PERTH AND KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

PLANNING SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES AND UPDATE ON STANDARDS AND QUALITY IN CHILD PROTECTION

REPORT BY HEAD OF SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES AND CHIEF SOCIAL WORK OFFICER FOR PERTH AND KINROSS COUNCIL

PURPOSE OF REPORT

To update the Integration Joint Board in relation to two key documents relating to the planning and delivery of services for children, young people and families.

A shared, strategic and integrated Children's Services Plan for Angus, Dundee and Perth and Kinross (The Tayside Plan for Children, Young People and Families 2017 – 2020) has now been agreed across the three Community Planning Partnerships for Tayside. This plan sets out the shared vision for children, young people and families alongside five key priorities for closing outcome gaps and achieving better outcomes.

The Perth and Kinross Child Protection Committee's Annual Standards and Quality Report for 2015 – 2016 provides an overview of the key activities of the Child Protection Committee and the progress made against a 3-year improvement plan.

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1. **BACKGROUND**

1.1 **The Tayside Plan for Children, Young People and Families 2017 – 2020 (Appendix 1)**

1.1.1 The Tayside Plan for Children, Young People and Families 2017 – 2020 replaces the Perth and Kinross Integrated Children's Services Plan 2013 – 2018 and takes account of new duties and legislative requirements set out in Part 3 of the Children and Young People (Scotland) Act 2014. The plan reflects shared leadership towards multi-agency cross-border collaboration to improve outcomes for children, young people and families across the three local authority areas of Angus, Dundee and Perth and Kinross.

1.1.2 A collaborative approach to devising a shared, strategic plan for children, young people and families was endorsed by the Scottish Government and the work was carried out by a working group with representation from Angus, Dundee and Perth and Kinross Councils; NHS Tayside; Police Scotland and links to third sector partners across the area. The plan was submitted to Scottish Government on 27 April 2017.

1.1.3 The shared vision is that *Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up.* The five key priority areas are:

- o *Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.*

- o *Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential.*

- o *Our children and young people will be physically, mentally and emotionally healthy.*

- o *Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people.*

- o *Our children and young people will be safe and protected from harm at home, school and in the community.*

1.1.4 The shared vision and five priorities are already being used to inform the advancement of multi-agency and single-agency plans. The Children Young People and Families Partnership and Integrated Joint Board for Perth and Kinross are due to host a joint workshop on 22 June 2017 to consider next steps for the explore areas for greater collaboration and a whole family approach to achieving better outcomes for children, young people and their extended families.

1.2 **Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2015 – 2016 (Appendix 2)**

1.2.1 The Standards and Quality Report covers the work of the CPC for the academic year 2015 – 2016. The report takes account of the Care Inspectorate's Quality Indicator Framework for services for children and young People, *How well are we improving the lives of children and young people?* It presents an overview of performance across all relevant services and is based on evidence obtained from a wide range of self-evaluation activities many of which require a contribution from staff working with adults such as the multi-agency review of practice.

1.2.2 Overall, the CPC made good progress in the first year of its implementation of the 3-year improvement plan and the headlines set out in the Executive Summary reflect the extensive range of activity across services in Perth and Kinross to achieve a shared vision to keep children and young people safe and enable them to be the best they can be. The findings demonstrate that we have maintained some very effective multi-agency practices to protect children and young people and support vulnerable families. It also reflects confidence in the ongoing work to continue to improve services and the

positive collaboration and efforts of a wide range of staff to intervene when necessary to keep children safe.

1.2.3   The statistical information in this Standards and Quality Report shows that the number of children and young people who are identified as needing help and support at an early stage is continuing to rise. This is in keeping with the ethos of *Getting it right for every child*. There has also been an increase in the number of children and young people who are the subject of child protection investigations, a trend which continues year on year. Overall, the number of children and young people who are considered at child protection meetings has reduced, however, the length of time that these children and young people are included on the Child Protection Register has increased. This may be an indication of the increasing complexity of the risk factors experienced by children and young people including domestic abuse, substance misuse, and parental mental ill-health. This also highlights the importance of ensuring all relevant services are appropriately involved in child protection plans, including staff who work primarily with adults.

2.   CONCLUSIONS AND RECOMMENDATIONS

1.3   The Tayside Plan for Children, Young People and Families 2017 – 2020 and the Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2015 – 2016 are two significant documents relating to the planning and delivery of services for children, young people and families across the Community Planning Partnership. They set out the key priority areas for action to protect and improve outcomes for children, young people and families. A whole family approach is necessary to ensure that children and young people are supported within their own families and communities and this is dependent on the valuable contribution by services which focus on promoting the health and wellbeing of adults and families.

1.4   It is recommended that the Integrated Joint Board:

(i)   Notes the significant progress in producing a Tayside Plan for education and services for children, young people and families and the content of Tayside Plan for Children, Young People and Families 2017 – 2020; and

(ii)   Notes the wide range of activity carried out by the Child Protection Committee to continuously improve the quality services to protect children and young people; and the important of the contribution of all services and staff to ensure that children and young people are protected and kept safe.

3.   APPENDICES

Appendix 1 - The Tayside Plan for Children, Young People and Families 2017 – 2020
Appendix 2 - Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2015 – 2016

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The Tayside Plan for
Children, Young People and Families

2017 - 2020

ANGUS

Perth and Kinross

DUNDEE PARTNERSHIP

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Foreword

Welcome to the Tayside Plan for Children, Young People and Families 2017-2020. This plan has been prepared by the Community Planning Partnerships of Angus, Dundee and Perth & Kinross. The Plan focuses on reducing inequalities and improving outcomes for all of Tayside's children. It sets out the joint vision and priorities of three local unitary authorities, NHS Tayside and other local and national partners. It is informed by the views and responses from children and families gathered by the Dartington Social Research Unit.

We believe this Plan to be a significant step in presenting the aspiration of our collaboration with and for children and families. Our focus is on prevention and early intervention. We have agreed outcomes, indicators and activities to be delivered over the short, medium and longer term, ensuring sustainability and transformational change. By working together, sharing knowledge and co-creating, we will shift resources and prevent negative outcomes.

The Plan outlines our commitment to work across boundaries both professionally and geographically. As leaders and directors of people and resources, we will support and develop the workforce to continually focus on our shared purpose of ensuring 'our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up'. We will encourage connections and build trust and confidence in our communities.

The Plan is about our children, our communities and our future. Over time, it will develop and build on the evidence we have to support health, education and communities. We are delighted to present the Plan to the people living in Tayside and the Scottish Government. We look forward to bringing an Annual Report in 2018 outlining our combined success as communities, professionals and partners.

Richard Stiff	David Martin	Bernadette Malone	Lesley McLay
Chief Executive	*Chief Executive*	*Chief Executive*	*Chief Executive*
Angus Council	*Dundee City Council*	*Perth & Kinross Council*	*NHS Tayside*

Introduction

This Tayside Plan for Children, Young People and Families 2017-2020 is the first joint plan to be produced by the three Community Planning areas of Angus, Dundee and Perth and Kinross. It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery, evaluation and improvement of services to children, young people and families. It also reflects a shared and longstanding commitment to implementing Getting It Right for Every Child (GIRFEC).

The Plan has been developed by the three Councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships, the Third Sector and other organisations to ensure a consistent approach towards agreed priorities and an absolute focus on improving outcomes for all children, young people and families, regardless of their circumstances.

A wide range of information, including the requirements of national policies; demographic data; extensive research commissioned by each of the three local authority areas from the Dartington Social Research Unit; the views of local children, young people, parents, carers and communities; and evidence on what works in providing effective support to families has informed the development of the Plan and the identification of five agreed priorities over the next three years.

The Plan focuses on reducing inequalities, promoting educational attainment and enabling children and young people with additional and complex health concerns to access high quality healthcare services. It promotes targeted support towards the early years and addressing the key issues which can act as barriers to children and young people achieving their full potential as they move towards and into adulthood. In line with GIRFEC, it will ensure that all partners will:

✓ Reduce inequalities and disadvantage

✓ Protect the most vulnerable from harm

✓ Take the right action to prevent needs arising in the first place

✓ Provide the right support to meet needs at the earliest appropriate time

✓ Deliver individualised, proportionate and whole family based support

✓ Provide services which are experienced as integrated and consistent

✓ Involve children, young people and parents in the design of services

✓ Develop holistic services for children, parents and communities

✓ Improve outcomes

Our Vision for Children, Young People and Families

Our region is made up of the three Council areas of Angus, Dundee and Perth and Kinross and serviced by NHS Tayside, Tayside Division of Police Scotland, three Health and Social Care Partnerships, the Scottish Children's Reporter's Administration and a range of Third Sector organisations. A single Tayside Plan for Children, Young People and Families will achieve our vision of ensuring that:

> *"Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up"*

As a result of our collective leadership and with the full participation of local communities, all partners will make the best use of available resources, learn from each other and develop momentum to improve services. We will work together to strengthen families and improve the lives and the long-term life chances of all our children and young people.

As partners, we are acutely aware of the economic climate and associated financial constraints in the development and delivery of services. We also recognise the significant contributions of the Third Sector and Health and Social Care Partnerships across Tayside. All actions in the plan aim to make the best use of available resources by targeting them towards our shared priorities and promoting a focus on continuous improvement.
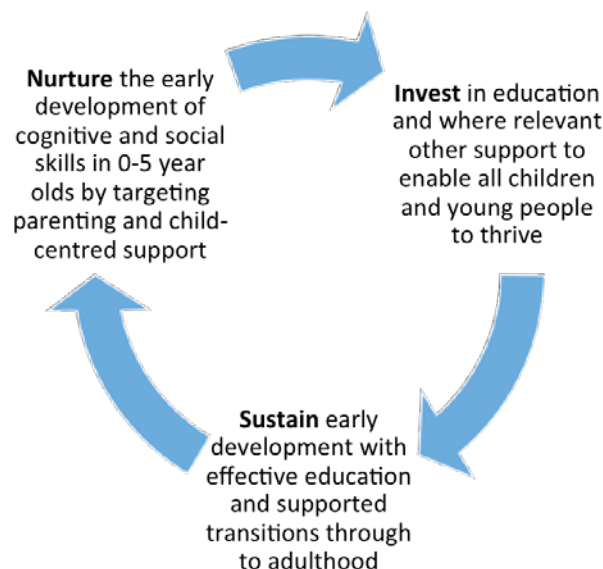
Our Approach to Planning and Delivering Services

Building on existing arrangements, which involved separate plans for each local authority area that included some area-wide work, we have responded to opportunities provided by **Part 3 of the Children and Young People (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015** to create one plan for Tayside. These Acts provide the main legal basis on which we have agreed our principles, priorities and approaches towards improving outcomes in the health, wellbeing and educational attainment of our children and young people.

We have planned and will deliver our services in the most integrated way, based on a **shared understanding of the key needs of children, young people, their parents or carers and the communities in which they live**. We are committed to using evidence to identify and respond to needs and to working alongside local communities and service users to help design, develop, deliver, evaluate and continuously improve services and build assets. We will maintain effective services and adapt or develop services which are more likely to achieve positive outcomes.

The Plan has also been informed by the work of two **Fairness Commissions** across the area, which have brought together partners from various sectors to explore the causes and impact of poverty. They have made recommendations relating to stigma and social inclusion; work and wages; reducing the education gap; benefits advice and support; fuel and food; and health. Equally, the Plan has been informed by Integrated Joint Boards for Health and Social Care and other partnerships involved in developing or delivering services to adults and communities.

As a partnership, we know from well-respected national and international research that supporting parents and carers and focusing on the early years of a child's life to develop their cognitive and social skills, then maintaining relevant support as they move through primary and secondary school, is much more likely to lead them to becoming confident and capable adults. This includes a greater likelihood of them becoming more effective parents and longer-term benefits for their own children. This inter-generational cycle is illustrated below:

Nurture the early development of cognitive and social skills in 0-5 year olds by targeting parenting and child-centred support

Invest in education and where relevant other support to enable all children and young people to thrive

Sustain early development with effective education and supported transitions through to adulthood

We know that we can maximise this framework most effectively by closely involving all partners. This includes the **Third Sector**, which plays a vital role in delivering a range of services to children, young people and families; **businesses**, which contribute towards social, economic and community development through training, employment and other local investments; and **further and higher education institutions**, which are major employers in the area as well as having valuable teaching and research expertise.

We will, therefore, work creatively with all partners across the public, private and third sectors to **build variety and capacity in preventative interventions** by developing a commissioning strategy which focuses services towards prevention and re-investing savings from fewer reactive and costly interventions. This means gradually re-balancing resources towards the early years; earlier identification of and response to problems; effective support to parents; and supported transitions into adulthood.

Crucially, we will put **the needs of children, young people and families at the centre of everything we do**. The development of this plan has been informed by consultation and engagement with children, young people and families and we will continue to ensure that their views are sought, fully considered and inform all subsequent developments. Partners are fully committed to the United Nations Convention on the Rights of the Child (UNCRC) and will ensure this is reflected in action.

U.N. Convention on the Rights of the Child: Article 1

illustration : alex leonard

SCCYP
Scotland's Commissioner
for Children & Young People

National Policies for Children, Young People, Adults and Communities

The plan has been informed by policies which help drive the shift towards prevention and greater integration of services. This includes the **Scottish National Performance Framework** and the **National Improvement Framework**, which aim for a range of outcomes such as children and young people having the best start in life, being better educated and more skilled. They include targets which span the child and young person's journey through childhood and into early adulthood. A full list of key policies is attached at Appendix 1.

The successful implementation of these policies will have a major impact on community and family wellbeing. We are committed to implementing them together in an integrated, coherent manner and this Plan represents the **joint framework from which all partners will work together to focus on agreed priorities**. We believe that if we consistently apply the same shared approach over time, we are much more likely to achieve and sustain long-term positive outcomes. In particular, we will work collaboratively to:

✓ Focus on families at risk and reduce vulnerability

✓ Ensure children's rights to health

✓ Raise attainment and close outcome gaps

✓ Meet the needs of Young Carers

✓ Improve outcomes for Looked After Children and Care Leavers

✓ Improve transitions for young people as they prepare for adulthood

What we know about Children, Young People and Families living in Tayside

There are currently **77,451** children and young people aged 0-17 years living in Tayside of which **21,359** are under the age of five. This means that **19%** of our total population of 415,040 is under the age of 18 and **5%** is under the age of five. It is projected that the overall figure for the child population aged 0-17 years will increase by 3.1% between 2014 and 2039, with Perth and Kinross being the area of highest population growth and Angus being the only area where a decrease is predicted.

We want all of our children and young people to thrive and the Dartington Social Research Unit provided a range of reliable data on what we need to prioritise to improve their wellbeing and promote positive outcomes. In particular, children, young people and parents/carers in Tayside participated in research commissioned from the Dartington Social Research Unit. This large scale research provides reliable data into the wellbeing of children, young people and what needs to improve to enable the best possible outcomes. The Evidence2Success survey was conducted in Perth and Kinross in 2013, and Better Outcomes surveys in Angus and Dundee were conducted in 2014. The research identified the following common themes:

- **1 in 10 parents reported that their children (aged 3-8 years) experience poor behavioural development;**
- **More than 1 in 5 children experience multiple risks to their health and development (aged 9-15 years);**
- **More than 4 in 10 young people (aged 9-15 years) were poorly engaged in their learning;**
- **1 in 10 young people (aged 9-15 years) experience poor emotional wellbeing, including anxiety and depression;**
- **More than 4 in 10 young people (aged 11-15 years) reported using substances in the previous month;**
- **2 in 10 young people (aged 11-15 years) had been involved in delinquent or offending behaviour in the previous year.**

In addition to this, a range of other data sets have been analysed, including:

- **Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)**
- **Numbers and trends of Looked After Children**
- **Numbers relating to children and young people at risk of harm**
- **Health, Wellbeing and Attainment data**
- **Scottish Index of Multiple Deprivation (SIMD)**

Poverty and Deprivation

In Tayside, deprivation is a significant issue and applies to families living in both rural and urban areas. This is illustrated in the graph below, which shows the proportion of people per local area who live in the most and least deprived areas of Scotland. The darker columns represent the proportion of people living in the most deprived areas and the lighter columns the proportion living in the least deprived.
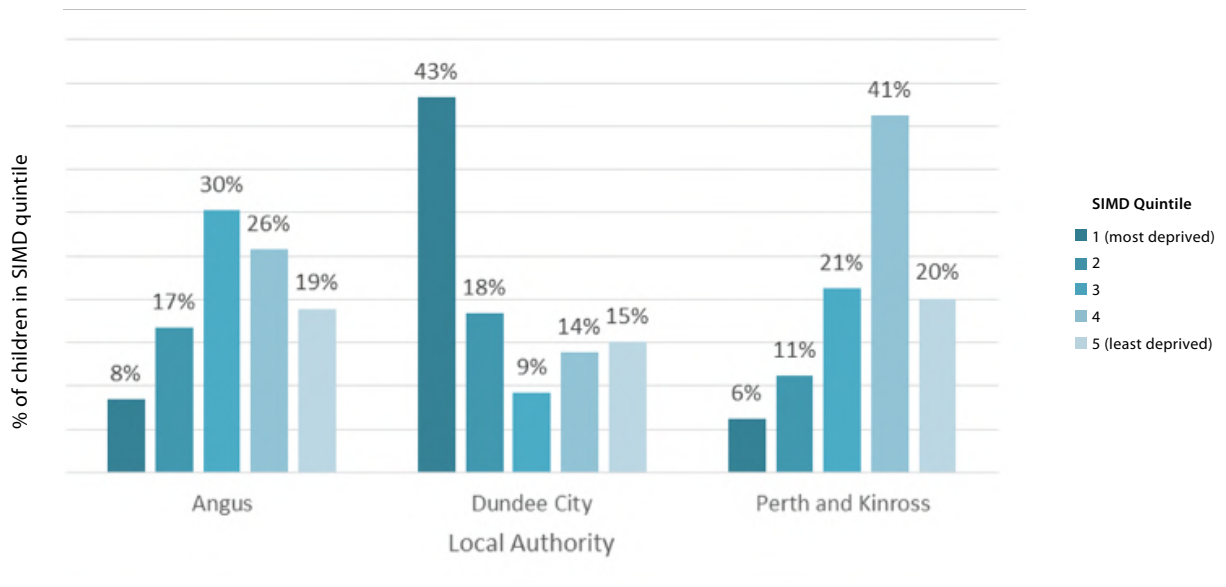
The graph shows that, in Angus, 8% live in the most deprived areas and 19% in the least deprived; in Dundee, 43% live in the most deprived areas and 15% in the least deprived; and in Perth and Kinross, 6% live in the most deprived and 20% in the least deprived. There is more poverty and there are fewer pockets of wealth in Dundee, where almost half of our children and young people live in the most deprived areas.

We know that children and young people living in poverty often have poorer health and educational outcomes than their more affluent peers. These poorer outcomes often continue into adult life and even older age. Unless we prioritise and target services to meet their needs, these inequalities are likely to continue in future generations.
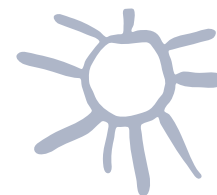
Child Protection

The numbers of children on the Child Protection Register who are assessed as being at risk of abuse or neglect varies across the 3 areas. On 31st July 2016 in Angus, 4.9 of children and young people per 1,000 population aged 0-15 years were on the Register; in Dundee 3.4 per 1,000 and in Perth and Kinross 3.0 per 1,000. In all three areas, the most common concerns contributing to risk of significant harm to children and young people are:

- **Domestic abuse** – whereby the controlling, coercive and/or violent behaviour from the usually male partner towards the female has an adverse effect on the welfare and development of the child

- **Neglect** - whereby the parent(s)/carer(s) persistently fail to meet a child's physical and/or emotional needs, likely to result in the serious impairment of the child's health or development.
  Due to a range of potentially inter-related issues, such as poverty, poor mental health and/or parenting skills, neglect is the primary maltreatment issue faced by children across Tayside.

- **Parental substance misuse** – whereby one or both parent(s)/carer(s) are unable to meet the basic needs of the child due to their problematic use of alcohol and/or drugs and its impact on their parenting capacity

- **Parental mental ill-health** – whereby a parent or carers mental health has a significant impact on their parenting capacity and their ability to safeguard the needs of their child
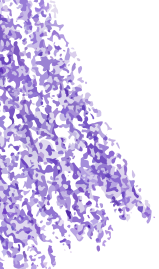
In all three areas, children and young people are also experiencing new risks relating to their use of and exposure to the internet and other technologies, such as websites, social networking sites and mobile phones. This includes risks from known and unknown adults and their peers involving, for instance, child sexual exploitation and bullying. They can often use these technologies without being aware of the potentially harmful consequences to themselves or others.

Early Years

In 2014, NHS Tayside introduced a review of child development at 27-30 months. Over 90% of children eligible to receive the 27-30 month review have completed reviews, higher than the national average. In March 2014 and March 2015, 77% of the children had no concerns with regard to meeting age appropriate developmental milestones. The developmental milestones most frequently not met were:

- **Speech and Language**
- **Emotional Development**
- **Attention**
- **Social Development**

The proportion of boys and girls not meeting developmental milestones in this review is weighted towards all children living within deprived areas and towards boys living in many areas. Achieving developmental milestones by 27-30 months is crucial to ensuring readiness to learn on entry to school and provides a strong foundation for subsequent childhood development.

Mental Health and Wellbeing

In Tayside, significant and increasing numbers of young people experience worry, unhappiness and psychodynamic complaints likely to receive a clinical diagnosis if seen by a professional. This amounted to 10% of young people in Angus, 11% of young people in Dundee and 9.5% of young people in Perth and Kinross. 15% of parents with children aged 0-8 years also reported concerns about their own mental and emotional health.

When interrogated further this data shows that girls are considerably more likely to identify concerns. The higher prevalence of emotional wellbeing concerns has also been highlighted in a review of SALSUS data between 2006 and 2013 which shows a trend towards increasing occurrences of anxiety and depression among our young people. This trend is more expressed in teenage girls.
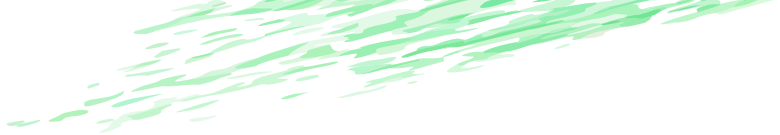
For those children and young people identified as having potential mental health problems warranting clinical support, the Child and Adolescent Mental Health Service (CAMHS) in Tayside recorded an increase in newly accepted referrals of 29% from 2014 to 2016. It is clear that mental health and wellbeing is a significant and increasing concern for our children and young people.

Substance use

Children and young people are affected both by their own substance use and by parental substance misuse. Although there has been a decrease in young people using alcohol and drugs reported by SALSUS, the early initiation of substance use remains a significant issue affecting children and young people. The Dartington surveys identified the following levels of young people reporting at least one occasion of smoking cigarettes, drinking alcohol or illicit drug use:

- **42% of young people in Angus;**
- **41% of young people in Dundee; and**
- **46% of young people in Perth and Kinross.**

Children and young people reported that the majority of this substance misuse related to alcohol. The average age young people reported they had first drunk more than a small amount of alcohol was 12 years old. However, smoking rates for 13 and 15 year olds have decreased in line with the national average and the percentage of mothers smoking at the time of their first ante-natal booking has also been reducing consistently.

Adult drug deaths are a significant issue in some areas, with 48 confirmed drug deaths in 2015, 58% of which occurred in Dundee. Across Tayside, the rate of drug deaths per head of the population resembles the national average but the rate in Dundee has been consistently higher than the national average. In Dundee, substance misuse by women is also much higher than the national average. One of the groups most at risk are adult males shortly after release from prison.

Looked After Children

We have more than 1,000 children and young people who are Looked After at home or away from home. Children who are Looked After at home remain with their families and are subject of compulsory measures of care through the Children's Hearing. Children can be Looked After away from home and placed in alternative care such as Kinship Care, Foster Care or Residential Care for a variety of reasons. As of 31st July 2016, the numbers of Looked After Children were:

- **Angus** - 238 children (1.1% of all children 0-17 are Looked After)
- **Dundee** - 592 children (2.2% of all children 0-17 are Looked After)
- **Perth and Kinross** - 286 children (1.0% of children 0-17 are Looked After)

It is well evidenced that the outcomes for children and young people who are or have been Looked After are not as good as their peers. For instance, they are more likely to be excluded from school; less likely to attain literacy and numeracy standards; less likely to enter and sustain positive destinations after leaving school; and more likely to become involved in the criminal justice system as adults. Longer-term, a disproportionate number are serving or have served prison sentences.

In order to address these inequalities, our commitment as Corporate Parents will focus on securing stable, nurturing and caring environments; supporting young people to remain and achieve in school; continuing in care beyond the leaving age; enhancing opportunities for positive post-school destinations; and providing ongoing support into early adulthood up to the age of 26 years.
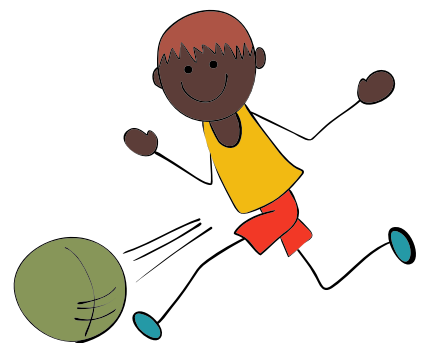
Teenage Pregnancy

Ten years ago, the pregnancy rate in Tayside was 11.8 of 1,000 females under 16. The current figure is 5.8 of 1,000 females under 16, representing a decrease of 51% over the last decade. Teenage pregnancy rates are therefore reducing and the gap between Tayside and national rates has narrowed markedly.

However, there is a strong correlation between deprivation and teenage pregnancy, with Dundee having much higher rates of teenage pregnancies than Angus and Perth and Kinross. A teenage female living in the most deprived areas is 5 times as likely to experience a pregnancy as someone living in the least deprived.

We know that teenagers who are pregnant can face particular challenges during pregnancy and as young parents. This can include prenatal health and education issues, possible stigma, barriers to employment and the difficulties in being a young parent.

Childhood Healthy Weight

Having a healthy weight is important to all people, especially children and young people, to optimise wellbeing. It helps their self-esteem and confidence, improves participation in sport or active play and reduces the risk of developing physical health problems as they move into adulthood and older age. It can therefore have long-term implications on their lives. We know that:

- **76% of children in Tayside are considered to be at a healthy weight**
- **13% are at risk of being overweight**
- **10% are at risk of obesity**

Dental Health

Poor dental health has an impact on a child's physical, mental and emotional wellbeing. In Tayside, more than 30% of children under the age of 5 years old are suffering from dental decay, resulting in over 700 admissions to hospital for treatment. Dental decay is closely correlated with deprivation and linked to high sugar diets and poor dental hygiene. The negative impact can continue into adulthood.
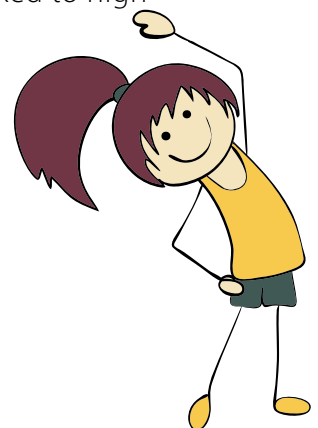
Young Carers

Young Carers are children and young people with caring responsibilities who provide a vital source of support to their families who may, through illness or disability, be finding it difficult to cope. They may be providing this support to parents, grandparents or siblings, sometimes at the expense of their own educational, health or wellbeing needs.

We are therefore committed to identifying and supporting Young Carers. We know there are likely to be many more than is presently known, with self-reported figures showing that the numbers of carers under the age of 16 in each local authority area as follows:

- **Dundee** - 261
- **Angus** - 265
- **Perth and Kinross** - 280

Families Affected by Imprisonment

Around 100 adults from Angus and Perth and Kinross and 300 from Dundee experience imprisonment every year. A significant proportion are parents and their imprisonment can have a marked impact on children and young people including issues of separation, loss of income and potential social stigma. Parental offending is also a major risk factor in future offending by children and young people.

Views and Aspirations of Children, Young People and Families

It is impossible to generalise about the views and aspirations of all children and young people across the area but we know through surveys that they report a number of common themes. In particular, they want to be respected; know that people care about them; that they can talk to people if they need to; and that they have things to do which they enjoy.

Parents and carers tell us that they need easier access to information and more local opportunities for themselves and their children. They want more co-ordinated support which acknowledges and addresses the wider issues that can affect their ability to care for their children. This includes a full understanding of levels of deprivation and the impact it can have on parenting capacity.
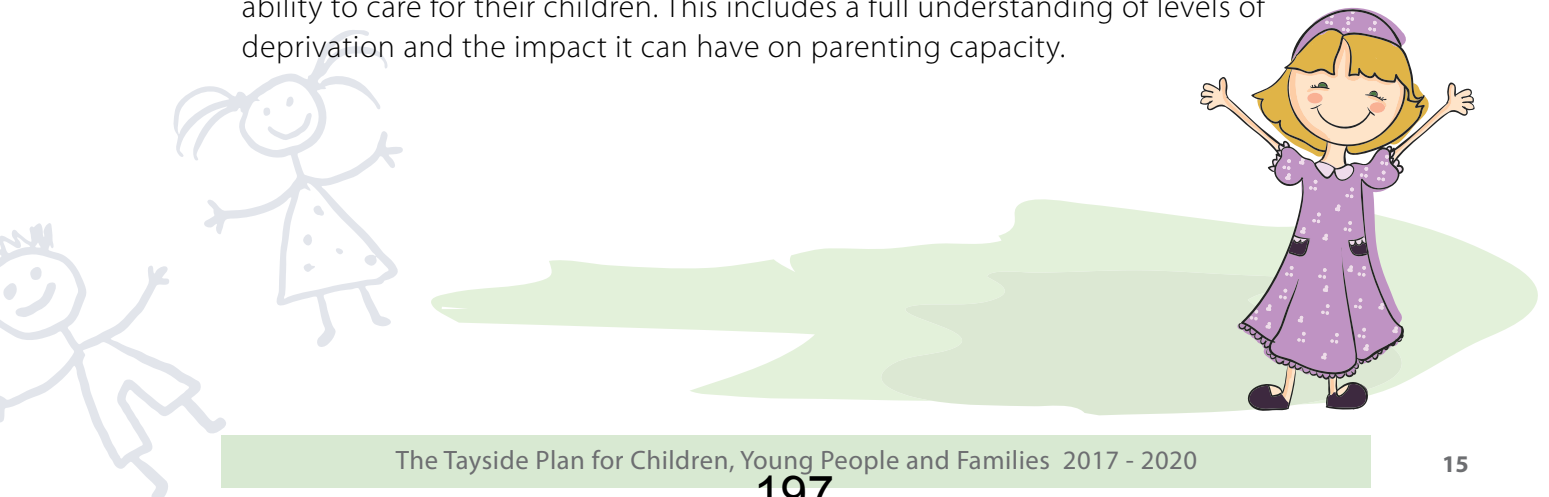
Our Five Priorities

By considering all of the evidence available to us about the various matters affecting our children, young people and families, each of which can have a marked impact on their lives and their longer-term life chances, we agree five priorities.

These priorities are underpinned by key policies, such as GIRFEC and the consistent implementation of the Named Person and providing the right help at the right time; the Curriculum for Excellence; and Developing the Young Workforce.

We believe that addressing these priorities will help realise our shared vision for children, young people and families and make Tayside the best place in Scotland to grow up.

Our five priorities have informed a range of actions, some of which involve a continued focus on using existing services to achieve better outcomes in the short to medium term.

Other actions are more long-term, in that they initially involve the development of clear and consistent multi-agency strategies within which better decisions about the type and range of services to be delivered can be made.

Our priorities are:

1. **Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.**

   We will work alongside families (pre-birth – 5 years) to improve children's wellbeing and encourage early social and emotional development. In partnership with parents and carers, we will support children in their early years to ensure all children and young people in Tayside are given the best start in life.

What we will do to ensure children get the best start in life in Tayside:

- Provide targeted multi-agency support to families to ensure children aged 0-5 years reach their developmental milestones
- Deliver a new Health Visiting Pathway and expand the Family Nurse Partnership Programme
- Realign resources to improve the availability and impact of early intervention services, including for children who have a disability or complex needs
- Deliver on the 5 ambitions of Ready to Act, the National Allied Health Professional (AHP) transformational plan

- Develop and implement an evidence-based Tayside parenting strategy in partnership with Health and Social Care and other appropriate partnerships
- Develop and deliver high quality, flexible early learning and childcare provision
- Develop ways to support speech, language and communication capacity, including inclusive communication with **children, young people and parents**

2. **Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential.**

   We will ensure that, through meaningful engagement in learning, high quality learning experiences and skilful staff, all of our children, regardless of their circumstances, will be successful learners, confident individuals and responsible citizens who contribute to their communities. We will have ambitious targets for raising attainment and achievement.

What we will do to ensure children and young people succeed:

- Ensure children who are at risk of not achieving their potential are provided with the extra support they need
- Provide parents, carers and young people with opportunities to be active partners through supported learning and consultation on improvement plans
- Implement initiatives for post-school training, apprenticeships and further and higher education to improve pathways to employment
- Promote collaborative working across schools and their communities to support robust self-evaluation, and improved quality of provisions
- Support young people to make informed choices and exercise greater control as they transition to adulthood
- Ensure close partnership working is designed to close inequality gaps, address complex needs and share good practice that already exists
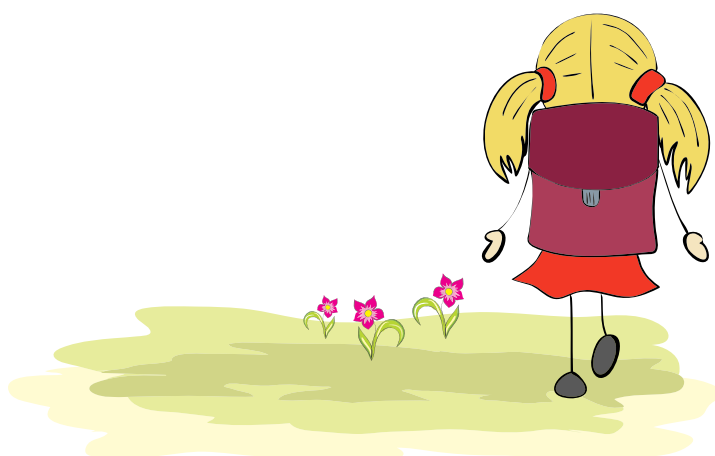
3. Our children and young people will be physically, mentally and emotionally healthy.

We will improve the mental health, wellbeing and resilience of children and young people through early advice, support and education. Our services will equip young people to make healthy lifestyle choices and reduce their involvement in risk taking or harmful behaviours such as substance use, unsafe sex, poor diet and lack of exercise.

What we will do to promote good physical, mental and emotional health for children:

- Develop and implement, in partnership, an evidence-based Tayside parenting strategy
- Develop and implement a Tayside multi-agency framework to prevent and address early initiation into substance misuse
- Develop and implement a Tayside Mental Health Strategy for children and young people to ensure a focus on prevention, early identification and support
- Implement the Pregnancy and Parenthood in Young People Strategy alongside work to reduce teenage pregnancy and support to young parents
- Develop a Tayside strategy to improve Child Healthy Weight

4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people.

We will focus resources on groups of children and young people that are more likely to experience inequalities and poor outcomes in health, wellbeing, education and post-school destinations. We commit to closing the various "gaps", increasing accessibility and broadening opportunities. We will share good practice that already exists across Tayside.

What we will do to improve outcomes for children and young people who experience particular inequalities and disadvantage:

- Informed by the work of Fairness Commissions, work together to reduce the impact of poverty on our children, young people and families.
- Develop and implement a Corporate Parenting Strategy which pro-actively and systematically addresses the needs of Looked After Children and Care Leavers
- Ensure Looked After Children and Care Leavers are fully involved in decisions about their care and influence service delivery

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- Ensure Young Carers are identified, provided with support, and assisted to manage appropriate caring responsibilities

- Ensure children and young people with complex and enduring needs experience high quality care and support and are included within their local communities

- Ensure children and young people with complex and enduring needs receive timely, effective support in their transition into adulthood

- Ensure that children and young people who have offended receive appropriate child-centred support which reduces the risk of re-offending

5. Our children and young people will be safe and protected from harm at home, school and in the community.

Our approaches to protecting vulnerable children and young people will be integrated and focused on early identification, and immediate and effective intervention to remove and reduce the risk of significant harm.

What we will do to keep children safe:

- Continue to build a confident, competent and supported workforce in order to protect children and young people from abuse, exploitation and neglect

- Continue to promote highly effective practices in the sharing of information in order to protect and safeguard children, young people and vulnerable adults

- In partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS), strengthen our approaches to tackling and mitigating the effects of childhood neglect

- Improve children and young people's capacity for personal safety and the avoidance of abuse and exploitation, including from their use of the internet

- Develop a shared Tayside communication strategy in support of consistent messages to promote the protection and welfare of children and young people

- Involve children, young people, parents and wider families in decision-making and planning processes that affect them

Areas of Collaboration

By working together as one across Tayside we will achieve our vision for children, young people and families. Building on existing arrangements, transformational change will be achieved through a range of collaborative projects over the next three years:

1. **Commissioning** – we will develop a shared strategy based on key principles such as collaboration, transparency, targeting resources towards agreed priorities, best value, evidence based services and focusing on outcomes. Where possible, relevant partners will commission jointly.

2. **Shared services** - we will explore options to develop a range of shared services managed by a named authority and delivered consistently across the area, along with options to increase shared Tayside access to services in all 3 areas.

3. **Capital investment** - we will develop an investment strategy and delivery plan. This will include a full review of current assets, analysis of service duplication/gaps and the development of a financial model that creates new opportunities for income maximisation and best value

4. **Single strategies** - in partnership with Health and Social Care, we will develop shared evidence based strategies on a range of key issues such as parenting, mental health and wellbeing and healthy childhood weight. They will focus on prevention, early intervention and tiered responses to needs.

5. **Continous improvement** - in partnership with Health and Social Care, we will strengthen our approach towards self-evaluation by involving the whole workforce and local communities. This will enable us to jointly understand key strengths and respond to areas for improvement.

6. **Learning and workforce development** - we will develop a single learning and workforce development strategy which will ensure leaders, managers and frontline staff from all partnerships are trained and supported in the key competencies which promote a consistent focus on improving outcomes

7. **Engagement and participation** - we will develop coherent and systematic approaches towards meaningful and pro-active involvement of children, young people, families and communities to influence the ways in which services are designed and delivered
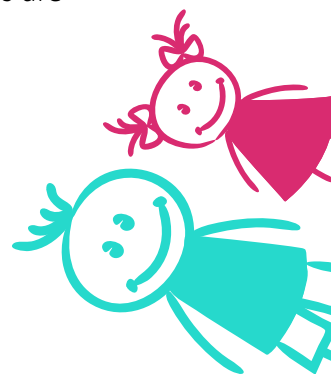
8. **Governance arrangements** - we will review governance arrangements with a view to promoting greater and more consistent multi-agency scrutiny across the area as a whole whilst respecting local structures and the importance of ensuring services continue to reflect local needs and improve local outcomes.

This initial focus will strengthen the foundations of our long-term shared approach towards the management, commissioning, delivery, self-evaluation and improvement of services. It will act as a catalyst for other collaborative work within and between all partnerships going forward.

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How We Know We Will Be Making a Difference to Outcomes

As a partnership, we will ensure that we have a consistent and sustained focus on improving outcomes for children, young people and families. We will regularly collate and analyse information on a range of indicators to assess the extent to which we are making progress; where good practice can be shared and extended; and how we can address areas for improvement.

The following outcome measures provide an initial outline of the information we will gather. As part of our collaborative approach towards continuous improvement, we will refine and extend this framework and will include both quantitative and qualitative indicators relating, for instance, to housing, mental health and substance misuse. We will involve children, young people, families and communities in these developments.

1. Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Increase % of children reaching all of their developmental milestones at the time of their 27-30 months Child Health Review to at least 85%[1]	77%	78%	80%
Speech, language and communication – % of children with no concerns identified at 27-30 months Child Health Review[2]	82%	82%	84%
Increase the % of children who have accessed early learning and childcare provision (2 year olds) to at least 27% (estimated eligibility nationally)[3]	9%	15%	8%
Maintain the % of children who have accessed early learning and childcare provision (3-4 year olds)[4]	95%	99%	93%

[1] Details by SIMD quintile available on request

[2] Details by SIMD quintile available on request

[3] Source: Scottish Government, Summary Statistics for Schools in Scotland, No: 7-2016, Table 5.1: Funded registrations for early learning and childcare at local authority and partnership centres, September 2016. Please note that Dundee figures are likely to always be higher as eligibility is higher; however, none of the three local authorities can identify exactly how many children are eligible. Target is national estimated entitlement.

[4] Ibid

2. Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences all children and young people will fulfil their potential[5].

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Increase the % of local residents satisfied with schools	76%	65%	85%
Increase the % of secondary school pupils achieving 5 plus awards at SCQF level 5 or higher	58%	52%	62%
Increase the % of secondary school pupils achieving 5 plus awards at SCQF level 6 or higher	32%	27%	36%
Increase the % of secondary school pupils from deprived areas achieving 5 plus awards at SCQF level 5 or higher	39%	37%	32%
Increase the % of secondary school pupils from deprived areas achieving 5 plus awards at SCQF level 6 or higher	18%	13%	8%
% of school leavers achieving literacy and numeracy at SCQF level 4 or above[6]	91%	86%	84%
% of school leavers achieving literacy and numeracy at SCQF level 5 or above[7]	66%	54%	62%
Increase the % of pupils entering positive destinations after leaving school	94%	94%	92%
Increase the average total tariff SIMD Quintile 1	601	529	523
Increase the average total tariff SIMD Quintile 2	646	689	746
Increase the average total tariff SIMD Quintile 3	760	869	850
Increase the average total tariff SIMD Quintile 4	914	916	1023
Increase the average total tariff SIMD Quintile 5	982	1086	1135
Increase the % of pupils who stay on form S4 to S5[8]	80%	1086	86%
Increase the % of pupils who stay on form S4 to S5[9]	52%	916	60%
Increase % of Tayside schools achieving an overall grade as Good or above when inspected by Education Scotland and/or when carrying out How Good Is Our School self-assessments[10]	Definition of measure to be agreed	Definition of measure to be agreed	Definition of measure to be agreed

[5] Figures sourced from Local Government Benchmarking Framework report of 2015/16 data, published February 2017, unless otherwise stated

[6] Insight Senior Phase Benchmarking Tool

[7] Ibid

[8] Census S5 roll Sept of current academic year divided by census S4 roll previous year

[9] Census S6 roll Sept of current academic year divided by census S4 roll two years previously

[10] Education Scotland combined with local measures

3. Our children and young people are physically, mentally and emotionally healthy.

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Increase the % of children with a BMI in a healthy weight category at 4-5 years review (baseline P1 in 2014/15[11]	76%	73%	77%
Decrease the % of children and young people using substances	Definition to be agreed	Definition to be agreed	Definition to be agreed
Decrease the rate per 1,000 of teenagers conceiving (under 20 years) – baseline 2014	29	51	30
Number of annual admissions to dental hospital for tooth extraction under general anaesthetic by age	720 (Tayside)[12]	720 (Tayside)	720 (Tayside)
Increase the % of P1 pupils with no obvious dental disease [13]	67%	65%	74%
Develop an outcome measure similar to the SALSUS 2-yearly survey in relation to mental health	Definition to be agreed	Definition to be agreed	Definition to be agreed
Agree measures relating to temporary accommodation and homelessness of children, young people and families	Definition to be agreed	Definition to be agreed	Definition to be agreed

[11] Please note that the P1 indicator is being stopped in favour of the 4-5 years indicator; however, there is no process in place yet to collect the 4-5 year data so it is not clear when data will be available

[12] Please note that this is an estimate for financial year 2016/17 based on data for three quarters

[13] NHS Tayside Child Health report 2016, p.42 – detailed inspection P1 during 2015/16

4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable to all other children and young people.

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Increase the % of fostering and residential services which are rated good or above by the Care Inspectorate	Definition of measure to be agreed	Definition of measure to be agreed	Definition of measure to be agreed
Increase the % of Accommodated children and young people placed within their own communities [14]	Definition of measure to be agreed	Definition of measure to be agreed	Definition of measure to be agreed
Increase the % of children and young people placed in family based placements [15]	91%	90%	94%
Decrease the % of openings lost to exclusions during academic year for looked after children [16]	0.09%	0.39%	0.36%
Increase the % of looked after children in positive destinations post school [17]	70%	85%	83%
Increase the % of looked after school leavers gaining Literacy & numeracy at SCQF level 4 or better	44%	58%	48% [18]
Increase the % of plans for children with complex and enduring needs which demonstrate that their views and the views of their parents/carers have been heard	Definition to be agreed	Definition to be agreed	Definition to be agreed
Decrease the number of young people (under 18) with custodial sentences during past financial year	<5	7	<5
Decrease the number of young people (under 18) admitted to secure accommodation during past academic year	<5	8	<5
Increase the % of 16-17 year olds charged with offences who are dealt with under diversionary measures or through the Children's Hearing during academic year	Definition to be agreed	Definition to be agreed	Definition to be agreed
% of Young Carers who have a statement of needs and who are receiving support	Definition to be agreed	Definition to be agreed	Definition to be agreed

[14]   Figure calculated based on LAC on 31st July of previous year as in CLAS returns but requires postcode/ post town analysis – details for calculation to be agreed

[15] Scottish Government, CHILDREN'S SOCIAL WORK STATISTICS SCOTLAND 2015-16

[16] Further details by primary and secondary school and also by Looked After At home and Away from home can be made available for Dundee

[17] Insight. The more important follow up measure is a better outcomes indicator but although published nationally is unreliable due to insufficient matching of LAC and SDS data and relatively small numbers

[18] Please note that due to very small figures, Perth and Kinross reports on the three year average 2014-16

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5. Our children and young people are safe and protected from harm at home, school and in the community.

Current position and suggested improvements	Angus	Dundee	Perth & Kinross
Reduce the % of children and young people who are re-registered on the Child Protection Register within 24 months [19]	To be established	To be established	To be established
Agree a measure on reduction in risk and improved safety after 3 months of child protection registration	Definition to be agreed	Definition to be agreed	Definition to be agreed
Reduce the emergency admissions from Unintentional Injuries for children aged 0-15 [20]	154	229	202
Agree a measure on the impact of domestic abuse on children and young people	Definition to be agreed	Definition to be agreed	Definition to be agreed

[19] Based on CP Returns: number of re-registrations within 12 months divided by number of all registrations during past academic year; the timeframe may be extended in 2017/18 to strengthen the measure

[20] Figure for 2014/15 – source: NHS Tayside Child health Report 2016, table 24
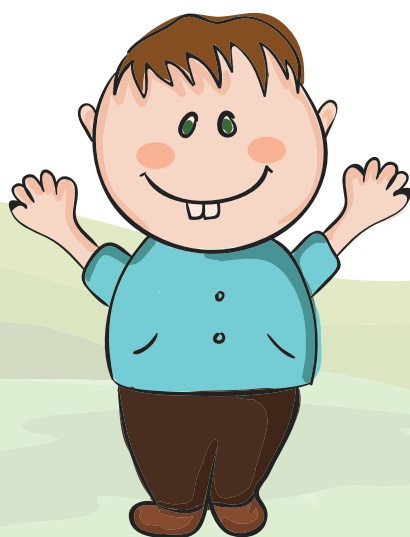
Moving Forward

As a partnership of three Councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships, the Third Sector and other organisations, we will keep the Plan under constant review and revise and update it in collaboration with all key stakeholders. This will include ongoing implementation of new national policies and legislative requirements.

We will review the Plan on a formal basis and report on our progress to Councils; NHS Tayside Board; local communities and Scottish Government annually. We will update the Plan to ensure that it continues to fully reflect agreed priorities and achieves improved outcomes in health, wellbeing and educational attainment.

We will continue to engage with our communities to jointly agree and respond to priorities, including through the identification, development and use of local assets. It will remain shared, whole systems, whole community and whole family focused plan which achieves our shared vision of ensuring that:

'Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up".

Appendix 1

Key Policies for Children and Young People

- **Child Protection Improvement Programme** – a national review of child protection systems and processes focused on the 3 areas of leadership, governance and accountability; learning cultures; and values. The review has made 12 recommendations to improve the child protection system.

- **Getting It Right For Every Child** – the national approach towards improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parents to work in partnership with the services that can help them

- **Children and Young People (Scotland) Act 2014** - establishes legal duties for all Corporate Parents to be systematic and pro-active in their efforts to meet the needs of Looked After Children and Care Leavers. It requires all Corporate Parents listed in the Act to have a Corporate Parenting Plan

- **NHS Tayside Paediatric Clinical Services Strategic Framework** - describes the high level clinical strategy for services provided by Medical Paediatrics in NHS Tayside. It encompasses only the services managed by the medicine directorate and includes neonatal, community child health and medical paediatric inpatient and outpatient services. This includes services provided by paediatricians, children's nursing, midwives and allied health professionals in hospital and community settings

- **Child Poverty Strategy for Scotland 2014 to 2017** - outlines an approach towards reducing poverty and mitigating its harmful impact on children, young people and families. This includes maximising household resources; improving children's wellbeing and life chances through a focus on the early years; and improving the physical, social and economic environments of local areas, particularly in areas of multiple deprivation

- **Curriculum for Excellence** – a single curriculum for 3 to 18 years; a structure of assessment and qualifications; a focus on transitions from nursery to primary and secondary schools; a focus on literacy and numeracy, health and wellbeing, more skills for work options and space for sport and music

- **Education (Scotland) Act 2016** – introduces measures to improve Scottish education, including the attainment of pupils from poorer backgrounds; giving children a voice in matters that affect them; and extending the rights of children with additional support needs
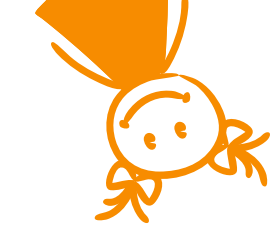
- **National Parenting Strategy** - has one clear purpose in acting as a vehicle for valuing, equipping and supporting parents to be the best they can be, so that they, in turn, can give children the best start in life and the support they need to succeed

- **Child Poverty Strategy for Scotland: Our Approach** – emphasises 3 principles underpinning a long-term approach towards child poverty, involving prevention and early intervention; building the assets of individuals and communities; and ensuring children and young people are at the centre

- **Youth Employability Strategy** – focuses on ensuring all 16-19 year olds are in further education, training or employment, the development of a Modern Apprenticeship programme and promoting partnership work between the public, private and third sectors to expand opportunities into adulthood

- **Youth Work Strategy** – places an emphasis on both universal and targeted work in both communities and schools to engage with and empower young people, so they can make positive choices and have every opportunity to contribute

- **Carers (Scotland) Act 2016 –** sets out duties for responsible authorities to offer identified young carers a statement which outlines whether they have any needs and what support will be provided to meet their needs. The Act also requires the provision of information and advice for carers

- **A Refreshed Framework for Maternity Care in Scotland 2011 –** outlines how the Scottish Government is committed to ensuring that all children in Scotland get the best possible start in life, even before they are born. Getting maternity care right for every woman and baby is the cornerstone of family health

- **Improving Maternal and Infant Nutrition: A Framework for Action –** aims to improve the diet and nutritional status of women before conception and during pregnancy, the feeding received by the infant during the first few months of life, the process of weaning onto solid foods and the diet and nutrition status of the growing infant, in order to contribute towards long term health.
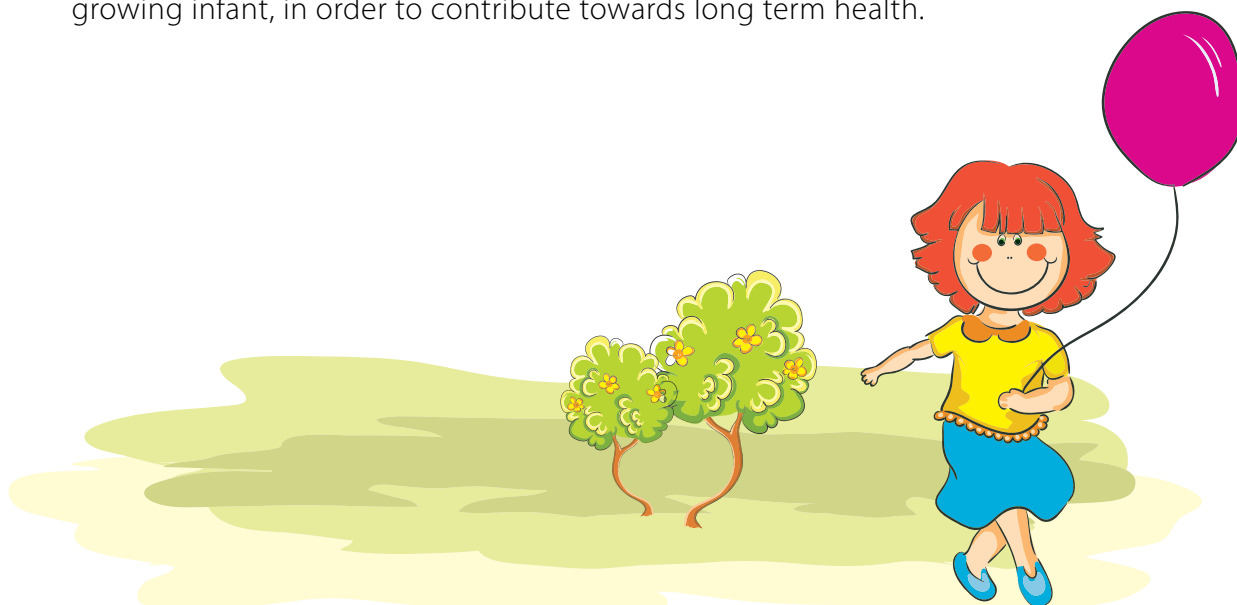
Key Policies for Adults and Communities

- ***Mental Health Strategy for Scotland*** – recognises the nature and extent of mental health problems such as depression, conduct disorders and dementia and includes a focus on prevention, anticipation, early intervention and supported self-management, including for children and young people.

- ***Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*** – focuses on both prevention of and recovery from substance misuse problems, including the education of children and young people about risks and responses to children at risk from parental substance misuse.

- ***Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls*** – focuses on providing early and effective support to women, children and young people and ensuring perpetrators are subject to robust and effective responses

- ***A Fairer Scotland for Disabled People: Our Delivery Plan to 2021*** – outlines 5 long-term ambitions aimed at changing the lives of disabled people, including halving the employment gap and increasing the percentage of disabled people in the public sector workforce

- **Better Health, Better Care** – a significant step towards a 'Healthier Scotland' and its three main components of health improvement, tackling health inequality and improving the quality of health care. An action plan sets out a programme of comprehensive and targeted action to accelerate progress on each of these components.

- **National Clinical Strategy for Scotland 2016** – sets out a framework for the development of health services across Scotland for the next 10-15 years. The strategy sets out the case for planning and delivery of primary care around individuals and their communities, providing high value, proportionate, effective and sustainable healthcare.

- **National Strategy for Community Justice** – promotes a whole system, multi-agency approach towards reducing re-offending involving the delivery of support and/or monitoring at the earliest possible time and improved access to services for people who have offended, many of whom are parents.

- **Community Empowerment (Scotland) Act 2015** – requires Community Planning Partnerships to produce Local Outcome Improvement Plans, including locality plans for areas experiencing disadvantage. The Act also requires engagement with communities, including children and young people.
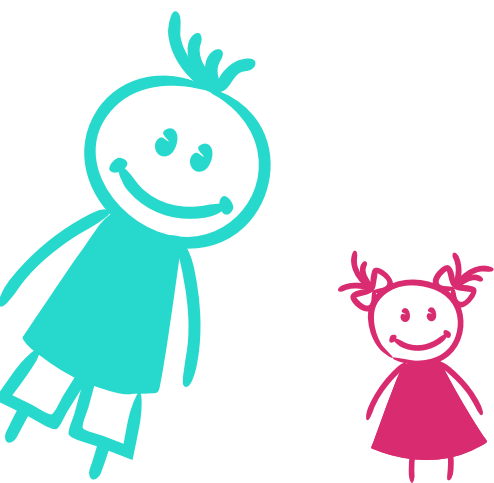
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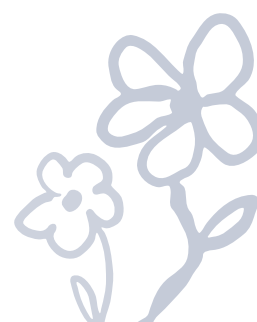
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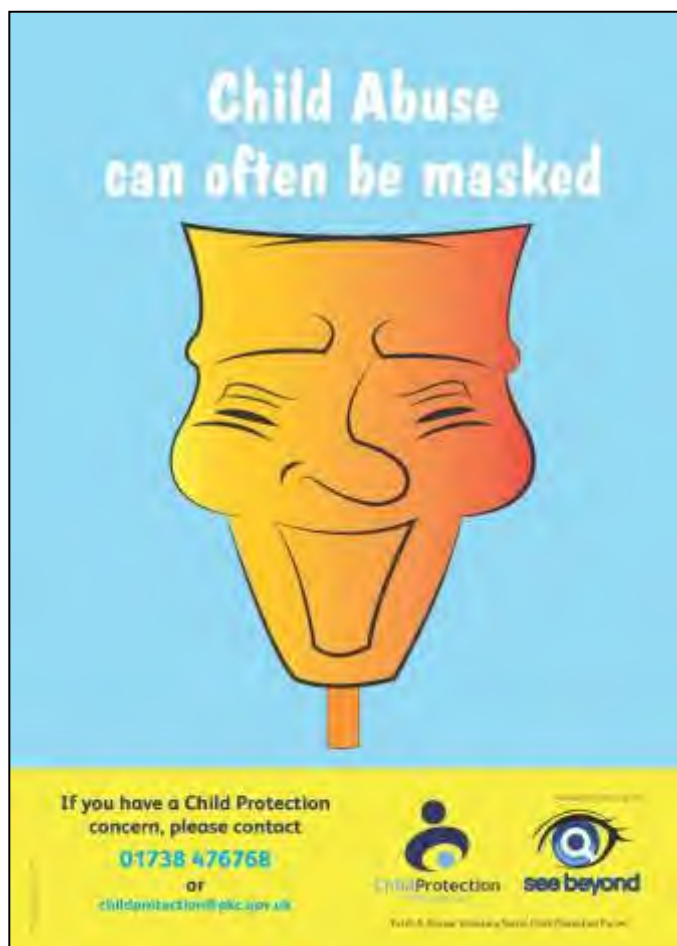
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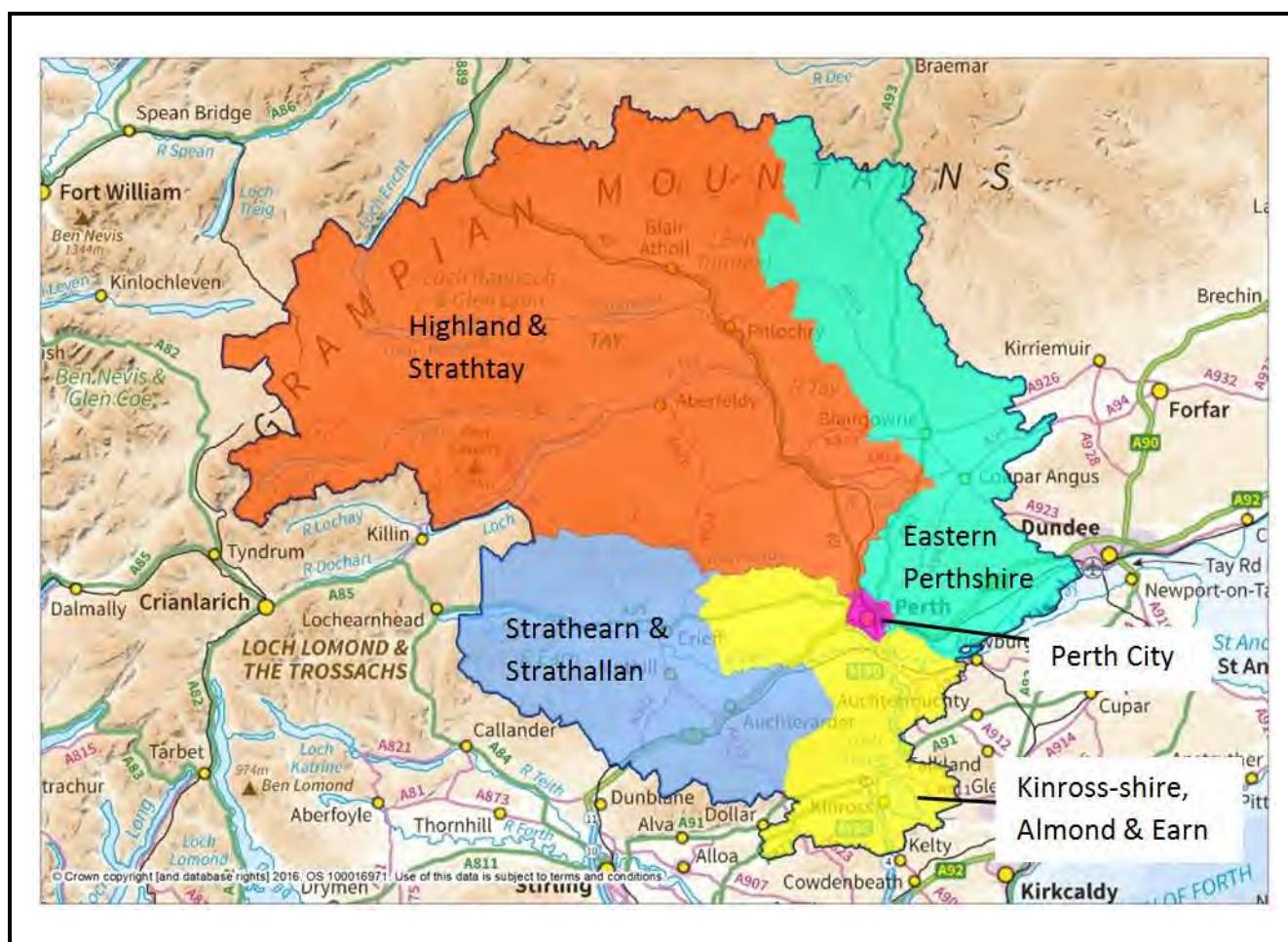
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Preface by the Children, Young People and Families Partnership

The Chief Officers of the public sector organisations in Perth and Kinross, Elected Members of Perth and Kinross Council and the NHS Tayside Board are pleased to support the Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2015 / 2016.

Our individual and collective commitment to the **protection** of children and young people in Perth and Kinross remains paramount. It is our firm belief that **safeguarding, supporting** and **promoting** the **wellbeing** of all children and young people and protecting them from harm and abuse is **everyone's job.** We take this responsibility very seriously and we are committed to **closing the attainment gap, tackling inequalities** and **minimising the impact of child poverty.**

Getting it right for every child remains a key approach to achieving our vision of **enabling all children and young people to be the best they can be.**

The _Children, Young People and Families Partnership (CYP&FP)_ continues to provide robust leadership; direction; governance; scrutiny; challenge and support to the CPC. Over the last year, we have scrutinised the work of the CPC regularly and our strengthened partnership working is improving outcomes.

As a partnership group we are committed to continuous improvement through self-evaluation. We remain vigilant and we are pleased that this report shows our services continue to improve. We are however, not complacent and together with the CPC, we strive to ensure continuous improvement and to realise fully our capacity for improvement.

We acknowledge the efforts of the CPC, members of the CPC Sub Groups, wider child protection community and all staff across the public, private, third and independent sectors, whose commitment, dedication and hard work is achieving better outcomes for vulnerable children and young people at risk of harm and abuse.

We commend and endorse this CPC Standards and Quality Report for 2015 / 2016.

Bernadette Malone CBE
Chief Executive
Perth & Kinross Council

Lesley McLay
Chief Executive
NHS Tayside

Paul Anderson
Chief Superintendent
Police Scotland – Tayside Division

Anne Gerry
Locality Reporter Manager
Scottish Children's Reporter
Administration

Introduction by the Chair of Perth and Kinross CPC

Welcome to our CPC Standards and Quality Report 2015 / 2016. This report covers the period 1 August 2015 to 31 July 2016.

I am very pleased to present this high-level, overview report, of our multi-agency activity for the past year. This report presents the findings from an ever-increasing range of single and joint self-evaluation activities which are focussed on prevention; early intervention; keeping safe and taking action to protect children and young people from harm, abuse and exploitation.

This report identifies our *achievements*; *key strengths* and *areas for further improvement* and we remain confident that our approach to *joint self-evaluation* is evidence-based; focused firmly on improving wellbeing and frontline practice and there is increasing evidence of this across all services in Perth and Kinross.

We know **what works; what can work better; how good we are now** and **how good we can be.** As a result, this report concludes that our capacity for continued improvement remains strong.

Once again, 2015 / 2016 has been a very demanding and challenging year for the CPC. Our work has continued against an ever-changing / dynamic legislative, policy and practice environment; an integration agenda and both organisational and transformational change. Earlier this year, Scottish Ministers announced a comprehensive review of the child protection system in Scotland and at the time of publication that work is now underway.

Nevertheless, this report shows we have continued to deliver our services to protect children and young people effectively and efficiently. We have continued to develop our **partnership working**; to **build our child protection community** and to develop our **community approach quality assurance and self-evaluation**. Together, we are supporting a partnership approach to create a **hostile environment and zero-tolerance** to abuse and exploitation.

The Child Protection Committee has identified its improvement priorities for the year ahead. Last year, we set an ambitious three-year plan for improvement and I am confident that this will build on our track record of strong performance in the protection of children and young people in Perth and Kinross.

The hard work, commitment and dedication of all our staff is outstanding and they are making a positive difference to, and improving the life chances of all children, young people and families across Perth and Kinross.

Jacquie Pepper
Chair of Perth and Kinross Child Protection Committee (CPC)

Executive Summary – *What key outcomes have we achieved and how are we improving?*

This report reflects the extensive range of activity in Perth and Kinross to achieve the vision of **keeping children and young people safe** and **enabling them to be the best they can be.**

It demonstrates effective partnership working and the commitment of Elected Members, Chief Officers, the Child Protection Committee (CPC) and our wider child protection community to achieve high standards in all areas of our work. It reflects the work of a very energetic child protection community and a highly committed CPC support team.

We are confident that our performance overall is **safeguarding, supporting** and **promoting** the **wellbeing** of all children and young people and is **protecting** them from harm and abuse.

We know that:

- *our services to protect children and young people are robust and focus on wellbeing, vulnerability, risks and needs*

- *there is a very strong commitment at every level to tackle inequalities and to improve the life chances of all children, young people and families*

- *our practices are flexible, evidence-based, informed by policy, quality assurance and self-evaluation*

- *our staff respond to children, young people and families in ways which keep them safe and promote their wellbeing*

- *we are supporting, developing and empowering a highly committed, competent and confident workforce*

- *we are a learning CPC which is transparent and public-facing*

The work presented in this report is a summary of our key outcomes. The improvements identified in this report underpin our confidence in our collective capacity for <u>continuous improvement through self-evaluation</u>.

The CPC has made **significant progress** in taking forward the high level actions / tasks in the Improvement Plan. Whilst much has been achieved, there remains more to do. The CPC continues to implement its ambitious programme of change and improvement and this report demonstrates what has been achieved over the last year.

The statistical data in this report shows that **the number of children and young people for whom there is a child concern is growing.** This means we cannot afford to be complacent and presents us with a constant challenge to respond at early stage and to ensure that we provide advice, support and assistance to **safeguard, support** and **promote** their **wellbeing** and to prevent their difficulties from getting worse. The data also show that while the numbers of new registrations on the Child Protection Register have reduced, the complexity of risk factors continues to present challenges across the partnership.

Context

This section sets out our shared and ambitious vision, values and aims. It briefly describes the national and local context within which we deliver our services for children, young people and families.

"In areas which are performing well, leaders continue to provide strong, collective ownership of a common purpose and shared values for delivering the best possible outcomes for children and young people in need of protection. Chief officers and child protection committees are making strenuous efforts to steer services through the challenges associated with sustaining what is working well and implementing change for improvement through integrated working. Placing the emphasis on protecting children and young people within the wider public protection agenda has been highly effective in delivering better outcomes for children and young people through safer communities"

"Strong links between the work of child protection committees and strategic groups which lead integrated children's services planning helps place protection of children and young people at the centre of wider strategies to improve their wellbeing. This provides a helpful interface between child protection and other planning arrangements for services for children and supports steady and incremental advancement in successful and collaborative partnership working"

<u>*A report on the effectiveness of child protection arrangements in Scotland*</u> *(Care Ins pectorate: November 2014)*

Vision, Values and Aims

Elected Members, Chief Officers, the Child Protection Committee and partner agencies are working together effectively to keep children safe. Our Vision is to **enable all children and young people to be the best they can be.** We are committed to **getting it right for every child** by working to keep them **safe; healthy; achieving; nurtured; active; respected; responsible and included.**

National Context

<u>The Scottish Government</u> wants Scotland to be the best place in the world for children and young people to grow up so that they become: **successful learners; confident individuals; effective contributors and responsible citizens.**

All children and young people (including unborn babies) have the right to be cared for; protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their **wellbeing** needs are met. Children and young people should **get the help they need, when they need it, for as long as they need it.** They should also **get the right help, at the right time, from the right people** and their welfare is always paramount.

Most children and young people get all the help and support they need from their parents, carers and families, in addition to the universal services of education and health. However, on some occasions, some children and young people may need further help and support in order to **safeguard, support** and **promote** their **wellbeing** and to **protect them from harm and abuse.**

<div align="center">221</div>

Local Context

Within in Perth and Kinross, supporting the ***wellbeing*** of all children and young people and ***protecting them from harm and abuse*** is ***everyone's job and everyone's responsibility****.* We consider this to be a shared responsibility for all practitioners and managers working across the public, private and third sectors.

Wellbeing sits at the heart of the *Getting it right for every child (GIRFEC)* approach. *GIRFEC* is the national approach in Scotland to improving outcomes and supporting the *wellbeing* of all our children and young people, by offering the right help, at the right time, from the right people. *GIRFEC* has its origins in the United Nations Convention on the Rights of the Child (UNCRC), which outlines the rights of children and young people to have their basic needs met and to reach their full potential. *GIRFEC* puts the rights and *wellbeing* of all children and young people at the heart of the services that support them.

Child protection is not something which sits separately from wellbeing. Protecting children and young people is an integral part of the wider *Getting it right for every child* approach. Both are inextricably linked and prerequisite to improving outcomes for children and young people.
Protecting a child or young person from abuse or neglect sits within a spectrum of early intervention and effective family support.

Under the auspices of the Community Planning Framework, the Perth and Kinross Community Plan / Single Outcome Agreement 2013 - 2023 and the Perth and Kinross Integrated Children's Services Plan 2013 - 2018 are the key strategic plans for all services for children, young people and families in Perth and Kinross.

Our ***Strategic Objectives*** and ***Local Outcomes*** for 2013 – 2023 form the ***golden thread*** for all of our work to improve the lives of children, young people and families by ensuring that:

- *Children have the best start in life*
- *Families are nurtured and supported*
- *Young people reach their potential*
- *People are ready for life and work*
- *Employment opportunities for all*
- *Longer healthier lives for all*
- *Resilient, responsible and safe communities*
- *People in vulnerable circumstances are protected*

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The Perth and Kinross Integrated Children's Services Plan 2013 - 2018 identifies the priorities and actions across services for children, young people and their families for the next five years around eight key themes:

1. *GIRFEC - Getting it Right for Every Child*

2. *Participation and Engagement*

3. *Early Years*

4. *Parenting*

5. *Corporate Parenting*

6. *Child Protection – Keeping Children Safe*

7. *Learning and Achievement*

8. *Workforce Development*

Our Local Outcomes: A Whole Life Approach[1]

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[1] Source: Perth and Kinross Community Plan / Single Outcome Agreement (SOA) 2013 - 2023
        Perth and Kinross Council Corporate Plan 2013 - 2018
        Perth and Kinross Integrated Children's Services Plan 2013 - 2018

The Work of the Child Protection Committee (CPC)

The work of Perth and Kinross Child Protection Committee is fundamental to ensuring better outcomes for our most vulnerable children and young people who are in need of protection from abuse, neglect and exploitation.

Underpinning the work of the CPC is the National Guidance for Child Protection in Scotland 2014 (Scottish Government: 2014) and two quality improvement frameworks for services to protect children: *How well do we protect children and meet their needs?* (HM Inspectorate of Education: 2009) and *How well are we improving the lives of children and young people?* (Care Inspectorate: 2014).

The National Guidance for Child Protection in Scotland 2014 describes the functions of Child Protection Committees as ***continuous improvement, strategic planning and public information and communication.***

Continuous Improvement

- *Policies, Procedures and Protocols*

- *Self-Evaluation in Improving Services to Protect Children*

- *Promoting Good Practice*

- *Learning and Development*

Strategic Planning

- *Communication, Collaboration and Co-operation*

- *Making and Maintaining Links with Other Planning Fora*

Public Information and Communication

- *Raising Public Awareness*

- *Involving Children and Young People and their Families*

Over the last year, members of the Child Protection Committee along with Chief Officers revisited the purpose, roles and responsibilities of the committee and how these are taken forward. The committee keep its membership and the work of its sub groups under regular review

Management Information and Performance Outcomes

This section describes the findings from our CPC multi-agency management information and performance outcome framework and reports on *headline messages* for 2015 - 2016.

> **Evaluation: We are confident that, children and young people in need of care and protection are getting the help they need; when they need it and that we are improving their wellbeing, their life-chances and keeping them safe from harm and abuse.**

"CPCs have continued to develop systematic and rigorous approaches to joint self-evaluation using relevant quality improvement frameworks such as How well do we protect children and meet their needs? published by HMIE in 2009 and How well are we improving the lives of children and young people? published by the Care Inspectorate in 2012. This is providing them with a detailed, shared understanding of strengths as well as priorities for improvement. In turn, this is helping services sustain what is working well and at the same time embrace new, improved ways of working"

<div align="right">

A report on the effectiveness of child protection arrangements in Scotland (Care Inspectorate: November 2014)

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"The CPC could benefit from further developing management information to enable partners to demonstrate how their performance in public protection is improving over time. Leaders are confident that outcomes for individual children in need of protection are improved as a result of the services they receive. They recognise that developing a more systematic approach to aggregating this information using a set of outcome indicators would help them to show overall improvements in safety and wellbeing"

<div align="right">

Effectiveness of the CPC in Perth and Kinross Council Area: Report to Scottish Ministers (Emma McWilliam, Link Inspector, Care Inspectorate: March 2014)

</div>

Background Information and Context

Perth and Kinross CPC publishes Child Protection and Looked-After Children Management Information and Statistical Reports on an academic year basis (August to July), in compliance with Scottish Government's annual reporting requirements.

On 1 August 2015, we introduced a robust and meaningful multi-agency CPC Management Information and Performance Outcome Framework.

The framework, which reflects both *Getting it right for every child* and child protection processes, includes key performance indicators across key partners and includes output indicators (quantitative indicators showing frequency and volume) and proxy outcome indicators (qualitative indicators showing improved outcomes).

The framework provides the CPC with quarterly reports and a more robust and comprehensive annual performance report and ***represents a significant improvement led by the CPC***. This framework continues to evolve and develop, in compliance with GIRFEC and the requirements of The Children and Young People (Scotland) Act 2014.

The framework also allows the CPC to effectively monitor key child protection processes and practices and to provide reassurance to the CYP&FP.

In addition to these quarterly and annual CPC performance management reports, a new Thematic (cyclical) Approach to Performance Reporting has been agreed with the CYP&FP.

Aimed at achieving better outcomes for children and young people, this thematic approach to reporting has four key strands: *health and development; improving the life chances of vulnerable children and young people; quality of life;* and *contextual / inequalities information and education outcomes.* Child protection features as a priority for the CYP&FP and quarterly thematic reports are now provided to the CYP&FP for assurance and scrutiny purposes.

Headline Messages 2015 - 2016

For the purposes of this report, we will present only the **headline messages** from our CPC Management Information and Performance Outcome Framework. These are presented for the academic year 01 August 2015 – 31 July 2016 and, where possible, compared with previous years.[2] [3]

Child Concern Reports (CCRs) [4]

Table: 1

Table: 2
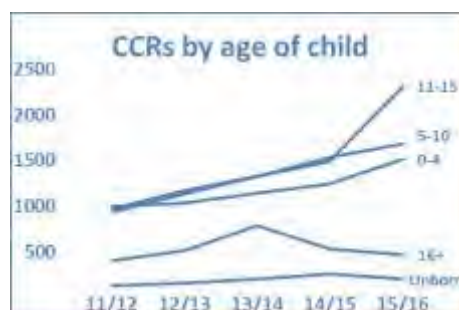
The total number of Child Concern Reports (CCRs) has risen significantly over the last year, in line with the priority to intervene early to support children, young people and families.

CCRs have risen for all children under 16, particularly in relation to 11-15 year olds.

Source of Child Concern Reports (CCRs)

Table: 3

Table: 4
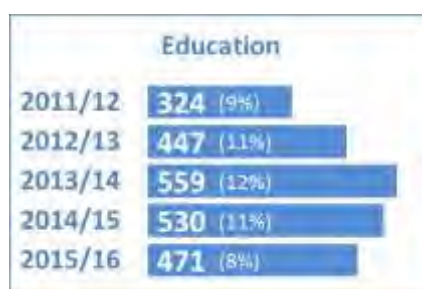
Table: 5

The main source of CCRs continues to be Police Scotland (possibly as a result of the implementation and embedding of their Vulnerable Persons Database (iVPD) and their proactive approach to prevention and early intervention), followed by Health Services and Education. Overall, these three groups account for 85% of all CCRs submitted. The sharpest increase (68% from last year) has been from Police Scotland.

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[2] Note: Since August 2011, Child Protection statistical information has been reported on an Academic Yearly basis (August to July) in compliance with Scottish Government Guidance.
[3] Note: Figures are accurate as at 31 July 2016, however they may be updated in subsequent reporting due to data validation and quality processes.
[4] Note: Child Concern Reports (CCRs) may relate to aspects of child wellbeing, which are screened and shared proportionality with staff in Police, Health, Education and Social Work through the Multi-Agency Screening Group (MASG). Child Protection Concerns are escalated and managed via Multi-Agency Child Protection Procedures.

Table: 6
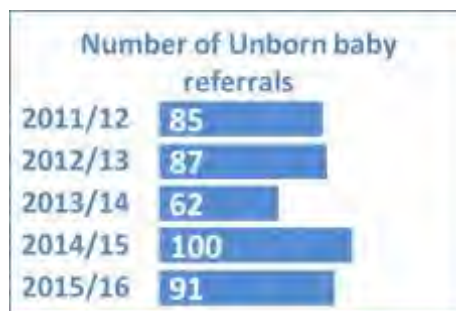
The number of referrals for unborn babies has remained steady since 2011, with a drop in 2013/2014.[5]

Investigations and Initial Child Protection Case Conferences

Table: 7
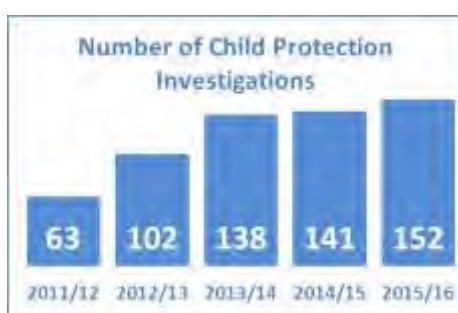
The number of Child Protection Investigations continues to rise year-on-year. The 152 child protection investigations related to 218 separate children and young people.

Table: 8

The number of individual children and young people considered at an Initial Child Protection Case Conference has dropped and represents a small proportion (2%) of the total CCRs.

Conversion Rates

Table: 9

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[5] Unborn Baby Referrals considered by the Multi-Agency Screening Group (MASG).

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Registration Rates

Table: 10

The number of children and young people placed on the CPR has fallen over the last year.

Table: 11

Children aged 0-4 continue to make up the largest age group with 39 (45%) of registrations.

Table: 12

The number of children and young people on the CPR has fallen slightly after a large increase in 2015, which was partly due to several large sibling groups being registered. Registrations include temporary registrations (these are for children who move into Perth & Kinross Council area for a limited period for a holiday with relatives, for example).

Table: 13

Most registrations last less than a year, with 22 out of 120 children and young people removed from the CPR in 2015/2016 having been on the CPR for 12 months or more. In comparison to last year, more children and young people are staying on the CPR for longer, which may be an indication of the increasing complexity of the risk factors experienced.

Over the last year there has been a significant increase in the number of Child Concerns Reports being submitted. This is in keeping with the ethos of *Getting it Right* in Perth and Kinross. The number of child protection investigations has also continued to rise.

The findings from the Review of Child Protection Decision Making in 2015/2016 indicated that earlier intervention had a positive bearing on the protective actions taken in advance of the decision to hold a Child Protection Case Conference to place a child or young person's name on the CPR. There are indications that the level of needs and risks is greater and more complex and this is shown in the increase in the length of time children and young people are retained on the CPR.

Areas of Concern (Registration Categories)
Table: 14

Areas of concern

43 Emotional Abuse
43 Parental Mental Health
40 Non Engaging Family
35 Domestic Abuse

34
31
23
15

2012/13   2013/14   2014/15   2015/16
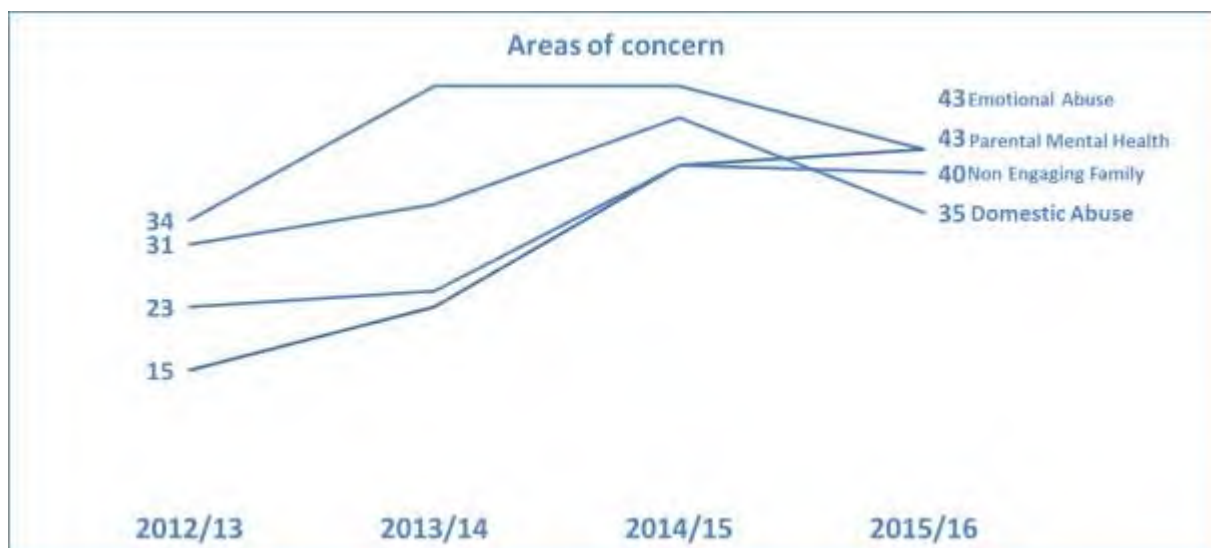
Areas of Concern[6]
Table: 15

Area of concern	14/15	15/16		Area of concern	14/15	15/16
Emotional Abuse	51	43		Parental Alcohol Misuse	27	20
Parental Mental Health	41	43		Poverty/Financial Difficulty	19	12
Non Engaging Family	41	40		Child Placing Themselves At Risk	10	7
Domestic Abuse	47	35		Sexual Abuse	14	7
Neglect	26	26		Parental Learning Difficulties	*	*
Parental Drug Misuse	32	24		Frequent Changes Of Address	7	*
Physical Abuse	18	24				

Household Characteristics
Table: 16

Household characteristics	14/15	15/16
In Receipt Of Welfare Benefits	62	50
Unemployment	60	44
Domestic Violence	33	42
Serious Marital Problems	36	28
Social Isolation - Lack Of Family Or Community Support	33	27
Mother Pregnant Or Recently Delivered	27	22
Debts Or Serious Financial Stress	18	17
Inadequate Housing	10	15
Schedule 1 Offender	8	10
Frequent Address Change	11	6

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[6] Totals less than 5 have been supressed.

More than one area of concern can be identified for each child or young person placed on the CPR. There has been a noteworthy decrease over the last year in the number of children and young people whose names are included on the CPR and who are affected by domestic abuse and parental drug and/or alcohol misuse.

The most common Household Characteristics are *In Receipt of Welfare Benefits* and *Unemployment*, which are the same as last year. Household Characteristics for children on the CPR register are recorded by the Chair of the Child Protection Case Conference and more than one category can be recorded for each registration.

Scottish Children's Reporter Administration (SCRA)
(figures based on Financial Year (Apr 2015 – Mar 2016)
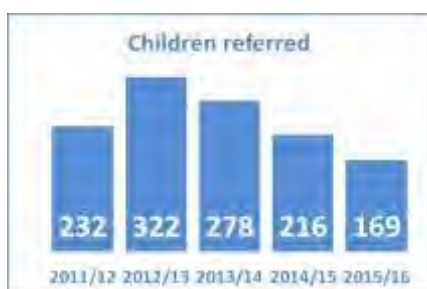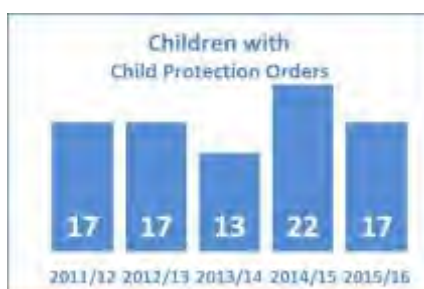
Table: 17	Table: 18	Table: 19
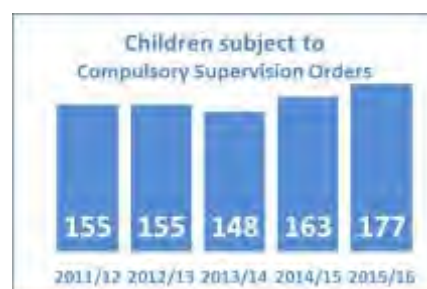
The number of children and young people referred to SCRA is dropping, in line with a national trend. The number of Child Protection Orders (CPOs) has also dropped following an increase in 2014/15. The number of Compulsory Supervision Orders (CSOs) has again risen, opposed to a generally downward national trend.

The Locality Reporter Manager confirms that children and young people referred meet the threshold for Compulsory Measures of Care. However these are small numbers and are subject to large short term variations.

How well do we meet the needs of our stakeholders?

This section describes the *impact* we are having on the *wellbeing* of children and young people; how we are keeping them *safe* and the extent to which their lives and life chances have been enhanced. It describes the *impact* on families and the extent to which family *wellbeing* has been strengthened. It describes the *impact* on staff and recognises the extent of their motivation, involvement and contribution. It also considers the *impact* on the community and the extent of their participation, engagement and confidence across Perth and Kinross.

"The most effective child protection committees have adopted sound quality assurance systems, jointly monitor performance and implement systematic and rigorous self-evaluation using relevant quality improvement frameworks. We found a high level of commitment to quality improvement through joint multi-agency self-evaluation led by child protection committees. We also found encouraging evidence that this was becoming much more firmly embedded and carried out systematically, often conducted within a programme or cycle of evaluation"

<div align="right">

A report on the effectiveness of child protection arrangements in Scotland (Care Inspectorate: November 2014)

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Quality Improvement Framework

The continuous improvement through self-evaluation work of the CPC continues to be underpinned by the following quality improvement frameworks:

- *How well do we protect children and meet their needs?* published by HMIE in 2009

- *How well are we improving the lives of children and young people?* published by the Care Inspectorate in 2014

The following Quality Indicators are those used by the CPC to evaluate the impact of single and multi-agency child protection processes and practices on children and young people, families, staff and the community:

Quality Indicator Framework 2009
QI 2.1   *Children and young people are listened to, understood and respected*
QI 2.2   *Children and young people benefit from strategies to minimise harm*
QI 2.3   *Children and young people are helped by the actions taken in immediate response to concerns*
QI 2.4   *Children and young people's needs are met*
QI 5.2   *Information sharing and recording*

Quality Indicator Framework 2014
QI 2.1   *Impact on children and young people*
QI 2.2   *Impact on families*
QI 3.1   *Impact on staff*
QI 4.1   *Impact on the community*
QI 5.1   *Providing help and support at an early stage*
QI 5.2   *Assessing and responding to risks and needs*
QI 5.3   *Planning for individual children and young people*
QI 5.4   *Involving individual children, young people and families*

Impact on Children, Young People and Families

> **Evaluation: We are confident that we listen carefully, understand and respect children, young people and their families and that we are helping them to keep themselves safe. A range of early intervention and family support services are improving children and family wellbeing.**

The following activities from our <u>continuous improvement through self-evaluation programme</u> and demonstrate the impact of our work on children and families:

Review of Decision making in Child Protection 2016

Since 2002, the CPC has been carrying out annual quality assurance self-evaluations of key child protection processes. One element of this has included an annual multi-agency review of child protection practice through and examination of minutes of meetings and supporting documentation such as Assessment Reports and Child's Plan used by Child Protection Case Conference and Core Group meetings.

Year-on-year, the findings have been fairly consistent in terms of identifying key strengths and areas for development. We also recognised that this was small-scale, albeit an in depth review and evaluation and we set about improving this.

Following on from very helpful and constructive feedback received from Elected Members and Chief Officers in response to last year's CPC Standards and Quality Report, the CPC decided to take a broader, systematic multi-agency approach to evaluating key child protection processes and practices.

We committed ourselves to a *whole-system* approach which included:

- *review and quality assurance of all Child Protection Case Conferences which did not result in the child's name being placed on the child protection register (CPR)*

- *systematic review and quality assurance of all children whose names were removed from the CPR in less than 6 months*

- *systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months.*

This year we recruited a number of new and existing multi-agency practitioners and managers (15) to act as Assessors. We also invited Safaa Baxter, Independent Chair of South Lanarkshire CPC and former Head of Children and Families and Criminal Justice (CSWO) in East Renfrewshire to participate and to provide additional independence.

We also adopted a more refined methodology which included a focus on:

- *Quality Indicator 2.1 - Impact on children and young people (focus on safe, healthy and nurtured)*

- *Quality Indicator 5.2 - Assessing and reposing to risks and needs (focus on assessment of risks and needs)*

- *Quality Indicator 5.3 - Planning for individual children and young people (focus on quality, reviewing progress, multi-agency decision making and securing stable and caring environments)*

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- *Quality Indicator 5.4 - Involving individual children, young people and families (seeking and recording views).*

This was a retrospective multi-agency review of practice which took place in June / July 2016.

The period of scrutiny was August 2014 - July 2015. In total, decision making relating to *63* individual children and young people (including unborn babies and sibling groups) was reviewed and evaluated. The sample was a demographic and geographical representative sample from across Perth and Kinross and this represented a significant increase from our previous sample of 18 (239% increase) from last year. The sample included:

- *all those children and young people (21) who had been considered by an Initial CPCC and whose names had not placed on the CPR*

- *a random sample (21) of children and young people who had been considered by a CPCC and whose names had been placed / retained on the CPR for less than six months*

- *all those children and young people (21) who had been considered by a CPCC and whose names had been placed / retained on the CPR for twelve months or more* within the specified timeframe (01/05/2015 – 31/07/2015).

This review focussed on *two* particular aspects of practice - *the quality of multi-agency decision making* and the *consistency of response.*

In terms of impact, the high-level findings from this exercise are:

Key Strengths

- *in addition to the requirement to ensure safety, children and young people's wellbeing needs were also being addressed*

- *early intervention was effective and prevented the need for registration as risks had been reduced at an early stage*

- *immediate action was taken to ensure the protection of children and young people*

- *in almost all cases there was strong evidence of partnership working and excellent information sharing*

- *there was positive use of multi-agency risk assessment and robust plans were in place for the majority of children*

- *recognised frameworks were used to assess need and risk e.g. resilience framework, risk matrix*

- *repeated reference was made to 'trusted adults' and the importance of this to enabling the participation and successful engagement of children, young people and their families*

- *very clear plans in place and outcomes defined*

- *growing evidence of wider use of the 'Child's Plan' to record co-ordinated action (regardless of registration of child)*

- *evidence of commitment to the core groups from a range of partners and from parents and carers*

- *positive action by family was repeatedly noted as supporting progress for children*

- *good evidence of collated chronologies which were helpful in identifying patterns and risks*

- *children and young people's views were expressed, documented and clear evidence of records being very child-centred and this was reflected in the majority of records*

- *there was strong emphasis on obtaining and recording of the views of the child and their parents.*

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- *more could be done to consider health and general wellbeing issues in the early stages of the child protection process; however, this becomes much more evident once a child or young person has been part of the child protection process for 6 months or more)*
- *need to ensure that the impact of intervention is clearly recorded and can provide evidence of improvement in circumstances prior to decisions being made to deregister a child or young person*
- *there was a tendency to promote parenting capacity assessments even when there was evidence that the likelihood of change was limited (optimism about capacity for parental change)*
- *further work is required to ensure more active engagement of fathers and male carers*
- *in some cases children and young people remained on the CPR for more than 12 months when risks had not been reduced sufficiently*
- *Child's Plans needed to be SMARTer with clearer timescales*
- *a wider range of approaches can be used to seek the experience and views of very young children aged 2-5 years*
- *introduce interactive mechanisms to capture views of children e.g. tablets, apps etc*
- *introduce standardised formats for staff to report on progress.*

Conclusions

This was a robust and rigorous review which explored key elements of child protection processes. The high level findings demonstrate consistently high standards of multi-agency practice - particularly in respect of *partnership working; information sharing; building and sustaining trusted relationships; assessment of needs and risks; respectful communication, and recording the views of children and families.*

The recent introduction of the Child's Plan and Chronology Guidance is already contributing to improvement in multi-agency *planning* and *decision making. W*ork is already underway to improve the existing CPCC Reporting Templates.

Child Protection Case Conference - Refresher Training for Chairs 2016

Last year we reported on the need to carry out the above refresher training, which has now completed. Moira McKinnon, Social Work Consultant and Independent Chair of Argyll and Bute CPC, carried out this one-day training in early 2016; which all Improvement Officers and some Team Leaders from Services for Children, Young People and Families attended. Overall the training was evaluated as very helpful in improving practice. **In terms of impact,** the following is a snapshot of the feedback:

CPCC Core Group Chairing - Refresher Training - Comments / Feedback

"allowed me an opportunity to reflect on my chairing - ideas for creative ways of focusing on risk management in a more inclusive way"

"I have begun to look at how I chair meetings - putting things on the table - real discussions - around the real issues"

"the case conference is not a social work meeting - a multi-agency one so I will now ensure I involve everybody more in the shared decisions we make"

Keeping Children Safe Survey: Local Authority Schools Sector 2016

This year we repeated the annual *How Good is Our School at Helping Me to Stay Safe Survey* across the Perth and Kinross Council Primary and Secondary Schools between May and June 2016.

This year we are presenting the year-on-year comparative results and also showing them separately for primary and secondary schools; albeit both surveys had very slight age-specific and dependent question differences.

In total 4,811 children and young people took part in the survey (compared to 1,740 in 2015 an increase of 176%). 3,139 (65%) were of *primary school* age and 1,672 (35%) were of *secondary school* age.

In terms of impact, the following Tables provide a comparative snapshot analysis between the 2016 and 2015 (greyed-out figures) surveys:

Table No: 20

Survey: Keeping Children and Young People Safe *Sample Size 2016: 4,811* *Sample Size 2015: 1,740*	**2016 Strongly Agree and/or Agree**		**2015 Strongly Agree and/or Agree**
1. I know what things are dangerous for me	Primary	96%	96%
	Secondary	92%	
2. School teaches me how to stay safe online	Primary	89%	90%
	Secondary	74%	
3. If I had a problem I know who I would talk to at school	Primary	91%	89%
	Secondary	84%	
4. School teaches me how to stay safe in my community	Primary	88%	88%
	Secondary	68%	
5. At least one adult knows me well at school	Primary	90%	88%
	Secondary	76%	
6. If I had a worry about my friend not being safe, I would talk to an adult I can trust in school	Primary	91%	87%
	Secondary	72%	
7. If I have a problem I know school will help me for as long as I need help	Primary	86%	85%
	Secondary	68%	
8. At school, if I want to talk to someone privately about a concern, I can do that	Primary	74%	75%
	Secondary	73%	
9. I know that I can call ChildLine on 0800 1111 free of charge if I have a problem	Primary	61%	70%
	Secondary	79%	
10. I know that it is wrong for anyone to hurt me	Primary	96%	96%
	Secondary	93%	
11. I know that it is wrong for anyone to ask me to do something I don't want to	Primary	93%	95%
	Secondary	93%	
12. I am confident to say "No" if someone asks me to do something I don't want to	Primary	85%	87%
	Secondary	86%	

Table No: 21

Survey: Keeping Safe: Alcohol, Drugs and Healthy Relationships Sample Size 2016: 4,811 Sample Size 2015: 1,740						
	Year	*Sector*	*A Lot*	*Some*	*Not Much*
1. At school, how much have you learned about the effects of alcohol?	*2016*	*Primary*	*28%*	*38%*	*34%*
		Secondary	*37%*	*49%*	*14%*
	2015	*Primary & Secondary*	*32%*	*37%*	*31%*
2. At school, how much have you learned about the effects of illegal drug use?	*2016*	*Primary*	*24%*	*36%*	*40%*
		Secondary	*39%*	*45%*	*16%*
	2015	*Primary & Secondary*	*29%*	*37%*	*34%*
3. At school, how much have you learned about sexual health and relationships?	*2016*	*Secondary School Only*	*34%*	*45%*	*21%*
	2015	*Secondary School Only*	*34%*	*47%*	*19%*

Conclusions

Taking into consideration the significant variation in the year-on-year sample size; whilst acknowledging that different primary and secondary school cohorts took part and the % variations between 2015 and 2016, overall the findings remain relatively consistent and very positive.

Table No: 20 clearly demonstrate that overall children and young people have a good awareness and understanding about keeping themselves and others safe; have a good knowledge of where and when to seek help and a general confidence that they would get the help they need when they needed it.

However, some of the % differentials between the primary and secondary school cohorts do suggest there is a continued need for support to be provided in all schools, particularly around keeping safe online; in the community and the need for further reassurance.

Table No: 21 whilst demonstrating an overall good awareness and understanding about the impact of alcohol and drugs and a good understanding of sexual health and relationships (secondary schools only), it also identifies the need to continue these preventative alcohol, drugs and sexual health educational programmes in all our schools.

As would be expected, children and young people in secondary schools reported an overall higher percentage understanding of these matters than those in primary schools. This year, schools are being provided with individualised evaluation reports to inform their improvement programmes for 2016 - 2017. The CPC plans to share these findings with E2S Officers; with the ADP Children and Young People Group and will repeat this survey next year.

NSPCC Schools Service 2015 - 2016 / NSPCC "Speak out. Stay safe. Programme" 2016 - 2017

Last year we reported on the continued roll-out of the NSPCC Schools Service across Perth and Kinross Council Primary Schools (P6 and P7) and plans to extend this Service to younger children in all PKC Primary Schools and to the Perth and Kinross Independent Schools sector.

The NSPCC Schools Service, first launched in January 2011, continues to work across Scotland and the UK to ensure that children:

- understand abuse in all its forms and recognise the signs of abuse

- know how to protect themselves from all forms of abuse

- know how to get help and the sources of help available to them including the Childline Service.

By 31 May 2016, the NSPCC Schools Service has been delivered to 2,958 schools in Scotland, (visiting many of these more than once) and 147,118 children. The programme provides child-friendly, interactive assemblies and workshops, which are delivered by specially trained NSPCC volunteers.

Since November 2013, the Service has been delivered in a number of PKC Primary Schools and has been evaluated highly by pupils and teaching staff alike. During the academic year 2015 -2016, the Service was delivered in 30 PKC Primary Schools, including Fairview School. The Service was also delivered at Strathallan and Kilgraston Independent Schools. In total, almost 900 children in P6 and P7 participated in the Service in this reporting period.

In 2016 the NSPCC Schools Service was re-launched as the ***"Speak out. Stay safe. Programme".*** It continues to be delivered, free of charge, by the NSPCC, at the point of delivery and remains a key part of the CPC's approach to keeping children and young people safe and protected from harm, abuse and exploitation.

From August 2016, this Programme will be offered to every PKC Primary School, every two years. A feature of this new Programme is that an extended offer is now made to all primary schools: engagement with the whole school community – children, teachers, parents and carers to ensure that every child in the UK is better protected.

A new resource has also been developed so that children from across the whole school population have the opportunity to understand abuse and know how to keep themselves safe. An assembly is now offered to pupils in P1-P3 and to pupils P4-P7, as well as the original workshop still being offered to pupils in P6 & P7. This extended Programme will be piloted in Perth & Kinross in September 2016, with a view to it being offered across Perth and Kinross thereafter.

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The NSPCC will also offer resources for teachers, parents and carers and will work in partnership with schools to ensure that they are the safest environment for children. The NSPCC will also provide schools with valuable resources for their parents and carers, for example the Underwear Rule and Share Aware materials.

During 2015 - 2016 the NSPCC withdrew their online pupil evaluation, *However, in terms of impact,* the following Table provides a snapshot of feedback received from PKC Teaching staff:

Table No: 22

School	School Staff - Comments / Feedback
Balhousie Primary School	"Very useful IT resources. Power-point was effective and made children focus. Questioning in smaller groups was effective to ensure all children were engaging. Thank you"
St Ninian's Episcopal Primary School	"Session made them think more about what constitutes abuse and what is actually not acceptable" "Children in class were very interested and engaged"
Stanley Primary School	"Children had good discussions and questions during the workshops" "The activities were a good mix of listening, watching and being active" "A valuable service, presented by people who know everything about Childline"
Kirkmichael Primary School	"Well presented with thought provoking discussions" "Very professional presenters and engaged all the children……friendly, reassuring but authoritative"

Annual Safety Awareness Survey – School Pupil Transition Days 2016

This year we carried out our fifth annual safety awareness survey with those children and young people in transition between primary school P7 and secondary school S1 in June 2016. This year, we extended the scope of the survey across Perth and Kinross to cover transitions to all Secondary Schools

In total 749 primary school children and young people (compared with 466 last year an increase of 61%) took time to complete our survey; being the highest total number we have recorded to date for this survey. Respondents did not necessarily answer each and every survey question.

In terms of impact, the following Table provide a cumulative comparative analysis between this year and last year's (greyed-out figures) surveys:

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Table No: 23

Safety Awareness Survey – School Transition Days 2016						
Sample Size 2016: 749						
Sample Size 2015: 466						
Question	**Year**	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**Don't Know**
1. I feel listened to, understood and respected in school?	2016	227	458	18	2	39
	2015	135	297	12	6	16
2. I know how to keep myself safe from harm?	2016	394	317	9	0	24
	2015	275	181	0	0	9
3. I know how important it is to keep myself active and healthy?	2016	514	224	1	0	9
	2015	336	126	1	0	2
4. If I was worried about myself or another child or young person I know who to contact?	2016	303	365	27	6	44
	2015	197	251	8	3	7
5. I am confident that my worry or concern would be taken seriously and dealt with quickly?	2016	249	358	40	9	88
	2015	148	272	30	2	14
6. I feel I am helped and encouraged to learn?	2016	382	332	14	1	20
	2015	245	204	6	2	8
Additional Question 2016	**Responses 2016**					
What dangers do you think children and young people should be protected from?	Bullying: 241; drugs / drug dealers 71; abuse 51; stranger danger 50; cyber bullying 37; abduction 17; alcohol 18 and smoking 16.					

Conclusions

Overall, the findings this year remain consistent with the findings from previous surveys and remain extremely positive.

However, in relation to question 4, 10% of respondents reported that they disagreed / strongly disagreed and / or did not know about who best to contact if they were worried about someone else. In relation to question 5, 18% of respondents reported that they were not confident / did not know if their concern would be taken seriously. This indicates a need for continual reinforcement of key messages to children about where they can share their worries and how these will be managed.

In response to the additional question asked this year, 241 (32%) of respondents reported there was still a need to protect children and young people from bullying.

Schools are being provided with an evaluation report to inform their improvement programmes for 2016 - 2017. The CPC plans to repeat this survey next year.

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Getting it Right: Keeping Your Child Safe Event 2016

Last year we reported on the fourth annual *Getting it Right: Keeping Your Child Safe Event.*

This year we held our fifth annual event on 5 March 2016 in the Playhouse Cinema, Perth. This popular event continues to be targeted at inter-agency practitioners and parents and carers in Perth and Kinross.

This event aimed to raise awareness and understanding about *keeping children and young people safe from harm and abuse online* and from *child sexual exploitation (CSE).*

Guest speakers provided presentations on *making internet use safer; online radicalisation; making the most of social media* and *CSE.* Keynote Speakers included Nazir Afzal.

Three separate sessions took place in the morning, afternoon and evening with a minimum of 489 delegates attending this annual event, compared to 622 last year.

Of those who attended this year's event, a total of 294 (60%) took time to complete an exit evaluation form prior to leaving. All the presentations and speakers were evaluated highly.

In terms of impact, the following Table provides an analysis of the individual levels of understanding prior to the event; the impact the presentations had on their understanding and learning post the event and a snapshot of practitioner feedback:

Table No: 24

Evaluation: Getting it Right: Keeping Your Child Safe Event 2016 *Sample Size 2016: 294 (60%)*				
Key Indicators	**Very Good**	**Good**	**Adequate**	**Weak**
Knowledge levels <u>before</u> the event				
knowledge about keeping children and young people safe from **harm and abuse online**	*5%*	*34%*	*44%*	*16%*
knowledge about keeping children and young people safe from **child sexual exploitation**	*6%*	*28%*	*45%*	*20%*
Knowledge levels <u>after</u> the event				
knowledge about keeping children and young people safe from **harm and abuse online**	*30%*	*56%*	*12%*	*5%*
knowledge about keeping children and young people safe from **child sexual exploitation**	*31%*	*56%*	*10%*	*2%*
Key Practitioner Comments / Feedback*:*				
"We need to adopt a black box approach - thinking and avoid blame; Everyone needs to do more to safeguard and protect vulnerable children; Peer to peer influencing - use all kinds of content to discuss and educate; Talk to children, listen and believe them; Important to give a child a voice; Information sharing across agencies is essential; We can all be champions of child protection; Parents need to know a lot more and how to limit children's options online and on their mobiles.				

Children's Rights and Advocacy

Throughout 2015 - 2016, the Children and Youth Rights Officer (CYRO) and the Who Cares? Scotland Advocacy Worker, have worked to increase the provision of advocacy for children and young people in key decision making meetings such as Child Protection Case Conferences (CPCC) and Looked-After Children Reviews.

Throughout 2015 - 2016 we have continued to review and evaluate these arrangements.

We have reviewed and realigned their core responsibilities and we have prioritised our advocacy arrangements; particularly for those children and young people most in need of independent support and advocacy (external residential placements).

In terms of impact, the following provides an overview of some of the advocacy support and children's rights work that has been undertaken throughout 2015 - 2016:

Advocacy Support - Achievements

- *62 contact visits made to prepare and support children and young people for / at Child Protection Case Conferences*
- *39 contact visits made to prepare and support children and young people for / at Looked-After Children Reviews*
- *27 contact visits made to prepare and support children and young people for / at a Children's Hearing*
- *25 contact visits made to support children and young people in residential placements*
- *24 additional contact visits made to provide general rights and advocacy advice.*

Children's Rights - Achievements

In addition to the above, the CYRO continues to carry out a wide range of other duties in relation to children's rights and respect work, including:

- *bullying support work in schools (when requested by schools)*
- *classroom inputs on rights; respect; resilience; coping mechanisms and self-awareness*
- *engagement activities during school Transitions days (P7 to S1)*
- *support to schools to achieve Rights Respecting School Awards*
- *supported the development of Corporate Parenting and the Fun Young Individuals Group*
- *supported the organisation of a Residential Leadership Programme for Looked-After and care experienced young people; led by Columba 1400 - due to commence early August 2016.*

Next Steps

Over the next two years we plan to ensure that there is an increased focus on the provision of independent support for children and young people, including support for their participation within decision making meetings.

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PKAVS Young Carers Project

Young Carers are children and young people who have caring responsibilities that are usually associated with an adult. For example young carers may be helping to support a family member with a physical disability, a chronic illness, mental health issues or where substance misuse is prevalent in the household. The caring role varies from home to home but these responsibilities can affect Young Carers emotionally, socially and educationally. Over half of the young carers currently being supported by PKAVS come from single parent families. Often in these scenarios, these children and young people are not only young carers, but are in fact the main carer.

PKAVS Young Carers Service aims to provide young carers with respite support, delivered through weekly groups, school holiday day trips and longer residential breaks and one to one support sessions. Staff also raise awareness of young carers and the challenges they face through advocating on their behalf at a number of statutory and voluntary forums.

It is estimated that there are as many as 1800 children and young people aged between 5 and 18 years old who have caring responsibilities living in Perth & Kinross. Currently PKAVS has 272 young carers receiving the offer of support, with a further 184 young carers having received support in the past 3 years.

A new multi-agency Perth & Kinross Young Carers Strategy 2015-2018 was launched at the Carers Conference on 4 November 2015. This strategy aims to embed a sustainable model of support for all Young Carers in Perth & Kinross. A multi-agency monitoring group will meet quarterly to review the actions set out in the strategy to ensure these are being met.

In terms of impact, the following provides an overview of some of the progress that has been made:

PKAVS Young Carers Project – Achievements

- *launched the multi-agency Perth & Kinross Young Carers Strategy 2015-2018 in November 2015*

- *Young Carers Identification Card being piloted in Perth & Kinross in 2016. This is a long sought after request made by young carers both locally and nationally. This Identification Card should help support young carers both in Health (pharmacies etc.) and Educational settings. This card comes at a very appropriate time as The Carers (Scotland) Act 2016, which comes into force in 2017, states that professionals must engage with carers of all ages, especially at health appointments or at hospital discharge*

- *47 (just over half) Perth and Kinross Schools now have a designated worker specifically to support young carers at their school and this is a significant improvement over the last 2 years*

- *Young Carers Landing Page Tab now included within PKAVS Carers Hub website (www.pkavscarershub.org.uk)*

- *Breadalbane Academy first school in P&K to launch a course within their curriculum that will be geared specifically towards supporting young carers*

- *on behalf of the Scottish Government's Transformation of Nursing Agenda, Perth & Kinross has been the first test area for the School Nursing Transformation Pilot, which now includes Young Carers as one of their nine key priority areas.*

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Impact on Staff

Evaluation: We are confident that we are developing a competent and confident workforce. Our staff are highly motivated and committed to their own continuous professional development. We are empowering and supporting our staff with a wide range of evidenced-based multi-agency learning and development opportunities, which are evaluated highly and having a positive impact on practice.

Staff Learning and Development

"Child Protection Committees are responsible for publishing, implementing and reviewing an inter-agency child protection training strategy. They should also quality assure and evaluate the impact of that training".

"Multi-agency training is an essential component in building common understanding and fostering good working relationships, which are vital to effective child protection. Child Protection Committees are well placed to help develop and deliver such training. Training on a single and an inter-agency basis can help develop the core skills needed to support effective inter-disciplinary working both on actual cases of abuse and on prevention and post-abuse programmes. Child Protection Committees should make sure mechanisms are in place for the delivery and evaluation of local training initiatives".

<div align="right">

National Guidance for Child Protection in Scotland 2014
(Scottish Government: 2014)

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Since 2012, all CPC child protection staff learning and development opportunities have been compliant with the National Framework for Child Protection Learning and Development in Scotland 2012 (Scottish Government 2012).

We are continuing to provide a wide range of inter-agency learning and development opportunities, which are evaluated highly, to the *general contact workforce; specific contact workforce and the intensive contact workforce.*

We continue do this in partnership with the Pan Tayside Child Protection Learning and Development Group and the Perth and Kinross Education and Children's Services (ECS) Learning Hub, which provides a one-stop shop for all ECS learning and development opportunities across Perth and Kinross. We continue to provide these opportunities in a number of ways - online; seminars; workshops and group learning activities, within our existing budget, free of charge at the point of delivery.

In terms of impact, the following Tables provide an analysis of the inter-agency child protection learning and development opportunities we have provided throughout 2015 - 2016:

Table No: 25

OnLine Learning and Development Opportunities	
Title of Course	*No of Unique Users (Internal and External)*
Child Protection OnLine Module	*470*
Adult Support and Protection OnLine Module	*373*
Getting it Right for Every Child (GIRFEC) OnLine Module	*408*
Totals	***1,251***

Table No: 26

CPC Inter-Agency Learning and Development Opportunities		
Title of Course	**No of Courses**	**No of Attendees**
Basic Awareness Child Protection (Half-Day)	5	102
Protecting People Course (One-Day)	2	47
Designated Child Protection Officer Course (One-Day)	2	47
Designated Child Protection Officer Update Course (One-Day)	2	39
Inter-Agency Child Protection (Two-Day)	2	47
Child Protection Case Conference (One-Day)	2	43
Chronology of Significant Events for Children and Young People Course (Half-Day)	3	89
NSPCC Working with Families with Complex and Multiple Needs (Toxic Trio) Course One-Day)	1	25
Online Risks, Child Sexual Exploitation and Trafficking Course (Half-Day)	2	30
GIRFEC Named Person Course (Half-Day)	4	61
GOPR Locality Training (Half-Day)	5	72
CSE Locality Training (One-Day)	1	17
Totals	**31**	**619**

Table No: 27

CPC Single Agency Bespoke Child Protection Learning and Development Sessions		
Title of Course	**No of Courses**	**No of Attendees**
Basic Awareness Child Protection (Half Day) (Kinfauns RDA)	1	20
Basic Awareness Child Protection (Half Day) (H&CC)	2	32
Outcome Focused Planning for Children and Young People (Operational Team Leaders from Services for Children, Young People and Families)	1	8
Outcome Focused Planning for Children and Young People (Child Health Team and Woodlea Cottage staff from Services for Children, Young People and Families)	1	11
Totals	**5**	**71**

Table No: 28

Seminar and Workshop Opportunities		
Title of Course	**No of Events**	**No of Attendees**
Leadership Summit: Zero-tolerance of abuse and exploitation	1	125

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Perth & Kinross Child Sexual Exploitation Working Group Workshop	*1*	*21*
Joint Learning & Development Practice Session – Police Scotland Public Protection Unit; Perth & Kinross Child Protection Duty Team & Out of Hours Team	*1*	*27*
Masterclass – CSE: Stop to Think – See Beyond	*1*	*46*
Joint Meeting Perth & Kinross Children, Young People and Families Partnership and Perth & Kinross Child Protection Committee	*1*	*23*
Getting Our Priorities Right (GOPR) in Perth & Kinross Training the Trainers Sessions	*1*	*18*
Child Sexual Exploitation (CSE) in Perth & Kinross Training the Trainers Session	*1*	*9*
Perth & Kinross Child Protection Committee Annual Development Session	*1*	*47*
Totals	*8*	*316*

Table No: 29

Early Years Childcare Strategy Team Learning and Development Opportunities		
Title of Course	*No of Courses*	*No of Attendees*
Basic Awareness Child Protection (Half-Day)	*3*	*90*
Exploring Child Protection Further (One-Day)	*4*	*111*
Totals	*7*	*201*

Table No: 30

Grand Totals (Seminars; Workshops; Courses)	*51*	*1,207*

The ECS Child Protection Learning and Development Officer also had an input into the:

- *Child Protection Officers (Schools) Annual Development Day in September 2015 focusing on Chronologies; the attendees at this event was over 90 and*

- *Probationer Teachers Day in August 2015 focussing on Basic Awareness of Child Protection; the attendees at this event was 43 from Primary and 19 from Secondary Schools.*

At the time of publication, the ECS Child Protection Learning and Development Officer is also in the process of developing the following inter-agency learning and development courses:

- *GIRFEC Training for Named Persons and those who work closely with them (Multi-Agency One-Day Training)*

- *Working with Hostile and Non-Engaging Families*

- *Toxic Trio Training (Domestic Abuse; Parental Mental Ill-Health and Parental Problematic Substance Use) and*

- *Foundation Programme in Child Care and Protection.*

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Conclusions

In terms of impact, this represents a significant increase in the wide range of seminars, workshops and courses we are providing to an increasing number of delegates. The number of opportunities has increased by 89% (51 in 2015 - 2016 compared with 27 in 2014 - 2015) and the number of delegates has increased by 57% (1,207 in 2015 - 2016 compared with 764 in 2014 - 2015).

The CPC continues to collate on-the-day / exit evaluations which are consistently high and has introduced an evaluation methodology in the workplace, to measure the impact of child protection learning and development opportunities on practice.

In terms of impact, the following is a snapshot of some of the feedback we have received from practitioners who have attended CPC child protection staff learning and development opportunities over the last year:

Table No: 31

Staff Learning and Development - Comments / Feedback	
CPC Inter-Agency Learning and Development Opportunities	
Basic Awareness Child Protection	*"I feel more confident recognising signs of abuse and who to report that to"* *"I now know exactly what to do when I have concerns about a child or young person"*
Protecting People Course	*"My role involves visiting clients at home. I now feel confident in reporting any issue / concern I come across"* *"I now have more knowledge to help me work as a volunteer"*
Inter-Agency Child Protection	*"This will assist me in my role at Nursery School and will ensure the safety of all the children"* *"I now know not to question myself - if it doesn't seem right it is better to speak out"*
Designated Child Protection Officer Course	*"This course has reaffirmed my role as a CPO - I feel very much updated now"* *"I plan to review our child protection procedures at our next staff meeting"*
Child Protection Case Conferences	*"It has given me a much clearer understanding of what will be expected from me at a CPCC"* *"I would now be able to attend a CPCC with more confidence and able to put my information across"*
Chronologies	*"I now understand how to complete a Chronology and how to make use of it"* *"Although I am a social worker and complete Chronologies regularly - beneficial to discuss with other colleagues"*
NSPCC Toxic Trio	*"I am more aware of the need to dig beneath the surface to address needs"* *"I am a kinship carer and I gained a better understanding about ways in which I can help"*
GIRFEC - Named Person	*"I am now more familiar with the legislation and processes around the named person"* *"As a Nursery Manager gave me a better understanding about the role of the named person"*

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Getting our priorities Right (GOPR) - Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use	*"Using the P&K GOPR Toolkit will inform my practice and ensure I cover everything"* *"I will disseminate to my staff and check that my children's Nursery School know about this toolkit"*
Child Sexual Exploitation (CSE)	*"I will take what I have learned back into my workplace as a Support Worker"* *"It has encouraged me to look beyond problem children and to see if there is something underlying.*

Getting it Right (GIRFEC)

Throughout 2015 - 2016 the Perth and Kinross multi-agency GIRFEC Strategy Group has continued to provide the strategic direction and leadership for the implementation and embedding of _Getting it right for every child_ (GIRFEC) and the provisions of <u>The Children and Young People (Scotland) Act 2014</u> (The Act) across all services in Perth and Kinross.

In terms of impact, the following provides an overview of some of the key aspects of work successfully taken forward during 2015 - 2016:

- *meeting monthly to coordinate a wide range of practice activity to support the delivery of GIRFEC and in particular the key provisions of the Act (scheduled for implementation on 31 August 2016)*

- *included Independent Schools representation on the Perth and Kinross multi-agency GIRFEC Strategy Group*

- *actively participated in and influenced the Scottish Government's National Child Protection and GIRFEC Working Group and the Tayside GIRFEC Group*

- *widened the role of the CPC Child Protection Learning and Development Sub Group to include both GIRFEC and child protection training*

- *revised the Perth and Kinross GIRFEC webpages at www.pkc.gov.uk/girfec*

- *widely disseminated nationally produced GIRFEC information and advice leaflets*

- *ensured that GIRFEC principles are included in all multi-agency child protection training*

- *updating the Perth and Kinross e-learning GIRFEC module*

- *published quarterly GIRFEC newsletters which are distributed electronically to all staff*

- *promoting a Tayside-wide approach to GIRFEC per the Tayside GIRFEC Group's Action Plan*

- *ensuring that GIRFEC is embedded into everyday processes and practice aimed at safeguarding, supporting and promoting wellbeing and improving outcomes - including child protection*

- *following up and acting upon the headline findings from the wellbeing survey of P&K frontline staff in 2015*

- *collating GIRFEC readiness reports from key partners, including education and children's services; health; police, third sector and the CPC*

- *implementing the Tayside Practitioner's Guide: Chronologies (published in December 2015) and supported it by multi-agency training opportunities, which have been evaluated highly*

- *implementing the Tayside Child's Plan (published in February 2016 and compliant with the Child's Plan Order) supported by staff guidance and staff training opportunities*

- *ensured that single agency and multi-agency GIRFEC training has taken place specifically for Named Persons in both health and education with regular updates*

- *ensured that multi-agency training has taken place in relation to GIRFEC; the National Practice Model; Child's Plans and Chronologies*

- *sought and acted upon the view of children and young people at a Young People's Speak-Up Innovation Lab in Perth Concert Hall on 8 September 2015*

- *providing a Named Person Service for school leavers up to the age of 18 through Services for Young People based @Scott Street - now branded 4U@scottstreet*

- *issued new GIRFEC promotional materials to all school leavers in June 2016*

- *working to confirm a Perth and Kinross definition for targeted intervention*

- *ensured that assessments reflect the GIRFEC National Practice Model - Wellbeing Wheel (SHANARRI - Wellbeing Indicators); My World Triangle and the Resilience Matrix*

- *developed and adapted the Perth and Kinross Practitioner's Guide and OnLine Toolkit: GOPR Getting our Priorities Right - Working with Children, Young People and Families Affected by Problematic Alcohol / Drug Use - which reflect GIRFEC and the National Risk Framework and Toolkit to Support the Assessment of Children and Young People (Scottish Government: 2012)*

- *reinforced the Perth and Kinross Practitioner's Guide and OnLine Toolkit: Information Sharing, Confidentiality and Consent among practitioners*

- *reviewing, updating and future-proofing the Perth and Kinross Inter-Agency Child Protection Guidelines to reflect GIRFEC and recent and emerging child protection legislative, policy and practice changes*

- *developed plans to revise the current Multi-Agency Screening Group (MASG) to introduce proportionate information sharing and support to Named Persons for the commencement of Part 4 of the Children & Young Peoples (Scotland) Act 2016t*

- *working to develop a P&K Named Person Toolkit to support and empower practice.*

Getting it Right
in Perth and Kinross
Helping children be the best they can be

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Impact on the Community

Evaluation: We are confident that the CPC is transparent and public-facing; that we are providing highly evaluated public information that is accurate, relevant and useful in terms of helping to keep children and young people safe; that we are communicating, listening and actively engaging with the community, building capacity and helping to keep people safe in their communities.

Public Information, Communication and Engagement

"Perth and Kinross CPC is outward looking….. specific examples of good practice include public reporting; successfully promoting community engagement in public protection through events run in partnership with the Community Safety Partnership; effective engagement to protect children and young people with the third sector…..in private schools…..in on-site sports and recreational activities delivered by approved providers".

Effectiveness of the CPC in Perth and Kinross Council Area: Report to Scottish Ministers (Emma McWilliam, Link Inspector, Care Inspectorate: March 2014)

The *CPC Public Information, Communication and Engagement Strategy 2015 - 2018* continues to underpin the CPC's approach to *public information*, *communication* and *community engagement.* This strategy has three specific strands – *information, communication and engagement.* The following are key exemplars of the work the CPC has undertaken throughout 2015 and 2016 in terms of communication and engagement.

Perth and Kinross Protecting People Communications Group

Last year we reported that we had established the Perth and Kinross Protecting People Communications Group.

Membership of the group includes the Lead Officers of the Adult Support and Protection Committee (APC); Alcohol and Drug Partnership (ADP); Child Protection Committee (CPC); Violence Against Women Partnership (VAWP) and two Communications Officers from the Chief Executive's Service and Education and Children's Services respectively.

The purpose of this group is to coordinate existing public information and communication activities, with a clear focus on *protecting people and keeping them safe.*

In 2015 and 2016, under the auspices of this group, the following two public consultation surveys were completed by the Child Protection Committee, in partnership with the Adult Support and Protection Committee.

Protecting People Public Awareness Survey 2015

This partnership, online public consultation survey, took place between November / December 2015 and was promoted via the P&K Council Website and Corporate Social Media Accounts.

The purpose of this survey was to elicit the public's perception of, and level of confidence in, child and adult protection and to ascertain how they would access information and advice. The survey questions related equally to child protection and adult protection services.

In total, 138 members of the public took time to complete this short online survey.

In terms of impact, the following Table presents an analysis of the key findings:

Table No: 32

Protecting People Public Awareness Survey 2015 Sample Size: 138		
1. In the last 12 months, has your confidence in services to protect people? (general question)	Increased	21%
	Stayed the same	56%
	Decreased	23%
Respondent Recurring Comments: from high profile media reporting; high levels of public service funding cuts; too much bureaucracy for workers; from attending child protection training courses; from previous contacts; from general awareness and understanding		

2. Where have you seen information about protecting people locally? (select all that apply)	Posters	54%
	Information leaflets	37%
	Social media	36%
	Council website	34%
	Other (specify)	28%
	Events	13%
	Twitter	6%
Respondent Recurring Comments: on community council websites; from television adverts; in newspapers; attending training courses; information in schools; on local refuge lorries		

3. Where would you find information about how to share and report your concerns? (select all that apply)	Council website	50%
	Internet search engine - e.g. Google	32%
	Posters	7%
	Council general contact number	7%
	Information leaflets	4%

4. How confident are you that any concern you might have about a child or an adult would be taken seriously?	Very confident	31%
	Confident	45%
	Not confident	24%
Respondent Recurring Comments: from previous experience; personal presumptions; own expectations; levels of cuts to funding and resources		

5. How confident are you that services will respond effectively to address your concerns?	Very confident	20%
	Confident	48%
	Not confident	32%

Respondent Recurring Comments: because of a lack of resources; my own self-assertiveness; confidence in our services; from past and previous experience

6. Is there anything that would stop you reporting a concern about an adult or a child? (general question)
Majority Answers - No / Nothing
Respondent Recurring Comments: nothing; some uncertainty of how to report; confidentiality concerns; would need to be sure of the facts; worried about interfering; getting it wrong

7. Is there anything that would make it easier to report a concern about an adult or a child? (general question)
Respondent Recurring Comments: nothing more needed; a single point of contact / helpline; an online reporting facility; an App; more public advertising; more information provided

8. Would you like to take part in follow up surveys to help us improve our services to protect vulnerable people?	Yes	26%
	No	74%

Conclusions

Overall this public consultation survey showed a general confidence in our public protection service provision. 76% of respondents reported they were either very confident / confident that their concerns would be taken seriously and 68% of respondent reported that they were either very confident / confident we would respond effectively. By far the majority reported that nothing would stop them from reporting such concerns. Respondents also provided honest and qualified feedback to a number of the questions and a snapshot of the recurring comments are shown above.

In terms of where they had seen information and where they would find information, respondents were provided with a menu of options, which allowed them to select multiple answers. Whilst posters and information leaflets were reported as being visible; there was strong evidence that web-based and social media based advertising was equally important in terms of the provision of public information.

As a result of this survey, the CPC will continue to provide a menu of options in relation to its public information, communication and engagement business. At the time of publication, the CPC plans to develop its website further; continues to review the arrangements for the public reporting of concerns and is exploring the potential to create CPC social media accounts.

In terms of the 26% of respondents who intimated they wished to help the CPC further with this work, the CPC has created and continues to develop a virtual community for further consultation and engagement work.

Protecting People Caller Survey 2016

This small-scale partnership survey took place between June / July 2016 and involved practitioners from the Perth and Kinross Access Team (adult protection) and practitioners from the Child Protection Duty Team (child protection) making contact with a representative sample of recent callers who had reported a worry or concern either about a child or vulnerable adult. The purpose of this survey was to elicit perceptions about the experience of callers to our child and adult protection lines.

A representative, randomised sample of recent callers was obtained; in total 30 callers to the *Child Protection Line 01738 476768*. Of these 30 callers, 10 (33%) were successfully contacted and agreed to take part in this small scale survey.

In terms of impact, the following Table presents an analysis of the findings from the callers to the child protection line:

Table No: 33

Protecting People Public Awareness Survey 2015 *Sample Size: 10*		
1. Where did you find the telephone contact number (child protection line)?	*Internet search engine e.g. Google*	*50%*
	Other (specify)	*40%*
	Council website	*10%*
	Council general number	*Nil*
	Posters	*0%*
	Information leaflet	*0%*
	Social media	*0%*
Respondent Comments: already had the number it; knew the number; from RASAC; from Police		

2. Was the contact telephone number easy to find (child protection line)?	*Yes*	*80%*
	No	*20%*

3. Prior to reporting your concern, how long had you been concerned about the child?	*Other (specify)*	*50%*
	1 - 2 weeks	*20%*
	Less than a week	*0%*
	3 - 4 weeks	*0%*
	No answer	*30%*
Respondent Comments: lifelong concerns; intermittent over a long period of time; about 12 months; reporting via the police;		

4. When you contacted us, did you feel understood, listened to and respected?	*Yes*	*50%*
	No	*30%*
	No answer	*20%*

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5. Did you feel confident that your concern was taken seriously?	Yes	50%
	No	40%
	No answer	10%

6. Did you feel your concern was dealt with quickly enough?	Yes	30%
	No	50%
	No answer	20%

7. Did someone contact you or tell you what happened about your concern?	Yes	20%
	No	80%

8. Would you like to take part in follow up surveys to help us improve our services to protect vulnerable people?	Yes	20%
	No	80%

Conclusions

This was a small-scale study and the findings above relate to only 10 (33%) out 30 (100%) callers who made contact with the child protection line. In many cases the callers number was unobtainable, messages were left and or remained unanswered.

The survey clearly shows that 60% of the respondents searched the internet or visited the PKC website to source the contact number to report their concern, with 80% reporting it was easy to find. The survey also showed that some of the callers had held a concern about a child or young person for at least one week before they made their call and some for a longer period; albeit some did not disclose this information when asked.

In terms of being understood, listened to, respected and being taken seriously, there was a mixed response with 50% responding positively and 50% responding negatively or not at all. Of those who responded, only 30% of respondents felt their concern had been acted upon quickly enough and by far the majority of respondents reported that they did not know what had happened with their concern. 20% of respondents intimated they wished to help the CPC further with this type of work.

At the time of publication, the CPC and the P&K Protecting People Communications Group is examining these findings which we be used to shape and develop the CPC's public information, communication and engagement strategy and plan which recognises the need to improve further the customer experience of callers.

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Virtual Community

In 2015, in an attempt to increase the virtual reach of the CPC and following on from the small scale *Protecting People Public Awareness Survey 2015* and *Protecting People Caller Survey 2016*, the CPC has started to develop a virtual community. Members of the public who have registered an interest in helping the CPC with its work, have been invited to join this small, but growing community of interested parties and it is the intention of the CPC to promote this community further and to consult community members on a wide range of child protection related matters in the future.

Since December 2015, a total of 17 members of the public have joined our virtual community and the CPC will continue to grow and develop this valuable consultation resource.

Social Media

In June / July 2016, building on the findings from the previously mentioned, small scale, *Protecting People Public Awareness Survey 2015,* the CPC, in partnership with Perth and Kinross Council Chief Executive's Corporate Communications Officer, developed a pilot (CPC proof of concept) social media campaign using the Council's existing Facebook and Twitter social media accounts. This pilot campaign aimed to extend the reach of the CPC and concentred on a small number of key child protection messages.

In terms of impact, the following Table presents an analysis of the key findings from the posts and tweets send on behalf of the CPC:

Table No: 34

Social Media Pilot (Proof of Concept) 2016		
Posts / Tweets	**Facebook Reach**	**Twitter Reach**
1. Free learning opportunities this month for local residents including those working with children & young people: http://ow.ly/BdWK300Tupq	192 reached	1,045 impressions 1 retweet
2. Are you worried or concerned about a child or young person? Find out how to report your concerns: http://ow.ly/SzBZ3010rJ7 #pkchildprotection	2,395 reached 12 shares 9 likes	765 impressions
3. Child Sexual Exploitation (CSE) is child abuse - find out more about the issue: www.pkc.gov.uk/cse #pkchildprotection	166 reached	1,125 impressions 1 retweet
4. What are Child Protection Committees? What do they do? Find out more: www.pkc.gov.uk/cpc #pkchildprotection	134 reached	1,061 impressions
5. Get advice if you're concerned about a child - it's everyone's responsibility: http://ow.ly/62nZ3010vcn #pkchildprotection	269 reached 1 share	990 impressions 1 retweet
6. If your child uses a phone/PC/tablet to go online, how sure can you be they're surfing safely? http://ow.ly/AqZz3010vy6 #pkchildprotection	511 reached 4 shares 2 likes	1,411 impressions 1 retweet

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7. If you're worried about a child or young person, or need some advice, phone our Child Protection Duty Team on 01738 476768 (24 hours) or by e-mail to childprotection@pkc.gov.uk #childprotection http://ow.ly/u8XP301KzE2	*1,112 reached* *7 shares* *4 likes*	*868 impressions* *1 like* *3 retweets*
8. Want to learn more about protecting people and keeping them safe? http://ow.ly/OzVN301Wr0Y #pkchildprotection #protectingpeople	*444 reached*	*1,883 impressions* *1 like* *5 retweets*
9. What is the role of Community Wardens? http://ow.ly/GvUo301WrkV #protectingpeople #pkchildprotection	*534 reached*	*745 impressions* *2 retweets*
Totals	***5,757 reached*** ***24 shares*** ***15 likes***	***9,893 impressions*** ***14 retweets*** ***2 likes***

Conclusions

In terms of reach, this short (4 week) social media pilot campaign has had a very positive impact; with a total of 16,000 reaches and impressions across Facebook and Twitter. It clearly shows the value in the CPC making use of social media to share and exchange information in an immediate and direct way; albeit most of the campaign has largely been one-way in nature.

At the time of publication, the CPC is considering these findings further and considering whether or not to create its own social media accounts.

Child Protection Website

Last year we reported on the work to improve and consolidate the effectiveness and functionality of the Perth and Kinross Child Protection Website. Throughout 2015 - 2016 we have continued to ensure the website and the work of the CPC remains transparent and public-facing.

In terms of impact, the following Table provides some specific information on key pages within the child protection website; showing single user activity, page activity and an impact analysis between last year and this year:

Table No: 35

CPC Website Single User and Page Activity 1 August 2015 - 31 July 2016		
Key Webpage Activity	**Impact (Minimum)** **2015 - 2016**	**Impact (Minimum)** **2014 - 2015**
Child Protection Landing Page	*7,763 users – 24,110 page hits*	*6,735 users – 18,574 page hits*
Child Protection – Frequently asked Protection	*899 users – 1,131 page hits*	*790 users – 1,077 page hits*
Information Sharing Guide and OnLine Toolkit	*863 users – 1,816 page hits*	*1,133 users – 1,979 page hits*

OnLine Training Modules (3)	863 users – 419 page hits	727 users - 1,342 page hits
CSE Guide and OnLine Toolkit	785 users – 2,004 page hits	N / A
What's New in Child Protection – News Page	721 users – 2,217 page hits	583 users – 1,388 page hits
Child Protection Committee – Main Page	605 users – 1,157 page hits	934 users – 1,309 page hits
Child Protection Publications & Resources	516 users – 1,157 page hits	327 users – 670 page hits
GOPR Guide and OnLine Toolkit	499 users – 1,513 page hits	518 users – 902 page hits
Information for Practitioners	463 users – 855 page hits	391 users – 575 page hits
National Guidance for Child Protection	383 users – 828 page hits	279 users – 511 page hits
What to do if worried about child	329 users – 499 page hits	120 users – 176 page hits
Child Protection Posters	312 users – 810 page hits	383 users – 503 page hits
Inter-agency Child Protection Guidelines	231 users – 810 page hits	168 users – 431 page hits
Information for Parents and Carers	151 users – 231 page hits	160 users – 207 page hits
Information for Children and Young People	116 users – 187 page hits	176 users – 247 page hits
Disability Guide and OnLine Toolkit	62 users – 142 page hits	152 users – 239 page hits
Integrated Children's Services Plan (ICSP)	53 users – 116 page hits	N/A

Engagement with Activity Centres / Approved Providers

Approved Providers are organisations that provide on-site adventurous, sporting and recreational activities to children and young people from Perth and Kinross. Perth and Kinross Council approve these organisations, if they meet certain standards; particularly in terms of registration, health, safety and liability insurance cover. Whilst the majority of these organisations are based within Perth and Kinross, some are not. Irrespective of where they are based, the approach we have taken to their registration and approval has been the same.

Since 2012, the CPC has been working in partnership with these activity centres / approved providers to promote a culture of promoting child wellbeing and keeping children and young people protected and safe from harm and abuse. This has included support to develop robust child protection policies and procedures and providing their staff members with access to free child protection training.

Throughout this time, as a result of our radical approach, the overall number of active approved providers has continued to fluctuate. We have worked hard to support all approved providers, particularly those who are used *most frequently* by schools across Perth and Kinross.

Working on a RAG Matrix – *GREEN – meets the requirements expected; AMBER – almost meets the requirements expected* and *RED – does not meet the standards expected;* we are continuing to support our approved providers and we are continuing to make good progress with this partnership work aimed at keeping children and young people safe.

In terms of impact, the following Tables provide a status overview of the progress we have made @ 31 July 2016:

Table No: 36

Approved Providers: Active and In-Active – Review Status	ACTIVE	INACTIVE	TOTAL
@ August 2015	62	12	74
@ August 2016	45	27	72

Table No: 37

Approved Providers: Child Protection Policy – Review Outcomes	GREEN	AMBER	RED	TOTAL
@ August 2015	49	8	5	62
@ August 2016	36	5	4	45

Table No: 38

Approved Providers: Child Protection Training – Review Outcomes	GREEN	AMBER	RED	TOTAL
@ August 2015	39	13	10	62
@ August 2016	28	8	9	45

How good is our operational management?

This section describes how the CPC has led a range of policy and practice developments to protect children, young people and families. It describes improvements already made to key child protection policies, procedures and practices as well as planned improvements. This work aims to support competent and confident practitioners to make sound professional judgments when dealing with complex issues.

Evaluation: We are confident that our child protection services are robust, effective and focused on vulnerability, risk and need. We are working extremely hard to improve the life chances of children and young people. Practice is enabled by evidence-based policy, practice and planning improvements and multi-agency practitioner learning and development opportunities.

"Strong leadership and a competent and confident workforce play a critical role in child protection. Two key issues here are the importance of leadership in local child protection, particularly with regard to the way in which services are steered by senior managers and to the professional development of those working in child protection"

"Child protection can be a complex and demanding area for staff and volunteers at all levels and requires sound professional judgements to be made. All of those involved should have access to advice and support from, for example, peers, managers or designated practitioners. Opportunities to reflect on individual and collaborative practice are particularly valuable"

"Child Protection Committees have a responsibility to identify and promote good, evidence-based policy and practice developments, address issues of poor policy and practice, and encourage learning from effective policy and practice developments"

<div align="right">

National Guidance for Child Protection in Scotland 2014
(Scottish Government 2014)

</div>

"There is a strong culture in Perth and Kinross of continually striving for improvement, staff are actively encouraged to innovate. Mechanisms are in place to ensure that good practice is routinely identified, disseminated and celebrated. Perth and Kinross is outward looking and keen to learn from a wide range of sources including good practice elsewhere, for example, contact with other high performing CPCs"

<div align="right">

Effectiveness of the CPC in Perth and Kinross Council Area: Report to Scottish Ministers (Emma McWilliam, Link Inspector, Care Inspectorate: March 2014)

</div>

"Child protection committees have led significant development and activity to highlight and address the risks associated with child sexual exploitation and there are some potential areas of good practice emerging which are worthy of further exploration, validation and wider dissemination"

<div align="right">

A report on the effectiveness of child protection arrangements in Scotland
(Care Inspectorate: November 2014)

</div>

Throughout 2014 and 2015, the CPC has led a number of key child protection policy and practice developments, in collaboration with partner agencies and staff. The following are *selected highlights* of some of the progress and key improvements we have made to date, and plan to make, aimed at *supporting and empowering* a competent and confident practitioners:

Young People's Speak-Up Innovation Lab and Leadership Summit 2015

On 8 September 2015, under the auspices of Perth and Kinross Community Planning Partnership (CPP), a very successful all-day Summit was held in Perth Concert Hall. The morning session took the form of a Young People's Speak-Up Innovation Lab and the afternoon session took the form of a Leadership Summit.

Whilst the Young People's Speak-Up Innovation Lab focussed a wide range of issues important to the wellbeing of young people (as evidenced in the mosaic above), it included a focus on child sexual abuse and exploitation (CSE) and GIRFEC.

Key messages relating to both of these issues were captured in the morning session and reported back, by the young people themselves, to the Leadership Summit in the afternoon.

The key messages from the Young People's Speak-Up Innovation Lab included the following:

Young People's Speak-Up Innovation Lab: GIRFEC - Key Messages

- *raise further awareness and understanding of GIRFEC*
- *develop wider discussions about the meaning of wellbeing*
- *embrace and celebrate young people's diversity (ethnicity and sexual orientation)*
- *support young people's mental ill-health*
- *promote the Named Person Service widely.*

Young People's Speak-Up Innovation Lab: CSE - Key Messages

- *abuse and exploitation (CSE) - need to see beyond, look and listen*
- *involve young people in work to raise awareness and understanding of CSE*
- *make better use of social media; increase community engagement and develop more publicity*
- *CSE - provide early peer-to-peer education and support*
- *have a greater focus on young men and boys at risk / victims of abuse and exploitation*
- *CSE - increase staff learning and development opportunities*
- *develop confidential pathways and safe places to discuss CSE.*

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In the afternoon, 125 delegates - including Elected Members, Chief Officers and Senior Managers from Perth and Kinross CPP and the wider child protection community attended the Leadership Summit, which followed on from the Young People's Speak-Up Innovation Lab.

At this Summit, Leaders re-affirmed their commitment to creating a *hostile environment and zero-tolerance of abuse and sexual exploitation* across Perth and Kinross. Following on from a range of high-profile speakers, where the victim's perspective was prominent throughout, delegates had an opportunity to consider the challenges presented by, and the opportunities and solutions to tackling abuse and exploitation, including CSE. External speakers included Nazir Afzal and Jo McFarlane who gave a rendition of a specially commissioned poem *It's Everyone's Job to Care.*

Many of the findings were found to be similar to the feedback from the Young People's Speak-Up Innovation Lab in the morning session. The following additional points were made:

Leadership Summit - Additional Points

- *continue to roll-out the NSPCC "Speak out. Stay safe. Programme"*
- *embrace the use of social media - facebook and twitter to promote awareness*
- *promote the P&K CSE webpages - www.pkc.gov.uk/cse*
- *continue to deliver the RSHP / PSE training in schools*
- *promote a single point of contact for all concerns - including CSE*
- *continue to communicate - raise awareness and understanding of abuse and exploitation*
- *provide additional support to Named Persons - CSE*
- *continue to promote the concept - it's everyone's job and a zero-tolerance approach to abuse and exploitation.*

Following on from this event, the findings and feedback has been incorporated in to the revised Perth and Kinross CSE Work Plan 2016.

Perth and Kinross Masterclass: CSE - Stop To Think - See Beyond

This all-day, multi-agency event, took place in Perth on 3 February 2016. 46 delegates attended this event, which was evaluated highly.

Elected Members, Chief Officers and Senior Managers had a further opportunity to hear from a number of high-profile national and regional speakers (including Nazir Afzal), who spoke about the challenges and approaches being taken to tackle CSE across the UK and here in Scotland.

A mixture of presentations; posed questions; question and answer sessions and a workshop allowed delegates to explore and consider the challenges and solutions to CSE and from a Perth and Kinross perspective.

Many of the findings were found to be similar to the feedback from the previous Young People's Speak-Up Innovation Lab and leadership Summit. The following additional points were made:

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- *CSE - leadership remains key - its everyone's job to care*

- *develop black box thinking – embrace learning from what has gone wrong at every level - if you notice it - escalate it - say something if you see something*

- *crucial role of first responders and first contact - we need to support and empower their practice*

- *abuse takes place - within the family home; online; within institutions and clubs and in the street - develop a range of approaches and media to tackle this*

- *night-time economy workers - develop a range of approaches and media to support them*

- *develop information sharing and intelligence gathering toolkits*

- *improve joint investigative interviews - quality assure them*

- *improve the quality of return interviews - missing young people and young runaways*

- *keep a focus on learning disabilities - greater risks*

- *keep a focus on boys and men - can be victims of CSE too.*

Delegates also had an opportunity to contribute towards the development of the Perth and Kinross Pathfinder: Stop To Listen (STL), a joint initiative with <u>Children 1st</u> and took part in a workshop to consider what (if any) culture and practice changes needed to be made in Perth and Kinross in relation to this work.

Following on from this event, the findings and feedback have been incorporated into the revised Perth and Kinross CSE Work Plan 2016.

Perth and Kinross Pathfinder : Stop To Listen (STL)

In 2015, Perth and Kinross was successfully appointed as one of four Scottish Local Authority Pathfinder areas for this national initiative (others being - Glasgow, North Ayrshire and Renfrewshire), which is being led by <u>Children 1st</u>.

The aim of this work is to improve the way in which we work alongside children and young people by building strong and trusting relationships to create a system for encouraging disclosures about sexual abuse from children and young people. It will give children and young people more control over, and involvement in, the process of investigation and evidence gathering. It goes at their own pace as far as possible; responds to their own fears about disclosure and gains their trust; while offering them support throughout the process.

As a pilot area we are committed to:

- offering children and young people a better means of finding safety and support that upholds and respects their rights, by allowing space for their voices to be heard and for their best interests to be taken into account

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- creating a truly child-centred child protection system that responds to children and young people's own development, fears and behaviours and is guided by the child or young person

- enabling children and young people to determine their own pace with respect to talking about abuse and supporting them to overcome potential fears relating to disclosing what has happened to them

- improving the quality of evidence-gathering through child-centred practice and through reducing fears, which could lead to retractions of evidence

- raising the morale and sense of efficacy of professionals involved in child protection.

Feedback from the *Young People's Speak-Up Innovation Lab: Leadership Summit; CSE Masterclass* and the *Joint Meeting of the CYP&FP* and the CPC has now identified *Joint Investigative Interviewing* and *Peer-to-Peer Mentoring* as the two practice areas for change for the pathfinder work in Perth and Kinross.

At the time of publication we have now established a Perth and Kinross STL Steering Group and we are playing a major part in shaping and developing this initiative.

Perth and Kinross Child Sexual Exploitation (CSE) Working Group

Last year we reported upon the establishment of the above multi-agency P&K CSE Working Group in February 2015, following publication of the *Independent Inquiry Report into Child Sexual Exploitation in Rotherham 1997 - 2013* (Professor Alexis Jay: August 2014) and publication of *Scotland's National Action Plan to tackle Child Sexual Exploitation* (Scottish Government: 11 November 2014).

Since then, we have provided comprehensive CSE briefings and reports to Elected Members (Full Council) and to the Chief Officers per the Children, Young People and Families Partnership (CYP&FP).

Membership of this Working Group is being kept under constant review and clear Terms of Reference remain in place.

On 1 April 2015, we published the P&K CSE Work Plan 2015, which contained a wide range of improvement actions / tasks under four specific workstreams: *Prevention; Intervention; Prosecution and Disruption; and Recovery* and have made good progress with implementing this Work Plan.

Following on from the *Young People's Speak-Up Innovation Lab; Leadership Summit; CSE Masterclass* and the *Joint Meeting of the CYP&FP,* we have taken the opportunity to review this Work Plan and have published a revised P&K CSE Work Plan for 2016.

In terms of impact, a recent review by the P&K CSE Working Group has identified the following as our key achievements since August 2015:

- *agreed and implemented a working definition for CSE; developed and promoted a definitive set of CSE vulnerability and risk factors*

- *provided regular briefings and written updates to Elected Members and Chief Officers*

- *participated in and influenced the work of the National CSE Working Group*

- *developed, launched and promoted the P&K Practitioner's Guide and Toolkit*

- *developed and promoted specific CSE webpages on the P&K child protection website*

- *published, distributed and making widely available bespoke CSE Information and Advice Leaflets to Young People; Parents and Carers; Hotel and Accommodation Providers; Licensed Premises and Taxi and Private Hire Drivers*

- *completed a number of different surveys with young people to gauge levels of awareness and understanding of keeping safe and CSE*

- *continued the roll-out of the NSPCC "Speak out. Stay safe. Programme" in schools and planning to extend the reach in 2016*

- *supported the Young People's Speak-Up Innovation Lab and Leadership Summit and acted upon their specific findings / feedback*

- *held a multi-agency CSE Masterclass on 3 February 2016; acted upon the findings / feedback and shared this work in the Central and North Scotland CPC Consortium*

- *held the fifth Annual GIRFEC - Keeping Your Child Safe Event in Perth on 3 March 2016 with a focus on abuse and exploitation*

- *mapped our existing recovery services into a single directory of services showing contact numbers; referral pathways; types of support services and identified gaps in CSE support*

- *developed a CPC Communications Plan, with a focus on keeping children and young people safe and protected from abuse and exploitation - piloted on social media*

- *rolled-out and promoted the roshni Abuse, Culture and Child Protection OnLine Training Modules which includes modules on GIRFEC; child protection; sexual abuse; forced marriage; honour-based violence and female genital mutilation (FGM)*

- *recruited and trained 9 multi-agency practitioners and managers as P&K CSE Training Champions and started to roll-out locality based multi-agency training from May / June 2016*

- *worked in partnership with Children 1st to take forward the P&K Stop To Listen (STL) Pathfinder Project: established a multi-agency P&K STL Steering Group and identified two areas of practice to pilot STL - Joint Investigative Interviewing and Peer-to-Peer Mentoring*

- *planning to complete a further CSE Self-Evaluation Exercise against the National CSE Working Group CSE Self-Evaluation Tool in autumn 2016*

- *reviewed, updated and revised the P&K CSE Work Plan for 2016 - which includes a comprehensive and wide range of ongoing and new actions / tasks to tackle abuse and exploitation.*

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Joint Learning and Development Session

At the request of the Head of Services for Children, Young People and Families, on 20 January 2016, a joint learning and development session was held for child protection practitioners from the Perth and Kinross Child Protection Duty Team (PKC - CPDT), Out of Hours Service (PKC - OOHS) and the Public Protection Unit (Police Scotland).

The aim of this event was to support joint working; to develop shared approaches to solving problems; to securing continuous improvement; to promote a deeper understanding of the distinct and shared roles and responsibilities of the three teams and explore how greater collaboration can be achieved. The day was also to provide an opportunity to consider how current practices can be enhanced to take forward Getting it Right in Perth and Kinross. More specifically to:

- focus on developing an appreciation and better understanding of each other's roles and responsibilities

- consider what, if anything, stands in the way of undertaking these roles

- identify what would improve each other's ways of working

- learn and improve by way of a case study.

In total 21 practitioners attended this facilitated and positively evaluated event - 6 from the CPDT; 6 from OOHS and 9 from the PPU. Having identified and described to each other the key strengths and the many positive aspects of their individual and shared child protection working arrangements; the participants were also able to reflect on key areas for continuous improvement and change.

The following is a snapshot of some of the suggested mutual policy and practice areas which would benefit from further improvement and change:

- *inter-agency referral discussions (IRDs)*

- *joint investigative interviewing and training*

- *screening and recording of child concern reports (wellbeing and child protection)*

- *16 - 18 years at risk of abuse and exploitation*

- *co-location and joined-up working arrangements*

- *access to IT systems and increased information sharing.*

In terms of impact, the following is a snapshot of comments from participants of this joint learning and development session, which capture the overall learning value of this event. A further event is planned for autumn 2016:

Joint Learning and Development Session - Comments / Feedback
"provided a networking opportunity to improve collaborative working"
"understand the challenges we all face working in child protection"
"understand the importance of slick information sharing"
"understand the strengths and weaknesses of partners and expectations"
"reinforced that communication is key to what we do"

Significant Case Review (SCR): Grooming in an Early Years Nursery Seminar

Last year we reported on a Practitioner Seminar which took place on 21 November 2014. 89 delegates, including numerous representatives from partner agency HR and Recruitment Departments, attended this event which they evaluated very highly.

Presented by Norman Dunning, former Independent Chair of South Lanarkshire CPC, delegates were provided with a powerful presentation which described the circumstances, challenges and opportunities presented by this SCR. At this event, existing recruitment and appointment procedures were discussed; the presenter posed many thought provoking questions; answered numerous questions from the delegates and a number of learning points were identified.

Following on from this event, in March 2016, a Post-Event Workplace Evaluation took place and 15 (17%) of those who attended the event took time to complete the survey evaluation.

In terms of impact, the following is a snapshot of comments made by the respondents:

Table No: 39

Significant Case Review (SCR): Grooming in an Early Years Nursery Seminar - Post-Event Workplace Evaluation 2016 *Sample Size: 15*	
Key Question	**Respondent Comments / Feedback**
1. What personal learning did you take away from this seminar?	*"importance of gut instincts and the need for more flexible interview systems"* *"need to give gut feeling and professional judgement a place in recruitment"* *"the complexity of recruiting - particularly make staff into childcare roles"* *"recruitment checks are not everything - learn to check out feelings and monitor staff behaviours"* *" need ensure that robust recruitment and interview processes are in place - listen to gut feelings - engage in robust conversations with others to check out and validate concerns, or have them invalidated"*
2. How have you cascaded that learning in your workplace?	*"all staff were made aware of this case and the fact it could happen anywhere"* *"shared with colleagues at team meetings - including my HR colleagues"* *"per my lead role in the development of the Council's enhanced safer recruitment toolkit"* *"I have used some of this in my mentoring role with a newer manager"*
3. What difference has that learning made to your practice in your workplace?	*"encouraging people to be more vigilant - greater awareness of risks and dangers"* *"begun to think about boundaries and checking out people's thinking about what is ok or not"* *"consulted with HR about how we change the questions during interview"*

	"I remember a lot about this training. It has made an impact on my practice. I trust my instincts at work"
4. What changes have you made to any processes, procedures or practice in your workplace as a result of having attended this seminar?	*"altered our recruitment process"* *"I ask about child protection issues as a matter of course now"* *"priority is to provide training for interview panel members to support recruitment decisions"* *"enhanced safer recruitment toolkit - rigorous checking process - additional questions relating to regulated work posts - proposing to introduce safeguarding interview questions and providing additional guidance and e-learning for management"*
5. What difference, if any, do you think these changes have made in keeping children and young people safe in Perth and Kinross?	*"greater scrutiny at early stages of employment - hopefully getting the right people"* *"extra level interview process has been very useful in appointing personnel"* *"in the longer term the ability to understand the motivation and values of someone through the recruitment process"*

As a direct result of this event and as a further example of impact, PKC Employment Services (Recruitment Team) has made significant improvements to their recruitment and selection practices for all PKC staff and has introduced new additional measures for those applying to take up regulated posts.

These new measures include guidance for validating previous work histories; right to work and document checklists. New practices for interviewing have been introduced for roles which involve working with children or vulnerable groups and requires the individual to be a member of the PVG scheme.

There is now a requirement on the recruiting manager to explore a candidate's attitudes, beliefs and motives for working with such groups and to reinforce that PKC are protecting citizens from potential harm. Safeguarding questions are now used in all interviews. In addition, a *Digital Learning Module – Right to Work*, *Document Awareness* - has also been developed.

Getting Our Priorities Right Guidance: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use

"Alcohol and Drug Partnerships presents an opportunity to further develop the relationship between the key strategic bodies responsible for coordinating local activity across adult and child services. This will largely be achieved through enhanced links between Alcohol and Drug Partnerships and Child Protection Committees".

<div align="right">

National Guidance for Child Protection in Scotland 2014
(Scottish Government 2014)

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GOPR Training Champions

Last year we reported on the development of our <u>P&K Practitioners Guide and Toolkit: GOPR</u>. This was joint work we had taken forward in partnership with the ADP, APC and 250 local managers and practitioners from public, private and voluntary sectors across Perth and Kinross, who had attended a series of multi-agency practitioner events, which they had evaluated highly.

In 2015, following a local recruitment campaign, 17 multi-agency practitioners and managers from the public, private and third sectors came forward voluntarily and having successfully completed a two-day GOPR Training-for-Trainers Course, became P&K GOPR Champions. This Training-for-Trainers Course was evaluated highly.

In terms of impact, the following Table present a snapshot of the key comments and feedback from this GOPR Champion Training:

GOPR Champion Training - Comments / Feedback
"I feel I have learned a huge amount about the GOPR materials and about myself"
"a great mix of information given and collaborative learning"
"I better understand GOPR and the associated toolkit and how this would support practitioners and communities alike"
"I am glad I have been given this opportunity and I look forward to taking this forward"

In spring 2016, locality-based, multi-agency, half-day GOPR training events commenced and at the time of publication, 5 such events have taken place and 72 multi-agency practitioners and managers have attended. The training has been evaluated highly and further training events are planned from September 2016.

Review of the Multi-Agency Screening Group (MASG)

Last year we reported on the review and evaluation of the Perth and Kinross Multi-Agency Screening Group (MASG), which was first established on 6 November 2012.

When established, MASG provided us with an opportunity to share, risk and assess police child concern reports and unborn baby referrals from health services with partners agencies.

MASG was also seen as a significant improvement upon our previous information sharing and screening arrangements and allowed us to develop a more holistic approach to joint investigations, assessment and planning.

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In 2015, a MASG Review and Evaluation Report identified key strengths and areas for development and made 17 recommendations to the CPC. An Improvement Plan was agreed and all of this work was completed by February 2016.

Since then, further preparations have been made in response to key GIRFEC provisions contained within The Children and Young People (Scotland) Act 2014 relating to the sharing of relevant information with Named Persons due to commence on 31 August 2016.

A multi-agency MASG Re-Design Working Group has been established to support and empower practice and practitioners and to safeguard, support and promote the wellbeing of children and young people under 18 years.

Re-Design of MASG – Possible Next Steps

- *re-design, re-configure and re-name the MASG*
- *future-proof the work of the MASG against emerging legislation, policy and practice developments*
- *establish how the revised MASG interfaces with existing partnership arrangements e.g. Lead Professionals; CAPSM / GOPR; Unborn Baby Referrals to Early Years Screening Group*
- *ensure the work of the revised MASG safeguards, complies with relevant legislation and the welfare of all children and young people (pre-birth to 18 years of age)*
- *ensure the work of the revised MASG can assist, support and empower the Named Person Service when this is implemented*
- *develop a robust response to the needs of 16 - 18 year old who may be at risk*
- *develop new ways for the coordination of wellbeing concerns as part of the child protection arrangements*
- *promote consistent and proportionate information sharing and recording practices complaint with data protection legislation*
- *maintain the collation of performance management information*
- *review and revise the P&K Screening and Inter-Agency Referral Discussion (IRD) and CPC Inter-Agency Child Protection Guidelines.*

Single Agency Practice Developments

The following is a management snapshot of single agency policy and practice development; including achievements; key strengths and areas identified for further development and / or improvement in 2015 / 2016 and beyond:

Cultural and Community Services

Culture Perth and Kinross (CPK Trust)
Table No: 40

Key Strengths / Achievements	Areas for Development
• *strong staff awareness of child protection issues across CPK; opportunity for all staff to participate in discussions and explore scenarios at network sessions; discussions on how to deal with a range of child protection issues which have occurred in different CPK venues*	• *strengthen child protection and GIRFEC awareness with volunteers throughout CPK*
• *all staff in Libraries and front of house Museum are fully trained in child protection with a Designated Child Protection Lead*	• *continue to embed GIRFEC principles across the service*
• *wide range of staff and volunteers trained in child protection and other related training that focuses on keeping children and young people safe*	• *continue to promote and share good practice across all parts of the service*

Live Active Leisure (LAL Trust)
Table No: 41

Key Strengths / Achievements	Areas for Development
• *wide range of staff and volunteers trained in child protection and other related training that focuses on keeping children and young people safe when in our care*	• *continue to promote and share good practice across all parts of the Company*
• *coached and instructor lead sessions developed to promote fair play principles in a fun and encouraging environment*	• *develop and implement a Code of Conduct for front line staff delivering coached and instructor led sessions*
• *lead facilitators in delivering PACES for local sports clubs, emphasising the need for quality child protection procedures in all sports clubs using Company and Council facilities*	• *develop PACES so any club delivering physical activities to children and vulnerable adults have to be registered to be able to make a booking*

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• *planning, managing and evaluation of Excursions in a Sports Development context; delivering high quality adventurous activities to children and vulnerable adults in a safe and exciting environment*	• *review with PKC "Planning, Managing and Evaluating Your Excursion" taking into account the changes in organisational structures between both parties that took place in 2016*
• *working with Children 1st, Perth and Kinross Council and Perth and Kinross CPC to develop and implement action plans to improve child safety in our facilities*	• *develop and implement "Safe in Our Care" guidance for managers and coaching staff and develop and implement "Safe use of changing facilities" guidance*

Public Service Reform, Culture and Community Development (PKC)

Table No: 42

Key Strengths / Achievements	Areas for Development
• *staff and volunteers are trained in child protection and other related training that focuses on keeping children and young people safe and protected*	• *continue to promote and share good practice across all parts of the service*

Education Services (Schools)

Table No: 43

Key Strengths / Achievements	Areas for Development
• *all training sessions for CPOs and NPs in schools have included a common focus on chronologies, with reference to the Tayside Chronologies Guidance; the majority of schools are using the chronology format increasingly effectively*	• *extend the focus in all NP and CPO training sessions on the importance and use of the Chronology in Child Concern Folders (CCFs) and Child's Plans; promote strict adherence to Tayside Chronology Guidance; continue to sample, review and report on practice*
• *all schools, routinely and timeously, receive Police Child Concern Reports and are asked to inform the subsequent MASG discussion; information received has at times been very influential in terms of the actions agreed at MASG*	• *continue to improve support to school staff in order that they can contribute fully when there are concerns that a child may be at risk of significant harm or abuse*
• *two education officers have been trained as Child Sexual Exploitation (CSE) Trainers and the roll-out of CSE training has begun. CSE lesson plans and appropriate resources have been shared with all schools - primary (for P6&7) and secondary. We have raised awareness with all staff in relation to the Prevent agenda*	• *roll-out CSE training across all localities; continue to support CSE education by identifying appropriate resources; develop lesson plans to support the Prevent agenda for secondary schools; raise awareness of CSE and Prevent at Integrated Team Meetings (ITMs)*

Key Strengths / Achievements	Areas for Development
• presentations for all staff and guidance and training for NPs and for CPOs, have been focused to ensure that all staff understand that there is no change to CPO role, CP procedures or information sharing guidance, as a result of full implementation of the NP role	• further develop understanding of, and guidance on, effective partnership working between NP and CPO role to ensure that at all times staff in schools respond appropriately to keep all children safe – including in relation to the CSE and Prevent agendas
• revised the introductory GIRFEC E-Learning Module for all staff and have created a NP E-Learning Module; both will be rolled out in session 2016-2017 and emphasise that CP procedures remain unchanged by NP role implementation	• develop the planned use by schools of wellbeing indicators to better inform decisions about wellbeing; extend use of Resilience Matrix and My World Triangle to inform decisions to act to intervene early and to prevent harm
• continued positive partnership with health colleagues has informed the planned School Nurse developments and supported effective transitions at entry to P1	• continue to develop wider partnership working via ITMs to support schools to identify risks and needs; schools will be supported by revised ITM guidance to be issued by October 2016

Health Services

Table No: 44

Key Strengths / Achievements	Areas for Development
• continued positive partnership with education colleagues has informed the planned School Nurse developments and supported effective transitions	• develop procedures for sharing information from 27-30 month screening to ensure children are able to access the right support at the right time
• embedding Health Visitor Transformation Project and Health Visiting Pathway	• pilot of the School Nursing Transformation Project near to completion and will be rolled out to Tayside. This will include a new specialist practitioner's qualification that all staff will be required to undertake
• Early Years Workers now delivering Incredible Years Parenting Groups	• roll out the new Immunisation Model to create an Immunisation Team for both pre-school and school aged children
• intensive continuous professional development undertaken by all Health Visitors to meet the Health Visiting role which includes Named Person role, Speech & Language Training and the Health Visiting Pathway. Includes a new devised Continuous Professional Development Learning Log	• the continuous development of staff to deliver case supervision
• NHS Tayside Child Protection Advice Line devised for NHS staff	• Advice Line for families re general health visiting advice and information to increase capacity for staff to concentrate on the Health Visiting Pathway

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• *development of processes for multi-agency Child's Plan, targeted intervention and escalation guidance in place*	• *Tayside review re the referral criteria for Early Years Workers*

Housing and Community Care (H&CC)

Table No: 45

Key Strengths / Achievements	Areas for Development
• *community safety services have developed a range of initiatives such as SafeTaysiders: Junior Wardens and Street Sports for All, which educate and inform children in respect of risk taking behaviour and general safety. Over 1000 children attended Street Ports for All alone*	• *fully understand the implications of the role of the Named Person as described in The Children and Young People (Scotland) Act 2014 on service delivery*
• *the champions model for GOPR has been rolled out within H&CC ensuring the implementation of GOPR and ensuring that its principles and assessments are embedded throughout the service*	• *Housing Services to explore the most efficient and innovative ways to deliver housing advice in schools*
• *MAPPA process in Perth and Kinross received positive review from recent joint inspection*	• *explore new ways of delivering services, including mental health, for young people transitioning from school to adulthood*
• *Community Safety Services have developed a more effective and efficient way of collating information in respect of convicted sex offenders*	• *Community Safety Service to review their relationship with Youth Justice to ensure as seamless as possible delivery of services for young people*
• *the OWLS service has been well established with new opportunities offered from the new premises for staff to work with mothers and their children*	• *understand the effect of locality planning on the delivery of services*

Police Scotland

Table No: 46

Key Strengths / Achievements	Areas for Development
• *key partner in the plans for the redesign of the multi-agency screening group (MASG) to meet the requirements of The Children and Young People (Scotland) Act 2014*	• *continue to ensure consistency in attendance at child protection case conferences and where necessary consider the use of technology for case conferences*
• *launch of local CSE screening tool and procedures resulting in increased proactivity around potential offenders*	• *continue to quality assure inter-agency referral discussions across Police Scotland's Tayside Division to ensure consistency recording and debrief*

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• *creation of a Tayside Risk / Concern Hub bringing together specialists in Child Protection / Adult Protection /Youth Justice / Missing People and Domestic Abuse*	• *re-launch joint investigative interviewing (JII) arrangements with particular reference to training, quality assurance and evaluation - potentially in partnership with the Central and North Scotland Child Protection Committee Consortium*
• *key contributor to the ongoing development of the CPC multi-agency management information and performance outcome framework*	• *continue to refine and develop the provided key performance management information for the CPC*
• *partner in the Perth and Kinross Stop To Listen Pathfinder project*	• *develop joint investigative interviewing approaches in terms of Perth and Kinross Stop To Listen Pathfinder project*
• *key partner in Perth and Kinross CPC and all Sub Groups and Working Groups*	

Scottish Children's Reporter Administration (SCRA)
Table No: 47

Key Strengths / Achievements	Areas for Development
• *strong partnership working between SCRA and key P&K partner agencies*	• *developing training jointly with ECS Services for Children, Young People and Families to improve understanding of hearing system*
• *audit of P&K referrals to SCRA to support GIRFEC approach to decision making in relation to children who may need compulsory measures*	• *developing a protocol between ECS Services for Children, Young People and Families*
• *continuing to develop and review practice between SCRA and P&K partners agencies*	
• *included key SCRA data in the P&K CPC management information and performance outcome framework*	

Services for Children, Young People and Families Service
Table No: 48

Key Strengths / Achievements	Areas for Development
• *development of a universal Named Person Service as Phase 2 of the MASG review*	• *embed new Named Person Service process in accordance with the implementation of the Children and Young People (S) Act 2014 and introduce mechanism to provide assistance*
• *refresher training provided for all Chairs of Child Protection Case Conferences and Core Groups*	• *refinement of recording practices to reduce duplication whilst ensuring accurate and detailed recording*

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• *consultation and involvement of Children and Young People is clearly demonstrated in CP processes*	• *improve mechanisms for creative engagement and consider potential use of social media*
• *comprehensive assessments addressing needs and risk and evidence of very good information sharing*	• *provide greater clarity on the extent of coordinated partnership working*
• *multi-agency training provided on use of chronologies which is evaluated highly*	• *implement key legislative and practice changes as part of the Children and Young People (S) Act 2014*
• *Unborn Baby Referrals considered by multi-agency group in order to offer early intervention and support*	• *multi-agency support structure to be reviewed in order to ensure the provision of early intervention in managing CAPSM and children affected by parental mental health*
	• *improve the administration and timescales for CPCCs*

Third Sector – Child Protection Voluntary Sector Forum

Table No: 49

Key Strengths / Achievements	Areas for Development
• *pro-active engagement with the National Third Sector GIRFEC Project with many voluntary sector organisations contributing*	• *continuing to promote and embed GIRFEC practice model and the SHANARRI wellbeing indicators across our services to promote integrated and collaborative working*
• *leading on the development of child sexual exploitation training for all stakeholders*	• *improving the quality and consistency of chronologies supported by staff training*
• *good quality assessments; care plans and recording practices in place across sector*	• *promoting awareness and understanding of self-evaluation in a partnership setting*
• *made staff training and development opportunities more accessible to our staff*	• *developing further engagement with smaller voluntary sector organisations*
• *wide range of diverse early supports in place for children and families*	• *proactive inclusion of third sector at strategic planning stages*
• *good cross service working and peer support promoting good practice*	• *recognition and inclusion of third sector role in relation to child protection and children and young people's services*
• *engagement with Third Sector Strategic Commissioning Project*	

How good is our leadership?

This section describes our collective approach to leadership, direction, support, challenge and scrutiny. It describes how we are promoting effective and collaborative partnership working to deliver the best possible outcomes for children and young people. It also describes our commitment to continuous improvement through self-evaluation and our capacity for further improvement across Perth and Kinross.

Evaluation: We are confident that our individual and collective approach to leadership, direction, support, challenge, scrutiny and joint partnership working is effective and robust and that our commitment to continuous improvement through self-evaluation is providing better outcomes for children and families across Perth and Kinross.

"A growing number of chief officers' groups have reviewed and strengthened structures and governance arrangements for public protection comprising child and adult protection, and the management of sex offenders. This is aimed both at improving the scrutiny and challenge of performance across public protection and at firming up wider connections across relevant strategic areas such as domestic abuse, violence against women, and drug and alcohol partnerships"

"Collective leadership for public protection is leading to new integrated approaches and better coordinated efforts to protect and support groups that are vulnerable and at risk. There are notable illustrations of positive joint working across strategic groups and some possible areas of good practice worthy of further exploration. For example, the establishment of joint working groups on behalf of adult and child protection committees in relation to raising public awareness and multi-agency training and development of staff"

> *A report on the effectiveness of child protection arrangements in Scotland (Care Inspectorate: November 2014)*

"The governance and accountability arrangements between the Community Planning Partnership (CPP) and the CPC are clear. The CPC is directly accountable to the C&YPSG. There is a very strong culture of challenge in Perth and Kinross Council with regular and robust scrutiny of the work of the CPC. There is strong evidence of effective leadership and direction resulting in continuous improvement in high performing public protection services and in the effectiveness of the CPC"

> *Effectiveness of the CPC in Perth and Kinross Council Area: Report to Scottish Ministers (Emma McWilliam, Link Inspector, Care Inspectorate: March 2014)*
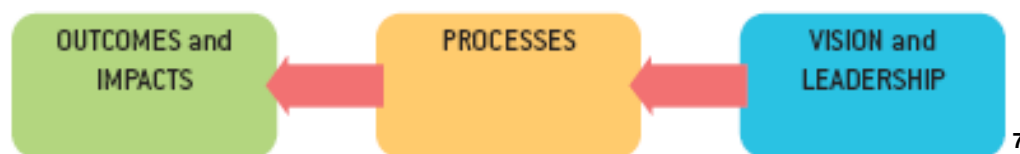
Perth and Kinross Children, Young People and Families Partnership (CYP&FP)

Elected Members and Chief Officers of the public, private and third sectors in Perth and Kinross continue to discharge their individual and collective responsibility for children's

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[7] Source: Extracted from *How well do we protect children and meet their needs?* (HM Inspectorate of Education 2009)

services, in particular, child protection services through the Perth and Kinross Children, Young People and Families Partnership (CYP&FP).

They do so within the Community Planning Partnership (CPP) Framework and their work is articulated via the Perth and Kinross Community Plan / Single Outcome Agreement 2013 - 2023 and the Perth and Kinross Council Corporate Plan 2013 – 2018.

The Vision of the CYP&FP is **to enable children and young people to be the best they can be.** The CYP&FP continues to provide strong leadership, direction, support, challenge and scrutiny of children's services and child protection services.

The CYP&FP also provides the CPC with clear governance; accountability and reporting frameworks for its work (see Appendices 1 and 2) and is committed to continuous improvement through self-evaluation.

Elected Members (Full Council) and Agency Board Members continue to provide added value and scrutiny of the work of the CPC across Perth and Kinross.

Joint Meeting (CYP&FP and CPC)

On 18 February 2016, the CYP&FP and the CPC held a Joint Meeting.

The purpose of this joint meeting was to:

- consider governance and reporting arrangements
- clarify the understanding of respective roles, responsibilities and relationships
- develop stronger working relationships
- allow members of both partnerships to discuss key issues relating to child protection and the promotion of wellbeing
- jointly identify key risks and future challenges in protecting children and young people
- consider the important role of the CYP&FP in scrutinising the work of the CPC and at the same time promoting a learning culture and supporting frontline staff.

A total of 23 members from the CYP&FP and CPC attended this half-day event. The main focus was on identifying, managing and mitigating risk and challenges by identifying opportunities for continuous improvement.

Following a series of interactive presentations and discussions, participants identified many strengths in the partnership working; identified the key risks and challenges ahead in protecting children and young people and suggested a number of solution-focussed actions to mitigate and these risks. Members also had an opportunity to contribute towards the Perth and Kinross Pathfinder: Stop To Listen (STL), a joint initiative with Children 1st.

Following on from this joint meeting, the strategic leadership priorities for the CYP&FP were identified as:

- *maintaining resources for child protection (as the number one priority) with increasing volume and case complexity*

- *promoting an autonomous, confident workforce and an authorising environment alongside strong leadership, direction and scrutiny*

- *keeping abreast of the complex and rapidly changing policy and practice landscape and ensure that the actions which are taken forward enhance and build on existing good practice*

- *leading the effective management of organisational and transformational change*

- *developing partnership working further and breaking down barriers between services and agencies to implement locality and integrated working*

- *supporting the importance of professional judgement in policy, process and practice*

- *providing effective supervision, which supports and empowers practice*

- *maintaining a learning culture, as opposed to a blame culture, by developing a competent, confident and upskilled workforce*

- *keeping pace with new challenges, e.g. the changing nature of risk, especially for those children not in the child protection system*

- *making more effective use of new technologies, e.g. social media*

- *maintaining public confidence in our services to protect people.*

Perth and Kinross Child Protection Committee (CPC)

"The most effective child protection committees have continued to place a strong focus on continuous improvement and striving for excellence. They have adopted sound quality assurance systems and jointly monitor performance across relevant services, using good quality quantitative and qualitative data for measuring and reporting on progress regularly against agreed priorities"

<p align="right"><u>A report on the effectiveness of child protection arrangements in Scotland</u> (Care Inspectorate: November 2014)</p>

Perth and Kinross Child Protection Committee (CPC) is the strategic, multi-agency child protection partnership which oversees the development; dissemination; implementation; and evaluation of child protection policy and practice developments across Perth and Kinross. Membership of the CPC is reviewed regularly to ensure it represents fully local children's services local needs and challenges.

The CPC remains compliant with the requirements specified in Part 2 of the National Guidance for Child Protection in Scotland 2014 (Scottish Government 2014) and continues to operate in terms of a CPC Partnership Agreement and Constitution. The CPC is supported by a public facing, Child Protection Website, which provides a transparent overview of the work of the CPC.

The CPC supports the ethos that **getting it right for every child is everyone's job** and it is **everyone's responsibility to keep children safe** and to **protect** them from harm, abuse and neglect.

CPC Development Day 2016

This annual event was held on 3 May 2016 and 47 members from our *child protection community* attended this event, which was evaluated highly. This year, as the CPC continued its *journey towards effective quality assurance and self-evaluation* the focus was on:

- developing our child protection community

- improvement planning through self-evaluation

- clarifying the connections between child protection and *Getting it right*

- implementing and embedding the Named Person provisions per The Children and Young People (Scotland) Act 2014

- embedding the Child's Plan provisions per The Children and Young People (Scotland) Act 2014

- embedding the Tayside Practitioner's Guidance: Chronologies

- developing new arrangements to support Named Persons in the handling and management of child wellbeing concern reports

- identifying the risks and challenges in supporting 16 to 18 years who may be at risk

- considering the opportunities created by changing structures and transformational changes in health and social care and housing and community care services.

Following on from this development session, the CPC has been able to validate and consolidate its approach to continuous improvement through self-evaluation and has future-proofed its work, in terms of forthcoming and emerging child protection legislative, policy and practice developments and changes. In particular the CPC will continue to:

CPC Priorities for 2016 and Beyond

- *continue to develop the child protection community across Perth and Kinross*

- *ensure the CPC is an effective partnership which provides leadership and direction in terms of child protection*

- *further develop effective quality assurance and self-evaluation approach, with a focus on risk and need*

- *support the Getting it right approach and the provisions of The Children and Young People (Scotland) Act 2014*

- *continue to improve information sharing, assessment and planning arrangements*

- *take cognisance of changing structures and transformational changes*

- *implement a robust annual self-evaluation programme*

- *progress the various actions / tasks contained within the CPC Improvement Plan 2015 - 2018 (see Appendix 5)*

- *assess our capacity for improvement and change.*

Partnership Working

Perth and Kinross CPC continues to work in partnership with and proactively influences, negotiates and contributes to the child protection policy, practice and work plans of a number of national, regional and local partnerships and / or groups. This includes (in no particular order):

National Partnership Working

- *Scottish Government Child Protection Policy Team*
- *Scottish Government Getting it Right for Every Child (GIRFEC) Team*
- *Scottish Government Ministerial and National Working Groups (various)*
- *Child Protection Committees Scotland*
- *National Child Sexual Exploitation (CSE) Working Group*
- *National CPC Lead Officers' Group*
- *National Child Protection Learning and Development Group*
- *National Child Protection and Disability Network*
- *Care Inspectorate*
- *WithScotland.*

Regional Partnership Working

- *Central and North Scotland Child Protection Committee Consortium*
- *Tayside Getting it Right for Every Child (GIRFEC) Strategic Group*
- *Pan Tayside Child Protection Learning and Development Group.*

Local Partnership Working (Perth and Kinross)

- *Perth and Kinross Children, Young People and Families Partnership (CYP&FP)*
- *Perth and Kinross Adult Support and Protection Committee (APC)*
- *Perth and Kinross Alcohol and Drug Partnership (ADP)*
- *Perth and Kinross Violence Against Women Partnership (VAWP)*
- *Perth and Kinross Community Safety and Environment Outcome Delivery Group*
- *Perth and Kinross Suicide Prevention Steering Group*
- *Perth and Kinross Voluntary Sector Child Protection Forum*
- *Perth and Kinross Getting it Right for Every Child (GIRFEC) Strategic Group*
- *Perth and Kinross Partnership Coordinators' Network*
- *Perth and Kinross Child Sexual Exploitation (CSE) Working Group*
- *Perth and Kinross Protecting People Communications Group.*

Useful Links

- *Perth and Kinross Children, Young People and Families' Partnership - Membership*
- *Perth and Kinross Child Protection Committee - Membership*
- *Perth and Kinross CPC Quality Assurance Sub Group - Membership*
- *Perth and Kinross CPC Practice Sub Group - Membership*
- *Perth and Kinross CPC Learning and Development Sub Group - Membership*
- *Perth and Kinross Child Sexual Exploitation Working Group - Membership*
- *Perth and Kinross Protecting People Communications Group - Membership*
- *Role, Remit and Responsibility - CPC Quality Assurance Sub Group*
- *Role, Remit and Responsibility - CPC Practice Sub Group*
- *Role, Remit and Responsibility - CPC Learning and Development Sub Group*

What is our capacity for improvement?

"We found encouraging signs that chief officers and child protection committees are striving for excellence in the protection of children and young people and that the capacity for improvement overall is high. In those areas showing signs of highly effective performance, leaders provide strong direction and collective ownership of shared values for delivering the best possible outcomes for children and young people in need of protection"

"Our link inspectors will build on these conclusions and provide the necessary support and challenge to community planning partnerships, chief officers and child and adult protection committees to effect continuous improvement. They will offer support to build capacity for joint self-evaluation using recognised quality improvement frameworks and carry out work to validate areas of good practice, focusing particularly in those aspects which represent the biggest challenges across Scotland"

A report on the effectiveness of child protection arrangements in Scotland (Care Inspectorate: November 2014)

"The CPC have identified very ambitious priorities for improvement in the coming year. Based on past performance, there is good reason to be confident that partners have the drive and determination to achieve their stated objectives"

Effectiveness of the CPC in Perth and Kinross Council Area: Report to Scottish Ministers (Emma McWilliam, Link Inspector, Care Inspectorate: March 2014)

Perth and Kinross CPC can demonstrate a long and well-established commitment to continuous improvement through self-evaluation, as evidenced throughout this report. We know *how good we are now* and *how good we can be*.

Through strong leadership, direction, challenge, support and scrutiny; effective partnership working; a wide range of joint self-evaluation activities and workshops; engagement and feedback from service users; joint-working with other high-performing CPC areas; benchmarking exercises and local practitioner events helps us to conclude again that our *capacity for improvement remains very strong.*

Underpinning the work of the CPC is a robust continuous improvement through self-evaluation programme.

Last year we committed ourselves to developing and implemented a three-year CPC Improvement Plan 2015 - 2018 (published on 29 March 2016). A comprehensive update (published on 31 July 2016) on this plan can be found at Appendix 5.

We also committed ourselves to an ambitious three-year programme of improvement and identified the following as high priority actions / tasks for 2015 – 2016:

CPC High Priority Actions / Tasks 2015 – 2016 (Year 1)

- *develop a management information and performance outcome framework with a particular focus on key outcome measures*
- *develop a zero-tolerance and preventative approach to child sexual exploitation and other harmful practices*
- *develop our communications strategy for protecting people and keeping children and young people safe*
- *develop our advocacy arrangements and methods of engagement with children, young people and families*

<div style="text-align: center;">281</div>

- *develop our screening and management arrangements through the multi-agency steering group and fully implement the MASG improvement plan*
- *develop the consistency of single and integrated chronologies and integrated assessments for children and young people at risk*
- *develop a child's plan and continue to align and embed GIRFEC and the provisions of The Children and Young People (Scotland) Act 2014*
- *continue to implement all the actions / tasks in the CPC Improvement Plan 2015 - 2018.*

We are confident that this report evidences and demonstrates clearly that we have made significant progress and improvements on all of the above commitments.

In terms of our ongoing three-year programme of improvement, we have identified the following high level actions / task which will underpin the work of the CPC in 2016 - 2017:

CPC High Priority Actions / Tasks 2016 – 2017 (Year 2)

- *further refine the management information and performance outcome framework to enhance the scrutiny and governance of performance*
- *refine our approach to quality assurance and self-evaluation using recognised frameworks*
- *ensure our quality assurance and self-evaluation programme continues to focus on key processes including decision making, but places more emphasis on impact*
- *continue to review and revise our existing CPC policies; procedures; protocols; guidelines and information leaflets to ensure compliance with new legislative and policy changes*
- *continue to embrace the opportunities and challenges presented by organisational change; transformational change; partnership working and integration*
- *continue to develop our public information, communication and engagement strategy and communications plan and make better use of the opportunities presented by the use of social media*
- *continue to embed the provisions of GIRFEC and The Children and Young People (Scotland) Act 2014 to safeguard, support and promote wellbeing - including the wellbeing of 16 - 18 years, who may be at risk*
- *re-design the multi-agency screening group (MASG) as required to ensure compliance with The Children and Young People (Scotland) Act 2014*
- *continue to support professional judgement and empower practitioners in terms of information sharing; GOPR; CSE; chronologies; assessments and planning*
- *develop the P&K Stop To Listen Pathfinder, in terms of joint investigative interviewing and peer-to-peer mentoring*
- *continue to implement the Year 2 priorities within the P&K CPC Improvement Plan 2015 - 2018 and the P&K CSE Work Plan 2016.*

Child Protection Committee Statutory Partners

Perth and Kinross Council is responsible for the delivery of public services across a large landward area of approximately 5,286 square kilometres to a population of approximately 149, 930. Perth and Kinross Council is ranked 5th in Scotland in terms of area and 13th in Scotland in terms of population. Our population is projected to grow by 24% by 2037, which is the third highest growth rate in Scotland.

In 2013, there were 66, 545 households in Perth and Kinross and it is predicted that there will be 82,870 by 2033. Around 80% of the overall population live within a settlement, the largest of which is Perth City, where approximately a third of the total population reside. Levels of deprivation remain relatively low, although there are identifiable pockets of deprivation. It is estimated that after housing costs, approximately 17% of children are living in poverty.

Children and young people (0-15) make up 16% of the population and education is delivered to 17,750 pupils. Early learning and childcare is delivered to 2,484 children through 46 nursery classes, 37 partner providers and one pre-school centre. Local authority education is provided to 17,821 pupils through 10 secondary schools; 73 primary schools and one additional support needs school. Attainment levels continue to be high. Perth and Kinross Council Headquarters are located in Perth. Education and Children's Services (ECS) delivers an integrated approach to Children and Families Services across Perth and Kinross[8].

NHS Tayside is responsible for commissioning health care services for the residents in the geographical local government areas of Angus, Dundee and Perth and Kinross. The Board's boundaries are coterminous with these local authority government areas, which had a combined population of 405,721 based on mid-year 2011 population estimates published by the General Register Office for Scotland.

NHS Tayside's governance includes a total of 19 major and community hospitals, including the University of Dundee's Medical School attached to the region's flagship institute, Ninewells Hospital in Dundee. It also includes over 66 GP surgeries and a variety of health centres staffed by over 30,000 employees of the health region.

NHS Tayside's Vision is: E*veryone has the best care experience possible.* NHS Tayside Aim is: *we will strive to deliver excellent care with compassion, dignity and respect, always listening to patients, their families and carers and working with partners to support people to live longer and healthier lives. We have a determination to learn, to improve and do the right thing.* NHS Tayside Values are:

1. *put patients first;*
2. *show compassion, caring and kindness;*
3. *treat everyone with dignity and respect;*

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[8] Source: National Records of Scotland: 2015
  Perth and Kinross Community Plan / Single Outcome Agreement (SOA) 2013 - 2023
  Perth and Kinross Education and Children's Services Standards and Quality Report 2014/2015

4. *take the time to have good, open communications and be accountable for our actions and behaviours; and*

5. *do the best that we can by working as a team to provide excellent treatment and care[9].*

Police Scotland was formally established on 1 April 2013 and is responsible for policing across the length and breadth of Scotland, some 28,168 square miles. Police Scotland is the second largest force in the UK, after the Metropolitan Police. Police Scotland's purpose is to improve the safety and wellbeing of people, places and communities in Scotland. The focus is on ***Keeping People Safe*** which is at the heart of everything that they do. There are 13 local policing divisions, each headed by a Local Police Commander who ensures that local policing in each area is responsive, accountable and tailored to meet local needs[10].

Tayside Division serves approximately 388,000 people over 2,896 square miles, covering the City of Dundee, Angus and Perth and Kinross council areas. The Division has 3 territorial command areas – one each for Dundee, Angus and Perth and Kinross. Each area has a dedicated Area Commander who has the responsibility for all day-to-day policing functions in that area. Each area is served by a number of community policing teams. These teams are built around the needs of local people. They are responsible for responding to calls in the local area, as well as looking for long term solutions to key issues [11].

Perth and Kinross Area Command covers an area of 2,000 square miles and is home to 134,949 people (2001 census). The main centres of population are Perth, Blairgowrie, Crieff, Kinross and Pitlochry[12]. Policing across Perth and Kinross is delivered in compliance with the Police Scotland: Perth and Kinross Local Policing Plan 2014 - 2017.

Scottish Children's Reporter Administration (SCRA) is a national body formed in 1996. Its main responsibilities are to facilitate the work of Children's Reporters, to deploy and manage staff to carry out that wok, and to provide accommodation for Children's Hearings. The Children's Hearings System provides the operational setting in which SCRA and partner agencies work. The aim is to provide a safety net for vulnerable children and deliver tailored solutions which meet the needs of the individuals involved, while helping to build stronger families and safer communities. SCRA also works collaboratively with partners to support and facilitate the Getting it Right For Every Child (GIRFEC) agenda.

The role of the Reporter is to:

- *receive referrals for children and young people who are believed to require compulsory measures of supervision;*

- *decide whether the child or young person needs to be referred to a Hearing, and if so draft a statement of grounds;*

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[9] Source: NHS Tayside Website at: http://www.nhstayside.scot.nhs.uk/index.htm [Accessed: 2016]
[10] Source: Police Scotland Website at: http://www.scotland.police.uk/about-us/ [Accessed: 2016]
[11] Source: Police Scotland Website at: http://www.scotland.police.uk/your-community/tayside/ [Accessed: 2016]
[12] Source: Police Scotland Website at http://www.scotland.police.uk/your-community/tayside/perth-and-kinross/ [Accessed: 2016]

- *provide administration to Children's Hearings and keep a record of proceedings at Hearings;*
- *maintain the independence of Hearings and support fair process; and*
- *conduct Children's Hearings court proceedings.*

The Reporter's primary function is to receive referrals for children and young people who are believed to require compulsory measures of supervision. The Reporter then decides whether the child or young person should be referred to a Children's Hearing.

SCRA has nine localities, supported by a Head Office. The nine localities are: Highlands & Islands, North Strathclyde, Glasgow, Grampian, South East, Tayside & Fife, Ayrshire, Central, and Lanarkshire/Dumfries & Galloway.[13] The service to Perth is provided by the Tayside Fife Locality. It is the Glenrothes office that provides the service to Perth & Kinross, contact details are on the SCRA website.

The SCRA website provides information and resources for families and professionals. There is also information for partners guidance on referral to the Reporter – information for partners which is a valuable resource for anyone considering whether to refer a child to SCRA. **SCRA service to Perth and Kinross** is provided from the Tayside and Fife Locality, which has sites in a Dundee and Glenrothes. The Children's Hearings Centre in Perth continues to hold on average 170 hearings sessions throughout the year.

Children's Hearings Scotland (CHS) is a public body. It was established in July 2011 by

The Children's Hearings (Scotland) Act 2011 and became fully operational on 24 June 2013. The Act aims to improve the lives, outcomes and opportunities of Scotland's most vulnerable children and young people. In relation to CHS, the Act:

- *created the role of National Convener, to act as a figurehead for Scotland's 2,700 volunteer panel members, to ensure they are consistently supported to a high standard*
- *created CHS as a dedicated national body, to support the National Convener in the delivery of functions related to the recruitment, selection, appointment, training, retention and support of panel members*
- *empowered the National Convener to establish a national Children's Panel*
- *empowered the National Convener to establish Area Support Teams, with the consent of each local authority, to be responsible for managing and supporting the national panel at local level.*

Under the Act, the National Convener of CHS has a number of duties. These include:

- *recruitment, appointment and reappointment of panel members*
- *making arrangements for the training of panel members*
- *managing the 22 Area Support Teams*
- *appointment and reappointment of Area Support Team members*
- *providing advice to children's hearings*
- *publishing annually a report about the implementation of compulsory supervision orders (the feedback loop) [14].*

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13   Source: SCRA Website at: http://www.scra.gov.uk/children_s_hearings_system/about_scra.cfm [Accessed: 2016]
14   Source: Children's Hearings Scotland Website at: http://www.chscotland.gov.uk/about-chs/ [Accessed: 2016]

**Perth and Kinross Child Protection Committee
Governance and Accountability Framework**

Children, Young People and Families Partnership (CYP&FP)

Child Protection Committee (CPC)

Protecting People Communications Group

Partnership Coordinators' Network

Child Sexual Exploitation Working Group

CSE Workstream 1 Prevention

CSE Workstream 2 Intervention

CSE Workstream 3 Disruption & Prosecution

CSE Workstream 4 Recovery

Child Protection Voluntary Sector Forum

Independent Schools Sub Group / School Nurses Sub Group

Approved Providers / Activity Centres Sub Group

CPC Learning & Development Sub Group

CPC Practice Sub Group

CPC Quality Assurance Sub Group

Perth and Kinross Child Protection Committee Reporting Framework

Perth and Kinross Community Planning Partnership (CPP)

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Perth and Kinross Children, Young People and Families Partnership (CYP&FP)

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Elected Members and Board Members and Chief Officers

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Perth and Kinross Community Plan / Single Outcome Agreement (SOA) 2013 - 2023[15]

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Perth and Kinross Council Corporate Plan 2013 - 2018[16]

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Perth and Kinross Integrated Children's Service Plan 2013 - 2015[17]

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Perth and Kinross Child Protection Committee (CPC) and CPC Sub Groups

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Perth and Kinross CPC Improvement Plan 2015 - 2018[18]

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Perth and Kinross CPC Continuous Improvement through Self-Evaluation Strategy and Programme[19]

Our Golden Thread[20]

NATIONAL PERFORMANCE FRAMEWORK

PERTH AND KINROSS SOA / COMMUNITY PLAN

PERTH & KINROSS COUNCIL'S CORPORATE PLAN

SERVICE BUSINESS MANAGEMENT AND IMPROVEMENT PLANS

DIVISION / TEAM PLANS

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[15] Source: Perth and Kinross Community Plan/Single Outcome Agreement 2013 - 2023
[16] Source: Perth and Kinross Council Corporate Plan 2013 - 2018
[17] Source: Perth and Kinross Integrated Children's Services Plan 2013 - 2015
[18] Source: Perth and Kinross CPC Improvement Plan 2015 - 2018
[19] Source: Perth and Kinross CPC Continuous Improvement Programme
[20] Source: Perth and Kinross Council Corporate Plan 2013 - 2018

List of Useful Abbreviations

ACCP	Abuse, Culture and Child Protection (roshni)
ADP	Alcohol and Drug Partnership
ASPC	Adult Support and Protection Committee
C&NSCPCC	Central and North Scotland Child Protection Committee Consortium
CAPSM	Children Affected by Parental Substance Misuse
CCF	Child Concern Folder (Schools)
CCR	Child Concern Report
CHS	Children's Hearings Scotland
CI	Care Inspectorate
COPFS	Crown Office and Procurator Fiscal Service
CPC	Child Protection Committee
CPCC	Child Protection Case Conference
CPDT	Child Protection Duty Team
CPK	Culture Perth and Kinross (CPK - Trust)
CPO	Child Protection Officer (Schools)
CPO	Child Protection Order
CPP	Community Planning Partnership
CPR	Child Protection Register
CPVSF	Child Protection Voluntary Sector Forum
CSE	Child Sexual Exploitation
CSO	Compulsory Supervision Order
CYP&FP	Children, Young People and Families Partnership
CYRO	Children and Youth Rights Officer
DWP	Department for Work and Pensions
ECHR	European Convention on Human Rights
ECS	Education and Children's Services
FAQ	Frequently Asked Questions
FGM	Female Genital Mutilation
FM	Forced Marriage
FOI	Freedom of Information
GIRFEC	*Getting it Right for Every Child*
GOPR	Getting Our Priorities Right
GP	General Practitioner

H&S	Health and Safety
H&SCI	Health and Social Care Integration
HBV	Honour Based Violence
HCC	Housing and Community Care
HMIE	Her Majesty's Inspectorate of Education
ICO	Information Commissioner's Office
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IJB	Integrated Joint Board
IRD	Inter-Agency Referral Discussion
ITMs	Integrated Team Meetings (in Schools)
iVPD	Vulnerable Person's Database (Interim) (Police Scotland)
JII	Joint Investigative Interview
JIIT	Joint Investigative Interview Training
KPI	Key Performance Indicators
LAAC	Looked After and Accommodated Children
LAC	Looked After Children
LAL	Live Active Leisure (LAL - Trust)
LP	Lead Professional
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASG	Multi-Agency Screening Group
MATAC	Multi-Agency Tasking and Coordinating
MiDIS	Multi-Disciplinary Information Systems (NHS Tayside)
MIS	Management Information and Statistics
NHS	National Health Service
NP	Named Person
NSPCC	National Society for the Prevention of Cruelty to Children
OOHS	Out of Hours Service (P&KC)
P&K	Perth and Kinross
PACES	Perth and Kinross Accredited Club Excellence Scheme
PAN Tayside	Perth, Angus and Dundee Councils (Tayside)
PCC	Police Concern Report
PF	Procurator Fiscal
PKAVS	Perth and Kinross Association of Voluntary Service

PKC	Perth and Kinross Council
PPU	Public Protection Unit (Police)
PSE	Personal Social Education (Schools)
QI	Quality Indicator
RAG	Red; Amber; Green
RSHP	Relationships, Sexual Health and Parenthood (Schools)
S&Q	Standards and Quality Report
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SHANARRI	GIRFEC Wellbeing Indicators - Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; Included
SMART	Specific; Measurable; Achievable; Realistic and Time-Limited
SOA	Single Outcome Agreement
STL	Stop To Listen (Children 1st)
UBB	Unborn Baby
UNCRC	United Nations Convention on the Rights of the Child
VAWP	Violence Against Women Partnership
VPR	Vulnerable Person Report (Police Scotland)
VRI	Visually Recorded Interviews

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Getting it Right
in Perth and Kinross
Helping children be the best they can be

ChildProtection
Perth & Kinross

CPC Improvement Plan 2015 – 2018
Progress Report for CPC S&Q Report 2015 – 2016

Progress Report Published: 31 July 2016

RAG Legend – Red; Amber; Green;

R	**RED**: *There are **significant** issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget.*
A	**AMBER**: *There are **some** issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget.*
G	**GREEN**: *There are **no** issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget.*

CPC Sub Groups - Colour Designation

- CPC Quality Assurance Sub Group
- CPC Practice Sub Group
- CPC Learning & Development Sub Group
- All CPC Sub Groups

No	RAG	Progress Report & Evidence @ 31 July 2016	Timescale	Strategic Lead	Action / Task
1	GREEN	• CPC Partnership Agreement and Constitution 2015 - In Place; • CPC Communications Strategy; Communications Plan; Learning and Development Strategy & Learning Frameworks 2015 - 2018 - In Place; • CPC Improvement Plan 2015 - 2018 - In Place / Ongoing; • CPC Self-Evaluation Programme 2015 - 2016 - In Place / Ongoing; • CPC Multi-Agency Management Information and Performance Outcome Framework 2015 - 2016 - In Place / Ongoing; • CPC and Sub Groups Annual Development Sessions - In Place; • CPC Annual Standards and Quality Reports - In Place; • Governance, Leadership, Direction, Scrutiny and Reporting Framework via Children, Young People and Families Partnership; Full Council and Scrutiny Committee - In Place; • CPC Minutes - Published on CPC Website; • CPC and Sub Groups Induction and Self-Briefing Pack - In Place / Continually Updated; • CPC and Sub Groups Membership - Under Constant Review; • CPC and Sub Group Members - Role, Remit and Responsibility Guidance - In Place / Ongoing; • Joint Session of the CYP&FP and CPC held on 18/02/2016 - Focus on Governance; Leadership; Accountability; Reporting; Partnership Working; Risks, Opportunities and Challenges Full	By 31 December 2016	Chair of the CPC Chairs of all CPC Sub Groups	**1.1** Carry out a systematic biennial review the Child Protection Committee (CPC) and CPC Sub Groups to ensure they are providing leadership and direction in terms of their role, remit and function and consider future succession planning for Chairs and Vice-Chairs

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No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	R A G
				• Evaluation Report; • CPC Development Session held on 03/05/2016 - Evaluation Report; • CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review per GIRFEC and The Children and Young People (Scotland) Act 2014 - Compliance; • **ONGOING.**	
	2.1 From 1 August 2015, implement the revised multi-agency management information and performance outcome framework	Chair of the CPC	Ongoing from 1 August 2015	• CPC Multi-Agency Management Information and Performance Outcome Framework 2015 - 2016 - In Place / Ongoing; • Providing Annual Reporting to CPC and CYP&FP and Quarterly Reporting to CPC; • Themed Approach to Performance Reporting to CYP&FP - In Place for the CYP&FP via ECS Research and Performance Team; • Implications of GIRFEC, MASG Re-Design and The Children and Young People (Scotland) Act 2014 - Compliance; • **ONGOING**.	**GREEN**
2	**2.2** Make use of the multi-agency management information and performance outcome framework to further enhance the scrutiny and governance of performance by the Child Protection Committee and the Children, Young People and Families Partnership (CYP&FP)	Chair of the CPC Chair of the Children, Young People and Families Partnership	Ongoing from 1 January 2016	• CPC Multi-Agency Management Information and Performance Outcome Framework 2015 - 2016 - In Place / Ongoing; • Providing Annual Reporting to CPC and CYP&FP and Quarterly Reporting to CPC; • Themed Approach to Performance Reporting to CYP&FP - In Place for the CYP&FP via ECS Research and Performance Team; • BMIP - Providing Additional Reporting to CYP&FP - Key Child Protection Information; • Implications of GIRFEC, MASG Re-Design and	**GREEN**

No	RAG	Progress Report & Evidence @ 31 July 2016	Timescale	Strategic Lead	Action / Task
	GREEN	The Children and Young People (Scotland) Act 2014 - Compliance; • Key Performance Management Information being used to inform ongoing CPC Quality Assurance and the CPC Self-Evaluation Calendar 2015 - 2016 includes: • sampling and quality assurance of the outcomes of wellbeing concerns submitted / considered by the MASG – including those passed to Named Persons without an offer of additional support; • sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation; • review and quality assurance of all child protection investigations which did not result in a Child Protection Case Conference; • review and quality assurance of all Child Protection Case Conferences which did not result in the child's name being placed on the child protection register (CPR); • systematic review and quality assurance of all children whose names were removed from the CPR in less than 6 months; • systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months; • **ONGOING**.			

No	RAG	Progress Report & Evidence @ 31 July 2016	Timescale	Strategic Lead	Action / Task
2.3	GREEN	• CPC Multi-Agency Management Information and Performance Outcome Framework 2015 - 2016 - In Place / Ongoing; • Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time); • Themed Approach to Performance Reporting to CYP&FP - In Place for the CYP&FP via ECS Research and Performance Team; • CPC Self-Evaluation Calendar 2015 - 2016 includes a wide range of quality assurance (review and sampling) and self-evaluation activities - focus on impact and outcomes; • **ONGOING**.	By 1 August 2016	Chair of the CPC Quality Assurance Sub Group	Develop and implement robust qualitative measures in relation to the impact of interventions for children and young people in need of protection
3.1 **3**	GREEN	• CPC Multi-Agency Management Information and Performance Outcome Framework 2015 - 2016 - In Place / Ongoing; • Evidenced By - CPC Improvement Plan 2015 - 2018; CPC Self-Evaluation Calendar 2015 - 2016 and CPC Annual Standards and Quality Reports; • CPC Self-Evaluation Calendar 2015 - 2016 includes a wide range of quality assurance (review and sampling) and self-evaluation activities - focus on impact and outcomes; • **ONGOING**.	Annual Evaluation Reports October 2016 October 2017 October 2018	Chair of the CPC	Continue to refine our common approach to self-evaluation using relevant frameworks; implement a planned and coordinated cycle of single agency and joint self-evaluations of services to protect children and young people which integrates well with the evaluation of our implementation of *Getting it Right* in Perth and Kinross

No	RAG	Progress Report & Evidence @ 31 July 2016	Timescale	Strategic Lead	Action / Task
3.2	**GREEN**	• CPC Self-Evaluation Calendar 2015 - 2016 - In Place and includes: • sampling and quality assurance of the outcomes of wellbeing concerns submitted / considered by the MASG – including those passed to Named Persons without an offer of additional support; • sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation; • review and quality assurance of all child protection investigations which did not result in a Child Protection Case Conference; • review and quality assurance of all Child Protection Case Conferences which did not result in the child's name being placed on the child protection register (CPR); • systematic review and quality assurance of all children whose names were removed from the CPR in less than 6 months; • systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months; • **ONGOING.**	Completed by 1 August 2016 and reported 1 October 2016	Chair of CPC Quality Assurance Sub Group	As part of the Self-Evaluation Programme, examine and quality assure the conversion rates between child concern reports; child protection investigations; child protection case conferences; rate of child protection registrations; de-registrations and re-registrations to ensure the right children, are getting the right help and at the right time

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
3.3	Ensure that there is a focus on vulnerable children for whom there is a wellbeing concern in the review, self-evaluation and quality assurance of the effectiveness of practices to support prevention and early intervention	Chair of CPC Quality Assurance Sub Group	By August 2016 and Ongoing Delayed to October 2016 as a result of UK Supreme Court Judgement	• CPC Self-Evaluation Calendar 2015 - 2016 - In Place and includes: • *sampling and quality assurance of the outcomes of wellbeing concerns submitted / considered by the MASG – including those passed to Named Persons without an offer of additional support;* • *sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation;* • *review and quality assurance of all child protection investigations which did not result in a Child Protection Case Conferences;* • *review and quality assurance of all Child Protection Case Conferences which did not result in the child's name being placed on the child protection register (CPR);* • *systematic review and quality assurance of all children whose names were removed from the CPR in less than 6 months;* • *systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months;* • GIRFEC and The Children and Young People (Scotland) Act 2014 - Impact of changes - Redesign of the MASG; • CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review per GIRFEC and The Children and Young People (Scotland) Act 2014 - Compliance; • **ONGOING.**	AMBER

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
4	**4.1** Develop a joint framework for quality assurance to include a comprehensive set of standards; systems and processes to check on the quality of our work	Chair of the CPC Quality Assurance Sub Group	By 31 December 2016	• CPC Continuous Improvement through Self-Evaluation Framework - In Place; • Evidenced By - CPC Improvement Plan 2015 - 2018; CPC Self-Evaluation Calendar 2015 - 2016 and CPC Annual Standards and Quality Reports; • Joint QA Framework - Policy & Legislation - Fully Researched; • CPC QA Joint Framework - Being Drafted; • **ONGOING**.	**GREEN**
5	**5.1** Review, revise and publish the CPC Inter-Agency Child Protection Guidelines 2011 in keeping with the Scottish Government's *National Guidance for Child Protection in Scotland 2014* and the provisions of The Children and Young People (Scotland) Act 2014 and associated statutory guidance published in 2015	CPC Short Life Multi-Agency Working Group (SLWG) CPC Child Protection Inter-Agency Coordinator	By 31 July 2016 Launch and Dissemination August 2016 New Deadline proposed to November 2016 as a result of the UK Supreme Court Judgement	• CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review per GIRFEC and The Children and Young People (Scotland) Act 2014 - Compliance; • Being updated in keeping with The National Guidance for Child Protection in Scotland 2014; GIRFEC and The Children and Young People (Scotland) Act 2014; • Taking into account Local Practice Re-Designs - Named Persons and MASG; • P&K CPC SLWG Identified to Complete this Multi-Agency Work 2016; • Publication Planned for end of August / early September 2016; • **ONGOING**.	**AMBER**

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
6	**6.1** Ensure the new arrangements for Health and Social Care Integration support positive joint working practices between children's services and adult services for children, young people and families affected by: • *Domestic abuse* • *Problematic alcohol / drug use* • *Mental ill-health* • *Sexual exploitation* • *Learning disability* • *Young people in transition between children's services and adults services*	Director of Social Work (Chief Social Work Officer)	Ongoing 2016 - 2018	• Update Reports Presented to the Children, Young People and Families Partnership 2015 / 2016; • Director of Social Work / CSWO - Presentation at CPC Annual Development Session (3 May 2016); • IJB Membership Review (Children's Services); • *Problematic Alcohol / Drug Use:* P&K Joint Working ADP and CPC - Joint Partnership Agreement 2013 - In Place and GOPR Action Plan 2013 - In Place / Ongoing; • *Problematic Alcohol / Drug Use:* GOPR Multi-Agency Staff Training - Being rolled-out across Localities from June 2016 to June 2017; • *Sexual Exploitation:* P&K CSE Working Group - In Place; *Sexual Exploitation* : P&K CSE Work Plan 2016 - Numerous Actions / Tasks - Being Updated; • *Sexual Exploitation:* Multi-Agency Staff Training - Being rolled-out across Localities from June 2016 to June 2017; • P&K Partnership Coordinators' Network - In Place - with Terms of Reference to promote Joint Working across all Public Protection Partnerships; • Joint Working - Ongoing between APC and CPC - Public Awareness Survey of AP & CP - Completed end of 2015; Public Caller Survey of Callers to Adult Protection and Child Protection Lines - Completed June 2016; • Services for 16 - 18 Year Olds at Risk - Paper presented to CPC on 07/06/2016; • CPC Child Protection Website - Public Facing - Contains key Information; • **ONGOING**.	GREEN

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
6.2	Review the connectivity between the Integration Joint Board (IJB) and the Child Protection Committee (CPC) to ensure the effectiveness of services to protect children, young people and families	Director of Social Work (Chief Social Work Officer)	Ongoing 2016 - 2018	• Update Reports Presented to the Children, Young People and Families Partnership 2015 / 2016; • Director of Social Work / CSWO - Presentation at CPC Annual Development Session (3 May 2016); • Presentation by H&SC and Table Top Discussion - Identified IJB Review Membership in terms of Services for Children, Young People and Families; • Scottish Government Child Protection Leadership Summit - Held in Perth on 03/06/2016 - Review of Child Protection in Scotland 2016; • **ONGOING.**	GREEN
7	7.1 Continue to develop and implement a CPC Communications Plan in compliance with the CPC Public Information, Communication and Engagement Strategy which coordinates the work of the CPC to raise awareness and understanding of how to keep children and young people safe and what to do to protect children and young people from harm and abuse	Chair of the Protecting People Communications Group	Annual Evaluation Reports October 2016 October 2017 October 2018	• CPC Communications Strategy and Communications Plan 2015 - 2018 - In Place; • CPC Social Media Work - Underway from June / July 2016; • Includes a wide range of public information, communication and engagement work for all stakeholders; • Public Awareness Survey of Adult Protection and Child Protection - Completed end of 2015; • Public Caller Survey of Callers to Adult Protection and Child Protection Lines - Completed June 2016; • CPC Survey of Children & Young People in Schools - Keeping Safe - Completed June 2016; • CPC Survey of Children & Young People in School Transition P7 to S1 - Keeping Safe - Completed June 2016; • CPC Child Protection Website - Public Facing - Contains Key information; • **ONGOING.**	GREEN

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	R A G
8.1	Ensure that the delivery of the statutory duties of *Getting it Right in Perth & Kinross* prioritises and promotes the protection of children and young people	Chair of the CPC Chair of the GIRFEC Strategic Group	By August 2016 and Ongoing	• P&K GIRFEC Strategic Group - In Place; • Minutes and Output Papers; • GIRFEC and The Children and Young People (Scotland) Act 2014 - Impact of changes - Redesign of the MASG; • Regular Reports / Presentations being provided to the CYP&FP - 2015 / 2016; • CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review per GIRFEC and The Children and Young People (Scotland) Act 2014 - Compliance; • GIRFEC Training - Named Person; Child's Plan and Chronologies - Ongoing / Further GIRFEC Training planned 2016 / 2016; • Perth and Kinross CPC / GIRFEC Strategic Group - Membership of National CP / GIRFEC Group; • CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops -Evaluation Report; • **ONGOING**.	GREEN
8.2	Ensure multi-agency staff learning and development opportunities support the GIRFEC approach and principles - including the Practice Model; Named Person; Child's Plan and that it promotes, supports and safeguards wellbeing	Chair of the CPC Learning & Development Sub Group	By August 2016 and Ongoing	• CPC Learning and Development Sub Group - In Place; • Re-Configured to include Child Protection and GIRFEC 2016; • Learning and Development Framework 2015 - 2018 - In Place; • Child Protection and GIRFEC Training - Includes GIRFEC Practice Model; Named Person; Child's Plan; Lead Professional and Chronologies; • Programme for 2016 / 2017 - Approved by CPC L&DSG on 02/06/2016;	GREEN

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No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
				• P&K GIRFEC OnLine E-Learning Module and Website - Updated June 2016; • CYP&FP - Approved K GIRFEC OnLine E-Learning Module was Essential Training for all P&K Council Employees 2016 / 2017; • CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report; • **ONGOING**.	
9	**9.1** Continue the multi-agency roll-out of staff learning and development opportunities and evaluate the impact of the Perth and Kinross Practitioner's Guide and OnLine Toolkit to GOPR: *Getting our Priorities Right: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use*	Chair of the ADP Chair of the CPC	Ongoing from 1 April 2016	• Joint Working - Ongoing between ADP & CPC - *Getting Our Priorities Right: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use;* • ADP & CPC Joint Partnership Agreement 2013 - In Place and GOPR Action Plan 2013 - In Place / Ongoing; • GOPR OnLine Practitioner Guide & Toolkit - In Place; • GOPR Training for Trainers - Completed March 2016 - Multi-Agency Staff Training - Being rolled-out across Localities from June 2016 to June 2017; • **ONGOING**.	G R E E N

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
10	**10.1** Re-design the Multi-Agency Screening Group (MASG) to become a key mechanism for *Getting it Right in Perth and Kinross and* the implementation of Named Person, in keeping with the provisions of The Children and Young People (Scotland) Act 2014 and associated statutory guidance published in 2015	Chair of the CPC Practice Sub Group Chair of the MASG Review Group	By 1 May 2016	• P&K MASG - Established November 2012; • Evaluated / Reviewed in 2014 / 2015; • MASG Improvement Plan 2015 - Work Completed and Reported to CPC and CYP&FP 2015 / 2016; • Multi-Agency MASG Re-Design Group - Established 2015 / 2016; • Implications of GIRFEC and The Children and Young People (Scotland) Act 2014 - Identified; • Presentation and Report provided to CYP&FP on 20/05/2016 - Work Ongoing for August / September 2016; • CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report; • Police Scotland - Reporting to Children and Young People Implementation Team via DI Loudon on Impact of Changes to Local Screening Groups; • Police Scotland and NHS Tayside - Sharing Learning from Reviews of Early Screening Group in Angus and MASH in Dundee; • **ONGOING.**	**GREEN**
11	**11.1** Further develop and implement a zero-tolerance approach to the prevention of abuse, exploitation, harmful practices and child sexual exploitation by implementing the provisions of the CSE Work Plan and from the messages from the Young People's Speak-Up Innovation Lab and Leadership Summit held in Perth on 8	Chair of the CSE Working Group	Ongoing 2016 - 2018	• P&K CSE Working Group; • Meetings and Workshops - Minuted; • Terms of Reference - In Place and CSE Work Plan 2016 - In Place / Being Updated; • P&K CPC CSE Web Pages - In Place; • P&K CSE Practitioner's Guide and OnLine Toolkit - In Place; • P&K CSE Information & Advice Leaflets (Various Stakeholders) - In Place;	**GREEN**

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
	September 2015			• P&K Young People's Speak-Up Innovation Lab and Leadership Summit held in Perth on 8 September 2015 - Feedback and Evaluation Reports; • Elected Members and Chief Officers - Public Statements - Zero-tolerance of abuse and exploitation within P&K - Reported by Media; • Key Messages re GIRFEC and CSE - Extracted; • P&K CSE Masterclass held in Perth on 03/02/2016 - Feedback and Evaluation Reports; • CSE Multi-Agency Staff Training - Being rolled-out across Localities from June 2016 to June 2017; • P&K Annual GIRFEC - *Keeping Your Child Safe* Event held in Perth Cinema on 3 March 2016 - Evaluation Report Presented to CPC on 07/06/2016; • P&K Annual Keeping Yourself Safe Survey in Schools – Completed June 2016; • P&K NSPCC Schools Programme in Primary Schools – Speak Out Stay Safe Programme - Ongoing 2016 / 2017; • P&K Stop To Listen Pathfinder (1 of 4 nationally in Scotland) - Multi-Agency STL Steering Group - In Place; • P&K STL Steering Group Terms of Reference - Drafted June 2016; • Focus on CSE - Joint Investigative Interviewing and Peer Mentoring; • Reports being provided to CPC and CYP&FP - Next Report to Full Council in December 2016; • Police Scotland - Launching CSE Procedures within P&K with a view to Early Identification of	GREEN

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
				• Proactive Work around Young People at Risk; • Police Scotland - To share learning with P&K about CSE Advisor Pilot with Barnardos; • ONGOING.	
	11.2 Review, publish and implement a revised CPC Under-Age Sexual Activity Protocol in compliance with the Scottish Government: *National Guidance for Under-Age Sexual Activity – Meeting the Needs of Children and Young People and Identifying Child Protection Concerns*	CPC Short Life Multi-Agency Working Group (SLWG) CPC Child Protection Inter-Agency Coordinator	By 31 July 2016	• CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review per GIRFEC and The Children and Young People (Scotland) Act 2014 - Compliance; • Under-Age Sexual Activity - Wellbeing and Child Protection Procedures Apply; • Police Scotland SOP: Under-Age Sexual Activity - Awaiting Publication; • ONGOING.	GREEN
12	**12.1** Examine the relationship between poverty and child protection and the implications of welfare reform through a multi-agency workshop for staff working with children, young people and families	Head of Community Care	TBC	• Presentation to CPC on 18/08/2015 by P&K Welfare Benefits Team; • CPC 07/06/2016 - Agreed to hold a Multi-Agency Practitioner's Seminar - Autumn / Winter 2016; • Focus on Neglect; Poverty and Child Protection; • CPC and CELCIS Event - Planning underway from Summer 2016; • ONGOING.	GREEN

No	R A G	Progress Report & Evidence @ 31 July 2016	Timescale	Strategic Lead	Action / Task
13	GREEN	• Tayside (GIRFEC) Tayside Practitioner's Guide: Chronologies - Published on 14/12/2015; • Distributed Widely across P&K; • P&K CPC Multi-Agency Chronology Training - In Place - Positive Evaluation Reports; • Further Training Planned 2016 / 2017; • CPC Quality Assurance Sub Group on 20/04/2016 and CPC Practice Sub Group on 24/05/2016 - Agreed to Examine Chronology Implementation; • CPC Practice Sub Group on 24/05/2016 - Agreed to collate Examples for Existing Single Agency Chronologies - For Discussion & Review; • P&K CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report; • **ONGOING.**	Ongoing from 1 April 2016	Chairs of all CPC Sub Groups	**13.1** Implement the Tayside Practitioner's Guide: Chronologies (Single and Integrated), roll it out and support it with multi-agency staff learning and development opportunities
	GREEN	• CPC Quality Assurance Sub Group on 20/04/2016 and CPC Practice Sub Group on 24/05/2016 - Agreed to Examine Chronology Implementation; • CPC Practice Sub Group on 24/05/2016 - Agreed to collate Examples for Existing Single Agency Chronologies - For Discussion & Review; • CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report; • **ONGOING.**	Ongoing from 1 April 2016	Chairs of all CPC Sub Groups	**13.2** Review, evaluate and quality assure the effectiveness of Chronologies to ensure they are meeting the wellbeing needs of children and young people

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
14 14.1	Review the effectiveness of existing frameworks for assessing risks and needs and implement staff learning and development opportunities to ensure continuous improvement in the quality of assessments	Chairs of all CPC Sub Groups	Ongoing Evaluation Reports 2016 - 2018	• Single Service / Agency Assessment Frameworks - In Place; • CPC Practice Sub Group on 24/05/2016 - Agreed to collate Existing Single Agency Assessment Framework Templates; • CPC Practice Sub Group on 24/05/2016 - Agreed to examine them at future Meetings; • CPC Quality Assurance Sub Group on 20/04/2016 - Agreed to evaluate them later in 2006; • **ONGOING.**	GREEN
15 15.1	Implement the Tayside Child's Plan in keeping with The Children and Young People (Scotland) Act 2014, roll it out and support it with multi-agency staff learning and development opportunities	Chairs of all CPC Sub Groups	Ongoing from January 2016	• Tayside (GIRFEC) Child's Plan - Published April 2016; • Child's Plan Template - Posted on CPC Website; • Child's Plan - Included in all CPC Multi-Agency Child Protection and GIRFEC Training; • Further Training - Planned 2016 / 2017; • **ONGOING.**	GREEN
15.2	Review, evaluate and quality assure the effectiveness of the planning arrangements to ensure they are meeting the risks and needs of children and young people	Chairs of all CPC Sub Groups	Ongoing from January 2016	• Tayside (GIRFEC) Child's Plan - Published April 2016; • Child's Plan Template - Posted on CPC Website; • Child's Plan - Included in all CPC Multi-Agency Child Protection and GIRFEC Training; • Further Training - Planned 2016 / 2017; • CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report; • CPC Practice Sub Group on 24/05/2016 - Agreed	GREEN

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	R A G
				• too early to Review / Evaluate; • CPC Quality Assurance Sub Group on 20/04/2016 - Agreed too early to Evaluate - Agreed to review later in 2016; • **ONGOING**.	
16	**16.1** Review, evaluate and quality assure the effectiveness of the Inter-Agency Referral Discussions (IRDs) across Perth and Kinross and implement actions to improve practice	Chair of the CPC Quality Assurance Sub Group Chair of the CPC Practice Sub Group	By 31 March 2016	• P&K CPC Inter-Agency Screening and IRD Protocol - In Place / Under Review 2016; • Re-Design of MASG - Future Proofing Identified Changes; • Police Scotland Tayside Divisions (DI Binnie) - Tayside-wide Review of IRDs - Completed September 2015; • CPC Self-Evaluation Calendar 2015 - 2016 - In Place and includes: • sampling and quality assurance of the outcomes of wellbeing concerns submitted / considered by the MASG – including those passed to Named Persons without an offer of additional support; • sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation; • review and quality assurance of all child protection investigations which did not result in a Child Protection Case Conference; • **ONGOING**.	G R E E N

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No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
16.2	Participate as a Pathfinder area for the Stop to Listen project in partnership with Children 1st with the aim of improving our practices in responding to and investigating child sexual abuse and sexual exploitation	TBC	By 31 January 2017	• P&K Stop To Listen (STL) Pathfinder (1 of 4 nationally in Scotland) - Underway; • P&K Multi-Agency STL Steering Group - In Place; • P&K STL Steering Group Terms of Reference - Drafted June 2016; • First Meeting - 1 June 2016; Further Meetings Planned; • Focus on CSE - Joint Investigative Interviewing and Peer Mentoring; • Part of the P&K CSE Work Plan 2016 - Ongoing; • P&K CPC - Attending the National STL Steering Group Meetings - Minutes and Outputs; • Reports being provided to CPC and CYP&FP - Next CSE Report to Full Council in December 2016; • **ONGOING**.	**GREEN**
17 **17.1**	Jointly develop ways to manage risk to young people 16-18 years of age who may be Care Leavers / Looked-After and / or in Transition, in keeping with provisions of The Children and Young People (Scotland) Act 2014	Chair of the CPC Chair of the Adult Support and Protection Committee Head of Community Care	By 1 April 2017	• Implications of GIRFEC, MASG Re-Design and The Children and Young People (Scotland) Act 2014 - Compliance; • GIRFEC and The Children and Young People (Scotland) Act 2014 - Impact of changes - Redesign of the MASG; • Regular Reports / Presentations being provided to the CYP&FP - 2015 / 2016; • CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review per GIRFEC and The Children and Young People (Scotland) Act 2014 - Compliance; • CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report;	**GREEN**

No	Action / Task	Strategic Lead	Timescale	Progress Report & Evidence @ 31 July 2016	RAG
				• Paper on 16 - 18 Years at Risk - Paper presented and discussed at Central and North Scotland CPC Consortium Meeting on 08/06/2016 and CPC Meeting on 07/06/2016; • **ONGOING**.	
18	**18.1** Continue to improve the arrangements to ensure a robust and consistent approach to involving children, young people and their families meaningfully in child protection processes, including independent support through Advocacy	Chair of the CPC Practice Sub Group Service Manager Children and Families Services (Child Protection)	Evaluation Report by 1 April 2017	• Report and Recommendations for Consultation, Engagement and Involvement of Children and Young People in Child Protection Processes - February 2015 - Reported to CPC by Rachel Mc • P&K Advocacy Group - Minutes & Outputs – In Place; • Views of Children and Families - Being captured in key Child Protection processes per the CPC Self-Evaluation Calendar 2015 - 2016; • View of Children and families being captured at CPCC Minutes; Child's Plan; What do you Think and Have Your Say Forms; • Young People's Speak-Up and Innovation Lab - 8 September 2015 - Provided Valuable Feedback; • CPC Communications Strategy and Plan 2015 - 2018 - In Place promoting public information, communication and engagement; • CPC Survey of Children & Young People in Schools - Keeping Safe and Survey of Children & Young People in School Transition P7 to S1 - Keeping Safe - Completed June 2016; • CSE Young People's Advisory Group - Being established Summer 2016; • CPC Practice Sub Group on 24/05/2016 - Discussed and started to identify where engagement takes place throughout the child protection process; **ONGOING**.	GREEN

No	RAG	Progress Report & Evidence @ 31 July 2016	Timescale	Strategic Lead	Action / Task
19 **19.1**	**GREEN**	• CPC Communications Strategy and Communications Plan 2015 - 2018 - In Place; • CPC Social Media Work - Underway from June / July 2016; • Includes a wide range of public information, communication and engagement work for all stakeholders; • Public Awareness Survey of Adult Protection and Child Protection - Completed end of 2015; • Public Caller Survey of Callers to Adult Protection and Child Protection Lines - Completed June 2016; • CPC Survey of Children & Young People in Schools - Keeping Safe - Completed June 2016; • CPC Survey of Children & Young People in School Transition P7 to S1 - Keeping Safe - Completed June 2016; • CPC Child Protection Website - Public Facing - Contains Key information; • **ONGOING.**	By 31 December 2016	Chair of the CPC CPC Child Protection Inter-Agency Coordinator Youth Services	Develop and implement an engagement strategy for involving children, young people and families in policy, planning and service development taking account of the messages from the Young People's Speak-Up Innovation Lab and Leadership Summit held in Perth on 8 September 2015

PERTH AND KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

CLINICAL, CARE & PROFESSIONAL GOVERNANCE PROGRESS REPORT

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT
The purpose of this report is to provide an update with regards to the arrangements for Care & Professional Governance across the partnership, and activity and progress to date led by the Care & Professional Governance Forum.

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1. **RECOMMENDATION(S)**

    a) That the Board note the activity and progress made to date regarding the partnership arrangements for Care & Professional Governance.

2. **SITUATION / BACKGROUND**

    Overview:

    On the 10th April 2015, the Perth and Kinross Health and Social Care Integration Pathfinder Board endorsed an integrated framework for Clinical, Care & Professional Governance. This framework is called "*Getting it Right for Everyone – a Clinical, Care and Professional Governance Framework'*, and has been agreed as the underpinning framework across the NHS and the three Local Authorities in Tayside.

    The framework also outlines a structure for assurance and scrutiny which identifies a need for a Care & Professional Governance Forum within each partnership. The forum has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within each partnership.

    Membership and terms of reference:

    The membership of the forum endeavours to ensure that all partnership services (including hosted services), as well as professional representatives have membership at the forum. The membership has been adjusted to ensure that representation is appropriate without the forum becoming unmanageably large.

The group terms of reference was discussed and agreed at the forum meeting on the 16th March 2016. These outline in broad terms the purpose of the forum, as well as the responsibilities for both the group and its members.

The forum has responsibility for:

- Agreeing a workplan for the current financial year, and submitting this for approval to the P&K Integrated Joint Board. The workplan will take cognisance of national and local priorities, in particular the P&K Strategic Commissioning Plan.
- Ensuring that partnership services provide evidence that care is delivered in the context of the six domains of Clinical, Care & Professional Governance. This will be achieved through a set of agreed reports at each meeting.
- Ensure that there is a robust reporting and assurance mechanism for those services which are hosted within the partnership but do not solely operate within P&K.
- Ensuring that partnership services provide evidence that they proactively identify any risks within their service, and that any identified risks are actively controlled and managed.
- Ensuring that forum members act as a conduit for information to and from staff within their service or profession.
- Agreeing a series of measures and indicators which will support partnership services in providing assurances of high quality care provision.
- Sharing best practice and innovative ways of working across the partnership.
- Ensuring close liaison and sharing of best practice with the other two Care & Professional Governance Forums within Tayside.
- Routine performance reporting (through the partnership Joint Performance Framework), and provision of assurance to the P&K Integrated Joint Board.
- Routine provision of assurance to the Tayside Clinical, Care & Professional Governance Forum.

GAP Analysis:

To allow a baseline measurement of adherence to the six domains, a "*Gap Analysis*" was conducted across partnership services. This Gap analysis involved a facilitated discussion with service representatives, using a series of questions designed to assess how robust the services arrangements were within each domain. Services will be expected to provide feedback and assurance to the forum regarding areas which were identified during this analysis as having scope for improvement .

3.   **ASSESSMENT**

Since the last report to the IJB in November 2016, the P&K HSCP Care & Professional Governance Forum (R2) has met on three occasions. In December 2016, the forum welcomed its new co-chair, Dr Hamish Dougall, who is the Clinical Director for the Health & Social Care partnership.

The forum held an extraordinary meeting on the 2nd June in order to take stock of progress over the last year in relation to the forums effectiveness in terms of accountability for Care and Professional Governance.

It also allowed for a discussion regarding forging effective links with speciality groups such as the Care & Professional Governance Speciality Group for Mental Health (which is an "R3" group). Representation from a locality manager for each of the localities has also been requested to allow for discussions regarding the embedding of the principles of Care & Professional Governance within each locality, and how the forum will require to evolve as the localities arrangements mature.

The Tayside Clinical, Care Governance & Professional Governance Forum (R1) is to be reconvened, and a process in underway to update the existing Tayside Clinical, Care & Professional Governance Framework.

The forum has further discussed the importance of ensuring that transformation proposals within the partnership are discussed at the forum, to allow for a robust discussion and decision making regarding any safety, care or clinical implications. At its December 2016 meeting, the forum heard from the service manger for Psychiatry of Old Age services regarding the model of care optional appraisal in South Perthshire. The forum trialled the use of a scrutiny tool to provide structure and a thematic approach to the discussion.

It is intended that transformation proposals are discussed at the forum on a rolling programme and when each proposal is at the optional appraisal stage. A "memorandum of understanding" will outline the role of the Care & Professional Governance Forum in the transformation proposals, and to formalise the process by which the forum will become part of the sign off process for each transformation business case.

The forum has continued to seek assurances from partnership services regarding activity and improvement around the six Care & Professional Governance domains through the use of service exception report. In addition, the forum has considered and discussed a wide range of topics over the last six months.

Themed according to the six domains of the Clinical, Care and Professional Governance Framework, these have been:

Information Governance

- Discussion regarding a recent Local Adverse Event Review, within which there was a learning point regarding the process staff should follow when Police Scotland become involved in an incident. The process ensures that patient information is safeguarded and only shared when appropriate, as well as ensuring that staff receive the support they require if asked to give a formal police statement. Forum members were asked to ensure this process is now embedded in practice within their area.

Professional Regulation & Workforce Development

- Partnership services have provided assurances with regards to this domain within their service update report to each meeting.

Patient, Service User, Carer and Staff Safety

- The forum discussed and agreed a proposal titled "A multi-agency approach to Significant Case Reviews". It seeks to complement and build on single agency arrangements by adding a multi-agency approach to enable partner agencies to work collaboratively to learn lessons from cases where there may have been multi agency failings and to use this learning to improve future joint working. The forum agreed that this approach is a logical way to proceed, and there are recent examples of joint reviews which demonstrate the value of this approach is practice.
- An updated draft of the NHST Adverse Event Management Policy and the opportunity to comment on the content. This most recent revision is to ensure the content is aligned to national guidance, along with several other updates to reflect the evolving approach to adverse event management within NHST. All NHS staff within the partnership have responsibility to adhere to this policy.
- A standing item on the agenda for the forum is to scrutinise a summary of significant adverse events that have occurred since the last meeting, from both a Health and Locality Authority standpoint. Actions arising are thereafter monitored, measured and reported.

Patient, Service User, Carer and Staff Experience

- National implementation of the Duty of Candour, which will come into effect on 1st April 2018, and will apply all health, care and social work services. The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm, as defined in the Act. Guidance will be issued to support implementation of the duty

of candour part of the Act and outline supportive information on how the Act is applied in practice. It will address how the duty can be integrated with existing processes for responses to complaints, adverse event and incident reporting; emphasising the requirements for support, training and identification of learning and improvement actions. Partnership services should be aware of their obligations under these regulations. The forum will have a key role in implementing and monitoring this Act.

- A standing item on the agenda for the forum is to hear a summary of complaints completed and ongoing since the last meeting, from both a Health and Locality Authority standpoint.

Regulation, quality and Effectiveness of care

- The forum discussed the new Healthcare Improvement Scotland "Prevention & Management of Pressure Ulcers" standards. These standards have been developed for the prevention and management of pressure ulcers within health and social care services and take into account of the national health and wellbeing outcomes and revised National Health and Social Care Standards. The services have been requested to self assess against these standards and report in 6 months.

- The forum also discussed the draft National Health & Social Care standards. These standards are currently in the consultation phase and intend to replace the standards first published in 2002. The new standards are due to be approved by Scottish Ministers and rolled out in the coming months, and a response was completed on behalf of the partnership.   The forum will have a key role in implementing and monitoring this.

- The forum has discussed the importance of maintaining an overview of any upcoming external inspections to any partnership service, as well as seeking assurances that any actions identified from any inspections are completed. The Lead Nurse provided the group with an overview of inspections which were due in the coming year, and the group agreed that it would discuss any feedback provided after these visits and ensure completion of any identified actions.

- The forum discussed the national Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) policy for adults, which applies across the partnership. The group noted the importance of all relevant healthcare and social care professionals involved in the patient's care being aware if a decision not to give CPR has been made.

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Promotion of Equality & Social Justice

- Partnership services have provided assurances with regards to this domain within their service update report to each meeting.

4. **PROPOSALS**

- To provide a further update report to the IJB in six months time.
- Establish a rolling programme of transformation proposals to be discussed by the forum.
- To further discuss a process for the ongoing review of clinical and care performance. This will be explored with colleagues in the Mental Health Directorate who have in place a mature process for performance review.

5. **CONCLUSION**

The Care & Professional Governance Forum continues to seek assurances regarding adherence to the six overarching domains, and will continue to evolve to ensure it fulfils its requirements within the IJB.

Author(s)

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P&K Clinical and Care Governance Gap Analysis December 2016

Columns (service areas):
- Learning disabilities
- Pharmacy
- Dentistry
- Palliative Care
- Third Sector (16 organisations)
- Substance Misuse (TSMs)
- Central Healthcare
- SW Public Protection & Safer Communities
- SW Day services, care homes and Comm Alarm
- SW Drug & Alcohol, Learning Disabilities and Mental Health
- SW Locality and access teams
- District Nursing
- Allied Health Professions
- Prison Healthcare
- CMHT (adults)
- CMHT (POA)
- Psychiatry of Old Age wards
- Com Hosp GP Units
- Tay & Stroke wards, PRI

Professional Regulation and Workforce Development
- Systems are in place to support staff induction
- Staff performance is measured against professional standards
- Systems are in place to support staff training
- Staff are given protected time for CPD
- Clinical supervision systems are in place for all staff
- Service links with national clinical effectiveness networks
- Systems are in place to ensureprofessional registration annually
- All staff have had an Eksf/ERD in past year
- Student education is actively supported
- Service has a current workforce plan

Patient Carer and Staff Safety
- Heath and safety workbooks are used as core documentation
- Competency frameworks are in place for support/unqualified staff
- Standard Operating Procedures are in place (SOP's)
- Comprehensive risk managment process is in place
- Systems are embedded to ensure compliance with mandatory/statutory training
- Business continuity plan (BCP/DRP) is in place
- Service has evidence of external H&S audit (outwith own organisation)
- Datix incidents are measured using a review process with action plans

Patient/Service user/Carer and Staff Experience
- Service receives regular feedback about Staff experiences
- Service receives regular feedback about Patient experiences
- Service receives regular feedback from carers about their experiences
- Patient/service users are actively involved with making changes to service provision
- Carers are actively involved with supporting changes to service provision
- Formal/informal complaints are managed appropriately

Regulation/Quality and Effectiveness of Care
- Services can evidence person centredness
- Services can demonstrate effective outcomes
- Services can demonstrate use of efficiency measures
- Services are equitable across Tayside
- Services are delivered in a timely manner
- Service has a quality improvement programme of activity
- Services are involved with clinical research alongside evidence based practise.

Information Governance
- Service completes regular documentation audit
- Same documentation is being used in all areas
- There is no duplication of paper record keeping and data entry within service
- Service has no issues with storage and retention of records.
- IT systems are used for all record keeping
- Service uses telehealth/telecare systems
- Service has data to evidence the effective outcomes of service provision

Promotion of Equality and Social Justice
- Service uses health inequality data to inform developments
- Service understands the health needs of the population being served
- Services are co-commissioned,co-designed and co assessed with service users
- Services are co-designed in partnership with service users
- Services are targeted at areas of greatest need for patients/service users.

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ADULT SOCIAL WORK & SOCIAL CARE

JOINT BUSINESS MANAGEMENT AND IMPROVEMENT PLAN 2017/18

AND

ANNUAL PERFORMANCE REPORT 2016/17

CONTENTS

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Welcome to the Adult Social Work & Social Care Business Management and Improvement Plan (BMIP) 2017/18 and Annual Performance Report 2016/17.

We are now a year into the Integration of Health and Social Care, and we are starting to see the real benefits that more joined-up and personalised services will deliver people in their own locality. Over the last 12 months we have continued to make great progress in building upon existing partnerships with health, the independent and voluntary sectors, and other Council departments to deliver positive outcomes for the people who use our services, in their own communities.

Successes across the service include:

- We introduced Participatory Budgeting (PB) for carers in Perth and Kinross, bringing their expertise into the development of services for carers. Called 'Carers Voice, Carers Choice', carers made decisions on how £20k would be allocated across Perth and Kinross.
- Another PB project, 'Your Community, Your Budget Your Choice' gave local people the choice to fund new support services in their communities. 21 projects were fully funded and 22 were part-funded from a pot of £100,000.
- Our efforts to manage delayed discharge were continued, in partnership with health colleagues. We have implemented a number of actions as part of a wide ranging improvement plan and as a result seen significant improvement in recent months.
- Following an extensive review of social work services we have have restructured our teams to integrate with health services in localities and increase provision to support early intervention and intervention
- The use of technology to support people to live independently in their communities was expanded.
- We worked closely with health colleagues across localities to ensure improved access to healthcare for people with a learning disability.
- A number of our services received very positive inspection reports following visits by the care Inspectorate.
- We updated our Health Inequalities Strategy following a wide-ranging consultation with stakeholders.

Over the next few years and into the foreseeable future we will continue to face challenges. Pressures on services in our communities and in our hospitals, coupled with the rising ageing population in Perth and Kinross, mean we have to ensure our services and staff are organised in the most efficient way. We will also focus on transforming our services to meet these challenges and to support the Health and Social Care Integration agenda.

We will continue to develop integrated locality working over the next 12 months to ensure social work services in local areas can meet the wide range of needs of individuals, carers and families.
By working together across the service, and with our Council colleagues and community partners, I know we can continue to achieve positive results over the next year.

Rob Packham
Health and Social Care Chief Officer

VISION, STRATEGIC OBJECTIVES AND LOCAL OUTCOMES

"Our vision is of a confident and ambitious Perth and Kinross with a strong identity and clear outcomes that everyone works together to achieve. Our area will be vibrant and successful; a safe, secure and healthy environment; and a place where people and communities are nurtured and supported."

STRATEGIC OBJECTIVES

The vision is reflected in the Council's five strategic objectives and these inform decisions about policy direction and budget spending:

1. Giving every child the best start in life
2. Developing educated, responsible and informed citizens
3. Promoting a prosperous, inclusive and sustainable economy
4. Supporting people to lead independent, healthy and active lives
5. Creating a safe and sustainable place for future generations.

The vision and strategic objectives support the delivery of the Community Planning Partnership's Single Outcome Agreement for 2013–2023, focusing on 12 local outcomes that will achieve improvements for the area, our local communities, and our citizens.

Adult Social Work & Social Care (ASW&SC) will support the delivery of the strategic objectives and local outcomes described within the document.

The strategic objectives of particular relevance for this area of the service are:-

- Developing educated, responsible and informed citizens
- Supporting people to lead independent, healthy and active lives

These strategic objectives are also underpinned by the **vision for the Health and Social Care partnership**.

> *"We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible with choice and control over the decisions they make about their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and work with the third and independent sectors and communities, to prevent longer term issues arising."*

This vision can only become reality through actions which reflect the principles that underpin our approach we therefore aim to make sure the services and support we offer people are:-

- Developed locally, in partnership with communities, the third and independent sectors
- Integrated from the point of view of individuals, families and communities and responsive to the particular needs of individuals and families in our different localities
- Commission services that best anticipate people's needs and prevent them arising
- Make the best use of available facilities, people and resources
- Maintain quality and safety standards as the highest priority

Key to the delivery of these priorities is how we work with all our partners to understand the particular needs of individual localities which also address the key themes emerging from the **Fairness Commission**.

- Ensure our resources are allocated according to need with a focus on prevention
- Promote awareness and knowledge of poverty and inequalities
- Review our strategies, policies and procedures
- Create knowledge and pathways of support which are right for individuals and families

NURTURING EDUCATED, RESPONSIBLE AND INFORMED CITIZENS

SERVICE CONTRIBUTION - Net cost: £3,381,400

We will work with all our partners to make sure everyone has the best chance to have a meaningful, worthwhile and productive future by:-

- Supporting the most vulnerable individuals and families to empower and encourage them to have core skills
- Offer people of all ages and abilities opportunities to learn, develop and expand their abilities

Performance Summary for 2016/17

We continue to work with our partners to make sure people have the best chance to have a meaningful, worthwhile and productive future. We want to promote independence and encourage people to have attainable aspirations, supported through lifelong opportunities.

We have undertaken a variety of activities to ensure our young people are ready for life and work. We have:-

- **Listen Up! -** Is a project set up by Perth and Kinross' Hearing Support Service (HSS) to work with secondary pupils to create a DVD which can be used to show teachers, and other support staff, the challenge faced by deaf pupils in our schools. The project was supported by the voluntary organisation Action on Hearing Loss (AoHL) which provides a specialist 'Moving On' transitions service, supporting 16-25 year olds who are deaf or have a hearing loss. The DVD will be released in Spring 2017 and will become a key element of any staff deaf training.

- **Employability -** The Perth and Kinross Gold Star Employer Awards helps to raise the profiles of businesses across the local area through nominations for and from businesses which actively recruit young jobseekers, the long-term unemployed and those with varying disabilities. The Employability Network has supported the Gold Star Employers Awards since August 2016, 11 Employers have been nominated with 4 acknowledged as Gold Star Employers. Other areas we have progressed in this area are:-

  - Paid Employment and Works Skills **-** The Employment Support Team (EST) has worked with 140 clients to find and sustain employment. In addition the EST have worked with a further 24 clients who will successfully exit the service, this for a variety of reasons including positive outcomes where the clients have progressed and no longer needs employment support.

  - Working Roots Project **-** 2016 saw the development of additional Working Roots projects across Perth & Kinross. So far the project has supported 9 individuals with 5 continuing with skills development and 4 progressing to alternative working environments.

- **Autism -** We have maintained strong, positive links with our two autism specific charities, Perth Autism Support (PAS) and Autism Initiatives (No3), working collaboratively on several autism specific projects.

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- **Brain in Hand (BiH):** Perth & Kinross council provided funding through the Corporate 'Angel's Share' for the Brain in Hand (BiH) initiative, a smart web-based software that helps users achieve greater independence, manage mood problems and reduce reliance on support.

- **Autism Work Experience:** the project provides appropriate transition from senior school age to adult life and improves the transition from school into employment. The project enables those with an ASD to be an active and valued part of society. 10 young people across PKC are now using the service who would previously not have received opportunities for work experience.

- **Easing the Move:** the project is aimed at young adults 16-25 year olds in line with the Principles of Good Transition guidance and picks up on those unable to move into adult services. The service is at full capacity (10) and has engaged in a wide variety of activities with the young people and young adults including:

  - Accessing the Prince's Trust Fairbridge Access programme
  - Commencing a work experience placement with Community TreeCycle
  - Application for New Opportunities/New Skills courses (previously this would not have been an option)

Our focus for 2017/18 will be:

We will work with all our partners and our communities through a range of approaches and initiatives to deliver the key actions outlined within the Strategic Commissioning Plan 2016-2019.

- Continue to develop and implement falls prevention initiatives including public awareness,staff education, and establishing effective multi-agency falls referral pathways.
- Increase opportunities for Participatory Budgeting so that local communities and special interest groups can take more control over the way resources are spent

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Employability Network							
2.3: The total number of people that the Network work with **Housing and Communities Integrated Joint Board**	1,220	1,402	**1,817**	**1,412**	1,456	1,468	1,482
2.4a: The number of employers working with clients at Stage 1 of the Employability Pathway *(Referral, Engagement and Assessment)* **Housing and Communities Integrated Joint Board**	n/a	26	**26**	**26**	26	26	26
2.4b: The number of employers working with clients at Stage 5 of the Employability Pathway *(In Work Support and Aftercare)* **Housing and Communities Integrated Joint Board**	n/a	12	**12**	**12**	12	12	12
The total number of people that the Employability Network has worked with has increased by 30% (415) in 16/17. The number of employers working with the network have remained stable throughout the period allowing the network to continue to offer opportunities to clients working with the network.							

SUPPORTING PEOPLE TO LEAD INDEPENDENT, HEALTHY AND ACTIVE LIVES

SERVICE CONTRIBUTION - Net Cost £49,880,710

We will help people sustain and improve their health and wellbeing to help them meet their full potential and to remain in their own homes, or in a homely environment, by:-

- Developing models of community based care to support people to remain safely at home for as long as possible.
- Focusing on work that promotes early intervention and prevention, promoting healthier lifestyles and tackling health inequalities.
- Placing individuals at the core ensuring any care is personal to their needs and results in positive outcomes.
- We worked with communities to create and design responsive services whilst reducing inequalities.
- Reshaping care for older people to prevent unplanned admissions to hospital and supporting discharge to enable people to live independently with appropriate flexible support

Performance Summary for 2016/17

We have focussed on work that promotes early intervention and prevention, promoting healthier lifestyles and tackling health inequalities through a range of activities as described below. It is anticipated a greater impact will be made in tackling these challenges through the opportunities that present themselves through integrated health and social care provision.

We placed individuals at the core ensuring any care is personal to their needs and resulted in positive outcomes:-

- Self Directed Support (SDS) Week was held nationally between 13- 17June 2016.   A number of events were held across Perth and Kinross to raise awareness of SDS and how it can help people to live independent and happy lives, and achieve their own agreed outcomes. We have seen an increase in people chosing to have more control in how their care and support is delivered.

- The Care and Wellbeing Co-operative supported by Growbiz through the SDS Innovation Fund now has 24 members providing care, support and promoting wellbeing throughout Highland Perthshire. The Co=operative is currentlysupporting 16 families in rural areas, many of whom are using SDS Direct Payments to pay for support.

- **Carers** - We introduced Participatory Budgeting (PB) for carers in Perth and Kinross, bringing their expertise into the development of services for carers. Called 'Carers Voice, Carers Choice', carers made decisions on how £20k would be allocated across Perth and Kinross.

- **Delayed Discharge -** Managing delayed discharge continues to be a key focus for the Health and Social Care Partnership. We have prepared a range of actions as part of a wide ranging improvement plan including:

- A long term plan to commission a new framework for care at home partners.
- We implemented a marketing campaign to attract people to take up roles within the care profession. The market will also benefit from the improved rates of pay brought about through the introduction of the Living Wage.
- We have introduced a new procedure whereby the Council will take over the Welfare Guardianship if the family are not making reasonable steps to complete the process quickly.
- We have doubled the size of the hospital discharge team to ensure we have sufficient social work capacity to manage the number of assessments.

- **Friendship Network/Helping to Reduce Social Isolation –** We launched a new 'Friendship Network' in October 2016 helping to connect older people in their communities. The network aims to keep older people active and reduce social isolation. A series of tea dances were held, views were gathered as to how people can get involved and support social activities where they live. Feedback was positive and many people expressed an interest in getting more advice about setting up a social or friendship group in their community.

- **Technology Enabled Care -** We continue to expand the use of technology to support individuals within the community**.**

  - We are currently trialling home-health monitoring with a number of patients from the Tayside Weight Management Service. Following the conclusion of this pilot project, we will look to explore other areas where people can be supported to self-manage their condition. Another example of the use of technology is the mobile app "Brain in Hand" which supports individuals with autism to increase their independence and reduce anxiety levels. Through funding from the Council's Angel's Share Programme this app will be trialled initially with ten young adults who are supported through Perth Autism Support.

  - **Video-Conferencing:** To reduce the need for patients living in rural or remote areas to travel significant distances for sometimes short hospital appointments, we are also exploring how video-conferencing can be utilised across health and social care. This will be first trialled with patients from the Tayside Weight Management Service who will take part in fortnightly video-consultations for a period of 18 weeks. The findings from this pilot project will then inform future projects as we look to increase the use of video-conferencing across Perth and Kinross.

- **Learning Disabilities - Improved Health Care -** We work closely with health colleagues across localities to ensure improved access to healthcare for people with a learning disability.

  Referrals are made for specialist health provision and services accessed by individuals include: Down's Dementia Screening; sexual health and reproduction; anxiety groups; dental services; Keeping Safe workshops; and Falls Clinic. In addition, there is improved support for expectant mothers who have a learning disability.

- **Friends Unlimited Network (FUN)** provides opportunities for people with learning disabilities to meet new people; allowing them the chance to develop friendships. At present FUN has 53 active members who experience regular social events through a calendar of activities such as bowling, discos, pub nights, club nights, craft sessions, workshops and pub quizzes.

- **Care Inspections** – A number of inspections have been undertaken by the Care Inspectorate since April 2016: Care at Home, Parkdale Care Home, Adults with Learning Disabilities Housing Support Service, Dalweem Care Home, Kinnoull Day Opportunities and Lewis Place. Of the 6 services inspected 13 quality themes were assessed for the Quality of Care and Support, Environment, Staffing and Management and Leadership. 23% (3) received Excellent, 77% (10) received Very Good/ Good grade; all of which represent increasingly better levels of performance. Some examples of feedback include:-

- Care at Home (February 2017): During the inspection service users had the opportunity to comment on their experience of using the service. They found a high level of satisfaction with the support provided, service users told us they had good communication with the service and carers were appropriately skilled, respectful and flexible.

- Parkdale Care Home (February 2017): The Inspectorate spoke with service users and relatives and feedback from people who use the service and found that all of these people were very happy with the quality of the service. People spoke very highly about the staff who supported them and other members of the staff team.

- Adults with Learning Disabilities Housing Support (October 2016): During the inspection the Inspectorate met some service users who told us about their lives and how they were supported. They said that they liked their staff and described some of the support they received from them, such as helping them to do their shopping and access community facilities.

- Dalweem Care Home (June 2016): The Inspectorate spoke with both residents and relatives during their visit and also observed a mealtime experience. The Inspectorate were overall satisfied that the staff at Dalweem were attentive to residents, knew their main needs, responded to health changes and provided a relaxed and caring atmosphere. Residents said they were very happy living at Dalweem and staff were happy to work at the home. The environment was welcoming and homely.

- Kinnoull Day Opportunities (April 2016): During the inspection the Inspectorate spoke with service users while visiting four community groups. All service users they spoke with were very happy with the service they received. They made comments such as *"I can speak to my key worker about anything", " I enjoy trying baking, (the staff member) keeps me right" and "I would speak to the staff if I wasn't happy about something".*

- Lewis Place Resource Centre (April 2016): During inspection the views of service users and carers are taken into account. It was observed that the manager and care staff spoke very respectfully about the people supported. This included both the person living with dementia and their family carers. They demonstrated an ethos of respect towards service users. They worked with people to ensure that they were meeting their needs and wishes.

- **Mental Health and Wellbeing Strategy -** An evaluation of our Mental Health and Wellbeing Strategy (2012-2016) was carried out between May and October 2016, and findings were published in December 2016. The report highlighted key areas of success along with areas for improvement and thesewill be taken forward by the Mental Health and Wellbeing Strategy Group and the Locality Management Teams.   Linking with the outcomes from the strategy in the past year we have supported the following events:

  o **Wellbeing Fair -** Co-ordinated by The Recovery Project, the Wellbeing Fair 2016 built on the successes of previous year's, the project has grown and developed to become a unique flagship series of partnership events to promote mental wellbeing, self-management and sustainability, and to help tackle stigma.

  o **Suicide Prevention Week -** A Community Event was held in Perth on 7 September 2016 involving a range of partners which aimed to raise awareness of their services and other initiatives which can contribute towards preventing suicides. One of the key suicide prevention projects in Perth and Kinross has been the 'Bereaved by Suicide' initiative. This is the first project of its kind in Scotland and the processes have been shared with 6 other local authorities (Dundee, Angus, Dumfries and Galloway, Fife, Highland, Midlothian).

- **Drugs and Alcohol - Self Evaluation of the Quality Principles -** In 2016 Perth and Kinross Council received the first ever Alcohol and Drug Partnership Validated Self- Evaluation of the Quality Principles. This was carried out by the Care Inspectorate and Healthcare Improvement Scotland. Feedback from the assessment identified a number of particular strengths which were making a positive difference for individuals and families as well as areas for improvement.

- **Heath Inequalities Strategy/Plan -** Reducing inequalities is a key priority of the Perth and Kinross Health and Social Care Partnership's Strategic Commissioning Plan. The Health Inequalities Plan sets out our ambition to reduce health inequalities across Perth and Kinross and will be one element which contributes to the Integration Joint Board's equality outcomes. The draft plan was put out for wider consultation with stakeholders who gave a range of feedback. All comments and amendments have been included in the updated Health Inequalities Strategy.

   Agencies such as PKAVS and Live Active Leisure as well as NHS Tayside partners have identified the value of a health inequalities plan which can be used as both a local resource and as a tool for setting actions for locality partnerships.

   The Perth and Kinross Health Inequalities Plan gives continued focus to addressing avoidable and unfair health inequalities which exist in our local area. The Plan exists as a resource for locality planning both for Health and Social Care and Community Planning more widely. It will also influence production of the Locality Outcomes Improvement Plan (LOIP) for Perth and Kinross during 2017.

Our focus for 2017/18 will be:

We will work with all our partners and our communities through a range of approaches and initiatives to deliver the key actions outlined within the Strategic Commissioning Plan 2016-2019.

- **Strategic Commissioning Plan -** progress thematic areas outlined in the plan.

- **Delivery of the Transformation Programme**:-
   - Communities First Review
   - Review of Residential Care
   - Review of Day Care Services
   - Review of Community Care Packages for Adults
   - Review of Care at Home

- **Technology Enabled Care -** maximise opportunities offered by the new digital server and take forward actions identified within the Strategic Commissioning Plan.

- **Drug and Alcohol Partnership –** a major redesign of service taking into account the recommendations from the national review of ADPs and the changing financial postion of the ADP.

- **Fairness Commission – Fairer Futures –** Develop actions to take forward recommendations.

KEY PERFORMANCE INDICATORS for 2016/17
(Data covering to year end unless otherwise stated)

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Achieving Outcomes							
Average Number of days to complete Non-Financial Assessments (From Contact to Assessment End - 91 days + excluded) **Housing and Communities Integrated Joint Board**	17.7	19.1	**18.7**	**New Indicator**	21	21	21
Percentage of clients achieving goals set out in their Outcome Focussed Assessment **Housing and Health Integrated Joint Board**	87%	84%	**100%**	**87%**	88%	88%	89%
Percentage of adults satisfied with social care services **Housing and Communities Integrated Joint Board**	86%	90.1%	**86.7%**	**90%**	90%	91%	92%

The new indicator relating to the number of days to complete an assessment has been introduced to measure adherence to Service Standards and to ensure that early intervention remains a priority. It also allows us to benchmark performance following the introduction of the new Service Structure and Health & Social Care Integration.

There are various reasons that can impact on the fluctuation in relation to the percentage of people achieving their outcomes. For example health deterioration or a change in the person's needs.

The most recent value for those achieving goals is part of an ongoing trend that has seen a rise in the number of people achieving their goals, however as this variable does fluctuate an achievable target has been set. Locality teams will ensure they continue to review each individual to ensure outcomes remain personalised and reflect each individual's personal journey.

Although there has been a 3% shift in the overall level of satisfaction, this should be considered in the overall context of service provision which has being going through a period of transition together with ever increasing demands. There has been some very positive comments such as "I am most impressed by the loyal dedication of PKC Services when in need of support".

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Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Delayed Discharge							
No. of bed days lost to delayed discharge (excluding complex cases) **Housing and Communities Integrated Joint Board**	14,098	17,029	**15,429**	**11,000**	11,000	11,000	11,000
No. of people delayed in hospital for more than 14 days **Housing and Communities Integrated Joint Board**	87	191	**198**	**130**	100	50	0

Managing delayed discharge continues to be a key focus for the Health and Social Care Partnership. Delayed Discharge is a complex area to address and work is underway across health and social care, acute and primary care services (including GPs), as well as care at home providers, to respond effectively to increasing demand. The Council and NHS partners have invested in a number of initiatives to provide alternative to hospital admission e.g. Rapid Response Team, Immediate Discharge Team and the Enhanced Care Support Service, as well as a marketing campaign to encourage more people into the care sector.

There has been an increase in unplanned admissions for those aged 85+ in particular and this group is more likely to be delayed in hospital. Emergency admissions create pressures across the health and social care system, affecting delayed discharge, social work assessments and care at home. The average age of people entering care is 82 years demonstrating an increasingly frailer older population.

Notes: *The definition of complex cases"Where adults lack capacity or where no specialist facility is available and where an interim move would not be appropriate". The number of complex cases in March 2017 was 10 which equated to 405 bed days.*

The source for bed days lost to delayed discharges has been changed from a locally sourced figure to that published by NHS ISD in line with the number of people delayed for more than 14 days.

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Living at Home							
Percentage 65+ who live at home (Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting) **Housing and Communities Integrated Joint Board**	97%	97.1 %	**97%**	**98%**	98%	98%	98%
Percentage 65+ with intensive care needs receiving care at home (SOLACE Benchmarking PI) **Housing and Communities Integrated Joint Board**	26%	25%	**20%**	**27%**	29%	30%	31%
The average age of people entering care is 85 years and they have complex care needs. As such an increasing number of people are having their needs met within a care home environment. The latest figures from SOLACE report the 15/16 PKC figure for Percentage 65+ with intensive care needs receiving care at home as 32.97% (an increase of 9.6% over 14/15) with the 15/16 Scottish Average as 34.78%. (16/17 figures availbale from SOLACE in November 2017)							

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Reablement							
Percentage 65+ requiring no further service following Reablement **Housing and Communities Integrated Joint Board**	37%	38%	**34%**	**50%**	42%	45%	48%
Number of people receiving Reablement (including IDS) – 65+ **Housing and Communities Integrated Joint Board**	960	893	**882**	**New Indicator**	Improve	Improve	Improve

This particular measure can fluctuate and is dependent on the needs of the people referred. As such, people referred often have more complex care needs and whilst Reablement can reduce the level of care required, this has had an impact on the number of people who leave with no further service.

The targets of this indicator have been revised downwards to reflect the current situation and a better understanding of the factors that influence this outcome.

A further indicator for the numbers of 65+ being referred to Reablement has been introduced to provide further context to this indicator.

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
SDS							
Numbers of People using SDS Option 1 and 2 as a Percentage of all People accessing Services via SDS **Housing and Communities Integrated Joint Board**	9.3%	11.7%	**14.4%**	**New Indicator**	Improve	Improve	Improve

This is a new indicator that replaces the suite of 4 SDS indicators as SDS has been embedded in mainstream practice. This demonstrates and incremental and positive shift towards people receiving either a direct payment or to have their care packages managed for them to enable them to realise their desired outcomes.

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Living at Home (New Indicators)							
Percentage supported at home - 65+ (of all receiving Services) **Housing and Communities Integrated Joint Board**	65.5%	65.0%	**63.8%**	**New Indicator**	65%	66%	67%
Total people 65+ receiving care at home (Inc. Rapid Response, IDS, Reablement & Care at Home Day/Evening) **Housing and Communities Integrated Joint Board**	2,468	2,443	**2,400**	**New Indicator**	Improve	Improve	Improve
Average Weekly hours 65+ receiving care at home (Inc. Rapid Response, IDS, Reablement & Care at Home Day/Evening) **Housing and Communities Integrated Joint Board**	10,923	11,900	**13,283**	**New Indicator**	Improve	Improve	Improve

There are slightly less people receiving care at home in 16/17 compared to 15/16 however the number of hours delivered has increased which highlights more people are frailer and have more complex needs.

These are new indicators are being introduced to replace Care at Home indicators that relied only on SDS Option 3 Services in the measurement. These indicators are based on Services provided by all SDS Options and are based on need at time of assessment.

These indicators provide us with a set of baseline figures to work from with the introduction of Health & Social Care Integration and the role out of locality working.

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Technology Enabled Care							
Number of service users with Technology Enabled Care (excluding community alarms) **Housing and Communities** **Integrated Joint Board**	1,108	1,296	**1,464**	**1,000**	1,500	1,600	1,700
We continue to perform well in this area and have seen a 13% increase in people using Technology Enabled Care (TEC) during the year, developments in this area continue to be a key focus. This indicator has been amended to include all age groups as this is more reflective of our approach of TEC for all. **Note:** TEC definition – where the outcomes for individuals in their home or community setting are improved through the application of technology (e.g. telecare, telehealth, video conferencing (VC) and mobile health and wellbeing (mHealth).							

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Residential & Nursing							
Percentage supported in care homes - 65+ (of all receiving Services) **Housing and Communities Integrated Joint Board**	34.5%	35.5%	**36.2%**	**New Indicator**	35%	34%	33%
Number of admissions 65+ to care homes in year – permanent **Housing and Communities Integrated Joint Board**	562	583	**652**	**New Indicator**	Reduce	Reduce	Reduce
Mean Age on Permanent Admission (65+ only) **Housing and Communities Integrated Joint Board**	84.8	85.3	**85.0**	**New Indicator**	Increase	Increase	Increase
Total people 65+ supported in care homes (Permanent placements only) **Housing and Communities Integrated Joint Board**	1,300	1,317	**1,364**	**New Indicator**	Reduce	Reduce	Reduce

These new indicators have been introduced to provide performance information for Residential and Nursing placement activity.

These new indicators provide us with a set of baseline figures to work from with the introduction of Health & Social Care Integration and the development of locality based working.

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Adult Support & Protection							
Percentage Cases of adult protection screened within 24 hours of notification **Housing and Communities Integrated Joint Board**	77%	94%	**95%**	**95%**	95%	95%	95%
Percentage ASP case conferences held within agreed timescale after investigation **Housing and Communities Integrated Joint Board**	100%	50%	**60%**	**100%**	100%	100%	100%
Percentage ASP on-going case conferences reviewed within three months **Housing and Communities Integrated Joint Board**	100%	66%	**100%**	**100%**	100%	100%	100%
Screening – The target we set ourselves for 16/17 was met. It is not always possible to meet the 24 hour standard as additional information can be necessary to enable robust screening. **Case Conferences –** The numbers of case conferences are low thus impacting on percentages. Where desired timescales have not been met people are in a safe care setting and therefore not at risk. The performance is due to individual circumstances, not systemic failings.							

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							

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Drug & Alcohol							
The Percentage of clients receiving their first intervention who wait no longer than 3 weeks from the point of referral (Social Work Drug and Alcohol team) **Housing and Communities Integrated Joint Board**	92%	89%	**99%**	**90%**	97%	97%	97%
We have exceeded our target for this indicator following its introduction in 15/16. All referrals are triaged by representatives from Health, Social Work and the Third Sector to ensure appropriate supports are put in place timeously.							

Indicator (Source)	Performance			Targets			
	14/15	15/16	16/17	16/17	17/18	18/19	22/23
Mental Health							
The Percentage of Social Circumstance reports completed within 28 days following Emergency or Short Term detentions **Housing and Communities Integrated Joint Board**	n/a	76%	**84%**	**80%**	87%	90%	95%
Social Circumstance reports are a statutory function for Mental Health Officers to complete after a significant event occurs. Due to an increase in Guardianship reports and Mental Health Act reports in 15/16 we changed to team roles to concentrate on the statutory duty. The performance shown by this indicator shows an improvement in this area of activity and is ensuring that those at risk are assessed within timescale.							

DELETED INDICATORS

Indicator (Source)	Performance			Comments on performance during 2016/17	Reasons for Change / Deletion
	14/15	15/16	16/17		
No. of people who access Self Directed Support (SDS) as % of all service users **Housing and Health**	Option 1 1.43% Option 2 0.89% Option 3 93.14% Option 4 4.56%	Option 1 1.90% Option 2 1.84% Option 3 89.33% Option 4 6.6%	Option 1 2.4% Option 2 4.77% Option 3 84% Option 4 8%	All indicators achieved their targets this year which is reflective of the changes in services delivery via the 3 SDS Options	The detail provided in this set of 4 indicators provides detail no longer required as SDS has become mainstream. These indicators will continue to be monitored at a Service and Locality level
% of home care service users receiving care overnight **Housing and Health**	56%	53%	53%	This measure has not achieved its target, however this was based on only SDS Option 3 Services, thereby excluding 15% of Service Users	This measure only uses SDS Option 3 Services in the calculation. A new set of Home Care measures have been developed that include all SDS Options
Number of service users exiting Drug and Alcohol Team re-referred within 6 months (Corporate Plan) **Housing and Health**	53	42	n/a	This indicator was not used in the reporting period as a more relevant indicators has been developed	A new indicator for the response to referrals for D&A was developed to replace this indicator.
Proportion of people who have been determined as safer as a result of our adult protection intervention **Community Safety**	100%	100%	100%	We have once again met the target for this indicator	As this is subjective and has been met in 3 consecutive years it is felt there is only limited value in continuing to measure this.

Information not available

- Percentage of carers' satisfaction with support services received - Available June 2017.

- Older persons (65+) Home Care Costs per Hour Older persons (65+) - Available November/December 2017 (SOLACE LGBF) - £17.99 reported for 15/16, Scottish Average was £21.22.

- SDS Option 1 (Direct Payments) spend on adults 18+ as a Percentage of total social work spend on adults 18+ - Available November/December 2017 (SOLACE LGBF) - 5.02% reported for 15/16, Scottish Average was 6.61%.

- Residential costs per week per resident for people aged 65 or over - Available November/December 2017 (SOLACE LGBF) - £326.17 reported for 15/16, Scottish Average was £354.99.

Please note that SOLACE LGBF Figures for 16/17 will be made availbale in November/December 2017.

GOVERNANCE AND MANAGEMENT STRUCTURE OF ADULT SOCIAL WORK and SOCIAL CARE

Adult Social Work & Social Care is one of the Council's key Service areas. We provide a range of services for:

- Social work services for adults with physical disability and older people
- Services and support for adults with learning disabilities
- Mental health services
- Drug and Alcohol services
- Adult protection and domestic abuse services
- Carers support services
- Health improvement services

- Aids and adaptations and technology enabled care
- Residential care homes/nursing care home placements
- Care at Home
- Reablement Services
- Respite and Day care

The Integrated Joint Board and the Housing & Communities Committee oversee the work of the Service within the Council. Our services are also subject to a range of inspections carried out by external organisations. These inspections check that our service delivery meets national standards, provides value for money, and satisfies service user requirements.

The main regulatory body for Social Work Services is the Care Commission.

Our service performance is also benchmarked on a national basis with a number of statistical returns submitted to the Scottish Government.

- Social Care Survey
- Learning Disability Scotland Statistics
- Quartlerly Return – Eliginility & Waiting times
- Carers Census

The letter from Scottish Government detailing these returns can be found at:

http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/SCLetter2017

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Integrated Health and Social Care – Adult Social Work & Social Care Structure

Chief Officer Health and Social Care

Rob Packman

Head of Health Perth & Kinross Health and Social Care Partnership

Evelyn Devine

Chief Finance Officer Perth & Kinross Health and Social Care Partnership

Jane Smith

Head of Adult Social Work and Social Care

Diane Fraser

Service Manager Transformation (**Fixed term** until February 2019) **Lesley Sinclair**

Service Manager Prevention and Early Intervention

Paul Henderson

Service Manager South Locality

Alison Fairlie (Acting)

Service Manager North Locality

Karyn Sharp

Service Manager Perth City

Kenny Ogilvy

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OUR PRIORITIES INCLUDE

Supporting families and individuals by:

- Placing people who use our services at the centre of what we do
- Promoting person centred health, care and support
- Reducing inequalities and unequal health outcomes and promoting healthy living
- Focussing on prevention and early intervention
- Working together with communities
- Making best use of available facilities, people and other resources

CUSTOMER FOCUS AND COMMUNITY ENGAGEMENT

As part of our continuing engagement with individuals and communities through Join the Conservation we working to develop their ideas and aspirations to increase access to health and wellbeing activities. The Health and Social Care Partnership has continued to fund four Community Engagaement Workers who have been supporting the work of Adult Social Work and Social Care. In addition, we have introduced 'Your Community PK' which provides a social media platform. Excellent examples of this can be seen across Perth and Kinross but a few are :

- Tullochnet , who have been develop a range of activities to reduce social isolation for local people, including Drop-Ins at the Hub , Lunch Clubs, Craft Session and as well as providing a much needed venue for outreach services.
- The Letham Community Hub Project, has seen the transformation of a former housing office in Letham to develop a vibrant Community Hub , from which a number of services for local people are now delivered. This includes Parent to Parent groups, The Homework Club, Health Checks and the Perth and Kinross Credit Union. The Council has secured £2.8 million pounds to refurbished the attached Recreation Centre and expand health and well being services in the area.
- Health and Wellbeing Groups have met in all three sub localities to look at how communities and services are working together collaboratively to provide local support. The Carse of Gowrie group are developing a local What's On Guide and delivering Carse Well Being sessions.
- We have held Participatory Budget events across all localities and as result 19 community based projects were successful in attracting funding to deliver a range of health and well being projects for local people.

We have received excellent feedback from our customers in our annual satisfaction survey, with 87% of those responding agreeing they experienced a high quality service from Adult Social Work and Community Care staff. 89% of them agreed they were treated with dignity and respect and 80% say they were supported to live as independently as possible. People also took the opportunity to feedback on their own personal experiences of our services:

- *"I received IDS Reablement service following discharge from hospital. this was arranged for me without having to contact SW services. The service was ended in early January at my request since I felt it was no longer required. Overall, very satisfied with the service".*

- *"My mother greatly appreciates the help she receives. The carers who visit are very kind, positive and helpful. The support they give is invaluable to my mother and family. Care and support from local GPs, the warfarin and district nurses and Social work team is impressive".*

- *"Very grateful for house white trolley, zimmer for garden walks, and collapsible walking three wheeler for outside visits (bought by me) staff when required, especially maintenance of alarms etc".*

- *"I am a carer for my husband who has deteriorated over the past 10 year increasingly difficult but I must say I have had super support from Lewis Place and one day at gateway. Thank you for making it possible for him to remain at home during the last 10 years".*

Complaints are dealt with confidentially and are investigated and responded to in line with our complaints procedures. Where possible, the service develops improvement actions and shares wider opportunities for learning from the issues raised in complaints. Where themes are emerging and there is a requirement to address issues such as redesigning our processes, improving communication and/or training these are progressed through the relevant management teams.

PREPARING OUR PEOPLE FOR THE FUTURE

We recognise that our people are our most valuable asset, and it is through their commitment and expertise that the Council will effectively support the achievement of better outcomes for all, at every stage in life.

A wide range of practices are in place to provide leadership and direction; ensure services are organised to deliver; keep colleagues informed and contribute to Council business; support learning and skills development; sustain effective employment relationships; extend collaborative working and promote health and wellbeing.

Building on existing approaches, we will continue to evolve the cultural conditions to support modern ways of thinking and working which promote continuous improvement and innovation. Within the Service we support the Learn Innovate Grow ethos and encourage staff to seek opportunities to learn about new things and to share these skills, knowledge and expertise to support and improve the outcomes for both our customers and the professional development of our staff.

The annual employee survey was carried out in September 2016. Results from the survey showed that the majority of the workforce across Adult Social Work and Social Care services agreed that their roles are clearly defined (91%) and that there was a good fit between the job they do and skills/abilities (86%). The staff survey also highlighted that staff know how their job contributes to the Councils objectives (82%), their team is passionate about delivering excellent customer service (89%) and staff feel that the people they work with are committed to doing their best (87%).

PARTNERSHIP WORKING

We understand that real improvement in our local services and delivery of our strategic objectives and local outcomes will come from our commitment to more integrated arrangements for joint working with all our partners.

The Service engages appropriately with partner agencies such as Community Planning Partners, the private and voluntary sector and with other public service bodies across Tayside such as Health, Councils, Police and Fire services in seeking to improve services and further strengthen strategic planning.

Underpinning our approach to deliver our key objectives means planning and designing future services and supporting opportunities by working in partnership with the people who use services and with providers in the third and independent sectors. This also includes engaging with minority and marginalised communities and/or their representatives to make sure services are inclusive.

Health & Social Care Integration

Adult social work and social care services are now provided by Perth and Kinross Health and Social Care Partnership as part of the national health and social integration programme. In September 2015 Robert Packham took up the new post of Chief Officer for the Perth and Kinross Health and Social Care Partnership. The Chief Officer and the Integration Joint Board is overseeing the delivery of integrated of adult health and social care services provided by NHS Tayside and Perth & Kinross Council, including those delivered in partnership with local third sector organisations.

The Integration Joint Board is made up of local elected members, non executive members of NHS Tayside Board, Third Sector representatives and officials from NHS Tayside and Perth & Kinross Council. Unpaid carers and people who use the services that are being integrated will also have an important role to play in the work of the Board.

A key part of the Perth and Kinross Health and Social Care Strategic Commissioning Plan (2016-2019) is to plan and deliver local services in 3 areas across Perth and Kinross: North Perthshire, South Perthshire and Kinross and Perth City. Our partnership services will integrate with GP practices, community pharmacy, third sector providers, statutory health and social care services and communities.

FINANCIAL/RESOURCE MANAGEMENT

Adult Social Work & Social Care will continue to face challenges due to the continuing fiscal situation and increasing demand for services. The increase in the number of older people, and the impact of UK Government welfare reform will, in particular, lead to increased challenges to service provision. We are anticipating increased demand for the services we provide and commission.   Reduced public sector budgets in real terms will continue, and there is an increased likelihood that there will not be a return to higher settlements for some time.

The following table provides a breakdown of our financial and people resource:-

	Net Revenue Budget 2017/18 - £m	FTE
Adult Social Work & Social Care	49.4	566.7

In addition we manage a capital budget allocation of £625,000.

We have has a strong track record in facing up to the future, no matter how challenging that future looks. The Council is recognised as a high performing organisation; it has strong financial management, good governance, and a committed workforce.

The Council have now moved to the next phase of its transformation agenda and on 1 July 2015 the Transformation Strategy 2015-2020 was approved. The strategy takes a proactive approach to public sector reform and will help us sustain the high quality services we provide.

The transformation projects for Adult Social Work & Social Care include; Communities First; Review of Community Care Packages for Adults, Review of Community Care Day Services; Review of the Council's Older People's Residential Care. This transformation programme will be a key focus for the Service in the coming year.

PERFORMANCE, SELF EVALUATION AND RISK MANAGEMENT

This plan is monitored regularly by the Senior Management Team/Integrated Management Team. We also compare our performance against other local authorities through the returns which are submitted to the Scottish Government. There is a comprehensive census of the use of Adult Social Work & Social Care Services from all local authorities, as well as collections relating to eligibility criteria and waiting times and Learning Disability which is published on the Scottish Government website. The Scottish Community Care Benchmarking Network also collates and presents national information for comparison

We carry out an annual self-evaluation of the Service using the 'How Good is Our Council?' toolkit. Staff and teams are experienced in using these tools to identify strengths and areas for improvement. We are also regularly inspected by external agencies, including the Care Inspectorate.

The Service has identified a number of risks which are managed through the Service and Corporate risk profile, as well as in a range of business cases identified through the Transformation Programme. We

report on performance and budgets monthly both to the IJB, Executive Officer Team, Senior Managers. The key risks managed by Adult Social Work & Social Care are:

Strategic Objective	Risk	Residual Risk	
		Impact	Probability
Strategic Objective 4	Protect adults at risk	5	1
Strategic Objective 5	Policy and legislative reform agenda (Corporate Risk 10)	5	1
	Deliver the Housing Standard Delivery Plan	4	1
	Support the most vulnerable in our society during welfare reform (Corporate Risk 3)	4	2
	Provide adequate and affordable social housing	5	1
	Effectively manage changing financial circumstances (Corporate Risk 4)	4	3
	Maintain security of information and prevent public sector fraud and corruption (Corporate Risk 6)	4	3
	Effective corporate governance (Corporate Risk 8)	5	1
KEY **Impact** 1 – Significant 2 – Minor 3 – Moderate 4 – Major 5 – Critical **Probability** 1 – Rare 2 – Unlikely 3 – Possible 4 – Likely 5 – Almost Certain			

In addition to these risk the Health & Social Partnership has developed their own risk profile which is monitored through management teams as well as our Audit and Performance Committee.

HEALTH AND SAFETY
Adult Social Work & Social Care follows the Council's corporate governance arrangements for Health, Safety & Wellbeing and staff across the Service are familiar with the Corporate Occupational Health & Safety Policy.

ASW&SC consults with all staff through the Housing & Community Safety Health & Safety Consultative Committee. Membership of the Committee includes senior managers across the Service as well as safety representatives from all the trade unions. Through the Committee, strategic and operational issues are discussed. The Committee also considers quarterly reports on Health & Safety training and incident reports. The management representatives' report on issues raised at this Committee through their own management teams. The Committee are also informed of any new Health & Safety legislation or policies and take appropriate action as required. Health & Safety performance indicators are reported quarterly to the Senior Management Team/Integrated Management Team.

SERVICE IMPROVEMENT PLAN UPDATE for 2016/17

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
1. **Strategic Commissioning Plan** Head of Community Care/Head of Housing & Strategic Commissioning	Progress thematic areas outline in the plan	Key timescales outlined for 2016/17 priorities	**In Progress** All key timescales were reported to the Integrated Joint Board in February 2017.
2. **Communities First** Review options around reshaping current commissioning arrangements, co-production opportunities with communities, developing a wider marketing provision, which will support people to live as independently as they can, with greater choice and control, and accessing Council services when they needed them Head of Adult Social Work & Social Care	Implement Localities model within Community Care ▪ Phase 1 - Implementation of Community Care management restructure to support Integrated Locality working ▪ Phase 2 – Integrated Development Workers into communities ▪ Building more resilient communities which offers alternative local support solutions to traditional services.	05/12/2016 31/03/2018 31/03/2018	**Complete** Phase 1 of Restructure to locality model implemented, team leaders and teams now in situ and working in early intervention and long term/complex teams within localities. **In Progress** Development worker proposal reviewed due to locality need. **In Progress** Participatory Budgeting events held across localities, £100k of funding allocated over 2 years to community projects to enhance community provision within localities.
3. **Communities First – Develop Technology to support efficiencies in service delivery** Implement improved electronic ways of working, streamlining and taking advantage of new technologies for staff and customers. Head of Corporate Information Technology and Revenues	▪ Scanning – Electronic Social Care Records ▪ Implementation of new Adult Integrated System (AIS) and Swift Technology ▪ Implementation of Integrated Care Module	April 2016 July 2016 October 2016	**Completed** **Phase 1 Completed.** Phase 2 - AIS for Assessing Workers went live in January 2017.

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
4. Review of Residential Care Services Review residential care provision to ensure that people are supported to live in the community for longer and that available care home provision across PKC is fully utilised Head of Adult Social Work & Social Care	▪ Review current assessed needs of existing Local Authority care home residents to inform future shape of residential care ▪ Undertake a period of engagement and consultation with current local authority care home residents ▪ Undertake a period of engagement and consultation with current external care home providers to review use and options	30/04/2017 31/05/2017 31/05/2017	**In Progress** Assessment of current LA needs continues. **In Progress** Consultation and Engagement Plan in place. Engagement with stakeholders to take place in May 2017. **In Progress** Consultation and Engagement Plan in place. Engagement with stakeholders to take place in May 2017.
5. Review of Day Care Services Review and Redesign existing day care services Head of Adult Social Work & Social Care	▪ Review current day provision ▪ Develop and implement consultation and engagement plan ▪ Agree revised model of day care ▪ Commence Implementation of new model	30/04/2016 30/06/2017 31/07/2017 31/03/2018	**Complete** Current provision of LA Day Service mapped out **Complete** Consultation and engagement plan developed **In Progress** Staff engagement at team and individual level carried out. Client, Carer locality engagement programme due to commence May 17 led by LD, OPS & MH teams and engagement workers
6. Review of Adult Care Packages Work with community care clients, their families and carers, to provide financially sustainable care packages Head of Adult Social Work & Social Care	▪ Consultation and engagement with client and families ▪ Engagement and communication with providers ▪ Commence individual review of care packages	30/06/2016 30/06/2016 31/08/2016	**Complete** Initial consultation undertaken. Focus Groups developed and in place. **In Progress** Ongoing engagement and consultation with service users and their families and reviews of care packages are being undertaken.

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
7. Technology Enabled Care The installation of a new digital server will be a central component of PKC's new Telecare Strategy. A key aim of the strategy is to see an increase in the number of people being supported to remain living in their own home. Head of Adult Social Work & Social Care	▪ Maximise opportunities offered by the new digital server	31/03/2018	**In Progress** Expression of interest submitted to Scottish Government for participation in pilot exploring digital opportunities.
	▪ Test technology enabled care for the bariatric cohort and evaluate outcomes	31/07/2017	**Complete** Cohort identified, protocols agreed with Tayside Health board. Scales and supporting TEC purchased. Florence (a texting system) has been tested and ready for wider rollout within the service.
	▪ Take forward actions identified within the Strategic Commissioning Plan	31/03/2018	**In Progress** TEC strategy submitted to IJB for approval on 24/03/17. A number of actions progressing/ completed, further actions have been identified and started.
8. Learning Disabilities The new Learning Disabilities strategy aims to build on the achievements of the previous strategy: ▪ Improve access to healthcare for people with a learning disability ▪ Improve support for older people with a learning disability ▪ Support for expectant mothers with a learning disability Head of Adult Social Work & Social Care	▪ Implement recommendations and actions within the Learning Disabilities Strategy	August 2016	**Complete** The Learning Disability strategy group are working through the action plan from the strategy to ensure progress continues to be made to improve the lives with people with learning disabilities. A consultation is currently underway with clients and carers to try and develop a sustainable model which allocates community care resources in a consistent and equitable manner. These will be taken forward through the Locality Management Teams.
9. Care Inspectorate and Healthcare Improvement Scotland Programme of validated self-evaluations to determine extent to which Alcohol and Drug Partnerships are embedding the Quality Principles: Standard Expectations of Care	▪ Care Inspectorate and Healthcare Scotland will produce report on findings in December 2016	December 2016	**Complete** Feedback from the assessment identified a number of particular strengths which were making a positive difference for individuals and families as well as areas for improvement. Adult Drug Partnership Redesign process is ongoing. A report will be submitted to the Integration Joint Board (IJB) in June 2017 to

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
and Support in Drug and Alcohol Services. Head of Adult Social Work & Social Care			seek permission to proceed with 24 month implementation plan.
10. Mental Health Strategy Develop new Mental Health Strategy Head of Adult Social Work & Social Care	▪ Carry out extensive consultation with key stakeholders	October 2016	**Complete** The Mental Health and Wellbeing Strategy Evaluation 2012 – 2016 gathered feedback from 178 individuals, and was published in December 2016. It also identified areas of improvement. These priorities have formed the basis of a series of actions which will be taken forward by the Mental Health and Wellbeing Strategy Group members and the Locality Management Teams.

SERVICE IMPROVEMENT PLAN for 2017/18

Focus and Major Change for 2017/18	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
1. Strategic Commissioning Plan 2016-2019 Head of Adult Social Work & Social Care /Head of Housing & Strategic Commissioning	Progress thematic areas outline in the plan	Key timescales outlined for 2017/18 priorities	Annual report is being produced and will be published in July 2017.
2. Communities First Review options around reshaping current commissioning arrangements, co-production opportunities with communities, developing a wider marketing provision, which will support people to live as independently as they can, with greater choice and control, and accessing Council services when they needed them Head of Adult Social Work & Social Care	Implement Localities model within Community Care ▪ Phase 2 – Integrated Development Workers into communities ▪ Building more resilient communities which offers alternative local support solutions to traditional services.	 31/03/2018 31/03/2018	 Development worker proposal reviewed due to locality need. Participatory Budgeting events held across localities, £100k of funding allocated over 2 years to community projects to enhance community provision within localities.
3. Communities First – Develop Technology to support efficiencies in service delivery Implement improved electronic ways of working, streamlining and taking advantage of new technologies for staff and customers. Head of Corporate Information Technology and Revenues	▪ Scanning of files and electronic documents ▪ Implementation of AIS – Assessing Workers ▪ Roll out of AIS across Social Work Services ▪ Implement Mobile Working ▪ Implement Integrated Care Module	Complete Complete 31/03/2018 31/08/2018 30/09/2017	 Links with Corporate IT Transformation Projects Test environment built

Focus and Major Change for 2017/18	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
4. Review of Residential Care Services Review residential care provision to ensure that people are supported to live in the community for longer and that available care home provision across PKC is fully utilised Head of Adult Social Work & Social Care	▪ Undertake a period of engagement and consultation with current local authority care home residents ▪ Undertake a period of engagement and consultation with current external care home providers to review use and options	31/05/2017 31/05/2017	Consultation and Engagement Plan in place. Engagement with stakeholders to take place in May 2017.
5. Review of Day Care Services Review and Redesign existing day care services Head of Adult Social Work & Social Care	▪ Develop and implement consultation and engagement plan ▪ Agree revised model of day care ▪ Commence implementation of new model	30/06/2017 31/07/2017 31/03/2018	Consultation and Engagement plan developed Staff engagement at team and individual level carried out. Client, Carer locality engagement programme due to commence May 2017.
6. Review of Adult Care Packages Work with community care clients, their families and carers, to provide financially sustainable care packages Head of Adult Social Work & Social Care	Continue with reviews and liaise with clients and carers discuss the most appropriate and cost effective way of meeting their requirements	31/03/2019	Ongoing engagement and consultation with service users and their families and reviews of care packages are being undertaken.
7. Technology Enabled Care The installation of a new digital server will be a central component of PKC's new Telecare Strategy. A key aim of the strategy is to see an increase in the number	▪ Maximise opportunities offered by the new digital server	31/03/2018	Expression of interest submitted to Scottish Government for participation in pilot exploring digital opportunities. Progress has been held up by delays in BT completing cabling works, should be resolved by 31/3/2017.

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Focus and Major Change for 2017/18	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
of people being supported to remain living in their own home. Head of Adult Social Work & Social Care	▪ Test technology enabled care for the bariatric cohort and evaluate outcomes ▪ Take forward actions identified within the Strategic Commissioning Plan	31/07/2017 31/03/2018	Cohort identified, protocols agreed with Tayside Health board. Scales and supporting TEC purchased. Florence (a texting system) has been tested and ready for wider rollout within the service. TEC strategy submitted to IJB for approval on 24/03/17. A number of actions progressing/ completed, further actions/projects have been identified and started.
8. **Care Inspectorate and Healthcare Improvement Scotland** are undertaking a programme of validated self-evaluations to determine extent to which Alcohol and Drug Partnerships are embedding the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services. Head of Adult Social Work & Social Care	▪ Adult Drug Partnership Redesign process is ongoing including recommendations from the Care Inspectorate evaluation. – Integration Joint Board (IJB) June 2017 to receive report and seek permission to proceed with 24 month implementation plan post authorisation.	July 2019 June 2017	All stakeholders and service providers are involved in the process. Recommendations from Care Inspectorate Report and Stakeholder consultation informing redesigned model.
9. **Fairness Commission – Fairer Futures** Head of Adult Social Work & Social Care	▪ Take forward the recommendations within the strategy.	2017 - 2020	New Action
10. **Locality community planning partnerships**	▪ Identify and respond to opportunities to work with locality planning partnerships to deliver positive outcomes. (Service Management Team)	March 2018	New Action

Acronyms Explained

AoHL	Action on Hearing Loss	LSCMI	Levels of Service Case Management Inventory
ASW&SC	Adult Social Work & Social Care	LD	Learning Disabilities
ASC	Autistic Spectrum Condition	MH	Mental Health
AIS	Adult Integrated System	NHS	National Health Service
ASP	Adult Support and Protection	PAS	Perth Autism Support
CCIG	Complex Care Integration Group	PB	Participatory Budgeting
ECS	Education and Children's Services	PKAVS	Perth & Kinross Association of Voluntary Services
EST	Employment Support Team	POA	Psychiatry of Old Age
FUN	Friendly Unlimited Network	SDS	Self-Directed Support
H&SCI	Health & Social Care Integration	SOLACE	Society of Local Authority Chief Executives
HSS	Hearing Support Service	TBC	To be Confirmed
HWAS	Housing with Additional Support	TEC	Technology Enabled Care
ICA	Integrated Care Approaches	TISS	Tayside Intensive Support Service
ISD	Information Services Division (NHS)	VC	Video Conferencing
LGBF	Local Government Benchmarking Framework		
LOIP	Locality Outcomes Improvement Plan		