

Joint Inspection of Services to Protect Children and Young People in the Dundee City Council Area

Improvement Plan June 2009

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. This improvement plan specifically addresses the need to:

- improve the actions taken in immediate response to concerns about children;
- improve the processes of assessment of risks and needs and the system for jointly assessing the risks associated with parental substance misuse;
- improve the processes for joint planning to meet children's individual needs;
- review and update policies and procedures to guide staff in their work to protect children;
- 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;
- provide clear leadership and direction to the work of the CYPPC; and
- introduce a systematic approach to self-evaluation across services.

In putting together this improvement plan we, as Chief Officers, recognise our collective responsibilities in respect of the leadership of child protection services in the area. We 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 take the 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 this improvement plan we have put in place a robust leadership, monitoring and reporting framework. We will meet together monthly as a Chief Officers' Group and will use these meetings to drive forward the plan for the city area. As well as the Chief Officers' Group, other key stakeholders will be involved in the development, delivery and reporting of this improvement plan. These include a Best Value Review Group, the Children and Young Persons Protection Committee, the Policy and Resources and Scrutiny Committees of Dundee City Council, and Board of NHS Tayside.

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 will form part of a GIRFEC change programme. We thought it would be helpful to provide a brief 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.

In line with GIRFEC principles we will work collectively to ensure we have a common, co-ordinated approach across all agencies that supports the delivery of appropriate, proportionate and timely help to all children and young people in need of protection when they need it.

Our first key action to ensure co-ordinated, timely and proportionate response will be to extend the scope and remit of existing, early intervention screening fora (Action 1). 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 our screening and assessment processes, we plan to fully implement a framework for integrated assessment activity. This framework, which has a single agency assessment activity as its starting point, is about to be piloted by the New Beginnings Service, with the intention to roll out during 2010. This framework will have integrated core and comprehensive assessments. A parenting capacity tool is to be piloted in Children 1st with Addaction, the Lilywalker Centre, Criminal Justice, Learning Disability and Mental Health Services (Action 10). 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.

We believe that 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 CP Messaging and future work on electronic integrated assessment (Action 11). 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 (Action 14).

We recognise the need to ensure that children receive timely, as well as proportionate responses, and intend to take a range of actions to enable ease of access to services and a more co-ordinated model of service delivery. We intend to conduct a multi-agency Rapid Improvement Event to re-design the pathway and access to substance misuse services (Action 13). We will also appoint a waiting list coordinator for the substance misusers team (Action 12).

We plan to use the combined strategic leadership of the Chief Officers' Group, CYPPC and the recently reformed Alcohol and Drug Partnership to set a joint strategic 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 (Action 24). We recognise that 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 (Action 26).

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 (Action 25).

Multi-agency Staff Development Plan

We recognise that with major cultural and developmental change, a robust staff development regime will be required to ensure that change is achieved and sustained.

There are some very specific actions already detailed in the improvement plan in relation to staff development (e.g. Actions 8, 9 and 14). However, we recognise that to achieve the culture change required by GIRFEC and to impact on a number of the other actions (Actions 10, 11, 15) there will be a need to develop a very 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 degree of 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 strategic plan.

Child Protection: Improvement Plan

	Outcome Required		Actions	Timeframe	Responsibility	Progress
	Actions taken in immediate response to concerns meet the needs of the child or young person	1	Audit of 174 case files of children <ul style="list-style-type: none"> currently on the child protection register in which household characteristics included parental substance misuse currently looked after in which referral reasons included concern re parental substance misuse currently receiving support under s. 56(2) C(S)A '95 in which referral reasons included concern re parental substance misuse new referrals received between 01.03.09 and 31.05.09 in which referral reasons included concern re parental substance misuse To be completed	22 nd June 2009	SWD	
		2	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. Agree multi-agency protocol Implement protocol	August 2009 Sept 2009	Tayside Police DCC Dundee CHP	
		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.		SWD	Complete
		4	Increase the capacity of the social work access team by adding 2 social workers		SWD	Complete
		5	Increase the capacity of the specialist social work child protection team by adding 2 social workers		SWD	Complete
		6	Increase skill mix within community nursing and move to locality Zone model. Further review workforce capacity.	August 2009	Dundee CHP	
		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	Dundee CHP	
		8	Establish panel to include Head of Social Work Children's Services, Nurse Consultant for Child Protection and Vulnerable Families, Lead Nurse Dundee CHP, and SWD Service Manager to meet monthly to discuss specific cases to illustrate issues to be clarified and fed back to CYPPC	Dates set	SWD Dundee CHP	

	Outcome Required		Actions	Timeframe	Responsibility	Progress
		9	Train a further 14 practitioners as child protection case supervisors to support frontline staff across NHS Tayside.	Sept 2009	NHS Tayside	
		10	Provide supervision, staff development and support to all professionals to ensure that staff: <ul style="list-style-type: none"> • have a shared understanding of the factors that give cause for concern • understand what they should do in response to those concerns, including when to involve other agencies Implement multi-agency staff development programme	Sept 2009	CYPPC Member Agencies	
	Processes and practice for assessment, particularly joint assessment of children and young people who may be affected by parental substance misuse, result in appropriate, proportionate and timely intervention that improves circumstances.	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 st with Addaction, the Lilywalker Centre, Criminal Justice, Learning Disability and Mental Health Services. Complete current pilots Full roll-out	Dec 2009 Dec 2010	DCC Dundee CHP Vol Sector Partners	
		12	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. Monitor improvement through case file / recording auditing and 6-monthly reporting to CYPPC. First report due -	October 2009	Dundee CHP Educ Dept	
		13	Appoint a waiting list Coordinator for the Substance Misusers Team	August 2009	NHS Tayside	
		14	Conduct a multi-agency Rapid Improvement Event (RIE) to redesign the pathway and access to Substance Misuse services.	Sept 2009	DCC and NHS Tayside	
		15	Review all agency and inter-agency staff development activity in relation to assessment. Develop as required. Complete review Implement required development	Sept 2009 Dec 2009	CYPPC Members Agencies	

	Outcome Required		Actions	Timeframe	Responsibility	Progress
	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	16	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. Monitor the effectiveness via supervision, management and case evaluation activities Report 6-monthly on participation activity to CYPPC and Chief Officers Group. First report due -	October 2009	CYPPC Member Agencies / Chief Officers	
		17	Establish and implement standards for attendance and submission of reports by professionals at Review Child Protection Case Conferences. Review current attendance levels and provide, as necessary, updated direction and guidance to all staff Implement standards Monitor effectiveness through quarterly performance reports to Chief Officers Group	July 2009 October 2009	Chief Officers / CYPPC	
		18	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. Ensure that self-evaluation and auditing tools capture the necessary information to monitor effectiveness. Provide 6-monthly reports to CYPPC. First report due -	October 2009	CYPPC Member Agencies	
	Children and Young People will have their needs met through the consistent application of appropriate policies and procedures	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. Implement system Include evaluation of impact of multi and single-agency procedures and guidance in annual reports to Chief Officers Group and CYPPC	August 2009		
		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	
		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.	Dec 2009	CYPPC Member Agencies	

	Outcome Required		Actions	Timeframe	Responsibility	Progress
	The arrangements for the delivery of integrated children's services will be driven by the sole aim of meeting the needs of children	22	Review the role, responsibilities and membership of the CYPPC Complete review	October 2009	Chief Officers	
		23	Review the role, function and membership of the SPG/IMG and the relationship with the CYPPC, the Alcohol and Drug Partnership and Dundee Violence Against Women Partnership Complete review	October 2009	Chief Officers	
	The collective leadership provides clear direction to effectively protect children	24	Jointly set, communicate and keep under review the vision, aims and values for child protection services	August 2009	Chief Officers	
		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	
		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	
		27	Develop and implement proposals for improved joint team working arrangements, including co-location, of health and local authority services in relation to compromised parenting to enable more effective assessment, planning and intervention with those who have care of children, including those affected by substance misuse. Develop proposals Implement from ...	August 2009 March 2010	DCC NHS Tayside	
		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	
		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	First two phases of additional investment in place.
		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	

	Outcome Required		Actions	Timeframe	Responsibility	Progress
		31	<p>Establish and implement 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. Child, parental and carer involvement to be monitored through annual reporting processes</p> <p>Establish framework</p> <p>Implement</p>	<p>October 2009</p> <p>March 2010</p>	Chief Officers	
		32	Review all child protection provisions as part of the ongoing commitment to implementing GIRFEC	December 2010	Chief Officers	
	A systematic and robust approach to self evaluation across services and agencies will inform agencies of the quality of services, identify good practice and how that can be further developed, and any areas in need of improvement	33	Fully agree the content of and implement the Performance Management framework	October 2009	Chief Officers	
		34	<p>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</p> <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>Implement self-evaluation framework</p> <p>Implement processes to gather, collate and analyse findings</p> <p>Report on self-evaluation information via the performance management framework in annual reports to the CYPCC and COG.</p>	<p>October 2009</p> <p>Dec 2009</p> <p>March 2010</p> <p>March 2010</p>	CYPCC Members Agencies	