INDEPENDENT SIGNIFICANT CASE REVIEW RELATIVE TO THE CIRCUMSTANCES SURROUNDING THE DEATH OF “K”

EXECUTIVE SUMMARY

Dundee Child Protection Committee

PUBLISHED 2nd NOVEMBER 2021

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Response on behalf of Dundee Child Protection Committee

The untimely death of any young person is both tragic and distressing for everyone affected and we need to ensure we review such cases, learn any lessons and implement any changes required to improve procedures or practice.

This review has been completed by two independent lead reviewers and has looked in detail into the circumstances leading up to the death of young person K.

All members of the Child Protection Committee wish to extend condolences to the family members and friends of the young person who died and staff supporting the young person. We understand the impact that such events have on everyone involved. We would also wish to extend our thanks to the family who contributed to the review- their views and reflections have been invaluable.

The report recognises some of the strengths of local Child Protection arrangements and practice in Dundee including;

- The positive work of the residential services in providing a stable and supportive living situation for K and in developing positive relationships.
- The skills and support of staff in a number of social work teams ensuring consistent relationships and support during periods of transition.

In common with all Significant Case Reviews, this report identifies a number of areas for improvement where all agencies in Dundee and across Scotland can learn from what has happened and which have been considered and accepted by the Child Protection Committee.

These are:

- The need to ensure there is sufficient management scrutiny of professional thinking and decision making in complex, high risk cases.
- To improve contingency planning for age-appropriate accommodation for care leavers in periods of crisis.
- To enhance the flexibility and creativity of substance use and mental health support services for young people.
- To improve health assessment processes when young people move from one area of Scotland to another

It has taken some time to complete this review due to delays caused by the pandemic. The report details a range of improvements identified by the independent reviewers that have already taken place in Dundee since the death of young person K and prior to the review being completed. Since the completion of the review, Child Protection Committee partners have made additional changes directly addressing the four areas for improvement within the report. These include:

- Developing a Housing protocol to support the re-housing of care experienced young people, including by awarding an outright priority for housing.

- Providing personalised support to young people who are homeless or are at risk of becoming homeless through a partnership with Action for Children to deliver Youth Housing Options and Youth Sustainment Services. The range of choices and nature of support are informed by the young person's motivation, capacity and needs.

- Supporting increasing numbers of care experienced young people to remain in their placement until their 21st birthday. Where young people do not wish to remain in their placement, where it is not suitable or where they are not care experienced, a range of other options have been developed such as additional support to return to or stay with parents/carers; satellite flats; supported accommodation; and tenancies.

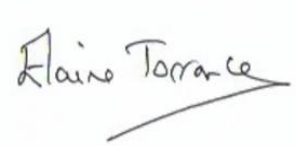
- Enhancing management oversight and regular auditing of practice within the Council's Children's and Community Justice Social Work Services.

- A focused multi-agency working group has been established to review our approach to supporting young people who are transitioning from children to adult services, including young people at risk of harm.

- A range of improvements are underway to enhance support for young people in relation to mental health and substance use: this includes counselling services provided within schools, specific mental health supports for care leavers and enhanced responses to young people who use drugs and alcohol.

Further activity is also planned for 2022 to continue to build on the improvements already made: a multi-agency review of services for young people will be progressed and further training will be provided to the workforce on trauma-informed practice.

The Child Protection Committee will continue to seek assurances from partner agencies regarding ongoing service improvements as a response to the recommendations within the report protect and support children living within Dundee.



Elaine Torrance, Independent Chair, Dundee Child Protection Committee

Consideration of privacy risks and the need for redaction

This report contains the conclusions and recommendations of the Significant Case Review relating to the circumstances surrounding the death of Young Person "K."

In the interests of transparency every effort has been made to disclose as much of the SCR as is lawfully possible. However, all personal information which is disclosed must be shared lawfully and in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 (DPA).

Although there has been some media coverage of this case, and consequently a certain amount of personal data is publicly available, disclosure of personal data contained in this report must still comply with data protection legislation. For this reason, details such as names, dates of birth and other personal identifiers have not been included in this executive summary.

This means that even though some of the withheld information may already be publicly available, or it may be considered to be in the public interest to disclose, it cannot be disclosed because the relevant conditions under data protection legislation have not been met.

The process of redacting the SCR has involved careful consideration of:

- The need for transparency and the overall purpose of the SCR in identifying learning.
- The provisions of the GDPR and the DPA and the statutory bases for sharing information.
- The public interest in disclosure, and in particular the public interesting in ensuring public protection is not compromised and that the relevant agencies work together effectively in assessing risks and acting where necessary to manage those risks.
- Whether information is sensitive personal data (for example, because it is information about a person's physical or mental health, their sexual life or alleged commission of offences) and whether inclusion in the SCR complies with data protection legislation.

Background and review process

1. K was a young person who received support from education, health and social work over several years and was a looked after and accommodated child from October 2016 to until 15 November 2018. At the time of K's death, social work's Through Care and After Care team was actively involved with K who was living in emergency Homeless Accommodation having become homeless two days prior to their death, which is believed to be drugs related.

2. Following the Dundee's Child Protection Committee (CPC) Mandated sub-group meeting in August 2019 the decision was made to proceed to a Significant Case Review (SCR) on the basis that the criteria has been met as detailed in the National Guidance for Child Protection Committees (2015) *'when a child dies and the incident or accumulation of incidents (a case) gives rise to significant concerns about professional or service involvement and the death is by suicide or accidental death and at the time was looked after or was receiving aftercare or continuing care from the local authority'* (p.8) and also, s.4.4.2 of Dundee City Significant Review Protocol.

3. This SCR was undertaken by two Lead Reviewers using Social Care Institute for Excellence's (SCIE) Learning Together approach and supported by a Champion, Review Team and Case Group whose membership was drawn from across agencies involved. The SCIE model involves gathering and making sense of information about a case through meetings with the Review Team, the Case Group of practitioners directly involved with the family and examining all relevant documentary evidence. Collectively, this contributed to the analysis of data, helped identify the wider systemic findings and informed the final report. Reviewers also spoke with one family member.

4. The focus of a case review using a systems approach is on multi-agency professional practice. The goal is to move beyond the specifics of the particular case – what happened and why – to identify the 'deeper', underlying issues that are influencing practice more generally. It is these generic patterns that count as 'findings' from a case and changing them will contribute to improving practice more widely. At the analytic heart of the Learning Together model are three key questions:

    - *What happened?*
    - *Why did it happen?*
    - *What are the implications for wider practice?*

    Exploring whether issues identified in the case apply more widely and their relevance to achieving better safeguarding.

5. Using this approach for studying a system in which people and the context interact requires the use of qualitative research methods to improve transparency and rigour. Research questions were developed in consultation with the Review Team:

    a. How can we work positively and effectively with young people (aged 16 to 24) to maintain engagement with services when they are approaching adulthood?

b. How can we work collaboratively to ensure that plans to support transition across geographical, legislative and/or organisational boundaries fully meet the needs of young people (aged 16 to 24)?

6. There were some limitations to the review which was undertaken during the national lockdown due to coronavirus. This meant that the review was entirely virtual. Another limitation was that the period under review was 2018-2019 meaning that the recall of precise dates and events was more difficult due to the passage of time.

Succinct summary of case

7. K's parents were not in a permanent relationship at the time of K's birth. K's father tried to be involved initially, but circumstances made it difficult for him to maintain contact over time. K was one of a number of siblings, who lived with their mother. From birth, K's paternal grandparents were actively involved and K had regular contact with wider family members. In August 2016, K was accommodated on a voluntary basis and moved into a local Children's House (NHS Board 1). In November, K was moved on an emergency basis to a commissioned residential service in another local authority area (NHS Board 2) because it could provide more intense support. In December 2016, K was made subject to a Compulsory Supervision Order (CSO) with a residential condition. Two months later, K was moved to a second placement within the same residential service due to continued threatening behaviour towards staff.

8. In August 2017, K was again moved on an emergency basis to a second commissioned residential service in a different local authority area (NHS Board 3). K remained on a CSO. The placement continued for a year until November 2018 when it was ended suddenly. K returned to Dundee and following a night in emergency homeless accommodation returned to live with in the family home with the plan to move to independent living.

9. K initially settled at home but K's relationship with the family broke down. The Throughcare and Aftercare team approached Youth Housing Options (YHOs) and a housing application was made immediately to find a bed. No supported accommodation was immediately available and K was offered temporary emergency accommodation with the plan to move to supported accommodation as soon as possible. That night, K left the emergency homeless accommodation to stay with a friend and remained there the following day where in the early hours of the following morning, K was found, could not be roused and subsequently died.

Context and working with young people

10. Dundee is a dynamic, modern city which is undergoing a period of significant change associated with the development of the Waterfront and opening of the V&A Museum. The city has a thriving port, is a hub for creative industries, media and life sciences, is a UNESCO City of Design and has a strong commitment to fairness and social justice. The population of 148,000 also faces challenges associated with high levels of poverty, deprivation and inequality. This is accompanied by the range of related social, community and personal problems, including high levels of unemployment, substance use, drug deaths, mental health, physical health, domestic abuse, re-offending and morbidity (Chief Social Work Officer 2019[1]; Chief Social Work Officer 2020[2]).

11. There are recognised challenges in working with older young people who may be experiencing a degree of trauma. One approach being discussed more widely is Contextual Safeguarding. This approach explores the dynamic between the young person, family, peers, school, and neighbourhood, recognises the 'weight of influence' presented by the attitude of peers where this is relevant to risk of harm and a shift away from the narrative of young people 'putting themselves at risk' towards an understanding of the chemistry of risk and the reasons why some choices are taken. The Children (Scotland) Act 1995, the Children's Hearings (Scotland) Act 2011 and the Children and Young People (Scotland) Act 2014 all offer different legal definitions of childhood with the potential for adolescents to be treated differently based on age (specifically whether over or under sixteen) resulting in different outcomes affecting future life chances (Orr 2021)[3].

12. This case provides a useful window on the system precisely because much of the learning is in relation to the challenges of working with older children and young people, particularly 16-18 year old care leavers, who want to make decisions about their lives, but may be more limited in the choices open to them. Care experienced young people frequently move across service boundaries between health and social work teams, educational establishments and geographical areas including at the point of transition between children's and adult services. For many young people, childhood experiences and unresolved trauma can impact on a young person's ability to maintain positive relationships and engage with services and therapeutic support. This can impact on the young person willingness to trust adults and their emotions are often masked by substance use and challenging behaviour.

[1] Dundee City Council (2019) Chief Social Work Officer Annual Report 2018-2019
[2] Dundee City Council (2020) Chief Social Work Officer Annual Report 2019-2020
[3] Orr, D. (2021) *IRISS Insight 60: Child protection in the 21st century: A role for contextual safeguarding*. Glasgow: IRISS

Good Practice: What worked well in this case

13. While the review highlights aspects of professional practice that could have been improved, some aspects of good practice are highlighted below:

- The residential service (NHS Board 3) provided a stable and supportive living situation with key staff demonstrating they understood the trauma that K had experienced and feelings of rejection. Staff provided opportunities for K to make positive life choices such as college applications and interviews for apprenticeships. Staff also recognised that his presentation and cognitive skills often masked K's emotional vulnerability. Staff developed positive relationships and despite the sudden ending of the placement, K kept in contact with staff.

- Social work supported K's relationship with the family and with finances and employability. The transition between the Adolescent Team and Throughcare and Aftercare was planned and thoughtful. Time was taken to allocate a worker with the skill set of working with challenging young men and also for K to develop a relationship with the Throughcare and Aftercare worker whilst still being supported by the Adolescent Team. There was a continuous worker providing pro-active and responsive support.

Findings in detail

Finding 1

Across multi-agency partnership working, is there sufficient management scrutiny of professional thinking and decision-making in securing the best outcomes for young people? [Management systems]

14. In emotionally charged, complex or high-risk cases and without sufficient opportunities to pause for critical reflection and constructive challenge, fixed views about the 'right' actions to take in relation to promoting a vulnerable young person's safety and wellbeing can persist. This can have implications for decision-making since these may not be the 'right' decisions in terms of the best longer-term outcomes for a young person.

How did it manifest in this case?

15. Within the period under review, there were specific points where there was a divergence of views between professionals about what was in K's best interests. This does not mean that professional judgements were necessarily wrong. The perspective of each professional was understandable and could be evidenced from their own viewpoint, but it highlights the tension in holding to one position. For example, the Looked After Children Review in August recorded that K would remain at the residential service subject to a Compulsory Supervision Order (CSO) as place of residence, but by September, Children and Families had changed the plan from this to K remaining on a voluntary basis. The residential service thought K should remain on a CSO for their care and protection due to risk taking behaviour while Children and Families believed the removal of the CSO would encourage K to take

more responsibility and have more control in decisions. It would have been helpful to hold a LAC review or a child's planning meeting to explore the differences in professional judgement prior to the Hearing.

16. Overall, there were missed opportunities for more enhanced multi-agency oversight of practice involving both support and challenge. Increased management oversight or escalation following disagreement would have helped in developing a more coherent approach.

Why does it matter?

17. Social work is a challenging profession, with various pressures and demands, particularly when working across professional boundaries and with young people who are difficult to engage or difficult to work with. It is understandable, therefore, that practitioners will often press ahead with doing their work rather than pausing to reflect critically about interventions and outcomes. When social work is the Lead Professional, supervision is the first point of scrutiny in the system and should provide practitioners with an opportunity to appraise and evaluate their cases within a framework of quality assurance, learning and development, support and shared decision-making. Supervision should also enable managers to take a fresh look at the evidence, constructively challenge, determine the quality of the social work service and provide direction.

18. To encourage openness and collective responsibility and to develop a supportive but challenging environment for managing risk, attention also needs to be paid to the considered views of all professionals involved with a young person. Otherwise, when there is a difference of opinion or a change in the care plan there is a possibility that conflicts may arise. In multi-agency partnership working there needs to be space that allows for mediation, escalation, independent review and conflict resolution.

Questions for the CPC

a) How can the CPC ensure there is sufficient scrutiny in the system, particularly when working with young people at risk?

b) How can the CPC continue to support the implementation of a trauma informed approach at strategic and professional level and examine if it is making a difference?

Finding 2

During periods of crisis, the lack of choice for some care leavers around age-appropriate accommodation hinders professionals' ability to do the best job they can for young people at risk of further harm including homelessness [Management Systems]

19. As young people's needs and circumstances vary and can be unpredictable, there needs to be sufficient flexibility within the system to cope with the full range of situations encountered and offer equal variety in its response. This presents a

conundrum in the system in having the ability to tailor responses to the needs of young people rather than needs being limited by lack of choice about age-appropriate accommodation. This highlights the importance of contingency planning to mitigate as far as possible the unpredictable and chaotic periods in the lives of some young people.

How did it manifest in this case?

20. After a week of 'time out', K's return to the residential service in late October was based on a firm support agreement (contract) which set out the expectations of behaviour and use of drugs and alcohol. This agreement was viewed by professionals as fair but given K's pro-drugs attitude, it may have put K in position that was unachievable and a back-up plan should have been put in place by social work and the residential service. Advance planning is important to help prevent the abrupt ending of placements, but this is often difficult as young people's lives can be unpredictable and there are difficulties in leaving properties vacant for the possibility that unstable placements end suddenly.

21. K often talked about not returning to Dundee and having the option to remain in the same area in which they were living. When this was pursued through housing services in the area K was residing, K did not meet the criteria for housing and was signposted to apply for accommodation in the Dundee area where K had local connections. When K's residential placement ended suddenly and without notice, there was no suitable alternative residential resource available in Dundee. K subsequently spent a night in homeless accommodation before making other arrangements.

22. K contacted family and returned home. Given K's previous turbulent relationship with their family, there should have been a contingency which could have been quickly accessed and perhaps included a short term stay with family members while alternative accommodation was being sourced. Faced with the current crisis, the Throughcare and After Care team alongside Youth Housing tried all options, but the homelessness hostel was all that was available in these circumstances.

Why does it matter?

23. Local authorities work hard to provide the range of accommodation to meet the needs of the young people who cannot remain living at home or are leaving care and moving towards independence. No matter the extent of the provision, the needs of older young people are complex, subject to change and their lives are often chaotic and unpredictable. Older young people are also on the cusp of adulthood often managing the emotional and practical demands this creates. Planning is essential to ensure that transitions are discussed and all options available are considered, but the lives of young people rarely follow a planned route. What may appear as a range of options for young people such as placement within a residential home, return to family or move to semi-independent living may in reality be more limited if rejected by the young person or unavailable.

Questions for the CPC

a) How can the CPC influence the strategic planning partnership for children and young people?

b) How can the CPC be assured that robust contingency planning arrangements for young people are in place?

Finding 3

There should be more flexible and creative approaches to delivering addictions and mental health services so Dundee's looked after children and care leavers have a range of ways to engage with professionals to help prevent further harm [Management Systems]

24. There are challenges for staff when young people, who appear competent and capable, also take part in risky behaviours and do not wish to engage. Young people are often dealing with trauma as a result of difficult family relationships, feelings of rejection and several unplanned moves as well as the more general impulsive behaviours of adolescence and a desire for greater independence.

How did it manifest in this case?

25. While living at the residential service, K was referred to CAMHS (NHS Board 3) as a young person who had experienced several adversities and exhibiting behaviours impacting on their own safety. CAMHS offered a consultation with the residential service staff as K's behaviour appeared to be a reaction to the environment rather than underlying mental illness. This approach was used regularly by the residential service, but on this occasion, the young person did not want CAMHS involved which limited the residential service's options. K also refused to engage with mental health or addictions services on return home. Although professionals were trying to adapt ways of engaging and offering advice, K was unlikely to engage as they did not see any value in these services. From K's perspective, the input when as younger had not made any difference.

26. There were times when R did engage with psychological support coordinated through the residential service and throughcare and after care team. During these times the support and advice was offered on a pro-active and planned basis, provided by someone known to the young person on a one to one basis and informally or through the monthly community drop-in '*one-stop shop*' for care leavers in Dundee. Attendance at this drop-in is generally planned and offers the opportunity for young people to access several services in one place at one time.

Why does it matter?

27. Research over the years has consistently identified that young people often express concern that seeking help for health or mental health problems is stigmatising or will lead to labelling adding to existing feelings of being care experienced (Sanders 2020)[4], that they do not feel listened to (van Beinum, Martin and Bonnett 2002)[5] and organisations are difficult to approach. Individualised and specialised support is important for care experienced young people. Successful initiatives put the needs and wishes of the young person at the centre, consider more flexible approaches to service delivery and work in partnership with those caring for looked after children. These approaches operate on an outreach basis, taking the services to the young people who were not expected to attend clinics or surgeries they considered stigmatising or daunting.

Questions for the CPC

a) How can the CPC continue to influence the Dundee Partnership and wider partners in taking forward service re-design of mental health services for young people including those who are leaving care?

b) How can the CPC continue to influence the Dundee Partnership and wider partners in taking forward service re-design of substance use services for young people including those who are leaving care?

c) How can the CPC continue to support the involvement of young people in the design and development of services more appropriate to their needs?

Finding 4

The notification process and role of the LAC Nurse across Health Boards can be unclear and inconsistent meaning that some young people may not get access to health assessments and services to which they are entitled [Management systems]

28. The placement of children and young people looked after and accommodated out of area can result in significant upheaval in a young person's life so effective and timely communication between the placing authority and the range of partner agencies is essential to ensure minimum disruption in service provision and to ensure that the young person is linked into all services to which they are entitled.

How did it manifest in this case?

29. This issue manifested in two ways: first in relation to the process of notification and second in relation in the role of the LAC Nurse. Following the residential service's contact with NHS24, it was NHS24 which alerted the LAC Nurse within NHS Board 3

[4] Sanders, R. (2020) *Care experienced children and young people's mental health*. Glasgow: IRISS.

[5] van Beinum, M., Martin, A. & Bonnett, C. (2002) 'Catching children as they fall: Mental health promotion in residential child care in East Dunbartonshire'. *Scottish Journal of Residential Child Care* 1(**1**)14-22.

as was the protocol, who then realised that K was not known to their service. When K was placed out of area by Dundee social work, the LAC Nurse in NHS Board 1 had transferred the responsibilities for K's health assessment and care to NHS Board 2 in line with NHS Board 1 guidance. A review of K's health assessment should have been discussed between the LAC Nurse and social work in NHS Board 1, but it was unclear if this information was shared with social work. When K was subsequently moved from the NHS Board 2 to NHS Board 3, it appears that a similar process did not occur. The role of the LAC Nurse across both health boards was inconsistent. Had K been known to LAC Nursing in NHS Board 3, the role would have been to identify, assess and plan for K's health needs with the primary goal of improving his health outcomes. There was, however, no coordinated health assessment or plan for K.

Why does it matter?

30. It is important that processes and the role of those providing health assessment and coordinating services are clear. Young people in residential care have often experienced frequent moves which may mean a loss of continuity of service provision. Assessments can be helpful as part of the regular system of checks used to monitor progress and to pick up issues at an early stage including the detection socio-emotional difficulties during routine health assessments (Luke et al. 2014)[6]. Young people in residential care tend to express exactly the same concerns about their health as young people living with their families. The difference, however, is the context in which these challenges are faced and the extent of unmet need. Young males are particularly vulnerable with regard to attempting or completing suicides, have more complex mental health needs and levels of smoking, drinking and drug use are greater (Meltzer *et al*. 2004)[7].

Questions for the CPC

a) How confident is the CPC that the national guidance and regulations in relation to children placed out of area are consistently understood and applied?

b) How confident is the CPC that the notification process for children placed out of area is consistently applied?

c) How confident is the CPC that the health assessment processes are clear for children placed out of area and that all are getting offered the health assessments and services to which they are entitled?

[6] Luke, N., Sinclair, I., Woolgar, M. and Sebba, J. (2014) *What Works in Preventing and Treating Poor Mental Health in Looked After Children?* London: NSPCC.
[7] Meltzer, H., Lader, D., Corbin, T., Goodman, R. and Ford, T. (2004) *The mental health of young people looked after by local authorities in Scotland*. London: The Stationery Office

Other emerging issues

31. In addition to the findings detailed above, one area to emerge was that of Looked After Reviews. Greater importance should be given to internal reviewing processes for looked after and accommodation children (LAAC). For one of K's LAAC Review, only social work, the residential service and the IRO were able to attend. The review is the young person's meeting and its primary aim is to reflect on the extent a young person's needs, as identified in the Child's Plan, have been met or are being met and to update the plan where necessary. It is important to recognise that the care plans and pathway plans for young people at this stage in their lives are likely to be subject to much change. This is why robust reviewing processes need to be in place which puts the young person at the heart of the process. This is challenging when some young people may appear disinterested or disengaged, but thought might be needed about how and where LAAC review meetings are conducted so they feel more relevant and meaningful to those young people.

Recent improvements identified by Review Team

32. Improvements or developments now in place include:

- The Public Protection Chief Officers Group has promoted the implementation of trauma informed practice approach at both strategic and practitioner levels to challenge institutional practices that may negatively impact on work with young people and help to support practitioners to work more effectively with young people who are difficult to engage.

- In 2019, NHS Tayside implemented a new and dedicated transformed model of nursing for LACYP. The LAC nursing model focuses on care experienced children and young people who are particularly vulnerable with complex needs, including those leaving care and in the care system up to their 26th birthday. Transfers and referrals are received by NHS Tayside LACYP Nursing team according to established pathways and referral criteria following notification, LACYP receive a health assessment within 28 days of being looked after with a health plan to meet identified health needs.

- In 2021, NHS Tayside launched its first Corporate Parenting Action Plan "Our Promise to Tayside's Care Experienced Children, Young People and Care Leavers (CECYP)" which demonstrates actions which are being/will be taken to support NHS Tayside to fulfil its responsibilities and duties as corporate parents.

- The LACYP Nursing Service is also progressing an age appropriate Health Assessment and any additional health and wellbeing indicators of relevance to an older group of care experienced young people, including care leavers. NHS Tayside LACYP Nursing service has developed a care experienced 'Initial Services Questionnaire' to support care experienced young people to feel heard and listened.

- NHS Tayside LACYP Nurses have implemented the National Trauma Framework to deliver a Trauma Skilled Practice workforce which increases understanding of traumatic events and the ways in which individuals can be affected differently.

- NHS Tayside Guidance for the Management of Case Transfers/Handovers and Transfers in for Health Visitors, Family Nurses, School Nurses and Looked After Children and Young People's Nurses (established in June 2012, reviewed every 3 years and last reviewed in 2020). This guidance was developed to ensure that robust and standardised processes are in place relating to information transfer and communication about children, young people and families between Health Visitors (HVs), School Nurses (SNs), LACYP Nurses and Family Nurses (FNs), including when a LACYP moves out of NHS Board area.

- NHS Tayside LAC nurses receive 1:1 child protection case supervision facilitated by NHS Tayside Child Protection team.

- In relation to notification to external Health Boards, clarification has been provided and in 85% of cases where the child or young person was placed externally wither with a foster carer or residential service, the relevant Health Board was directly notified. This includes cases where there has been a move from one external placement to another.

- In 2017, Social Work developed with partners the first formal Dundee Partnership Corporate Parenting Plan 2017-20. This has involved the implementation of a range of initiatives designed to improve holistic support to care experienced children and young people and care leavers, including a new Schools Charter, Mentoring and Educational Psychology support in Children's Houses.

- In 2018, the Children and Families Service used Pupil Equity Funding for care experienced children and young people to fund 8 Pupil Support Workers providing additional support in all secondary schools; a Mental Health and Wellbeing Worker in the TCAC Team; and an Employability Worker co-located with the TCAC Team and Discover Opportunities.

- This Housing Protocol has been extended to include individual partnership agreements with Angus Housing Association in January 2017 and with Hillcrest Housing Association in November 2017. More recently, a further partnership agreement was agreed with the Home Group in November 2020. These agreements require referral and planning but provide guaranteed places to care leavers.

- Implementation of a new management structure has helped promote consistent approaches across service areas, with the former East/West localities now under one Senior Service Manager, three Practice Managers and Team Managers. This single oversight is designed to help improve practice within and between all teams.

32.1 Improvements or developments in planning include:

- As part of the Drug Commission Children and Families Workstream, social work has undertaken a test of change in conjunction with Children's 1st and Aberlour to support families referred to the Multi Agency Screening Hub who do not meet Child Protection thresholds but require early support to prevent children from entering care.

- Under the same workstream, the Children and Families Service has recently been awarded additional funding to build capacity for the development of a whole systems integrated approach towards substance use and mental health. This should enhance joint approaches and improve practice in relation to the identification, assessment and treatment of co-morbidity

- Social work and Neighbourhood Services have also worked with Action for Children to adapt the Dundee Families Project in St Mary's to become supported accommodation for vulnerable young people. In turn, the homeless accommodation in Reid Square was adapted to become a larger DFP with capacity to offer support to an increased volume of families.

- Our Promise outlines a range of actions organised in accordance with the five foundations of The Promise, such as the implementation of Functional Family Therapy for volatile placements of 11-18 year old young people. A key part of Our Promise also involves the development of an Alliance Partnership to collaboratively strengthen and improve support across the care pathway. This includes work to promote the earlier accessibility of services through a Fast Online Referral Tracking (FORT) system and building the capacity, confidence and targeting of city-wide volunteers.

- In relation to local placement capacity for care experienced children, social work is progressing an extensive renovation and extension programme in its six Children's Houses, involving refurbishment, a rebuild, the addition of a further bedroom in each of the houses and a waking nights rota to enhance evening support.

- Arrangements for 'LAC Meetings' are being reviewed by social work. Reference to LAC Meetings is being replaced with Child or Young Person's Meetings; Reviewing Officers are meeting with children and young people before and after meetings; agency invites are being coordinated directly by IROs; and feedback on their quality is being collated.