

REPORT TO: POLICY & RESOURCES COMMITTEE - 12th FEBRUARY 2007
EDUCATION COMMITTEE - 19th FEBRUARY 2007

REPORT ON: INTEGRATED SUPPORT FOR CHILDREN IN NEED

REPORT BY: ASSISTANT CHIEF EXECUTIVE (COMMUNITY PLANNING) AND DIRECTOR OF EDUCATION

REPORT NO: 78-2007

1.0 PURPOSE OF REPORT

- 1.1 This report seeks approval in general terms for the development of integrated services to provide support for Dundee's most vulnerable children and young people. In particular, the report proposes the establishment of Joint Action Teams in each secondary school and each early years/primary cluster, and the creation of two pilot models for the co-location of children's services. Both proposals are described in the attached policy paper.

2.0 RECOMMENDATIONS

- 2.1 The Education and Policy & Resources Committees are recommended to:
- i. note the content of this report and the attached policy paper;
 - ii. endorse the wish to provide more integrated support for children and young people in need;
 - iii. approve the establishment of Joint Action Teams in the secondary schools and early years/primary school clusters;
 - iv. approve the establishment of a pilot co-located model of children's services, based in Menzieshill High School;
 - v. note and approve the desire to seek to establish a second pilot co-located model of children's services in a primary school in Dundee; and
 - vi. instruct the Director of Education to monitor and evaluate the impact of the pilot co-location exercise, and report back to Committee no later than six months from the inception of the pilot.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from the establishment of Joint Action Teams. Start up costs for the proposed co-location pilots can be met from the Scottish Executive's Changing Children's Services Fund.

4.0 SUSTAINABILITY POLICY IMPLICATIONS

- 4.1 There are no Sustainability Policy implications.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 It is the Council's goal that all children and young people should be safe and secure, should benefit from living in a stable home environment, and should be assisted to realise their full academic and vocational potential. These proposals will enable our most vulnerable and challenging young people to achieve that goal.

6.0 BACKGROUND

- 6.1 In a number of important national policy papers on the delivery of effective children's services, such as *'The Same As You'*, May 2000 (a review of services for people with learning disabilities), *'For Scotland's Children'*, 2001 (report on better integrated children's services), *'It's Everyone's Job To Make Sure I'm Alright'*, December 2002 (the report of the Child Protection Audit and Review), and most recently *'Getting It Right For Every Child'*, June 2006 (a programme for change in the delivery of integrated children's services) there has been continuing emphasis on the importance of positive, effective integrated working among all agencies and organisations involved in this field.
- 6.2 The 'Education (Additional Support for Learning) (Scotland) Act', 2004 also made clear that support for the large number of children with additional support needs, whether temporary or permanent, is the responsibility of all agencies involved in the delivery of children's services.
- 6.3 Locally, an independent consultant was commissioned in 2005 to report on how more effective integrated children's services might be delivered. That report echoes the vision of *'For Scotland's Children'*, viz. that local authority departments and partner agencies must seek ways of working more effectively together. The same independent report made positive references to co-location of services, and key recommendations to consider opportunities for it.
- 6.4 Currently, support for vulnerable children in Dundee City Council comes from a number of different departments. Principally, these are the Education, Social Work and Leisure & Communities Departments, but others such as the Housing Department play a role. In much of our work we are supported by, and support, colleagues in Health and in Tayside Police, the Children's Reporter, and voluntary agencies such as Barnardos. There are, therefore, many informal examples of integrated working for the benefit of individual children.
- 6.5 Three examples illustrate the current level of formal integrated working in Dundee. Firstly, this has been an obvious and necessary feature in child protection cases, where important matters relating to a child's safety are discussed and debated by colleagues in Social Work, Tayside Police, Health and Education.
- 6.6 The Better Neighbourhood Services Fund (BNSF) project *'Support for Young People'* was funded by the Scottish Executive between 2002 and 2006, and was successful in bringing key practitioners together in three secondary schools in the city, to work on a multi-agency basis to support adolescents

at risk of failing to sustain a place in mainstream school, or at risk in the family or the community.

- 6.7 The BNSF project built on work that has been established in all ten secondary schools since 2000, through School Referral Teams (SRTs), multi-agency meetings set up to discuss individual pupils and their difficulties. SRTs operate within a broad city framework, but each school has the flexibility to determine the precise operational procedures appropriate to its own needs. While evaluation of the operation of SRTs (carried out by an independent consultant in 2003) indicated that they are a positive tool in supporting young people, and that Dundee has been leading the field in inter-agency care for young people, there has been evidence of inconsistency of approach, and their multi-agency nature has not been as extensive as might have been hoped.

7.0 PROPOSALS

7.1 Joint Action Teams

- 7.1.1 It is proposed that Joint Action Teams (JATs) should evolve from School Referral Teams in secondary schools, and that they should be established in each early years/primary cluster in the city. Founded on a positive ethos and sense of inclusiveness, they will have the broad rationale of supporting any child who is, or is at the risk of being, unsupported, excluded, insecure or unsafe. In supporting children and young people, the JAT will also be able to give support to parents/carers and families, and to peers of the supported child.
- 7.1.2 JATs will have a core membership, incorporating all agencies and organisations with a direct remit to support children - Education, Social Work, Health, Leisure & Communities, Housing and Police - and can in addition call on any other service, such as the voluntary services, to support the needs of individual cases. Referral to a JAT can be made by any agency.
- 7.1.3 The JAT will assess referred cases and decide whether they can and should continue to be supported by some or all of the agencies represented, or if another more suitable option, such as onward referral to the Children's Reporter, should be pursued. If the former course of action is more appropriate, the JAT will appoint a Lead Professional to co-ordinate the work of the assessment team.
- 7.1.4 Referral criteria have been devised to ensure fair and consistent assessment and disposal of cases. Three broad stages of priority are proposed - low, medium and high - and participating agencies will have to align these three stages to whatever system of prioritisation they currently operate. Mindful of the pressure on the Council to deploy scarce resources efficiently, but also effectively and fairly, it is proposed that a JAT should only consider a case that is deemed to be of high priority, and where there is necessary involvement from more than one agency. All other cases should continue to be supported by individual agencies.

- 7.1.5 The JAT will also act as gatekeeper, and will usually make final decisions whenever referral is being considered to the Children's Reporter, or to the multi-agency Options Group which is able to place a child in offsite education, or to the ASBO Liaison Group. One key exception to this guideline will be where time constraints require direct referral to the ASBO Liaison Group for protection of the community.
- 7.1.6 JATs will be accountable to the Education & Employment theme group of the corporate Children's Services Implementation Management Group, who will be responsible for quality assurance and evaluation. In particular, external assistance will be sought to carry out full evaluation, using appropriate performance indicators. In addition, informal evaluation will be undertaken through a network of JAT chairpersons.
- 7.2 Co-location**
- 7.2.1 It is proposed that two pilot models of co-located children's services are established. A provisional decision has been reached that the first of these should be based in Menzieshill High School to serve the whole of the Menzieshill cluster. Given Committee approval it is hoped to establish the second model in a primary school, again to serve an entire educational cluster.
- 7.2.2 A core group of onsite staff will be located together: from Education (Home School Support Service); Social Work (the locality Social Work children's services team - Social Work Committee Report 306-2006, '*Re-Alignment Of Children's Services Social Work Teams With Secondary School Catchment Areas*', 15th May 2006, refers); Leisure & Communities (the Xplore worker); and Health (school nurse). In addition 'hot desking' facilities will be provided for other relevant agencies, such as Educational Psychology, Housing and allied health professionals.
- 7.2.3 The experience of the BNSF project is that services require time to develop a good, integrated model of working, and that inevitably issues will arise in the early days that will require sensitive handling. These include issues of professional trust, of management, of staff awareness and development, and of resource provision. Equally, there is good evidence from around Scotland of very successful integrated and co-located working, despite early minor setbacks, as workers have grown to trust one another, share information with one another (both formally and informally), and see the fruits of their joint labours in being able to maintain young people in school, in their families and in their communities.
- 7.2.4 Nevertheless, it is accepted that a bold step is being proposed for the future delivery of children's services, and it is for this reason that a detailed evaluation exercise should be undertaken within a realistic, but short, timeframe. It is proposed that such an exercise should not be delayed beyond a period of six months from the inception of a pilot.

8.0 CONSULTATION

- 8.1 This report has been subject to consultation with the Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance), Directors of Housing, Leisure & Communities and Social Work, representatives of the health authorities, Tayside Police and the voluntary services, and staff trade unions.

9.0 BACKGROUND PAPERS

- 9.1 'The Same As You', May 2000 (a review of services for people with learning disabilities);
'For Scotland's Children', 2001 (report on better integrated children's services);
'It's Everyone's Job To Make Sure I'm Alright', December 2002 (the report of the Child Protection Audit and Review); and
'Getting It Right For Every Child', June 2006 (a programme for change in the delivery of integrated children's services)

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3rd January, 2007

JC/DD

Dundee City Council

INTEGRATED SUPPORT FOR CHILDREN IN NEED

PART 1 THE JOINT ACTION TEAM

1 INTRODUCTION

- 1.1 The Scottish Executive in recent times has consistently encouraged all partners in children's services to work more closely together, in order to deliver more effective services to children and young people.
- 1.2 The Executive has also announced its intention to move towards an integrated inspection regime as part of an integrated quality improvement framework. Local authorities and their partners, from 2008 onwards, will be judged on the degree and quality of their children's services partnership, and on the effectiveness of the service they jointly deliver.
- 1.3 The contribution of Dundee schools to the integrated agenda is managed through a model that has the twin aims of raising attainment and promoting personal development and well-being. There is a fundamental understanding that integrated services are for all children and young people, but at the same time give due priority to those who have additional support needs. Consequently two multi-agency teams are proposed to support these two distinct populations:
- The Cluster Support Team (CST) in each cluster of schools identifies and develops agreed local initiatives that will enhance the learning experiences of **all children in the cluster** and promote the closer involvement of their families and the wider community.
 - The Joint Action Team (JAT) will consider the needs of **referred vulnerable children and young people** and determine the level of support required to ensure they achieve their potential in their academic and social lives.
- 1.4 Cluster Support Teams are already established through the Integrated Community Schools roll out programme. This paper seeks to describe in detail the strategic rationale and the operational arrangements for Joint Action Teams.
- #### 2 RATIONALE
- 2.1 Previously, each secondary school had a School Referral Team to support children with additional support needs. Each school set the team up within broadly agreed parameters, but had a degree of flexibility to make local

arrangements. The intention now is that these secondary teams should evolve into integrated JATs, the broad concept of which will be uniformly accepted and consistently applied across all partner agencies.

- 2.2 In the same way JATs should be established around each early years and primary cluster, with responsibility for considering the needs of individual vulnerable babies and young children.
- 2.3 The rationale for the JAT is based on a positive ethos and sense of inclusiveness, and a mutual respect for the strategic policies and operational guidelines of the participating agencies. Referrals to the JAT will come from any of the partner agencies. The JAT will endeavour to ensure that:
- no child or young person is left unsupported, excluded, insecure or unsafe;
 - parents/carers, where appropriate, are supported and encouraged to assume a positive parenting role;
 - the support given to the young person impacts positively on other young persons with whom s/he comes into contact;
 - the need to focus on particular local issues, and thereby support the wider community, is recognised; and
 - there is mutual awareness, achieved through continuous professional development, of the aims and ethos of each participating agency.
- 2.4 The objectives of the JAT are:
- to accept referrals of children and young people with additional needs from all agencies in the locality, according to specified criteria;
 - to arrange for the needs of children to be assessed by appropriate officers of the partner agencies and, where necessary, to commission further assessment;
 - to identify the level of intervention required to give adequate, personalised and effective support, within the resources of the JAT cluster;
 - to identify a Lead Professional responsible for co-ordinating an assessment team to work with the young person, liaising with the family, and co-ordinating support from appropriate agencies, including the management of an Individualised Educational Programme (IEP) or statutory Co-ordinated Support Plan (CSP) or statutory Care Plan if any of these is required;
 - to ensure that the rights of the young person and family are respected, and their voice heard
 - to consider the range of resources available, and determine the most effective and least intrusive to be deployed;
 - to gatekeep referrals to city-wide/specialist resources and services when local supports have been exhausted or ineffective;
 - to monitor and review on an ongoing basis the provision made for all referred young persons;
 - to maintain accurate and up-to-date records of all cases referred, and provide individual and statistical data as required; and
 - to identify multi-agency staff development needs and commission and/or co-ordinate delivery.

3 REFERRAL CRITERIA

3.1 The process or route by which children end up in specialist services requires to be governed by criteria and guidelines. The whole raison d'être of the JAT is to maximize the use of localised services wherever possible, but be able to access enhanced or specialist services as appropriate and according to the criteria for these services, without necessarily having to defer to a further bureaucratic or decision-making process.

3.2 Criteria for referral to the JAT will align to three generic Stages of Assessment - Low, Medium, and High - as set out below. Each partner agency will have to define more specifically these stages in relation to its own modus operandi.

Low	Additional support needs respond to ordinary measures available through standard provision.
Medium	Issues cause increasing concern. Additional support needs require a more frequent and intense range and pattern of support, perhaps using additional and/or specialist staff. Support measures might be delivered within the context of a particular action plan (IEP, Care Plan, etc). Informal discussions with other agencies might be necessary. <i>De facto</i> , looked after children fall into this category unless their individual support needs merit a higher priority.
High	Additional support needs require highly individualised and specialised arrangements. Issues may persist unresolved and/or lead to heightened concern. Multi-agency consideration will be appropriate. Referral to the Reporter to the Children's Panel might be an appropriate disposal option at this stage. A young person placed in care or supervised by statutory measures will be at this stage.

3.3 Each partner agency must be able and ready to offer single-agency support, from within its own resources, to almost all cases identified as requiring intervention and support. The JAT will not be able to take on cases at the Low or Medium stages: not only is this unnecessary but lack of resources makes it equally impractical.

3.4 In general terms, a case should be considered for referral to the JAT only when:

- the young person has reached the High Stage of Assessment; and
- a need for continuing, substantial and direct support from more than one agency has been identified.

3.5 **The following cases must be referred to the JAT for assessment, consideration and decision:**

- **where an initial referral to the Reporter is a possible option (with the exception of decisions agreed by a Child Protection Case Conference)**

- **where referral to the Options Group is being considered in cases where there are very serious behavioural issues**
- **where a child is being considered for referral to the ASBO Liaison Group**

3.6 In general terms the following children may be referred to the JAT:

- children in need (as defined in the '*Children (Scotland) Act 1995*')

Definition

"Need" refers to being in need of care and attention because the child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of local authority services; or because his health or development is likely to be impaired without such services; or because he is disabled; or because some other member of his family is disabled and that disability will adversely affect the child.

- children in need of care and protection or compulsory measures (as defined in the '*Children (Scotland) Act 1995*')

Definition

The question of whether compulsory measures of supervision are necessary in respect of a child arises if at least one of the following conditions is satisfied:

- a. the child is beyond the control of any relevant person
- b. the child is falling into bad associations or is exposed to moral danger
- c. the child is likely to suffer unnecessarily, or be impaired seriously in his health or development, due to a lack of parental care
- d. the child is a child in respect of whom any of the offences mentioned in Schedule 1 to the '*Criminal Procedure (Scotland) Act 1995*' (offences against children to which special provisions apply) has been committed
- e. the child is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph d. above has been committed
- f. the child is, or is likely to become, a member of the same household as a person who has committed any of the offences referred in paragraph d. above
- g. the child is, or is likely to become, a member of the same household as a person in respect of whom an offence under sections 1 to 3 of the '*Criminal Law (Consolidation) (Scotland) Act 1995*' (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household
- h. the child has failed to attend school regularly without reasonable excuse
- i. the child has committed an offence
- j. the child has misused alcohol or any drug, whether or not a controlled drug within the meaning of the '*Misuse of Drugs Act 1971*'
- k. the child has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes

I. the child is being provided with accommodation by a local authority under section 25, or is the subject of a parental responsibilities order obtained under section 86, of this Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interest or the interest of others

- children who offend
- children with or affected by disability or complex health problems
- children with mental health difficulties
- children with emotional and behavioural difficulties
- children affected by domestic abuse
- children affected by substance misuse, including alcohol
- children affected by long-term absence from school and/or multiple exclusions from school
- children affected by a serious lack of parental cooperation

4 ASSESSMENT AND CASE DISPOSAL OPTIONS

4.1 The referring agency will present the case to the JAT in both written and verbal form.

4.2 There will always be a joint assessment of the needs of each young person referred, following which the JAT may quickly and easily decide that there is a more appropriate forum in which the young person's needs can be considered and supported. Alternatively, the JAT might commission further assessment if more detail is necessary. The JAT's decision will be recorded and reported back to the referring agency.

4.3 Referral to the JAT does not imply that a case will necessarily be taken up by the team itself. JATs will not duplicate the work of existing inter-agency forums where they provide the more appropriate route to support. JATs may, however, identify children who require to be referred to such services:

- Child Protection

Local agencies should not wait for a referral to the JAT where there is an identified need for immediate protection of children. Multi-agency child protection procedures should always be followed in these circumstances.

Similarly, the referral framework for the New Beginnings Service incorporating the Unborn Baby Protocol should be followed for babies affected by parental substance misuse.

- Children with Disability and Complex Health Needs

The ASPIRE framework and procedure should be followed for under 5s.

- Children with Mental Health Issues

Referral can be through a School Nurse either to the Primary Mental Health Team or to more specialist mental health services.

- Persistent Young Offenders

Given these children will have already been referred to the Reporter, the existing protocol for the Reporter to refer directly to the CHOICE Project or the Youth Justice Services team should remain.

- 4.4 In all of the above cases, the JAT should be informed of these children’s circumstances and the support being provided to them in order that the JAT can maintain and update its profile of need, demand and outcomes for children in their local cluster area.

5 QUALITY ASSURANCE

- 5.1 The activities of all JATs will be monitored and regulated by the Education and Employment theme group of the Children’s Services Implementation Management Group (IMG), chaired by the Head of Secondary Education. The Group will be responsible for identifying and sharing examples of good operational practice, and for monitoring the outcomes for individual young persons.
- 5.2 Performance Indicators will be identified or designed to describe levels of performance in the various aspects of JAT work. They will be used for external evaluation purposes, as well as for self-evaluation activities.
- 5.3 Data will regularly be sought from JATs and analysed, to ascertain patterns of need and intervention, and the implications for resource provision.
- 5.4 A network of JAT Chairs will be established, as a forum for discussion and the sharing of practice, and as an advisory body for children’s services managers in each department and organisation.

6 ADMINISTRATION

6.1 Membership

Secondary JAT	Early Years/Primary JAT
<p>Core:</p> <ul style="list-style-type: none"> • Depute Head Teacher • Educational Psychologist • Social Work Team Senior • Xplore Worker • HSSS representative • School Nurse • Police Liaison Officer • Housing representative <p>and, as required:</p> <ul style="list-style-type: none"> • appropriate school personnel • the voluntary sector 	<p>Core:</p> <ul style="list-style-type: none"> • Early Years Head Teacher • Primary Head Teacher • Educational Psychologist • Social Work Family Support Team Manager • HSSS representative • School Nurse/Public Health Nurse • Police Liaison Officer <p>and, as required:</p> <ul style="list-style-type: none"> • appropriate school personnel

<ul style="list-style-type: none">• any other relevant person	<ul style="list-style-type: none">• midwife• the voluntary sector• any other relevant person
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6.1.1 The Chair will rotate between core members on a half-yearly basis. Discussion of an individual case will be led by the Lead Professional. The referring agency will automatically assume responsibility for the appointment of the Lead Professional unless and until the JAT decides otherwise.

6.2 Frequency of Meetings

6.2.1 JATs will meet at least monthly, at a set time agreed by the JAT, but will have the flexibility to decide to meet more often if circumstances deem it appropriate.

6.3 Location

6.3.1 There is no reason why the JAT should not meet in whatever location is considered appropriate, and this can be a decision taken locally. JATs will have to continue to meet throughout the year, including during school holidays; and so a school, if that were the chosen location, would have to be open. The early years/primary JAT can meet in whichever sectoral establishment is deemed appropriate, but there are powerful reasons why the secondary JAT should meet in the secondary school:

- all young people, whatever their involvement with other agencies, are in the educational system
- it is likely that most young persons will have needs either identified in the educational context or which impact heavily on it
- it is possible that key players will be co-located in the secondary school (see Part 2)
- the decisions of the JAT can be recorded in the school's Support for Pupils database
- there could be an opportunity for School Nurses and Public Health nurses to work collectively to provide onsite information and intervention, including work on positive parenting and improving mental well-being
- school accommodation could be appropriate for the location of multi-function areas supporting links between home, school and community
- education personnel need to be able to move rapidly and directly to their classes

6.4 Support Services

6.4.1 Administrative and clerical staff must be available to service the JAT, take minutes, deal with correspondence, and record notes and decisions on the Support for Pupils database.

6.4.2 The Support for Pupils database is established, and is serviced by the Council's IT Department and IT personnel employed by the Education Department. It has been expanded to take account of the Scottish Executive's categories of need, as required by the ScotXed information-gathering and analysis programme. It will also be used to hold information arising from the new Education (Additional Support for Learning) (Scotland)

Act 2004. There will in due course be guidance from the Scottish Executive on the whole area of information sharing and shared assessment: our own ASPIRE pilot has contributed to that exercise.

PART 2 THE CO-LOCATED MODEL

1 THE BACKGROUND

- 1.1 Experience, backed up by research, tells us that integrated working is likely to be more effective where there is team co-location, underpinned by a shared vision and strong leadership, and a willingness to work together and learn from one another. Combined with joint staff training and development opportunities, successful co-location will hasten the development of integrated working practices.
- 1.2 Nationally, there is a clear drive towards greater integrated working and partnership activity. Some local authorities have taken the concept of integrated working to what for them is a natural conclusion, and have co-located services for children within designated local communities. Other authorities are currently actively working towards that goal.
- 1.3 The recent report by an independent consultant on the delivery of effective integrated children's services in Dundee contained positive references to co-location and key recommendations to consider opportunities for it.
- on early years work:
"There are examples of close and effective working in some instances, particularly where the services are co-located."
 - on the Morgan Academy Joint Action Team:
"The team was also convinced of the benefits of co-location wherever possible, recognising that the range of partners with whom one team member might work could mean that co-location with all key partners was not possible."
 - on co-location and boundaries:
"Co-location is plainly beneficial wherever it can reasonably be achieved."
 - recommendations:
"There has been a recent review of the social work family support service and I would recommend that opportunities for co-location of education and social work services are considered taking account of PPP development plans for a number of schools. This should include close joint working with NHS Tayside given in particular the development plan for the Dundee Community Health Partnership (CHP) and the clear desire to develop co-located services on the part of the CHP."

"I recommend that in considering more integrated services and working arrangements the possibilities of co-location and boundary alignment should be taken into account."
- 1.4 These views are supported by research evidence from other parts of the country:
- on the Sedgefield Integrated Team Initiative:

"A well prepared, co-located team can use commonality of cases to establish a culture in which team learning can flourish and accountability is to service users than to professional domains" (Bob Hudson and Paul Irving).

- 1.5 By definition, co-located staff will have their place of work, and their whole remit, transferred to a central location where they will form a team of players from key agencies delivering children's services. This should ensure that the needs of young people will be more quickly assessed and understood, and more effectively supported.
- 1.6 Staff from different departments and agencies who work together in the same location:
 - share a common vision with common aims;
 - develop agreed strategies and action plans;
 - establish, through partnership working, mutual respect and trust for each other and for the nature of the tasks they are required to undertake;
 - value diversity, and ensure that each agency's values and culture are respected;
 - develop improved communication systems and relationships within the partnership and with others;
 - gain a quicker and better understanding of the job they each do, from seeing that job carried out on the ground around them;
 - ensure a year-round delivery of services to those in need, whenever that need arises;
 - are able to discuss individual cases quickly as they arise, both informally and formally;
 - can quickly adopt and implement an agreed, shared strategic approach to supporting children with specific needs;
 - can organise local joint development activities to promote more effective children's services;
 - maximise the most efficient use of skills and scarce resources; and
 - can more easily monitor and evaluate the effectiveness of their input.
- 1.7 Most, but not necessarily all, of the work of the co-located team will be in support of children referred to the JAT (see Part 1).
- 1.8 This document describes what essentially needs to be in place, or in development, in order to have a realistic opportunity of successfully establishing a multi-agency co-located base, encompassing both a core onsite team and a 'hot-desk' facility.

2 THE ISSUES

2.1 Professional trust and respect

- 2.1.1 Each agency comes to the table with the same aim of providing quality services to children. However, each agency also has its own working practices and skill base, and each professional and agency has a different value base, particularly in terms of levels of concern regarding behaviours by or affecting children.

2.1.2 Mutual trust and respect are not automatically established at the time of co-location. It is fair to say that, even where co-location models have gone on to be very successful, they have often begun in an atmosphere of wariness and suspicion. They have encountered pitfalls, and there have been fall-outs and disagreements.

2.1.3 *Response*

- i. *Success can be achieved through a combination of dogged determination not to exaggerate or be unduly influenced by setbacks, a realisation that it is always necessary to talk through difficulties as they arise, and a gradual acceptance and appreciation of benefits that co-location brings.*
- ii. *It is important to develop a common culture in which each partner is confident that a consistent tariff is being applied when referring cases and accessing resources. This will take time to develop, but will be helped by: joint working; joint training and professional development arrangements; a common assessment framework; shared accommodation and, fundamentally, a developing sense of belonging to a team.*

2.2 Service Delivery

2.2.1 Service delivery can be compromised by inadequate information-sharing, lack of clarity concerning departmental roles and boundaries, lack of ability to distinguish between the discrete and shared elements of joint working and an inability or unwillingness to judge their relative importance. Agencies must avoid the disjointed delivery of parts of a service, which together do not add up to a coherent whole.

2.2.2 *Response*

- i. *The co-located model, when tried, tested and bedded down, will enable Council departments and external agencies to give their full attention to the effective, joint delivery of a whole service to a young person, according to need. This will include joint monitoring of the progress made by the young person during and following intervention.*

2.3 Professional development

2.3.1 Staff express the fear that they will lose staff development opportunities if they are away from their home department, and furthermore that they will lack understanding of the context in which other agencies operate and their methods of working.

2.3.2 Professional skills and expertise across children's services have a common core but there is no common learning facility to develop that core set of skills and values

2.3.3 *Response*

- i. *Staff are entitled to continuing professional development, delivered by their own department, to further their own skills and increase their knowledge. However, it will be vital in a co-located model to commission or develop an inspiring and challenging professional in-service development programme, providing joint training opportunities: workshops, case studies, work shadowing, explanatory presentations, good practice presentations, networking opportunities, etc.*

2.4 Management

2.4.1 Management issues concern staff. They ask whether co-location changes or affects the arrangements for their professional management and supervision. They have a concern that they might in some way be accountable to a manager from another agency. They are wary about the role of the Head Teacher if services are co-located in a school. There are questions about how managers from different agencies will relate to each other, and what their joint role will be in developing and implementing strategy. Finally there is a risk that multiple management layers will stifle good effective joint working.

2.4.2 Response

- i. *All staff have a responsibility to understand and respect the roles of managers from all departments in managing their staff, clients and resources. Current arrangements for professional supervision will not change in a co-located model. However, staff concerns must be acknowledged and the issue of management of co-located children's services cannot be avoided. It is therefore necessary to agree a protocol that clearly establishes management arrangements.*
- ii. *As with the JAT, responsibility for the strategic development of the co-located model will lie with the Education and Employment theme group of the IMG.*
- iii. *All co-located staff will remain employees of their current departments and organisations. Each agency will retain professional line management responsibility for their staff. This promotes a sense of belonging, offers career pathways, gives professional support and supervision, maintains links between the integrated service and the core business of the agency, and enables access to core resources.*
- iv. *At the same time they should be welcomed as friends and colleagues by the host department's staff based in the location.*
- v. *Co-location cannot be seen to lead to multiple layers of management, which is neither cost-effective nor desirable. Professional issues should be discussed and resolved by relevant parties in a spirit of collegiate working. Continuing failure to resolve differences can be referred to senior managers of the departments and agencies concerned.*
- vi. *All staff must respect the management arrangements and decisions that are made by other agencies for their own staff. Where decisions are proposed that will influence the way integrated services are delivered, it is expected that full consultation will take place.*

- vii. *Co-located staff will work out of the named location during their normal working hours, but will continue to attend meetings and conferences and make visits when and where necessary.*
- viii. *Staff will arrange with their managers to set regular time aside to attend and maintain contact with their home department.*

2.5 Resources

2.5.1 There are clear practical issues, such as finding suitable accommodation with adequate working space and meeting rooms. A co-located model cannot operate successfully if it is not possible to bring all key people together in the same location, or if facilities become crowded.

2.5.2 The importance of adequate access to ICT and administrative and clerical services cannot be over-stated. If we are not careful these are the practical and personnel issues that can destroy the potential advantages of joint working.

2.5.3 Response

- i. *Regarding accommodation, on condition that there is adequate space available, there are powerful arguments for considering schools as the centres of co-located services (see Part 1, paragraph 6.3.1)*
- ii. *Some accommodation needs will be resolved through the sharing of existing, and the pooling of new, resources - rooms, equipment, etc. In summary, the following will be required:*
 - *adequate workspace to host anything up to 15 core members, along with a 'hot-desk' facility*
 - *appropriate space for the confidential storage of files*
 - *access to interview/meeting room to facilitate confidential discussions and group work*
 - *a secure reception area*
 - *access to personal staff space and facilities: toilets, tea/coffee facilities, parking, etc.*
 - *out-of-school-hours access, including school holidays and potentially weekends*
- iii. *Information Technology will be required: mobile telephones, desktop computers and related peripherals. A comprehensive audit of information technology and communication needs will require to be undertaken.*
- iv. *The provision of administrative support is a major requirement. It is envisaged that two administrative/clerical staff (1.5FTE) will accompany the Social Work Children's Services team to the central location, and will complement the existing school administrative pool. This enlarged team will service most aspects of the co-located model, including JAT work, as well as existing onsite requirements. It is also the case that some co-located agencies might continue to use their own clerical staff in their headquarters to provide this service.*

- v. *Co-location has financial implications which are not budgeted within partners' core funding. It is therefore proposed that the Integrated Children's Services Commissioning Fund should provide pump-priming funding to meet start-up and additional costs for the proposed pilot. Thereafter, funding should come from the GAE, which will include Changing Children's Services monies.*
- vi. *However, the aim of the pilot is to develop and test a model to meet the needs of Dundee's children and young people, which can be sustained across the city. While this might lead to cost savings, for instance through reduced duplication or economies of scale, there may equally be a need for some rationalisation of budgets or shared budget arrangements.*
- vii. *All agencies involved in this exercise must be prepared to agree the infrastructure required for the successful operation of the model, and consider what they can contribute. This might amount to a financial input, or to a sharing of premises or equipment, or to a re-deployment of staff.*

3 PILOT PROPOSAL

- 3.1 The principle of co-location having been accepted, discussion now needs to focus on operational matters. It is proposed that a co-location pilot should run in two school clusters and be evaluated no more than six months from inception, prior to a final decision on roll out across the city.
- 3.2 The first proposed cluster is Menzieshill (based in Menzieshill High School), and adequate accommodation is available. The location of the second cluster remains to be identified, but it is hoped to site it in a primary school.
- 3.3 This will be a fully co-located model involving a core group of onsite staff from Education (HSSS), Social Work (the locality Social Work team), Leisure & Communities (Xplore), and Health (School Nurse), working collaboratively with colleagues (for instance, a community-based Leisure & Communities worker and an allied health professional) virtually co-located through the deployment of a 'hot desk' facility and enhanced communication technology. It has the clear advantage of bringing all key workers in children's services together, working within their own teams and with other colleagues.
- 3.4 There are three clear advantages in conducting a pilot exercise:
 - i. An important change in working practice is proposed, which deserves to be carefully and fully tested.
 - ii. It will not be necessary to find appropriate accommodation in every cluster immediately, although, in the event of a successful experience, it will be difficult to defend a situation where lack of accommodation is the only barrier to successful co-location in all clusters in the city.
 - iii. We would perhaps more readily persuade all our staff, and teacher and support staff trade unions, of the good sense in exploring, as opposed to deciding, a model.

- 3.5 The detail of evaluation has to be discussed, but the views of all relevant parties - staff, young people and parents - will have to be taken into account. It should be linked to the monitoring, evaluation and analysis of the quality of services delivered by JAT working, and should be sufficiently comprehensive to respond to all the issues raised in this paper. There is merit in exploring the use of an external evaluator.
- 3.6 A more restricted model, perhaps involving only a limited number of agencies, or having agencies represented by individuals rather than whole teams, should not be considered. It would ensure at least a start to the co-location of services, but would be patchy and unconvincing, and would place responsibility on the shoulders of individual staff, who might simply have to act as a conduit of information to another worker.