work of the two new CYPPC sub groups and the findings of the case file audit team will have a positive impact.</p>
<p>How will this make children in Dundee safer?</p>	<ul style="list-style-type: none"> <li>• A generic evaluation form with a core set of questions has been developed to enable evaluation of joint agency working and this will be agreed / adapted as each group meets.</li> <li>• The generic evaluation forms will be collated and analysed by the newly formed CYPPC sub-group (Scrutiny). The analysis will be presented as a standing agenda item at each COG / CYPPC meeting. Strengths, emerging trends (positive and negative) and improvement priorities will be highlighted and action taken to resolve as appropriate.</li> <li>• The Case File Audit Team will meet twice per year to evaluate 20 random case files. The sample will include cases where early preventative action has taken place, cases where protective interventions have recently occurred and cases where longer term outcomes for children and young people can be identified. The process will be based on the criteria used for the HMIE Child Protection Inspection but will focus on agreed areas such as: <ol style="list-style-type: none"> <li>1. Children on CP register</li> <li>2. Children whose names were removed from the CP register in the last 12 months</li> <li>3. Children referred to SW by agencies or individuals because of concerns about suspected abuse or neglect</li> <li>4. Children in need not on CP register and receiving long term services (over 1 year)</li> </ol> </li> <li>• The Practice Review sub-group will receive referrals that enable it to examine practice, identify learning and</li> </ul>

agree the means by which lessons learnt can be disseminated, particularly in relation to good practice, and report what action is required where the need for improvement is identified.

The generic evaluation form has been extended and redesigned to become an IT based questionnaire. This will make it easier to interpret results.

The work of the sub groups and Case File Audit Team will ensure that CP issues are identified in a timely manner and can be responded to quickly.

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

Lead Task Group - **Self Evaluation Group**. Chairperson: **Michael Wood**. Vice Chair: **Audrey McGinty**

Lead on Actions: **33, 34**

<b>Services on Group:</b>	
Police	Education
Vol Orgs	Health
Social Work	

	<b>Actions</b>	<b>Timeframe &amp; Key Service(s)</b>	<b>Progress</b>	<b>Status</b>
33	Fully agree the content of the Performance Management framework  Implement the Framework	October 2009 Chief Officers  March 2010	Content of Framework agreed by COG.  Framework based on PSIF.  The initial work of the task group has been to map the framework against HMle indicators.  March 2010 - There has been a change to the timeframe where it was originally stated that the CYPPC would audit the work of the group using PSIF outcomes between January and March 2010. Discussions are underway currently to finalise a revised timeframe to enable the use of the PSIF framework to evaluate the work of the CYPPC. This will be overseen by Paul Carroll, Performance and Improvement Manager.	Completed           PSIF analysis delayed. Discussions are underway currently to finalise a revised timeframe to enable the use of the PSIF framework to evaluate the work of the CYPPC.
34	Create and embed a culture, via awareness raising and staff development, across service sectors in which all staff embrace self-evaluation as a positive means to improve outcomes for children and young people. And establish processes that ensure findings are gathered and collated and inform continuous improvement	CYPPC Members	The task group has: <ul style="list-style-type: none"> <li>➤ produced a comprehensive starter paper of self-evaluation</li> <li>➤ to prepare a paper on current self-evaluation approaches across groups</li> </ul> The processes used to evaluate the impact of multi-agency working at key meetings (e.g. IRD, JAT) were analysed and a generic set of evaluative questions were developed to be asked at the end of all meetings.	Ongoing

	Actions	Timeframe & Key Service(s)	Progress	Status
	<p>Establish a front-line practitioners action learning set to act as a primary change agent to embed self-evaluation and influence cultural change.</p>	<p>October 2009 Redefined to January 2010</p>	<p>Materials have been gathered to inform discussion. Exemplar materials have been provided by Renfrewshire, Angus, Perth and Kinross, Highland and Stirling Councils.</p> <p>March 2010 - The work of the Task Group has resulted in a number of positive developments. The original starter paper has been widely used to inform the work of the group and has been shared with a range of agencies.</p> <p>The Task Group members were involved actively in the Round Table events when the theme of self-evaluation and improvement was highlighted.</p> <p>The Case File Audit materials from Renfrewshire have been used to underpin the work of the Case File Audit Team.</p> <p>There are terms of reference to guide each of the two new CYPPC sub groups on Scrutiny and Practice Review.</p> <p>Agreement was reached with the COG and a proposal presented to the CYPPC on 4 November 2009. This proposal included:</p> <ul style="list-style-type: none"> <li>• the establishment of a CYPPC sub group (Scrutiny)</li> <li>• draft terms of reference for a Case File Audit Team, and</li> <li>• the establishment of a Practice Review sub-group.</li> </ul>	<p>Completed</p>
	<p>Implement self-evaluation framework</p>	<p>Dec 2009</p>	<p>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.</p>	<p>Completed</p>
	<p>Implement processes to gather, collate and analyse findings</p>	<p>March 2010</p>	<p>The processes have been identified and will be ratified by COG and CYPPC in January 2010.</p>	<p>Completed</p>
	<p>Report on self-evaluation information via the performance management framework in annual reports to the CYPPC and COG.</p>	<p>March 2010</p>	<p>Information to be included in annual reporting for CYPPC.</p> <p>March 2010 - The Self-Evaluation Task group has become the CYPPC Sub Group (Scrutiny).</p> <p>Plans are in hand to create and train the Case file Audit team. The initial trialling of case file audits will take place in June 2010 and the first full case file audit will be carried out in November 2010.</p>	<p>On schedule</p>

	Actions	Timeframe & Key Service(s)	Progress	Status
		April 2010	<p>The CYPPC Sub Group (Practice Review) has been set up. The CP Glossary has been renamed the CP Directory and will be placed online on April 5 2010.</p> <p>The Generic Evaluation Form has been developed into an electronic questionnaire and will be introduced with effect from April 2010. The results will be analysed on a quarterly basis by the CYPPC Sub Group (Scrutiny). The varied approaches will involve a significant number of multi agency groups working in the area of CP. The analysis of questionnaire data, the work of the two new CYPPC sub groups and the findings of the case file audit team will have a positive impact.</p>	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	<p>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.</p> <p>March 2010 - A range of activities are now in place to collect the relevant information. This includes:</p> <ul style="list-style-type: none"> <li>The electronic questionnaire;</li> <li>The Case File Audit approach;</li> <li>The CYPPC sub group (Practice Review)</li> </ul>	Completed