

IMPROVEMENT ACTION PLAN


Code (a) Relates to areas of development from the Unannounced Inspection of Contact, Referral and Assessment (5/6 April 2011).



Code (b) Relates to areas of development identified by the Children's Assessment Team (CAT) and Child in Need and Child Protection Team (CIN/CP)

Lead Person responsible for this Plan: Catherine Knowles Head of Safeguarding and Shirley Jordan Principal Manager for CAT/CIN/CP

	Area for Development	Key Action	Timescale	Evidence	Lead Person	Key Outcome
(a) 1	The common assessment framework is yet to be embedded with a lack of consistent understanding of thresholds and purpose.	Regular Progress reports re CAF to be presented to LSCB via Children's Trust Board Launch Levels of Need materials at Multi –agency Pathways to Support workshops Design Early Intervention front door service to streamline pathways to support and increase support available to practitioners in partner agencies	In Place 20.05.2011 Sept 2011	Reports to Children Trust. Report of Workshop findings Plans finalised and team operational	Tilly Heigh Tilly Heigh Tilly Heigh	Agencies are encouraged to improved engagement with CAF Practitioners across agencies are aware of levels of Need materials and use them to inform practice Children and young people's needs are assessed at early stage and they are able to access well coordinated support

(a) 2	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.	<p>Contacts pending action allocated to CRO are for no longer than 24 hours. Reviewed by PC.</p> <p>CRO's to be recruited and have clear induction to processes once in post</p>	<p>In place</p> <p>July 2011</p>	<p>Data collection & audit</p> <p>C&R Unit fully staffed</p>	<p>Shirley Jordan</p>	<p>Contacts to be dealt with within 24hours</p> <p>C&R Unit fully staffed and PARIS compliant</p>
(a) (b) 3	All Core Assessments seen considered risk and protective factors and there were examples of good analysis. However the recent increase in management capacity to improve oversight has yet to ensure that all assessments are of a sufficiently good quality.	To identify and utilise an audit tool to ensure there is consistency of good practice across all units	Immediate effect	Through audit activity	<p>Shirley Jordan</p> <p>NM & LJ to develop the audit tool.</p> <p>All Group Managers and Practice Consultants to utilise the audit tool across the service</p>	All Core Assessments are of good quality and are consistent
(a) (b) 4	Measures to monitor and manage Initial and Core Assessments are now in place, but have only recently been introduced and are yet to have an impact.	<p>IA allocation now managed through Duty Diary in CAT with the oversight of PC's on a daily basis</p> <p>GM's & PC's to run off weekly PARIS audit reports re outstanding</p>	<p>In place</p> <p>In place</p>	Increase in the number of assessments completed within timescale	<p>Shirley Jordan together with all Group Managers, Practice Consultants and Bev Harding</p>	A more robust system in place to ensure the needs of children and families are identified within timescale

		assessments				
(a) (b) 5	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.	<p>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.</p> <p>A Guidance Note to staff re the content required in Strategy Discussions to be issued</p>	<p>31st May 2011</p> <p>31st May 2011</p>	Audit minimum standards in line with new Guidance Note	<p>Shirley Jordan together with:</p> <p>LJ to draft Guidance Note for issue.</p> <p>All Group Managers of CAT; CIN/CP to implement in conjunction with:</p> <p>Annas Feeney – Workforce Development (for training needs)</p> <p>And Kate Rose Safeguarding unit for auditing of quality as per QA function</p>	Strategy Discussions meet the new minimum standards and are fit for purpose
(a) 6	The council has introduced a structured programme to systematically audit the quality of assessments, planning and recording although this has yet to have an impact	<p>Tool and programme is developed</p> <p>SMT approve process</p> <p>Training is delivered</p> <p>Audit programme is delivered</p>	<p>April 10</p> <p>April 10</p> <p>May to July</p> <p>September</p>	 <p>SMT-ELT_paper in_safeguarding_</p>	Kate Rose – Safeguarding Unit	Audit demonstrates improvement in key areas identified.

		Reports to SMT	Ongoing	 SMT April 20th KR Audit (final...		
(a) 7	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.	To continue to develop a system that is fit for purpose	Ongoing	 ICS Update.doc	Bev Harding	Robust and comprehensive information is readily available for all system users in a timely manner
(b) 8	Audit and Quality Assurance of supervision files ensuring these meet standards and expectations.	<p>Quality Assurance processes to be implemented through the Workforce Development Team</p> <p>In addition there will be an expectation that Group Managers will undertake a minimum 4 audits per month of staff supervision files within their own teams, using the auditing toolkit to evidence this task has been achieved.</p>	Immediate effect	Quality Assurance report provided by Workforce Development Team	Annas Feeney	Standardise and improve the quality of all aspects of supervision recording

(b) 9	Audit and Quality Assurance of case files including ICS records ensuring these meet standards and expectations.	Supervisors to undertake a minimum of 2 audits per supervision session of case work within their own units using the auditing toolkit to evidence this task has been achieved.	Immediate effect	Case Files and ICS records meet required standards and the audit demonstrates improvement	Shirley Jordan	Case Files and ICS records are fit for purpose. This will be further evidenced through the independent audit undertaken by the safeguarding unit.
(b) 10	A Multi Agency referral form that is Laming Compliant	Develop and agree a multi agency form for use as a referral tool into the Children's Assessment Team	31 st May 2011 (IDT / SMT) July 2011 for LSCB / CT	IDT / SMT agree the referral tool, then to LSCB & The Children's Trust for multi agency approval Tool implemented within CAT and partner agencies	Shirley Jordan to lead the approval process NM / LJ to lead implementation once agreed	Referrals are Laming compliant, have full consent and the contain appropriate information for decision making

Please note the following additional comments:

- 1. Where it refers to all Group Managers – this includes Louisa Jones; Nancy Meehan; Sandra Eells; Sheila Franks.**
- 2. PC's refers to all Practice Consultants within CAT and the CiN / CP service**
- 3. Where a lead person is identified, there is an expectation that you will provide updates to this plan on a 4 weekly basis to Shirley Jordan**