

Area for Improvement / Recommendation	TIMESCA	Key Actions : short term interventions	Resp. Officer	Evidence/Progress (End of September)	RAG	Evidence/Progress (end of November)	RAG	Level of Achievement & Recommendations How do we know (evidence of changes) ? FULLY, PARTIALLY, LIMITED	OVERALL STATUS / EVIDENCE
Safeguarding Children & Young people									
Ensure that the outcomes of referrals to social care are promptly, routinely and consistently notified to referring agencies <i>The effectiveness of the contact and referral service is compromised by delays in processing of initial contacts and a lack of clarity on the requirements to gather information. Improvements to the council's electronic system have been introduced, further upgrades are scheduled. However, there are still weaknesses in the system and it does not provide managers with easily accessible performance management information.</i>	IMMEDIATE	A 'Response to Referral' form has already been put in place which has previously not been standar practice. Laming expectation is that Response to Referrer form is sent out within 48 hours - currently these are sent out daily from C&R. CAF teams receive these weekly and PPU on a monthly basis. <i>Contacts pending action allocated to CRO are for no longer than 24 hours. Reviewed by PC.</i> <i>CRO's to be recruited and have clear induction to processes once in post Minimum standard of recording to be introduced to include; date; time; who present; key concern; risk factors; risk analysis; decision making; reason for decision; outcome.</i> <i>A Guidance Note to staff re the content required in Strategy Discussions to be issued</i>	Nancy Meehan	Initial feedback is that Health Midwives already reporting that these forms are being received.		This is monitored by a monthly spreadsheet that is completed by the GM and discussed in Supervison. The spreadsheet from November will start to be used weekly to ensure a speedier reponse if the reponses are not being undertaken. Recent audit shows an increase in reponse letters to be sent out. Alongside this is the launch of the multi agency referral form that has a back page which is to be completed by Social Care as to actions taken once the contact has been loaded. It is expected that the new First Contact team role should decrease the numbers of contacts to C and R and as such a more timely and proficient response to refer being activated for the C and R team.		Since the start of CAT. Data has been gathered which includes Reponses to referrers. This initially was ad hoc due to pressures of changes of staff and lack of consistent PC in the Unit. There has been introduction of a multi agency referral form which has a identified form to "respond to the refer about the outcome of their contact". This has started to improve responses. However it is mainly when action is not being taken, CAT now need to improve to also send responses when a assessment will be undertaken as this is still a criticism of agencies that they are unaware if an assessment is to take place . there is clear direction from management that no contact can be closed without response to referrer being sent. This needs embedding with the PC's however there is a vast improvement. Bev Harding has been given data to identify the improvement in % in order that feedback can be given to the team and continual improvement can be made over the next quarter. The eventual outcome required is a 100% response to refer. The limitation in PARIS mean that this can not be pulled as a business objective as it is a manual form which is th	<u>Fully implemented</u> however needs embedding an consistency and need to improve responses to include all responses including when we are going to assess as well as when a contact is being redirected elsewhere
Ensure that visits to children are clearly recorded and state whether the child has been seen and seen alone.	IMMEDIATE	Current PARIS form for IA or Core identified that a child has been seen and seen alone. The form cannot be authorised by a manager if incomplete or that the child has not been seen. Some work is necessary to ensure that form is very clear that the child needs to be seen alone.	Nancy Meehan	Changes to the PARIS form are complete and full clarity of use. Practice Consultants to ensure that monthly returns to Group Managers report any child not seen/not seen alone and reasons. Auditing by Group Managers undertaken to address any gaps		Auditing shows that remedial actions have been taken where child has not been seen. Monthly reports show a reduction in the number of cases where child not been seen/seen alone. Also clear use of PARIS recording and ensuring staff are compliant with where information is recorded and this is consistent across the service area.		Visits to children should be recorded on Initial assessments and core assessments and also on the CP plans and reviews. Also now an expectation to discuss in SV and ensure visits have occurred and discussed as a performance measure in PC meetings on a weekly basis. Next steps are to implement a report that shows all stat visits in date order. This would include Cared For, CP and CIN. This would give a full picture, and you could look for gaps. It would be a good monitoring tool. This would deal with problems resulting from any cases where the child's status changed from C4C, to CP to CIN, etc., as most do. It would also allow Sc to track a Childs journey. This requires all PARIS users to clearly follow process of where to record information on the system so this can then be pulled into a report	<u>fully implemented</u> however due to Paris users not clearly following guidance at times still unclear as to where it is recorded on PARIS
Ensure that assessments and case planning consistently consider and record the views, wishes and feelings of children and their families.	IMMEDIATE	Close scrutiny of case files will ensure that greater recognition is given to the views & wishes of children and their families. Quality of assessment records will be reported to GM by PC and trends/evidence provided as part of ongoing supervision. Service wide auditing will also address quality of recording	Nancy Meehan	Group Managers share evidence from ongoing supervision with senior staff to identify common issues/trends. Remedial actions feed back to SW with appropriate CPD undertaken as required.		Themed auditing by senior staff is undertaken with a focus upon the quality and consistency of recording children's views and feelings. PC supporting staff in Supervision to improve quality of recording including service users and Childrens views in the assessments		This area ver there are still issues with quality of recording this information. PC and GM are clear that they do not sign off any assessment that does not identify the wishes and feelings of children and families. Lessons are learnt form any complaints raised in this regard and discussed with individuals and at PC meetings and SV of GM to ensure that there is a continual response to improvement in this area	<u>Still issues</u> re quality and consistency requiring on going improvement Themed audits continue to ensure this is improving across areas

Ensure that assessment reports are routinely shared with families and that they promptly receive copies of their child protection or CIN plan.	IMMEDIATE	This again will be reinforced and monitored robustly through ongoing supervision auditing and feedback to GM. PC authorise all assessments and Unit Coordinators routinely send these to families. Evidence of sending is recorded on PARIS in terms of date.	Nancy Meehan	Auditing shows that there are no assessment reports which are not routinely sent to families and that all dates are routinely recorded through PARIS exemplar. Any areas of poor practice is acted upon by GM through supervision	Direct auditing with children and their families shows that assessments are routinely being received and have copies of CIN Plans. Audit at point of transfer through teams to ensure parents and carers notified and plans have been sent out. From November this will be expected in all closure cases as well. PC to take the lead with oversight by GM/PM through supervision and audit	There are inconsistency across the teams in relation to this. This is partially met, This is due to the difficulties of movement of PC and GM. Need to implement agreed actions identified in November in Auditing all cases at the point of closure to ensure that plans etc have been sent out	<u>Still issues</u> : the exemplar on PARIS system needs to identify a date this occurs to ensure that there is clear evidence of information being shared as a matter of routine.
Ensure that equality and diversity issues are routinely assessed, recorded and considered in case planning and service delivery and are routinely considered within supervision.	IMMEDIATE	Clear need to integrate Equality and Diversity policies into everyday practices of all staff at all levels. Review of all documentation to ensure that E&D issues are clear and allows for appropriate recording of issues. Through team meetings, CPD activities and ongoing supervision, there is strong and consistent emphasis given to E&D issues.	Nancy Meehan	All relevant documentation allows for appropriate recording of E&D issues. Auditing of supervision by GM shows improved consideration of E&D issues and appropriate actions taken.	PC to audit files before supervision as per policy. Raised awareness through team meetings as this is a standard agenda item to be discussed and to identify as a requirement in development days which are currently being planned. GM to identify cases in supervision with PC to ensure that E and D are a high priority in care planning and assessments.	PARIS already requests that ethnicity is recorded, however there is a tendency to put "not known" rather than ask and recording of religion is poor. This is improving with the use of the multi agency referral form and the consistent C and R workers within the Unit. Still requires embedding at point of contact. however it is met and is discussed in supervision and in all care planning.	<u>Still issues</u> : the case recording system does not lend itself to clearly identifying the discussion around ethnicity and diversity so it tends to be recorded in body of lots of other information
Ensure that the electronic case system is able to capture chronologies that represent critical events in a child's life and support case planning and decision making	WITHIN 3 MONTHS	Guidance already exists but needs embedding via training and development days. Paris is able to complete a chronology if the right process is followed although this is limited. There is presently in place an expectation that all cases that are closed or transferred from the CAT team have a full chronology on file. This at present is an attached document alongside the PARIS chronology. The continued development of chronologies will be an expectation on all SW teams that the chronology will be continually updated by the SW as part of the case management recording on all cases.	Nancy Meehan	Detailed reviews by PC in supervision as part of an audit process and also prior to closure or transfer to any SW team. It will also be part of a themed audit within CE. SW may require updated training on the use of PARIS as to how to populate the PARIS chronology.	GM to identify cases in supervision with PC to ensure that the E and D are a high priority in care planning and assessments. Further training for staff to be planned to ensure awareness of how to populate PARIS chronology, standard word document is used attached to the chronology in PARIS to ensure the system clearly shows significant events. Audited at point of transfer. LGM meetings expect chronologies to be brought as do GM now chairing care planning meetings it is part of standard documentation to be circulated by the SW	all cases have a word chronology attached at point of transfer form CAT and this is expected to be up dated with significant events. The PARIS system is now updated to include a better chronology but practise needs embedding to complete this in a simplified way as at present it is time consuming	<u>Still issues</u> on going meetings are in place with PARIS user groups in relation to this

<p>Ensure that improvements in safeguarding performance are sustained and that there is improvement in those areas which are below national or statistical neighbour levels</p> <p><i>The quality of recording of strategy discussions and child protection enquiries remains variable. The Local Authority has recognised this and has put in place improved auditing and training but this has yet to have an impact.</i></p>	WITHIN 3 MONTHS	Weekly monitoring of IA by PC and GM (and reports sent to line managers' senior managers - process and proforma has already now been set up in CAT). Monthly monitoring of core assessments to be overseen by PC in supervision and feedback to be sent to GM on monthly basis and reports sent to line managers/senior managers - (process set up just needs embedding - this has not occurred due to leave etc) oversight of Cp figures and those children subject to plans, embedding meetings to audit the statistical changes and look at patterns between the social care team and safeguarding GM - (meetings set up but need embedding). CIN plans to be completed - these to be regularly reviewed. This to be part of themed audit and overseen in supervision. Reports to be obtained via business support on	Nancy Meehan	Evidence obtained by supervision, robust oversight by senior managers, business objectives reports. Monthly reporting of children who are cared for and a robust monitoring in place via IRO to ensure no drift in these cases. System of providing regular and accurate data on SN and national comparative established.		Continue to review with safeguarding the increase/decrease in CP plans. Use of the neglect tool - GCP has stated to be piloted. Sexual exploitation is on the agenda for discussion as to how to improve performance taking into account policies, procedures and Bichard expectations. Need to develop PC in understanding Performance Management and indicators and incorporate this within their role in supervision and understanding as to the underlying reasons behind this. Performance indicators and expectations discussed at PC meetings. Minutes are no circulated to NM for oversight and discussion in individual SV with GM		<u>This continues to improve</u> . Numbers of children who are made subject to a CP plan are consistent after a initial rise in the first part of they year following the restructure and implementation of CAT. All strategy discussions are signed off on PARIS by the immediate line manger to ensure quality and as a safeguarding check. There is a consistent chair for Legal gate keeping meetings to determine court action and there is a panel of staff to over see this process (unless emergency action due to immediate risk of harm - EPO/PPO). The transfer process supports the allocation of cases to the longer term teams. with a agreed hand over point and a joint meeting between the two services (CAT and CIN CP)	
<p>Ensure that service users are actively and consistently engaged and are able to contribute to service development</p>	WITHIN 3 MONTHS	Feedback forms to be implemented following social care involvement. Use of the complaint system and learning from complaints - using team meetings to ensure staff understand the themes occurring through the complaints system, regular reporting reports outline the patterns of complaint. Oversight of complaints by PM, (system already in place just needs embedding). Ensure regular participation of young people and families in all meetings and better use of the advocacy service for young people re. complaints process.	Nancy Meehan	By themed audits, supervision, use of complaints system, agenda item for team meetings to ensure consistent feedback to teams re. any occurring themes.		Development plans in place to look at training managers on understanding complaints process and how to use the information obtained to impact on service delivery. Service updates completed by GM for supervision that identify responses to complaints and how these can be utilised to improve service and identify patterns and trends. Further development is required in Childrens views being heard in case conferences either via the ISC or the SW - this could be in the form of letter etc. Feedback forms to be developed to encourage views in relation to Social Care impact.		<u>Still issues</u> : still need to implement some of the improvement actions from November.	
Services for Cared for Children									
<p>Ensure that pathways plans are of a good quality and are routinely audited</p>	IMMEDIATE	Establishment of expected 'standards' for plans which are agreed by all staff. Undertake training and provide support to embed new practices. Ensure voice of the young person is built into the process. Clear measurement of impact on outcomes of YP. Clear programme of auditing established	Julie Lewis	Standards agreed and disseminated to all staff. Training place in place and commenced. Auditing of initial plans shows YP at centre of process with SMART planning principles being seen		Workload of Chair been reduced to focus on development of new Pilot Pathway Plan. Agency Worker supporting caseload. Training for Chair to support development in Pathway Plans. Audit of Pathway Plans currently in place.		<u>Fully achieved</u> 16 plus working group minutes and audits will provide evidence. Key Actions - standards identified - staff informed and trained - training being developed for ISC - template being piloted	

Increase awareness of the CiCC amongst cared for children and care leavers	WITHIN 3 MONTHS	CiCC to be promoted to all c who enter care. Twice yearly newsletter to be issued to all C4C.Promote at awards event in October. Practice workshop for staff august - ask them to promote knowledge and access to website for yp. Event for FCs to ensure their awareness	Julie Lewis	newsletter distributed. Practice workshop held.		discussed at FC briefings. Promoted at Awards event.		Fully achieved Practice workshop evaluations and Children in Care Council minutes provide evidence Key Actions - Newsletter distrubuted to Cared for Children - practice workshop delivered to social worker staff - promotion of CiCC at key events	
Ensure that cared for children have access to independent visitors where they wish	WITHIN 3 MONTHS	Scope the need for IV and benchmark against other LA's. Ensure the service is commissioned in line with identified need and appropriate commissioning regulations.	Julie Lewis/Alison Ellison	demand identified and previous cost established.		benchmarking against other LAs analysed.		Continue to monitor. partially achieved only Key actions - previous cost and demand established. Actions now needed - develop service spec - commission new service	
Ensure that cared for children are aware of, and able to access, advocacy services	WITHIN 3 MONTHS	Advocacy to be promoted to all c who enter care. Twice yearly newsletter to be issued to all C4C.Promote at awards event in October. Practice workshop for staff august - ask them to promote knowledge and access to website for yp. Event for FCs to ensure their awareness	Glynis Williams /Alison Ellison	newsletter distributed. Practice workshop held.		discussed at FC briefings. Promoted at awards event		Report to SLT (Glynis Williams) continue to monitor. Partially achieved Key actions - promotion at key events. Actions now needed - monitor take up of advocacy - identify key issues for cared for children -review of contract	
Ensure that foster carers are able to access support groups and to contribute to the development of cared for children services	WITHIN 3 MONTHS	Issue questionnaire to FCs re their wishes in respect of support. Analyse responses. Undertake briefing sessions for Fcs. Identify expressions of interest re support groups and locations. Consider out of hours support. Consider use of FC association (possible joint work with CwaC)	Julie Lewis	analysis of questionnaire		fc briefings undertaken and further info gathered		Support groups established - Fully achieved discontinue monitoring. Key actions - distribution of information re support groups - foster carer survey - first support group held	
Ensure that case planning for cared for children placed at home with their parents is robust and that those children are appropriately monitored and reviewed.	WITHIN 3 MONTHS	Undertake audit of CPWP to include plans etc and potential for revocation of order.ensure case file audits regularly include these cases. Progress plans for revocation where appropriate	Julie Lewis	analysis of cases undertaken. potential revocations identified.		auditing underway and evidencing robust oversight of placed with parents		Partially achieved. numbers of placed with parents reducing. Key actions - cohort identified - cases to be discharged identified. - continue to revisit cohort - identify those appropriate for discharge and progress	
Ensure that care leavers are provided with appropriate support to meet their health needs	WITHIN 6 MONTHS	establish 16 plus working group to identify gaps in current provision. Identify strategies to ensure gaps are addressed. Proposals to SMT re future of the 16 plus service and implications.	Julie Lewis	establishment of working group and terms of reference etc		work plan agreed		16 plus report to SLT. June 2012 identifying gaps and making further recommendations. Key actions - established working group and key membership - identified key themes and stakeholders - actions now needed - progress recommendations in report once completed	

Ensure that there is minimal need for cared for children to move placements thereby reducing the number of placement moves	WITHIN 6 MONTHS	Placement service to go live for the matching of all placements for C4C. placement service to track those C4C who have been subject to 2 placement moves. Early alert system to social workers in order that c4c at risk of disruption for a 3rd time are identified and supported at an early stage.	Julie Lewis	placement service live. analysis of cohort undertaken		early alert system agreed by placement service and issued to others.		continue to monitor placement moves. Process now in place so achieved - minutes of placement panel provide evidence. Key actions - discussed objectives - identified what is needed - process agreed. Actions now needed - review of Placement panel	
Increase the availability of placements for cared for children within the area.	WITHIN 6 MONTHS	improve the depts response to adults wishing to become fcs for CE council. Improve assesssment times. Requirement to commission 3 new borough residential homes - 2 long stay,one assessment - initial propoerty has been identified and procurement underway.	Julie Lewis / Alison Ellison	establishment of alternative way of undertaking fostering assessments. Increased clarity around procedurement of additional resources.				Pilot underway - report to SLT July 2012 to provide feedback. Report to SMT August 2011 sets out proposals - established cost envelope - identified JD & HR challenges - report to SLT - identified key staff - rolled out pilot.	

Acroynms

C&R	Contract and Referrals into Social Care	PC	Practice Consultants	LSCB	Local Safeguarding Childrens Board
CAF	Common Assessment framework	PARIS	Electronic system for recording all social care	IDVA	Independent Domestic Violence Advisors
PPU	Pupil Protection Unit	E&D	Equality & Diversity	FC	Foster Carers
IA	Initial assessment - referrals into Social care	CAT	Childrens Assessment team	CiCC	Children in care Council
GM	Group Manager	IV	Independent visitor	CPWP	Children placed with