

PERTH AND KINROSS COUNCIL**24 June 2009****JOINT INSPECTION OF SERVICES TO PROTECT
CHILDREN AND YOUNG PEOPLE IN PERTH AND KINROSS****Report by Head of Service, Children and Families' Services and Chair of
the Child Protection Committee****ABSTRACT**

The Joint Inspection of Services to Protect Children and Young People in Perth and Kinross was published on 11 June 2009 and this report highlights the very positive findings from the Inspection and areas for improvement to be incorporated in the multi-agency improvement plan.

1 RECOMMENDATION

It is recommended that Council:

- (i) recognise the very positive nature of the report and in particular staff should be commended for the strong partnership working that is apparent at every level within and across services, and
- (ii) approve the multi-agency improvement plan and the actions proposed to address the recommendations.

2 BACKGROUND

2.1 Council is aware of the background to this Inspection which took place in December 2008 and January 2009 and the considerable preparation which was undertaken prior to this including the multi-agency self-evaluation and improvement plan. In addition to the Council, Health, Police and a number of other voluntary and statutory agencies were involved in the Inspection.

2.2 Details of the Report

Whilst the self-evaluation exercise indicated a generally positive picture of child protection services in Perth and Kinross, HMle evaluated these as generally very good. Of the 18 indicators 1 was evaluated as excellent; 10 were evaluated as very good and 7 as good.

This performance places Perth and Kinross as one of the top authorities in Scotland so far inspected.

2.3 Key Strengths

Inspectors found the following key strengths in services to protect children in Perth and Kinross:

- A very trusting relationship between staff, children and their families
- Comprehensive and very flexible support services available to children and their families
- Effective public awareness campaign to inform members of the public about how to raise concerns about a child
- Joint planning arrangements for Children's Services which were strongly linked to community planning structures
- The strong vision across services and Elected Members to promote the protection of children
- The Children and Young People's Strategic Partnership which effectively promoted child protection across all Children's Services
- A collaborative approach to continuous improvement to protect children across services.

Further details of the findings are attached in the summary (Appendix 1) and the full report is available on the HMle and Child Protection Committee website.

Clearly the work of staff, in many roles, in positively engaging with children and families and meeting their needs in this difficult area is a major strength, and the inspectors were confident that children who needed protection, were linked to services and proper action was taken to ensure their safety. A further major strength is partnership working at every level from frontline staff engaging with children and families through to the leadership of senior officers and Members which was assessed as excellent and very good.

However, in some areas the inspectors also identify areas for improvement (most of these had already been identified in the self-evaluation) and these are incorporated into the multi-agency improvement plan (Appendix 2). The main areas for improvement include:

- Improve the recording of significant events in children's lives in health and education records
- Work towards a more integrated assessment of risk and needs across services, ensuring the health needs of children are identified and met
- Ensure health staff are involved in key child protection processes including initial referral discussions
- Improve access to some specialist support services for children in need of help following abuse and neglect

3 CONCLUSION

The HMle Inspection of Services to Protect Children and Young People in Perth and Kinross has produced a very positive report and staff should be commended for their efforts which place Child Protection Services in this authority along with the best in Scotland. There is clearly no room for complacency in this area of work and through the governance of the Children and Young People's Strategic Partnership and the leadership of the Child Protection Committee the improvement identified by the Inspectors will be actioned as part of the multi-agency improvement plan.

Bill Atkinson
Head of Service for
Children and Families' Services
and Chair of Child Protection Committee

17 June 2009

Appendix 1: Summary Report on the Findings of the HMle Child Protection
Inspection – June 2009

Appendix 2: Multi-agency Improvement Plan



Perth & Kinross

Summary Report on the Findings of the

HMIe

Child Protection Inspection

Date : June 2009

Background

The inspection of services to protect children¹ in the Perth and Kinross council area took place between December 2008 and January 2009. It covered the range of services and staff working in the area's who had a role in protecting children. These included services provided by health, the police, the local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

Prior to the Inspection, in early 2008, the Child Protection Committee had undertaken a process of self-evaluation, based on the HMle Quality Indicators. This included single agency evaluations from, Health, Police, Children and Families (Social Work), Voluntary Sector, Criminal Justice, Drug and Alcohol Services, Cultural and Community Services, the Child Protection Committee and Children and Young Peoples Strategic Partnership. These self-evaluations were combined into a composite Multi-Agency Self Evaluation. From these self-evaluations, improvements were identified which formed the basis of the Child Protection Improvement Plan. This exercise prepared us well for the Inspection.

The Inspection process in December 2008 and January 2009 was conducted by 7 HMle Inspectors. The process was extremely thorough and included reviewing practice, talking to staff in all appropriate agencies, including front line staff, Operational and Strategic Managers and Elected Members. Perth and Kinross was one of the last tranche of Local Authorities to be inspected.

¹ Throughout this document 'children' refers to persons under the age of 18 years as defined in the Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006, Section 7(1).

Quality Indicators

The Quality Indicators are divided into 5 key questions;

1. How effective is the help children get when they need it?
2. How well do services promote public awareness of child protection?
3. How good is the delivery of key processes?
4. How good is operational management in protecting children and meeting their needs?
5. How good is individual and collective leadership?

The QI's are evaluated on a six point scale;

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with areas for improvement
Satisfactory	Strengths just outweigh weakness
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

Perth & Kinross Evaluations

How effective is the help children get when they need it?	
Children are listened to, understood and respected	Very Good
Children benefit from strategies to minimise harm	Very Good
Children are helped by the actions taken in immediate response to concerns	Very Good
Children's needs are met	Good

How well do services promote public awareness of child protection?	
Public awareness of the safety and protection of children	Very Good

How good is the delivery of key processes?	
Involving children and their families in key processes	Very Good
Information-sharing and recording	Good
Recognising and assessing risks and needs	Good
Effectiveness of planning to meet needs	Good

How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Very Good
Operational planning	Very Good
Participation if children, families and other relevant people in policy development	Good
Recruitment and retention of staff	Good
Development of staff	Very Good

How good is individual and collective leadership?	
Vision, values and aims	Excellent
Leadership and direction	Good
Leadership of people and partnerships	Very Good
Leadership of change and improvement	Very Good

Main Strengths

- Very trusting relationships between staff and children and their families.
- Comprehensive and very flexible support services available to children and their families
- Effective public awareness campaigns to inform members of the public how to raise a concern about a child.
- Joint planning arrangements for children's services, which were strongly linked to community planning structures.
- The strong vision across services and elected members to promote the protection of children.
- The Children and Young Person's Strategic Partnership which effectively promoted child protection across all children's services.
- The collaborative approach to continuous improvement to protect children across services

The Report

1. How effective is the help children get when they need it?

1.1 Children are listened to, understood and respected – Very Good.

It is a testament to our staff that the Inspectors found evidence of very good practice. Children and Families felt respected and listened to, particularly by Social Workers, Social Care Officers, Foster Carers, Community Link Workers, Central Health Team staff, staff in pre-school services and staff in the Disability Child Health Team. Children involved in processes where they were Looked After and Accommodated felt involved and informed in this. Children's Panel Members took time to speak to children on their own. Staff were sensitive to different lifestyles and cultures and children whose first language was not English received valuable support.

1.2 Being helped to keep safe – Very Good

This QI refers to the support children receive to keep themselves safe and what we do to prevent vulnerable children experiencing further harm.

There was evidence that staff intervened early to reduce the likelihood of children experiencing harm. Social Care Officers, Community Link Workers, Hopscotch and Parent to Parent provided valuable support as did staff at the Child and Family Centre and the 4 Primary School Nurture classes. Social Workers, Health Visitors and School Nurses provided effective support and advice. The Integrated Team meetings co-ordinated support and monitored the well being of vulnerable children. Inspectors went to schools in Perth and Kinross and asked children their views about keeping safe. Feedback from children was very positive, children were well aware of personal safety issues and knew who to go to if they didn't feel safe or had concerns. There was evidence of collaborative working with Police, Voluntary Sector, Health and School staff.

1.3 Immediate response to concerns – Very Good

This is an extremely important Quality Indicator as it involves good multi-agency working and an ability to make judgements when children at risk need an immediate response and actions taken.

The Inspectors were able to evaluate this primarily through the case file reading, and speaking to staff focus groups in all appropriate agencies. Staff across services were alert to signs of abuse and neglect and were aware of what action was required.

1.4 Meeting Needs – Good

This particular Quality Indicator (Q1) focuses on resources we have in place for meeting the needs of vulnerable children and families. Only three Local Authorities areas have received 'Very Good' in this. There was evidence of ongoing support for families after the children's names were removed from the Child Protection Register. A positive impact had also been made on the lives of children and families as a result of interventions by staff. Services offering long term support for children and young people such as Womens Aid, Young Carers, Barnardos Hopscotch, Family Change (ECS) and Child and Adolescent Mental Health Services (CAMHS) were all found to be effective. Some of these services had waiting lists for children, however these waiting lists are prioritised.

2. How well do services promote public awareness of child protection?

2.1 Being aware of protecting children – Very Good

This QI is about how effective we are at promoting public awareness. The Child Protection Committee led an effective campaign by conveying clear, simple and effective messages. Services such as Environment Services and Information Systems Technology have been involved in this by publicising attractive posters on the recycling vehicles and on the Council Child Protection Website. The Website of the Council, Health and Police provided clear information about keeping children safe, although it was not easy to

find information on the Police website. Whilst the Child Protection / Duty Team provided feedback to members of the public this was inconsistent. Out of Hours services in Police and Social Work were easy to contact and provided experienced staff.

3. How good is the delivery of key processes?

3.1. Involving children and their families – Very Good

This QI is about involving children and families in processes such as Child Protection Investigations, Conferences, Looked After and Accommodated Reviews, Children's Hearings, and Complaints. Very good practice included social workers sharing reports with families, supporting and encouraging participation of families in meetings, including helping children express their views. Advocacy services were affectively used particularly 'Who Cares' and Young Carers, although Young Carers had a waiting list. Staff were effective in explaining to families, particularly parents about what the concerns were. There were leaflets explaining child protection processes but they need reviewed in order they are in plain English. Police, Social Work and Health all dealt with complaints sensitively within agreed procedures and timescales.

3.2 Sharing and Recording Information - Good

This includes, sharing relevant information across agencies, recording this information and the organisation of case files. Evidence gathered by the Inspectors for this QI was primarily from the reading of multi-agency case files.

Strengths in this QI included relevant guidance used by staff, and understanding of role and responsibilities.

The policy, for unborn babies, led by NHS Tayside was evaluated as being extremely effective. The Public Protection Unit (Police) had improved information sharing. Staff in services for adults were clear with their service users, who were parents, of their responsibility to share information. Most children and families were aware of information being shared about them. Police, Criminal Justice Services, Child Protection / Duty and Housing staff attended relevant meetings including MAPPA; this included all adults who may pose a risk to children. Information held by Social Work and SCRA in their files was structured, well ordered, up to date, including recording of information received from other agencies.

Access to the Child Protection Register was good, apart from out of hours GP, and minor injuries services.

3.3 Recognising and assessing risk and needs - Good

It should be noted that no Local Authority, to date, in Scotland has received an evaluation above good in this QI.

Almost all staff were confident in recognising signs that children may be at risk of abuse and neglect. Significant events were not always used as a predictor of patterns of risk over time. Police officers effectively reported their concerns, and these were screened together by officers from the Public Protection Unit and Social Work. 'Initial Referral Discussions' (I.R.D.), were effectively used between Police, Health and Social Work but paediatricians were not always involved at a sufficiently early stage. Social Workers had appropriate assessment tools to gather information and analyse risk, and effectively carry out comprehensive and parenting capacity assessments. A joint approach to carrying out assessments still needed further development through the 'Getting it Right for Every Child' agenda, which had already been identified. Health visitors regularly carried out a Family Health Needs Assessment but School Nurses did not routinely do this.

Joint investigations between Police and Social Work were effective and paediatricians ensured children's health needs were followed through, if a medical examination was required. Services to children affected by parental substance misuse and their parents were improved by actions taken by the Drug and Alcohol Action Team and the Child Protection Committee, and staff in Children and Families and Substance Misuse Services. Staff working with adults made appropriate referrals to Children and Families (Social Work).

3.4 Planning to meet needs - Good

This QI relates to decision making, regarding the immediate and long term needs of children. In order to do this good integrated working between agencies is required, clear lines of responsibility and an individual Care Plan for each child, which must be flexible to changing circumstances.

In Perth and Kinross the Inspectors found evidence of good practice by staff considering the short and long term needs of children. The Unborn Baby Policy was evaluated as very effective. All children on the Child Protection Register and who were looked after and accommodated had a social worker. Some children in need did not have a social worker but the Council approved funding for additional posts which has addressed this.

Child Protection Case Conferences were chaired skilfully and objectively. Some staff were reluctant to be involved in decision making at Case Conferences, this may have been due to lack of confidence at these meetings. School Integrated Team meetings planned and co-ordinated support for children, Health staff were not always represented at these or at Child Protection Core Group meetings. Regular Network meetings took place between staff where there were concerns for children but they were not subject to Child Protection Procedures. Looked After children's meetings were chaired effectively by our Reviewing Officers.

4. How good is the operational management in protecting children and meeting their needs?

4.1 Policies and procedures - Very Good

It is important that all agencies have policies and procedures in place and that these are understood and utilised by staff. These policies and procedures should be systematically reviewed.

In Perth and Kinross Inspectors found our policies to be clear and linked to national guidance and our Vision, Values and Aims. Systems are in place to review policies, although we need to improve this by being more systematic.

4.2 Operational Planning - Very Good

Inspectors found clear links between Single Outcome Agreements the Community Plan and the Integrated Children's Services Plan. Senior officers and staff from all services jointly agreed priorities for improvement and monitored progress. The Child Protection Committee effectively provided a multi-agency strategy for ensuring the safety and wellbeing of children. Effective use was made of management information to identify improvements and deploy resources.

4.3 Participation of children, their families and other relevant people in policy development - Good

There were examples of good practice found in seeking views of service users and using these to develop policies including the Parenting Strategy, Cool to Talk Website (Health) and Youth Groups. School Councils had been involved in Community Planning and midwives involved pregnant teenagers in developing Baby Bumps. Through the self-evaluation this had already been identified as an area for improvement as this was not being done systematically.

4.4 Recruitment and retention of staff - Very Good

In some services, arrangements for recruitment and retention of staff were well developed and effective. Inspectors commented on staff shortages in health visiting and school nurses. Some Voluntary Sector providers were not always vetting volunteers appropriately.

4.5 Development of Staff - Very Good

To be effective, staff training and development should give staff the tools, knowledge, competences, and confidence to improve the delivery of their service and impact positively on the lives of our service users.

In Perth and Kinross Inspectors found that all agencies effectively used staff appraisal systems. The Training Sub Group of the CPC co-ordinated and evaluated an extensive programme of single and multi-agency training, including specialist training.

5. How good is the individual and collective leadership?

5.1 Vision, Values and Aims – Excellent

The HMIE evaluation underlines the strong leadership from the Children and Young Person's Strategic Partnership, and Chief Officers in the Council, Police and Health who have successfully promoted a clear vision for all their staff. All staff in these services were clear about their responsibilities to protect children. We were particularly commended on support and sensitivity to Polish and Travelling Families. Finally, the Chief Executive, several senior managers in the Council, and the Child Health Commissioner were commended as Corporate Parents.

5.2 Leadership and direction – Good

This QI relates to strategic, single and joint agency leadership across agencies and the deployment of resources. The Council and in particular, Education and Children's Services engaged well with their staff. The Chief Executive of the Council had a very high profile. Some health visitors and school nurses had low morale and were not clear on the implications of the new delivery of community nursing. The CPC was effectively chaired by the Head of Children and Families Service which had significantly improved communication between services. Council budgets were aligned to key priorities in protecting children i.e. additional social work posts were created and the provision of the new Almondbank Centre. Tayside Police had created Public Protection Units, including an additional Detective Inspector for the division. Not all schools benefited from 2 primary mental health workers and some children had to wait for specialist health services.

5.3 Leadership of people and partnerships - Very Good

This QI relates to Strategic Managements relationship with staff, integrated and collaborative working and how this effects delivery of front line services. Inspectors found a strong emphasis on team working in the Council. Social Workers felt valued and supported by their managers, who were visible and accessible. The Chief Constable had stated support for all his staff who raised a concern about a child. The NHS Tayside Nurse Consultant had developed an effective child protection team. There were strong and effective working relationships between, the Public Protection Unit (Police) and the Child Protection/Duty Team. Effective Leadership had improved joint working between education and social work staff; we believe this to be a direct result of the very effective management of a joint Education and Children's Services. There was evidence of Housing, Social Work and Police working together on key areas, such as management of sex offenders and family support. Senior Managers in the Council were working hard to find joint solutions to housing shortages. The protection of children in adult services had been promoted through the Drug and Alcohol Action

Team and the CPC. Projects including; Web, Hopscotch and Action for Children had significantly improved joint working. Inspectors thought that senior staff within ECS were not clearly briefed on the implications of the new community nursing model.

5.4 Leadership of change and improvement – Very Good

This QI is how strategic management monitor and develop services and build capacity for improvement.

Inspectors found a high level of commitment by senior managers for continuous improvement. In Children and Families Services (Social Work) there was well developed processes for monitoring practice. Yearly multi-agency audits, Significant Case Reviews, comparisons with other Local Authority Inspections, child deaths, and self-evaluation exercises had rigorously indentified strengths and improvements.

Senior staff in the Council and elected members visited projects and supported staff at operational level. There was evidence that joint working was building capacity for improvement. Police, Social Work and Health reviewed their process for Initial Screening and Referrals regularly. SCRA regularly monitored the quality of reports sent to them. NHS Tayside carried out a review of their services every 3 years and took appropriate account of child protection inspection findings.

The Inspectors thought the Child Protection Improvement Plan was at an early stage, as this had been based on the self-evaluation exercise, although continuous improvements have been in place through for example the yearly multi-agency child protection audit.

Main Improvements

Inspectors were confident that Chief Officers and the Child Protection Committee had very effective structures in place to improve services. There are four main recommendations from the Report; they are:

- Improve recording of significant events in children's lives in health and education files;
- Work toward a more integrated assessment of risk and needs across services, ensuring the health needs of children are identified and met;
- Ensure health staff are involved key child protection processes and in initial referral discussions; and
- Improve access to some specialist support services for children in need of help following abuse or neglect.

These recommendations have been incorporated into the Child Protection Improvement Plan, the actions required will be the highest priority for the Child Protection Committee and scrutinised by the Children and Young People's Strategic Partnership.



Improvement Plan

from

HMIe Recommendations

The HMLe Child Protection Inspection report was published on the 11 June 2009, we are delighted with the outcome of this report. Our evaluations on the 18 Quality Indicators were; 1 Excellent; 10 Very Good; and 7 Good, however there is no room for complacency. The majority of improvements identified by HMLe had already been identified by ourselves through the self-evaluation process. The main improvements, identified by the Inspection are –

1. Improve recording of significant events in children's lives in health and education files.
2. Work towards a more integrated assessment of risk and needs across services, ensuring the health needs of children are identified and met. *This refers to the Integrated Assessment Framework and the completion of Family Needs Assessment by Health staff, particularly school nurses.*
3. Ensure health staff are involved in key child protection processes and in initial referral discussions. This specifically refers to our Initial Referral discussion process and the involvement of paediatricians at an earlier stage.
4. Improve access to some specialist support services for children in need of both following abuse or neglect. *This refers to waiting lists for Family Change, Advocacy Services for Young Carers, CAMHS, Speech and Language Therapists.*

The above Improvements are incorporated into the Child Protection Committee Improvement Plan, together with other improvements that we identified through the self-evaluation process.

Using the Improvement Plan

The main Improvement in this plan is in a blue background, the other tasks in a white background are what needs to be done in order to achieve the improvement.

1. Improve recording of significant events in children's lives in health and education files

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
Significant Events – develop an agreed recording system, particularly across Social Work, Education and Health for recording Significant Events	08.01.09	17.11.09				Very important events are recorded in order to inform decision making and required actions
Review effectiveness of Swift and Education chronological recording	08.10.09	17.11.09	Not started	Tayside Police contribute directly to Swift and chronology via Social Work Services	Lead Officer & Systems Sub Group	
Introduce electronic recording for NHS Tayside staff through MIDAS Information System	08.01.09	21.12.09	Started		Lead Nurse for Child Protection, NHS Tayside	
Implement training for practitioners on thresholds for recording of Inter Agency chronological histories	08.10.09	17.11.09	Not started	It has been agreed that Multi-Agency significant Event training involved targeted staff from Health, Education and Social Work will take place in the Autumn and Winter of 2009	Lead Officer/Training Officers/Training Sub Group	

2(i). Work towards a more integrated assessment of risk and needs across services, ensuring the health needs of children are identified and met.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
I.A.F.'s – As part of the GIRFEC 'action plan' Integrated Assessment Framework to be developed with appropriate agencies	26.06.09	20.03.10				Children and Young Peoples needs and risks are assessed, addressed and services identified to provide the best possible outcomes
Draft Integrated Assessment Framework to be completed	26.06.09	17.07.09			Service Manager Children and Families / Improvement Officer	
A time limited Multi Agency group to be formed to produce an Integrated Assessment Framework for consideration	15.08.09	31.10.09		Some work on this was started early 2008, put on hold due to HMIE Inspection	Service Manager Children and Families / Improvement Officer	
Training needs to be identified in the process of compiling I.A.F.	01.06.09	31.10.09				
Training package to be delivered to appropriate staff	14.10.09	26.10.09			Service Manager / Improvement Officer and Training Officer	
Pilot draft Integrated Assessment Framework in 2 areas of Perth & Kinross	26.10.09	30.12.09			Service Manager / Improvement Officer	
Review Pilot I.A.F	05.01.10	30.01.10			Multi-Agency IAF Group	
Final Integrated Assessment Framework to be used by all agencies	20.03.10	20.03.10			Service Manager / Improvement Officer	

2(ii). Work towards a more integrated assessment of risk and needs across services, ensuring the health needs of children are identified and met.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
Family Health Needs Assessment – Improve completion of Assessment by Health staff, particularly school nurses						Vulnerable and at risk children's health needs are addressed and met
Training provided for targeted health staff on family health needs assessment	07.09.09	30.10.09			Community Nursing Manager, Senior Nurse Child Protection	Informed Workforce
Training Support to be provided for the FHNA chronology of significant events to be completed for all new babies and families causing concern	Sept. 09	Dec 09			CHP Nursing Managers	Staff competent to identify children and families Health Needs

3. Ensure health staff are involved in key child protection processes and in initial referral discussions.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
IRD's – Initial Referral Screening and Initial Referral Discussion Protocols are reviewed and includes involvement with Paediatricians at an earlier stage when appropriate						Operational Protocols protect children, ensure immediate action is taken if necessary and referral to appropriate support if required
Initial Screening and Initial Referral Discussion Protocols to be reviewed by Police, Health and Social Work	13/05/09	03.07.09	Started	Initial Screening and Initial Referral Discussions have been taking place between police, social work and health staff since September 2008 and continue to do so. Reviewing the protocols has started, involving relevant staff from the 3 agencies. A new draft protocol will be completed by July 2009.	Improvement Officer / CP, Sergeant PPU, Senior Nurse Child Protection, Team Leader CP / Duty Team and Consultant Community Paediatrician	
Draft document to go to relevant members of CPC for consultation	15.08.09	15.08.09		Document to be agreed and signed by Senior Managers in Health, Children and Families, SCRA and Police		
Completion of the FHNA were required to be undertaken by Health Staff for young and vulnerable families	Dec 09	Ongoing			CHP Nurse Service Manager Senior Nurse CP	Staff equipped to have information readily available for CP key processes

4(i). Improve access to some specialist support services for children in need of both following abuse or neglect.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
Family Change – waiting lists for Family Change, therapeutic services for children, to be reduced	01.05.09					Children who have experienced trauma receive therapeutic support as soon as possible
Additional Social Work Post in the Family Change Team to be approved and filled	16.02.09	16.04.09	Completed		Head of Service, Children and Families	
Team Leader to be appointed within existing team to take a pro-active role in prioritising referrals, consultations and in some cases recommending appropriate support outwith the team	16.04.09	07.08.09		Since the HMle Inspectors were here in January 2009 the waiting list for Family Change has been reduced	Head of Service, Children and Families	

4(ii). Improve access to some specialist support services for children in need of both following abuse or neglect.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
Advocacy Services – Review of Advocacy Services for vulnerable children and those involved in Child Protection and Looked After processes and vulnerable children	01.05.09					Children feel listened to and respected their views are taken seriously and they feel involved in decision making process about themselves
Post of Children's rights Officer, based within ECS, to be reviewed to ensure that the post holder meets the needs of children who may require advocacy services	01.05.09	21.08.09	Started		Service Manager, Cultural and Community Services	
Review Advocacy Services provided by Voluntary Organisations, particularly Young Carers	28.08.09	23.10.09			Head of Service, Children and Families	

4(iii) Improve access to some specialist support services for children in need of both following abuse or neglect.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
C.A.M.H.S. - Child & Adolescent Mental Health Service (CAMHS) Review	03.11.08	24.12.09				Improved CAMHS service delivered for children and young people
Child Protection Committee support implementation of CAMHS review	03.11.08	24.12.09	Started		Chair Child Protection Committee	
NHS have agreed a commissioning plan which includes additional funding £418k (Tayside) for CAMHS	01.07.09	31.10.09	Started	Posts include Speech and Language Therapist, Psychiatrist, Nurse, Associate Practitioner, Dietician, Admin and Clerical staff	NHS Tayside	Improved Access to Specialist Services through additional investment
Implement 'CAMHS Implementation Plan'					NHS Tayside	As Above

4(iv) Improve access to some specialist support services for children in need of both following abuse or neglect.

Improvement / Tasks	Start Date	Finish Date	Status	Notes	Responsibility	Outcomes
Speech and Language Therapists – Health Services to ensure that waiting lists for children are within NHS timescales`	Ongoing			Services are monitored on a monthly basis and improvement plan developed if there are any areas of concern		Children with Speech and Language difficulties receive assessment as soon as possible to ensure that they receive appropriate intervention and support to enhance their speech and language
Appoint additional Speech and Language Therapist	05.06.09	17.08.09	Started	Post has been advertised	Head of Service Allied Professional's	
Speech & Language Therapy Services to ensure good education is available to carers to assess individual needs	01.06.09	Ongoing	Started		SLT Manager	Carers are informed and able to identify individual needs for referral
LAAC nurse to identify those children requiring and ready to engage with SLT and refer accordingly					LAAC Nurse	Vulnerable Children Prioritised and able to access Services (SLT)