



DUNDEE PARTNERSHIP FORUM

**EARLY INTERVENTION AND EARLY
YEARS IN DUNDEE**

WEDNESDAY 22nd SEPTEMBER 2010

WEST PARK CENTRE, DUNDEE

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Dundee Partnership Forum

Early Intervention and Early Years In Dundee

Wednesday 22nd September 2010

West Park Centre, Dundee

Background

This Forum event gave the Dundee Partnership an opportunity to consider the development of approaches to early intervention in children's services across the city.

Early intervention is a key national policy in delivering integrated services to children young people and their families and this is widely known as 'Getting It Right For Every Child' (GIRFEC)

GIRFEC locally has its origins in the Integrated Children's Services Plans (ICSP) 2005-2008 and 2010-2012 which set out how services for children and young people are strengthened by agencies and departments working together.

National policy papers on the delivery of effective children's services have heavily influenced Dundee's approach and include '*For Scotland's Children*', 2001 (report on better integrated children's services), '*It's Everyone's Job To Make Sure I'm Alright*', (2002 report of the Child Protection Audit and Review) and '*Getting It Right For Every Child*' (2006 a programme for change in the delivery of integrated children's services). These early policy documents now sit within a wider policy framework covering the spectrum of services to children and their families.

Dundee's 'integrated approach' is based around the development and implementation of strategies across agency boundaries for improving services and outcomes for children and young people.

An integrated children's services structure is in place which includes a Strategic Planning Group (SPG) made up of chief officers from, Leisure and Communities, Education, Social Work, Housing, Finance, Health, Police, Voluntary Sector and Children's Reporter and chaired by DCC Assistant Chief Executive. The SPG are responsible for leading on the development of the Integrated Children's Services Plan.

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

Many of the delegates present at the Forum had professional backgrounds in children's services and came to discuss how we get better and smarter at developing and delivering services in a more joined up collaborative way which would meet the needs of the children and families they serve.

Agenda

The agenda for the day is appended along with a list of delegates. The event was chaired by Chris Ward, Assistant Chief Executive, Dundee City Council. The initial presentations allowed the Partnership to gain a better understanding of the Scottish Government's new approach to supporting and working with children and young people in Scotland and how this approach was being driven forward at a local level through Dundee's new Integrated Children's Services system.

Workshops explored the how early intervention action can help the Dundee Partnership to achieve its outcomes and how partners are working together to support their different client groups. Obstacles for progress were discussed as was the scope to move towards moving resources towards preventative methods to tackle root causes and identifying how early intervention can be used to achieve long term savings.

Welcome

Dundee Partnership Chair, Councillor Ken Guild, welcomed delegates to the second Forum event of 2010 and emphasised that the discussion topic is one that can play a transformational role in shaping the future of the city - that of Early Intervention.

Councillor Guild highlighted the importance of tackling the causes of inequality to make a bigger difference than responding to debilitating problems once they become entrenched in peoples lives. Helping people to stay healthy and at home; supporting people into work; providing diversionary activity and support to reduce crime will all help to deliver better outcomes for all our communities.

Nowhere is this more important than in giving our children the best start in life, Councillor Guild said. Working in close partnership in Dundee, there is great determination to Get It Right For Every Child and the new model for integrated children's services gives an opportunity to make another step forward together.

GETTING IT RIGHT FOR EVERY CHILD (GIRFEC) - A NATIONAL PERSPECTIVE

Boyd McAdam, Head of GIRFEC Team, Scottish Government

What is Getting it right for every child?

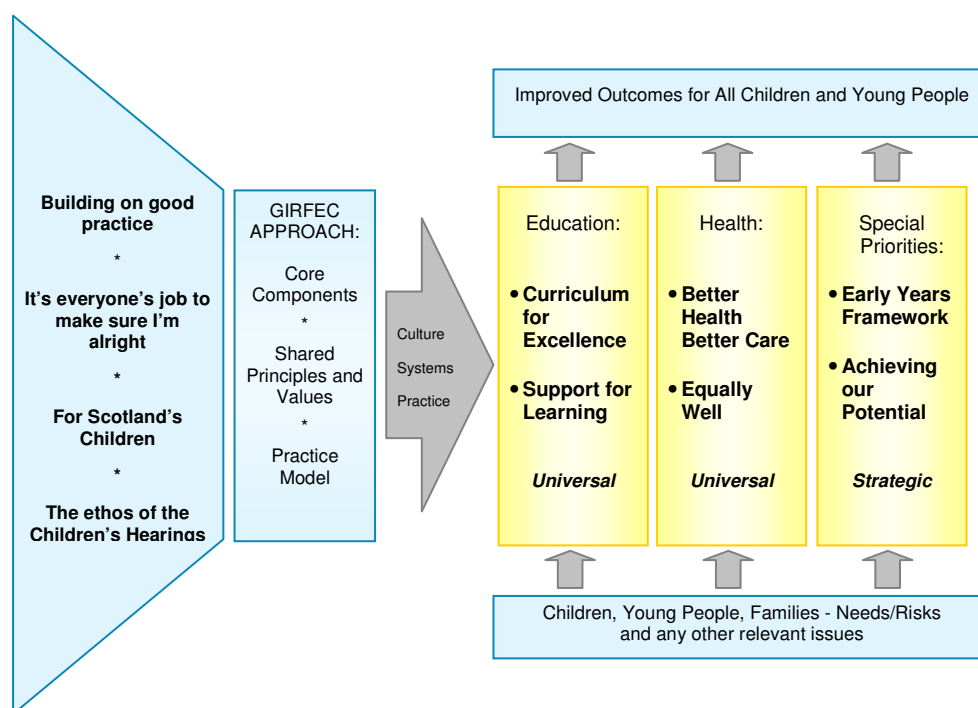
Getting it right for every child (also known as "Getting it right" or GIRFEC) is a new, national approach to supporting and working with all children and young people in Scotland. It affects all services for children and adult services where children are involved. It is based on research, evidence and best practice and designed to ensure all parents, carers and professionals work effectively together to give children and young people the best start we can and improve their life opportunities.

Implemented in 2006 with two pathfinders, GIRFEC places children's and young people's needs first, ensures that they are listened to and understand decisions which affect them and that they get more co-ordinated help where this is required for their well-being, health and development. It requires that all services for children and young people - social work, health, education, police, housing and voluntary organisations - adapt and streamline their systems and practices to improve how they work together to support children and young people, including strengthening information sharing.

It is not just about multi-agency working. It is about multi-agency working where necessary and appropriate. It is about empowering professionals to reach a view on whether they as individuals or as agencies deal with the perceived issues/ concerns/ needs/ risks on their own and take action. And only drawing in others as needs or concerns require. The approach helps those facing the greatest social or health inequalities. It also encourages earlier intervention by professionals to avoid crisis situations at a later date so that children and young people get the help they need when they need it.

GIRFEC Positioning

The diagram below does not highlight everything that is on-going, for example housing or justice but it is an attempt to break down the how and what of policy and practice, as the key drivers for GIRFEC.



Children's needs are generally met through universal services or through targeted and specialised services when additional help or intervention is required. GIRFEC is the foundation for work with all children and young people. The approach draws on good practice and theory to implement culture, systems and practice change across all services for children, building from universal services, in support of Government's strategic priorities to enable all children to flourish and reach their full potential.

GIRFEC supports various social frameworks which are the 'WHAT'. GIRFEC is 'HOW' we should go about achieving our objectives and deliver improved outcomes for children and young people. It does so by supporting the development of a common language, shared understanding that lead to trust and confidence between agencies and professionals.

The Scottish Government are therefore putting this approach at the heart of its policies for children, young people and families to ensure the core elements of the approach are embedded in policy and practice and expect all other organisations to do so.

WHAT

- Early Years Framework
- Equally Well
- Achieving our Potential
 - Support for Learning
 - More Choices More Chances
 - Youth justice
 - LAC
 - Better Health Better Care
 - Hall 4
 - Towards a Mentally Flourishing Scotland
 - Curriculum for Excellence
 - Road to Recovery

HOW



Pathfinder and Learning Partner activity

- Highland – all systems change approach –fully implemented
- Domestic Abuse pathfinders completed
- City of Edinburgh –all systems change by August 2011
- North and South Lanarkshire –all systems by August 2011
- West Lothian – chronology consultation in progress
- Angus - Children Affected by Parental Substance Misuse Reports Dec 2010
- Work across Tayside
- Progress in Dundee

Development to implementation

- Children's Summit -*The Pledge*
- Guide to Implementing Getting it right
- CEL 29 2010: Met NHS Chiefs
- National engagement - aligning GIRFEC with Early Years and other Social frameworks
- Child Protection Consultation
- Future Scrutiny

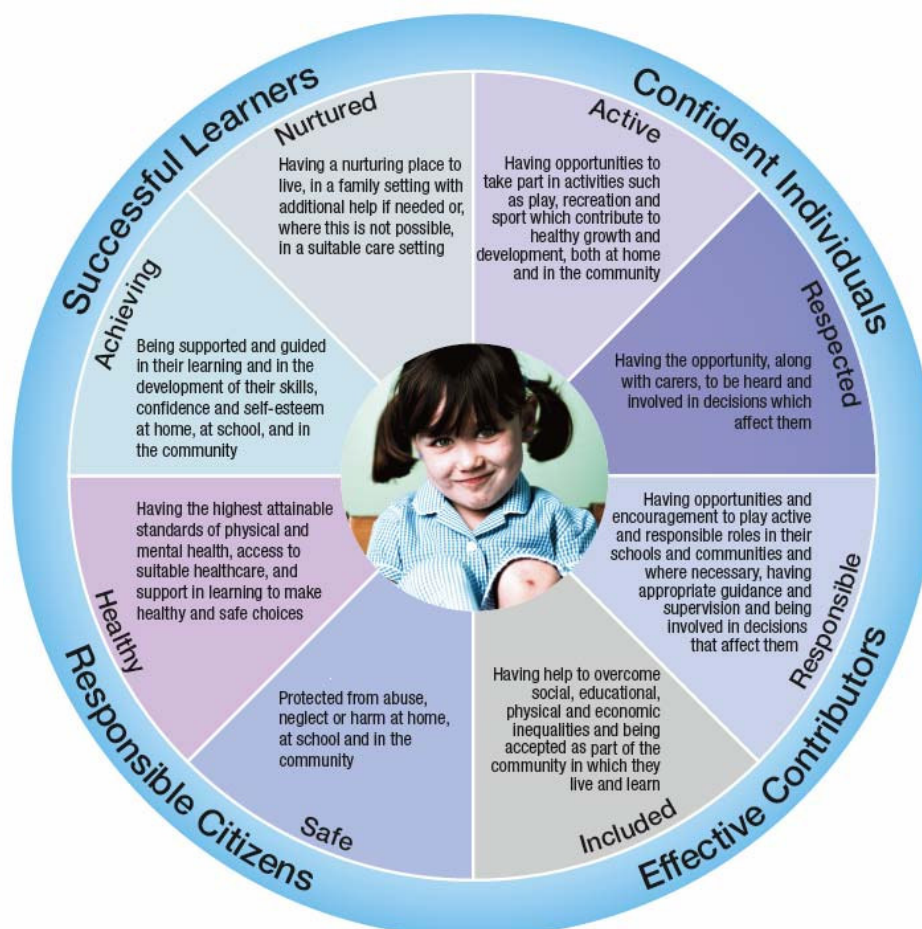
GIRFEC: the approach

GIRFEC promotes action to improve the well-being of all children and young people. Eight areas of well-being have been identified as areas in which children and young people need to progress in order to do well now and in the future.

GIRFEC reflects an approach to working with children and young people that is underpinned by shared principles and values. It recognises children's rights and builds on the strategic pillars of Scottish Government policy for children and young people and the Concordat.

To help children and young people achieve their well-being, GIRFEC is supported by 10 core components. These can be applied in any setting and circumstance where people are working with children and young people.

The well-being of children and young people and their well-becoming are at the heart of Getting GIRFEC and can be illustrated by the following diagram:



(Source: <http://www.scotland.gov.uk/Publications/2008/09/22091734/50>)

Wellbeing Indicators

There are eight indicators of well-being: healthy, achieving, nurtured, active, respected, responsible and included and, above all, safe. The *Well-being Indicators* are the basic requirements for all children and young people to grow and develop and reach their full potential. Children and young people will progress differently, depending on their circumstances but every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the *Well-being Indicators*. The well-being wheel also shows the connections between children and young people's well-being now, and their well-becoming in the future. The Scottish Government and its local government partners in the Concordat have an ambition that all Scotland's young people will be successful learners, confident individuals, effective contributors and responsible citizens.

Core Components

GIRFEC is founded on 10 core components which can be applied in any setting and in any circumstance. They are at the heart of the GIRFEC approach in practice and provide a benchmark from which practitioners may apply the approach to their areas of work.

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.
2. A common approach to gaining consent and to sharing information where appropriate.

3. An integral role for children, young people and families in assessment, planning and intervention.
4. A co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the Well-being Indicators.
5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time.
6. Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland.
7. A Lead Professional to co-ordinate and monitor multi-agency activity where necessary
8. Maximising the skilled workforce within universal services to address needs and risks at the earliest possible time
9. A confident and competent workforce across all services for children, young people and their families
10. The capacity to share demographic, assessment, and planning information electronically within and across agency boundaries through the national eCare programme where appropriate

GIRFEC: Principles and Values

For all professions, there are legal powers and duties, professional protocols, quality standards and a range of professional guidance. GIRFEC is relevant to a wide range of professionals and there are some underpinning principles within the approach that have broad application across relevant agencies. These principles are being described here as values. The summary below is intended to be both practical and relevant to professionals with a part to play in ensuring that each child is: safe, healthy, active, nurtured, achieving, respected, responsible and included:

- *Promoting the well-being of individual children and young people: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time*
- *Keeping children and young people safe: emotional and physical safety is fundamental and is wider than child protection*
- *Putting the child at the centre: children and young people should have their views listened to and they should be involved in decisions that affect them*
- *Taking a whole child approach: recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life*
- *Building on strengths and promoting resilience: using a child or young person's existing networks and support where possible*
- *Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity*
- *Providing additional help that is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs*
- *Supporting informed choice: supporting children, young people and families in understanding what help is possible and what their choices may be*
- *Working in partnership with families: supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what may not be helpful*
- *Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality*
- *Promoting the same values across all working relationships: recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues*
- *Making the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities*
- *Co-ordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help*
- *Building a competent workforce to promote children and young people's well-being: committed to continuing individual learning and development and improvement of inter-professional practice.*

GIRFEC: the approach in practice

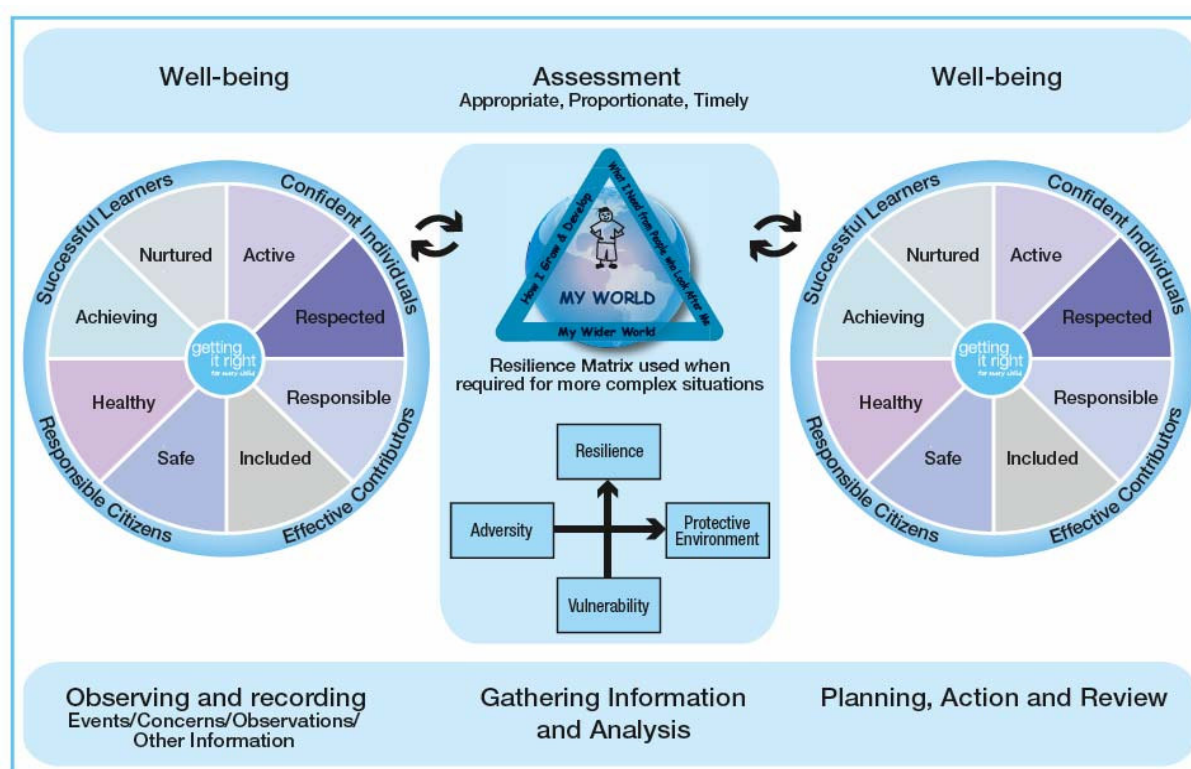
The GIRFEC approach in practice builds from the foundation of support available in the family, in the community and universal services. In practice, GIRFEC needs shared tools and models and an understanding of how practitioners approach action with children and young people and how agencies work together. This approach requires a Lead Professional to co-ordinate support when two or more agencies are working together to support a child or young person.

The Well-being Indicators are used to record observations, events and concerns and as an aide in putting together a child's plan and the My World Triangle and the Resilience Matrix are used to gather, structure and assist in the analysis of information.

The National Practice Model

The GIRFEC practice model supports practice to ensure action can be taken to improve outcomes for the child or young person. It also supports the recording of information in a consistent way that allows it to be collated when needed to provide a shared understanding of the needs of the child or young person.

When assessment, planning and action are needed, practitioners can draw on the GIRFEC practice model which combines knowledge, theory and good practice. The tools in the model can be used in a single- or multi-agency context.



There are three main components in the practice model:

- a) eight Well-being Indicators
- b) the My World Triangle
- c) the Resilience Matrix

The *eight Well-being Indicators* have been identified as areas in which children and young people need to progress in order to do well now and in the future and they allow practitioners to structure information which may identify needs and concerns and to structure planning.

The *My World Triangle* introduces a mental map that helps practitioners understand a child or young person's whole world. It can be used to explore their experience at every stage, recognising there are connections between the different parts of their world and, in assessment, can be used to explore needs and risks.

The *Resilience Matrix* can be used in a single or multi-agency environment. It supports practitioners to analyse the more complex information they have gathered, using the *My World Triangle* and other sources and plot it on a blank matrix so that the balance between vulnerability and resilience, and adversity and protective factors can be weighed.

There are six parts in the GIRFEC practice model. Practitioners will combine some or all of these parts in the way most appropriate to the child or young person's needs:

- Using the *Well-being Indicators* to record and share information that may indicate a need or concern and then take action as appropriate
- Using the *My World Triangle* (and where appropriate specialist assessments) to explore this information and to gather further information about a child or young person's needs
- Using the *Resilience Matrix* to help organise and analyse information when necessary
- Summarising needs against the *Well-being Indicators*
- Constructing a plan and taking appropriate action
- Reviewing the plan

Benefits

The benefits of the National Practice Model	Benefits to business	Benefits to practitioners	Benefits to children and their families or carers
<ul style="list-style-type: none"> - Applies to all children - Accessible to children and families - Common toolkit - Shared language - Evidence based - Respects professional identities - Capacity to include specialist assessments - Outcomes focussed - Early appropriate help 	<ul style="list-style-type: none"> - Released and more targeted resources - Better integrated planning where needed - Appropriate proportionate and timely - Universal service input - Improved quality of information - Reduction in social work caseloads - Reduction in referrals to the Reporter - Fewer reports to the Reporter from ALL agencies - Reduction in registrations 	<ul style="list-style-type: none"> - More time with service users - Clarity of roles - Increased trust across agencies - Common purpose to children's workforce - Reduced duplication 	<ul style="list-style-type: none"> - Children showed improvements in well-being - Feel more involved - Have contributed to planning meaningfully - Know what's happening - Reduced bureaucracy (one child-one plan) - Co-ordinated approach - Being supported by one team - Increased equality (child first, difficulties second)

Why does early intervention matter?

Benefits to children, young people and families - It's understandable to focus of business benefits, so we need to remind ourselves that early and appropriate intervention particularly in the early years is right because it improves the lives of children. It's no more complicated than that, we have a moral imperative to get this right.

Benefits to public services, economy and society - Scottish Economic modelling of short term savings from investing in early years in the first 5 years of life, specific to health, parenting and pre-school suggest potential in savings to the public sector of up to £37.4k per annum in each acute cases and £5.1K for a child with moderate difficulties. Estimated savings from early intervention in cases of complex need – up to £5.4m per annum short term and over £100m p.a. medium term

Why is GIRFEC effective?

- Edinburgh University's Evaluation report of the GIRFEC Highland Pathfinder identified that co-ordination of the GIRFEC Practice Model delivered significant benefits:
 - 2/3 of around 100 sampled – all of whom had complex needs over 3 years showed improved outcomes.
 - Rather than individual assessments, of which there are many – GIRFEC is designed to bring together education, police, health and voluntary sector information.
 - The streamlining of systems led to a reduction in bureaucracy that led to staff having more time for direct work with children and families.
- Within Health, experience from Lanarkshire with the creation of a Child's record by the Public Health Nurse building on the information passed from Midwifery services - a significant development on previous practice.
- Families – the main reason being that it was a less cumbersome processes and knowing what is intended and when it will happen.
- Clearer line of sight for Chief Officers in being aware of provision that is being made for each child if necessary.
- Improved outcomes for a majority of children. Reduced bureaucracy means staff have more time for direct work with children and families. Fewer meetings and reports for all agencies - 50% reduction in SW caseload, and admin reduced to 10% of activity.
- Reduction in unnecessary referrals to the Reporter – down by 70%. Reporters and Panels have more time for more serious cases.
- Reductions of around 50% in the number of children regarded at risk of significant harm.
- Teachers, Health Visitors, Social Workers etc all having a better understanding and valuing each others roles, and how they support each other
- Faster and better quality information sharing
- Children's needs identified at an earlier stage
- More effective interventions
- Less cumbersome processes for children and families
- GIRFEC implementation in Falkirk and Angus Council areas have shown significant and impressive reductions in the area of looked after children turning around budget deficits of £900k and £500k respectively.

Implementation - What we know works:

- Common collective vision
- Strong leadership and commitment
- Clarity about process changes and clear procedures
- Structural redesign to support the changes
- Roles and responsibilities
- Reorganisation of teams
- Top down, bottom up approach
- Cohesion across local policy development
- Communication at all levels
- Training / workforce development

Example: Youth Justice

- In the last 2 years we have delivered practice change which has improved outcomes for children and young people who offend through implementation of a multi agency early and effective intervention approach.
- Traditionally, young people who come to the notice of the police for offending have routinely been referred to the children's reporter. In a large proportion of cases their offending is not sufficiently serious to merit compulsory measures.
- Founded on the principles of GIRFEC, this approach supports agencies either individually or collectively to take appropriate, proportionate and timely action as soon as the child or young person comes to notice, to improve outcomes (for young people and their communities) and reduce the use of formal and more costly interventions.
- Recognising that a number of areas had already adopted an early and effective intervention approach, we worked with five – Fife, Dundee, Renfrewshire, Edinburgh and Glasgow South – to map and independently evaluate that process. This created a collaborative of practitioners and managers interested in developing their practice and championing the model.
- This approach is based on the belief that demonstrating what works and how, and proving the benefits to both children and young people and the partners is the most compelling way to secure take-up. It also enables us to identify critical factors in success to support effective implementation.
- This approach has helped to improve our collective response to children's and young people's needs and risks. For example:
 - Improved response to children's needs and risks, with better information available to partnerships provision is better aligned to identified need.
 - Increase in the range of responses being utilised due to a broader range of options being available to partnerships, for example through social work, education, health and housing services, the voluntary sector, the police and community safety.
 - Reduction in the number of referrals being made to the reporter - by 50% in some areas.
 - Reduction in youth crime.
 - Dundee – one of the areas involved in our initial evaluation, and one of the first areas to adopt this approach – is a good example of how this can work in practice. They have seen a 50% reduction in offence referrals since the approach was introduced in 2007-08 and a corresponding 28% reduction in youth offending over the same period. This can be seen as an example of how GIRFEC principles can work in practice to deliver better outcomes, and some areas are already building on this model to cover non-offence/welfare issues.
- In times of financial austerity, it is essential that we can deliver programmes that are financially viable and sustainable – EEI does this. For example, our pilot areas have realised significant opportunity cost savings as a result of reduced administration and bureaucracy. They are also spending less on formal and more costly interventions.
- We will continue to embed this practice nationally (so far 19 LA have introduced it) and look to extend the principles to 16 and 17 year olds to ensure that, where appropriate, under 18 year olds are effectively managed outside the criminal justice system.

Challenges

- Turning ideas, goodwill and enthusiasm into actual practice change
- Managing the pace of change – too slow or too fast
- Different agencies and areas at different stages
- Maintaining clarity in practice; the nuts and bolts as well as the vision
- Ensuring the structures and posts in place to support the new processes
- Implementation at a time of reducing resources
- Workforce development for children's services

The role of the central GIRFEC team

Four work streams have been identified that the central GIRFEC team need to take forward to support the implementation of GIRFEC across Scotland. The team are working to produce a plan for ministerial and COSLA approval.

- Embedding GIRFEC in relevant National policies
- Embedding GIRFEC in the new scrutiny regime
- Supporting National implementation through CPP engagement
- Supporting Practice Improvement -including iACT

A NEW PATHWAY FOR CHILDREN IN DUNDEE

Bert Sandeman, Integrated Children's Services Manager, Dundee City Council

Following on from Boyd's presentation, Bert set out Dundee's new Integrated Children's Services system and explored each of the four component parts within its 'Hierarchy of Need' schematic (see next page). It was noted that the agencies involved in delivering services within the system on the schematic are included for illustrative purposes only. It was acknowledged that there are many more practitioners and services involved but simply not possible to include them all on one sheet of paper.



Please refer to schematic on next page

Component 1: Getting It Right For Every Child (GIRFEC well-being indicators)

The system is based on the national GIRFEC principle that all children will be safe, healthy, active, nurtured, achieving, respected, responsible and included (SHANARRI). The hypothesis is that if all children are then they are more likely to be successful learners, confident individuals, effective contributors and responsible citizens.

The SHANARRI headings, when used for assessment purposes, indicate the level of need for children and young people.

The hierarchy of need is very much based on the expectation that all children and family practitioners will adopt a SHANARRI assessment approach. This means that at any point of contact, practitioners will consider the holistic needs of children and young people and not simply focus on their own area of expertise or profession. (This practice is already well established across many agencies.)

This does not mean that all practitioners irrespective of professional background will have to become experts in all areas of SHANARRI assessment. It means that practitioners should take account of each 'well-being' element, and where they think there are concerns based on their understanding and analysis of their 'assessment' or the need for a more substantive assessment, they will pass these on through their normal referral channels.

Component 2: Integrated Assessment

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

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

Each part is supported by guidance and a range of tools and appendices. These will be placed on the integrated children's website <https://www.dundee.gov.uk/chserv> so that all agencies can access the documentation.

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

Part 2 - Parenting support form is not highlighted in the schematic but is very much a key part of the system as it makes the link to adult services. The form enables workers in adult services to assess impact on children). It is separated into two parts. Part 1 is for use

where an agency may have minimal contact and Part 2 for agencies that have ongoing involvement. This documentation will also be used to make a referral to another agency (rather than having to complete another form). Following the pilot at the end of 2009, the form has been adapted and some services are now early implementers.

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

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

Part 4 - the Child's Plan. The plan has been designed to help all staff working with children and families think about the needs of children in a child focussed way. The plan is for any child or young person where there is a concern or where assessments show that the child may need additional support so that they can be safe, healthy, achieving, nurtured, active, respected, responsible and included.

Any child whose needs are being addressed collaboratively by more than one agency has a multi-agency Child's Plan which is compiled jointly with the child, family, carers and relevant people involved with the family and recorded by the Lead Professional. The plan must be clear, written in simple language, understandable by the child (where old enough) and family, contain information necessary to meet the child's needs, and address all aspects required by legislation, guidance, procedures and protocols.

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

- How they grow and develop;
- What they need from people who look after them;
- Their wider world.

The plan is intended to be child focussed and replaces the numerous reports submitted to various meetings. The child's plan would be the key document to be used in all planning meetings and will free workers up to engage more with families directly as bureaucracy is reduced. Because the assessment and child's plan includes all partner agencies, workers will not all have to attend all meetings. Only the child, family and lead professional are likely to attend making the meeting more child focussed and friendly.

Component 3: Hierarchy of Need

The hierarchy of need triangle has at its base the core elements to which all children, young people and their families in Dundee are entitled. The main universal services are NHS and Education, however others could include leisure and community services, housing, careers services and some services within the voluntary and private sector such as child minding or nursery provision.

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

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

Standard additional support is delivered by a mixture of universal and specialist services. This is where we start to see specific provision to meet specific needs, e.g.. School Community Support Service within Education, Family Support Team (Section 22) within

Social Work, Allied Health Workers within NHS, Xplore workers within Leisure and Communities and targeted courses (Progressions) at Dundee College.

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

Assessment and the analysis of that assessment at this stage is either through individual practitioners and lead professionals and/or through multi-agency fora such as the JAT. The ideal aim is to support the child or young person back down the hierarchy to mainstream services, however that may not always be possible and a 'core' assessment might lead to the result that the child or young person requires targeted additional support.

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

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

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

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

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

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

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

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

Component 4: Pathways and Transitions

We have described how assessment and analysis precipitates movement up and down the hierarchy of need; however that only follows once a child or young person is in the system. Most children and young people will not require the additional support outlined above. However, they are entitled to have access to regular and routine assessments and screening as provided by universal services such as NHS and Education.

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

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

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

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

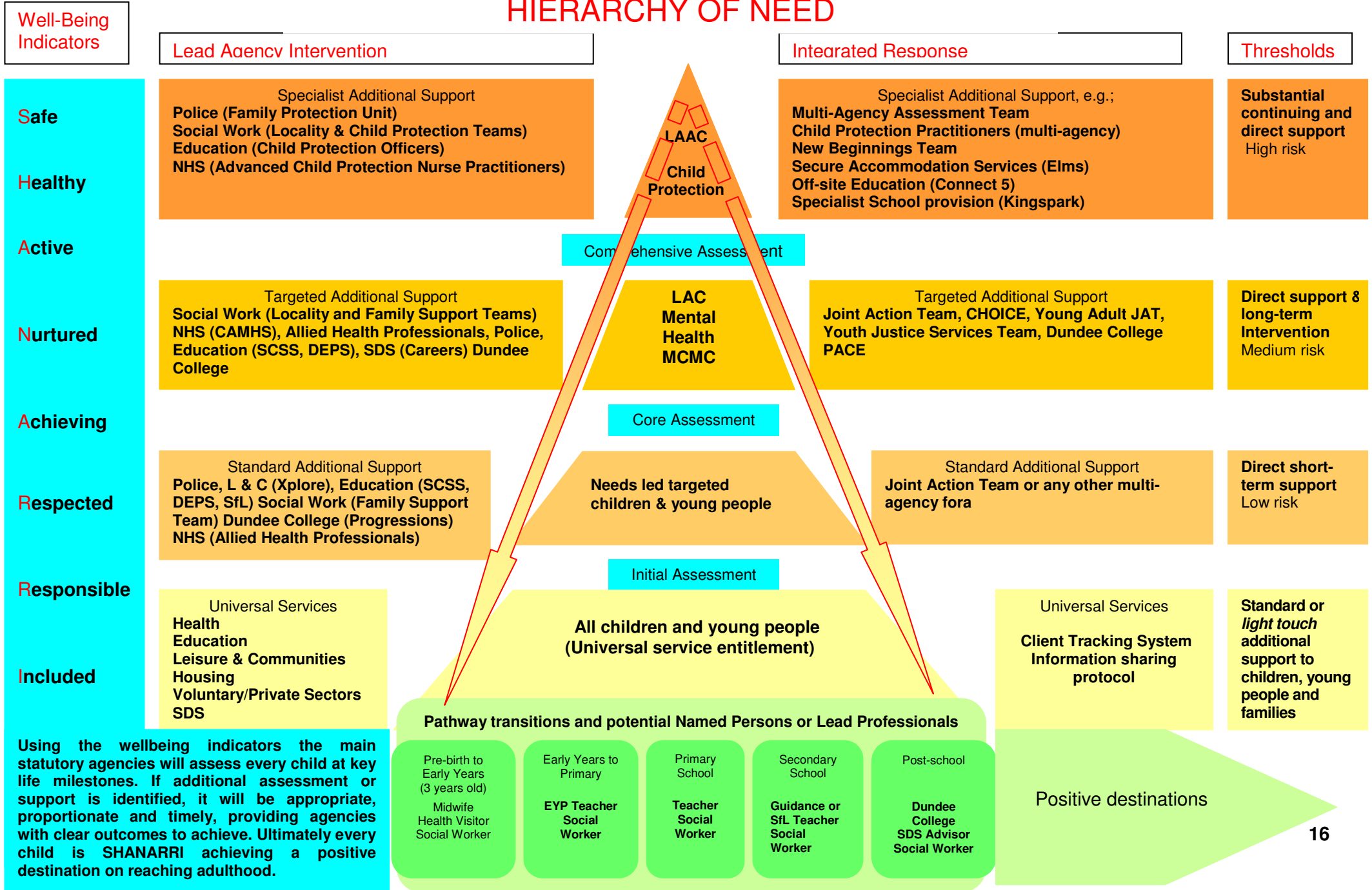
- What can I do to help the child?
- What can my agency do to help the child?
- What additional services are needed to help this child?

The named person is in a good position to undertake an 'initial assessment' as part of their routine practice. Should that assessment and analysis suggest that the child or young person requires much more intensive support not readily available within universal services then a Lead Professional is appointed. The main function of the Lead Professional is to co-ordinate the child's plan, update and maintain multi-agency records, ensure services are delivered and the review the plan with others.

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

Dundee Integrated Children's Services System

HIERARCHY OF NEED



HOW DO WE DO MORE TO GIVE CHILDREN A BETTER START IN LIFE?

Professor Susan Deacon, School of Social and Political Science, University of Edinburgh - Scottish Government Early Years Champion

Championing the Early Years – Key Messages and Questions

- There is overwhelming and compelling evidence that a child's experience in the early weeks, months and years of life impact on their life outcomes – not just in terms of health and educational attainment but their entire capacity to become fulfilled and productive adults and on their values, attitudes and behaviours
- It's not just science and research that tells us this - our instinct, intuition and experience as parents and citizens tell us this too
- This is a key issue for the future wellbeing of our society and the economic future of our nation
- Successive Ministers and Governments have acknowledged the importance of working to give each child in Scotland the best possible start in life but despite vast swathes of policy and investment we have not made the impact required
- Too much of our focus has been on public policy and investment – there are simply limits on what Government, local government or other public sector agencies and interventions can achieve
- There is a key issue as to how the state intervenes when a child is really at risk of severe harm or neglect – but it is important not to over-intervene, disempower or 'over professionalise' in this area across the population as a whole
- We need to acknowledge, for example, that much of our work in child protection has had unintended consequences and may be militating against the kind of behaviours – in families and communities and through voluntary effort and community involvement – that we need much more of
- While tools and structures (e.g. GIRFEC, SOA's CPP's) can play their part it is important that we do not get lost in the mechanics or see any one approach or intervention as a panacea
- The time is right to build a meaningful national conversation in Scotland about what we all need to do to get better at raising our children
- This raises wider questions re-societal issues and culture
- Too much of this discussion and awareness is currently locked up in the techno speak of dense research and policy documents – it's time to 'talk human'
- How much research do we need? We need to get better at acting on what we know. How many more studies and conferences do we need to tell us, for example, that play is important for children?
- It's time to develop a bias for action – we spend too much time on analysis – it's our comfort zone
- Not everything that matters can be measured-certainly not in the short term.

- And much of what matters to the early development of a child does not cost money – love, cuddles, bedtime stories, a walk in the park - these are not soft fuzzy things but critical
- But there are key issues for public services....
- We know that better integrated and joint working is critical – but what more can we do to make a reality of that? How do we identify and remove the systemic barriers and behaviours that militate against a joint approach?
- How can we get people 'out of their boxes' i.e. the multiplicity of silos which exist – not just in Government and local government but across so many organisations, lobby groups, professionals groupings etc – all of which lead to separate - and often competing – agendas and priorities
- Can we do more to value and reward those who are truly working across boundaries and to fostering a meaningful partnership approach?
- And what about the process that we are lost in – what can we rid of? How do we unleash the potential both of people and communities and professionals?
- Measurement, evaluation, audit, regulation and inspection all have their place, but how do we make this landscape more streamlined and proportionate?
- At the end of the day – not everything that counts can be counted and we cannot afford to lock up time energy and resource in too much process.
- There has never been a greater need and opportunity for us to work together to combine our energy and resources for common endeavour.
- Where better to do bring about a step change in how we raise our children?
- As Einstein said, the definition of insanity is doing the same thing over and over again and expecting different results.
- We should remember that in thinking about where we go from here?!

WORKSHOP DISCUSSION 1 -

Workshop discussions were informed by the earlier presentations on the national GIRFEC approach, (Boyd McAdam) the new Dundee Integrated Children's Services System (Bert Sandeman) and the work of Professor Susan Deacon on Leadership and early years, early intervention.

The workshops were made up of children's services practitioners and managers from all disciplines, community activists and elected members.

How can early intervention help the Dundee Partnership to achieve our agreed outcomes?

Leadership & direction

- We should have a clear and explicit statement on outcomes and vision to help individuals recognise their contribution to this agenda.
- Our collective agreed outcomes should be commensurate with individual agency priorities.
- We need to know what is the total 'spend' on services is? and how we know it is effective.

Working with Families

- Listen to parents and children re what they need.
- Building open and honest relationships with parents.
- Early intervention leads to building better relationships with families.
- Working with the consent of service users is a key element in our work.
- Opportunities for parents/carers and children to meet together in pursuit of early identification and providing the appropriate service to meet identified needs.
- Early identification and predication of where problems may arise. Families may already be known (generational).

GIRFEC Approach

- GIRFEC applies to all children but this does not mean that all children need to be put forward for Multi Agency Services e.g. JATs. We need to put appropriate and proportionate services where and at the time they are needed.
- Unlock creative solutions.
- Shared language by professionals will help in assessment and intervention
- Improving early years support is key to child protection.
- We agreed the importance of ensuring a good 'fit' between thresholds and frameworks both within and across agencies.
- Client tracking has helped towards sharing information regarding who is working with children/young people.
- Every child/young person should have a 'named person'.

What has your agency or Partnership done to take earlier action to support your client group or community?

Lessons from research

- Utilised research on transitions outcomes to ensure standard/targeted services occur at right time.
- Evidenced based approach to being a good parent - involving volunteers along with statutory agencies to deliver this. Dundee Partnership agencies need shared understanding of key/core components of being a 'good' parent.

Community involvement

- Take services to communities/homes instead of expecting them to travel.
- More use of communities and their contribution to maximise inputs to families and make them feel valued, have aspirations for children in the community.

Service redesign

- Adult and Children's Services should be more joined up.
- Avoid thresholds between agencies.
- Better information sharing.
- Adult Services are getting better at identifying issues for children.
- Police now routinely check if there are any children in the house and if there may be any concerns?
- Joint Action Teams could be used at an earlier age and stage.
- Client Tracking System - very good for gathering information.
- Dundee CJS Youth Justice was involved in 2 years Fast track Pilot in 2003/04, as they had more under 16 year old offenders. Early intervention has had a positive impact on outcomes, ie 50% less crimes in the community than 5 years ago. They have a multi-agency meeting at an early stage (rather than going straight to the Reporter after 1 Offence).
- Problems are now identified for more children in need at pre-birth stage. New Beginnings Service has been increased and Locality SW Teams are carrying out Pre-Birth Assessments. This ultimately means that services are delivered, where needed at a far earlier stage.
- Family Support Services started a review of all their services in 2008, to identify how they would continue to target and deliver services to meet future needs of vulnerable children and families.
- Family Support Teams are now recording their work on the Social Work IT system 'Event Recording' and they now carry out more intensive assessments including for Supervised Contacts which gather information to inform decision making on whether children should go home to their parent(s).
- There are now nine ICS Theme Groups which are responsible for the overview of GIRFEC.
- In the past the needs of children/young people and their families were dealt with separately by each DCC Department, we are now taking a partnership collective approach, eg. Joint Action Teams.
- MAATs, JATs, multi agency training, Community Health partnerships, and Adult services are more engaged in process but still recognise there is 'room for improvement'.

What obstacles have stood in the way of progress?

Staff development

- Lack of clarity about roles and responsibilities.
- Different agencies different language.
- Lack of understanding and training for the frontline staff about SHANNAR1.
- Lack of shared training between professionals (especially those in Early Years).
- Lack of shared understanding of thresholds of risk and needs.
- Lack of confidence and abilities resulting in people still wanting to 'refer on'.

Funding

- Generally funding constraints are impacting on planning for future services, e.g. the future delivery of Family Support Services will depend on decisions still to be made about how their services will be targeted in the future and how many staff across the service in Dundee will be allowed to retire.
- Financial issues regarding the biggest drain of SWD/Education is external placements, we need a local provision to meet this need.
- Too many pilot projects raise expectations when funding ceases

Agency issues

- Health Service changes - lack of universal screening is causing late pick up of developmental delay.
- Education - consistent targets for children at key transition stages - literacy/numeracy skills focus.
- lack of universal services
- Conflicting agency priorities.

Processes

- Access to services should be quicker
- Raised awareness about it being everybody's job i.e. the community, media, private sector i.e. contractors, shops.
- We can't provide all services to Child/Young People and their families, but need to target services appropriately and not duplicate services, across different agencies
- Monitoring is required to ensure agencies/workers don't unnecessarily increase intervention by referring in, just because a particular resource now exists.
- Anti-social Behaviour Legislation, which created a negative approach to young people. Also Dundee had more ASBO's than any other area.
- Parenting support - housing; childcare costs, employment/training opportunities. Referral processes can be a barrier.

WORKSHOP DISCUSSION 2 -

What further practical action can we take in our own organisations and together in partnership?

- Define in understandable terms what our organisation can offer to individual/families/communities, not just services.
- Further debate and dialogue with communities about tolerance, risk-taking and actions organisations can take. Alcohol and substance-misuse - ask what communities can do to make it safe for the children.
- Continue to re-evaluate how we deliver our services.
- The Scottish Government could develop a campaign regarding fathers having a valuable input in their children's lives and not just about fathers' having to pay for their child through the Child Support Agency, if they don't live in the family home. Also there are a lot of children (male and female) who do not have positive male role model in their lives.
- We should make working with children from birth to 12 years a valued profession and encourage more men to train to work with this age group.

Where is there scope to move our resources from responding to problems towards preventative methods of tackling the causes of poor outcomes?

- Community engagement needs to move forward from consultation to empowering and action.
- Face to face communication in the communities is important and bureaucratic structures impede this form of intervention.
- Leisure and Communities Dept could be developing services in their local communities, maybe with other local groups, e.g. churches Voluntary Organisations etc, to meet the need for parents and young children to have some form of lower level family support and not just childminders. This could also be tied into other agencies which already work with L&C i.e. Working for Families etc which would help parents to develop their own knowledge and skills, maybe towards short courses and then some further education.

Given the difficult financial climate, how can we use early intervention to achieve long term savings?

- Partnership Agency priorities need to be clear and translated into an agreed approach/targeted way e.g. alcohol/substance misusing parents as first priority group.
- From an Education perspective the first main statutory service provided to children is the nursery. However there are also private nurseries and they need to develop how they provide additional services to parents who need lower level help or develop networks/knowledge of agencies who can provide services to meet their needs.
- Webster Stratton Programmes could be used in schools where they have children who have difficulty coping in class, especially if they have small Nurture Groups.

Key Points

- Shift resources to preventative work e.g. Police in Perth have more officers involved in community policing compared to Dundee.
- Listening to communities! There is a sense from practitioners and communities that we no longer have community work across the city. Communities are asking for more children's work, supporting playgroups, parent & toddler groups which allows skilled workers to pick up early any issues within family.
- Encourage communities to identify issues and help to look at solutions.
- Role of communities in children and families lives e.g. empty play parks, underused community facilities - where is everyone?
- More focus on work with children 1-3.
- Work needs to be done on building trust between agencies and the public.
- Where are all the men - uninvolved fathers, lack of males in early years work etc?

- How might we better engage and work with males, focus is usually on males who present risk but they can also be a powerful protective factor for children. Should we so readily accept a mother's refusal to allow a role for an estranged partner/father?
- Common thresholds
- Common language

SUMMARY AND FUTURE ACTION

In Dundee we want to be able to evidence the impact of all the activity around the early intervention agenda much of which discussed today and get to a point where we can say, and, children, young people and their families see that;

- Our aim is for all children and young people to have the same outcomes and opportunities.
- We are able to identify those at risk of not achieving those outcomes and take steps to prevent risk materialising.
- We are able to take effective action where risk has materialised.
- We are able to help parents, families and communities to develop their own solutions, using accessible, high quality public services as required.

All of this sets a tough agenda, however we are making positive strides in many areas of our work across children and young people services.

We now want to build on the positives, learn from practice, listen to our communities and develop and deliver services fit for the people of Dundee.

The next steps in our journey will be the establishment of a GIRFEC implementation programme covering the wide spectrum of children's services. This will be overseen by the Protecting People Chief Officers Group (COG) and coordinated through the Integrated Children's Services Strategic Planning and Implementation Management Groups.



**Dundee Partnership Forum
Early Intervention and Early Years in Dundee
Wednesday, 22nd September 2010, West Park Centre, Dundee**

- 8.45 am - 9.15 am Registration and Coffee
- 1) Welcome - Councillor Guild, Leader of the Administration, Dundee City Council
 - 2) Introduction - Chris Ward, Assistant Chief Executive, Dundee City Council
 - 3) Getting It Right for Every Child - A National Perspective
 - Boyd McAdam, Head of GIRFEC Team, Scottish Government
 - 4) A New Pathway for Children in Dundee
 - Bert Sandeman, Integrated Children's Services Manager, Dundee City Council
 - 5) Workshop Discussion 1
 - How can early intervention help the Dundee Partnership to achieve our agreed outcomes?
 - What has your agency or partnership done to take earlier action to support your client group or community?
 - What obstacles have stood in the way of progress?
- 11.00 am Coffee Break
- 6) How do we do more to give children a better start in life?
 - Professor Susan Deacon, School of Social and Political Science, University of Edinburgh - Scottish Government Early Years Champion
 - 7) Workshop Discussion 2
 - What practical action can we take in our organisations and together in partnership?
 - Where is there scope to move our Partnership resources from responding to problems towards preventative methods of tackling the causes of poor outcomes?
 - Given the difficult financial climate, how can we use early intervention to achieve long term savings?
 - 8) Workshop Feedback and response from Professor Deacon
 - 9) Summary and Future Action - Chris Ward
- 1.00 pm Lunch available

DUNDEE PARTNERSHIP FORUM - 22nd September 2010

Delegate List

Alex Dalrymple	Scottish Enterprise
Anne McLaren	Claypotts Primary School
Bailie Helen Wright	Dundee City Council
Bernadette Black	Dundee City Council
Bert Sandeman	Dundee City Council
Betty Ward	Dundee Community Health Partnership
Boyd McAdam	Scottish Government
Bryan Harris	Dundee City Council
Bryan Knight	Tayside Police
Calum Strathie	Dundee City Council
Charlotte McCrimmon	Dundee City Council
Chris Lafferty	Baldragon Academy
Chris Ward	Dundee City Council
Chris Wright	Dundee City Council
Christine Lowden	Dundee Voluntary Action
Councillor Ken Guild	Dundee City Council
Councillor Kevin Keenan	Dundee City Council
Daniel Kleinberg	Scottish Government
Dave Barclay	Tayside Police
David Lynch	Dundee Community Health Partnership
Debbie Balshaw	Dundee Community Health Partnership
Debbie Booth	Dundee City Council
Derek Gray	Barnardos
Elaine Stewart	Dundee College
Gill Simpson	Dundee City Council
Heather Gunn	Dundee City Council
Jacquie Hall	Dundee City Council
Joan Wilson	Dundee Community Health Partnership
Karen Bowie	Dundee City Council
Karen Dorward	Dundee City Council
Kath Lunny	Dundee City Council
Kathleen Paterson	NHS Tayside
Kathleen Quinn	St Lukes & St Matthews Primary School
Kathryn Bethway	Dundee City Council
Kathryn Mackenzie	Volunteer Centre
Lesley Edwards	Dundee City Council
Marie Dailly	Dundee City Council
Mary Kinninmonth	Citizens Advice Bureau
Melanie Marra	Dundee City Council
Mhairi Dennis	Dundee City Council
Michael Holligan	Dundee City Council
Mike Shirlie	New Beginnings
Morag Dorward	NHS Tayside
Nicki McNamee	Alcohol and Drug Partnership
Pam Stewart	Dundee City Council
Peter Allan	Dundee City Council
Rachel Burn	Children's Reporter
Rev Erik Cramb	Dundee Partnership
Steve Carter	Go Dundee
Susan Deacon	University of Edinburgh/Scottish Government