

Cheshire East

Appendix 2

DRAFT Children and Young People's Improvement Plan
to meet the Ofsted Recommendations

Improvement Action Plan

November 2015-2016



Creating a
great place to
be young



We want to make Cheshire East a great place to be young, where children and young people are happy, healthy, safe, and have lots of opportunities to enjoy life, learn and develop. In order to achieve this, we need to continue finding ways to put children and young people at the heart of all our activity, which is why a large element of our plan will focus on listening to children and young people. This plan sets out how children's services in Cheshire East, as a partnership, will continue to improve outcomes for children and young people. The plan has four priorities:

- 1. Embedding listening to and acting on the voice of children and young people throughout services**
- 2. Ensuring frontline practice is consistently good, effective and outcome focused**
- 3. Improving senior management oversight of the impact of services on children and young people**
- 4. Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East**

The plan details what actions we will take to continue to improve the quality of services and embed a culture of continual learning, support and challenge, where everyone supports each other to get the best outcomes for children and young people. Our staff are passionate and committed, and they are the key to making the changes a success. We will continue to invest in supporting our staff, recruiting the right people, and empowering them to shape and make changes, as well as celebrating and sharing good practice. The plan also shows how we will drive, monitor, and continually assess our progress to ensure that we deliver the best service we can. Listening to children, young people, parents and staff will be a key component of evaluating how well we are doing.

Cheshire East has been on a continuous upward journey of improvement since April 2013. Understanding where we have come from, what we have achieved, and our strengths, is important to give context on what we know works and how we will continue to operate going forward, so this is also included in our plan. This plan is focused on activity to improve services over the next year as part of a larger improvement programme over three years. We recognise that our plan will evolve over that time in response to feedback from young people and staff, and audit findings and external review. Our progress and the plan will be regularly reviewed to ensure that we are achieving the impact we need for children and young people, and will be revised to include any new activity as needed.

Priority:	Listening to and acting on the voice of children and young people
Recommendation:	15. Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142).
Areas for Improvement:	<ul style="list-style-type: none"> Analysis of complaints did not consistently result in effective action to improve practice. Recommendations from complaints did not sufficiently explore the underlying issues, and did not result in a reduction to the number of complaints received.
What 'good' looks like:	<ul style="list-style-type: none"> We seek feedback from children, young people and families. The majority of this feedback is positive, but where there are complaints we analyse these to find out where we can improve. Prompt action is taken to address areas for improvement. Frontline staff know what the common themes are from feedback from children, young people and families, what they want services to look like, and can explain how this is influencing their work. The impact of actions taken as a result of feedback on the experiences of children, young people and parents can be clearly demonstrated.
Lead for Delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
15.1	Develop, track and review progress against an action plan from quarterly complaints reports for children's services.	Dec 2015	Alan Ward, Complaints Officer
15.2	Report complaints and compliments, and progress against the action plan for children's services regularly to the Senior Leadership Team Meetings, and embed reporting in the forward plan for SLT.	Dec 2015	Alan Ward, Complaints Officer
15.3	Communicate findings from complaints and compliments to Children's Social Care through Practice and Performance Sessions and Practice Champions Sessions and engage staff in improvement planning	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
15.4	Changes to Policies and Procedures to be made as necessary in response to complaints and feedback from children, young people, parents and carers	Mar 2016	Group Managers
15.5	Changes to training for practitioners and frontline managers to be made as necessary in response to complaints and feedback from children, young	Mar 2016	Lisa Burrows, Workforce Development Manager

Ref	Action	Review date	Lead
	people, parents and carers		
15.6	Themes from complaints and feedback to inform the audit programme	Mar 2016	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of complaints resolved at stage 1	If complaints are resolved at stage 1 this means that the complainant was satisfied with our response.	75-84	85-94	95-100
Number of compliments received to Children's Social Care	The number of compliments should increase as we improve services	High is good		
Number of complaints around key themes: <ul style="list-style-type: none"> • Communication • Organisation • Factual accuracy 	The number of complaints on key themes should reduce as these themes are addressed.	10% reduction	20% reduction	30% reduction
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Complaints Report – shows themes are not recurring, we have good performance on the number of complaints being resolved at the first stage, compliments are received from children, young people and families.	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them Complaints Report – shows themes are not recurring, we have good performance on the number of complaints being resolved at the first stage, compliments are received from children, young people and families	Practice and Performance Workshop - Staff feel equipped to provide a good service and supported to deal with disputes, staff are aware of what children, young people and parents think about the service, and can explain how their work is influenced by this.		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	2. Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children (paragraphs 37, 84)
Story behind the recommendation:	<ul style="list-style-type: none"> • Around 10% of children and young people on child protection plans were on a plan for over 15 months. A sample of these cases during the inspection showed that there was drift and delay in making progress on plans for some children and young people. • Child protection review conferences were not always held within timescale, with 11% taking place later than planned. • Independent Reviewing Officers' (IROs') Practice Alerts were not having sufficient impact on the overall quality of assessment and planning for cared for children.
What 'good' looks like:	<ul style="list-style-type: none"> • Independent Reviewing Officers are champions for children and young people, and they ensure that what is best for the child or young person is at the heart of their plan. • They monitor and challenge progress against the plan, especially for those children and young people who have been subject to a plan for over 12 months, to ensure the right action is taken in a timely way so that progress is made swiftly for children and young people. • Conferences are held within timescale and are effective multi-agency forums for monitoring and progressing plans. • Challenge from IROs results in improved outcomes for children and young people, which can clearly be demonstrated.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
2.1	Introduce the Safer Children Model for Child Protection Conferences	COMPLETED Nov 2015	Kate Rose, Head of Children's Safeguarding
2.2	Review all child protection plans open over 15 months, and identify those where there has been drift and delay and ensure these cases have robust plans in place	Nov 2015	Safeguarding Managers and Group Managers

2.3	Establish regular meetings between Group Managers and Safeguarding Unit Managers to review the quality of child protection plans and cared for children's plans, and enable improved joint working and challenge	Nov 2015	Safeguarding Managers and Group Managers
2.4	Develop performance information on the IRO service including practice alert tracking, and report this regularly to the LSCB Executive	Jan 2016	Anna Roble and Susanne Leece, Safeguarding Managers
2.5	Introduce a monthly permanence case tracking meeting, chaired by the Principal Manager, with Group Managers and IROs, Commissioning Manager and Head of the Virtual School, to ensure clear senior management oversight and drive for permanence	COMPLETED Sept 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
2.6	Strengthen the Legal Tracker to ensure it robustly tracks and monitors cases, is well supported and regularly updated.	COMPLETED Nov 2015	Louise Hurst, Group Manager Macclesfield CIN/CP and Legal Services
2.7	Monitor the use of the Legal Tracker in Performance Challenge Sessions and Legal Liaison Meetings.	Nov 2015	Group Managers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of Practice Alerts made	Practice Alerts being raised demonstrates that IROs are challenging practice			
Number of good Practice Alerts made	Good Practice Alerts show that there is good practice and this is being recognised by IROs. This should increase as practice improves and celebrating and sharing good practice becomes embedded as a culture			

Percentage of Practice Alerts responded to within timescale	Response to Practice Alerts within timescale shows that challenge is being acted on to improve practice. Should improve as Practice Alerts become more embedded and Practice Managers and IROs increase their challenge to practice	80-84	85-89	90-100
Percentage of Child Protection Conferences held within timescale	Child Protection Conferences should be held within timescale to ensure progress is made against the plan, and that there aren't delays for children and young people. Should improve as the new model for Child Protection conferences is introduced.	85-89	90-94	95-100
Percentage of Child Protection Plans open for more than 15 months	Child Protection Plans should not remain open for more than 15 months in the majority of cases. Should remain low.	16-20	10-15	Below 10
Percentage of children and young people's views that are heard at Child Protection Conferences	Children and young people's views are represented at child protection conferences to ensure these are considered by all professionals.	70-80	81-90	91-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
<p>Practice Alert Tracker – demonstrates that Practice Alerts result in timely action to improve outcomes for children and young people</p> <p>Audit report – shows evidence of challenge from IROs driving improvements to practice</p>	<p>Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them</p>	<p>Practice Coaching Audits – Social Workers reflect on practice and what could be done differently, where they have challenged on practice and how they can use this to improve their practice</p>		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	3. Ensure that supervision is reflective, challenging and consistently focuses on continual professional development (paragraphs 33, 130)
Story behind the recommendation:	<ul style="list-style-type: none"> • Social Workers felt supported by their Practice Managers and supervision was frequent, but they could not describe how their practice was monitored or challenged through supervision. • Practice Managers' oversight of casework was not clear in most of the cases seen by inspectors, and there was little evidence of direction, challenge or support where plans for children had not progressed or work had not been completed in a timely way. Strong challenge of frontline workers was not yet embedded. • Managers were not consistently using personal development plans to drive practice improvement through supervision. • It was difficult for inspectors to see what impact training was making on improvements to practice as explicit links were not made to continual professional development needs.
What 'good' looks like:	<ul style="list-style-type: none"> • Supervision is regular, reflective, challenging and supportive. • Social Workers value the support and challenge they receive through supervision, and know how this has improved their practice. • Practice Managers clearly evidence direction, challenge and support in supervision notes as a clear evidence record for all parties to demonstrate learning. • Personal Development Plans (PDPs) are tailored to the individual learning and development needs of Social Workers, which is related to improvements to services as a whole. Progress against PDPs is evaluated in supervision to ensure these outcomes are attained and there is a continual focus on learning and development opportunities. • There is no drift or delay for children and young people, action is timely, plans are effective, and this leads to improved outcomes for children, young people and families. • Supervision is used for staff to explain how feedback from children, young people and families is influencing their work.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
3.1	Establish regular monthly audits of children's social care supervision files by Group Managers. Quarterly report on audit findings to go to Early Help and Protection Leadership Team meetings to identify and address themes.	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers
3.2	Ensure that all children's social care managers undertake effective supervision training.	April 2016	Vicky Buchanan and Pete Lambert, Principal Managers
3.3	Minimum standards on supervision to be included within the Practice Standards for Managers.	Jan 2016	Vicky Buchanan, Principal Manager for CIN&CP
3.4	Review PDP process to ensure that it is meaningful and embedded in the supervision process	Mar 2016	Lisa Burrows, Workforce Development
3.5	Introduce annual 'next steps' development talks as part of the PDP process for all social care staff	June 2016	Lisa Burrows, Workforce Development
3.6	Promote Aspirant Manager course through supervision and identify potential candidates for this	Jan 2016	Practice Managers
3.7	Review the current social care training programme and offer, and develop a core mandatory training offer for all Social Workers and practice managers.	COMPLETED Nov 2015	Vicky Buchanan and Pete Lambert, Principal Managers
3.8	Develop a menu of opportunities for CPD to use within supervision	Mar 2016	Lisa Burrows, Workforce Development Manager
3.9	Revise the Practice Coaching audits to include modelling of good reflective supervision for Practice Managers	Dec 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of supervisions that met the practice standard for frequency and were of a good quality (audit measure)	The amount of supervisions which are of a good quality and are taking place as regularly as they need to.	70-79	80-89	90-100

Percentage of supervisions where there was evidence of reflection (audit measure)	The amount of supervisions that encourage reflection on practice to help Social Workers to learn and develop their practice.	70-79	80-89	90-100
Percentage of supervisions where there was appropriate challenge if required (audit measure)	The amount of supervisions where practice that is not timely, not meeting children or young people's needs, or not progressing, is challenged by the practice manager to improve this.	70-79	80-89	90-100
Percentage of supervisions that addressed professional development (audit measure)	The amount of supervisions which consider what a social worker needs to develop their skills and knowledge.	70-79	80-89	90-100
Percentage of PDPs in place	All staff in post over 6 months should have a personal development plan (PDP) in place.	70-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
<p>Supervision audits – show evidence of challenge and reflection in supervision. Progress against PDPs are reviewed quarterly. Discussion around personal development is evidenced in every supervision.</p> <p>PDPs – address developmental needs in order to improve practice</p>	<p>Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them</p>	<p>Social Work Staff Survey and Supervision Audits – Social Workers report that supervision is reflective and challenging, and that this support has helped them to improve their practice. Social Workers report that they are aware of CPD opportunities and that progress against their PDPs is reviewed in supervision, and that personal development is a key feature of supervision.</p>		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	4. Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help (paragraph 25)
Story behind the recommendation:	<ul style="list-style-type: none"> Some contacts that needed further consideration before decisions were made were delayed for up to 10 days due to information gathering and decision making, and there was not evidence of sufficient oversight of these cases by Practice Managers.
What 'good' looks like:	<ul style="list-style-type: none"> Children and young people receive the service they need as soon as possible. All relevant information is considered to decide what service they need to best meet their needs, and this decision is overseen by a Practice Manager. The professional making the contact is clear on what they need to do to support the family and what will happen next.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
4.1	Establish the Early Help Brokerage Service, which will ensure timely referrals to early help, and will identify the best service for the child or young person and the family's needs.	COMPLETED Nov 2015	Vicky Buchanan and Jonathan Potter, Principal Managers
4.2	Revisit the levels of need and promote these across the partnership	Mar 2016	LSCB
4.3	The timeliness of referral to early help to be monitored through Performance Challenge Sessions	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
4.4	The timeliness of referral to early help to be monitored through the Children and Families Performance Scorecard, which is monitored and challenged by the Senior Leadership Team for Children's Services, and the LSCB Performance Book	April 2016	Bev Harding, Business Intelligence Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Maximum time taken from contact to referral to Early Help Services	The greatest time taken for a decision on what service is right for the child/ young person.	5 working days	3 working days	1 working day
Maximum time taken from referral to receiving Early Help Services	The greatest delay experienced by a family from when the decision is made to when they receive the service. Should decrease with the introduction of the brokerage service.	7 working days	5 working days	2 working days
Percentage of cases where the threshold for contact is applied appropriately by ChECS (audit measure)	Children and young people are referred for the right service that meets their needs.	80-84	85-94	95-100
Percentage of contacts progressed in a timely manner (audit measure)	The amount of contacts that receive a timely outcome – children and young people receive a service without delays	80-84	85-94	95-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audit of contacts shows that referrals are made promptly, and that where there is additional time taken for more complex decisions, Practice Managers have clear oversight and monitor this to keep delays to a minimum.	CAF Audits – shows children, young people and parents feel they have received a good service that has helped them, and the right service was provided at the right time.	Social Work Staff Survey – Staff feel supported in decision making, and report they receive clear direction and their work is overseen by Practice Managers. Safeguarding Children Operational Group – feedback from partners is that families who need early help receive a good quality and timely service, and that they are notified of the outcome from their contacts quickly		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	5. Ensure that strategy meetings and decisions are informed by relevant partner agencies (paragraph 27).
Story behind the recommendation:	<ul style="list-style-type: none"> In the majority of cases seen, strategy discussions were telephone conversations between a practice manager and the Police, without the involvement of other agencies, such as health, so decisions did not consistently take account of all relevant information. Agencies were not always asked to contribute so not all the relevant information informed decisions.
What 'good' looks like:	<ul style="list-style-type: none"> Strategy decisions are informed by all the relevant information from the other agencies that are involved with the family, which leads to the right decision being taken for children and young people. All agencies that are involved with the family are invited to contribute.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
5.1	The expectation that all agencies and professionals that have a contribution to make to strategy discussions should be invited to be clearly stated within the Multi-Agency Practice Standards	Nov 2016	Safeguarding Children Operational Group
5.2	Re-issue the S47 protocol and ensure that the importance of multi-agency attendance at strategy meetings/ discussions is emphasised and that this is also emphasised in the S47 training	Jan 2016	Vicky Buchanan, Principal Manager for CIN&CP
5.3	Develop a model of multi-agency triage at the front door to ensure information is shared in real time.	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
5.4	Develop performance reports/ dip sample partner attendance at strategy meetings and discussions to investigate themes. Report this to the Children and Families Senior Leadership Team and LSCB Quality and Outcomes Sub Group.	Dec 2015	Bev Harding, Business Intelligence Manager
5.5	Evaluate and report on partner attendance and contributions at strategy discussions and meetings through practice coaching audits	Jan 2016	Independent Auditors
5.6	Review and strengthen information sharing at the 'front door'	Jan 2016	Eifion Burke

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of Strategy Discussions informed by information from Health	Shows that Strategy Discussions are informed by other key partners.	75-84	84-90	90-100
Percentage of Strategy Discussions informed by education (where appropriate)	Shows that Strategy Discussions are informed by other key partners.	75-84	84-90	90-100
Percentage of Strategy Discussions where all relevant partner agencies were invited to contribute (audit measure)	Shows that all the key people are asked to take part in Strategy Discussions.	60-74	75-84	85-100
Percentage of Strategy Discussions where decision making was informed by all the relevant partner agencies (audit measure)	Shows that all the key information informs Strategy Discussions.	60-74	75-84	85-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
<p>Practice Coaching Audits – demonstrate information from all relevant partner agencies is sought and informs decision making for strategy discussions. Records of strategy meetings/ discussions clearly evidence who attended and/ or contributed to the meeting.</p> <p>IRO Thematic Audit on the quality of Strategy Discussions demonstrates the positive impact involving all partners in discussions has had on outcomes for children and young people</p>	<p>Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them</p>	<p>Safeguarding Children Operational Group – Partners report that they are regularly invited to contribute to meetings and discussions and will challenge practice where they have not been asked to contribute</p>		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	6. Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107)
Story behind the recommendation:	<ul style="list-style-type: none"> • Not all CAF assessments recorded children and young people's views. • The rationale for closing CAF plans was not always clearly recorded, making it difficult to evaluate the effectiveness of the help received. • Historical information considered in decision making on contacts was not always recorded in as much detail as it needed to be, which led to delays as Practice Managers needed to request further information to make a decision. • There was not always a clear rationale recorded on contacts for why the decision had been made to proceed without consent for information-sharing. • Practice Managers' oversight of casework was not clear in most of the cases seen, and there was little evidence of direction, challenge or support where plans for children had not progressed or work had not been completed in a timely way. • Key discussions and decisions were not always fully recorded on the child or young person's record. This made it difficult to follow the child's story, to evaluate if further work could have prevented the child or young person becoming cared for, and could mean important information could be missed by new workers to the case. • The work presented to courts was of variable quality. • Recording was not always detailed enough to show the benefits of contact with families for cared for children and young people. • Information recorded on return home interviews was not always comprehensive. • Life-story books and later-in-life letters were of variable quality.
What 'good' looks like:	<ul style="list-style-type: none"> • The child's record gives a clear account of the story and experience of the child or young person, their individual needs, their place and relationships within the family, and what matters to them. • It is clear about why decisions have been taken, and why this is in the best interest of the child or young person, including to children and young people if they want to review their records when they are older. • Management oversight, challenge and direction is clear and evident, ensuring that the quality of practice is high, risk is managed, and action is timely for children and young people.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
6.1	Develop and roll out a Management Training Programme for all Managers	April 2016	Vicky Buchanan and Pete Lambert, Principal Managers
6.2	Develop a core operating model central to practice across all social work teams and embedded in all work processes as the Cheshire East model of practice based on good practice models. Deliver training for all frontline workers on this covering analysis, planning, recording and risk assessment.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers
6.3	Introduce a standing item on sharing and celebrating good practice in Practice and Performance workshops – Social Workers and Practice Managers to present examples of their own good practice	COMPLETED Sept 2015	Vicky Buchanan and Pete Lambert, Principal Managers
6.4	Review the current audit process, including increasing providing development and coaching opportunities for frontline managers and workers to improve the quality of management oversight and recording of management decisions	Dec 2015	Kate Rose, Head of Children's Safeguarding
6.5	Continue to embed the process whereby all Social Workers allocate two hours of office based time per week for recording.	COMPLETED Sept 2015	Group Managers
6.6	Performance Challenge Sessions to continue which focus on caseloads, timeliness of assessment and plans, supervision and management oversight down to individual worker level. Social Workers to attend these sessions with Practice Managers.	COMPLETED Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP
6.7	Continue to audit based on the Practice Standards for CIN&CP and Cared for services	COMPLETED Aug 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of cases meeting the Practice Standard for recording (audit measure)	The amount of cases which have good quality recording.	60-74	75-84	85-100
Percentage of cases which meet the Practice Standard for incorporating and recording the views and wishes of children and young people (audit measure)	The amount of cases which have captured the views and wishes of children and young people well.	65-79	80-89	90-100
Percentage of cases meeting the Practice Standard for management decision making and oversight (audit measure)	The amount of cases which have evidence of good quality management oversight.	65-79	80-89	90-100
Percentage of children and young people seen within the expected standard (audit measure)	The amount of cases which have regular visits to children and young people.	65-79	80-89	90-100
Percentage of children and young people with an up to date plan (audit measure)	The amount of cases which have an up to date plan.	65-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audits – show that recording has improved and the rationale for decisions is clear and management oversight is evident on the child's record	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Practice Coaching Audits – Staff know what the salient issues are to capture and feel confident that the record tells the child's story		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	7. Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing (paragraphs 41, 42, 58, 175).
Story behind the recommendation:	<ul style="list-style-type: none"> • The findings from return home interviews were not always being used to inform on-going work with children and young people, or to explore wider issues such as links with other missing young people. • The response to children going missing from care was variable, the recording of return home interviews was not always comprehensive, and there were delays in these being sent to Social Workers. • Tools to assess the risk of child sexual exploitation were being used, however there was not enough skilled, sensitive work completed with children and young people to understand their individual vulnerability and risk. • Some Social Workers had not had training in recognising and responding to the signs of child sexual exploitation due to the high turnover of staff.
What 'good' looks like:	<ul style="list-style-type: none"> • Sensitive work is completed with children and young people who go missing from home or care, or are at risk from child sexual exploitation, to understand their individual needs, vulnerabilities and risks. • Return home interviews are detailed, and inform planning for children and young people to address the issues that cause them to go missing. • Young people are effectively protected from child sexual exploitation – potential risks through peer relationships are identified and addressed at the earliest possible stage. • Young people who are at risk of exploitation are effectively supported to protect themselves. • Links between children and young people who go missing from home or care, and those who are at risk of sexual exploitation, are considered and responded to, to protect all young people who are potentially at risk.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
7.1	Develop a core operating model central to practice across all social work teams and embedded in all work processes as the Cheshire East model of practice based on good practice models. Deliver training for all frontline workers on this covering analysis, planning, recording and risk assessment.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers

Ref	Action	Review date	Lead
7.2	Establish a multi-agency Missing from Home and CSE Team	Dec 2015	Kate Rose, Head of Children's Safeguarding
7.3	Launch new Missing from Home and Care Protocol	COMPLETED Nov 2015	LSCB Communication and Engagement Sub Group
7.4	Child Sexual Exploitation to be a focus in the Social Work Practice and Performance Workshops	COMPLETED Sept 2015	Vicky Buchanan, Principal Manager for CIN&CP
7.5	Missing from Home and Care to be a focus in the Social Work Practice and Performance Workshops	Dec 2015	Vicky Buchanan, Principal Manager for CIN&CP
7.6	Roll out training on child sexual exploitation to address any training gaps	Mar 2016	Lisa Burrows, Workforce Development Manager
7.7	Develop a checklist for supervision to ensure risks around CSE and missing from home and care are considered	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers
7.8	Practice Managers to receive the tracker for cases considered by the CSE Operational Group, flagged as at risk of CSE, and incidents of missing from home or care each month to enable them to have oversight of these cases	Dec 2015	Kate Rose, Head of Children's Safeguarding
7.9	Establish regular reports on the quality of risk management and trigger plans for cared for children who go missing	Dec 2015	Anna Roble, Safeguarding Manager
7.10	Develop a performance framework for missing from home and care including quality assurance and sample auditing of plans	Jan 2016	LSCB CSE, MFH&C, and Child Trafficking Sub Group
7.11	Develop best practice standards for CSE conferences, including screening tools, reports, meetings and interventions	June 2016	Susanne Leece, Safeguarding Manager
7.12	Agree standards for missing from home return interviews to evaluate the quality of these, and audit these to assess quality.	July 2016	Kate Rose, Head of Children's Safeguarding
7.13	Review and refresh the template for missing from home interviews, and ensure this includes a section on links to other young people who have been missing, wider issues identified by the young person, and potential areas of risk	Jan 2016	Kate Rose, Head of Children's Safeguarding
7.14	To ensure there is a pathway into the integrated CSE/MFH team from Education to ensure effective identification and action taken for children who are missing within education	Jan 2016	Mark Bayley, Corporate Manager, Standards & Learning

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of Social Workers who have been trained in using the CSE tools for assessment and intervention	The amount of Social Workers who have had the training to support them to work effectively with children and young people at risk of child sexual exploitation.	70-79	80-89	90-100
Percentage of CSE screening tools completed when appropriate	CSE screening tools should be completed to assess the risk of CSE if risk factors are present	70-79	80-89	90-100
Percentage of plans stepped down where CSE was a factor with an updated CSE screening tool (audit measure)	The CSE screening tool should be completed to assess that the risk of CSE has sufficiently reduced before cases are closed. These should be sent to the CSE Operational Group for information.	70-79	80-89	90-100
Percentage of plans that clearly evidence return home interviews have informed the plan (audit measure)	Return home interviews should inform planning to ensure risks to children and young people are considered.	70-79	80-89	90-100
Percentage of cases where return interviews have been completed following missing from home or care	Return home interviews are important to ensure the risks and reasons for the young person going missing are understood, however these are voluntary. A high percentage shows good engagement with young people.	70-79	80-89	90-100
Percentage of casefiles where a child/ young person has gone missing with an up to date risk assessment (audit measure)	Risk assessments are updated following missing from home or care incidents to ensure they take account of the issues arising due to this.	70-79	80-89	90-100

Percentage of missing from home return interview meeting the standard (audit measure)	The amount of missing from home return interviews which are of a good quality – detailed and considering potential risks.	61-70	71-85	86-100
Number of cases where Social Workers were supported by the integrated CSE & MFH Team in working with a young person who was at risk of CSE	Cases where a Social Worker was supported by the specialist team to complete work with a young person – this work will make use of these specialist skills so would be good quality.			
Percentage of children and young people reporting that they feel safer at the end of the intervention for CSE	Children and young people feel safer as a result of the work that was completed to address the CSE risks	70-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audits – show that findings from return home interviews are being used to update plans, and that sensitive work is being carried out to enhance understanding of the issues.	<p>Feedback from children and young people in receipt of a CSE service - Children and young people report that they feel safer as a result of the work that was completed to address the CSE risks</p> <p>Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them</p> <p>LSCB Children and Young People's Safeguarding Survey – Children and young people report that they feel safe, know what CSE is, and know how to access support</p>	<p>Practice and Performance Workshops and Practice Coaching Audits – Staff feel equipped to manage the risks around child sexual exploitation and missing from home and are making use of the expertise in the integrated team. They understand the importance of return home interviews and use them to inform plans.</p>		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	8. Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances (paragraphs 29, 30, 51, 54, 59, 82, 98).
Story behind the recommendation:	<ul style="list-style-type: none"> • Not all assessments were of a sufficient quality • Not all assessments demonstrated that the risks to children and young people from domestic abuse, parental mental health problems or substance misuse were fully considered and understood. • Adult Social Care was not routinely involved in assessments where factors for adults were present. • The specific needs of each child or young person within the family were not always differentiated. • Issues of diversity and cultural needs were not consistently well explored or responded to. Assessments did not fully explore issues of race and gender and how they impact on children and young people's experiences within their own family. • Assessments were not consistently updated in response to a change in circumstances. • When children and young people returned home from care an updated assessment was not always undertaken to inform this decision and identify the appropriate level of support needed. • In some cases, contact with families for cared for children and young people was not always rigorously risk assessed. • Where cared for children were living with friends or relatives, assessment of those connected persons was not always sufficiently robust. • Timescales for completion of assessments were not always adhered to.
What 'good' looks like:	<ul style="list-style-type: none"> • Assessments are a robust analysis of the risks and protective factors for children and young people. • Assessments are thorough, and consider the full range of children and young people's individual needs and what it is like to be them, including any needs relating to diversity, culture, race or gender. • Assessments are timely • Information from specialist workers, such as substance misuse workers and mental health professionals, is used to inform assessments where relevant factors are present • Assessments are updated when circumstances change so risks are considered and responded to • Adult services (mental health, alcohol and drugs, domestic abuse) identify children at risk and there is coordination on these between adult and children's services.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
8.1	Develop a core operating model central to practice across all social work teams and embedded in all work processes as the Cheshire East model of practice based on good practice models. Deliver training for all frontline workers on this covering analysis, planning, recording and risk assessment.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers
8.2	Re-issue the Assessment Framework	Nov 2015	Vicky Buchanan, Principal Manager for CIN&CP
8.3	Review and refresh the Practice Standards for Children's Social Care	Mar 2016	Vicky Buchanan, Principal Manager for CIN&CP
8.4	Produce exemplars for social workers to demonstrate what a good assessment/ plan looks like and how children's views and lived experience should be captured.	Jan 2016	Group Managers
8.5	Review the current social care training programme and offer, and develop a core mandatory training offer for Social Workers and practice managers	COMPLETED Nov 2015	Vicky Buchanan and Pete Lambert, Principal Managers
8.6	Develop and roll out a Management Training Programme for all Practice Managers	April 2016	Vicky Buchanan and Pete Lambert, Principal Managers
8.7	Quality of assessments to be monitored thorough supervision	Dec 2015	Practice Managers
8.8	Review the current audit process including development and coaching opportunities for frontline managers and workers	Dec 2015	Kate Rose, Head of Children's Safeguarding
8.9	The Practice Standard for completion of Assessment to remain at 15 days, monitor performance through Performance Challenge Sessions	COMPLETED Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP
8.10	All assessments to continue to be reviewed by day 5 by CSC Practice Managers to ensure child has been seen and confirm timescale for completion, continue to monitor performance through Performance Challenge Sessions	COMPLETED Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP
8.11	Performance Challenge Sessions to continue which focus on caseloads, timeliness of assessment and plans, supervision and management oversight down to individual worker level. Social Workers to attend these sessions with Practice Managers.	COMPLETED Aug 2015	Vicky Buchanan, Principal Manager for CIN&CP

Ref	Action	Review date	Lead
8.12	Continue to audit based on the Practice Standards for CIN&CP and Cared for services	COMPLETED Aug 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people seen within 10 days of the combined assessment start date	Children and young people's views and experiences are considered from the start of the assessment.	75-84	85-94	95-100
Percentage of assessments completed within 15 days	The amount of assessments that are completed in a timely way, within Cheshire East's standard for good practice to drive improvement to timeliness for assessments.	30-39	40-49	50-100
Percentage of assessments completed within 35 days	The amount of assessments that are completed in a timely way.	65-70	71-75	76-100
Percentage of assessments completed within 45 days	The amount of assessments that are completed within the national standard for timeliness.	75-80	81-90	91-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audits – show that the quality of assessments has improved, relevant information informs and prompts assessment, and specialist workers are involved where appropriate	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Performance Challenge Sessions and Practice Coaching Audits – Staff reflect on what support they need to strengthen assessments, and that their assessments have improved		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	9. Ensure that plans to help children in need of help and protections, looked after children, and care leavers, are specific, clear, outcome-focused and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115).
Story behind the recommendation:	<ul style="list-style-type: none"> • Child Protection Plans and Child in Need Plans were not always specific to individual children, and not always of a good enough quality. • Plans lacked timescales and contingencies. • Plans were not consistently underpinned by a full understanding of whether changes were sustainable. • Direct work with children and young people was not always informed by the assessment or the plan so lacked focus. • Some Social Workers were too slow to respond to the lack of progress against plans for children and young people; some Child Protection Plans showed delays and drift and some children experienced delays with their permanence plans. Some cases took too long to step up to Child Protection. • Not all partners were as involved in planning as they could be. Adult service Social Workers and Housing Providers were less involved, and this meant that there was not always a coordinated multi-agency response. • The quality of Personal Education Plans (PEPs) has improved, but some were not detailed enough and did not contain precise enough targets. • The majority of pathway plans did not have clear and specific targets and actions to help or encourage young people to secure employment, education or training.
What 'good' looks like:	<ul style="list-style-type: none"> • All plans are SMART – specific, measurable, attainable, realistic and time limited, and outcome focused. • Everyone who needs to be is involved in the plan, and everyone knows what is expected of them and why this is important. • Plans are based on individual needs of children and young people and their family. • Contingency plans are in place to mitigate risk and protect children and young people. • Progress against the plan is robustly monitored and the action taken is timely and results in improved outcomes for children and young people.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Please see recommendation 8 for activity, additional activity is outlined below.

Ref	Action	Review date	Lead
9.1	Introduce the Safer Children Model for Child Protection Conferences	COMPLETED Nov 2015	Kate Rose, Head of Children's Safeguarding
9.2	Develop a multi-agency framework to support professionals when working with substance misusing parents	April 2016	Safeguarding Children Operational Group (SCOG)
9.3	Training on Direct work, informed by the core operating model (9.2) leading to direct work which is better informed by assessment, analysis and planning.	May 2016	Vicky Buchanan and Pete Lambert, Principal Managers
9.4	Develop a quality assurance process for letters before proceedings to be signed off by Group Managers	Dec 2015	Group Managers
9.5	Review the quality assurance of court work, and roles and responsibilities between Children's Social Care and Legal services.	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers
9.6	Establish an Attendance Strategy for cared for children which includes information for carers and social workers, and timely up when attendance falls below the 90% threshold	Dec 2015	Nicola Axford, Head of the Virtual School
9.7	Produce examples of best practice PEPS to share with schools through the Cheshire East virtual school website and inclusion in training for schools this academic year.	Dec 2015	Nicola Axford, Head of the Virtual School
9.8	Embed a new quality assurance process, including local headteachers in the process in order to provide external scrutiny to the quality of PEPS and will provide challenge to schools.	March 2016	Nicola Axford, Head of the Virtual School
9.9	Ensure that Social Worker attendance at PEPS is reviewed and provide scrutiny alongside the Principal Manager Cared for children	Dec 2015	Nicola Axford, Head of the Virtual School
9.10	Increase management capacity and appoint a newly designated lead Group Manager and Practice Manager for Care leavers to improve quality assurance and audit processes for Pathway Plans. This will inform ongoing training and support to staff working with care leavers	January 2016	Anji Reynolds, Group Manager for Cared for Children and Care Leavers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of plans which are SMART (audit measure)	The amount of cases which have SMART plans – so these are clear and measurable, and this indicates they are a good quality, and it should be easy for professionals and families to know what is required, and to measure progress.	65-79	80-89	90-100
Percentage of children and young people with an up to date plan (audit measure)	The amount of cases which have an up to date plan. Should increase as practice improves.	65-79	80-89	90-100
Percentage of cases which meet the Practice Standard for incorporating and recording the views and wishes of children and young people (audit measure)	The amount of cases which have captured the views and wishes of children and young people well.	65-79	80-89	90-100
Percentage of children and young people seen within the expected standard (audit measure)	The amount of cases which have regular visits to children and young people. Should increase as practice improves.	65-79	80-89	90-100
Percentage of cases where the plan was shared with the family	The plan should be shared with the family so they are clear on what is expected of them, and what the support is aiming to achieve.	65-79	80-89	90-100
Percentage of children and young people subject to a child protection plan for a second or subsequent time	The amount of children which have had support from children's social care where there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	15-20	10-14	5-9

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Audits – show that the quality of plans has improved, progress against plans is timely and expectations are clear for parents, children, young people and professionals involved.	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Practice Coaching Audits – Staff reflect on what support they need to strengthen plans, and that their planning has improved

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	10. Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded (paragraph 39).
Story behind the recommendation:	<ul style="list-style-type: none"> Inspectors saw a number of cases that had been closed to children's social care and stepped down too soon, where not enough progress had been made, and change had not been sustained to secure improved outcomes.
What 'good' looks like:	<ul style="list-style-type: none"> Cases are stepped down once there is evidence that changes have been sustained for a period of time and outcomes have improved for children and young people. Families feel confident that they can maintain the changes they have achieved with a lower level of support. Managers monitor cases that are stepping down to ensure this is the right course, and decisions to step down are clearly recorded with a clear rationale.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

See also actions relating to improving management recording (recommendation 6).

Ref	Action	Review date	Lead
10.1	Review and update the policy on Step Up and Step Down	Jan 2016	Vicky Buchanan, Principal Manager for CIN&CP
10.2	Refresh the multi-agency CAF audit process, ensuring appropriate step up and step down is explored as a theme	Feb 2016	Dan Rowlands, Practice Manager ChECS
10.3	Step Up and Step Down guidance to be included within the multi-agency practice standards	Jan 2016	Safeguarding Children Operational Group (SCOG)
10.4	Step up and down to be included within the core training offer for social workers	Nov 2015	Vicky Buchanan and Pete Lambert, Principal Managers
10.5	Ensure Managers Chair Step Down meetings	Nov 2015	Vicky Buchanan, Principal Manager for CIN&CP

Ref	Action	Review date	Lead
10.6	Family Group conferencing to be mandatory for cases stepping up from CIN to CP and for cared for children returning home as a minimum	Dec 2015	Vicky Buchanan, Principal Manager for CIN&CP
10.7	Establish regular reports on the impact of improving practice through audit	Dec 2015	Kate Rose, Head of Children's Safeguarding
10.8	Revisit step up and step down as a theme in the LSCB multi-agency audit	Sept 2016	LSCB Business Unit
10.9	Monitor progress against actions from the LSCB Audit on Step Down and produce progress reports to the LSCB Executive	COMPLETED Aug 2016	Audit and Case Review Sub Group

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of appropriate step down decisions (audit measure)	Whether the right decisions are made and children and young people receive the right level of support.	80-84	85-94	95-100
Percentage of step down decisions with a clearly recorded rationale (audit measure)	Whether a clear reason is given for reduction in the level of support and why this is in the child or young person's best interests.	65-79	80-90	90-100
Percentage of step down meetings chaired by Practice Managers (audit measure)	Practice Managers should chair step down meetings to ensure that stepping down is the right decision for the child and young person	80-84	85-94	95-100
Percentage of Family Group Conferences held at the point of step up to Child Protection	Family Group Conferences should be held where cases are stepping up to support family relationships through this time	60-69	70-79	80-100

Percentage of cases meeting the Practice Standard for management decision making and oversight (audit measure)	The amount of cases where there is robust management oversight and decision making – evidence of good practice.	65-79	80-90	90-100
Percentage of repeat referrals	The amount of children which have had support from children's social care, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	25-30	20-24	Below 20
Percentage of children and young people subject to a child protection plan for a second or subsequent time	The amount of children which have had support from children's social care where there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	15-20	10-14	5-9
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audits – show that step down is appropriate, and that the rationale for this is clearly recorded.	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Practice Coaching Audits – Staff feel supported in stepping cases up and down		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	11. Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78).
Story behind the recommendation:	<ul style="list-style-type: none"> All foster carers spoken to in the inspection were aware of the delegated decision making process, but they felt that Social Workers still have to complete too many forms for decisions foster carers could make.
What 'good' looks like:	<ul style="list-style-type: none"> Foster carers have appropriate decision making authority so children and young people can enjoy the same opportunities as their peers, and do not experience delays in decisions. Foster carers are clear on what decisions they can make and which need to be made by the Social Worker.
Lead for delivery:	Corporate Parenting Board

ACTIVITY

Ref	Action	Review date	Lead
11.1	Review and amend the Fostering Handbook and the policy on delegated authority to ensure these are consistent and complementary	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
11.2	Produce a simple checklist for Social Workers on delegated authority, setting out what areas carers can make decisions on, which Social Workers make decisions on, and which need to be agreed and specified in the plan.	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
11.3	Send the checklist on delegated authority to all current foster carers, and include within the fostering handbook.	Jan 2016	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
11.4	Discuss and raise awareness of the delegated authority policy and checklist at the Foster Carer Forum	Jan 2016	Tracy Mese, Group Manager for Fostering
11.5	Promote and raise awareness of the delegated authority policy and checklist through the Foster Carer newsletter	Jan 2016	Tracy Mese, Group Manager for Fostering
11.6	Raise Social Worker awareness of the delegated authority policy and checklist at the Practice and Performance Workshops	Mar 2016	Tracy Mese, Group Manager for Fostering
11.7	Implement process so placement planning meetings are held in a timely way with appropriate representation by the Social Worker, Carer & Fostering Service to ensure issues of delegated authority are clearly addressed.	Jan 2016	Vicky Buchanan and Pete Lambert, Principal Managers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of Foster Carers that are clear on what decisions are delegated to them (Foster carer annual survey)	Foster carers are clear on the decisions they can make so this does not cause delays for children and young people	70-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Foster Carer Annual Survey and Annual Reviews for Foster Carers – Foster carers report that they are clear about the decisions that are delegated to them	<p>Foster Carer Forum – Foster carers feedback that the delegated decision making process is clearer and that they have the right level of autonomy to meet children and young people's needs</p> <p>Foster Carer Annual Survey and Annual Reviews for Foster Carers – Foster carers report that they are clear about the decisions that are delegated to them and children and young people report that they do not experience delays in decisions</p>	<p>Practice and Performance Workshops – Staff feedback that the delegated decision making process is clearer and easier to communicate to foster carers</p>		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	12. Improve the timeliness of initial health assessments so that children who become looked after have their own health needs assessed within the expected timescales (paragraph 67).
Story behind the recommendation:	<ul style="list-style-type: none"> Only 30% of initial health assessments for cared for children and young people in were completed within timescale in 2014-15.
What 'good' looks like:	<ul style="list-style-type: none"> Cared for children and young people's health needs are assessed within timescale so that their health needs can be known and met as soon as possible. Health outcomes for cared for children and young people improve.
Lead for delivery:	Corporate Parenting Board

ACTIVITY

Ref	Action	Review date	Lead
12.1	Work with Social Care managers to streamline the process for requesting Initial Health Assessments. This will include improvements to the Liquid Logic workflow and communication between key stakeholders to ensure health assessments are completed in a timely way.	COMPLETED Dec 2015	Shelia Williams, Designated Nurse cared for children
12.2	Produce and launch a Health app for cared for children	June 2016	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
12.3	Performance measure on the timeliness of Initial Health assessments to be included on the LSCB Performance scorecard for regular scrutiny	Dec 2015	Curtis Vickers, Quality and Performance Officer
12.4	Regular reports on the health of cared for children and care leavers to be produced to the Corporate Parenting Board and Operational Group and performance measures to be included on the Corporate Parenting Board Performance scorecard for regular scrutiny	Dec 2015	Shelia Williams, Designated Nurse for Cared for Children
12.5	Regular reports on the health of cared for children and care leavers to be produced to the Health and Wellbeing Board	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of initial health assessments completed within timescale	The amount completed within timescale – assessments should be timely to ensure any health needs are identified and addressed as soon as possible	65-74	75-84	85-100
Percentage of cases where health needs of the child/ young person were clearly identified (audit measure)	Plans and assessments feature and address health needs as this is important to the wellbeing of children and young people	65-74	75-84	85-100
Percentage of cases where health needs of the child/ young person were clearly reflected in the plan (audit measure)	Plans and assessments feature and address health needs as this is important to the wellbeing of children and young people	65-74	75-84	85-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audits – show that health needs are considered and addressed swiftly	Audits and Children in Care Council – children and young people feel their health needs are met and they have the information they need about their health to stay healthy	Practice Coaching Audits – Staff understand the importance of timely health assessments, and how to reflect and capture health needs in planning		

Priority:	Frontline practice is consistently good, effective and outcome focused
Recommendation:	17. Ensure later-in-life letters provide details of all known information , are written in plain English , and are accessible to children so that they understand their stories (paragraph 107).
Story behind the recommendation:	<ul style="list-style-type: none"> • Later in life letters were variable in quality.
What 'good' looks like:	<ul style="list-style-type: none"> • Later in life letters provide details of all known information, so children and young people have all the information about their stories so they can understand their story. • Later in life letters are written in plain English, and are accessible.
Lead for delivery:	Corporate Parenting Board

ACTIVITY

Ref	Action	Review date	Lead
17.1	Introduce a tracker for later in life letters to improve timeliness	COMPLETED Nov 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
17.2	The Adoption Team to produce later in life letters, overseen by the Group Manager, to develop a consistent approach	COMPLETED Nov 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
17.3	Practice Managers, supported by the Adoption Group Manager, to quality assure all later in life letters until the process is embedded, then to dip sample once embedded	Dec 2015	Lisa Jamieson, Adoption Group Manager
17.4	Exemplars of a good later in life letter in plain English to be produced and communicated	Dec 2015	Lisa Jamieson, Adoption Group Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people with an adoption plan who have a later in life letter on placement (audit measure)	All children and young people with an adoption plan should have a later in life letter available for them on their placement	80-84	85-94	95-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audit and dip samples – show that later in life letters are of a good quality, are clear and accessible	Audits and CIN&CP Feedback Survey – children, young people and families feedback that they were clear what was expected of them	Practice and Performance Workshop – Staff feel confident communicating in a clear and accessible way		

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation :	<p>1. Strengthen senior managers' oversight and monitoring of:</p> <ul style="list-style-type: none"> • complex cases where there are historic drift and delay in taking decisive action (paragraph 36) • private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83) • care leavers who are homeless (paragraph 112).
Story behind the recommendation:	<p>High Risk cases:</p> <ul style="list-style-type: none"> • In the inspection, inspectors suggested improving Senior Management oversight of complex cases through implementing a 'high risk' panel of senior managers to consider those young people at the highest risk, which is a good practice model they have observed in another Local Authority. <p>Private Fostering and Connected Persons Arrangements:</p> <ul style="list-style-type: none"> • Group Manager's oversight of private fostering and connected person arrangements needed to be strengthened. Private Fostering cases sampled during the inspection showed delays in responding to notifications, DBS checks, visits and decision-making. There was no evidence of management oversight identifying or challenging these delays. • Where cared for children or young people live with relatives or friends, assessments of connected persons were not always sufficiently robust, timescales for completion were not always adhered to, and it was not clear in all cases if assessments had been signed off by Group Managers. <p>Care Leavers who are Homeless:</p> <ul style="list-style-type: none"> • Group Manager's oversight of care leavers who are homeless needs to be strengthened. At the time of the inspection 6 care leavers were refusing appropriate accommodation, all of them had multiple problems, including drug and alcohol misuse, risk of or actual offending behaviour, and emotional health problems. Personal Advisors were making concerted efforts to engage them with services and reduce the risks, however outcomes for these care leavers were uncertain due to the complexity of the needs. Senior managers did not have sufficient oversight of these care leavers who are homeless, and did not routinely monitor the individual circumstances for these highly vulnerable young people.
What 'good' looks like:	<ul style="list-style-type: none"> • Senior managers have oversight of the most vulnerable children and young people to ensure the right support is in place to support and protect them. • All children and young people receive a good service, appropriate to their needs and within timescales.

Lead for delivery:	Children and Families Senior Leadership Team
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ACTIVITY

Ref	Action	Review date	Lead
	High Risk Cases:		
1.1	Establish criteria to identify high risk cases to be escalated to the Director of Children's Social Care and the Director of Children's Services	Mar 2016	Kate Rose, Head of Children's Safeguarding
1.2	All children subject to a plan for 15 months to be reviewed by the safeguarding manager to address any delay in the plan and are raised with the manager where there are concerns.	Dec 2015	Kate Rose, Head of Children's Safeguarding
	Private Fostering and Connected Persons:		
1.3	Improve performance reporting on Reg. 24 arrangements to increase accuracy of reporting and improve monitoring and scrutiny, and include within the Performance Challenge Sessions and within the Children and Families Performance Scorecard, scrutinised by the Children and Families Senior Leadership Team	Jan 2016	Bev Harding, Business Intelligence Manager
1.4	Lead for Private Fostering to deliver further awareness raising on private fostering in Practice and Performance Workshops to all frontline Social Work staff	COMPLETED Sept 2015	Michelle McPherson, Lead for Private Fostering
1.5	Update the one minute guide on Private Fostering and circulate to Social Work Teams and through Private Fostering Sub Group Members	COMPLETED Sept 2015	Michelle McPherson, Lead for Private Fostering
1.6	Roll out compulsory workshops on Reg. 24 and connected persons to all social work frontline and IRO staff	April 2016	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
1.7	Update the Policy and Procedure, and guidance on roles and responsibilities, for Private Fostering, formalising the process on DBS checks.	Dec 2015	Michelle McPherson, Lead for Private Fostering
1.8	Ensure that Private Fostering is included in the Level 1 Multi-agency Safeguarding Training	COMPLETED Oct 2015	Vicky Moran, LSCB Training Officer

Ref	Action	Review date	Lead
1.9	Audits completed of Private Fostering cases and findings are reported to the Private Fostering Sub Group	Dec 2015	Michelle McPherson, Lead for Private Fostering
1.10	Implement a process whereby panel dates are set when Reg. 24 placements are approved	Dec 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
1.11	Establish a tracking system and report for all private fostering cases notified to the Safeguarding Unit Manager and inform the LSCB Performance Book	Dec 2015	Michelle McPherson, Lead for Private Fostering
1.12	Establish an Independent Reviewing Officer (IRO) pathway for when notification of Reg. 24 arrangements are received from operational services to ensure independent oversight and avoid delay	Jan 2016	Anna Roble, Safeguarding Manager
Care leavers who are homeless:			
1.13	Introduce a monthly permanence case tracking meeting, chaired by the Principal Manager, with Group Managers and IROs, Commissioning Manager and Head of the Virtual School, to ensure clear senior management oversight and drive for permanence	COMPLETED Oct 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
1.14	Strengthen the tracker for care leavers who are homeless	COMPLETED Oct 2015	Anji Reynolds, Group Manager for Cared for Children and Care Leavers
1.15	Include care leavers who are homeless as a measure on the LSCB scorecard to ensure partnership scrutiny and challenge and on the cared for scorecard which is scrutinised by the Corporate Parenting Board, and on the Children and Families Performance Scorecard, scrutinised by the Children and Families Senior Leadership Team	Nov 2015	Curtis Vickers, Quality and Performance Officer

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
High Risk Cases:				
Number of high risk cases escalated	High risk cases are identified and being reviewed			
Private Fostering and Connected Persons:				
Percentage of Reg 24 assessments presented to the fostering panel in statutory timescales (audit measure)	The correct process is being followed within timescale for connected persons	80-89	90-94	95-100
Number of assessments where Private Fostering is identified as a factor	Private Fostering is identified			
Number of open Private Fostering cases	Private Fostering is identified			
Percentage of Private Fostering cases visited in timescales	Visits for Private Fostering cases are timely	80-89	90-94	95-100
Percentage of Private Fostering cases where delay is identified	Delays for children and young people are identified and challenged in order to reduce this	21-25	11-20	0-10
Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	Private Fostering cases are appropriately overseen within timescale.	80-89	90-94	95-100
Care leavers who are homeless:				
Number of care leavers recorded as homeless	Number of care leavers who are homeless or in unsuitable accommodation			
Percentage of care leavers in homeless accommodation that have an appropriate risk assessment which references the risk presented by older residents	Risk assessments are being completed which consider the risks from other residents in order to protect young people	80-89	90-94	95-100

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Audit – shows that regulations are complied with, risks are managed and children and young people are effectively supported and don't experience delays	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Practice and Performance Workshop – Staff are clear on regulations for connected persons and feel supported by oversight and support on complex cases

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	13. Ensure audit arrangements have a sharper focus on looked after children (paragraph 140).
Story behind the recommendation:	<ul style="list-style-type: none"> The audit programme was focused around the performance and quality of services for child in need and child protection, as these services had been inadequate.
What 'good' looks like:	<ul style="list-style-type: none"> All services are rigorously quality assured and findings are used to drive improvement.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
13.1	Extend the practice coaching audit programme to reflect the practice standards for cared for children's services	COMPLETED Aug 2015	Kate Rose, Head of Children's Safeguarding
13.2	Practice Coaching Audits, including cared for children's services, to be reported to the LSCB Board	Dec 2015	Kate Rose, Head of Children's Safeguarding

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Audit – demonstrates improvements to services for cared for children and young people. Audits to include a minimum of 2 audits per Practice Manager each month, 2 Children's Social Care audits per cycle and 20 practice coaching audits per quarter	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Practice Coaching Audits – Staff feel supported to improve their practice for cared for children and young people

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	14. Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of the information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138).
Story behind the recommendation:	<ul style="list-style-type: none"> • There was no annual performance report for children's services to outline and explain our progress compared with previous years against national performance and statistical neighbours, which would assist political leaders, partners and staff to understand and follow the improvement journey and demonstrate what performance means for children and young people. • The electronic recording system for Children's Social Care was replaced with a modern case management system to support effective social work practice. • The migration of data from the old system to the new one resulted in some anomalies and unreliable data. As a result, managers were not always confident about what the data was telling them, and managers were unable to readily identify the right data without a time consuming check of individual records or audits of casefiles. This made it difficult for managers to understand and manage performance in their services and teams.
What 'good' looks like:	<ul style="list-style-type: none"> • Children and young people's needs are met through joined up and good quality services • Managers and strategic leaders have access to comprehensive and clear data and performance information, allowing them to evaluate how well services are performing. • All frontline managers can access up to date performance information for their teams at any time to effectively monitor and drive improvements to services and timely responses.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
14.1	Develop an overarching performance monitoring framework for children's services, with an overarching scorecard to be reported to Children and Families Scrutiny to identify areas of focus. Scorecards to be available to all tiers of management, and performance information to be available to drill down to individual worker level.	Mar 2016	Kath O'Dwyer, Director of Children's Services
14.2	Business Intelligence Team to communicate what management information reports are currently available to team and Group Managers.	Nov 2015	Bev Harding, Business Intelligence Manager
14.3	Business Intelligence Team to develop and communicate an action plan on improving performance reporting.	Dec 2015	Bev Harding, Business Intelligence Manager
14.4	Develop a comprehensive live suite of performance reports on children in need and child protection, cared for children and care leavers	Mar 2016	Bev Harding, Business Intelligence Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of cases where domestic abuse is a factor	The frequency and prevalence of domestic abuse as a factor impacting on children and young people			
Percentage of cases where domestic abuse is a factor which are receiving support from commissioned services	The amount of children and young people benefitting from specialist support around domestic abuse			
Number of children referred through the domestic abuse hub	The Domestic Abuse Hub is effectively supporting children and young people			

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
CSC Audit and LSCB Multi-agency Audit – shows that the quality of casework is improving and that children and young people are effectively protected	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Performance Challenge Sessions – Managers have the information they need to challenge timeliness and performance, resulting in improved performance

Priority:	Senior management oversight of the impact of services on children and young people
Recommendation:	<p>16. Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150)</p> <ul style="list-style-type: none"> • Reviewing the use of foyer accommodation for 16-17 year olds • Ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation, and review the practice of using this provision (paragraph 114) • Ensuring sufficient health provision for older looked after children and care leavers (paragraphs 121, 124) • Improving the use of family group conferences so that all possible options for children are consistently explored (paragraph 55) • Increasing the capacity of advocacy services to support children and young people identified as in need (paragraphs 45, 85, 150).
Story behind the recommendation:	<ul style="list-style-type: none"> • There was no joint commissioning strategy in place. • Foyer accommodation was used as a last resort for young people who are not yet adults. Providers of this accommodation completed risk assessments on all young people under the age of 18 at the start of the placement, but did not routinely complete them on older care leavers who could be equally vulnerable. • Assessments for these young people were not detailed enough, and did not specifically address the potential impact of the setting on the young person. • The 16+ Cared for Young People's Nurse post had been vacant since April 2015, and although this post was covered, it was not always provided by the same person which reduced consistency. • There was no specialist health resource for care leavers over the age of 18. • Family Group Conferencing was not used well and its impact was not known. • Not all children in need were offered advocacy. • Some cared for children experienced delays in being matched with an independent visitor.
What 'good' looks like:	<ul style="list-style-type: none"> • There is a joint commissioning strategy in place which sets out the joint commitment of the partnership to improve services for children, young people and families. • High quality services are provided which meet the needs of children, young people and families.
Lead for delivery:	Children and Families Senior Leadership Team

ACTIVITY

Ref	Action	Review date	Lead
16.1	The Children's Joint Commissioning Leadership Group develop a joint commissioning strategy for children's services	Mar 2016	Children's Joint Commissioning Leadership Group
Use of Foyer Accommodation for 16-17 year olds and risk assessments:			
16.2	Review the use of foyer accommodation for 16-17 year olds and produce report for the Corporate Parenting Board with recommendations	Feb 2016	Dave Leadbetter, Commissioning Manager for Children's Services
16.5	Strengthen risk assessments carried out by Social Workers before the placement of young people in hostel or foyer accommodation, and ensure all young people placed have a risk assessment completed before placement	Nov 2015	Pete Lambert, Principal Manager for Cared for Children and Care Leavers
Health provision for older looked after children and care leavers:			
16.8	Write to the CCGs regarding the school nurse for 16+ cared for young people and care leavers to ensure this is progressed	COMPLETED Sept 2015	Kath O'Dwyer, Director of Children's Services
16.9	Update on health of cared for children to be presented to the Health and Wellbeing Board	Dec 2015	Kath O'Dwyer, Director of Children's Services
Use of Family Group Conferencing:			
16.10	Family Group conferencing to be mandatory for cases stepping up from CIN to CP and for cared for children returning home as a minimum requirement	Dec 2015	Vicky Buchanan, Principal Manager for CIN&CP
Advocacy Services:			
16.12	Review and revise the current contract monitoring and reporting arrangements around advocacy and independent visiting to make this more outcome-focussed. Review the take up of advocacy and independent visiting services and set target priorities through negotiation with the Children's Society	Dec 2015	Kate Rose, Head of Children's Safeguarding and Gill Betton, Children's Improvement Manager

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Use of Foyer Accommodation for 16-17 year olds and risk assessments:				
Number of young people placed in foyer accommodation	Young people in foyer accommodation are identified and monitored			
Use of Family Group Conferencing:				
Number of Family Group Conferences delivered	Family Group Conferences are being used			
Percentage of Family Group Conferences held at the point of step up to Child Protection (audit measure)	Family Group Conferences should be held where cases are stepping up to support family relationships through this time	60-69	70-79	80-100
Percentage of Family Group Conferences carried out prior to cared for children and young people returning home (audit measure)	Family Group Conferencing should be carried out to support relationships and communication in the family prior to stepping up a level of need	60-69	70-79	80-100
Advocacy Services:				
Number of children and young people using advocacy	Advocacy is being offered and used			
Number of children and young people using advocacy that are at risk of CSE	Advocacy is being offered and used by young people at risk of child sexual exploitation			
Percentage of children and young people that were pleased with the advocacy or independent visiting service they received	Children and young people felt that the service met their needs and their views were represented	75-79	80-89	90-100
Percentage of children and young people offered advocacy or independent visiting where appropriate (audit measure)	Children and young people are being offered advocacy services	75-79	80-89	90-100
Average time young people wait to be matched with an independent visitor	The delay children and young people experience in being matched with			

	independent visitors			
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audit – shows that the quality of casework is improving and that children and young people are offered advocacy and independent visiting and their views are represented. Family Group Conferencing is being utilised to support families and young people in foyer accommodation have appropriate risk assessments.	Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Practice and Performance Workshops – Staff are aware of the services that are available for children and young people and these are well used		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	151: Complete work to develop the performance management framework so that service effectiveness can be evaluated rigorously across all agencies
Areas for Improvement:	<ul style="list-style-type: none"> • Use of performance data to analyse and scrutinise partnership performance was not fully developed. • More work was needed to reach an agreement on which data should be included within the framework in order to ensure robust oversight and scrutiny of safeguarding practice.
What 'good' looks like:	<ul style="list-style-type: none"> • Multi-agency practice is strong and results in good outcomes for children and young people • There is a rigorous performance management framework in place that contains the key measures across the partnership that impact on the experiences of children and young people. • Information is displayed in a way which is clear to all agencies on what this means for children and young people, and whether performance is good or needs to be improved.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
151.1	Research good practice in other LSCBs around performance frameworks	COMPLETED Sept 2015	Curtis Vickers, Quality and Performance Officer
151.2	Review the LSCB performance scorecard to ensure that measures to address the recommendations from Ofsted are included	Nov 2015	Quality and Outcomes Sub Group
151.3	Draft proposals for a revised performance scorecard, with additional measures, to be agreed by the Quality and Outcomes Sub Group	Nov 2015	Quality and Outcomes Sub Group
151.4	Revise the Quality Assurance framework, using the quadrant model.	Dec 2015	Curtis Vickers, Quality and Performance Officer
151.5	Establish a performance task and finish group with partner agencies to develop further indicators to measure effectiveness.	Nov 2015	Quality and Outcomes Sub Group
151.6	Revise timescales and focus for proposed sector specific challenges against Ofsted recommendations	Nov 2015	Ian Rush, Chair of the LSCB

Ref	Action	Review date	Lead
151.7	Review governance arrangements to strengthen reporting and accountability across partnerships and revise memorandum of understanding.	Dec 2015	LSCB Business Unit

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
<p>LSCB Quality and Outcomes minutes– show that the LSCB Performance Scorecard is rigorously scrutinised and facilitates challenge across the partnership, which is resulting in improvements to services and outcomes for children and young people</p> <p>LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people</p>	<p>LSCB Multi-Agency Audits– shows children, young people and parents feel they have received a good service that has helped them</p>	<p>Safeguarding Children Operational Group and LSCB Frontline Visits – Partners feedback that multi-agency working has improved</p>

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	152: Provide regular scrutiny of services for looked after children. Monitor and review the application by partner agencies of the threshold framework and take appropriate action where necessary.
Areas for Improvement:	<ul style="list-style-type: none"> • The focus of the LSCB's work and scrutiny had been on child in need and child protection services, as these had been inadequate. • Cared for children's services had not received the same level of scrutiny and challenge on their quality. • Consideration and scrutiny of early help services was not sufficiently embedded in the strategic oversight and work of the LSCB. • There were inconsistencies in stepping down to lower levels of intervention. • Escalation processes were underused.
What 'good' looks like:	<ul style="list-style-type: none"> • All services for vulnerable children and young people are regularly scrutinised, and are robust and effective. • Children and young people receive the right service for them at the right time. • All practitioners understand the thresholds for services and these are consistently applied.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
152.1	Include additional performance measures for cared for children on the LSCB scorecard.	COMPLETED Nov 2015	Quality and Outcomes Sub Group
152.2	Review governance arrangements to strengthen reporting and accountability across partnerships and revise memorandum of understanding.	Dec 2015	LSCB Business Unit
152.3	Align business support functions for LSCB and Corporate Parenting Board	COMPLETED Nov 2015	Gill Betton, Children's Improvement Manager
152.4	Schedule key reports to the Board, Exec and subgroups around cared for children.	Dec 2015	LSCB Business Unit
152.5	Launch the multi-agency practice standards, including application of the threshold framework	Dec 2015	LSCB Business Unit

Ref	Action	Review date	Lead
152.6	Quarterly reports to be provided to the Quality and Outcomes Sub Group on front door activity and relevant agencies	Nov 2016	Quality and Outcomes Sub Group
152.7	Early Help sector challenge to look in detail at application of thresholds for different partner agencies	Nov 2015	LSCB Business Unit
152.8	Ensure all actions from multi-agency audit around step down are completed	Dec 2015	Audit and Case Review Sub Group
152.9	Build evaluation on the application of thresholds into future LSCB multi-agency audits	Jan 2016	LSCB Business Unit

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of cases where thresholds were applied appropriately (audit measure)	Understanding and correct use of thresholds – that children and young people are receiving the right service	75-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people	LSCB Multi-Agency Audits – shows children, young people and parents feel they have received a good service that has helped them	Safeguarding Children Operational Group and LSCB Frontline Visits – Partners feedback that multi-agency working has improved, and that thresholds are understood and step up and down processes are robust		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	153. Evaluate the impact of the neglect strategy and disseminate the findings to help agencies improve their practice.
Areas for Improvement:	<ul style="list-style-type: none"> • In response to high numbers of children and young people subject to child protection plans due to neglect, the LSCB launched a neglect strategy in January 2015. • The graded care profile was not being used consistently to assess neglect cases. • Plans were in place to undertake further work to embed use of the tools, and then to audit to assess the impact of the strategy early in 2016, but this had not taken place at the time of the inspection.
What 'good' looks like:	<ul style="list-style-type: none"> • The neglect strategy is having a positive impact on outcomes for children and young people who are neglected. • Practitioners are supported to work with families through effective tools, and the use of these is demonstrating sustainable changes for children and young people.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
153.1	Revisit and refresh the roll out of the neglect strategy	Nov 2015	Communication and Engagement Sub Group
153.2	Launch campaign around neglect – awareness raising for practitioners	Dec 2015	Communication and Engagement Sub Group
153.3	Provide quarterly updates to the Quality and Outcomes Sub Group on progress against the neglect performance targets, including number of cases where the graded care profile has been used	Jan 2016	LSCB Business Unit
153.4	Target attendance of key groups and monitor uptake of graded care profile training	Dec 2015	Learning & Improvement Sub Group
153.5	Ensure Cheshire East attendance at Ofsted Getting to Good seminars around neglect	Mar 2016	LSCB Business Unit
153.6	Ensure neglect is included in multi-agency audits forward plan	Dec 2015	LSCB Business Unit

Ref	Action	Review date	Lead
153.7	Include in annual reports expectation for partners to report how they have delivered against LSCB priorities, including neglect.	Jan 2016	LSCB Business Unit
154.8	Agree key strategic multi-agency lead on the Board for Neglect	Dec 2016	LSCB Executive Group

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people on child protection plans due to neglect	The prevalence of neglect in Cheshire East	2% reduction	5% reduction	10% reduction
Percentage of neglect cases using the graded care profile (audit measure)	Use of the graded care profile, which supports practitioners to assess and evaluate progress when working with families where neglect is a factor	75-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
LSCB Multi-Agency Audits, CAF Audits and CSC Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people, children and young people who are at risk of neglect are protected and families are supported to make sustainable changes	LSCB Multi-Agency Audits and CIN&CP Feedback Survey – shows children, young people and parents feel they have received a good service that has helped them	Safeguarding Children Operational Group and LSCB Frontline Visits – Partners feel confident working with families where there is neglect and that the use of tools is embedded		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	154. Develop links with the Local Family Justice Board so that CESC B can monitor how well the needs of children in public and private law proceedings are met.
Areas for Improvement:	<ul style="list-style-type: none"> The LSCB had no oversight of or connection to the Local Family Justice Board, so it could not assure itself that young people's needs were being met in relation to public and private proceedings.
What 'good' looks like:	<ul style="list-style-type: none"> There are strong connection between the Local Family Justice Board and the LSCB. The LSCB receives regular reports from the Local Family Justice Board Young people's needs are met in relation to public and private proceedings.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
154.1	CAFCASS to provide an annual report to the Board, identifying any areas of concern, themes and trends, that are added to the business plan	Feb 2015	CAFCASS
154.2	Identify Board Members as key links to the Local Family Justice Board	Nov 2015	Ian Rush, Chair of the LSCB
154.3	Add link to Family Justice Board as standing item on Executive agenda	Dec 2015	LSCB Business Unit
154.4	Include measures on the LSCB performance scorecard that monitor how well the needs of children in public and private law proceedings are met	Dec 2015	Curtis Vickers, Quality and Performance Officer
154.5	Update report to Quality and Outcomes Sub Group on impact of Local Family Justice board	Jan 2016	Nigel Moorhouse, Director of Children's Social Care

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
Quality and Outcomes Minutes – show that the impact of the Local Family Justice Board is considered, scrutinised & challenged in detail to drive improvements to services		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	155: Review the arrangements for monitoring the quality of private fostering work.
Areas for Improvement:	<ul style="list-style-type: none"> The arrangements for case management of private fostering were not sufficiently robust. Private Fostering cases sampled showed delays in responding to notifications, DBS checks, visits and decision making.
What 'good' looks like:	<ul style="list-style-type: none"> The quality of Private Fostering casework is effectively monitored by the LSCB, resulting in good services for children and young people.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
155.1	Private Fostering Sub Group to carry out analysis of services through evaluation and feedback of previous privately fostered young people.	Jan 2016	Private Fostering Sub Group
155.2	Report on analysis of previously privately fostered young people to be presented to the Quality and Outcomes subgroup	Mar 2016	Michelle McPherson, Lead for Private Fostering
155.3	Include measures on the performance scorecard that monitor the quality of private fostering work	Dec 2015	LSCB Business Unit
155.4	Private Fostering subgroup chair to provide chair's report to the LSCB Executive following each meeting	Nov 2015	Michelle McPherson, Lead for Private Fostering
155.5	Audits completed of Private Fostering cases and findings are reported to the Private Fostering Sub Group	Dec 2015	Michelle McPherson, Lead for Private Fostering
155.6	Private fostering annual report to include detail on the monitoring of private fostering work	Mar 2016	Private Fostering Sub Group

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of assessments where Private Fostering is identified as a factor	Private Fostering is identified			
Number of open Private Fostering cases	Private Fostering is identified			
Percentage of Private Fostering cases visited in timescales	Visits for Private Fostering cases are timely	80-89	90-94	95-100
Percentage of Private Fostering cases where delay is identified	Delays for children and young people are identified and challenged in order to reduce this	21-25	11-20	0-10
Percentage of Private Fostering cases that are reviewed by the ADM within 45 working days of notification	Private Fostering cases are appropriately overseen within timescale.	80-89	90-94	95-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Private Fostering Annual Report – shows multi-agency practice is improving and that privately fostered children and young people receive a good service	Feedback from Privately Fostered young people – young people are supported in their placements	Safeguarding Children Operational Group and LSCB Frontline Visits – Partners feel confident identifying private fostering cases		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	156. Improve the influence of CESC B in the work of the Health and Wellbeing Board to ensure that safeguarding is embedded within its priorities.
Areas for Improvement:	<ul style="list-style-type: none"> • Strategic links between the LSCB and the Health and Wellbeing Board were not explicit. • As a joint adults and children's Board, the children's agenda within the Health and Wellbeing Board was not given sufficient priority.
What 'good' looks like:	<ul style="list-style-type: none"> • The Health and Wellbeing Board and the LSCB are clearly linked, and the children's agenda for the Health and Wellbeing Board is championed and brought to the fore by the LSCB. • Evidence of joint commissioning arrangements around children's safeguarding.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
156.1	Paper proposing that the Health and Wellbeing Board become accountable body for the Children's Improvement Plan be presented to the Health and Wellbeing Board	Oct 2015	Gill Betton, Children's Improvement Manager
156.2	Establish a new Partnership Chairs Board of chairs and key officers from relevant partnerships that feeds directly into the Health & Wellbeing board	Dec 2015	Ian Rush, Chair of the LSCB
156.3	Ensure Cheshire East attendance at Ofsted Getting to Good seminars around leadership	Mar 2016	LSCB Business Unit
156.4	Review governance arrangements to strengthen reporting and accountability across partnerships and revise memorandum of understanding.	Dec 2015	LSCB Business Unit

IMPACT

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people	LSCB Multi-Agency Audits – shows children, young people and parents feel they have received a good service that has helped them	Safeguarding Children Operational Group and LSCB Frontline Visits – Partners feel multi-agency working has improved.

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	157. Develop and implement a coordinated strategy in relation to female genital mutilation so that the impact of multi-agency work within Cheshire East can be evaluated and understood.
Areas for Improvement:	<ul style="list-style-type: none"> The work in relation to female genital mutilation was not yet coordinated. Health agencies record the prevalence of incidents but this was not formally reported to the Board.
What 'good' looks like:	<ul style="list-style-type: none"> There is a coordinated strategy and approach in addressing female genital mutilation. The LSCB receives information on the prevalence of incidents and the impact of the strategy.
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
157.1	Establish an LSCB task and finish group led by the Named GP working in partnership with local hospital trusts to agree and monitor pathway as part of a Pan Cheshire co ordinated strategy.	Dec 2015	Naomi Leece, Named GP
157.2	Establish campaign to launch the strategy and related information	Jan 2016	Communication and Engagement Sub Group
157.3	Launch local procedure for FGM	Feb 2016	Communication and Engagement Sub Group
157.4	Launch pan-Cheshire FGM strategy	Mar 2016	Communication and Engagement Sub Group
157.5	Carry out data collection to identify hot spots, combined with deep dive learning, to monitor whether strategy been effective	Mar 2016	LSCB Business Unit
157.6	Develop a plan of learning/training around FGM	Mar 2016	Learning and Improvement Sub Group
157.7	Include key FGM measures on LSCB performance book	Nov 2015	LSCB Business Unit

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of FGM cases referred	The prevalence of the risk of female genital mutilation in Cheshire East – evidence that this is being identified			
Number of children and young people where FGM was identified	The prevalence of female genital mutilation in Cheshire East			
Number of professionals who have received FGM training	The number of professionals skilled in identifying signs of risks from FGM and in working with families where this is a potential risk			
Number of Police investigations following referrals for FGM	Female Genital Mutilation is responded to and investigated			
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
LSCB Multi-Agency Audits – show multi-agency practice is improving and resulting in better outcomes for children and young people	LSCB Multi-agency Audit – children and young people feel protected and know how to access support	Safeguarding Children Operational Group and LSCB Frontline Visits – Partners feel confident identifying potential risks from FGM		

Priority:	The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.
Recommendation:	158. Implement a protocol that outlines when the National Panel should be notified about SCRs and incidents in order to strengthen scrutiny of decision-making.
Areas for Improvement:	<ul style="list-style-type: none"> There had been no serious case reviews (SCR) commissioned in the last four years and those cases considered for SCR had not been referred to the National Panel. This meant that there had not been any external monitoring of the thresholds to undertake a SCR.
What 'good' looks like:	<ul style="list-style-type: none"> A clear protocol is in place and adhered to which outline when the National Panel should be notified about SCRs. Decisions on whether to undertake SCRs are externally validated to ensure the right decisions are being made, and the right level of scrutiny is given for reviews
Lead for delivery:	Local Safeguarding Children Board

ACTIVITY

Ref	Action	Review date	Lead
158.1	Review online procedures around SCRs	Dec 2016	LSCB Business Unit
158.2	Develop a protocol that outlines when the National Panel should be notified about SCRs and incidents in order to strengthen scrutiny of decision-making.	Jan 2016	Policies and Procedures Sub Group
158.3	Launch new protocol	Feb 2016	LSCB Business Unit
158.4	Review research and learning from both local and national SCRs and ensure this is disseminated to all practitioners through LSCB members.	Dec 2016	LSCB Business Unit
158.5	Include measures on the performance scorecard that monitor notifications	Dec 2015	LSCB Business Unit
158.6	Commission external review of notification process to critically assess effectiveness	Mar 2015	Audit and Case Review subgroup

IMPACT

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Number of cases referred to Ofsted	Cases are referred to Ofsted			
Number of cases referred for consideration for a case review	Cases are considered for case reviews			
Number of single agency case reviews held	Number of cases meeting this level of review			
Number of reflective reviews held	Number of cases meeting this level of review			
Number of serious case reviews held	Number of cases meeting this level of review			
Number of 'True for Us' reviews held	Number of opportunities for learning we have used to develop services in Cheshire East			
Number of cases referred to the National Panel	Compliance with the protocol and that cases are referred to the National Panel			

Feedback

If you have any thoughts or views on this plan, or how well we are progressing, please contact us at [**C&FSpeakUp@cheshireeast.gov.uk**](mailto:C&FSpeakUp@cheshireeast.gov.uk)

