**REPORT TO:** **POLICY AND RESOURCES COMMITTEE - 13 JUNE 2011**

**REPORT ON:** **INTEGRATED CHILDREN'S SERVICES ANNUAL REPORT**

**REPORT BY:** **DIRECTOR OF SOCIAL WORK**

**REPORT NO:** **314-2011**

## 1. PURPOSE OF REPORT

1.1 This report seeks to update Elected Members on the annual progress of Dundee's Integrated Children's Services Plan 2009/2011

## 2. RECOMMENDATIONS

2.1 It is recommended that Committee:

i) notes the content of this report and the attached Progress Report on Dundee's Integrated Children' Services Plan (ICSP);
ii) endorses the drive to develop and provide more integrated support for children and young people across the city;
iii) approves the delivery framework within the ICSP which sets out what we intend to achieve, how we will achieve it, how we will know we have achieved it and who is responsible for those achievements

## 3. FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications

## 4. BACKGROUND

4.1 Dundee's ICSP was adopted by the Policy and Resources Committee on 22nd February 2010 (Report 116-2010)

Dundee's approach to Integrated Children's Services, its aims and outcomes can be found in the current ICSP 2010/2012 https://www.dundeecity.gov.uk/chserv/

4.2 The 2010-2012 ICSP was formally launched on 3rd March 2010 and it is the Getting It Right For Every Child approach which drives the ICSP where the clear emphasis is that, "every child in Dundee will be safe, healthy, achieving, nurtured, active, respected, responsible and included.

4.3 Our current priorities were identified through a number of different policies and processes which included independent consultancy, discussion with elected members and chief officer's workshops, national priorities and directives, the single outcome agreement and inspection reports.

4.4 The action plan is focused on improving outcomes for all children and young people as described in the single outcome agreement. The priority areas are :

- reducing school exclusion
- improving attainment
- tackling issues caused by substance misuse
- promoting healthy living and physical activity

In order to achieve improvement in the above priority areas it is essential to focus on:

- shifting the balance from crisis intervention towards early intervention
- children in their early years
- engaging, consulting and listening to children, young people and their families
- developing the role and involvement of communities
- further developing joint approaches and partnership working including, in particular, Joint Action Teams and the Multi Agency Assessment Team

4.5 The priorities highlight a continued and significant investment in children, young people's and family services and reflects a major targeting of resources from across Council Departments, health, voluntary and community sector services.

4.6 The attached annual report highlights significant activity across the integrated children's services spectrum. This includes work on the Getting It Right For Every Child (GIRFEC) agenda, the Early Years framework, Corporate Parenting and collaboration with neighbouring local authorities.

4.7 Progress is monitored and evaluated by an Implementation Management Group (IMG) and Strategic Planning Group (SPG) and much of the work is included in Dundee City Council's Strategic Priorities Monitoring Database.

4.8 The ICSP incorporates a delivery framework an update of which is included in the progress report. Progress has been good over the last 12 months with around 95% of planned activity and actions showing positive results. Remedial action is underway with the following activity not meeting expectations or agreed targets:

**Increased numbers of under 18's in custody** is being tackled through multi-agency alternatives to imprisonment for serious and/or persistent young offenders are being developed through the implementation of the Whole System Approach to Youth Justice.

**More Young People in secure accommodation** is being tackled as part of an approach where all young people at risk of custody will be assessed for the Intense Support and Monitoring Service along with a range of interventions delivered by Criminal Justice Social Work in partnership with Tayside Council on Alcohol and Action for Children

**Low child attendance at Looked After Reviews.** Experience tells us that many young people tend to avoid their LAC reviews if possible. However, we are implementing a programme of activity geared towards gaining the views and opinions of children and young people and where they can't, or won't, attend the least we can expect is a clear statement of their views.

**Fewer Dundee children living with Dundee foster carers.** It is difficult to significantly increase the percentage of children staying with Dundee foster cares while the overall number of accommodated children continues to increase. Further Dundee carers have been recruited since March 2010 allowing for an additional 32 places for Dundee's children. However, this is not yet reflected in the percentage figures.

## 5. POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Risk Management. There are no issues in this regard to report on.

An Equality Impact Assessment has been carried out and will be made available on the Council website http://www.dundeecity.gov.uk/equanddiv/equimpact/

## 6. CONSULTATIONS

The Chief Executive, Depute Chief Executive (Support Services), Director of Education, Director of Leisure and Communities, Director of Housing and members of the Integrated Children's Services Strategic Planning Group

## 7. BACKGROUND PAPERS

None

Alan Baird
Director of Social Work 07/06/2011

# 'Getting It Right for Every Child' in Dundee

# Annual Report on Dundee's Integrated Children's Services

## MAY 2011

**INTRODUCTION**

The purpose of this report is to highlight progress on key areas of Dundee's Integrated Children's Service approach.

Dundee's 'integrated children's services approach' centres on '*the development and implementation of strategies across agency boundaries for improving services and outcomes for children and young people*'.

Dundee's Integrated Children's Services approach, its aims and outcomes can be found in the current Integrated Children's Services Plan 2010/2012 https://www.dundeecity.gov.uk/chserv/

Our Integrated Children's Services structure is made up of a Strategic Planning Group drawn from chief officers from Leisure and Communities, Education, Social Work, Housing, Finance, Health, Police, Voluntary Sector and Children's Reporter and chaired by Dundee City Council's Assistant Chief Executive.

The Strategic Planning Group is a theme group of Dundee's Community Planning Partnership with clear outcomes articulated within Dundee's Single Outcome Agreement.

As a direct result of the June 2009 child protection inspection a Chief Officers Group made up of the Chief Executive of Dundee City Council, Chief Executive of NHS Tayside and the Deputy Chief Constable of Tayside Police have oversight of the work of the Strategic Planning Group and final approval for the Integrated Children's Services work plan.

The following pages will highlight work underway in helping deliver the outcomes expressed with the Integrated Children's Services Plan.

The report will not make reference to all work within Integrated Children's Services but will reflect key aspects which in turn will inform the reader on the direction of travel for our integrated approach in Dundee.

A delivery plan which reports on the first 12 months progress of outcomes articulated within the Integrated Children's Services Plan is attached **(appendix 1)**

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# SECTION 1 -

# INTEGRATED CHILDREN'S SERVICES

# SECTION 1

## DUNDEE'S INTEGRATED CHILDREN'S SERVICES PLAN

The 2010-2012 Dundee Integrated Children's Services Plan was formally launched on 3rd March to a multi-agency audience of over 200 managers and practitioners.

The Getting It Right For Every Child approach is the driver in the development of our Plan where the clear emphasis is that, "every child in Dundee will be safe, healthy, achieving, nurtured, active, respected, responsible and included.

Dundee's priorities for children and young people have been influenced and shaped by the needs and aspirations of both individuals and their communities.

Our current priorities were identified through a number of different processes which included independent consultancy, elected members and chief officer's workshops, national priorities and directives, the single outcome agreement and the various inspection processes.

The key outcome from the above process was the identification of a number of fundamental areas which we wanted to prioritise within our Integrated Children's Services approach.

The key areas for action on which we have focussed on are:

- children in their early years
- engaging, consulting, listening to and involving young people, children and parents; and the role and involvement of communities
- school exclusion and how to improve attainment
- substance misuse
- promoting healthy living and physical activity
- improving outcomes for children and young people using the single outcome agreement
- shift the balance towards early intervention
- develop joint working approaches i.e. Joint Action Teams

The priorities highlight a continued and significant investment in children, young people’s and family services and reflects a major targeting of resources from across Council Departments, health, voluntary and community sector services.

In order to achieve our aims we continue to be committed to strengthening links across services and establishing a clear agenda for change and development supported by all key partners. This is in line with Getting It Right For Every Child principles.

As part of the planning process, consideration has therefore been given to the key change and organisational factors needed to support implementation and ongoing development of better integrated children and young people’s services in Dundee.

The following sections highlight 'work in progress' in relation to some key organisational change factors. The progress of each factor is monitored by the Implementation Management Group (IMG), the Strategic Planning Group (SPG) and much of it is included in Dundee City Councils Strategic Priorities Monitoring Database.

**DUNDEE'S NEW INTEGRATED CHILDREN'S SERVICES SYSTEM**

Dundee's new Integrated Children's Services system is graphically described in the attached schematic **(Appendix 2).**

The following is a brief narrative on each four component parts of the new system which are:

1 Getting It Right For Every Child (GIRFEC well-being indicators)
2 Integrated Assessment Framework
3 Hierarchy of need
4 Child and young person's pathway and key transitions

The reader is directed to the Scottish Government Getting It Right For Every Child webpage **www.scotland.gov.uk/gettingitright** which gives more detailed information on the general principles behind the Dundee's approach.

Please note that the agencies involved in delivering services within the system are there for illustrative purposes only. We are fully aware that there are many more involved practitioners and services but it is simply not possible to include them all on one sheet of paper.

**1 GIRFEC Well-Being Indicators**

The system is based on the national Getting It Right For Every Child principle that all children will be safe, healthy, active, nurtured, achieving, respected, responsible and included and these are called the wellbeing indicators

We believe that if all children are safe, healthy, active, nurtured, achieving, respected, responsible and included then they are more likely to be successful learners, confident individuals, effective contributors and responsible citizens.

The wellbeing indicators when used for assessment purposes indicate the level of need for children and young people.

Our approach is based on the expectation that all children and family practitioners will include the indicators of wellbeing within their assessment approach. This means that at any point of contact, practitioners will consider the holistic needs of children and young people and not simply focus on their own area of expertise or profession. (This practice is already well established across many agencies.)

We do not expect practitioners to become experts across all areas of 'wellbeing', we ask that where they think there are concerns based on their understanding and analysis of their 'assessment' or the need for a more substantive assessment, they will pass these on through their normal referral channels.

**2 Integrated Assessment**

The GIRFEC assessment is intrinsically linked to the 'hierarchy of need' triangle and is part of the integrated assessment framework, which consists of 4 parts:

Part 1 Initial Assessment and Referral Tool (IART)
Part 2 Parenting Support
Part 3 Core and Comprehensive assessment
Part 4 Child's Plan

Each part is supported by guidance and a range of tools and appendices. These will be placed on the integrated children's website https://www.dundeecity.gov.uk/chserv/ so that all agencies can access the documentation. The timescale for fully implementing the majority of this work is

December 2010 and this timeframe will be met. The full implementation of the child's plan may require a longer timeframe.

The use of the initial assessment tool is now being incorporated in to the current multi agency child protection training.

**Part 1 Initial Assessment** can be carried out by almost any practitioner and has recently been piloted in a range of settings across the city. It is currently paper based but work is underway to develop an electronic version, based on the Joint Action Team referral form, which will be partly populated from existing databases and will be accessible by all agencies.

**Part 2 Parenting Support Form** is not highlighted in the schematic but is very much a key part of the system as it makes the link to adult services. The form enables workers in adult services to assess impact on child(ren). It is separated into two parts. Part 1 is for use where an agency may have minimal contact and Part 2 for agencies that have ongoing involvement. This documentation will also be used to make a referral to another agency (rather than having to complete another form). Following a successful pilot the form has been adapted and some services are now early implementers.

This documentation does not require to be completed by adult services if children's social work services are already involved. In this case it is expected that adult and children's services would already be communicating with each other and assessing jointly to inform the child's plan. The completed tool should identify the need for early intervention and or additional support for the parent.

**Part 3 Core and Comprehensive Assessment** is currently being updated, taking account of the evaluation of the use of the child's plan. It is anticipated that social work, certainly for the foreseeable future, will be the lead agency responsible for integrated core and comprehensive assessments.

**Part 4 The Child's Plan**
The plan has been designed to help all staff working with children and families think about the needs of children in a child focussed way.

The plan is for any child or young person where there is a concern or where assessments show that the child may need additional support so that they can be safe, healthy, achieving, nurtured, active, respected, responsible and included.

Any child whose needs are being addressed collaboratively by more than one agency has a multi-agency Child's Plan which is compiled jointly with the child, family, carers and relevant people involved with the family and recorded by the lead professional.

The plan must be clear, written in simple language, understandable by the child (where old enough) and family, contain information necessary to meet the child's needs, and address all aspects required by legislation, guidance, procedures and protocols.

The plan is based around the GIRFEC **'My World Triangle'** and describes the child or young person's circumstances in relation to:

- how they grow and develop;
- what they need from people who look after them;
- their wider world

The plan is intended to be child focussed and replaces the numerous reports submitted to various meetings. The child's plan would be the key document to be used in all planning

meetings and will free workers up to engage more with families directly as bureaucracy is reduced. Because the assessment and child's plan includes all partner agencies, workers will not have to attend all meetings. Only the child, family and lead professional are likely to attend making the meeting more child focussed and friendly.

**3 Hierarchy of Need**

The hierarchy of need triangle has at its base the core elements to which all children, young people and their families in Dundee are entitled.

The main **universal** services are NHS and Education, however others could include leisure and community services, housing, careers services and some services within the voluntary and private sector such as child minding or nursery provision.

Integrated working already occurs to some extent within universal services but it tends to be mainly information sharing across services rather than joint and integrated working.

Assessment or screening occurs routinely throughout universal provision (detailed below) and sometimes an initial assessment could lead to additional support being required. This would take the child or young person into the next stage in the hierarchy.

**Standard additional support** is delivered by a mixture of universal and specialist services. This is where we start to see specific provision to meet specific needs, e.g. School Community Support Service within Education, Family Support Team (Section 22) within Social Work, Allied Health Workers within NHS, Xplore workers within Leisure and Communities and courses at Dundee College such as "Progressions" and PACE Day Release.

Integrated working is in place and growing within this stage in the hierarchy as evidenced by Joint Action Teams (JAT) and other multi-agency fora. It is at this stage that practitioners and operational managers are beginning to think about 'thresholds' in relation to accessing services. Most children and young people at this point are assessed as requiring direct, short term support and are generally seen as being at low risk.

Assessment and the analysis of that assessment at this stage is either through individual practitioners and lead professionals and/or through multi-agency fora such as the JAT.

The ideal aim is to support the child or young person back down the hierarchy to mainstream services, however that may not always be possible and a 'core' assessment might lead to the result that the child or young person requires targeted additional support.

**Targeted additional support** sees the risk threshold increased to 'medium' and a significant shift to more long term interventions. Universal services are still involved but they are now deploying far more specialist and bespoke provision such as NHS Child and Adolescent Mental Health and Allied Health Professionals, Education Psychology, Social Work Locality and Family Support Teams.

Integrated working is part of the 'norm' at this stage in the hierarchy, including for instance Joint Action Teams, multi-agency Youth Justice CHOICE Team and Dundee College PACE (Full-time) programme.

There are agencies that by the nature of their service undertake their own assessments, for example, child psychiatry. If there is multi agency involvement, then there is an expectation that analysis of these assessments would be shared so that they can be integrated into a core or comprehensive assessment and the child's plan.

Once again, assessment and the analysis of that assessment have the ideal aim to support the child or young person back down the hierarchy. However as with the previous level this may not always be possible and a 'comprehensive' assessment might lead to the result that the child or young person requires specialist additional support.

**Specialist additional support** sees the threshold raised to high risk. Services involved at this level include Family Protection Unit within Police, Locality and Child Protection Teams in Social Work, Child Protection Officers and Off-site Education Service (OES) within Education and Advanced Child Protection Nurse Practitioners within NHS.

These services deliver substantial, ongoing and direct support to what are the most vulnerable and challenging children and young people in the city.

At this level very little professional intervention is delivered in agency isolation, the bulk of the work is integrated across a wide range of specialist services which, when brought together, make up integrated fora or teams such as the Multi-agency Assessment Team (MAAT), the New Beginnings Team, the OPTIONS group, Secure Accommodation such as the Elms and Offsite Education Service (OES) such as Balerno, Castlepark, Connect 5.

Assessment and the analysis of that assessment is a key element of intervention at this stage and the aim is very much about minimising the time the child or young person stays at this level and supporting them back down the hierarchy.

**4 Pathway and Transitions**

We have described how assessment and analysis precipitates movement up and down the hierarchy of need; however that only follows once a child or young person is in the system.

Most children and young people will not require the additional support outlined above. However, they are entitled to have access to regular and routine assessments and screening as provided by universal services such as NHS and Education.

The schematic describes that assessment and screening process as a pathway, whereby children and young people will move through common transitions from pre-birth to post-school.

Although the pathway identifies what we describe as the five main transition phases it is recognised that there could be many more depending on the needs and circumstances of the individual child or young person.

Within each of the transition phases it is possible to identify one professional, normally from universal services, who will have the most current knowledge of the child or young person's circumstances.

These professionals are referred to as the **'named person'**. The function of the named person is to be the point of contact for others, hold the child's record and pass on information and records at meetings and key transitionary stages. The named person generally asks three key questions:

1 What can I do to help the child?
2 What can my agency do to help the child?
3 What additional services are needed to help this child?

The named person is in a good position to undertake an 'initial assessment' as part of their routine practice. Should that assessment and analysis suggest that the child or young person requires much more intensive support not readily available within universal services then a **lead professional** is appointed? The main function of the lead professional is to coordinate the

child's plan, update and maintain multi-agency records, ensure services are delivered and the review the plan with others.

It should be noted that the named person and the lead professional can be one and the same person depending on circumstances and the needs of the child or young person.

The new system was formally launched at a major local GIRFEC conference in Dundee on 24th November 2010.

Our approach to developing Dundee's Integrated Children's Services based on 'Getting It Right' principles is very much a 'work in progress'. Now that we have developed and agreed our new ICS system we are working together to implement it across the city and are actively looking at our organisational structures to ensure they are 'fit for purpose'.
Work on the implementation phase has already begun with an action plan being developed to set out the tasks over the coming year.

# SECTION 2 -

# PROGRESS REPORT

**CURRENT WORK STREAMS**
The previous section highlights the ongoing work under the 'Getting It Right' umbrella.
The following is an overview of some of the current Integrated Children's Services workstreams which make up Dundee's approach to getting it right for every child in the city.

**ONGOING DEVELOPMENT OF CHILD PROTECTION SERVICES**
Report to Committee on 14th June 2010 highlighted the HMIe report from the interim follow-through inspection of services which illustrated significant progress made to address the main points for action highlighted by HMIe in June 2009.

Proposals for improving the immediate response to concerns are now well developed and involve the development of closer working relationships and practices between the key agencies.

The roll-out of a new and much more robust system for self-evaluation is now underway. This includes multi-agency case based self-evaluation which looks at what outcomes we achieve for children and young people and examine the impact our services have on their lives.

Further information on the child protection improvement and business plans can be found at http://www.dundeeprotects.com

**JOINT ACTION TEAMS**
Joint Action Teams bring together relevant agencies from across children's services, where they plan for the needs of children to be assessed, the level of intervention required, confirm a lead professional and gate-keep referrals to city-wide/specialist resources.

In a sense, Joint Action Teams (JATs) are a tangible example of what Getting It Right For Every Child is all about, i.e. working together in the best interests of the child. The development of JATs are now being seen as a central Getting It Right For Every Child vehicle, where we deliver our services through a coordinated joined up approach which reduces duplication, speeds up intervention and delivers positive outcomes.

Over the period 01.04.10 to 30.03.11 a total of 1,005 individual children and young people have been discussed at 262 JAT meetings. There were 236 new referrals during this period, most of which were from the Education Department (195).

Reasons for referrals are based on the indicators of well-being "every child will be safe, healthy, active, nurtured, achieving, respected, responsible and included" (SHANARRI).

The JAT system was developed to target children and young people at the higher end of the needs spectrum. However, in the past 12 months 78% of new cases have been at the earlier stages of intervention meaning that we are moving closer to early intervention which is one of our key priorities within the Integrated Children's Services Plan.

Our electronic management information system is still developing and we are beginning to identify some unmet need which will ultimately help inform us when considering allocation of resources.

**PRACTITIONERS FORUMS**
Multi agency practitioner forums have been developing across the city over the past two years and there are now eight out of a possible nine established across the city with the last cluster due to come on stream in late summer.

The opportunity to meet with other professionals from the locality, to share knowledge and information with them and to learn together has struck a chord. This is a learning/networking opportunity that practitioners value and want to continue.

Practitioner forums are at various stages of development and the intention is that they will continue to grow and develop in a way that suits the identified development needs of the locality. A significant outcome of the process is that because professional knowledge is being shared by local practitioners there is no need for expensive external providers.

The forums generally meet three or four times per year and usually around each of the school terms.

The practitioner forums can be augmented by city-wide forums per year as required e.g. the east of the city forums of Grove, Braeview and Craigie hosted an event in November 2010 based on a 'dramatic' production examining the topic of domestic violence.

Leadership is a key element to making the forums successful and we are in the process of identifying a link or coordinating practitioner for each cluster. It is probable that the lead will come from the JAT Chairs and Deputes through their already well established professional and agency networks. Equally it can come from other key partners including the voluntary sector.

We are keen to develop links with other local agencies, community resources and local Joint Action Teams. We also want to ensure that forums fit with the other community planning structures within the locality.

Recent Child Protection consultations with staff highlighted the potential these forums have for getting the message out that we are all working together under the GIRFEC banner. The JAT/GIRFEC Operational Management Team is now examining ways in which these forums can be supported and further developed.

There is a sense that the concept should be taken to the next level where we should pursue the potential for wider professional involvement across all services within the community including adult services and linking in to the protecting people agenda.

Our aim is for practitioner forums to individually and citywide develop a calendar of activity which would allow practitioners to cherry pick from the 'menu' as appropriate to their individual needs.

Evaluation is seen as crucial for developing the forums and work is underway by our DEPs colleagues to evaluate the Braeview forum.

To help achieve our aim we have been offered support from the Social Work Department Learning and Workforce Development Service which includes:

- the offer of someone in the team to attend the next meetings of the individual forums, both to hear what is being discussed and to have a broader discussion about support/partnership working, etc;
- help with linking into Tayforth and the various opportunities this presents: online forums, e:learning, infrastructure support, etc;
- the potential to be able to offer some contribution to resourcing of events that are multi-agency and include SW staff, resource dependant;
- involvement of multi-agency staff in various learning and development opportunities, such as "bite sized" learning sessions around substance misuse/domestic abuse. It is very feasible to see some of these types of learning events being offered as a "twilight" session;

- the team can also extend an invitation to members of the forums to get involved in broader areas of work, such as the development of a Skills Set around Protecting People, using the Continuous Learning Framework'

Overall there is a very clear support for establishing practitioner's forums, getting the message out what the forums were actually doing and helping set up forums across the city.

**EARLY YEARS FRAMEWORK**

The *Early Years Framework (EYF)* policy document was jointly written by the Scottish Government and COSLA and was published in December 2008 - prior to the serious economic climate local authorities now find themselves in.

The document makes the case for earliest intervention and prevention as the most effective way to help children have the best start in life and to improve the quality of life within their family and community.

Dundee's Integrated Children's Services Strategic Planning Group has agreed that Early Years and Early Intervention should be at the heart of our GIRFEC agenda and work is underway to develop our approach around the delivery of positive outcomes for children in their early years.

The Early Years Framework Steering Group have identified three areas of work as our first priorities and 3 sub-groups have been formed to address these priorities.

- **Children pre-birth to 3 years of age** and their families. This group is tasked with ensuring that each child gets the best start in life. This approach is being addressed by a multi-agency group from all three sectors (public, private and third) and is led by Health.

- Dundee's ***Being a Parent in Dundee*** **group** is a multi-agency and cross sectoral group led by Dundee City Council. This work takes account of parents and parenting challenges regardless of income levels. (see below)

- The **Workforce Development group** involves improving the knowledge, skills and qualifications of the workforce who work with children and their families. This includes all who work across the public, private and third sectors. Dundee College leads this multi-agency and cross sector group.

Of significant consideration to the EYF Steering Group is how to deliver and improve services within the current financial climate.

The Steering Group is working to identify where there may be duplication of services across public, private and voluntary sectors and find ways to streamline them for greater efficiency.

Pooling of resources across all sectors is a main objective as the local authority has neither ring-fenced nor additional funding available to deliver the *Early Years Framework*.

**'BEING A PARENT IN DUNDEE' (THE DUNDEE PARENTING STRATEGY)**

The Scottish Index of Multiple Deprivation 2009 shows that Dundee has the joint 4th highest national share of deprived areas in Scotland and the city faces a number of challenges in promoting healthy child development. These include various health and welfare indicators that are worse than the national average, eg a high prevalence of parental alcohol and drug misuse, high levels of domestic violence, low numbers of children being breastfed and a greater number of children on the Child Protection Register than the national average.

In Dundee we want to make the very best of the commitment, skills and confidence of families, local communities and professionals. The aim of the strategy is to help parents feel satisfied and confident about doing the best they can for their children.

The strategy aims to provide practical ideas and a plan which directs resources to support parents and encourage positive experiences for children and young people. The strategy has four focus areas:

1 **promote parental responsibilities** through the development of a communication strategy and the development of a core menu of supports
2 **prevention and engagement** by promoting universal services to address needs through preventative work and actions and by supporting engagement of parents
3 **community supports** by planning local provision which addresses local needs
4 **focus on organisational success** and provide the leadership and accountability structures to implement this strategy

June 2010 saw the conclusion of a major consultation with parents on what factors helped them become better parents and what resources they might want to see in place to help produce better outcomes for their children. There were 11,000 copies sent out and a return of 1,440 (approximately 12%). The results of this consultation have been used to better define the Parenting Strategy to meet local needs.

The Parenting Strategy was formally adopted by Dundee City Council Policy and Resources Committee on 25th April 2011 and is now moving into the implementation phase.

**CORPORATE PARENTING**

Corporate Parenting involves the demonstration of ownership and leadership at a senior level including Elected Members and Chief Officers. Elected Members and Chief Officers have a specific role to play in ensuring that outcomes and life chances of looked after children and young people are maximised. Being a good Corporate Parent means:

- accepting responsibility for all children in Dundee City Council's care
- prioritising children's needs and ensuring support for their care and education
- seeking the same outcomes any good parent would want for their own child
- listening and taking account of the views of children and young people
- considering the impact of children on any new policy
- respecting diversity
- giving young people the support they need as they move into adulthood

Dundee has established a charter for looked after children and we have a dedicated 'Looked After Children' theme group within Integrated Children's Services.

We have established a Children's Champion Board where children's views are collected and passed directly to the most relevant Chief Officer within the Integrated Children's Services partnership. The first meeting of the Board will take place in June and preparations with representatives is now underway.

The creation of such a Board goes some way to linking the views and aspirations of our looked after children with the leadership and policy shaping of our chief officers and elected members.

The model could also include the potential to develop an individual mentoring scheme as successfully applied in other local authorities.

A Committee report on the Corporate Parent approach has been approved by Dundee City Council Policy and Resources Committee.

**CLIENT TRACKING SYSTEM**

The Client Tracking System is in daily use and work continues to develop as needs require.

The Joint Action Team referral and outcomes electronic recording system is now linked directly to the client tracking system which allows practitioners to complete and submit the referral form 'on-line'.

The system also allows practitioners to choose high level and specific outcomes from 'drop-down' menus which help to maintain focus on those outcomes most applicable to the child or young persons needs, (safe, healthy, achieving, nurtured, active, respected, responsible and included).

We have established early indicators for the More Choices More Chances (MCMC) group (those young people who are more at risk of not accessing employment, education or training). This has been tested across the secondary sector and the results are very close to 100% accuracy.

The ability to identify potential MCMC children and young people early is invaluable and will help shape future service provision.

We have developed a management information reporting system which allows the downloading of reports such as:

- JAT meetings - regularity and consistency
- agency attendance - regularity and consistency
- number of children/young people referred
- number of children/young people discussed
- type of cases referred and discussed - a) agency and b) primary reason for referral i.e. - offending, attendance, health, Options, compulsory measures of supervision, home circumstances, community/anti social, other resources.
- outcomes for children/young people - referrals to agencies i.e. Xplore, SCSS, Parent to Parent, Options, Unmet need etc
- referrals from Joint Action Teams to other provision including the Children's Reporter
- timelines for service allocation and intervention
- resource under-provision, including services and personnel
- resource over-provision, including services and personnel
- report on Lead Professionals job title, address. telephone number
- number of children in each school looked after away from home/at home
- child's status, Looked After at home, Looked After Away, living with foster or kinship carers, number of schools attended and number of care changes

The DCC, NHS, Tayside Police Information Sharing Protocol has been adopted and rolled out with the information sharing and consent leaflets across the city. There are four leaflets, one each for Parents, Practitioners, Secondary school children and primary school children and are all accessible in agency offices and on line.

**COMMUNICATION AND ENGAGEMENT**

The Care Commission Inspection 2008 and the Child Protection Inspection 2009 flagged up the issue of communication and consultation with children and young people.

This led to an examination of what we currently have in place and where we want to be within our integrated children's services approach.

Our approach is based on the premise that it is the responsibility of all involved with Children Services to consult and engage children and young people in shaping services that matter most to them. The process that supports engagement starts with children and young people and enables them to develop their skills and knowledge so that they are confident and able to get involved.

It is equally important that there are opportunities for those involved in delivering services and responsible for strategic development, to be supported and advised about good practice.

Work led by the Integrated Children's Services Youth Work Partnership (formally the Community Learning and Development theme group) led to the adoption of the following vision statement:

*"That as a matter of principle, children and young people are engaged in shaping policy and service delivery in areas of concern to them and that these opportunities are embedded in everyday practice".*

Each of the Integrated Children's Services theme groups have mapped out what engagement activity currently takes place across the city. We are integrating that activity within community Planning through the 'Community Involvement Strategy' where an annual calendar of engagement for use by both professionals and communities in being developed. By aligning children's services engagement activity with community planning we will reduce duplication, offer opportunities for collaborative approaches and simplify access to information for both practitioners and the communities they serve.

Some of the key communication activity includes:

- the Integrated Children's Services website which continues to develop with both public and professional pages available

- the Children's Services Resources Directory which has now been amalgamated with the Scottish Childcare Directory which can be seamlessly accessed via hyperlinks within Dundee Integrated Children's Services Website

- online consultation survey's including a specific survey gathering the views of parents and children to help develop our parenting strategy 'Being a Parent in Dundee' and a rolling feedback survey on the Integrated Children's Services Plan

The Framework was agreed by Dundee City Council' Policy and Resources Committee in October 2010.

**Engagement and Child Protection**

At any one time there are on average 70 children and young on the CP register. Annually there can be around 249 CP investigations with around half of those proceeding to conference. *(Source Dundee CP statistics 2009/2010)*

Article 12 of the UNCRC recognises the right of children and young people to express their views in decisions that affect their lives. In the child protection process, decision making can have a profound impact on the lives of children, young people and their families.

Supporting children and young people to participate in any system can be a challenging task and the child protection process can be a complex and distressing experience. If participation is to happen in a meaningful and effective way that avoids tokenism then there is a case for specialist support for children and young people.

With the above in mind the Child & Young Person Protection Committee has established a small task group to bring forward proposals for supporting children and young people to engage with the child protection process. One of those proposals has led to the establishment of a Child Protection Engagement Officer post which is currently being recruited.

**CHILDREN, YOUNG PEOPLE AND FAMILIES AFFECTED BY SUBSTANCE MISUSE**
Over the past 18 months a number of specific and targeted approaches have been developed to address the impact of substance misuse on children, young people and families. These include:

**The re-designed New Beginnings Service** – working to engage with and support pregnant women affected by substance misuse, mental health and learning disabilities

**Parenting project** delivered in partnership by Children 1st and NHS Tayside's Substance Misuse Service. This project works to ensure a comprehensive early identification and assessment of parenting capacity issues amongst individuals accessing substance misuse specialist services. Help and support is then offered to both children and parents

**Strengthening Families Programme 10-14**: This is a preventative programme, which works with parents and children, aged 10 to 14 in the transition to teen years and aims to increase resilience and reduce risk factors for alcohol and substance misuse, depression, violence and aggression, delinquency and school failure

The three programmes outlined above are currently being evaluated by a team of researchers from Dundee University. This evaluation will provide evidence regarding the impact of the interventions and help identify structures for their long-term sustainability.

**A needs assessment** focusing on young people affected by their own substance misuse has been conducted to identify the level and nature of need. Following the needs assessment, an action plan has been developed to ensure services respond directly to the identified need. Actions within the plan will be prioritised and taken forward during 2011-12.

**SPORT AND PHYSICAL ACTIVITY**
Dundee Partnership has developed a Sport and Physical Activity Strategy for the City (2009-2015).

The Strategy covers all ages from birth upwards. However, with the emerging focus on Integrated Children's Services, the need to establish a multi-agency group specifically focusing on children became apparent.

It is recognised that an extensive Sport and Physical Activity programme is already provided in the city by the Leisure & Communities Department's Sports Development Section and Education's Active Schools.

The existing programmes and new programmes could be enhanced to better suit the needs of our children by involving other key agencies.

An Integrated Children's Services Sport and Physical Activity Theme Group has been established and includes representatives from Health, Social Work, and the Early Years and Childcare Partnership.

The remit of the group, through integrated partnership working is to:

- undertake a review of all the main providers of Sport and Physical Activity across the City, and improve the effectiveness and efficiency of integration and delivery
- investigate and initiate new integrated projects which include programmes for parents and children, from birth to 3 years
- ensure that integrated programmes are targeted at non-active children and young people to encourage them to become more active
- promote life-long participation in physical activity and sport by targeting crucial transition periods within children and young people
- develop a link with nutrition and physical activity to tackle obesity
- provide a range of opportunities to identified children to enable them to reach their full sporting potential
- increase the access for sport and physical activity within schools
- identify shared outcomes and measures to monitor participation in structured physical activity

**VOLUNTARY SECTOR INVOLVEMENT**

The Voluntary Sector is a key provider of services to children and young people and as such is represented on all strategic theme groups and related activity.

There is a structured network that brings together voluntary organisations who work with children, young people and families and carers in Dundee to ensure a collective voice within the ICS structure.

Appropriate voluntary organisations are also represented at most levels/groups within the Integrated Children's Services structure and where some organisations are present in their own right the reps have taken on a role to feed back to the Every Child and Young Person Matters Network

Action:

- Continue to promote the services that can be delivered through the voluntary sector by: -
- Assisting with the updating of the Integrated Children's Services directory.
- Explore opportunities for showcasing work of voluntary organisations at Joint Action Team and other development days /road shows.
- Explore co-location in voluntary sector premises. Undertake mapping of voluntary sector estate to identify any spare capacity.
- Continue to invite key people in statutory sector to Every Child and Young Person Matters Network
- Ensure voluntary sector reps are skilled and equipped to carry out their representative roles and responsibilities. Hold quarterly update/briefing meetings between Implementation and Strategic Planning Groups voluntary sector Reps and ICS Manager.

It is also worth noting that the 'Inspiring Scotland' fund which brings substantial resources for the 14 to 19 year old group in the city is managed by the voluntary sector. A key element in the voluntary sector accessing this funding is the undertaking that the voluntary sector and local authority work in partnership to deliver positive outcomes.

**WORKING WITH OTHER LOCAL AUTHORITIES**

The Scottish Government is keen to promote collaborative working across local authority boundaries and the obvious ones for Dundee are those encompassing the Tayside region.

Senior officers from NHS Tayside, Perth and Kinross, Angus and Dundee Councils and members of the Scottish Government GIRFEC team have recently formed the Tayside GIRFEC Group with the following agenda:

1 GIRFEC Chief Officer oversight/leadership from a Tayside perspective.
2 Examination of standardised processes between the 3 LA's and NHS Tayside and Tayside Police including IT, this would require a scoping exercise looking for areas of commonality
3 Examination of the potential to utilise the Integrated Resource Framework approach within children's services
4 A Tayside wide approach to elements of the Early Years Framework

The Chief Officers collectively agreed to begin a collaborative understanding from which they expect to see benefits for children and families in all three Community Planning Partnerships.

This collaborative understanding has been shared with the Scottish Government who agreed to offer support and guidance under the following terms:

I. The Chief Officers' group commits their agencies and services to supporting the development of the Getting it right Core Components an a way that generates and supports the development of common standards and processes as far as is possible across all three partnership areas and all involved agencies.

II. The Chief Officers' group will have ultimate responsibility for governance of the work plan to take the agreement forward though they may appoint a work group to develop, implement and manage the activity required.

III. The Scottish Government will support this activity.

**FUTURE WORK**

The above gives a reasonable picture of the significant activity across children's services in the city.

That said, there is much more to be done particularly around changing culture, systems and practice within children's services. The strategic groups of integrated children's services have set out a number of key areas where we need to develop or approach and they include:

- ensure relevant adult services 'fit' with children's services
- establish a workforce development programme designed around SHANARRI
- establish a common integrated assessment framework
- develop more cross-agency approaches to delivery of services
- develop more co-terminus shared services
- create a partnership environment which encourages agencies to 'let go' and come together more
- develop more early and effective approaches
- build an evaluation framework into the system
- establish a planned project approach based within the current structure of Strategic Planning, Implementation Management and Theme Groups
- clarify and confirm ownership, responsibilities and governance
- utilise existing training arrangements for staff i.e. child protection

- develop and implement GIRFEC awareness-raising programme
- clearly describe planned outcomes ensuring they are clear, realistic and achievable
- utilise the existing Scottish Government GIRFEC guidance materials and take up offer from Scottish Government for support
- identify quick wins which are recognisable and meaningful to staff
- identify expected business benefits with support from Scottish Government

Clearly the programme ahead is full but the outcomes for our children, young people and their families will be positive and it is to that end that our work continues.

# SECTION 3 -

# APPENDICES

# APPENDIX 1

# DELIVERY FRAMEWORK

**LEGEND**

Trend moving in the desired direction

Little / No Change

Trend moving against the desired direction

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3a - All children and young people in Dundee are **safe;** specifically those affected by substance misuse, complex social needs and compromised parenting or in need of protection have their needs assessed and addressed. | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| Continue to improve pathways and access to substance misuse services for those with the care of children and young people. | Percentage of Dundee substance misusers with dependent children accessing services. | 325 out of 723 clients (45% 2008) (DMSS) | During 2009/10 445 (51%) of clients reported to the Scottish Drugs Misuse Database Note: during 2009/10 there was a problem with the reporting to the SDMD from Dundee services. The data is therefore subject to under-reporting. | Fewer parents misusing substances and higher proportion of those who do misuse accessing services | Increased numbers of parents affected by substance misuse accessing services | | Between June and December 2010 Children 1st received 77 referrals<br>In the same period, Children 1st worked with 27 families (including44 children) affected by parental substance misuse<br>Impact:<br>• Clients with the care of children are identified more quickly by adult substance misuse services and an automatic referral is made to the parenting project with Children 1st.<br>• Increased stability and routine in children's lives<br>• Increased parental awareness of the impact their misuse and behaviour have on their children<br><br>**See Appendix 1a for Case Study** | ADP<br>Vered Hopkins |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Processes and practice for joint assessment and planning are put in place.<br><br>Work with all substance misuse treatment/care services to implement HEAT Target for access to services and develop a Recovery-based Integrated Care Pathway for substance misuse services. | HEAT Target A11: waiting time for access to drug & alcohol services. | Drug services: June 2009 218 (99%) clients waited less than 28 days from assessment to treatment date offered.<br><br>Update will be available end March 2011. | As at 31st December 2010, 168 clients (96.6%) waited less than 28 days from assessment to treatment date offered. | Drug Services:21 days by 2013.<br><br>Update will be available end March 2011. | <br> | <br> | As above | ADP<br>Vered Hopkins |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Ensure that the views and opinions of children and young people:<br>a. directly inform the service they receive, | Self-evaluation demonstrates that the views of children and young people have informed the delivery of the services that they receive. | Set by 31.12.11 via analysis of Scrutiny Questionnaires and Case-based practice evaluation. | | 100% | | | Empowerment through being more actively involved in making decisions that affect them. | CYPPC Donald Mackenzie |
| b. inform how services are developed in the future. | Written strategic plans evidence that objectives and tasks have been informed by the views and opinions of children and young people. | Views of children not evident in ICSP or CYPPC plans. | | 100% | | | Young citizens of Dundee involved in informing the development of services in their city. | |
| Ask children, young people and their families if they received the services they needed when they needed them | Families report that services provided were appropriate to the need and were effective | Question not previously asked. | To be establishe d during 2011 Case-based practice evaluation | 100% | | | Positive outcomes to be more sustainable given families believe that the help provided was appropriate and effective. | CYPPC Donald Mackenzie |
| We will develop programmes of diversionary youth work and sports development activities in response to young people's needs. | Number of young people involved in diversionary activities through youth work/sports development. | Approximately 25000 contacts with young people through Diversionary Programmes funded by the Local Action Fund 2008/09. | Approx-imately 34,455 contacts with young people involved in Diversionary Programmes | Continue to monitor and aim to establish a baseline figure across the Partnership. Aim to sustain level of contact. | | | Reduction in anti social behaviour. | YW Partnership Neil Gunn |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3b - All children, young people and their families in Dundee are **healthy** and have improved health. | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| Continue to promote healthy eating and physical activity with families, pre-school settings, schools and communities, targeting a reduction in BMI and obesity levels. | Percentage of Primary 1 children with a BMI over the 98th Centile. | Baseline data in ICS plan was from 2008 7.4% | 2010 data<br><br>5.9% | Reduce (no specific target set) | ▲ | ▲ | Improved health outcomes for increased number of children who have a healthy BMI. | C&FH Forum<br>Elaine Hatton |
| | Number of attendances at pre-school physical activity programmes. | 10,453 | 16,837 | Maintain | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>The increase in uptake has resulted in more pre-school children gaining the benefits from participating in regular physical activity. This also contributes towards improved health outcomes. | S&P Activity Group<br>Jamie McBrearty |
| Continue to provide clear and effective information on benefits of breastfeeding and good nutrition. | Proportion of women breastfeeding. | Baseline data in ICS plan was from 2008 20.4% exclusive (6-8 week review). | 2010 data<br><br>23.7% | 33.3% | ▲ | ▲ | Improved health outcomes for increased number of children being exclusively breast fed. | C&FH Forum<br>Elaine Cruickshank |
| Continue to develop and promote young people's access to sexual health services, information and advice in schools and local communities. | Rates of teenage conception. | Under 16 is 18.6 per 1000, under 20 is 96.3 per 1000 - | | Reduce (no specific target set). | ● | ● | | Dundee Action on Sexual Health Group<br>Tracey Stewart |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Increase access to smoking cessation programmes. | Number of school aged children who smoke. | Baseline data in ICS plan was from 2008:<br>3% of 13 yr olds<br>13% of 15 yr olds | 2009 data<br><br>2.6% of 13 yr olds are<br><br>11% of 15 yr olds | Reduce (no specific target set). | ▲ | ▲ | Data for 2010 will be gathered and reported by Spring 2011.<br><br>Improved health outcomes for increasing number of teenagers who are not regularly smoking. | C&FH Forum Elaine Cruickshank |
| Implement the recommendations in the report "Looked After Children and Young People: We Can and Must Do Better." | Percentage of initial health assessments within four weeks of notification for looked after and accommodated children. | 12 years and over - 81%<br>Under 12 years - 0% | Data unobtainable | 100% | ● | ● | This data is for health assessments completed by LAAC Health Team. Mainstream services assess the health needs of LAC but no data is available for this.<br><br>The systems for assessing the health needs of LAC are currently under review.<br><br>A system for notification of LAC status to health is now in place. The LAC status is now recorded on MIDIS Health system | LAC Group Gillian Lauder |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Develop targeted multi-agency approaches to tackling issues relating to young people and alcohol and substance misuse.<br><br>Develop a Focus On Alcohol (FOA) project for Dundee and monitor existing pilot projects to identify gaps in provision, include young people in Dundee and work with Tayside Police to support Operation Dry Up, and engage with Dundee Licensing Forum to increase responsible behaviour around alcohol.<br><br>Identify gaps in services for young people affected by their own substance misuse. | Number of young people reporting alcohol and drug use in the last year.<br><br>A&E Alcohol attendances.<br><br>Alcohol-related hospital discharges. | Percentage of young people drinking in last week: 12% of 13 year olds, 35% of 15 year olds (SALSUS 2006 Dundee)<br><br>Percentage of young people taking drugs in the last year: 7% of 13 year olds 16% of 15 year olds (SALSUS 2006 Dundee)<br><br>2009-10, 10-14 year olds – 11; 15-19 year olds - 55 | SALSUS information for Dundee will be available in 2011 | Target of 9% for 13 year olds and 32% for 15 year olds<br><br>Target of 6% for 13 year olds and 15% for 15 year olds | | | The Needs Assessment conducted by ADP on young people affected by their own substance misuse will lead to a review of services and the development of targeted approach responding to the range needs. This approach will also work with generic services to help them respond to the needs of these young people. | ADP<br>Vered Hopkins |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3c - All children and young people in Dundee have raised levels of attainment and are **achieving.** | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| Implement the Curriculum for Excellence in all Dundee City Councils educational establishments and Dundee College. | Percentage of young people gaining both English and Maths at SCQF level 3 or above by the end of S4. | 88% | 89% | 90% | ▲ | ▲ | School Leaver destination results 2009/10 show positive progress despite the economic down-turn.<br><br>Higher Education - 27.2%<br>Further Education - 39.5%<br>Training - 4.9%<br>Employment - 11.3%<br>Volunteering - 0.2%<br><br>Unemployed seeking - 15.3%<br>Unemployed not seeking - 1.4%<br>Not known - 0.1% | A&A Group<br>Michael Wood |
| | Average SQA tariff score at end of S4. | 151 | 157 | 157 | ▲ | ▲ | | A&A Group<br>Michael Wood |
| | Percentage of school leavers entering positive destinations. | 81.5% | 83.2% | 85% | ▲ | ▲ | | A&A Group<br>Michael Wood |
| Continue to develop and implement ways to improve the educational attainment and outcomes for looked after children and young people. | Percentage of looked after children gaining both English and Maths at SCQF level 3 or above by the end of S4. | 30% average over past 4 years | 32.5% | 50% | ▲ | ● | A total of 26 young people achieved both English and Maths at SCQF Level 3.<br><br>The numbers are small and can fluctuate significantly from year to year. | A&A Group<br>Michael Wood |
| | Percentage of looked after children gaining 1+ award at SCQF level 3. | 48% average over past 4 years | 58.8% | 60% | ▲ | ▲ | A total of 47 of 80 young people achieved either English or Maths at SCQF Level 3. In the previous year, a total of 26 of 56 young people did so.<br><br>The numbers are small and can fluctuate significantly from year to year. | A&A Group<br>Michael Wood |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Increase the number of young people achieving nationally accredited youth awards. | Increase the number of young people achieving Sports Development, ASDAN, Duke of Edinburgh awards and outdoor education course completions. | 250 | 424 young people achieved an accredited award in 2010/11 | Increase by 5% ie target is 445 | ▲ | ● | 431 accreditation opportunities provided for 16-19 olds. | YW Partnership<br>Neil Gunn |
| | Number of children and young people in Regional and National Squads. *(Priority Sports & RSP).* | 174 | 242 | 200 | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>This indicator demonstrates the number of Dundee young people at the high end of the sporting pathway, and that opportunities exist for children and young people to progress. | S&P Activity Group<br>Jamie McBrearty |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3d - All Dundee children are **nurtured** and have the best start in life. | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| **PRE-BIRTH to 3 YEARS**<br><br>1. Provide timely advice to parents on healthy weaning onto solid foods. | Percentage of parents receiving weaning advice through group sessions or 1:1 input. | 80% of parents receive weaning advice | Awaiting data | 100% | ● | ● | Improved outcomes for children in relation to nutritional and dental health and healthy weight. | EY Framework Steering Group Elaine Cruickshank |
| 2. Proportion of babies (receiving a service from *New Beginnings*) kept safe without the need for formal Child Protection procedures. | Percentage of babies receiving New *Beginnings* services who were placed on the Child Protection register or made subject to CP orders within the first 2 years of life.<br><br>Number of children who can stay with their parents following participation in New Beginnings? | To be established in first year | Data currently being collected | Target set in year 2 based on baseline established in year 1. | ● | ● | *New Beginnings* is being taken forward collaboratively between DCC Social Work and NHS Tayside. The focus is to support pregnant mothers and parents of newborns who substance misuse. | EY Framework Steering Group Heather Gunn |
| **BEING A PARENT IN DUNDEE**<br><br>1. Continue to review the range and effectiveness of services which support children under 3 and their families in their homes and/or within the family unit. | Number of parents reporting that they feel more confident in nurturing and caring for their child. | 510 (May 2010) | 681 (May2011) | 2% increase | ▲ | ● | The Action Plan created by the *Being A Parent In Dundee* is almost complete and about to be implemented. A newsletter detailing the range of work and support for parents across the city is being drafted. | EY Framework Steering Group Chris Scott |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| 2. Further develop opportunities for voluntary partners to support parents. | Evaluations show that multi-agency working across sectors supports children and their families. | 82 (May 2010) | 114 (May 2011) | 3% increase | ▲ | ● | | EY Framework Steering Group Chris Scott |
| **WORKFORCE DEVELOPMENT**<br><br>Further develop multi-agency and cross-sectoral approaches to delivering training to the Early Years workforce across Dundee. | Number of staff attending multi-agency training. | 12131 (May 2010) | 1705 (May 2011) | 5% increase | ▲ | ● | The annual *Training Calendar* for 2011 - 2012, to support staff working in the private and voluntary sectors, is being compiled. The contents of this calendar takes account of SSSC qualification requirements, legislative demands, identified workforce skills needed and evaluative feedback from courses and training offered in 2010 - 2011. | EY Framework Steering Group Bert Sandeman |
| Devise procedures to monitor the effectiveness of these approaches. | Evidence through self-evaluation, questionnaires, focus groups, audit and inspection ensures that multi-agency working across sectors supports children and their families. | To be established in year 1 of plan. | | Year on year increase and positive reports and recorded responses. | ● | ● | This task group has fallen behind because of ill health of a key member. The group has now been re-established and work now underway. However, Target 1 (1705) details increased levels of staff training from the Education Department to multi-agency partners. | EY Framework Steering Group Bert Sandeman |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3e - All children and young people in Dundee are **active** and encouraged to participate in sport and physical activity. | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| We will increase participation in structured physical activity. | Number of attendances at Sport and Physical Activity Sessions. | 315,511 | 338,920 | Increase | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>This figure is purely for children and young people. This demonstrates the increase in opportunities being accessed by children and young people across the city. | S&P Activity Group<br>Jamie McBrearty |
| | Number of children in 'targeted' physical activity programmes eg paediatric obesity service, diversionary. | 381 | 387 | Increase | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>More young people who have barriers to allow them to take part in mainstream activities have the opportunity to experience activities and the benefits**.** | S&P Activity Group<br>Jamie McBrearty |
| | Number of registered and non registered playing participants in "Club Dundee" Sports Clubs *(Regional Sporting Partnership and Dundee Clubs).* | 1474 | 1846 | 1700 | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>More young people are accessing clubs that supports them to sustain the physical activity levels into later life. | S&P Activity Group<br>Jamie McBrearty |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| We will increase the time devoted to curricular Physical Education. | Number of Primary schools delivering the National target of 2 hours PE per week, per child. | 37 (100%) | 37 | Maintain | ● | ● | 36 Primary Schools are delivering substantially in excess of 2 hours quality physical activity per week. | S&P Activity Group<br>Dave Nichol |
| | Number of 'links' between schools and community based sports clubs. | 42 | 45 | Increase | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>More opportunities for young people to access clubs that allows children and young people to have a smoother transition from schools based activities into a club environment, supporting them to continue in lifelong participation and support them to progress through sports pathways. | S&P Activity Group<br>Jamie McBrearty |
| | Number of children progressing from pre-school to Primary 1 sport and physical activity programmes. | 26 | 35 | Increase | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>Although this is a relatively small figure, this demonstrates that pathways exist for children at pre-school age, and there is a commitment to ensure they continue the development they have achieved from pre-school programmes. | S&P Activity Group<br>Jamie McBrearty |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| We will develop opportunities for children and young people to have life long pathways in sport and physical activity. | Number of recognised Community Sports Hubs. | 0 | 0 | 4 | ● | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>Hubs officer due to start 1/4/11 | S& P Activity Group<br>Jamie McBrearty |
| | Number of clubs achieving Club Dundee Development Level or National Governing Body Accreditation. | 12 | 14 | 20 | ▲ | ▲ | Baseline data is from 2008/09 and current is 2009/10. Data for 2010/11 will be available in May.<br><br>This programme ensures that clubs can provide opportunities in a well governed and safe environment for children and young people from Dundee. | S&P Activity Group<br>Jamie McBrearty |
| We will develop opportunities for the engagement of parents in their child's physical activity and promote parental responsibilities. | Number of parents involved in Sport and Physical Activity Programmes. | 1081 | 1467 | Increase | ▲ | ▲ | As a result of parents being involved in programmes, they develop skills and experiences to create, develop and sustain physical activity opportunities for children at home and throughout their lives. | S&P Activity Group<br>Jamie McBrearty |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3f - All Dundee's children and young people are **respected**. | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| We will develop a joined-up strategy for engaging children and young people in the planning, delivery and evaluation of public services. | Performance Indicator to be discussed/agreed by the new Communication and Engagement Group which is yet to have its first meeting.<br><br>Will be something around the extent to which young people have been able to influence service developments. | Each service currently has individual strategies in place.<br><br>These need to be scrutinised to ensure that they address all wellbeing indicators. | City wide strategy produced and implemented . | Target will be that all areas of the wellbeing indicators are being addressed . | | | An example would be that :<br><br>Through seeking the views of children and their parents on transport via an annual survey the City Development Transport Team found that children had a preference for small scale transportation (cars) rather than large scale (buses) **(See Appendix 1b).**<br><br>Children, young people, families have been able to improve services through voicing their opinions and being listened to. | Communication & Engagement Group<br>Kenny Lindsay/ Derek Gray |
| | Number of children consulted in surveys, questionnaires and other consultations. | The baseline will reflect reports from partner agencies and the extent to which children have been consulted. The baseline will be in the region of a 10% representative sample of the total children/young people population | An audit of current activity undertaken last year by the theme groups needs to be revisited and updated | Target will be to sustain if not increase year one activity in terms of representa tive sampling. | | | Views have been collated and reports given to the appropriate forums and have been taken account of in decisions made. There is evidence of this. | |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| We will further develop processes to enable children and young people to evaluate services and programmes and, where appropriate, we will act on suggestions given by them to improve the quality of their lives. | Number of children and young people whose views are recorded and taken account of in individual planning and review documents.<br><br>Percentage of children receiving services who complete questionnaires. | Data unobtainable | JAT questionnaire started<br><br>GIRFEC questionnaire based on wellbeing indicators being piloted | 100% return | | | The use of online and face to face surveys helps us understand better the impact of our services and thereafter shape future delivery. The measure in this outcome will be JAT and GIRFEC questionnaires but we also draw on evidence from other sources which can be evidenced through the work of the ICS theme groups **(see appendix 1c)** | SPG<br>Bert Sandeman |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3g - All Dundee children and young people are **responsible** | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| We will continue to develop the model of peer education within the City. | Number of young people involved in delivering peer education programmes. | 80 | 205 in 2010/11 | 5% increase per year | ● | ● | Increased confidence<br>Greater awareness about substances and substance misuse<br>Leadership skills | YW Partnership<br>Neil Gunn |
| We will refer all young people who meet the criteria for early and effective intervention (EEI) panel and they will be contacted, with appropriate support offered. | Number of young people referred to the EEI on offence grounds who have been contacted and have been offered an appropriate support plan. | 2008/09<br>208 | 2009/10<br>160 | Increase | ▲ | ▲ | The EEI offence process is dealing with less young people due to the continuing fall in offending. As a %age more young people are being discussed. The impact of this is a timely, appropriate intervention addressing identified needs. | YJ Group<br>Glyn Lloyd |
| We will address the needs of all young people assessed as high risk of harm through Care and Risk Management Conferences or MAPPA. | Number of young people referred to conference or MAPPA who have a current risk management plan in place. | 2008/09<br>4 (100%) | 2009/10<br>2 (100%) | Monitor | ● | ● | Less serious offending, appropriately managed. | YJ Group<br>Glyn Lloyd |
| We will ensure young people who meet the criteria for the Intensive Support and Monitoring Service (ISMS) are assessed and that where suitable, the programme is offered. | Number of ISMS assessments offered to young people who meet the criteria. | 2008/09<br><br>7 ISMS | 2009/10<br><br>2 ISMS | Monitor | ● | ● | All young people referred for assessment for MRC assessed. This does not seem to be having an impact on secure accommodation figure. | YJ Group<br>Glyn Lloyd |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| We will continue to develop restorative justice options at all stages of the youth justice and child care systems. | Proportion of young people and victims who have been offered RJ option. | 2008/09 60% of referrals to SACRO. | 2009/10 83% | Increase 2% | ▲ | ▲ | Young people are disproportionately represented as victims of crime. This means that their needs are being addressed with the perpetrations | YJ Group Glyn Lloyd |
| | Number of under 18's in custody in the criminal justice system. | 2008/09 9 | 2009/10 16 | Decrease 2% | ▼ | ▼ | Increased from 9 to 16 and whilst a review of the cases indicates that they were lengthy sentences which were proportionate to the seriousness of the offence, credible multi-agency alternatives to imprisonment for serious and/or persistent young offenders are being developed through the implementation of the Whole System Approach to Youth Justice. | |
| | Number of young people placed in secure accommodation. | 2008/09 20 | 2009/10 23 | Decrease 2% | ▼ | ▼ | As part of this approach, all young people at risk of custody will be assessed for the Intense Support and Monitoring Service along with a range of interventions delivered by Criminal Justice Social Work in partnership with Tayside Council on Alcohol and Action for Children. These include mentoring, offence focused programmes and/or unpaid work. The new legislation involves a presumption against short-term sentences.<br><br>Use of secure accommodation high, too many young people having their liberty removed.<br>**(See Appendix 1d)** | |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| We will continue to monitor information about young people involved in anti-social behaviour and offending to co-ordinate a multi-agency approach to tackling this. | Number of crimes/offences committed by children. | 2008/09 1424 | 2009/10 1206 | Decrease 2% | ▲ | ▲ | Less offending means more children and young people more responsible in Dundee. | YJ Group Glyn Lloyd |
| | Number of children and young people involved in offending referred to SCRA. | 2008/09 273 | 2009/10 226 | Decrease 2% | ▲ | ▲ | Less offending means more children and young people more responsible in Dundee. | YJ Group Glyn Lloyd |
| | Reduction in youth offending. | 2008/09 1424 | 2009/10 1206 | Decrease 2% | ▲ | ▲ | Less offending means more children and young people more responsible in Dundee. | YJ Group Glyn Lloyd |
| | Reduction in the number of persistent young offenders. | 2008/09 47 | 2009/10 33 | Decrease 2% | ▲ | ▲ | Less offending means more children and young people more responsible in Dundee. | YJ Group Glyn Lloyd |

| **OUTCOME 3 - Our children will be safe, healthy, active, nurtured, achieving, respected, responsible and included** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **INTERMEDIATE OUTCOME:** 3h - All Dundee's children and young people are **included.** | | | | | | | | |
| **Action (What are we going to do?)** | **Performance Indicator (What measures will we use to gauge progress?)** | **Baseline** | **Current** | **Target (Where do we want to be?)** | **Yearly Trend** | **Long Term Trend** | **Impact for children and young people (Appendices attached as appropriate)** | **Responsible** |
| We will further develop young people's involvement in shaping services through community planning processes. | Number of young people consulted about Local Community Plans.<br><br>Number of young people engaged in community planning processes. | In 2008 around 3000 young people were involved in consultation about LCPs. | The next round of community planning is now underway. | To be agreed.<br><br>We should be aiming to sustain the 2008 level of consultatio n but this time round there is a different process. | ● | ● | Influence on community priorities and local community improvements. | YW Partnership Neil Gunn |
| We will continue to support the development of youth forums and other representative structures across the city. | Levels of youth participation in youth forums and other representative structures. | 100 | We are sustaining this level of ongoing participation | Sustain | ● | ● | | YW Partnership Neil Gunn |
| We will further develop and promote young people's uptake of volunteering opportunities. | Number of young people volunteering. | 50 | 2010 Currently there are 273 young people volunteering in support of the Youth Work programme | Sustain | ▲ | ▲ | Increased confidence, active citizenship, personal/social skills. | YW Partnership Neil Gunn |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| | Number of young people volunteering in sport and physical activity programmes. | 66 | 56 | Increase | ● | ▲ | Although there is a reduction in the number of young people volunteering, there is little or no change to the amount of opportunities to do so. With greater focus on promoting these opportunities, and with new opportunities being created through community sports hubs, the forecast is for this number to increase. | S&P Activity Group<br>Jamie McBrearty |
| We will develop and promote peer-led opportunities to alcohol and drugs education and the promotion of physical and mental well-being. | Number of young people participating in peer education programme. | 1500 | On target | Sustain | ▲ | ▲ | Greater awareness of substances and substance misuse.<br>Greater awareness of sexual health and healthy lifestyles. | YW Partnership<br>Neil Gunn |
| Develop a "participation strategy" to support children making their views known. | Percentage of looked after and accommodated children attending LAAC reviews or submitting reports | Average 40% | Anecdotal evidence suggests this is well behind target | Increase to 50% | ▼ | ▼ | **See Appendix 1e** | LAC Group<br>Sheila Wilson |
| Implement the Corporate Parent Strategy. | Looked After Children Board to be established. | Not in place | Inaugural meeting in June 2011 | Meeting 3 times per year | ● | ● | The LAC Board is part of the overall strategy and as such will give us a better understanding in how we are meeting the needs of Looked After Children across the city | LAC Group<br>Bert Sandeman |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Ensure that Dundee children who are looked after away from home (LAAC) are given a placement in the city where this is appropriate. | Proportion of LAAC in foster care living with Dundee foster carers. | 76% (2009)<br>69% (2010) | 74.4% | 83% | ▲ | ▼ | 125 children were staying with Dundee foster carers on 31st March 2011, which is a significant increase since March 2010 (92) but does not meet the target of 83%<br>Remedial Action: Given the overall increase in looked after children it may difficult to reach the target .<br><br>Since March 2010 10 new foster carers were approved and 3 current were re-approved as permanent foster carers. 5 were de-registered. The total number of additional carers since March 10 is **5.**<br><br>10 adopters were approved during this period. 3 were de-registered during the same period. The total number of additional adopters is **7.**<br><br>Additional staff only came into post mid November 2010 so we would not expect to see the impact as yet. The total number of new approvals is: **3** foster carers and **4** adopters. There are a number of other assessments underway or nearing completion/awaiting an agency decision. | LAC Group<br>Greg Tocher |
| | Number of LAAC in residential accommodation or supported accommodation out with Dundee. | 22 | 21 | 18 | ▲ | ▲ | | |

| Action (What are we going to do?) | Performance Indicator (What measures will we use to gauge progress?) | Baseline | Current | Target (Where do we want to be?) | Yearly Trend | Long Term Trend | Impact for children and young people (Appendices attached as appropriate) | Responsible |
|---|---|---|---|---|---|---|---|---|
| Develop approaches to reduce the number of looked after children excluded from school. | Gap between:<br><br>(i) % of looked after children and young people excluded from school at least once in a school year<br><br>compared to<br><br>(ii) % of non-looked after children excluded from school at least once in a school year. | 2008/09<br><br>(i) 27.9%<br><br>(ii) 4.5%<br><br>gap = 23.4% | 2010/11<br><br>29.9%<br><br>4.4%<br><br>16.7% | 18.4% | ▲ | ▲ | The aim is to reduce the gap between LAC and non-LAC pupils with at least one temporary exclusion in a school session by 5% year on year. | A&A Group<br>Michael Wood |
| Using a multi-agency approach, reduce the number of care leavers who are not in education, training or employment. | Percentage of care leavers receiving aftercare support who are in education, training or employment. | 32% | 47% | 50% | ▲ | ▲ | | MCMC<br>Karen Gunn |
| Identify and provide support for Young Carers. | Percentage of Young Carers receiving specialist support. | 152 (2010-11) | 152 | Increase by 10% | ● | ● | | SPG<br>Karen Gunn |

## SECTION 2 - APPENDICES

### Appendix 1a: Substance Misusing Parents Case study

Sally – Mother
Mike – Father
Sarah – Daughter age 8
Jack – Son age 6

CHILDREN 1st began work with the family when Sally was referred for support by Tayside Substance Misuse Service (TSMS).

CHILDREN 1st began by working with Sally which was a slow process due to Sally's previous experiences and lack of trust in service providers. In time, Mike, who initially was absent or left the room when workers visited the family home, began to also co-operate. This made it possible to start working with the family, focusing on family dynamics and relationships. The worker then had the opportunity to observe Sally and Mike interacting with their children and to help them focus and build their strengths. The play sessions gave Sally and Mike the space to explore their feelings and begin to address the range of issues facing the family.

**Outcomes**

**Ensure children's health needs are met and improve access to health provision**

- CHILDREN 1st assisted Sally to find and register the whole family with a dentist. All the family members now have regular check ups and Sally herself has found the confidence to undergo extensive dental work which she previously had felt not able to do.
- Sally was also supported to build confidence in attending GP appointments. This has assisted Sally to prepare for appointments and to ensure the children's health needs are met.

**Improve children's participation in Education**

- Work was undertaken with both parents to build their confidence in establishing a positive relationship with the children's school. This has ensured any school issues the children raise are addressed in a positive manner. This also improved communication and allows the children to share news relating to their school day with their parents.

**Increase parental awareness of the impact of their substance misuse on their children**

- The impact of Sally's past substance misuse on her children has been fully explored. Sally acknowledges that at the time, she felt she was available for her children, however now recognises that she was not.
- Sally will now access support when she is struggling instead of immediately turning to drugs. The work that Sally has undertaken with her worker has a positive impact on how she views her ability to parent her children and keep them safe.

**Strengthen parental capacity and skills to care for and reduce risk to their children**

- Sally has used her one to one sessions with her worker to explore and develop effective parenting skills that meet the children's needs. Both Sally and Mike have explored and accepted the need to work together and be consistent in their approach in dealing with their children.
- Sally has introduced a star chart with Sarah and Jack. This has enabled Sally to calmly explore negative behaviours and work with Sarah and Jack in a consistent manner to address these. This has made a difference to Sally's confidence which has had a positive impact on how she relates to her children and then in turn to how they react to her. This also allows the children to experience a consistent approach to routines and discipline in the home.

**Improve joint working between Adult and Children Services**

- Sally has requested on occasions that her worker attend appointments with her and her Tayside Substance Misuse worker. The appointments assisted both services to work in partnership with Sally and to ensure a consistent approach in relation to issues affecting her children.

**APPENDIX 1b**

**School Transport Questionnaire 2010 Report**

In August 2010, the Sustainable Transport team (City Development Department) sent out 442 questionnaires to the parents of pupils with additional support needs who receive free home to school transport. The council received 139 completed questionnaires (31.4% return). The responses given allowed the Council to assess satisfaction levels with the transport service being provided.

Home to school transport is organised and arranged through the Council's Sustainable Transport team but is delivered by a range of transport providers, including taxi operators, bus companies and school minibuses.

Part of the questionnaire was to allow the pupils themselves to give their views on the transport they receive and they gave a good response with few complaints. Including the children in this survey helped to achieve one of the objectives of the Dundee Integrated Children's Services Plan - "to engage children and young people in the planning, delivery and evaluation of public services."

A number of questions were asked within the parental questionnaire relating to driver conduct, punctuality, vehicle quality and customer care. The survey also sought parents' views on the ability of the drivers and escorts to deal with the specific needs of their children's disability.

Finally, the questionnaire asked each parent to rate their overall satisfaction with the service being delivered. Parents were asked to rate the service between 1 and 10, with 1 being 'very unhappy' and 10 being 'very happy'. When all 139 completed surveys are taken together, the overall level of parental satisfaction was measured at 9.1/10.

The level of satisfaction for each company was calculated by taking each score they were awarded by each parent, adding them together and then dividing the number by how many responses they received and a 'league table' was created.

The results seem to suggest that satisfaction is highest when 'sole trader' taxi operators are engaged although the sample is too small to provide reliable results. In contrast the bus operators scored poorly.

The 2010 satisfaction level (9.1/10) will be used as a baseline figure against which future satisfaction surveys can be measured. Operators who scored significantly below the average will be asked to look at ways to improve their overall satisfaction score.

**APPENDIX 1c**

**How children and young people influence service development and delivery**

Integrated Children's Services theme groups were asked how they would respond to the following:

*"We will further develop processes to enable children and young people to evaluate services and programmes and, where appropriate, we will act on suggestions given by them to improve the quality of their lives."*

We were interested in whether services actually do this? and if so how do they do it? and how do they measure impact?

The following responses were received at the time of publication;

**Alcohol and Drug Partnership**
The needs assessment of young people affected by their own substance misuse included the opportunity for young people to comment (and in effect evaluate) about the services they receive and their views on these services. They also had the opportunity to comment on their needs which are not being met by existing services. The action plan that will be developed on the back of the NA report will include actions for improvement based on the views of young people (although disappointingly we did not get many responses).

In addition, with regards to children and YP affected by parental substance misuse, the external evaluation of New Beginning, Children 1st Substance misuse Family Project and the Strengthening Families Programme will include the views of the children (where possible due to age and circumstances) and young people involved in these services. So we will have direct evaluative information from C&YP with regards to these services. It is very much our intention to act on the information from the evaluation.

**Early years primary and secondary education**
We gather children's views in several ways;
For the youngest children (e.g. in nurseries) it is through face to face interactions and games involving pictorial symbols, followed by appropriate action. Evidence for this is provided to regulators.

For primary and secondary schools there are pupil councils in each school and their meetings are minuted, with action identified.
At annual review meetings for all schools the agenda includes discussion and evidence re consulting with children and the gathering of their views. At Extended Reviews every third year, Senior Management meet with representatives from the student body in each school to seek their views on a range of matters.
Children and young people's views which have been gathered are reflected in the self-evaluation process and inform future planning.

**Dundee Violence Against Women Partnership**
Only one specialist violence against women service has a specific provision for children and young people - Dundee Women's Aid Children's Service and they have a fairly comprehensive system of gathering feedback from children and young people and using this to inform service provision. This includes regular evaluation of specific sessions/ interventions, regular feedback through assessment and care plan reviews, specific service user events, open surgeries with management / directors. There are also opportunities for young people to be involved with the recruitment of staff. DWA are required to report to the Scottish Government on how the consult and involve the children and young people using their service.

From a DVAWP general perspective we have held a specific consultation event about domestic abuse with children and young people. This directly affected the development of the current pilot within the Craigie cluster area looking at the introduction of domestic abuse within the curriculum for excellence. Young people have also been involved in developing materials within this project - i.e. content and

design of leaflets aimed at young people etc. There is less formal consultation with young people through various awareness sessions that are being delivered in youth groups etc. The impact of this would be less formal - really informing the team about issues that are out there, gaps in service etc.

**Youth Work Partnership**

CLD Youth Work conduct annual surveys of young people who participate in our Youth Work programmes to establish what they think of them and how we might improve. This feedback is taken account of in the next round of planning. We are updating our processes that support this and will be using survey monkey and a standard format across all our community based Youth Work programmes in the coming year and beyond.

In some projects we work with young people in an advisory group and they have more of a day-to-day influence on how the activity develops. DISC is a good example of this. In all of our Youth Work programmes it is the participants who decide what the content will be.

Projects such as Xplore also conduct participant feedback surveys annually and the information gathered is used in planning. Two young people have just joined the Xplore Partnership Group and will have an influence on developments through that route.

In a wider context we will shortly be engaging young people in the next round of community planning and they will have opportunities to influence setting of priorities for their communities. In addition of course there is now the Youth Council who will in the fullness of time have an influence on how the City responds to the ideas, needs and concerns of its young people.

**Youth Justice Partnership**
As part of a previous exercise on communication with people using services the Youth Justice Partnership identified the following methods used by services to engage with those using services -

1. As part of Youth Intervention Group (YIG) Model consultation takes place with householders in areas impacted on by youth anti-social behaviour. Door to door questionnaire undertaken by DCC ASBT and Community Wardens, information compiled and forms basis of intervention. We intend to embed this process further in practice and ensure that information is used effectively

2. All identified victims of youth crime are contacted by the VOYCE project. They are offered support and the opportunity to become involved in shuttle dialogue with the young person who offended and we use the information that we get from victims more strategically

3. All young people who are alleged to have been involved in offending are assessed by the Social Work Department and complete a What Do You Think questionnaire as part of this process. This asks their views of their situation and is incorporated in the plan, we have yet to collate this information

4. Services to parents provided by the Rowans and other YJ services engage with parents/carers. This is done on either an individual and group basis. Part of this process is looking at what help parents need and again this information needs collated.

It was recognised at the time that the information was not collected in a way that made it useful in terms of influencing service delivery. This remains the same although some progress has been made in terms of data collection systems. Although it is not at the stage indicated in the question .

**CYPPC**
At this stage of the development of systems to have children and young people evaluate the quality of services and, as a result, inform the development of services, from child protection perspective we are looking to the appointment of a bespoke Child Protection Engagement Officer.

**APPENDIX 1d**

## Youth Justice Partnership Update

The Youth Justice Partnership leads on the Getting it Right for Every Child 'Responsible' indicator in the ICS Action Plan

The group is responsible for improvements across the range of services defined in the Government strategy on Preventing Offending by Young People: A Framework for Action. In the first 6 months of 2010-11, as can be seen in the delivery plan the partnership has continued to improve across the broad range of Youth Justice interventions

It appears clear that the targeted and proportionate delivery of multi-agency services at different parts of the child welfare and criminal justice systems is contributing towards continued improvements. A more detailed outcomes framework which aims to illustrate the impact of services on young people is being developed.
The Government have selected Dundee as the next pilot site for the implementation of the Whole System Approach to Youth Justice, which aims to reduce the number of young people being dealt with in the criminal justice system and receiving custodial sentences.

The change agenda has provided an additional incentive to review Social Work and Third Sector services to adolescents either at risk of or actually committing offences. As such, a report outlining the following proposed changes was approved by the Council Policy and Resources Committee on 11 February 2011;

**Creation of a new Community Adolescent Team -** with a remit to focus on young people presenting with at risk behaviours in the community

**Changed remit for the Choice Project -** to create greater capacity to focus on preventive work

**Reduced funding to SACRO, VOYCE and Includem -** in line with trends in youth crime, which have showed a 40% reduction in the last 5 years. This has also afforded opportunities for SACRO and VOYCE to work closely together in delivering services

**Youth Justice Coordinator post** - disestablished with responsibilities transferred to 2 Social Work Service Managers for children and young people, the current post holder has taken up the post of Community Assessment Team (CAT) Manager and will help the team focus the service on 'at risk' young people; provide a consistent approach to a new Community Payback Order; and to commission services in accordance with demand.

The Government have selected Dundee as the next pilot site for the implementation of the Whole System Approach to Youth Justice, which aims to reduce the number of young people being dealt with in the criminal justice system and receiving custodial sentences. They will therefore be working with us locally to;

- Develop integrated processes and services across children's and adult systems
- Increase opportunities for diversion from informal measures
- Increase opportunities for community alternatives to secure care and custody
- Develop a consistent approach to risk assessment and risk management
- Provide better support to young people attending Court
- Improve services for young people in custody and for community reintegration

**Appendix 1e**
**How we encourage the views of children to be heard at Looked After Children Reviews**

There have been a number of approaches to try to address the issue of children and young people being more actively involved in their meetings and care planning.

We have redesigned the invite letter to the child to be more child friendly and easier to read.

We have enclosed the review officer's email and direct telephone number to allow children to get in touch more easily and now offer to meet with the child to get their views prior to their review if they do not feel able to attend in person or do not want to fill in their 'having your say' form.

When setting up reviews, we try to ensure every consideration is given to making arrangements that will fit in with a child/young person's situation to minimise barriers to them attending.

We are also trying to minimise the amount of meetings there are for children as we know that in the majority of cases the more meetings there are, the less chance there will be of effective participation.

We check if children coming into the LAC system are also on the CP register and we will have joint CP/LAC meetings if appropriate.

We are looking at the LAAC children in the JAT system and the protocol around this to where appropriate prevent children being reviewed by both

We are aware that children and young people are hesitant to attend meetings with large numbers of people and so we ask social workers to carefully consider who *needs* to be there and who can provide written information instead to cut down the numbers at reviews. Also, if a child or young person does not want a parent present at their review, we can and have held separate meetings to encourage the child to attend.

We are in the process of developing is an IT system similar to video conferencing whereby we can have individual discussions with young people and carry out LAC reviews via computer web cam. This will be particularly useful for involving young people in meetings when they are placed out of town or in some cases out of the country. Clearly this will not be appropriate for some reviews but for some young people who are familiar with this form of communication via SKYPE etc, then they may feel more comfortable with being involved in meetings held this way.

Unfortunately, experience tells us that many young people do tend to avoid their LAC reviews if possible. However, with some of the above being implemented it is hoped that at least their views and wishes can be independently gained and fed into their reviews if they choose not to attend.
It is an area we hope to do much more work on as again, experience tells us that the reviews where children do attend tend to be far more qualitative and they appear to be far more engaged in their planning.

# APPENDIX 2

# HIERARCHY OF NEED

# Dundee Integrated Children's Services System

**APPENDIX 2**



## HIERARCHY OF NEED

| Well-Being Indicators | Lead Agency Intervention | | Integrated Response | Threshold |
|---|---|---|---|---|
| Safe<br>Healthy | **Specialist Additional Support**<br>Police (Family Protection Unit)<br>Social Work (Locality & Child Protection Teams)<br>Education (Child Protection Officers)<br>NHS (Advanced Child Protection Nurse Practitioners) | LAAC<br>Child Protection | **Specialist Additional Support, e.g.;**<br>Multi-Agency Assessment Team<br>Child Protection Practitioners (multi-agency)<br>New Beginnings Team<br>Secure Accommodation Services (Elms)<br>Off-site Education (Connect 5)<br>Specialist School provision (Kingspark) | Substantial continuing and direct support<br>**High risk** |
| Active<br>Nurtured | **Comprehensive Assessment**<br>**Targeted Additional Support**<br>Social Work (Locality and Family Support Teams)<br>NHS (CAMHS), Allied Health Professionals, Police, Education (SCSS, DEPS), SDS (Careers) Dundee College | LAC<br>Mental Health<br>MCMC | **Targeted Additional Support**<br>Joint Action Team, CHOICE, Young Adult JAT, Youth Justice Services Team, Dundee College PACE | Direct support & long-term Intervention<br>**Medium risk** |
| Achieving<br>Respected | **Core Assessment**<br>**Standard Additional Support**<br>Police, L & C (Xplore), Education (SCSS, DEPS, SfL) Social Work (Family Support Team) Dundee College (Progressions)<br>NHS (Allied Health Professionals) | Children & young people requiring additional support | **Standard Additional Support**<br>Joint Action Team or any other multi-agency fora | Direct short-term support<br>**Low risk** |
| Responsible<br>Included | **Initial Assessment**<br>**Universal Services**<br>Health<br>Education<br>Leisure & Communities<br>Housing<br>Voluntary/Private Sectors<br>SDS | All children and young people (Universal service entitlement) | **Universal Services**<br>Client Tracking System<br>Information sharing protocol | Standard or *light touch* additional support to children, young people and families |

Pathway transitions and potential Named Persons or Lead Professionals

| Pre-birth to Early Years (3 years old) | Early Years to Primary | Primary School | Secondary School | Post-school |
|---|---|---|---|---|
| **Midwife**<br>**Health Visitor**<br>**Social Worker** | EYP Teacher<br>Social Worker | Teacher<br>Social Worker | Guidance or SfL Teacher<br>Social Worker | Dundee College<br>SDS Advisor<br>Social Worker |

**Positive destinations**

Using the wellbeing indicators the main statutory agencies will assess every child at key life milestones. If additional assessment or support is identified, it will be appropriate, proportionate and timely, providing agencies with clear outcomes to achieve. Ultimately every child is SHANARRI achieving a positive destination on reaching adulthood.