

# **Announced Inspection Action Plan (v1) Draft**

Area for Improvement / Recommendation	TIMESCALE	Key Actions : short term interventions	Resp. Officer	Evidence/Progress ( End of September)	RAG	Evidence/Progress ( end of November )	RAG	Evidence/Progress ( end of January )	Reporting Schedule
<b>Safeguarding Children &amp; Young people</b>									
<b>Ensure that the outcomes of referrals to social care are promptly, routinely and consistently notified to referring agencies</b>	<b>IMMEDIATE</b>	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.	Nancy Meehan / Shirley Jordan	Initial feedback is that Health widwives already reporting that these forms are being received.					<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that visits to children are clearly recorded and state whether the child has been seen and seen alone.</b>	<b>IMMEDIATE</b>	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 / Shirley Jordan	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 actionn have been taken where child have not been seen. Monthly reports show a reduction in the number of cases where child not seen/seen alone.		Auditing by GM shows that there have been no children unseen over the last 2 month period.	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that assessments and case planning consistently consider and record the views, wishes and feelings of children and their families.</b>	<b>IMMEDIATE</b>	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 / Shirley Jordan	Group Managers share evidence from ongoing supervision with senior staff to identify common issues/trends. Remedial actions feed back to SW with appropraite 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.			<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that assesment reports are routinely shared with families and that they promptly receive copies of their child protection or CIN plan.</b>	<b>IMMEDIATE</b>	This again will be reinforced and monitored robustly through ongoing supervision auditing and feedback to GM. PC authoriise all assessments and Unit Coordinators routinely send these to families. Evidence of sending is recorded on PARIS in terms of date.	Nancy Meehan / Shirley Jordan	Auditing shows that there are no assessment reports which are not rotinely 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 fmailies shows that assessments are routinely been received and have copies of CIN plans.			<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that equality and diversity issues are routinely assessed, recorded and considered in case planning and service delivery and are routinely considered within supervision.</b>	<b>IMMEDIATE</b>	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 cnsistent emphasis given to E&D issues.	Nancy Meehan / Shirley Jordan	All relevant documentation allows for approparite recording of E&D issues. Auditing of supervision by GM shows improved consideration of E&D issues and approparie actions taken.					<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>

Ensure that staff in adult mental health and the Independent Living services are fully equipped and knowledgeable to identify children's safeguarding issues in day to day contact with people who use these services	IMMEDIATE	<p>Clear need to identify appropriate managers to strategically work with identified colleagues in adult services to address safeguarding issues.</p> <p>Need to identify training plan with identified staff to improve level of knowledge and quality of provision. Establishment of meeting structure across services to monitor rate of improvements</p>	Initially - Lucia Scally / Kate Rose	CPD sessions identified to address potential gaps in knowledge. Meeting structure in place and there is positive feedback on impact of cross phase working and impact of training plan.				Quarterly report to:LSCB/LSAB and C & F & Adults Scrutiny Committees
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 / Shirley Jordan	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.	Evidence from audit process - supervision, themed audit, shows that chronology now able to be seen and critical events seen. Ongoing recommendations for ICS include this key issue as a fundamental development issue.			Quarterly report to:LSCB and C & F Scrutiny Committee
Ensure that improvements in safeguarding performance are sustained and that there is improvement in those areas which are below national or statistical neighbour levels	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 a weekly/monthly basis to all GM for discussion at GM meetings and dissemination via team meetings - a standard agenda item.	Nancy Meehan / Shirley Jordan	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.				Quarterly report to:LSCB and C & F Scrutiny Committee

<b>Ensure that transition arrangements for young people moving from CAMHS and children's disability services into adult mental health and the Independent Living Service are robust, involve young people and their family carers and are performed effectively</b>	<b>WITHIN 3 MONTHS</b>	An initial meeting has been set up by Rachel Elliot to consider transitional arrangements and agree specific actions to address this area.	Sheila Sadler/J Oxley/S Tatham (tbc)					<b>Quarterly report to: LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that service users are actively and consistently engaged and are able to contribute to service development</b>	<b>WITHIN 3 MONTHS</b>	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 / Shirley Jordan	By themed audits, supervision, use of complaints system, agenda item for team meetings to ensure consistent feedback to teams re. any occurring themes.				<b>Quarterly report to: LSCB and C &amp; F Scrutiny Committee</b>
<b>The Primary Care Trust and health providers should ensure that all staff receive regular safeguarding supervision and safeguarding discussion forum opportunities across health services and at all levels</b>	<b>WITHIN 3 MONTHS</b>	Urgent consultation with the PCT is required to address this issue. Clear need to develop appropriate actions at an operation level to ensure that actual changes in procedures take place which can then be monitored as part of this plan.	TBD					<b>Quarterly report to: LSCB and C &amp; F Scrutiny Committee - Query, Shadow Health and Well Being Board ?</b>
<b>Ensure that there is sufficient management capacity to systematically undertake case audits within individual agencies and across the partnership. Ensure that the outcome of audits is reported to the CESC and that themes identified from these are used to improve practice</b>	<b>WITHIN 6 MONTHS</b>	The process in place is that PC should undertake 2 audits per month and GM should also audit the supervision files to ensure this has occurred. The safeguarding audit process which looks at themed audits and report back to LSCB. The outcome of the audits to be shared with the teams via team development days and as a standard item on team meetings. As management structure is fully staffed this should be able to be completed as part of the daily activities of managers.						<b>Quarterly report to: LSCB and C &amp; F Scrutiny Committee</b>

Ensure that there are sufficient resources to support children and their families who are involved in domestic abuse or in substance misuse.	WITHIN 6 MONTHS	The use of Arch and more consistent approach to the use of IDVA service. The early intervention and prevention service to form part of their training to access resources within children centres and family centres at an earlier stage to support families who suffer domestic violence or substance mis-use. Active commissioning of specific services for families to access resources. Development of strategic links to voluntary services that provide resources.						Quarterly report to:LSCB and C & F Scrutiny Committee
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## Services for Cared for Children

Ensure that pathways plans are of a good quality and are routinely audited	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				Quarterly report to:LSCB and C & F Scrutiny Committee -
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.	membership increased. Hits on website increased.	Quarterly report to:LSCB and C & F Scrutiny Committee -
Increase the awareness of the complaints procedure amongst cared for children, their carers and service users	WITHIN 3 MONTHS	Ensure all C4C are aware of the system at point of entry to care. Promote at awards event. Ensure FCs etc are also aware. Include on agenda at FC recruitment events	Relevant managers			discussed at FC briefings. Promoted at Awards event. Included on recruitment events agenda	Increase in the use of the complaints service at stage one	Quarterly report to:LSCB and C & F Scrutiny Committee - Query, Shadow Health and Well Being Board ?
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.	proposals in respect of future provision identifeid and progressed	Quarterly report to:LSCB and C & F Scrutiny Committee -
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	increase in yp accessing advocates, reduction in complaints from c4c	Quarterly report to:LSCB and C & F Scrutiny Committee -

<b>Ensure that foster carers are able to access support groups and to contribute to the development of cared for children services</b>	<b>WITHIN 3 MONTHS</b>	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	establish support groups in relation to feedback from questionnaire and other info from FCs	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>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.</b>	<b>WITHIN 3 MONTHS</b>	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		<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Ensure that care leavers are provided with appropriate support to meet their health needs</b>	<b>WITHIN 6 MONTHS</b>	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	service spec proposed and to be costed	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Ensure that there is minimal need for cared for children to move placements thereby reducing the number of placement moves</b>	<b>WITHIN 6 MONTHS</b>	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.	info regularly distributed to Gms and Pcs for their input into placement support.	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Increase the availability of placements for cared for children within the area.</b>	<b>WITHIN 6 MONTHS</b>	improve the depts response to adults wishing to become fcs for CE council. Improve assessment times. Requirement to commission 3 new borough residential homes - 2 long stay,one assessment - initial propeerty 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.		improvement in response times to initial enquiries.initial home visits undertaken in a timely manner.	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>

## 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 information	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 parents