

Child Protection Improvement Plan Progress Update for Chief Officers Group - 28th October 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, and the recommendations contained in the reviews commissioned examining the case of Brandon Muir. This improvement plan specifically addresses the need to:

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

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

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

Our vision states:

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

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

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

Getting it Right for Every Child

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

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

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

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

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

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

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

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

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

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

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

	Actions	Timeframe & Key Service(s)	Progress	Status
1	<p>Audit of 174 case files of children</p> <ul style="list-style-type: none"> currently on the child protection register in which household characteristics included parental substance misuse currently looked after in which referral reasons included concern re parental substance misuse currently receiving support under s. 56(2) C(S)A '95 in which referral reasons included concern re parental substance misuse new referrals received between 01.03.09 and 31.05.09 in which referral reasons included concern re parental substance misuse 	<p>June 2009 SWD</p>	<p>Case file audit undertaken as per schedule</p> <p>Findings fed into Integrated Assessment and Care Planning Task Group and informing its work.</p>	Completed
2	<p>Extend current scope of existing early intervention screening fora (held weekly) to ensure that all agencies can refer any child for whom there are care and protection concerns and these concerns can be considered before they escalate and the child circumstances become more concerning. Ensure that this process becomes part of a multi-agency system from early intervention screening through to specialist services based at Seymour Lodge.</p> <p>Agree multi-agency protocol</p> <p>Implement protocol</p>	<p>August 2009 Tayside Police DCC</p> <p>September 2009 CHP</p>	<p>Following initial examination an extension of the current scope of screening fora took place and the fora now includes representatives from Housing and Voluntary Services. A review of the criteria of referral has resulted in an improved focus on the referrals being considered.</p> <p>The COG agreed to a redefining of this action point with amended timescales. As a means to achieving better outcomes the focus is now on developing a single point of referral and access system based on a multi-agency assessment team. Table top pilot of this process to take place on 11 November 2009.</p> <p>Developments informed by liaison with Borders area to examine practice identified as very good in HMle reports.</p> <p>Redefined task action encompasses Actions 4 and 5</p> <p>Work on protocols will commence when structure of referral and access system is agreed.</p> <p>Substitute action 2a to be defined with timescales. (Jane Martin).</p>	Action redefined.

	Actions	Timeframe & Key Service(s)	Progress	Status
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	Procedure in place within OOHS and working in practice. Action expanded now procedure is in place. See 3a below	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	(This is a new action resulting from Action 3).	On schedule.
4	Increase the capacity of the social work access team by adding 2 social workers	June 2009 SWD	Two additional posts added to Access Team. 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.	Completed. Action redefined.
5	Increase the capacity of the specialist social work child protection team by adding 2 social workers	June 2009 SWD	Posts have been advertised. Difficulty experienced recruiting suitably trained staff which reflects the national picture. Temporary staff have been employed and redeployed to assist. 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.	Partially completed. Action redefined
6	Increase skill mix within community nursing and move to locality Zone model. Further review workforce capacity.	August 2009 CHP	Workforce pressures addressed by introducing skill mix in community nursing teams to support the health visitors, including staff nurses and early years support workers. 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 by end of first week in October.	Completed

	Actions	Timeframe & Key Service(s)	Progress	Status
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	Panel established and functioning. Governance arrangements developed to ensure panel meets regularly and is not person-dependent, thus allowing appropriate officers from respective agencies to continue to meet in absence of one or other named person.	Completed
9	Train a further 14 practitioners as child protection case supervisors to support frontline staff across NHS Tayside.	September 2009 NHS Tayside	20 staff trained across Tayside.	Completed
10	Provide supervision, staff development and support to all professionals to ensure that staff: <ul style="list-style-type: none"> • have a shared understanding of the factors that give cause for concern • understand what they should do in response to those concerns, including when to involve other agencies 		Health has implemented a mandatory supervision system and Tayside Police have added an additional Detective Sergeant to the Family Protection Unit. Social Work is developing additional staff development materials and courses for supervisors and managers. A Tayside wide Shared Services initiative to deliver multi-agency Protecting People Awareness training will be completed by December 2009.	Rescheduled to November 2009
	Implement a revised multi-agency staff development programme	September 2009 CYPPC Members	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.	Rescheduled to November 2009 On schedule
13	Appoint a waiting list Coordinator for the Substance Misusers Team	August 2009 NHS Tayside	Member of staff appointed. 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, ADP 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 by the ADP and the COG.	Timeframe to be linked to 2a
26(a)	Reinforce the need for Family Protection Unit staff to produce up to date and accurate	October 2009 Tayside Police	New Section 1 of multi-agency guidance presented to COG for approval on 28th October. Guidance emphasises need to gather and	Completed

	Actions	Timeframe & Key Service(s)	Progress	Status
	information to case conferences and IRDs. (H16)		share accurate up-to-date information. Information reiterated to staff via focussed briefings.	
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
27	Develop and implement proposals for improved joint team working arrangements, including co-location, of health and local authority services in relation to compromised parenting to enable more effective assessment, planning and intervention with those who have care of children, including those affected by substance misuse. Develop proposals Implement from ...	DCC NHS Tayside August 2009 March 2010	Combine this action point with 2a	timescale linked to 2a
27(a)	Ensure there is a system in place for tracking requests for reports from or referrals to SCRA. (H19)	October 2009 NHS Tayside	System established and set out for staff in a guidance flow chart	Completed

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

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

Lead on Actions: **11 - 18**

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

	Actions	Timeframe & Key Service(s)	Progress	Status
11	<p>Fully implement a framework for integrated assessment that has single initial agency assessment activity as its starting point, in accordance with GIRFEC principles. An initial assessment tool, which forms part of the integrated assessment framework is about to be piloted in the New Beginnings Service. A parenting capacity tool is to be piloted in Children 1st with Addaction, the Lilywalker Centre, Criminal Justice, Learning Disability and Mental Health Services.</p> <p>Complete current pilots</p> <p>Full roll-out</p>	<p>December 2009 DCC CHP</p> <p>December 2010 Vol Sector Partners</p>	<p>Integrated Assessment Framework (IAF) has been redrafted following consultations with all agencies. Final draft is out for consultation.</p> <p>A new integrated assessment and referral form is being developed. This will be electronic, based on the JAT platform, for multi-agency access and use.</p> <p>This form will also be considered during the table top exercise being undertaken by Immediate Response To Concerns Group. (See Action 2a).</p> <p>Parenting capacity tool is being piloted during November 2009. Feedback will be used to adapt tool.</p> <p>Initial assessment tool is being piloted in Braeview.</p>	<p>On schedule</p> <p>On schedule</p> <p>On schedule</p> <p>On schedule</p>
12	<p>Improve the quality of information recorded where this is necessary, to capture significant events in the life and experiences of each child as well as agency activity and analysis. Ensure that decisions made about sharing information are based solely on identifying and meeting the needs and promoting the welfare of the child.</p> <p>Monitor improvement through case file / recording auditing and 6-monthly reporting to CYPFC.</p>	<p>October 2009 CHP Education</p>	<p>Final SWIA guidance on chronologies is awaited following feedback from the Chair to SWIA on their draft. This will then be used as a template for developing cross-agency agreement on form and structure.</p> <p>Forthcoming SWIA guidance on case recording to be considered in terms of suitability for multi-agency application.</p> <p>The monitoring process is established, which will allow for this to take place. To be an integral part of self-evaluation framework (see Action 33).</p>	<p>On schedule</p>

12(a)	Ensure that:		These requirement details are included in the proposed assessment framework (Action 11).	Completed.
	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)	October 2009 CYPPC Member Agencies		
	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)	October 2009 CYPPC Member Agencies		
	iii. Adults who cause concern are cross referenced with any known contacts and recorded on the social work database, (H12)	October 2009 SWD		
	iv. When social work staff are undertaking an assessment, they carry out full system checks on adult members of the household. (H13)	October 2009 SWD		
	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 Needs Health 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.	On schedule
vii. The re launch of the Family Needs Health Assessment emphasises: <ul style="list-style-type: none"> the importance of assessment and care planning for health visiting teams, and the need for more objective record keeping (H21) 	March 2010 Health	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	Event taking place in November.	Behind Schedule
15	Review all agency and inter-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 Proposed that date is re-scheduled to allow for analysis of feedback from pilots (see Action 11) and that the development and implementation of training programmes is aligned with rollout of integrated assessment framework, parenting capacity tool and initial assessment and referral form.	Rescheduled to November 2009 Timescale to 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**

Services on Group:

SCRA	Education
Police	Health
Vol Orgs	Social Work

Lead on Actions: **11 - 18**

	Actions	Timeframe & Key Service(s)	Progress	Status
16	<p>Ensure that existing policies and procedures are consistently applied so that children, young people and their families are given every encouragement and support to fully participate in decision-making processes that affect them.</p> <p>Monitor the effectiveness via supervision, management and case evaluation activities</p> <p>Report 6-monthly on participation activity to CYPPC and Chief Officers Group.</p>	<p>October 2009 CYPPC Members Chief Officers</p>	<p>Monitoring and analysis of service-user experiences of services will be part of self-evaluation framework (see Action 33)</p> <p>A subgroup led by the Children's Rights Officer has been established to identify the best ways of engaging families.</p> <p>Two surveys carried out by SWD (Latest from January to June 2009). Report to go to next CYPPC (4th November) and COG (25th November)</p>	<p>On schedule</p>
17	<p>Establish and implement standards for attendance and submission of reports by professionals at Review Child Protection Case Conferences.</p> <p>Review current attendance levels and provide, as necessary, updated direction and guidance to all staff</p> <p>Monitor effectiveness through quarterly performance reports to Chief Officers Group</p>	<p>July 2009 Chief Officers CYPPC Members</p> <p>Chief Officers CYPPC Members October 2009</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 33), to evaluate professional practice.</p> <p>Police have increased staff numbers and issued instruction that there will be attendance at every such meeting, which is being complied with.</p> <p>Report to go to COG on 25 November</p>	<p>Completed</p> <p>Behind schedule</p>

18	<p>Review and develop as necessary, procedures and practice by managers to ensure consistently high quality child protection plans are in place when required, that decisions are ratified and that monitoring and implementation of plans is carried out in accordance with procedures.</p> <p>Ensure that self-evaluation and auditing tools capture the necessary information to monitor effectiveness.</p> <p>Provide 6-monthly reports to CYPPC.</p>	<p>October 2009 CYPPC Members</p>	<p>CP4 being updated to include specific reference to children being seen. This will be the subject of interim procedural guidance, with details on decision-making, ratification and recording.</p> <p>Notification went to all staff in SW and to the Integrated Assessment and Care Planning Task Group for all agencies to ensure that this is recorded.</p> <p>This practice will be formalised in the new reviewed SWD CP procedures along with the updating of all relevant forms, such as the CP4.</p> <p>This will be covered by the general case file auditing process (Action 33).</p>	<p>On schedule</p> <p>Redefine timescale</p>
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Area for Improvement - **Children and Young People will have their needs met through the consistent application of appropriate policies and procedures.**

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

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

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

	Actions	Timeframe & Key Service(s)	Progress	Status
19	Establish and implement a system and process for ongoing joint review, updating and evaluation of impact of all multi and single agency procedures and guidance that are concerned with the provision of services to children in need, ensuring that they promote best practice. 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	On schedule
			To be an integral part of self-evaluation framework (see Action 33).	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	COG approved resetting of achievement date to November 2009 - on schedule to meet this date.	Behind schedule
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 33.	On schedule
		March 2010	Task Group to consider what procedures/guidance might be required to support operational managers developing the range of methods referred to. To be part of comprehensive review of multi-agency guidance due for completion in March 2010	On Schedule
21(a)	Produce updated multi-agency and single-agency Child Protection Guidance to reflect the requirement of the H and W Reports by ensuring that: <ul style="list-style-type: none"> Any revision of the inter agency guidance on IRDs clearly states that the IRD is part of the critically important 	September 2009 interim guidance	All points covered in proposal presented to COG, on 28th October 2009, for publication of re-written section of multi-agency guidance	Completed subject to COG approval

	Actions	Timeframe & Key Service(s)	Progress	Status
	<p>process of protecting children, and not a one off event. (H5)</p> <ul style="list-style-type: none"> • An IRD should be considered where there is a cluster of concerns in relation to child care and domestic violence, (H6) • Where internal social work checks indicate that other colleagues have relevant information to share, they are invited to the IRD, or if unavailable their views sought. (H7) • Social work checks will also be made of other agencies, such as housing, and substance misuse services. (H8) • Where a health representative is attending an IRD, they will be responsible for undertaking relevant health record checks. (H9) • The IRD identifies actions, with timescales, to be taken to protect the child during any investigation, or in the period leading up to the initial case conference. Each agency representative will be individually responsible for recording and acting on any tasks assigned to them. Where the decision is taken to refer to SCRA, this should be done within 5 working days. (H10) • The Children and Young Persons Protection Committee (CYPPC) clarifies guidance on the management of Initial Referral Discussions, and provides training to those involved, pending the publication of national guidance. (W2). 		<p>This action has been subsumed in the work of the Staff Development Forum.</p>	
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> <ol style="list-style-type: none"> i. All agencies ensure the most up to 	<p>Revised multi-agency guidance by March 2010.</p>	<p>Paper to COG on 28th October seeks authorisation for immediate instruction to relevant staff re action, with issues being addressed in comprehensive review of multi-agency guidance to be completed by March 2010</p>	<p>On schedule</p>

	Actions	Timeframe & Key Service(s)	Progress	Status
	<p>date information is available to the case conference (H1)</p> <ul style="list-style-type: none"> ii. The initial case conference minute lists risk and protective factors for the child, and these are updated at subsequent review case conferences and identify any risks or protection that they present to the children (H2) iii. All review case conferences ensure consideration of key issues raised in the Core Group meetings.(H4) iv. Where a referral involves a pre school child, the social worker automatically contacts the health visitor as part of their response.(H15) v. Domestic abuse referrals should be graded and clearly specify where children were actually present in a house when an incident took place (H18) 		<p>Contents of the multi-agency guidance will inform staff development where appropriate.</p>	

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, 30, 31**

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

	Actions	Timeframe & Key Service(s)	Progress	Status
22	Review the role, responsibilities and membership of the CYPPC Complete review	October 2009 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.	Behind schedule
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 SPG has decided to adopt the Public Sector Improvement Framework (PSIF) in order to review its role, function and membership and relationships with other strategic bodies. All 9 elements of the framework will be examined at a meeting on 9th December 2009. Due to a change in the reporting mechanism for the SPG, the reporting relationship between ICS/SPG, COG and the Dundee Partnership needs to be redefined and articulated.	Behind schedule
28	Review the range, effectiveness and, where appropriate, delivery models of services to children and young people affected by substance misuse, mental health, learning disability and domestic abuse, who experience compromised parenting.	March 2010 DCC NHS Tayside and Voluntary Sector Partners	It is recommended that this action be amalgamated with action 26.	on schedule
30	Review and update communication strategy re how agencies communicate effectively with their staff and how they are helped understand the 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 is being conducted by CYPPC on 6th and 18th November 2009.	Completed

	Actions	Timeframe & Key Service(s)	Progress	Status
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.</p> <p>Child, parental and carer involvement to be monitored through annual reporting processes</p>		<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. We require a health view particularly as we know health have an engagement framework and it might be possible to integrate.</p> <p>A single phone number to be made available to direct concerns possibly through DCC Social Work Access Team for them to direct as appropriate. Outwith the Access Team working hours, the calls would be automatically directed to the Social Work OOHS service.</p> <p>Provision for the use of texts to provide anonymity which would be more beneficial for many adults and young people.</p> <p>Explore the feasibility of providing anonymous self-completion forms on partner web-sites.</p>	
	Establish framework	October 2009		On Schedule

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

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

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

	Actions	Timeframe & Key Service(s)	Progress	Status
24	Jointly set, communicate and keep under review the vision, aims and values for child protection services	August 2009 Chief Officers	Vision agreed by COG and CYPPC in June 2009. These have been set out in the CYPPC newsletter and on the website and will be incorporated in further appropriate documentation.	Complete
25	Further develop joint working by creating a new child protection unit based at Kings Cross Hospital where specialists in child protection from all of the agencies will work together to share information on each and every case	October 2010 Chief Officers	Re-visiting of option to add additional floor to existing plan or to identify an alternative, existing building (both ultimately rejected), along with delay in resolving matter of land transfer to allow arrangements to be made for demolition of existing building on site, have caused project slippage. Projected completion date now December 2010. Planning application now being prepared for submission.	Behind 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.	On schedule
32	Review all child protection provisions as part of the ongoing commitment to implementing GIRFEC	December 2010 Chief Officers	Chief Officers to consider activity required to fulfil action. Main discussion item at January 2010 meeting of COG	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	This is incorporated into the evaluation of Visible and Accessible Care within NHS Tayside	On schedule

	Actions	Timeframe & Key Service(s)	Progress	Status
32(b)	Promote a continuing series of cross 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	Content of all staff development programmes being reviewed as per schedule in staff development paper circulated to COG for meeting of 25th August. This incorporates a review of core skills required to carry out functions.	On schedule

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**

Lead on Actions: **33, 34**

Services on Group:	
Police	Education
Vol Orgs	Health
Social Work	

	Actions	Timeframe & Key Service(s)	Progress	Status
33	Fully agree the content of and implement the Performance Management framework	October 2009 Chief Officers	Content of Framework agreed by COG. Framework based on PSIF. The CYPPC to audit the work of the group using PSIF outcomes between January and March 2010. The initial work of the task group has been to map the framework against HMle indicators.	On schedule
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"> ➤ produced a comprehensive starter paper of self-evaluation ➤ asked reps to prepare paper on current self-evaluation approaches 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. Materials have been gathered to inform discussion. Exemplar materials have been provided by Renfrewshire, Angus, Perth and Kinross, Highland and Stirling Councils.	On schedule
	Establish a front-line practitioners action learning set to act as a primary change agent to embed self-evaluation and influence cultural change.	October 2009	Agreement has been reached with the COG to present a proposal and draft terms of reference to inform the work of the Case File Audit Team. This is currently being developed with emphasis on the need to improve self evaluation at multi-agency level.	On schedule
	Implement self-evaluation framework	Dec 2009	The task group has looked at what information is currently gathered and will consider the effect/impact of this information. Draft papers have been prepared on self evaluation approaches and techniques.	On schedule
	Implement processes to gather, collate and analyse findings	March 2010	The processes have been identified and will be ratified by COG and CYPPC in October/November 2009.	On schedule

	Actions	Timeframe & Key Service(s)	Progress	Status
	Report on self-evaluation information via the performance management framework in annual reports to the CYPPC and COG.	March 2010	Information to be included in annual reporting for CYPPC.	On schedule
34(a)	Ensure that self evaluation and auditing tools collect the relevant information to monitor their effectiveness in keeping children safe. (H22)	December 2009 CYPPC members	The views of key practitioners will be sought at forthcoming round table events due to be held in November 2009 to ensure that the evaluative approaches and information to be gathered is relevant in keeping children safe.	On schedule