

GETTING IT RIGHT FOR VULNERABLE CHILDREN & YOUNG PEOPLE
MENTAL HEALTH & WELL BEING

Recommendation	Outcomes	Actions	Resources	Completion Date	Lead Person	RAG Monitoring
Parenting PLUS						
The commitment to the delivery of the 4T's programmes is now required from Managers across all services to ensure effective planning can be undertaken	Awareness of Parenting Programme raised with Elected Members, all Professionals, Parents/ carers and members of the public	Formally launch Parenting Framework across A&B and locally.	Venue Press release	August 2011	Principal Officer Early Years, A&B Council Lead Professional Children's Services, NHS Highland	
	Staff committed to delivery of programme All aware of dates of programmes	Schedule the dates, times and venues of 4T's Programme until August 2012	Planning meetings Programme of Dates	August 2011	Principal Officer Early Years, A&B Council/Lead Professional Children's Services, NHS Highland /Locality Leads for Parenting	

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	Consistent approach to the delivery of Parenting Programmes which are embedded into inter agency working practice evidenced through supervision and PDR process	Ensure that those responsible for delivery of the programme at locality level have it included within their job plans and have support of their managers to deliver		December 2011	Children's Service Managers and Clinical Services Managers	
	Outcomes to reflect GIRFEC Principles.	Review and agree the referral process in line with draft GIRFEC paperwork		Working Group on GIRFEC Documents	Children's Service Managers and Lead Professional, Children's Services	
	Increased parenting capacity Parents accessing and engaging with universal services i.e. Book bug, Parent and Toddler Groups, Preschool Education	Carry out robust evaluation of programme by participants Utilise findings to support ongoing development of the programme	Identify measurement criteria and develop evaluation plan	December 2011	Principal Officer Early Years, A&B Council Lead Professional Children's Services, NHS Highland	
GIRFEC Locality Groups should establish arrangements to	Increased referrals and participation in delivery	Ensure that all appropriate services		December 2011	Area Children's Service Managers	

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ensure that agencies and services working with children and families are included in discussions at a local level i.e. Women's Aid, Addictions Teams, Homeless organisations and Voluntary organisations. This will ensure that the Parenting PLUS work can be undertaken alongside the 4T's Programme	of parenting from all agencies	and agencies have referral and programme information about parenting plus Review referrals to the programme through the Locality GIRFEC groups				
	Guidance on Inter agency Family Support available across Argyll and Bute	Establish/develop interagency family support systems in each locality	Afternoon session following locality Children's Service meetings	June 2011	GIRFEC Lead Area Children's Service Managers	
Regular Reports to GIRFEC Locality Groups should be provided on the Parenting work being undertaken	All partners aware of Parenting work locally and across A&B which will in turn identify future developmental needs	Develop format for Locality Lead on Parenting to report back to Locality Group, information should include Parenting PLUS and 4T's Programme	Local Leads for Parenting 6 monthly meetings and development time	Ongoing	Locality Leads supported by Principal Officer Early Years, A&B Council Lead Professional Children's Services, NHS Highland	
Case Conference discussions should always recognise the	Parenting section fulfils	Ensure that all named persons and		December 2011	Area Children's Managers and	

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importance of Parenting when working with children and families. Decisions regarding the capacity of parents to changes should consider the family's need for support and the availability of the support and formally incorporate them into the Care or Protection Plan.	its objectives	lead professionals are aware of , and are utilising, Parenting Plus Review existing paperwork and ensure that it contains al relevant information			Clinical Services Managers	
Primary Mental Health Workers (PMHW)						
Based on the geography of Argyll and Bute it is proposed that three whole time equivalent (WTE) and two 0.6 (WTE) PMHW posts are developed	PMHW services will be available in each locality and proportionate to the numbers of children in secondary education	Map existing resources within localities and identify opportunities for the posts to be implemented	£175-200,000	August 2011	Service Managers, AB Council Lead Professional Children's services	
A multiagency agency approach towards funding is proposed by	Multiagency ownership of the PMHW posts	Interagency discussion re shared		October 2011	Head of Children's	

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Education, NHS and Social Work. This would assist in the development of interagency working structures placing an emphasis on shared ownership of responsibility for children and young people's mental health.	Reduced financial burden for any single agency	funding model Agree each agency's commitment towards the overall funding required Agree timescale for provision of required funding			Services, AB Council Lead Nurse, Argyll and Bute CHP	
The PMHW service should be designed and targeted to meet the needs of the school population and operate flexibly within schools, communities and other local authority settings. Ideally the workers should be located within the school 'community' setting.	Service meets the needs identified and improves the mental health and emotional wellbeing of school age pupils	Develop job descriptions and KSF outlines for the role of PMHW Develop clear framework and operating procedures for the PMHW service		August 2011	Lead Professional, Children's services	
The PMHW will focus primarily on upper primary and secondary school age children as much of the research	Service meets the needs identified and improves the mental health and emotional wellbeing of	Target children in the age range 11 – 16 yrs.		August 2011	Lead Professional, Children's services	

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indicates 11 -16 years are the most vulnerable age group •	school age pupils					
The remit of the service will comprise of 50% mental well-being work and 50% training/education including delivering staff education and training, consultation, liaison and joint working. .	Service meets the needs identified and improves the mental health and emotional wellbeing of school age pupils	Implement split remit of 50% direct work and 50% training and education.		August 2011	Lead Professional, Children's services	
Substance Misuse						
Development of a substance misuse strategy that will incorporate GIRFEC framework and outcomes.	Development, publication and implementation of an agreed 'owned' partnership wide strategy Development of measureable outcomes and indicators for service delivery	Consultation Development of draft strategy Final consultation Pass to ADP for comment & approval Development of final strategy	ADP, Children, Young People and Families Group	14Feb11: 1 st Consultation 3 Mar 11 Draft Strategy 26 May 11 Final Consultation June – July 11 Final strategy	ADP Coordinator	Amber -within time scale but potential delay

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		Implementation and publication of strategy		developed		
Use of the evidence base, Barnard, M., Griffin, S. & Milton, S. (2010), <i>Young People, Alcohol and Drug Misuse Across Argyll and Bute</i> , to develop the substance misuse strategy and outcome focused action plan.	<p>Identification of outcomes and indicators for measurement</p> <p>Equality issues addressed</p> <p>Identification of client, family & staff alcohol and drug awareness needs</p> <p>Consistent responses to & for young people across services</p> <p>Development by services of age & literacy appropriate materials and psychosocial treatment modalities to be integrated within current</p>	<p>Consultation and integration of CAPSM, GOPR, GIRFEC, GIRFVC&YP priorities and policies</p> <p>working group selected to develop draft action plan</p> <p>Service gaps identified</p> <p>Development of consistency of service provision</p> <p>Service proposals developed and</p>	ADP, Children, Young People and Families Group	<p>3 Mar 11</p> <p>Draft strategy completed</p> <p>24 Mar 11</p> <p>Evidence base and implementation plan agreed</p> <p>19April 11</p> <p>Draft strategic action plan consultation</p> <p>26 May 11</p> <p>Final Consultation, submitted for</p>	ADP Coordinator	Amber -within time scale but potential delay

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	<p>adult services</p> <p>Development, publication and implementation of an agreed partnership wide 'owned' strategy and action plan</p> <p>Identification of training needs across services/agencies</p>	<p>submitted to ADP</p> <p>upon receipt of funding pilot services set up</p> <p>Final consultation</p> <p>Pass to ADP for comment & approval</p> <p>Implementation and publication</p> <p>Identification of training policy and procedure for staff development and client and family drug and alcohol awareness/knowledge</p>		<p>approval</p> <p>July– Sep 11</p> <p>Final strategy and strategic action plan developed, published and implemented</p>		

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Adoption of NHS and A&B partnership data sharing protocol.	Increasing capacity, of consistent service provision and support for children & young people across A&B	Existing protocols identified Identification of agency specific gaps in protocol agreement Follow through for all agency adoption of data sharing protocol	ADP, Children, Young People and Families Group	3 Mar 11 Working group to find status of protocols adoption 26 May 11 Agency adoption of data sharing protocol	ADP Coordinator	Amber -within time scale but potential delay
Development of a transition protocol between children and adult services which includes development of age and literacy appropriate materials as part of service provision.	Increasing capacity and consistency of support, treatment and protection for children and young people Expectations of care and motivation to seek support improved Materials and treatment set at age & emotionally	Consultation with adult services across A&B and other GIRFVC&YP working groups	ADP, Children, Young People and Families Group	19 Apr 11 1 st consultation Working group development of protocols 26 May 11 Final Consultation, submitted for	ADP Coordinator	Amber -within time scale but potential delay

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	appropriate levels ensuring most effective treatment and seamless integrated and delivery of services			approval July – Sep 11 Final protocol /guidance developed		
ABUSE AND TRAUMA RECOVERY						
Establishment of a screening resource/consultancy panel, central to the function would be a Referral Panel through which all referrals would be screened and assessed.	The most appropriate resource/intervention targeted to individual children and young people who have experienced trauma through effective multi agency assessment and centralised screening.	Proposal to be presented to Argyll & Bute's Children on 2 nd March 2011.	Screening Panel Membership and admin support	April 2011	Liz Strang/Carole Bindon	Screening Panel will review and evaluate the service provision on a quarterly cycle
Develop an Abuse and Trauma Recovery Service	Improved outcomes for children and young people referred, for example, in relation to positive changes in behavioural or emotional	Develop Job Descriptions and KSF for a specialist trauma therapist/s to undertake a role in direct work with	Appointment of two new post holders Establish support mechanisms and provision of Clinical	September 2011.	Carole Bindon/Dougie Philand	

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	<p>presentation or improved peer/family relationships.</p> <p>Appropriate governance structure in place which ensures robust supervision and quality assurance of the service</p>	<p>children and young people who have suffered abuse or trauma.</p> <p>Complete recruitment to new posts</p> <p>Develop governance framework which outlines key posts and the supervision and monitoring arrangements for the service</p>	<p>Supervision to psychotherapist/s</p> <p>Identified funding sources</p>			
<p>Children’s Resource panel to oversee the new service. Screening Referrals to be a task of the new resource panel and monitoring and approval would become part of the existing CHIRP.</p>	<p>Needs and resources mapped in relation to trauma across geographical areas based on referral information audit and review, with action to address unmet need through a better use of resources across agencies.</p>	<p>Establish new system to refer to screening and resource panel for consultation and request for service. By June 2011.</p>	<p>From within existing service provision</p>	<p>September 2011.</p>	<p>Mark Lines</p>	

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	Increased inclusion with a reduction in the need for specialist placement /services for children and young people out with their own family, local school and community.			September 2011.	Liz Strang, Carole Bindon, Roslyn Redpath members of the JSMG	JSMG
LEARNING & DEVELOPMENT PROGRAMME FOR PROFESSIONALS						
Create a GIRFEC Training Group	Training group in place to co-ordinate and manage the delivery of identified and appropriate training to professionals across agencies	Review membership of group review remit of Alex Honeyman Create this new group out of CPC Training Sub-		February 2011	Mark Lines	

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		Committee Develop proposal for agreement at AB Children				
Create interagency training strategy	Training plan produced and implemented	Identify training needs and develop training plan	Training plan produced and implemented	Strategy designed by November 2011. Implementation January 2012	Alex Honeyman	
	Training plan meets needs of staff across all relevant services and agencies.	Carry out evaluation and review outcomes Adapt plan as necessary	Staff time to ascertain training needs	June 2012		
	Training plan is fully funded	Identify funding requirements and explore models of funding across key agencies	Identify funding streams/pooling of funding	January 2012	Alex Honeyman	

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COMMUNICATIONS AND NETWORKING						
Review all existing multi-agency protocols.	<p>Ensure all agencies have protocols reflective of the GIRFEC agenda.</p> <p>Unmet need for children living in households effected by substance misuse, domestic violence or/and mental health issues is identified</p>	<p>Develop guidance/advice for agencies to review protocols ensuring they reflect GIRFEC Principles.</p> <p>Identify Key Lead Professionals from all agencies/sectors that will be tasked with reviewing protocols.</p> <p>Develop a multi-agency strategy that will identify children living in households when the referral to other agencies relates to substance misuse, domestic violence and mental</p>	<p>Staff time and agency commitment.</p> <p>A&B's Children to confirm leads for this task.</p> <p>Staff time and agency commitment to practice change.</p> <p>Change in information gathering/sharing and recording required across all key agencies.</p>	October 2011	<p>Multi-Agency Task Group.</p> <p>Identified Managers from partner agencies. To be agreed.</p> <p>Janice Frank</p>	

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		<p>health issues. Cultural changes required in adult services when children identified to be living in these households, thus keeping the child at the centre.</p>				
<p>Consider consolidating the protocols.</p>	<p>Key processes for referral, service delivery and intervention will be explicit in VC&YPP</p>	<p>Incorporate relevant processes from key documents throughout the Multi-Agency Vulnerable Children and Young Person's procedures (VC&YPP).</p> <p>Map all procedures and protocols relating to children, Young People and their families in an appendix of the</p>	<p>Communication and Network group.</p> <p>Incorporate all relevant changes brought about in the other working groups. Particularly the Trauma and Recovery and Substance Misuse Groups.</p>	<p>October 2011</p>	<p>Janice Frank</p>	

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		VC&YPP.				
Re-launch all protocols through the GIRFEC Locality Groups.	Raise awareness across all GIRFEC localities.	Raise awareness about available Procedures and Protocols across all agencies via the seven GIRFEC locality groups.	A training day from each locality. Training officer and Area Manger to deliver.	December 2011.	Alex Honeyman, Liz Strang and 4 Area Managers.	
Incorporate protocols into staff induction, training, supervision and PDR.	Raise a working knowledge of relevant documents that influences practice.	<p>All agencies to commit to incorporating policies and procedures for all employees in relevant posts via induction, training and supervision.</p> <p>Individual agencies to identify training/learning needs through own scoping exercise of</p>	Individual training departments in partnership with key managers in individual agencies will be responsible for implementation.	To be adopted when the life of the working group ends and the implementation of any updated and new protocols agreed and adopted across all agencies.	<p>Children's Managers</p> <p>Lead professionals</p>	

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		<p>individual and team need.</p> <p>Ensure all relevant documents are available through the Child Protection Web.</p>				
<p>Equal access to services is a core service principle which should inform all strategic planning and service delivery across the authority.</p>	<p>Ensure equal access to all services for children and young people across A&B.</p>	<p>When all other groups complete their work consideration should be given to what relevant changes to accessing services across A&B need to be incorporated into current protocols updated and developed by this working group.</p>		<p>At the conclusion of the implementation groups work.</p>	<p>Head of Children and Families</p>	
<p>Develop an Argyll and Bute Directory of all services for children and young people and</p>	<p>Staff have access to an up to date list of service providers in Argyll & Bute</p>	<p>Nominate a worker from each locality (through GIRFEC</p>		<p>October 2011</p>	<p>Janice Frank and Liz Strang.</p>	

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their families	which will enable clear mapping of services for children and young people. This will reduce inconsistencies in access to services related to practitioner knowledge and awareness.	locality groups) to collate lists of all service providers within each area. Devise an Argyll & Bute directory of services with sub group areas.				
Produce and implement Argyll and Bute wide multi-agency Vulnerable Children and Young Peron's procedure.	Ensure that task group will reflect key agencies across Argyll & Bute. Establishment of an integrated multi-agency framework through which agencies can identify, refer, assess, care manage, commission and where appropriate treat vulnerable children and young people.	Establish multi-agency working group and draft implementation plan. Procedure to be written and approved by Argyll and Bute's Children. Draft implementation plan to be developed in order to roll out new procedure across the authority.	Venue hire. Video conferencing equipment. Administrative support. Staff time to develop procedure. Key personnel to be identified to roll out training for staff.	End March 2011 Mid September 2011 December 2011	Janice Frank Multi-agency task group. Janice Frank and Liz Strang	

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		Provide Multi-agency training for key practitioners in Children & Families and Adult Services				

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